



# North Central Accountable Community of Health

## Governing Board Meeting 1:00 PM–3:30 PM, April 4<sup>th</sup>, 2022

<b>Location</b>	<b>Call-in Details</b>
Virtual Meeting Only	Conference Dial-in Number: (253) 215-8782 US Meeting ID: 858 8918 2417 Passcode: 275107 +12532158782,,85889182417# US Join Zoom Meeting: <a href="https://us02web.zoom.us/j/85889182417?pwd=ZmUyM215ZVc0TGZVTW43K0k0WU9rZz09">https://us02web.zoom.us/j/85889182417?pwd=ZmUyM215ZVc0TGZVTW43K0k0WU9rZz09</a>

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – <b>Molly Morris</b> <ul style="list-style-type: none"><li>Zoom Etiquette</li><li>Board Roll Call</li><li>Declaration of Conflicts</li><li>Public Comment</li><li>Approval of Consent Agenda</li></ul>	<ul style="list-style-type: none"><li>Approval of Consent Agenda</li></ul>	<ul style="list-style-type: none"><li>Agenda, Acronyms &amp; Decision Funds Flow Chart</li><li>Consent Agenda –<ul style="list-style-type: none"><li>Minutes 3/7 Meeting</li></ul></li></ul>	1-4  5-7
1:05 PM	Acting Executive Director Update – <b>John Schapman</b>			
1:20 PM	NCACH Financial Report – <b>John Schapman &amp; Sarah Croskey</b>			
1:40 PM	Waiver Renewal update- <b>John Schapman</b>		<ul style="list-style-type: none"><li>HCA MTP Renewal Power Point slides &amp; Initiative 1 document</li></ul>	8-20
2:10 PM	Break			
2:20 PM	Telehealth Proposal – <b>Wendy Brzezny</b>		<ul style="list-style-type: none"><li>Board Decision form</li></ul>	21-22
3:10 PM	Roundtable & Adjournment – <b>Molly Morris</b>			

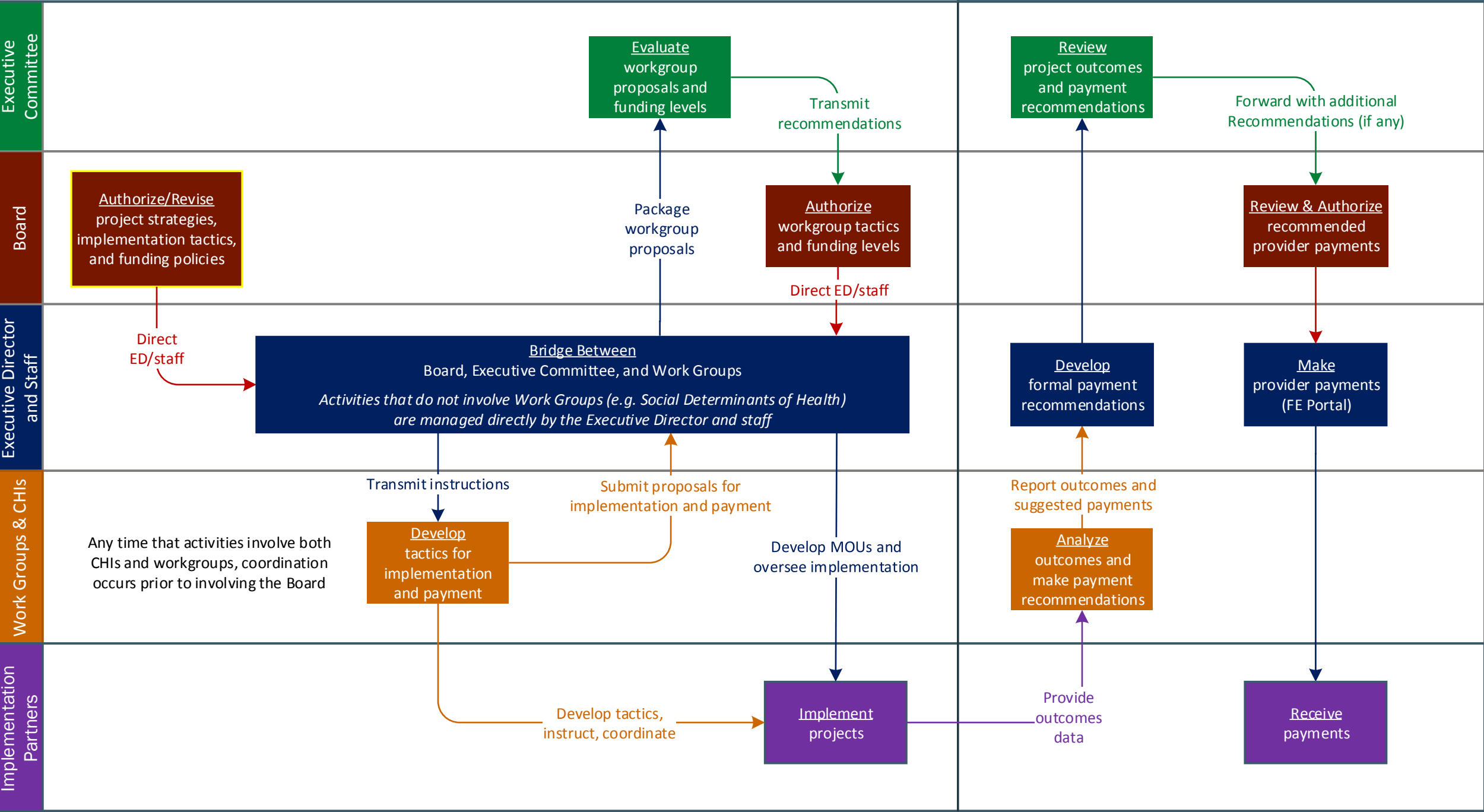
*The mission of NCACH is to advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.*

# Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]

Annual process but may occur more frequently if the project requires it

Variable interval – based on project deliverables



## A Handy Guide to Acronyms within the Medicaid Transformation Project

<b>ACA:</b> Affordable Care Act	<b>EMS:</b> Emergency Medical Services
<b>ACH:</b> Accountable Community of Health	<b>FIMC:</b> Fully Integrated Managed Care
<b>ACO:</b> Accountable Care Organization	<b>FCS:</b> Foundational Community Supports
<b>AI/AN:</b> American Indian/Alaska Native	<b>HCA:</b> Health Care Authority
<b>BAA:</b> Business Associate Agreement	<b>HIT/HIE:</b> Health Information Technology / Health Information Exchange
<b>BH:</b> Behavioral Health	<b>MAT:</b> Medication Assisted Treatment
<b>BH-ASO:</b> Behavioral Health - Administrative Service Organization	<b>MCO:</b> Managed Care Organization
<b>BLS:</b> Basic Life Skills	<b>MH:</b> Mental Health
<b>CBO:</b> Community-Based Organization	<b>MOU:</b> Memorandum of Understanding
<b>CCHE:</b> Center for Community Health and Evaluation	<b>MTP:</b> Medicaid Transformation Project(s)
<b>CCMI:</b> Centre for Collaboration Motivation and Innovation	<b>NCACH:</b> North Central Accountable Community of Health
<b>CCS:</b> Care Coordination Systems	<b>NCECC:</b> North Central Emergency Care Council
<b>CHART:</b> Community Health Access and Rural Transformation	<b>OHSU:</b> Oregon Health & Science University
<b>CHI:</b> Coalition for Health Improvement	<b>OHWC:</b> Okanogan Healthcare Workforce Collaborative
<b>CHW:</b> Community Health Worker	<b>OTN:</b> Opioid Treatment Network
<b>CMS:</b> Centers for Medicare and Medicaid Services	<b>OD:</b> Opioid Use Disorder
<b>CMT:</b> Collective Medical Technologies	<b>P4P:</b> Pay for Performance
<b>COT:</b> Chronic Opioid Therapy	<b>P4R:</b> Pay for Reporting
<b>CP:</b> Change Plans	<b>PCS:</b> Pathways Community Specialist
<b>CPTS:</b> Community Partnership for Transition Solutions	<b>PDSA:</b> Plan Do Study Act
<b>CSSA:</b> Community Specialist Services Agency	<b>PHSKC:</b> Public Health Seattle King County
<b>DOH:</b> Department of Health	<b>RFP:</b> Request for Proposals
<b>DSRIP:</b> Delivery System Reform Incentive Program	<b>SDOH:</b> Social Determinants of Health
<b>EDie:</b> Emergency Dept. Information Exchange	<b>SSP/SEP:</b> Syringe Services Program / Syringe Exchange Program



# North Central Accountable Community of Health

**SMI:** Serious Mental Illness

**SUD:** Substance Use Disorder

**TCDI:** Transitional Care and Diversion Interventions

**TCM:** Transitional Care Management

**VBP:** Value-Based Payment

**WPCC:** Whole Person Care Collaborative

**LHJ:** Local Health Jurisdiction

Location Virtual	Attendees				
	Board Member	03/07/22	Guests	Staff	Presenters / Consultants
	Molly Morris	X	Penny Quist	John Schapman	Debra Hansen
	Carlene Anders	Absent	Chenia Flint	Teresa Davis	Season Hoard
	Cathy Meuret	X	Christal Eshelman	Caroline Tiller	Christine Sanders
	Deb Murphy	X	Peter Morgan	Wendy Brzezny	Janessa Graves
	Dell Anderson	Absent	Kelsey Gust	Joseph Hunter	
	Jesus Hernandez	X	Deb Miller	David Goehner	
	Ken Sterner	X	Linda Parlette	Mariah Kelley	
	Ramona Hicks	Absent	Laurel Lee		
	Ray Eickmeyer	Absent	Christian Milaster		
	Rebecca Davenport	Absent	Kathy Letendre		
	Rosalinda Kibby	X			
	Senator Warnick	Absent			
	Michael Tuggy	X			
	Kat Latet	X			
	Theresa Adkinson	Absent			
	Nancy Spurgeon	X			
Agenda Item	Minutes				
<ul style="list-style-type: none"> <li>Roll Call</li> <li>Declaration of Conflicts</li> <li>Approval of consent agenda</li> <li>Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>Meeting called to order at 1:00 PM by Molly Morris.</li> <li>Molly started the meeting with a land acknowledgment.</li> <li>Declarations of conflicts: None</li> <li>Public Comment - None</li> </ul> <p>❖ <b>Rosalinda Kibby moved, Michael Tuggy seconded the motion to approve the consent agenda, no further discussion, motion passed.</b></p>				

<p>Acting Executive Director Update – <b>John Schapman</b></p>	<ul style="list-style-type: none"> <li>• MTP Renewal: Public Comment begins April 15<sup>th</sup> <a href="https://content.govdelivery.com/accounts/WAHCA/bulletins/30cde9d">https://content.govdelivery.com/accounts/WAHCA/bulletins/30cde9d</a> <ul style="list-style-type: none"> <li>◦ Reviewed the goals and focuses of MTP renewal</li> </ul> </li> <li>• NCACH hosted The Behavioral Health Learning Series - our first in person event since COVID started.</li> <li>• NCACH is hosting virtual monthly partner convenings <ul style="list-style-type: none"> <li>◦ Next meeting March 22<sup>nd</sup> 10AM-12PM</li> <li>◦ We will continue to bring National and Local perspective to meetings. Sign up via the links on our website.</li> </ul> </li> <li>• Virtual Behavioral Health Impact of COVID 10 and Ukraine War: March 14<sup>th</sup> 12PM</li> <li>• January financial statements are not in Board packet today. Accounting firm is working on them and will be at our April meeting to present.</li> <li>• Currently scheduling 1-1 meetings with Board members</li> <li>• NCW Equity Training – currently reading Wenatchee’s Dark Past <a href="https://www.goodreads.com/book/show/18655849-wenatchee-s-dark-past">https://www.goodreads.com/book/show/18655849-wenatchee-s-dark-past</a></li> </ul> <p>Staffing updates:</p> <ul style="list-style-type: none"> <li>• Will be following CDC and Washington State guidance on masking</li> <li>• Director of Community Data Position – final review of applicant this week.</li> <li>• Mariah Kelley is back from maternity leave</li> </ul>
<p>FE Portal Transfer - <b>John Schapman</b></p>	<p>Now that we are past the initial 5 years of the MTP and NCACH has transitioned away from utilizing the Chelan Douglas Health District as its administrative organization, it is time to review drawing down funds for administrative functions from Public Consulting Group into our bank account at Cashmere Valley Bank. The proposal is to transfer funds monthly to cover the cost of staffing, operational costs, and consultant fees for 2022. This amount can be adjusted annually during the annual budget or as we decide on further investment options outside of the Washington Financial Executor Portal. The total NCACH is recommending to transfer is \$178,000 a month from Public Consulting Group to Cashmere Valley Bank. It is broken down in the follow way:</p> <p>2022 Annual Consultant Cost Estimate: \$873,080  2022 Annual Operations/Admin Cost Estimate: \$1,248, 311  2022 Total Costs: \$2,121,411  <b>Monthly Average: \$178,000</b></p> <p>❖ <b><i>Ken Sterner Moved, Deb Murphy seconded the motion to approve the reoccurring monthly transfer of \$178,000 from the Washington State Financial Executor Portal (Public Consulting Group) to NCACH’s Cashmere Valley Bank operating account, no further discussion, motion passed. One proxy vote of yes from Ramona Hicks.</i></b></p>
<p>Ripple Effects Mapping – <b>Caroline Tillier</b></p>	<p>See video of this section here: <a href="https://www.youtube.com/watch?v=d6huYMSZGYQ">https://www.youtube.com/watch?v=d6huYMSZGYQ</a></p>

WPCC Deep Dive – <b>Wendy Brzezny</b>	Wendy gave a history of the Whole Person Care Collaborative from start to finish. Video of this can be found in the recording of the entire meeting here at 1:06:25 <a href="https://www.youtube.com/watch?v=6aS5OElet0M&amp;t=68s">https://www.youtube.com/watch?v=6aS5OElet0M&amp;t=68s</a>
Telehealth Presentation – <b>Wendy Brzezny</b>	See video of this section at: <a href="https://www.youtube.com/watch?v=w6NpSfMxGew">https://www.youtube.com/watch?v=w6NpSfMxGew</a>
<b>Adjournment</b>	Meeting adjourned at 3:30 PM by Molly Morris.

# The evolution of Initiative 1

## The next phase of the Medicaid Transformation Project

Washington State is pursuing a [five-year renewal](#) of our Section 1115 Medicaid demonstration waiver, called the Medicaid Transformation Project (MTP). MTP allows our state to create and continue to develop projects, activities, and services that improve Washington's health care system using federal Medicaid funding. All work under MTP benefits those enrolled in Apple Health (Medicaid).

Washington State is currently in the last year of the current MTP waiver, which ends December 31, 2022. If approved, the MTP renewal will **begin January 1, 2023, and end December 31, 2027.**

### Building on MTP's successes

The current initiatives funded by MTP are moving our state toward:

- Paying for value instead of fee-for-service.
- Integrating physical and behavioral health care, including financial and clinical integration.
- Improving substance use disorder (SUD) treatment.
- Addressing health-related social needs (HRSNs), such as food, transportation, and education services.

Through the renewal, the Health Care Authority (HCA) will build on the successes of MTP by applying lessons learned from the first MTP waiver, including [evaluation findings](#). We want to ensure the Apple Health program can better coordinate care and deliver services that address health and HRSNs. One way to achieve this is through the evolution of Initiative 1, while ensuring complementary connections with Apple Health.

## Initiative 1 evolution overview

The goals of the renewal are to:

- Ensure equitable access to whole-person care, empowering people to achieve their optimal health and well-being in the setting of their choice.
- Build healthier, equitable communities with communities.
- Pay for integrated health and equitable, value-based care.

To reach these goals, HCA, Accountable Communities of Health (ACHs), and other partners will focus on **clinical integration, HRSNs, and community-based care coordination (CBCC)**. Our vision is to foster coordinated roles across entities, including ACHs and managed care organizations (MCOs). More specifically, HCA seeks to have ACHs participate in a targeted set of priorities in partnership with MCOs, rather than have ACHs select projects across many priority areas.

By evolving Initiative 1, the state can build momentum and align CBCC across the health care system by bringing key partners together. These include ACHs, MCOs, and the Department of Health (DOH), including Care Connect Washington<sup>1</sup>. These entities, along with HCA, will define roles and build on essential infrastructure, financing, and sustainability strategies.

**Note:** HCA continues to partner with Tribes and Indian health care providers (IHCPs) on the unique health needs of American Indian/Alaska Native people, with MTP being a tool to improve outcomes. While this document is focused on the evolution of ACH activities, similar efforts with Tribes and IHCPs will continue and be refined through Tribal consultation in the renewal.

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<sup>1</sup> Care Connect Washington is an integrated public health utility implemented by DOH to align state and local resources through a community hub, often in partnership with ACHs, to address local needs during the COVID-19 pandemic.



## Clinical integration

In 2020, Washington State completed financial integration of behavioral and physical health care. Now, the state is focusing on clinical integration and implementing a statewide, standardized assessment, with support from MCOs, ACHs, providers, and others. The assessment, called the [Washington Integrated Care Assessment \(WA-ICA\)](#), will improve the patient-provider relationship and further:

- Support whole-person care by creating one system for physical and behavioral health care, rather than having separate systems.
- Improve provider communication and reduce unnecessary duplication of services.
- Expand access to behavioral health to include mental health and SUD treatment.
- Link people with critical community services, such as housing and employment support.

HCA is interested in accessing federal funding to support WA-ICA. Funding would equip providers with self-assessment tools and provide technical assistance and training opportunities so providers can participate in the WA-ICA.

## HRSNs

HCA wants to explore payment mechanisms for the delivery of non-medical HRSNs that combine with clinical care to support healthy communities. To accomplish this, HCA is considering how the MTP renewal could demonstrate payment and delivery of targeted HRSN services. HCA is also looking at if existing Medicaid authorities, such as managed care and state plan authority, might be used to pay for allowable HRSN services.

HCA is currently determining which HRSN services to fund through MTP and other authorities. Examples of HRSN services include transportation supports, respite services, home-delivered meals, educational services and supports, and supports for justice-involved populations as they transition into the community. HCA is also looking at coordination and connections between existing MTP programs like supportive housing services through Foundational Community Supports.

## CBCC

HCA's vision of CBCC is to ensure Apple Health enrollees receive coordinated health and social services to address their physical and behavioral health and social needs. HCA proposes to implement "Community Hubs" in close partnership with DOH's Care Connect Washington.

Community Hubs would serve as regional networks that identify and engage with people who have health and social needs and help connect them to community organizations and resources. Additionally, Community Hubs would work with existing health care coordination entities to support continuity between clinical health care services and social supports. There will be multiple points of entry, supported by community information exchange technology and further development of workforce capacity.

Community Hub functions would:

- **Identify and engage** individuals who are likely to have multiple health and social needs, potentially tailoring services to a specific group, such as people exiting jail or another correctional facility.
- **Screen** individuals for HRSNs using a standardized screening tool and determine the appropriate organizations with the resources and knowledge to address those specific needs.
- **Connect** individuals with these community-based organizations that can help address their social needs.
- **Follow up** to ensure individuals are connected and facilitate completion of HRSN services.
- **Track** outcomes of individuals receiving HRSN services.
- **Coordinate** the delivery of all HRSN services.

# Medicaid Transformation Project renewal

Concepts for feedback  
March 2022

Washington State  
Health Care Authority

## About Medicaid

- ▶ Medicaid is a federal health care program administered by each state.
- ▶ Apple Health is Washington State's Medicaid program, which provides health coverage to about two million people.
- ▶ The federal government helps pay for the program and creates rules for how the program works.
- ▶ A state must apply for a Section 1115 Medicaid demonstration waiver when it wants to make changes from normal Medicaid guidelines.
  - ▶ Washington received this kind of waiver in 2017, which we call the Medicaid Transformation Project (MTP).

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## About the renewal

- ▶ The current MTP waiver period ends on December 31, 2022.
- ▶ The Washington State Health Care Authority (HCA) and other partners are developing an application to renew this waiver.
- ▶ If approved, the MTP renewal will **begin January 1, 2023, and end December 31, 2027.**
- ▶ All work under MTP benefits people enrolled in Apple Health.

## MTP renewal: key dates

- ▶ **2021:** development of concepts, engagement with key partners
- ▶ **Early 2022:** continued partner, Tribal, and community engagement; continued refinement of concepts
- ▶ **April 18 – May 18, 2022:** formal public comment processes and Tribal Consultation
- ▶ **July 15, 2022:** submit application to Centers for Medicare & Medicaid Services (CMS)

Medicaid Transformation Project Renewal Application Timeline



## MTP renewal goals

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- ▶ Expanding coverage and access to care, ensuring people can get the care they need.
- ▶ Advancing whole-person primary, preventive, and home- and community-based care.
- ▶ Accelerating care delivery and payment innovation focused on health-related social needs.

**Deeper dive into Goal 1:**  
expanding coverage and access to care,  
ensuring people can get the care they need

## Expanding coverage and access to care, ensuring people can get the care they need

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- ▶ Continuous Apple Health enrollment for children up to age six
  - ▶ Would allow all Medicaid-enrolled children in Washington with family incomes below 215 percent of the Federal Poverty Level (FPL) to remain enrolled in Medicaid until age six.
- ▶ Re-entry coverage and services after incarceration
  - ▶ Would restore Medicaid coverage for people leaving prison, jail, or another correctional facility up to 30 days prior to release. This would enable a smooth transition and ensure people can access critical care as soon as they are released.

## Expanding coverage and access to care, ensuring people can get the care they need

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- ▶ Expanded Apple Health coverage for people after a pregnancy ends
  - ▶ People who have been pregnant would remain eligible for Medicaid coverage until 12 months after their pregnancy ends, regardless of citizenship status.
- ▶ Supports for people receiving treatment in designated settings for a mental health or substance use disorder (SUD)
  - ▶ Would allow Washington State to use federal money for mental health and SUD treatment services in facilities that are defined as institutions for mental disease (IMDs). Without this amendment, Medicaid rules prohibit use of federal money for services to individuals between 21-65 years of age who are admitted to an IMD.
  - ▶ This is a continuing program with no changes from the current MTP waiver.

## Deeper dive into Goal 2: advancing whole-person primary, preventive, and home- and community- based care

### Advancing whole-person primary, preventive, and home- and community-based care

#### ► Continuation of Long-Term Services and Supports (LTSS)

- ▶ LTSS supports Washington's aging population and family caregivers who provide care for their loved ones.
- ▶ Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs would continue with no changes.

#### ► New supports for people who use LTSS

- ▶ Would allow the state to compensate legal guardians for individuals transitioning in or out of facilities.
- ▶ Would allow presumptive eligibility for Medicaid LTSS benefits.
- ▶ Would enable coordinated personal care services.
- ▶ Would provide rental subsidies for certain people who use LTSS.

## Advancing whole-person primary, preventive, and home- and community-based care

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- ▶ Continued progress toward integrated physical and behavioral health
  - ▶ Implement standardized clinical integration assessment and technical assistance for providers.
  - ▶ This would allow providers, plans, and the state to understand the progress on integration thus far and identify opportunities for improvement.

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**Deeper dive into Goal 3:**  
accelerating care delivery and payment  
innovation focused on health-related social  
needs

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## Accelerating care delivery and payment innovation focused on health-related social needs

- ▶ Foundational Community Supports (FCS) program helps people get and keep safe housing and stable employment
  - ▶ FCS provides supportive housing and supported employment services to the state's most vulnerable Medicaid beneficiaries with complex care needs.
  - ▶ FCS does not pay for housing, wages, or wage enhancements.
  - ▶ Under the renewal, FCS would pay for one-time transition costs (such as application fees and basic home goods) for certain enrollees.
  - ▶ The renewal would also expand eligibility for FCS to people exiting incarceration and people who are age 16 or older.

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## Accelerating care delivery and payment innovation focused on health-related social needs

- ▶ HCA, Accountable Communities of Health (ACHs), managed care organizations (MCOs), Tribes, and other partners will take on new projects to build health supports beyond clinical care.
- ▶ Health equity and community capacity funding
  - ▶ With community input, ACHs will manage funding to address health equity and social determinants of health (SDOH).
  - ▶ These investments will be designed to support community-wide initiatives and needs, complementing the individual services provided through other areas of work.
  - ▶ The details of these funds are still being developed.

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## Accelerating care delivery and payment innovation focused on health-related social needs

- ▶ The renewal would allow the state to pay for certain services that address unmet needs beyond clinical care.
- ▶ In-lieu-of services (ILOS)
  - ▶ ILOS are alternatives to clinical care proven to be medically appropriate and cost-effective (for example: removing carpet in the home of someone with asthma).
  - ▶ Many ILOS are already offered through MCOs, but the renewal would formalize and expand the list of available ILOS to enable more people to access them.
- ▶ HCA is considering payment for health-related services
  - ▶ Could allow the state to pay for certain health-related needs in areas like housing, nutrition, and transportation.
  - ▶ The menu of services is still being developed and would likely start out small.

## Accelerating care delivery and payment innovation focused on health-related social needs

- ▶ Community-based care coordination (Community Hub) to help people get social needs met in the community
  - ▶ Each ACH will oversee a regional Community Hub to deliver community-based care coordination across the entire state.
  - ▶ The state will also support a statewide Tribal Community Hub to improve coordination between Indian health care providers (IHCPs) and other community organizations.
  - ▶ Community Hubs do not replicate clinical care coordination. Instead, they connect people with community-based (non-medical) resources to meet people's needs.

## Hub functions

- **Identify** and engage patients who are likely to have multiple health and social needs.
- **Screen** patients for SDOH needs and determine the appropriate organizations with the resources and knowledge to address their specific needs.
- **Establish and ensure network of community organizations** to help with capacity to delivery health-related services and ILOS community services.
- **Connect** patients with these community organizations that can help address social needs within the community care coordination system.
  - ▶ High-touch approach (community health workers (CHWs) and peers build and maintain relationship, warm hand-offs to services)
  - ▶ Develop a comprehensive community care plan
  - ▶ Coordinate the coordinators/ caseworkers (when available)

## Hub functions cont'd

- **Community organization network provider payment:** ACHs and Hubs ensure there's a network of non-traditional providers (not managed care network providers) and ensure outcome-based payment or other community-based organization (CBO) support and incentive for network.
- **Follow-up** to ensure patients are connected and facilitate completion of the interventions or activities. Work closely with managed care coordination, primary care referrals, or discharge/transition planning, etc.
- **Track outcomes** of patients receiving community-based services.
- **Ensure accountability** for the ACH and Hubs through contract, external review, value-based payment approaches, etc.

## Reminders

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- ▶ All the new programs will take time to establish. Benefits will not be available right away.
- ▶ The MTP waiver renewal is just one aspect of HCA's work.
- ▶ Many details are still being developed.

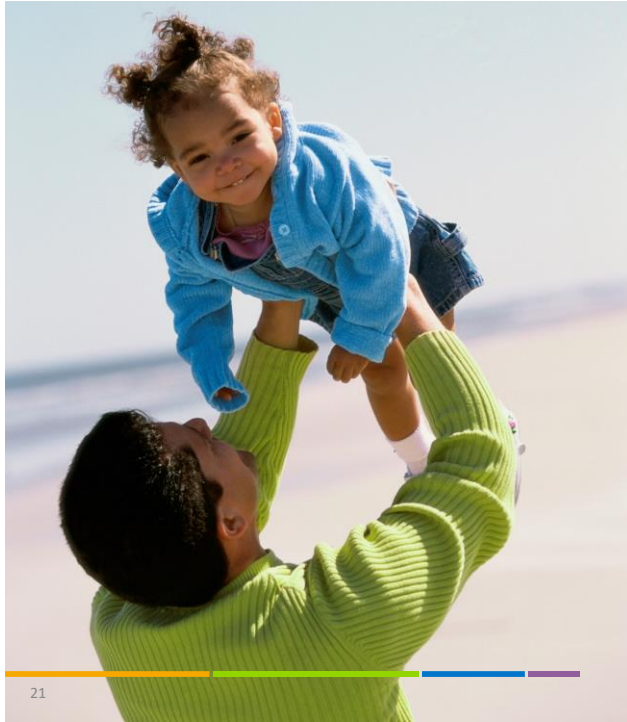
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## Questions

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- ▶ When you look at this renewal package...
  - ▶ Is there anything you're excited about?
  - ▶ Is there anything that concerns you?
  - ▶ Is there anything you want to make sure we know?
- ▶ What is working well now that should be preserved?
- ▶ Any other feedback?

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# Thank you!

Submit feedback through your  
local ACH or directly to HCA:

[medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov)

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## Board Decision Form

**TOPIC:** *Telehealth capital investment fund*

**PURPOSE:** *Review investment options for building telehealth infrastructure in North Central Washington and have the Board adopt a specific strategy and funding amount*

**BOARD ACTION:**

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

**BACKGROUND:**

In the fall of 2020, the NCACH Governing Board made a decision to support the build-out of telehealth infrastructure in North Central Washington. Since that time, we have conducted two assessments: community and clinical maturity. Both assessments revealed that more improvement needs to be done in the clinical setting to create more robust, efficient telehealth programs before building out community infrastructure. While clinical improvements are occurring, there are a few community elements that can be introduced.

**PROPOSAL:**

- Continue contracting with Ingenium Digital Health Advisors to assist clinical organizations on building out their telehealth program. Approaches should be tailored since organizations are at different places in telehealth maturity and have different needs.
- Provide partial funding to clinical organizations to support the upgrade of technical and software infrastructure to support the offering of telehealth services.
- Continue working with community partners to build out infrastructure and provide technical support to assist residents in accessing telehealth.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**

The North Central Accountable Community of Health (NCACH) is strategically positioned to understand the needs of our rural area and individual organizations and help our organizations build a sustainable telehealth infrastructure. This infrastructure includes not only the equipment and technology necessary to meet the needs of each organization's population, but also policies and procedures that address a telehealth management plan, access, staffing workflows and integration into existing health information systems and technology.



# North Central Accountable Community of Health

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The telehealth capital investment fund would provide healthcare organizations (clinical and behavioral health) with funding to physically build that infrastructure while working through the NCACH to also build the workflows and processes needed to integrate telehealth into the delivery of care and ensure it can be a sustainable service in the future.

**TIMELINE:**

If approved, a NCACH staff will develop a process to distribute funds, ensuring the goals and budget align with the intent of the Governing Board.

**RECOMMENDATION:**

*Motion to approve up to \$2,000,000 to support the build out of telehealth infrastructure in the North Central Washington region.*

Submitted By:  
Submitted Date:  
Staff Sponsor:

NCACH Staff  
04/04/2022  
Wendy Brzezny