NCACH Leadership Group Meeting Notes June 18 2015

Called to order 2:05PM

Present

In Person: Bruce Buckles, Jeffrey Davis, Cathy Meuret, Barry Kling

By Phone: Laurel Lee, David Escame, Gail Goodwin, Jefferson Ketchel, Caitlin Safford, Lauri Jones , Carmen Switzer.

1. Governing Board – plans for initial meeting and orientation

The workgroup on GB Orientation (Barry, Deb, Cathy, Jesus, Nancy, Jeff K) met and came up with the following approach:

We agreed that most of the board members are very well versed in ACH related matters, but two or three have much less background. Rather than subject everyone to the same presentations we decided on an approach that gives new people the opportunity to catch up on the ACH knowledge base while moving ahead with formation of the board.

Here’s a proposed agenda we came up with for the first GB meeting:

1. Introductions
2. Our Story So Far – A Brief Summary of the Way We’ve Introduced ACH Issues to Community Partners – Rutherford and Kling?
3. Review of the ACH Knowledge Base (see below), with suggested learning resources for each topic.
   1. Quick review of resource notebook organized by Knowledge Base topics?
4. Review NCACH Governance Charter emphasizing role/responsibilities of GB
5. Design Grant Deliverables for 2015 and Expectations for 2016
6. When and How Should the GB Take Over?
7. Topics for Second GB Meeting

We also discussed the possibility of a state person such as Chase Napier to do a brief video appearance, perhaps addressing the roles of an ACH. That needs to be addressed at some point in the first meeting.

Here are the items we included in the ACH Knowledge Base:

* The reasons health care reform is needed.
* The Triple Aim.
* What determines health? Relative contributions of medical care. The Social Determinants of Health. The distinction between population health improvement and health care improvement.
* The state’s health care reform plans – the State Health Care Improvement Plan (SCHIP), the State Innovation Models Grant Proposal (SIM Proposal), and the potential Medicaid Waiver.
* HCA statements on the roles and functions of an ACH. The unanswered questions on the same.
* Community health needs and priorities in the region, based on recent community health needs assessments.
* The structure and dynamics of the region’s health care system.
* Managed Care Organizations (MCOs) – What they are and what they do.
* What is integrated whole-person health care and why is it a critical element of health care improvement?
* The health care reform acronym list (HCRAL).

Cathy and Deb are already at work on the resource manual, using the Knowledge Base Outline as a framework.

Deb has sent out a doodle poll to GB members in an attempt to schedule an initial meeting in July and a second in August.

The group approved all of the above.

1. Laurel’s email on MCO involvement

The thoughtful proposal shared by Laurel regarding MCO participation in ACH governance was discussed. The main concern raised was the effect on GB dynamics created by the proposed quarterly change in MCO representative. It was agreed that this was not desireable and that the MCO representative should serve a normal GB term.

Other aspects of the proposal were readily accepted. The proposal that multiple MCO representatives attend GB sessions is no problem because we are already committed to open meetings. The possible need for MCO representatives to caucus during a GB session was mentioned, and it was agreed that the GB should be as flexible as possible about this. The need to distribute information on upcoming GB decisions as early as possible, and to assure that MCOs receive it no later than anyone else, was readily accepted, though the 5-day minimum advance notice in the proposal may not always be feasible due to deadlines imposed by HCA and others. It was also agreed that there should be opportunities for MCO representatives not on the GB to speak to the board, in the form of regular public comment periods during GB board meetings.

It was proposed that these points be added to the Governance Charter and this was acceptable to everyone.

1. BH Governing Board representative

As previously discussed, Gail Goodwin sent an email to all Medicaid chemical dependency and mental health service providers in the region to solicit nominees for the GB Behavioral Health representative. The following nominations were received:

Skip Rosenthal of Okanogan Behavioral HealthCare

Carol Diede of Columbia Valley Community Health

(Proposed to hold the seat until permanent BH coordinator appointed at CVCH)

Robin Cronin of Catholic Family

Gail Goodwin of Grant County Integrated Services

The Leadership Group discussed the best way to make a selection. There have been important developments in the region since we originally asked Gail to solicit nominations, especially regarding the decision to form a BHO by April of 2016 for Grant, Chelan and Douglas Counties. This decision was made in order to move toward full integration of Medicaid services sooner than 2020 – but without having to meet the 2016 deadline required for Early Adopter status. There was further discussion about the role of Okanogan County, whose commissioners have chosen not to participate with the other 3 counties so far in efforts to achieve integrated care. Although the group is still committed to developing a regional 4-county system of integrated state-funded care, it is unclear how and when Okanogan will want to be involved. Certainly it would not be workable for Okanogan to stand back from the process and then expect to step in when the other counties have done the hard work of integration. On the other hand there is no desire to exclude them – just the opposite.

After discussion of each nominee, Jeffrey Davis moved and Lauri Jones seconded that Gail Goodwin be appointed BH representative on the Governing Board because she is expected to have a pivotal role in creation of the BHO and will be well positioned to represent the BH community on the Board. Passed unanimously.

1. Governance Charter one more time

In addition to the additions mentioned above in connection with the MCO discussion, it was pointed out that the draft should consistently refer to the Regional Council GB seats as non-voting. Concern was raised that the list of backbone functions should provide more detail or be omitted, and it was decided to omit the detailed list from the Governance Charter. Barry will distribute the corrected, and possibly final, version with the meeting notes.

1. Update on Early/Medium Adopter discussions

The group discussed the decision mentioned above regarding formation of a BHO by April of 2016, with the intention of moving to full integration of state-funded care as soon as possible thereafter.

1. 1115 Waiver White Paper and ACH Role

The ambitious role of ACHs in the Waiver White Paper was noted. Doubts were expressed as to the adequacy of HCA funding to meet those expectations, and as to the sustainability of such functions. It was noted that the white paper is only conceptual and that most of the details have not yet been worked out. ACHs will have opportunities to participate as the plan develops.

1. ACH Designation Proposal Framework

This document was reviewed briefly.

NEXT MEETING: Thursday, July 2, 2015