

King County Accountable Community of Health

Governing Board Meeting Summary

May 18, 2017, 9:00am – 12:00 pm

Revelle Hall – 1210 SW 136th St. Burien, WA 98166

Members Present:

Teresita Batayola (International Community Health Services), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital, on phone), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services, on phone), Elise Chayet (Harborview Medical Center, on phone), Shelly Cooper-Ashford (Center for MultiCultural Health), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), David Johnson (NAVOS Mental Health Solutions), Stephen Kutz (Cowlitz Indian Tribe), Betsy Lieberman (Betsy Lieberman Consulting), Maureen Linehan (Seattle Aging and Disability Services), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center), Adrienne Quinn (King County Department of Community and Human Services), Sarah Rafton (Washington Chapter – American Academy of Pediatrics), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Amina Suchoski (United Healthcare), Sherry Williams (Providence Health Services of Washington), delegate for Preston Simmons.

Members Not Present:

Steve Daschle (Southwest Youth and Family Services) and Ceil Erickson (Seattle Foundation).

Staff:

Christina Hulet (Hulet Consulting), Joy Lee, Ingrid McDonald, Gena Morgan, and Marguerite Ro (Public Health – Seattle & King County).

Guests:

Adam Davis (Puget Sound Fire/FDCares), Allie Franklin (Crisis Clinic), Christine Quinata (Health Care Authority), Howard Springer (Navos Consortium), Jennifer DeYoung (Public Health – Seattle & King County), Kirsten Wysen (Public Health – Seattle & King County), Leah Rosergans (Cope Health Solutions), Liz Arjun (Public Health - Seattle & King County), Milena Stott (Valley Cities), Paul Goldberg (PaulGoldberg & Associates), Ross Baker (Virginia Mason Medical Center), Ruth Bush (Coordinated Care), Sarah Evers (Center for Community Health & Evaluation), Sarah Jackson (CHI), Sharon Bogan (Public Health - Seattle & King County), Shanna Clinton (King County BHRI), Sharon Pock (Qualis Health), Sybill Hyppolite (SEIU 1199 NW), Tavish Donahue (MHNW), Travis Erickson (Public Health – Seattle & King County).

Welcome, Meeting Goals & Agenda Review

Gena Morgan (Public Health – Seattle & King County) welcomed Governing Board members and guests and reviewed the agenda and the following meeting goals:

1. Discuss the top attributes members would want in the Governing Board Executive Director.
2. Review Steering Committee Updates, Demonstration Fund Flow and Demonstration Project Planning
3. Decide Governance structure around Reserved and Open Seats
4. Elect Governing Board Co-Chairs

Members shared the following top attributes preferred in the Executive Director:

- Flexible and adaptive
- High level of integrity and with political savvy
- Active listener and visionary
- Knowledgeable of the health care system and business
- Supports community members
- Has passion, persistence and patience
- Focused and tenacious

Gena announced Phase 1 of the Certification process was submitted last Friday, May 12, 2017 to the Health Care Authority. She thanked board and committee members and staff for contributing to the development and review of that document, and noted that approval by the HCA will trigger the first installment of demonstration funding to the ACH. She introduced Joy Lee and Lee Che Leong as the newest staff members helping provide backbone support to the King County ACH. She announced that the open Primary Care Provider seat had been filled via email vote of the Governing Board. Finally, she announced the Reproductive and Maternal/Child Health Community Learning Session on Tuesday, June 6 from 11am-1pm at the Broadview Branch Library (12755 Greenwood Ave. N., Seattle, WA 98133).

Hiring and Steering Committee Update

Executive Director Search

Betsy Lieberman provided an update regarding the Executive Director search beginning with acknowledgement of the hiring committee members, staff, and Jodi Lechner who have helped make the process run with ease. Currently, four strong candidates remain, two individuals are from the local area while the remaining are from outside of Washington State. All will be brought in for round two interviews taking place on Wednesday, May 31, 2017 from 1-6pm. Betsy shared the hiring committee's next steps:

1. All four candidates have two sets of in-person meetings that day: an interview with the hiring committee and a meet-and-greet with available Governing Board members who would like to participate.
2. Governing Board members participating in the meet-and-greet will need to commit to the whole timeframe and participation is highly encouraged.
3. The hiring committee will then meet again on June 1 or 2 to formulate their recommendation to be presented at the next Governing Board meeting on June 8, 2017. Background and reference checks will be conducted between June 5-7.

The following questions and points of discussion were raised:

- Will the offer letter come from the Seattle Foundation or the King County ACH LLC?
- The pros and cons of a local vs. an out-of-state candidate. Although the local candidates under consideration are highly qualified and know the local context, , the candidates under consideration from out-of-state bring a depth of experience around Delivery System Reform Incentive Payment (DSRIP) programming.
- Notification of candidates who are not moving forward is in process.

Backbone Transition Support Recommendation

Amina Suchoski (United Healthcare) provided a recommendation regarding the ACH work of the backbone staff at Seattle-King County Public Health (PHSKC) and proposed retroactive funding to PHSKC starting from April 2017. She proposed a Letter of Recommendation or Letter of Understanding from the ACH Governing Board to

help support current/urgent staffing needs of the ACH. These funds would come from ACH demonstration year 1 funding.

The following questions and points of discussion were raised:

- As the transition between PSHKC-supported ACH to independent legal entity continues, the Governing Board will need to help determine what kind of staff is needed to support this work. Some of these decisions are time sensitive and will need to occur soon, while others can happen after the Executive Director is hired.
- With reference to the Backbone Transition Support Recommendation document, payment could be deferred until after the second fund flow anticipated from HCA (up to \$5 million from HCA to the ACH in August 2017) or to December 2017 when the large scale project pool funding is available.
- A deficit in the ACH budget is not likely given the timing of the release of dollars from the Health Care Authority:
 1. Phase 1 Certification: releases first payment of \$1 million in June 2017
 2. Phase 2 Certification: releases second payment of up to \$5 million in September 2017
 3. Based off of the project portfolio: release of up to \$31 million in December 2017
- Concern with the staffing needs in July given the transition of PSHKC staff and ACH LLC needs.

A formal motion confirmed the recommendation for a Letter of Understanding:

Motion passed:

23 In favor

0 Against

2 Recused

Demonstration Funds Flow Presentation

Dan Vizzini, Regional Coordinator from the Oregon Health and Science University, Center for Evidence-based Policy presented a concise presentation prepared by the Manatt technical assistance team. The key takeaways from the slide deck included:

- Funding amounts are planning estimates, and are subject to change.
- The only guaranteed amount is \$1 million in Design Funds, awarded when the King County ACH achieves Phase I certification. Up to \$5 million of the remaining Design Funds will be awarded based on the ACH's certification submission score.
- Project Pool funding in Year 1 is earned and adjusted based on the ACHs Project Plan application score. Project Pool funds for later years are adjusted based on the progress and outcome performance.
- Integration Incentives are earned only if King County submits a Letter of Intent before September 15, 2017 and launches fully integrated managed care by January 1, 2019.
- "Partnering Providers" can also earn DSRIP High Performance and Value Based Payment (VBP) incentives, in addition to the funds described in the slides.

The following questions and points of discussion were raised:

- One example for changes in the funding and planning estimates could come about due to the fact that these do not factor in the Tribes.
- Funds can be drawn from the account at any time, but the account is only filled twice a year.

During Dan's presentation, it was decided that it would be best to move up an area of the agenda. Susan McLaughlin (King County DCHS) provided an update on the adoption of Integrated Managed Care (pages 37-44 of packet). House Bill (HB) 1388 currently pending in regards to fully integrated managed care by 2020. It is up to the county to decide if it will become a mid-adopter. As incentive monies flow through the ACH, this could be invested upfront to help with fully integrated managed care. However, it is not the same pool of funds as the project incentives or the VBP incentives. With HB 1388 and its Senate Bill companion bill (merging DBHR with the HCA) this would establish a leadership table and MCOs could then contract back with counties and help with the transition. The leadership table of the King County Executive team is closely watching this and is very supportive of partnership with MCOs.

Public Comment

None

Demonstration Project Planning Update

Gena introduced the Demonstration Project Committee (DPC), explaining that their purpose is to provide recommendations to the Governing Board on the overall demonstration project strategy, set guidelines and criteria for the development of project plans, and then recommend a project portfolio for review and approval by the board. DPC members Sarah Rafton and Michael Erikson presented the DPC Summary handout draft.

The following comments and/or concerns were raised:

- Utilizing the following language "evidence based practices" when targeting the social determinants of health may actually be a challenge to traditional health systems and communities that need this support the most (i.e. evidence based practices are not always found with Tribal communities).
- A proposal was made to be more aggressive with wording and utilize "innovative practices" or look at the word "strategy".
- Must make sure we reach our Medicaid eligible population.
- Prioritize engagement with community and across sectors, specifically with pharmacies given that we know individuals we wish to serve also move through different affordable housing communities.
- The opportunity presents itself to capture data that we often have to use other revenue streams to fund.
- It is up to the ACH itself to decided what 4-8 projects should be prioritized even as we await the HCA's release of the project template.
- Dan Vizzini recommended that the ACH be expansive in its language and planning in a way that allows for rebalancing and sustaining project performance.

Members were asked if they thought the draft document was on target. Members agreed that, with some of the modifications discussed, it could be released to community partners and interested stakeholders. Follow-up action steps included:

1. Editing the language as discussed above.
2. Obtaining the Better Health Together Letter of Understanding.
3. Continuing to solicit input and expressions of interest via the King County ACH website.

ACH Governance

Executive Committee

Christina Hulet (Hulet Consulting) provided the background context to those interested in being on the Executive Committee referencing pages 32-33 of the pre-read meeting packet. The nine members (page 33) presented have identified that they have the capacity to serve on the Executive Committee. While the Governing Board originally proposed a seven-member Committee, Christina requested a motion to confirm that all nine members could, instead, be selected as the official Executive Committee. Motion passed unanimously, no abstentions.

Board Co-chair Selection

After deciding on a nine member Executive Committee, Christina moved forward introducing the voting sheet to decide the two Board Co-chairs. The five candidates were: Tizzy Bennet, Steve Daschle, Patty Hayes, Betsy Lieberman, and Esther Lucero. Each was given a few minutes to express their interests and qualifications for Board Co-chair. David Johnson, who nominated Steve Daschle, spoke on behalf of Steve, who was not able to attend the meeting. After receiving members' voting sheets and polling phone participants, Gena announced the two co-chairs at the end of the meeting: Betsy Lieberman and Esther Lucero.

Board Nomination Process Reserved and Open Seats

Christina provided the summary of the Board Nomination Process per the last ACH meeting in April (pages 34-35 of the pre-read meeting packet).

The following comments and/or concerns were raised:

- Consumer and Community Voice (CCV) committee recommends that the three seats for community-based equity networks, coalitions and/or consumers be reserved and not open.
- Given the different departments of King County, the King County government seat will be nominated and filled based of a process that the county identifies.
- While 2 seats are reserved for the federally recognized tribes, there are actually a total of 3 federally recognized tribes in King County. Therefore 3 seats should be reserved, and the 3 tribes should be encouraged to participate.

Based on these items the following Motions were passed:

- Change the language to reflect three reserved seats for community-based equity networks, coalitions and/or consumers. Motion passed unanimously, no abstentions.
- Expand the Tribal seats to reflect three reserved seats for the federally recognized tribes in King County (Cowlitz, Muckleshoot and Snoqualmie) and one reserved seat for the Urban Indian Health Board (four reserved seats in total). Motion passed unanimously, no abstentions.

Per a final request that the decision making window of seven days be extended to ten days, Christina Hulet suggested that the Executive Committee make this decision. Additionally, the Governing Board should provide the Executive Committee with language in regards to the Decision Making Process and Voting described in Section 9.7 on page 36 of the packet.

Wrap-Up

Gena Morgan closed the meeting by sharing that the Governing Board's next meeting is scheduled for Thursday, June 8 at a location to be determined.