King County Accountable Community of Health

Governing Board Meeting Summary

October 12, 2017, 8:30 a.m. – 4:30 p.m.
Alvine Room, King County Elections, 919 SW Grady Way, Renton, WA 98057

Members Present: *Elizabeth "Tizzy" Bennett (Seattle Children's Hospital), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview Medical Center), Kristin Conn (Kaiser Permanente of Washington), Shelly Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Michael Erikson (NeighborCare, delegate for Teresita Bataloya, International Community Health Services), Brad Finegood (delegate for Adrienne Quinn, King County Department of Community & Human Services), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), David Johnson (Navos Mental Health Solutions), Betsy Lieberman (Betsy Lieberman Consulting), Maureen Linehan (Seattle Aging and Disability Services), Daniel Malone (Downtown Emergency Service Center), Sarah Rafton (Washington Chapter – American Academy of Pediatrics), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Aren Sparck (delegate for Esther Lucero, Seattle Indian Health Board) and Amina Suchoski (United Healthcare)*

Members Not Present: *Stephen Kutz (Cowlitz Indian Tribe), Preston Simmons (Providence Health Services of Washington)*

Staff: *Thuy Hua-Ly, Lee Che Leong, Susan McLaughlin, Gena Morgan, Kelsey Robinson (KCACH), Christina Hulet (Hulet Consulting)*

Guests: *Caitlin Safford (Amerigroup), Karen Lewis, Glenn Puckett (Arcora Foundation), Diana Bianco (Artemis Consulting), Erin Hertel (CCHE), Sarah Jackson (CHI Franciscan), Siobhan Brown (CHPW), Cathy Knight, Andrea Yip (City of Seattle – Aging & Disability), Kayla Down (Coordinated Care), Doug Crandall (CPC), Dupti Chrastka, Allie Franklin (Crisis Clinic), Travis Erickson (Public Health – Seattle & King County), Christine Stalie (DOH), Christine Quinata (HCA), Katherine Weiss (HCA), Carolyn Bonner, Kahanu Kahwnei (Highline Medical Center), Cathy Homkey (HMA), Cathy Kaufmann (HMA), Bill Woolley (Hopelink), Paul Despres (Integrative Care Outreach), Laurel Lee (Molina), Michele Meaker (NAMI – Eastside), Joseph Adrian (NeighborCare), Adam Davis (PSF), Marguerite Ro (Public Health – Seattle & King County), Wei-Lin Huang, Jeff Hummel (UW), Sharon Poch (Qualis Health), Ed Pwyer-O'Connor (Retired), Sybil Hyppolite (SEIU 1199NW), Federico Cruz (SeaMar), Anne Farrell Sheffer (YWCA – Seattle & King/Snohomish)*

Welcome & Introductions

Co-chair Betsy Lieberman (*Betsy Lieberman Consulting*) called the meeting to order. The primary objectives for this meeting are for the Governing Board (GB) to make decisions on (1) the Demonstration Project Committee (DPC) recommendation for projects to be included in the KCACH project portfolio and (2) the Finance Committee recommendation for project incentive funds distribution – both requirements of the Project Plan Application.

Executive Director Susan McLaughlin welcomed attendees and explained that critical decisions will be made regarding the Medicaid Demonstration project portfolio. She acknowledged the complexity and difficulty of these decisions but expressed belief that the portfolio can lead to sustainable change in King County. Susan thanked the DPC and Finance committee for their effort and hard work.

Susan briefly reviewed the conversation regarding "leave behinds" from the September 18th meeting:

- Focus on collaboration between health care delivery system and our social services/community based providers and ensuring that we have the IT infrastructure and those organizations can connect through the HIE.
- Access to multidisciplinary, culturally competent care teams that are inclusive of addressing social determinants of health.
- Leave behind an infrastructure that provides an affective mechanism for meaningful community and consumer involvement and continuous improvement of our system.

Susan emphasized that these leave behinds will be further discussed at a later meeting.

Susan introduced the King County ACH team, Gena Morgan, Director of Programs; Lee Che Leong, Project Manager; Thuy Hua-Ly, Chief Finance Officer; and Kelsey Robinson, Executive Assistant.

Diana Bianco (*Artemis Consulting, part of the HMA team*) introduced herself as meeting facilitator and reviewed the agenda.

Board Business

Betsy asked about approving the minutes from the September 18th GB meeting. It was noted that there were some minor "typos" that would be corrected in the finalized version. No further changes or suggestions were made. All in favor, none opposed.

Lease Agreement – Betsy reminded the GB of the adopted guidelines allowing the Executive Committee (EC) to approve "expenditures or contracts between $100,000-$500,000 that are not included in the board-approved annual KCACH budget". The EC has reviewed and authorized Susan McLaughlin to proceed with signing the lease agreement for office space in the Central Building.

Ice Breaker

Tizzy Bennet (*Seattle Children's*) presented the YMCA's Big Picture Card Deck and asked each of the board members to pick a picture that resonated with them. Each board member introduced themselves and shared about their choice of picture.

Funding Update

Per the Health Care Authority (HCA), first year funding for the Medicaid Transformation Project (MTP) will be cut by about 27%. We can also expect fewer funds available overall for years 2-5. Collectively, the ACH Executive Directors (EDs) have been working together to develop mitigating strategies and have requested the following from the HCA:

- Project Proposal is non-binding – Allowing flexibility to determine how to best utilize funds and adjust project proposal as needed.

- To adjust the algorithm for funding – Allowing ACHs to be eligible for full potential funding amounts in year 1, even if the approved portfolio doesn't include a minimum of 6 projects.
- Remove the supplemental workbook requirement, which includes financial projections for years 2-5 that ACHs would like to submit later.
- Narrative on Domain 1 investments to include implementation of selected projects only – Bumping the remaining activities to a state-wide level.
- Working collaboratively with the HCA and ACHs to implement all Domain 1 activities – Allowing ACHs to leverage funding across the State.

At the time of the GB meeting the HCA has yet to respond to these requests.

DPC Project Portfolio Recommendation

Context

Susan provided context for the project portfolio recommendation.

<u>Incentive Funding:</u>

- All projects are eligible to earn incentive funding.
- Projects earn funding by meeting outcome metrics of selected projects.
- The ACH is accountable to ALL outcomes associated with the selected projects.

<u>Strategy:</u>

- Pick projects from the toolkit that have achievable outcomes.
- Move the needle on required outcome metrics to earn incentive funds.
- Incentive funds can:
    - Pay organizations
    - Support the ACH
    - Invest in infrastructure
    - Invest in long the term vision
- Prioritize and invest in 2-4 long term sustainable changes that move us towards our vision.

DPC Recommendation

Cathy Kaufmann (*HMA*) introduced the DPC members and invited them to reflect on the process. General response from the DPC was that it was a respectful and collaborative experience. While it was difficult to drop certain projects, collectively the group realized that the project plan will be more effective in creating sustainable change with fewer projects. Furthermore, year 1 funding has been cut by 27% and there will likely be further cuts in years 2-5. Adopting a 4-project portfolio will allow the King County ACH to make deeper and more targeted investments and address care coordination, social determinants of health (SDOH), oral health etc.

The DPC recommended the following projects be included in the portfolio:

- 2A: Bi-Directional Integration (required)
- 3A: Opioid Crisis (required)
- 2C: Transitional Care
- 3D: Chronic Disease

Social Determinants and Community-Based Care Coordination will be incorporated as strong threads throughout the portfolio.

Q & A

Cathy reminded the GB of the guiding principles the DPC used to make its recommendations. She then reviewed the selected projects and strategies for addressing integrating and elevating social determinants and community-based care coordination. Language still needs to be developed regarding how they will be incorporated throughout the portfolio. Cathy also reviewed the projects that were not selected. Questions raised during the discussion included:

- Will we continue to measure diversion metrics, even if we are not accountable to it? – We can, and that can be a part of the project plan.
- Why is the Pathways HUB model not a good fit? – It is a prescriptive tool requiring its own data system that would need to be purchased, staffed and managed. It's an expensive and duplicative process and would hinder current care coordination efforts underway in King County.
- Diversion – Law enforcement readiness? – While there is interest from law enforcement and some precincts are already participating in the LEAD program, several felt it would be difficult to scale and that the re-arrest metric is challenging to move. That said, one of the targeted populations in the Transitional Care project plan is the jail-to-community population.
- What is the Social Equity and Wellness Fund? – In a commitment to address the ACH's original values, the Fund is intended to set aside revenue on an annual basis to address SDOH. This model needs to be further developed; other states have used it effectively to address SDOH.
- How did health and racial equity play into the decision-making process for the DPC? -- The Designs Teams used the KCACH Equity tool developed by the Community/Consumer Voice Committee (CCV) and related data to inform project design and priorities (e.g., targeted populations, geographic areas).
- How will Reproductive and Maternal/Child Health be integrated throughout the projects overall? – Specifics have not yet been established but these are metrics we care about and want to incorporate.

There was further discussion around the HCA high-performance pool. Currently only ACHs that select 6 projects qualify to receive funds through this pool. By only choosing four projects, we leave this money on the table, which will be distributed to other eligible ACHs. The State has yet to define how much money will be in the pool or how it will be distributed. The ACH has requested that HCA allow portfolios with fewer projects to still be eligible for the high-performance pool. There was a request from the GB that moving forward the Design Teams strive for more specificity around how projects *not* selected can be integrated and how the Wellness Fund will be used.

Public Comment

Michelle Meeker, NAMI Eastside, provided a brief overview of her organization's work and connectivity to the ACH.

Governing Board Response

The GB members expressed their appreciation to the DPC and DTs for their hard work and efforts in recommending projects and ensuring that racial/social/health equity and SDOH are foundational to the approach.

The Board then adopted the following motions:

The KCACH adopts the recommendation of the DPC. The KCACH Project Portfolio will consist of the following four projects:

- Bi-Directional Integration of Care;
- Transitional Care;
- Addressing the Opioids Use Crisis; and
- Chronic Disease Prevention and Control.

All projects must meaningfully address social determinants of health, community-based care coordination needs, prevention and equity. The Board delegates to the Executive Committee the authority to adjust the Project Portfolio based on new and materially significant information from the Health Care Authority.

And

Statement on High Performance Pool

KCACH is electing to move forward with four projects regardless of HCA's decision about potential participation in the high-performance pool. KCACH believes a focus on four projects is the most strategic use of limited dollars and philosophically does not support competition among the ACHs. KCACH looks forward to working collaboratively with other ACHs, recognizing regional differences in approaches, and does not wish to financially benefit from any ACHs falling short of targets. KCACH strongly recommends that any unearned funds or other funds available for the high-performance pool be used for Domain 1 investments that benefit the State as a whole and be made in consultation with all of the ACHs.

The motion was approved.
22 in favor
1 abstained

Finance Recommendation

Thuy Hua-Ly (*KCACH*) and Cathy Homkey (*HMA*) reviewed the Finance Committee slides and the decision memo.

Recommendation

The KCACH Finance Committee Co-Chairs recommend approval of:

- Incentive fund allocation guiding principles
- Use categories
- Incentive funds allocation by use category
- Demonstration Year 1 incentive funds allocation by partnering organization type

Q & A/Discussion

Questions and discussion included the following:

- Current numbers are projections and not a confirmed budget or allocation.
- Year 1 funding is about planning and engagement. (e.g., Who needs to be at the table? How are we involving community-based organizations? Non-Medicaid providers could include CBOs.)
- Medicaid providers include behavioral health.

There was a lengthy discussion about the percent of funds allocated to each category. Some members felt they did not have all the information needed to finalize fund allocations and wanted more flexibility in the narrative and the ability to re-allocate funds as necessary. Once we have confirmed available funds (Feb. 2018), the GB will be able to make a more informed decision. In order to approve the recommendation, the GB asked that the following be added to the application:

"As part of its budget process, the Governing Board will review and realign the distribution of funds in Year 1 by partnering organization type to accomplish its goals."

The motion was approved.
21 in favor
2 abstained

Domain 1 Presentation

Marguerite Ro (*Public Health – Seattle & King County*) reviewed the Domain 1 slide deck and the planned approach for each focus area.

Health Information Technology (HIT)/Health Information Exchange (HIE)

Approach to date/moving forward:

- A performance management workgroup has convened over the last two years.
- Develop a common language around mutual benefit of cross-sector data sharing.
- Facilitate multi-ACH advocacy around leveraging the HCA AIM (Analytics, Interoperability and Measurement) team to meet regional data needs.
- Support cross-sector sharing of local health and human services data.
- Provide data and technical assistance to Design Teams.
- Produce an online, Interactive Regional Health Needs Inventory.
- Reseat and continue to convene the Performance Management & Data Committee under its new charter to better meet data needs under Medicaid Demonstration.
- Develop an ACH data strategy for the Medicaid Demonstration.

Questions and discussion included the following:

- Which stakeholders?
- Who best benefits from shared data?
- How can we frame data sharing in a way that engages providers/consumers?
- What non-clinical metrics are we striving for?
- There is a 6-9-month lag in Medicaid data.
- Will likely need to invest in a local performance monitoring system.

- Let's not to duplicate information or processes that already exist at the community-level.

Workforce

Approach to date/moving forward:

- Conduct preliminary assessment of workforce needs.
- Create KCACH Workforce workgroup made up of regional experts.
- Work with Performance Measurement & Data Committee on provider metrics.

Key issues pertain to Workforce:

- Provider shortages
- Training
- Provision of culturally and linguistically appropriate services
- Integrating community health workers/peer support specialists into health teams and care coordination

Value Based Payment (VBP)

Approach to date/moving forward:

- Continue discussions with Medicaid managed care organizations, health systems and the Behavioral Health Organization.
- Educate and convene providers to discuss VBP as part of the KCACH provider engagement strategy.
- Participate in and work closely with the MVP Action Team to ensure that regional strategy development aligns with Healthier Washington milestones and a multi-payer approach to alignment.

Questions and discussion included the following:

- Not all providers are Medicaid providers and some providers choose not to partake.
- Interoperability of data systems is both an enabler and a barrier.
- Varying provider experience with VBP.

Reflections & Next Steps

Reflections

Diana asked the Board, "What are you going to walk away and feel excited about? Governing Board members shared the following:

- Collaboration.
- The willingness the board has to have hard conversations with integrity and respect.
- The high-level of learning.
- Excitement around working behind the scenes and having a deep impact on the community.
- Gratified with sticking to our values especially in the face of decreasing resources.
- Time to connect.
- This feels like a real step towards meaningful change.
- New best friends = DPC.

Next Steps

Susan reviewed next steps for the project application timeline. The project plans and motions approved will be available for public comment for 1 week. The GB will have 1 week to review and respond to the project plans and Domain 1 materials. The GB will receive a complete application on 10/31 and will have 5-6 days to review and make any additional edits. At the next GB meeting (11/9) the Board will need to vote to approve the submission. Staff will have another 5-6 days to do final review. The application will be submitted on 11/15.

Meeting adjourned.