

Location	Attendees
<p><b>Confluence Technology Center</b> 285 Technology Center Way #102 Wenatchee, WA 98801</p>	<p><b>Board Attendance in Person:</b> Blake Edwards, Rick Hourigan, Scott Graham, David Olson, Barry Kling, Bruce Buckles, Nancy Nash Mendez, Kyle Kellum  <b>Board Phone Attendance:</b> Doug Wilson, Michelle Price, Andrea Davis, Molly Morris, Ray Eickmeyer, Mike Beaver  <b>Board Members Absent:</b> Rosalinda Kibby, Carlene Anders, Senator Warnick, Brooklyn Holton  <b>Public Attendance in Person:</b> Mike Lopez, Jerry Perez, Courtney Ward, Gwen Cox, Deb Miller, Kate Haugen, Susan Marney, Kelsey Gust , Dulcye Field, Renita Cook, Jill Thompson  <b>Public Phone Attendance:</b> Cindy Button, Jen Schumaker, Gail Davis, Amanda Rosales, Traci Miller, Laina Mitchell  <b>Staff Attendance:</b> Linda Parlette, John Schapman, Caroline Tillier, Christal Eshelman, Wendy Brzezny, Sahara Suval, Tanya Gleason  <b>Minutes:</b> Teresa Davis</p>
Agenda Item	Minutes
<p>Introductions</p>	<ul style="list-style-type: none"> <li>• Declaration of Conflicts – Barry Kling disclosed that CDHD receives a 15% administrative fee for hosting the NCACH.</li> <li>• Public Comment – None</li> </ul>
<p>Approval of October Minutes</p>	<p>❖ <b>Bruce Buckles moved, Blake Edwards seconded the motion to approve the October meeting minutes as presented, motion passed</b></p>
<p>Treasurer’s Report</p> <ul style="list-style-type: none"> <li>• Monthly Financial Report</li> <li>• IGT Partner Funding</li> </ul>	<p>❖ <b>Scott Graham moved, Rick Hourigan seconded the motion to approve the September monthly financial report, motion passed</b>  ❖ <b>Bruce Buckles moved, Rick Hourigan seconded the motion to approve the payment of \$1,388,906 to partnering providers as allocated under the NCACH column of the Shared Domain 1 Investments worksheet to be distributed when the funding is placed in the NCACH account under the Shared Domain 1 Investment Category held by the Financial Executor, motion approved</b></p>
<p>Initiative 2 Presentation</p>	<p>Diane Tribble gave a presentation on MAC/TSOA &amp; the Family Caregiver Support Program. See complete presentation on the NCACH Website.</p> <ul style="list-style-type: none"> <li>• 80% of the care provided of adults needing assistance at home is done by family.</li> <li>• There are approximately 850K of unpaid caregivers in Washington State, if these caregivers stopped giving care it would create a real dilemma in our state.</li> </ul>
<p>2019 Budget Discussion</p>	<p>John recapped the discussion on the 2019 budget at the Board Retreat and noted the items marked with an “ * ” need to come back to the Board for approval. John is willing to schedule an additional meeting to answer any questions. The 2019 budget will be brought back to the Board in December for approval.</p>
<p>WPCC</p>	<p>Wendy recapped the Board retreat discussion around the formation of a centralized coaching network. Hiring additional 2 staff could provide 200-300 hours a month of coaching. Cost savings would be about \$10,000 a month by replacing consultants. Modeling the program after Greater Columbia, who has also offered to help with some training and job shadowing.</p> <p>❖ <b>Kyle Kellum moved, Nancy Nash Mendez seconded the motion to approve the formation of a centralized coaching network which would involve hiring of 2 FTE practice coaches employed and managed by NCACH, provided that candidate with appropriate experience such as healthcare experience can be recruited, motion passed.</b></p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• What effect does this have on current budget? Additional \$14,000 for December, then it is included in the 2019 draft budget.</li> </ul>

	<ul style="list-style-type: none"> <li>• Rick is concerned about finding the qualified people for the coaching that would be comparable with the consultants that we currently using.</li> <li>• David – Why are we trying to hire two coaches if at the max we are using 100 hours? The consultants have told us that there is a need in our area for more coaching and the intensity and the need will increase soon.</li> <li>• Kyle noted that with the current consultants, we are working around their schedules, hiring dedicated staff, we can get more time when we need it.</li> <li>• Job description: Looking for personality, some healthcare background, some expertise with empanelment, HIT. One coach is not going to have all of the expertise. The idea is that we find someone with a good baseline and then they learn more as they go. Bachelors level degree in a related field.</li> <li>• David noted that we are probably going to have to pay more for the correct candidate. Suggested that the organizations that use these coaches pay a little fee to help offset the cost. Also need a commitment that the organizations will implement the changes.</li> <li>• Rick suggested having it to be a requirement to show up and have a commitment. Possibly have a contractual agreements for the organizations that use the services.</li> <li>• Doug noted that the people that we find should be able to measure their efficacy. It would be a nice regional resource if it works out and could be sustainable in the future.</li> <li>• Ray said that reinvesting some experts into the region is a good idea.</li> <li>• All but 3 organizations said that they would like more coaching.</li> <li>• Linda wants to know if staff has the flexibility to raise the salary if the right candidate applies. Nicole noted that the two people that we hire may not have the same qualifications. We may end up hiring the two people at different job classification levels. Nancy noted that we need to spend the money that is needed to create sustainability. Barry said that there is some flexibility but if we exceed the 5% we would need to come back to the Board for approval.</li> </ul>
EMS Proposal	<p>John Schapman went over the EMS Proposal.</p> <p>Examples of non-transport</p> <ul style="list-style-type: none"> <li>• Skilled nursing facilities call for a fall, EMS puts them back into bed.</li> <li>• Someone calls 911 then they decide that they do not want to go.</li> <li>• Diabetes patient is unresponsive, then EMS revives and patient refuses transport.</li> </ul> <p>David &amp; Rick voiced concerns about this possibly not being in our scope of work. John responded saying the approach is in the toolkit it just was not chosen as an approach by the workgroup.</p> <p>❖ <b>Bruce Buckles moved, Kyle Kellum seconded the motion, to approve the EMS project proposal and up to \$300.000 of funding for project management and EMS agencies to complete the scope of work outlined in the proposal. Motion passed, Ray Eickmeyer abstained.</b></p> <ul style="list-style-type: none"> <li>• Barry noted that he would like to see quarterly reports to the NCACH from the NCECC.</li> <li>• Bruce said that he supports this proposal and thinks that it is needed.</li> <li>• 2 semi-annual data reports will be provided to the Board.</li> <li>• The only agencies missing are small agencies that transport approx. 2 patients a year.</li> <li>• Scott noted that the law needs to be changed around EMS not being able to bill for non-transports.</li> </ul> <p>➤ Barry asked that Renita and Ray draft a letter that the Board can send to State Representatives.</p>
CHI Update	<ul style="list-style-type: none"> <li>• Stakeholder survey results are included as a separate packet as a follow up from October 1<sup>st</sup> meeting.</li> <li>• Chelan Douglas had their Employment and transportation forum, will be looking at next steps.</li> </ul>

- Okanogan met on the 30<sup>th</sup> and discussed development of a mission statement. Discussing resiliency.
- Grant pathways HUB Informational meeting had about 30 attendees from about 25 organizations.

Other Staff Updates

**Data Update – Caroline Tillier**

- Introduced letter from State of Washington for Baseline Data for 2017. She will prepare a presentation for the next Board meeting. This is important as it will determine if we achieve the values for P4P. We currently have not budgeted to receive any P4P dollars. There is also an FAQ document in the packet as well.
- Measures around asthma medication management and follow up after discharge for mental health stand out.
- MCO's have a snapshot of some data that they plan on sending out this week. MCO's are willing to share data with providers but they are trying to avoid having providers compete against each other.
- Getting the dashboard from HCA will be the first step to see what data that gives us, then we can narrow our focus on what we want at a provider level. Molina is willing to share a monthly dashboard at an aggregate level. Andrea said that she will explore getting data on a provider level with the other MCO's.
- David and Rick reminded the group that transparency is key, we could sign agreements allowing MCO's to share data with the NCACH.
- Rick also suggested that the MCO's could give each provider their own data and then we can pool it and discuss at a closed meeting.

**Opioid Update-Christal Eshelman:**

- Has received 9 rapid cycle applications totaling about \$78,000 so far for the \$50,000 available this round. Using the same process that was approved in April, 2018 and used in the first cycle. Will update the Board next month.
- Steve Clem's NCW Opioid Stakeholders Group is dissolving and we are hoping to combine into current workgroup. Christal will review the charter and see if we need to make any updates.
- CDHD is still working on making overdose a notifiable condition – will report more at a later date.

**Pathways Hub Update – Deb Miller:** Deb Miller handed out a dashboard, 132 referrals from ER, 7 active clients, social services is the highest referral. They are seeing more pediatric patients than they expected. They expected to have more clients but they are having trouble locating the patients after the visit. Dr. Redding has implemented door hangers to try to locate people. Nancy suggested having an email address option on the referral form.