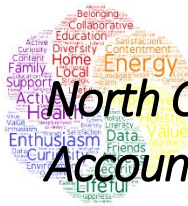


# North Central Accountable Community of Health

**NCACH Governing Board  
DRAFT MEETING AGENDA**  
12:30 – 2:30PM February 1, 2016  
Confluence Technology Center  
285 Technology Center Way, Wenatchee

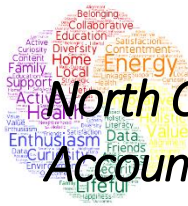
Attendance:  
Board Members onsite: Gail Goodwin, Jeff Davis, Winnie Adams, Barry Kling, Bruce Buckles, Jesus Hernandez, Laurel Lee, Theresa Sullivan, Kevin Abel, Patrick Bucknum  
Board Members via phone: Doug Wilson  
Public Attendees onsite: see sign in sheets for details  
Public Attendees via phone: See sign in sheets for details

Agenda Item	Notes	Follow up Tasks
We have been designated!	NCACH received notification of official ACH designation January 13, 2016.	
Health Improvement Initiatives Report	<p>Population Health-Obesity: Winnie reported on the progress she has made starting a childhood obesity initiative within the schools in the region. She has made contact with Healthiest Next Gen, OSPI, and the school nurse corp. Winnie has also researched existing and emerging standards and recommendations on this topic. The board discussed the McCleary decision and future funding to schools which makes this health initiative timing good.</p> <p>This initiative is very local. In some schools there is already a great deal of activity on these issues, which we can support, while others are less active so far. Barry suggested that staffing support for this work be provided through the NCACH Executive Director once hired. Because of the current work Samaritan Hospital is doing with the Moses Lake Childhood Obesity project, Theresa Sullivan/Samaritan staff would like to be a part of this initiative team.</p> <p>Because this initiative is inherently local, involving each separate school district, the CHIs should have a major role. In each district, one would want local providers and other health partners to be involved in approaching the schools. The CHIs would be the best vehicle through which to organize these local teams, which will also help give CHIs a coherent mission.</p> <p>Jesus Hernandez pointed out that schools are under many pressures, and it is important to approach them with help rather than demands. Fortunately, there is strong evidence that more physical activity among students improves academic performance, making this a core issue for schools rather than a peripheral demand. Many</p>	<p><u>Population Health:</u> <b>Winnie</b> will pull together work group of NCACH board members and other interested stakeholders to form a regional workgroup. An important upcoming step will be to engage the CHIs, though it is recognized that progress will accelerate once an executive director is in place to support the initiative.</p> <p><u>Care Transformation:</u> <b>Cathy</b> and <b>Peter</b> will research this work further and pull together a workgroup to move forward. Initial group: Jeff Davis, Barry Kling, Peter Morgan, Kevin Abel, Laurel Lee.</p>



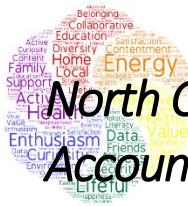
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	<p>schools have already addressed this; the point of our initiative would be to support this sort of progress in as many districts as possible. Winnie pointed out that a good place to start in many districts will be after school programs because it is easier for schools to be open to support and collaboration in this area. The school nursing corps coordinated by Winnie provides a good start.</p> <p>Care Transformation-Optimizing Primary Care: A waiver proposal was submitted to HCA by a group of board members and partners. This proposal goes beyond PCMH and proposes bringing Primary Care providers from the region together in a collaborative approach. The DOH Transformation Hub funded by the SIM grant may be able to help support the initiative. Barry reported that CDHD has shifted some staff responsibilities in order to commit about half of Cathy Meuret's time to support this work over the next 6 months to help get this off the ground. Additional staffing will be needed in the future. The next step, and Cathy's initial objective, is to prepare a well documented operational description of the nature of the transformations needed in primary care organizations to achieve true whole-person care under value-based reimbursement. Discussion among board members, especially those involved in the direction of primary care organizations, was very supportive of this approach.</p>	
<p>SIM Grant funding Allocation for NCACH in 2016</p>	<p>The contract amendments which extend funding through January 31, 2017 have been signed and returned to HCA. Funding includes one-time grant funds of \$150,000 designated for use in this contract year. There is an additional \$660,000 budgeted for each ACH to be used 2016-2018 with some latitude on the distribution of funds across these 3 years. We will need to submit a 2016 budget to HCA soon. Barry will work on drafting a more detailed proposed budget and bring to the March meeting. It will be based on the preliminary budget discussed in January, which envisioned the use of about \$200K this year (the \$150K designation grant along with \$50K of the additional \$660K, leaving about \$305K for each of the following two years).</p>	<p><b>Barry</b> draft more detailed budget</p>
<p>Job description and permission to hire executive director</p> <p><b>ACTION:</b></p>	<p>Barry shared draft job description with board for review and discussion. It is proposed the Executive Director will initially be a CDHD position until the non-profit entity is established at which time the position would transfer to the health district. There will need to be a written agreement between the NCACH board and the CDHD board with the final hiring decision left to the discretion of the NCACH board. Board will provide input to Barry for final job description to be completed by</p>	<p><b>Theresa</b> will locate CAH Exec. Dir. position description</p> <p><b>Jeff</b> will research salary range</p> <p><b>ALL board members</b> to provide input to Barry for final</p>



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<p><u>Motion</u>-Patrick Bucknum, <u>Second</u>-Theresa Sullivan to approve the hiring of an NCACH Executive Director as soon as possible after the position description is finalized.</p>	<p>mid-February. Although the Governing Board may create a small workgroup to screen and interview applicants, the hiring decision must be made by the Governing Board. Theresa will look for CAH Executive Director position description; Jeff will review the current salary survey to determine an accurate salary range for this position.</p>	<p>draft of the Exec. Dir. job description</p> <p><b>Barry</b> draft job description by mid-February. Develop a draft agreement between NC ACH and CDHD regarding CDHD's role as interim backbone organization.</p>
<p>Other Business</p>	<p><b>Open Board Seats:</b> Jon Wyss has declined an invitation to take the Business seat on the board. He has provided 3 names for potential Okanogan County business leaders who may be available. Barry will be following up. Barry has not yet reached out to Nancy Johnson as a possible Tribal representative and will do so soon.</p> <p><b>CMS-AHC Grant opportunity</b>-Barry recently viewed the CMS-AHC grant webinar and feels it would potentially provide opportunity specific to the Care Optimization initiative. However at this time because of the high administrative burden of the grant, he is not recommending the NCACH apply for the funds at this time. Laurel also added the high number of Medicaid screening requirement (75,000) makes the grant a challenge for this region. There was consensus that NC ACH should not apply for this grant.</p>	
<p>Audience questions</p> <p><b>ACTION:</b></p> <p><u>Motion</u>-Jeff Davis, <u>Second</u>-Bruce Buckles to authorize NCACH to submit a letter of support for waiver activities that align with NC ACH initiatives.</p>	<p><b><u>Does the NCACH plan to submit comments to the Waiver proposals by Feb. 21?</u></b></p> <p>After discussion it was agreed that a letter from NCACH would be a good idea, but that it isn't feasible or necessary to review all 600+ pages of proposals. Instead our letter should address the themes of our two initiatives. Barry will prepare a draft and develop a final version based on board input by the Feb 21 deadline.</p> <p><b><u>What are the latest Mid-Adopter/BHO integration plans moving forward?</u></b></p> <p>The BHO will be established April 1, 2016. Once the BHO gets on its feet, one question will be how soon to move toward full integration. The state's deadline is April 1, 2020, but our region has kept open the possibility of an earlier transition. Some county commissioners favor an early transition because that will end the counties' liability for excess behavioral health costs, but physical health providers are concerned about having enough time to prepare for the transition. The BHO will indicate when it is ready for the change, but physical health providers must also have a voice in this decision. Ultimately this call will probably be made by the region's county commissioners. The ACH could have a voice in this if the Board wants to pursue this, but one way or another physical</p>	<p>Barry: Draft letter to HCA on Waiver themes.</p> <p>Board Members: Provide feedback on draft letter.</p>



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	health providers should communicate with BHO board members and other county commissioners about the timing of full integration before a decision is reached.	
Agenda Items for Next Meeting	<ul style="list-style-type: none"><li>• Presentation by Regional EMS Council specific to their role in health systems</li><li>• Review and discuss new contract deliverables for 2016</li><li>• Final Job Description/Search Committed for hiring Executive Director</li><li>• Leadership Council update</li><li>• CHI update</li><li>• CHNA</li><li>• WIN211</li></ul>	