

10/2/17 NCACH Governing Board Meeting Minutes 12:30–3:00

Confluence Technology Center, Wenatchee WA

Board Member Attendance: Tim Hoekstra, Rick Hourigan, Kevin Abel, Sheila Chilson, Winnie Adams, Barry Kling, Bruce Buckles, Kayla Down, Jesus Hernandez, Brooklyn Holton **Phone:** Doug Wilson, Nancy Nash-Mendez, Molly Morris, Ray Eickmeyer, Mike Beaver **Absent:** Theresa Sullivan, Senator Warrnick, Tyler Paris

Public Attendance: Jolyn Hull, Kaitlin Quirk, Roseann Martinez, Laurel Lee, Rosa Guerrero, Shirley Wilber, David Olson, Ken Sterner, Ann Crain, Whitney Howard, Blake Edwards, Christine Mickelson

NCACH Staff Attendance: Linda Parlette, Peter Morgan, John Schapman, Christal Eshelman, Caroline Tillier, **Minutes:** Teresa Davis

Agenda Change: Add discussion on HUB after WPCC Update

Conflicts of Interest: None

Public Comment: MCO Provider symposium – please sign up.

Minutes: *Sheila Chilson moved to approve the September minutes as written, Tim Hoekstra seconded the motion, no further discussion, motion passed*

Treasurers Report-Sheila Chilson: Sheila and Kandis Boersema from the Chelan-Douglas Health District have worked to make the financial report easier to read. Sheila went over the two pots of funding, SIM Funds and Demonstration Funds noting that we have received \$6 Million to date in the demonstration funds, but it is not reflected on this sheet. Sheila has no concerns with the financial report.

- ❖ *Tim Hoekstra moved to approve the financial report as submitted by Sheila Chilson, Brooklyn Holton seconded the motion.*

Comment RE: Page 2 demonstration funds-missing info prior to July because we were not spending any money out of that budget until the funds were received in July.

- ❖ *No further discussion, motion passed*

Executive Directors Report: Linda Parlette thanked all for the support during her husband's illness and passing. See October newsletter for updates.

Program Manager Update-John Schapman:

- NPIP Insurance Resolution – full packet was emailed to board members.
Question: Did we get competitive bids? Yes. No other concerns with the resolution that was passed on September 11th.
- Phase 2 Certification Feedback – score 97.5 out of 100%. Improvement opportunities...
 - Data and Analytic Capacity – Will be solved with the addition of Caroline to the NCACH Team.
 - Inclusion of Community Base Organizations and Social Determinants of Health – we will be working hard to show our engagement.

WPCC Update -Peter Morgan:

We are moving down the road to get more specificity to what the collaborative will look like. We have made progress in approving documents. We have agreed on the parameters on the first round of funding. Ran out of time on the discussion for the consulting proposal. There are some questions from the group about the role of the consultant that we need to resolve before moving ahead. Consultant contract will be around \$40-50K for the design phase.

- ❖ *Bruce Buckles moved to approve the document that has been accepted by the Whole Person Care Collaborative, Tim Hoekstra seconded the motion.*

Question: Was the entire document approved by the Collaborative? Yes, with the assumption that scoring may change and timeline may also be modified. The framework and concept are what we are approving.

Jesus:

- Do we agree the healthcare sector deserves only 10% of the credit for the health of the community?
 - Who is dominating this conversation around the transformation process?
 - Are the things we are measuring things that can be controlled and influenced by the healthcare sector?
 - Where are the transformation dollars being targeted?
 - What are we doing that is compelling other sectors to contribute and share the responsibility?
 - Measuring tool – Will change plans reflect how we are going to engage existing community base organizations?
 - Barry: The point of the WPCC is to address things that can be addressed by the clinical organizations. There are other things going on to address the Social Determinants of Health through other projects.
 - Doug: This is the gap of knowledge that we have discussed in the WPCC Meeting. Agrees with what Jesus said. When we discuss what it means to transform care, it absolutely means working hand and hand with these organizations.
 - Tim: What are we really approving? He understands that even if we approve, there is room to make adjustments in the scoring.
 - Bruce: We are approving the catalyst to the transformation project that is going to involve the non-medical social determinants of health with the recognition of the clinical determinants and that there needs to be that inclusion and move forward.
 - Peter explained that this is designed to work from the inside out by changing the behavioral health and primary care practices and enable them to engage with the social determinants of health to deal with population health and care coordination. The next phase would be transforming this into the application template that would need to be approved by the board.
 - Sheila: In primary care we can only influence 10% of a patient's life. Would like to flush out social determinants of health in section 3, 5, 7 -- how are organizations going to engage? We need to clearly ask the question in the application process.
 - Can organizations choose not to answer a question? Procedures have not been worked out. This can all be taken into account in the template. We are really just doing a check in with the board to make sure that we are heading in the right direction.
- ❖ **No other discussion, motion approved, Jesus Hernandez - opposed**

HUB Update-Barry Kling: Last meeting we spoke of delays in getting the HUB in a box. Expecting an outline and more information in the next couple of days. Initial cost is about \$20,000 for a 6 month engagement and we will be able to join this first cohort. We will be convening the board sub-committee together to create an RFP for the Care Coordination HUB and also to put together a care coordination inventory. Looking to get approval for the Executive Director or the Executive Committee to be able to engage in these contracts up to a certain amount. We would initially pay for this out of the design funds and pay back once demonstration funds are received and the ACH will not be charged the 15% overhead fee.

- ❖ **Kevin Abel moved to authorize the Executive Director to establish a contract with Care Coordination Systems costing up to \$25,000 for assistance over the next six months in HUB business development and the development of a business plan for a Pathways Hub. The 15% CDHD administration fee would not be applied to this expenditure because it would be refunded later with demonstration funds. Bruce Buckles seconded the motion.**
- Kayla: Other ACH's have been quoted ten times higher than this. Would like clarification of what this includes.
 - Barry: This is limited to the business side to develop a business plan.

- Sheila: In favor of allocating funds for the sake of forward progress, but would like to bring the board committee together. Would like to make some funds available for staff to move forward in the short-term, but then together with the board committee, really try to hammer this out.
- Bruce: We will benefit from the experience of others. It would cost a lot more to establish from the beginning.
- Tim: Likes this approach because the business plan will give us the nuts and bolts. If we move forward with the business plan, we are not obligated to move forward with other phases.
- ❖ **Motion approved, Kayla Abstained on behalf of the Managed Care Sector**

CCMI Contract:

- David Olson has heard from other ACH's that we are looking at up to \$250,000 to facilitate the collaborative in the future.
- Tim would like to know what design phase is: Business plan? We need to understand how it will effect social determinants of health, what are their resources? How can we all come together and collaborate?
- ❖ **Sheila moved to authorize up to \$55,000 to direct the Executive Director to research and contract with an organization to help us develop an effective learning collaborative including a business plan. 15% CDHD overhead fee would not apply. Rick Hourigan seconded the motion.**
- Tim Hoekstra: Wants to be sure that the entity builds on the grassroots effort that we have established.

Estimated Costs from the CCMI proposal:

Design phase \$15,000 – \$66,000
 Pre Work Phase \$45,000 – \$75,000
 Transformation Phase \$150,000 - \$225,000 per year

- Peter said that the design phase would have stand-alone value just in setting up and understanding what a learning collaborative does.
- ❖ **Motion passed**

Workgroup updates-John Schapman & Christal Eshelman:

- Transitional Care and Diversion Workgroup Charter: Under composition, it states that the Executive Director will appoint members. Change that wording to Executive Committee.
- ❖ **Jesus Hernandez moved to approve the Transitional Care and Diversion Charter changing the wording under composition to read "The NCACH Executive Committee will recommend to the Governing Board workgroup members", Sheila Chilson seconded the motion, no further discussion, motion passed**
- Opioid Workgroup Charter: Under composition, it states that the Executive Director will appoint members. Change to Executive Director to Executive Committee
- ❖ **Tim Hoekstra moved to approve Opioid Charter changing the wording under composition to read "The NCACH Executive Committee will recommend to the Governing Board workgroup members", Nancy Nash Mendez seconded the motion.**

Rick: Clarification, what is the strength and how well formed are the other county Opioid groups? Okanogan has an active group. Grant has been attending the Chelan-Douglas meetings and are forming a group. Will include three members from each county Opioid group and then have the Executive Committee fill in the gaps.

- ❖ **Motion passed.**

We need two board members on each workgroup. John will send an email to the board asking them to sign up for a workgroup if their schedule allows. Expect to see something this week.

Data Update-Caroline Tillier:

- Summary of measures included in the packet for the Demonstration; CORE helped put this together for the region. Includes information only for the six projects that have been chosen.
- Plan to continue this summary information as the data matures – need to eventually figure out a data workgroup not only to validate the information (from a provider end), but also sort through the analysis HIT/HIE implications for the Demonstration projects.

BHO Update-Christine Mickelson:

- Qualis came for external review of the BHO last week; draft report expected early November.
- Working with Archives for document retention and appropriate shifts to electronic. Have created a database for reconciliation on billing and discharge planning as well.
- Currently sorting through inventory of county/Medicaid-funded equipment.
- Contract amendments just received from the state, will need to sort through amendment applicability to sub-contracts as well, plus lease agreements and terminations.
- Parkside crisis triage demo currently underway – Forte will be at the BHO governing board meeting this afternoon to discuss. Still aiming for construction to be done by February.

FIMC Update-Christal Eshelman:

- Advisory committee will not have a meeting in October – will likely have two more before the end of the year.
- Consumer Engagement waiting on updated documents from HCA, then meeting will be scheduled.
- Sept 29-Oct 2 HCA expected to send information out about BHO closure
- November HCA expected to send information to enrollees about plan changes
- Christal will send information out about IMC changes to North Central organizations as they are developed/finalized to the Board.
- IT workgroup scheduled for October 17.
- Early Warning System Presentation to approve indicators to be sent to HCA
 - Bruce/Ombudsmen to have a discussion about tracking complaints in early warning system.
 - Sheila: How will providers report issues that are general issues, what are the means for reporting? Isabel said that there will be daily calls, then they will move to less and less as the time goes on.
- ❖ ***Jesus Hernandez moved to approve the Early Warning System Indicators as presented, Sheila Chilson seconded the motion, no further discussion, motion passed.***

Project plan update-John Schapman: Due November 16th - HCA is looking at revisions to the template. We will need to show a process for governance funding. Presented a preliminary funds flow document, can be discuss further on the mid-month call.

Governing Board Round Table

- Rescheduling – may need to consider adjusting the timing of meetings: 11a-1p for WPCC meeting and adjusting the Board meeting from 1-3:30p.
- Barry said that the staff is and will continue to work on ways to address the social determinants of health.

Meeting adjourned at 3:00 PM by Barry Kling

Next Meeting: November 6th 1:00-3:00 Confluence Technology Center, Wenatchee