King County Accountable Community of Health

Interim Leadership Council Meeting

March 7, 2017, 1:00 pm – 4:00 pm (1-2pm closed session)

King County Elections, 919 SW Grady Way, Seattle 98057

MEETING GOALS

The primary objectives of today's meeting are to (1) share information about capacity building and early project planning; (2) evaluate past work as we review the ACH member survey; and (3) prepare for future work as an independent entity with a new governing board.

1:00 p.m.	**1. Decision Making – *CLOSED SESSION***	*Christina Hulet, Hulet Consulting*

AGENDA

2:00 p.m.	**2. Welcome – OPEN TO PUBLIC** ▪ Introductions ▪ Meeting Goals & Agenda Review ▪ Top line updates	*Gena Morgan, Public Health SKC*
2:15 p.m.	**3. Health Needs Inventory updates** ▪ Performance Measurement Workgroup ▪ Next steps for RHNI	*Marguerite Ro & Eli Kern, Public Health SKC;*
2:30 p.m.	**4. Demonstration Planning information sharing** ▪ Physical and Behavioral Health Integration ▪ Opioids as Public Health Crisis ▪ Optional Projects	*Ingrid McDonald, Public Health SKC*
3:00 p.m.	**5. Looking back: ACH Member Survey** ▪ 2016 Results ▪ Key lessons learned	*Erin Hertel, Senior Research Associate Center for Community Health and Evaluation*
3:30 p.m.	**6. Looking forward: Governance** • LLC Formation status report • New Governing Board announcement	*Christina Hulet, Governance Consultant* *Gena Morgan, Public Health SKC*
3:55 p.m.	**7. Conclusion** ▪ Thank the Interim Leadership Council ▪ Brainstorm hopes for next phase of our work together	*Betsy Lieberman*

Next Meeting: Tuesday, April 18, 2017, 1:00 – 4:00 pm (King County Elections, 919 SW Grady Way, Seattle 98057). Refreshments and networking at 12:30 p.m.

King County
ACH Member Survey: 2016 Results

Center for Community Health and Evaluation
www.cche.org

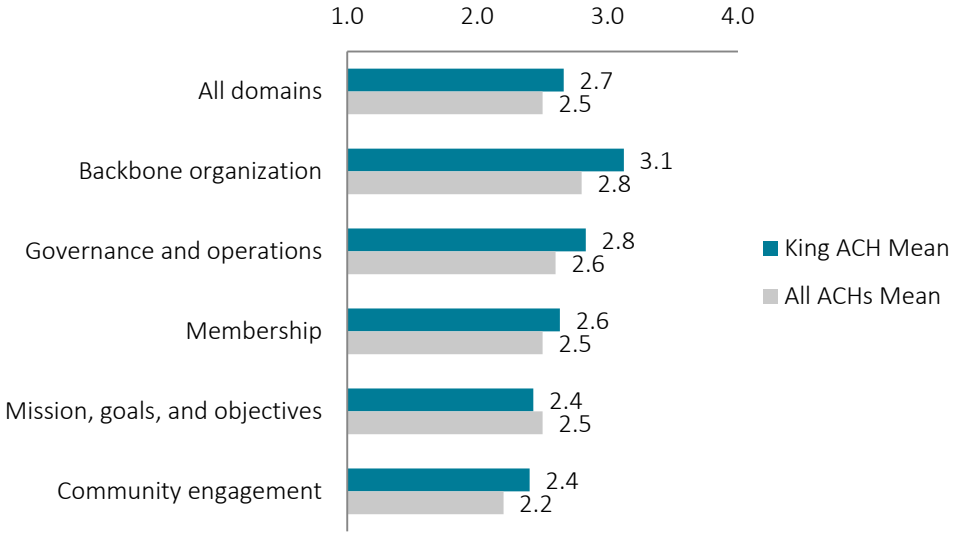
Survey respondents rated ACH on 23 items in five domains

ACH strengths and opportunities:

- Highest rated domain: backbone
- Lowest rated domains: mission and community engagement

King County ACH 2016 domain ratings were higher than or similar to statewide average scores

Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; N/A = Don't know



As mentioned before, respondents rated 23 items in five domains of ACH coalition functioning (see Appendix for rating of individual items within domains)

Rating scale: Outstanding=4 Good=3 Adequate=2 Needs improvement=1
Don't know = missing value

Response rate = 65%*

- 33 out of 51 members of the ACH responded to all or part of the survey
- Higher than the statewide average of 51%
- Similar to last year's response rate (68%)

*A survey response between 50% and 60% on an online coalition survey is reasonable for understanding the opinions of active coalition members.

Respondents rated agreement with nine additional statements about the ACH's contribution to health improvement in the region:

- Highest rated: Participating in the ACH is a worthwhile use of my organization's time and resources.
- Lowest rated: My ACH has adopted an organizational structure (e.g. unincorporated coalition, nonprofit/501(c)3, LLC) that allows us to reach our regional goals.

Differences in responses by participants:

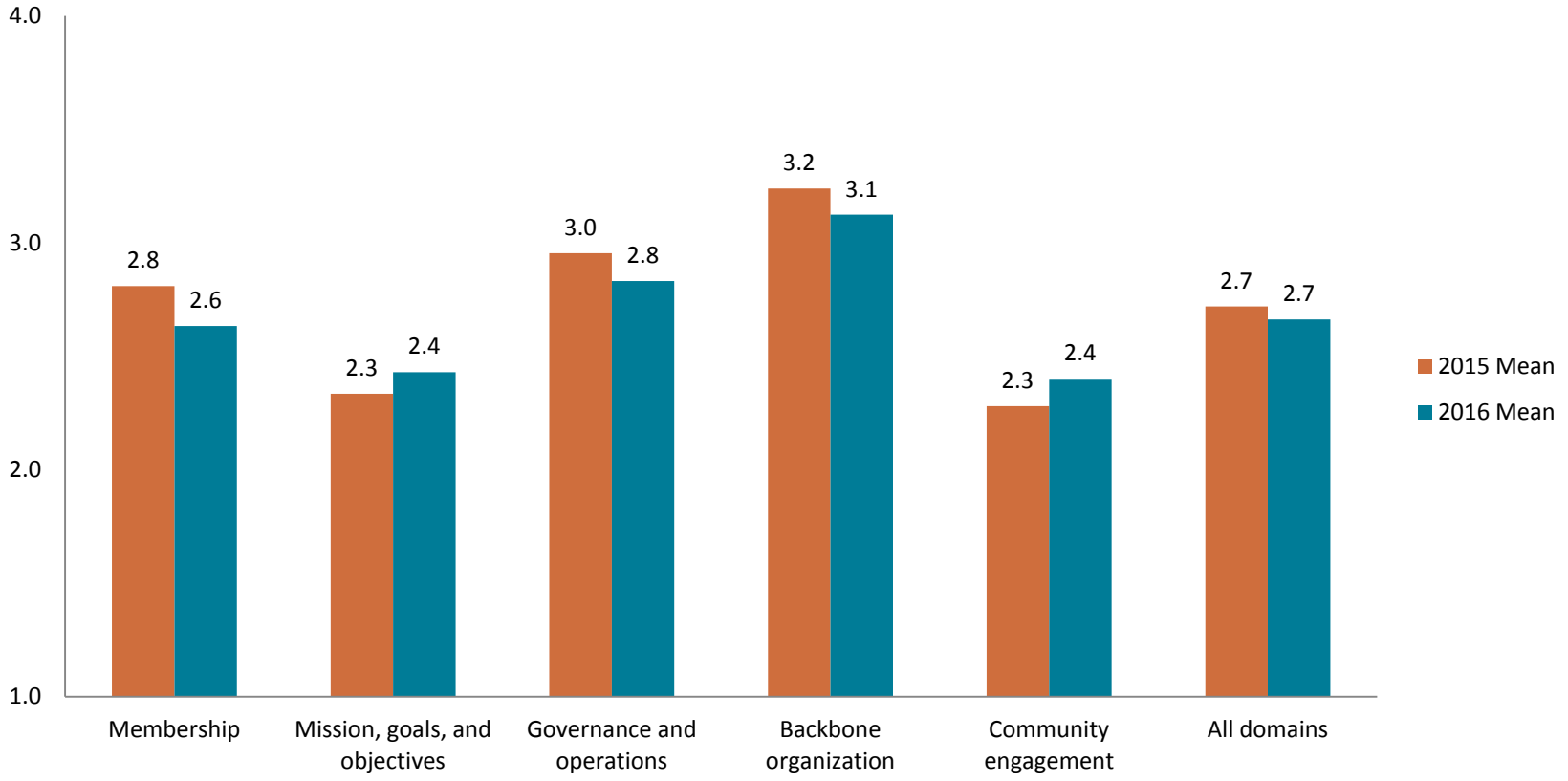
- Those who were decision-makers or participated in the ACH longer than 1 year had fewer "Don't know" responses to survey questions. These findings were statistically significant.
- There was a statistically significant difference in the ratings of decision-makers versus non decision-makers for mission and backbone domains, as well as for all domains combined. Decision-makers rated the ACH higher than non-decision-makers.

Key Quotes

- *Allow for public comment to occur at any point in the agenda. Have bylaws that clearly define expectations of sectors and those around the table.*
- *Increased communication around the role the ILC plays in supporting the SIM project and progress on achieving our milestones.*

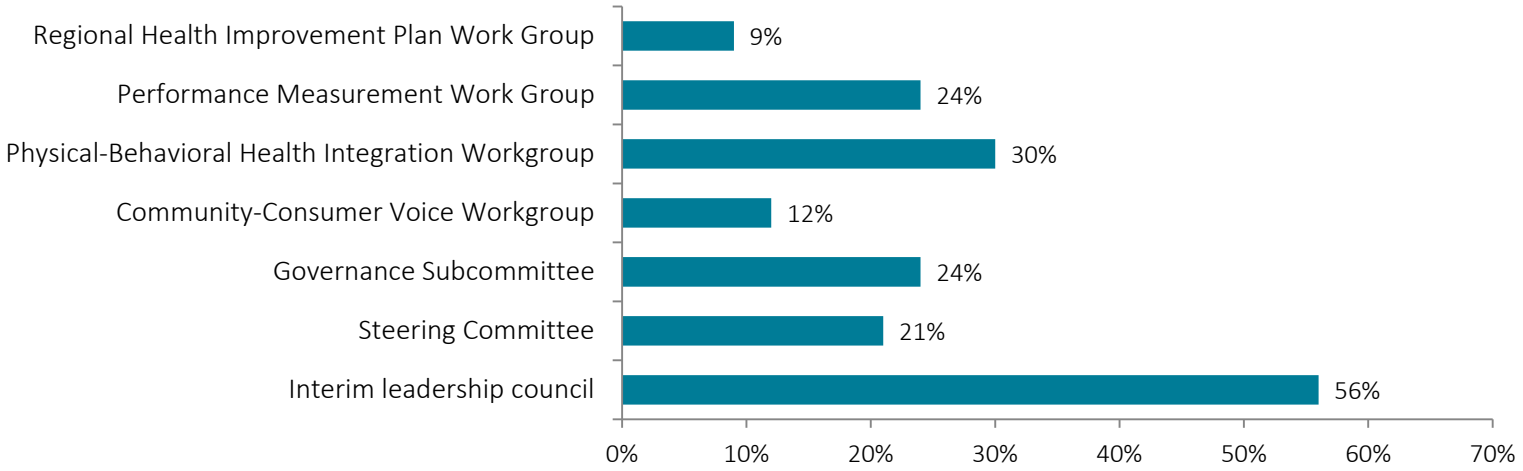
Year-by-year Comparison, Satisfaction & Respondent Characteristics

- There were slight fluctuations in domain ratings from 2015 to 2016, but no statistical significance between years.

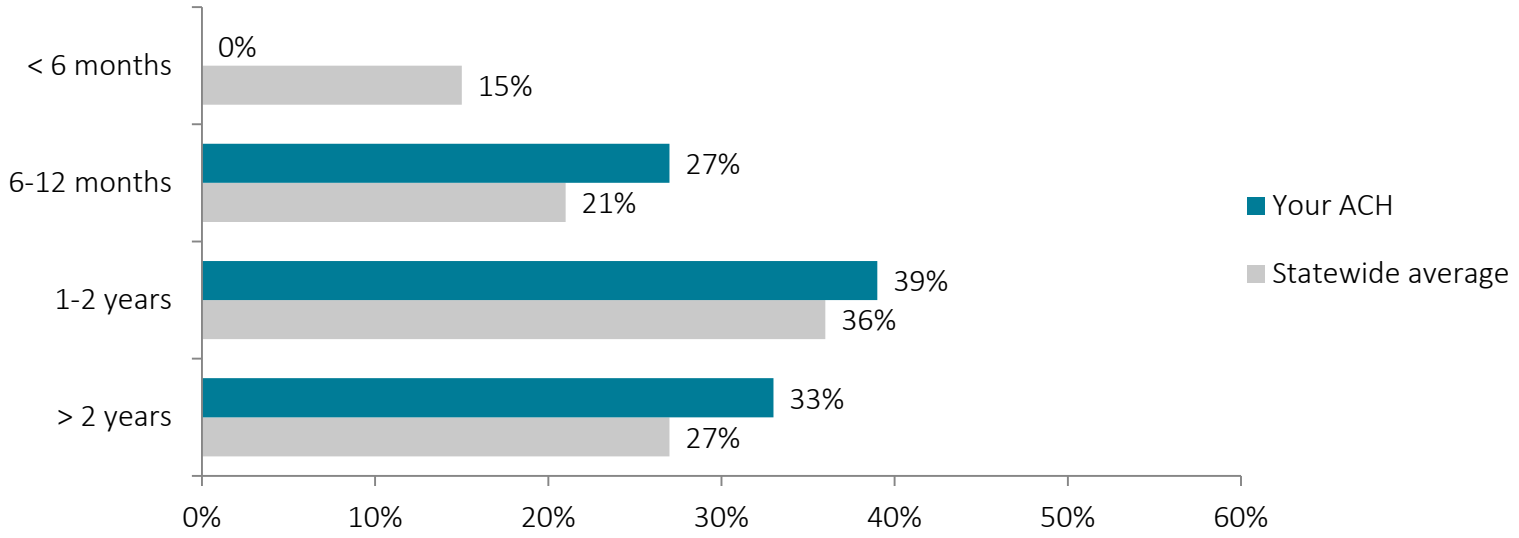


Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = missing value

Role: What is your role in the ACH? (mark all that apply)

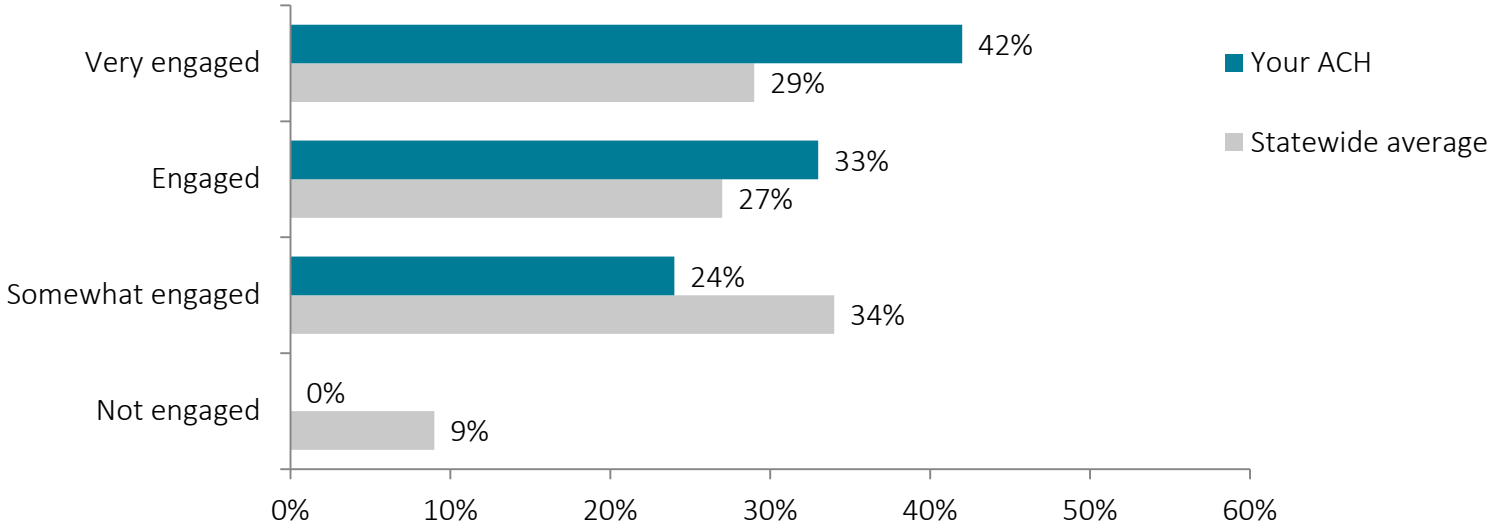


Role	Responses*	
Interim leadership council	19	56%
Steering Committee	7	21%
Governance Subcommittee	8	24%
Community-Consumer Voice Workgroup	4	12%
Physical-Behavioral Health Integration Workgroup	10	30%
Performance Measurement Work Group	8	24%
Regional Health Improvement Plan Work Group	3	9%



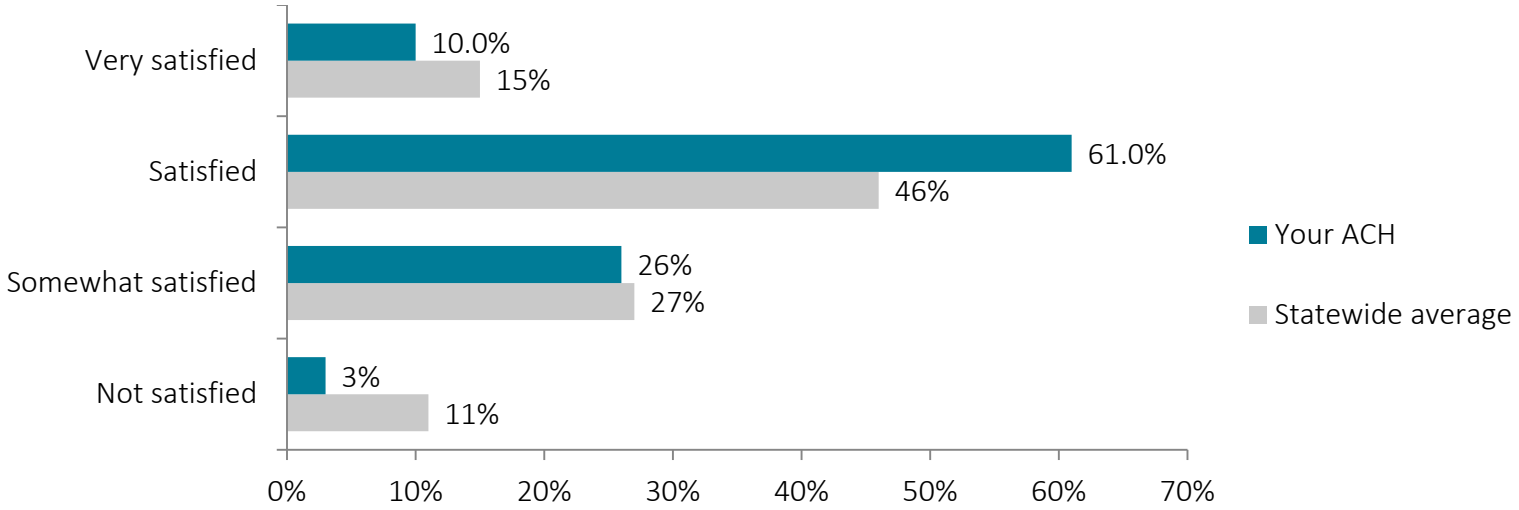
Participation	Responses		Statewide
<6 months	0	0%	15%
6-12 months	9	27%	21%
1-2 years	13	39%	36%
<2 years	11	33%	27%

Engagement: How would you rate your engagement in the ACH in the last year?



Engagement	Responses		Statewide
Very engaged	14	42%	29%
Engaged	11	33%	27%
Somewhat engaged	8	24%	34%
Not engaged	0	0%	9%

Satisfaction: Please indicate your overall satisfaction with how your ACH is currently operating.



Satisfaction rating	Responses		Statewide
Very satisfied	3	10%	15%
Satisfied	19	61%	46%
Somewhat satisfied	8	26%	27%
Not satisfied	1	3%	11%

Appendix

Interpretation notes for appendix

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Active engagement from key stakeholders from multiple sectors	33	0%	6%	67%	27%	0%
Clearly defined roles and responsibilities for ACH members	32	16%	38%	41%	6%	3%
Trust among members	30	10%	30%	53%	7%	9%
Members operating in the shared interest of the ACH versus their own personal/organization interest	30	27%	17%	50%	7%	9%

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
A shared vision and mission	31	13%	16%	61%	10%	3%
Agreed on health priorities based on identified regional health needs	31	19%	23%	52%	7%	3%
A realistic action plan for at least one collective ACH project	30	20%	33%	30%	17%	6%
Made progress on at least one collective ACH project	29	17%	17%	48%	17%	9%
ACH members that are investing adequate resources into the collective ACH project(s)	26	46%	15%	35%	4%	19%

Governance & Operations

Please rate the extent to which your ACH currently…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Involves all members in the decision-making process	25	0%	16%	48%	36%	17%
Has an effective governance structure to make decisions and plan activities	29	17%	24%	41%	17%	7%
Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)	30	0%	3%	43%	53%	3%
Has leaders who bring the skills and resources that our ACH most needs	30	3%	7%	70%	20%	3%
Has leaders who promote and support effective collaboration	29	0%	7%	69%	24%	7%
Has ACH members that are investing adequate resources into ACH operational capacity	27	41%	7%	44%	7%	13%
Is executing a sustainability strategy	26	46%	15%	35%	4%	16%

Backbone Organization

Please rate the extent to which your ACH's "backbone organization" currently…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Effectively provides support for collaboration among ACH member organizations	30	7%	10%	47%	37%	3%
Provides the organization and administrative support needed to maintain ACH operations and activities	31	3%	7%	36%	55%	0%
Separates its own organizational agenda from the agenda of the collective ACH	30	10%	17%	43%	30%	3%

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Has support from key community leaders for the ACH's mission and activities	28	7%	25%	64%	4%	10%
Communicates effectively with the broader community about the ACH mission and activities	27	26%	22%	48%	4%	13%
Engages the broader community with opportunities for public comment or participation	26	23%	27%	42%	8%	16%
Engages ethnically and racially diverse communities in ACH activities	27	26%	26%	44%	4%	13%

Additional Questions

Please indicate how much you agree/disagree with each statement. (1 of 2)

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
My ACH has increased collaboration across organizations and sectors in our region.	28	0%	4%	89%	7%	10%
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	24	0%	38%	63%	0%	23%
My ACH is helping to align resources and activities across organizations and sectors in our region.	22	0%	27%	73%	0%	29%
My ACH is making a positive contribution to health improvement in our region.	22	0%	9%	77%	14%	29%
My ACH is addressing the broader issues that affect our region's health needs.	25	0%	20%	60%	20%	19%

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
My ACH is effectively promoting health equity across the region.	26	0%	12%	69%	19%	16%
Participating in the ACH is a worthwhile use of my organization's time and resources.	29	0%	0%	83%	17%	3%
My ACH used a transparent and collaborative process to select a health improvement project.	29	0%	14%	62%	24%	7%
My ACH has adopted an organizational structure (e.g. unincorporated coalition, nonprofit/501(c)3, LLC) that allows us to reach our regional goals.	21	14%	24%	62%	0%	32%

Key themes related to governance structure, operational capacity, and waiver preparedness.

- Implementation of the first project. Successful establishment of the independent legal entity.
- Ensure use of regional health improvement plan to continue to reinforce what our priorities are
- Further develop ACH vision, mission and goals. Elevate existing regional health needs assessment and planning work within the region. There was great effort put into these assessments early on in ACH efforts and it should continually be improved upon and referenced to remind participants the direction of this work is based in the needs of the region. Act as an accelerator for the region to create efficiencies between sectors as organizations within sectors explore partnerships. Empower board members to engage in and support achievement of expected deliverables and build awareness of fiduciary duties. Be as transparent as possible especially regarding decision-making process and decisions made. Demonstrate success on SIM project, especially in elevating the role of the ACH in achieving that success. Consistent achievement of milestones and demonstration of that achievement. Building trust across stakeholders and showing evidence of trust and partnership increasing. Increased understanding and activation of accountability at the ACH level across partners and ACH backbone.

- Increased community engagement and partnerships between community and health care system professionals.
- Finalize governance and decision making structure; building needed infrastructure to manage ACH projects
- Adopting an effective organizational structure that allows for flexibility and creation of an ACH agenda.
- Clarity of role and engagement with the State on the goals of the 1115 waiver; this will require more engagement of key players in the community; state, regional and local government.
- Implementation of the RHIP and solidification of the governance structure.
- Develop a few community goals that are being measured and reported broadly.
- creating a formal legal entity and adoption of a clear governance process; selection of Waiver projects
- Grassroots consumer inclusion
- Establish a governance structure, Invest in backbone staff necessary to meet goals in King County, develop a sustainability plan.
- Finalize its internal structure/operational process and begin working on initiatives in/for the community
- Help develop plans to integrate BH services to MCOs

- Community members on the ACH. Transition to backbone model that has been proposed. Outreach to communities at least twice. Structure to administer waiver dollars that include consumer voice
- Demonstrable ROI on the Housing project and clarity on what the role of the ACH/members are in ensuring its success.
- Take courageous leadership action to recommend that King County create a department/division for integrated health that combines the clinical or clinical health functions of Public Health and DCHS. Having behavioral health in one division and physical health in another will not get King Co. to true health integration.
- Define a pathway for sustainability.
- Formalize an organizational structure that can provide leadership and direction on a shared vision and common outcomes across the region
- Clear governance; clear process on 1115 waiver innovation fund allocation
- Forming a permanent governance structure and establishing its role and responsibility vis-à-vis the Medicaid waiver
- Implementation and evaluation of regional health improvement project. Develop sustainability plan and permanent governance structure.
- Establish a permanent governance structure and implementation of the waiver.
- Successfully support sharing and linking data required to support and evaluate select cross sector health and human services initiatives in King County.

Key themes related to waiver administration and power dynamics

- Creating an organizational structure for the Waiver that doesn't duplicate current structures in the region; engaging ACH members in decisions around physical and behavioral health integration
- ACH would add a level of confusion to a complex environment; in regard to State goals, State contracts with MCOs and providers and the broader mission originally anticipated by the ACH.
- Being able to demonstrate added value
- Lack of capacity (primarily due to staffing)
- Effectively recognizing the need and importance of true grassroots consumer engagement in the process of determining what needs to be transformed to reach true health equity with diverse communities.
- Having the resources/$$ for the size and scale of King County to support the work of the ACH. Adequate investment in the King County SIM through 2017.
- Implementation of waiver will be intense and complex
- County has their own agenda in terms of BH integration and sometimes not consistent with broader views of ACH

- Creating an administrative structure that is duplicative of existing structures. Individual organizations putting themselves first in an effort to get waiver dollars.
- Transition to an LLC w/Seattle Foundation and continued participation from a variety of sectors in the ACH.
- The ACH doesn't know its role with the 1119 waiver or with integrated Medicaid purchasing.
- Effective management of the DSRIP waiver projects; too much process and not enough change happening
- 1115 waiver will cause conflict among partners
- Establishing membership for the governance structure going forward - who is at the table and - being inclusive at the same time making sure work is able to be accomplished in a streamlined manner
- Sustainability.
- Sustainable funding for backbone structure.
- Initial underfunding from state for the establishment of the ACH and no support for legal advice regarding structure.
- How it will respond to and adapt in the waiver environment if the waiver is approved by CMS.

- Staffing and project management capacity, especially with the Medicaid Transformation waiver. Capacity and competency to manage complex health system transformation elements especially around financing and data. ACHs and the projects they want to undertake have the opportunity to create increased efficiency, effectiveness and collaboration across a number of areas; however they also run the risk of creating added layers of administration, duplicating existing programs and wasting resources. This will continue to be a fine line to walk and will need to be constantly reviewed. Consistency in transparency around key decision making. Navigation of conflict of interest policies, especially with the Medicaid Transformation waiver and transformation projects. This applies both across the organizations participating in the ACH as well as the ACH backbone. Sometimes it is difficult to discern what agenda the ACH is pushing, the one of the backbone organization or the one of the ACH as a whole. As ACH governance evolves the desire to have ACHs fit into an already established governance model will be attractive and is already taking place. The movement toward more traditional structures may limit the authenticity of sector engagement. This is a different approach to governance and one that Washington could lead the development of. Maintenance of non-traditional health care sector participation in the ACH.

Key themes related to governance structure transparency and public engagement and communications.

- I have struggled getting my head around exactly what the purpose of the ACH was intended to be and, consequently, how I could best be of help to the group. The large players - hospitals and health plans - are very sophisticated in their ability to speak about policy initiatives. This may not be a familiar territory. Thus, helping the community in general understand the purpose of the ACH is important.
- Be clear about decision making processes and use visuals to show decision-making relationships and authority. Board members can be assets to the ACH in ensuring success on contract deliverables. Some of this information is not often shared consistently. I would recommend more transparency around these deliverables to facilitate shared accountability and engagement of board members in the success of the organization. Share materials consistently from HCA. If a document is being shared with you from HCA it most likely is something that would be useful for the ACH membership. Increased communication around the role the ILC plays in supporting the SIM project and progress on achieving our milestones.

- Hire an executive director that works specifically for the ACH that can facilitate very difficult conversations about how sectors will contribute and take responsibility for ACH priorities and projects.
- Clarity from the state on the role of ACHs across the region; to focus on fewer projects with local strategies and assess the structure against clear criteria and outcomes for success.
- Would be great to have additional resources for ACH infrastructure
- Have grassroots consumers on the boards, develop a mentoring process to support them, change the culture of the ACH to understand the importance of hearing the consumer voice as part of the decision making process not just the recipients of services decided by providers and professionals.
- State to proportionately fund the ACH's based on Medicaid population.
- Make a decision on the governance/structure and move on
- Don't believe the governance structure proposed (under the Seattle Foundation) is the best approach
- Allow any general attendee to ask questions and provide input at meetings.

- Allow for public comment to occur at any point in the agenda. Have bylaws that clearly define expectations of sectors and those around the table.
- Have more health provider leaders at the table.
- Needs to strengthen community involvement and have more consumer voice
- Not really. Overall, I feel the structure has allowed for engagement of professionals, but so much is happening it's hard to prioritize the 2.5 hr meeting. Using webinars or other remote technology (not phone only) would be great.
- Resources from HCA or MCO's
- Finalize relations with tribes and consumer reps.

Key themes related to support and guidance HCA can provide

- While not as stringent as the managed care contract approach, developing corrective action plans around specific areas for improvement could be effective. As ACHs contracts are revised and evolve it may be beneficial to have contract language be available for public review, so there is a shared awareness of what ACHs are expected to accomplish.
- Develop community engagement, protocols for outreach and collaboration.
- More clarification on whether ACHs should contract with a backbone organization once they are independent organizations. Having backbone staff running most ACH operations could create a huge conflict of interest and make it challenging to separate the ACH agenda from the agenda of that backbone.
- The model needs to be evaluated in light of the State goals with CMS; as sustainability is an issue. Form should follow function; and the role of the ACHs is still unclear as to how it relates to the mission/goals of public health and achieving the goals of the 1115 waiver and value based purchasing. It may or may not be the right mechanism; and we should maintain an objective view of the best way to reach the desired outcomes.
- Would like to not have siloed efforts for the SIM work and the Waiver work
- Inclusions of grassroots consumer to voice their needs and concerns.

- Dedicate time and resource to facilitating peer learning and tools to share examples. This is sorely lacking across the ACH initiative. Topical pods could be developed to focus consulting resources and/or subject matter expertise. It may be useful to figure out a monthly digest approach to highlight accomplishments/decisions made across ACHs to facilitate shared learning and awareness of efforts across the state. The Health Care Authority should not be afraid to be prescriptive from time to time on certain issues that impact all ACHs. There is a lot of work to be done and to have all ACHs developing different approaches to certain issues is not efficient. Certain topics could include: Sector representation, Conflict of Interest policies. The success of the ACHs will be based on the engagement of their boards. Supporting ACH board members in their due diligence as board members on an ACH may be useful to increase awareness and engagement. This could potentially be facilitated through different associations getting more engaged and aware of ACHs, so they can activate the membership in participation. It also could be supported by HCA requiring certain materials be disseminated to board members. HCA should develop a different approach to contract management and review with ACHs. ACH contract management that provides more targeted feedback and customized technical assistance would be helpful at this very important time of growth.

- HCA needs to step up and provide specific guidance, legal/technical assistance and implementation support to ACHs. Enough with the generalities. ACHs are being asked to serve as a foundation for the state's whole Medicaid waiver transformation project; they ought to be resourced and supported as such.
- Continue to share best practices and create opp's for syncing up our efforts across ACH's.
- Not having meetings on the same day as other regions.
- Use lessons learned from the evolution of the RSN structure. The lack of standardization among the RSNs resulted in inefficiencies and unnecessary administrative costs and increased confusion for individuals served.
- Nope
- Match expectations to resources. Right now, the expectations and responsibilities of being an ACH are significant, and in our county, it isn't clear that resources are adequate to support the activities.
- More clarity on HCA expectations for ACH development and consistency statewide.
- Ask the state to provide more customized support to ACHs based on regional priorities, capabilities and needs. For example some ACHs may be satisfied with data provided through the Providence CORE dashboard, while others may want access to individual-level data and data analysis tools.

ACH Evaluation Team

Erin Hertel, Lauren Baba, Carly Levitz,
Sarah Evers, Lisa Schafer & Allen Cheadle

www.cche.org

Please direct questions to: evers.s@ghc.org