

King County Accountable Community of Health

Governing Board Meeting Summary

April 18, 2017, 1:00 – 4:00 pm

King County Elections, 919 SW Grady Way, Renton 98057

Members Present:

Teresita Batayola (International Community Health Services), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview Medical Center), Steve Daschle (Southwest Youth and Family Services), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), David Johnson (NAVOS Mental Health Solutions), Stephen Kutz (Cowlitz Indian Tribe), Bill Rumpf for Betsy Lieberman (Betsy Lieberman Consulting), Maureen Linehan (Seattle Aging and Disability Services), 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), Preston Simmons (Providence Health and Services), Erin Sitterley (Sound Cities Association), and Amina Suchoski (United Healthcare).

Staff:

Candace Jackson, Ingrid McDonald, and Gena Morgan (Public Health – Seattle & King County), Christina Hulet (Hulet Consulting)

Guests:

Adam Davis (Owl Insights), Amanda Flatley (YWCA Seattle & King County), Carolyn Bonner (Highline Medical Center), Carrie Glover (Hopelink), Celia McTigue (Planned Parenthood), Christine Quinata (Health Care Authority), Cory Fajan (Owl Insights), Eli Kern (Public Health - Seattle & King County), Elizabeth Tail (Cowlitz Indian Tribe), Ellie Wilson Jones (Sound Cities Association), Erin Torrens (COPE Health Solutions), Howard Springer (Navos Consortium), Jessica Diaz (Individual), Jon Brumbach (Health Care Authority), Kay Knox (Within Reach), Kimberly Yu (Individual), Laurel Lee (Molina), Lauren Thomas (Hopelink), Liz Arjun (Public Health - Seattle & King County), Maureen Finneran (Washington Dental Service Foundation), Milena Stott (Valley Cities), Mitch Snyder (Puget Sound Fire), Ross Baker (Virginia Mason Medical Center), Sally Sunder (YMCA of Greater Seattle), Sharon Bogan (Public Health - Seattle & King County), Steve Gustaveson (Public Health - Seattle & King County), Sybill Hyppolite (SEIU 1199 NW), Tarith Parah (MHNW), Tom Russell (Russell Health Strategies), 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. Get to know one another as a new Governing Board.
2. Initiate discussions around Board decision-making.
3. Begin planning of Medicaid Transformation Demonstration strategies.

Gena Morgan also reviewed the Health Care Authority’s certification process (page 36 of the agenda packet) which outlines expectations to be met by the King County Accountable Community of Health (ACH) in order to

fulfill its role as regional lead and therefore be eligible to receive project design funds. Certification will occur in two phases and a response to the first phase is to be submitted by May 15, 2017. King County backbone staff have drafted responses in collaboration with members of the ACH Governing Board and supporting committees.

Governing Board Structure

Executive Committee

Christina Hulet (Hulet Consulting) discussed the backbone staff recommendation of an Executive Committee, referencing a proposed organizational chart and process (page 2 of the agenda packet) that was developed by the ACH Governance Subcommittee of the Interim Leadership Council. The proposed organizational structure reflects key functions of the ACH and staff recommends that each committee be represented in the Executive Committee. Staff also suggest a seven-member committee comprised of two co-chairs and five additional members.

During Governing Board orientations, members were asked to nominate or note their interest in becoming a member of the Executive Committee and thus far, eight names have been submitted. Staff offered to reach out to these individuals to gauge their specific interests and develop a recommended slate of candidates to present at the May 18 Governing Board meeting. Christina invited additional interested Governing Board members to notify staff if they would like to participate on this committee.

The following questions and points of discussion were raised:

- The Seattle Foundation is listed as its own seat on the Executive Committee as the “sole member” of the Limited Liability Corporation, but it may want to consider being part of the Finance Committee.
- As additional committees are added, additional Executive Committee seats should be added for continuity and consistency.
- What is the time commitment of the various committees? The Executive Committee will meet at least once per month. Currently existing committees (e.g. Community/Consumer Voice and Performance Measurement/Data) meet once per month. Other committee time commitments are yet to be determined.

Board Operations

Christina Hulet referenced page 4 of the agenda packet, which outlines important elements of a draft operating agreement, including terms, election, and decision-making processes for the Governing Board. The ACH is functioning with a basic operating agreement that references the Interim Leadership Council Charter. An operating agreement that addresses these and other open issues will need to be fully fleshed out by the end of 2017, per agreement with the Seattle Foundation.

The draft document on page 4 proposes unlimited three-year terms, which would be staggered in this initial year between two and three-year terms. The Governing Board discussed its preferences and agreed with the recommendation of staggered two and three-year terms, but allowing members to serve an unlimited number of terms would diminish an important opportunity for new and diverse voices. Instead, members agreed to a maximum two consecutive terms before requiring members to take at least one year off before joining the Board again. If at the end of the member’s two terms no one applies to fill the seat, a member can serve until replaced. Board members discussed the value in having previous members provide leadership at the committee level, which creates both connection and opportunity.

The draft document proposes that initial term lengths (2 or 3 years) amongst members be determined by drawing. While a drawing will take place, Governing Board members wishing to serve only 2 years for their initial term should express their preference. A one-year term was raised as an option, but was not agreed to due to the quantity of work expected in this initial year, and because one-year terms would create an unreasonable amount of application processing on an annual basis.

The nomination and election process was discussed next. The draft document proposes that certain seats (City of Seattle, King County government, local public health and Seattle Indian Health Board) would be appointed by those agencies. Other seats would have an open application process for representatives from that sector. The Governing Board discussed which seats should be open versus appointed, and some members expressed the concern that their sector association should be able to appoint their member, namely, the suburban seat (Sound Cities Association), and the Federally Qualified Health Centers seat (Community Health Center Council). The example of the hospital seat was referenced. King County hospitals are represented by the Washington State Hospitals Association, which decided to leave its seat open, rather than having hospitals collectively decide on a nominee. It was important to several members that the Board lean toward open seats and airing on the side of inclusivity, rather than closing off seats to an open application process. The ability to represent the sector and affect change was discussed as important as well. The group agreed that this topic required further discussion and agreed to come back to this conversation later.

The draft document proposed a decision-making process that would aim for consensus, but would use a majority vote with a quorum present (51% of the board, or 13 members). The document also proposes that if members are unable to attend, they would send a consistent delegate. The Board discussed the previously used “consensus-minus-one” model. Given that going forward, the Board will need to make complex decisions regarding finances and project selection, staff recommended that the Board adopt a majority vote decision-making process. After some discussion, the Board agreed on a two-thirds majority vote decision-making process. They also agreed that delegate(s) should be named and designated beforehand, and brought up-to-speed prior to meetings.

In an effort to be as inclusive as possible, phone participation and email voting were discussed as options. Email voting would mean missing some important conversations, but could be acceptable as long as there is advance notification and time to respond. Phone participation was also decided to be acceptable provided that the meeting location has a phone option.

There will be a focused discussion about a conflict of interest policy at a future meeting.

Hiring Committee Update

Steve Daschle (Southwest Youth and Family Services) provided an update on the work of the Hiring Committee. Once of the milestones to be met for ACH Certification with the Health Care Authority is the selection of an Executive Director. Steve reported that nearly 100 applicants have applied for the position. The Hiring Committee secured a recruiter to do an initial screening of applications received to narrow the candidate pool to 20 people. Of those, eight to ten candidates will receive a phone interview, which will narrow this list to four candidates. The Hiring Committee would like to reopen the position to consider more applications as they continue this process. They would like to make sure the pool is reflective of the community we are serving.

Once the position closes on May 3rd, a first round of in-person interviews will be conducted with the top candidates. Following these initial interviews, if the right candidate has not been found, the committee would pause and seek an Interim Executive Director. Alternatively, they will elevate 2-3 candidates for a second round of interviews and based on this recommend a final candidate to the Governing Board.

Public Comment

Howard Springer (Navos Consortium) would like the Governing Board to give a strong statement about how and when to submit waiver proposals.

Demonstration Project Planning

Regional Health Needs Inventory

Eli Kern (Public Health Seattle & King County) explained how the required Regional Health Needs Inventory (RHNI) is intended to provide direction for project selection. Rather than a traditional report, the format is likely to be online data that can be accessed regionally. There are two sections to the RHNI. The first is specific to demographic data, which overlaps with the Community Health Needs Assessment and much of it is data that Public Health already has. The second section requests data on provider workforce and capacity, which is much more difficult to capture. The Performance Measurement Workgroup (PMW) created a new ACH data resources page on the [ACH website](#). The workgroup has been trying to get a sense of the data needs across project areas. They will need to prioritize providing needed critical data rather than taking a broad approach. It may also be useful to the ACH for the workgroup to map out contractual relationships between providers around specifics such as claims and funding flow.

The following questions and points of discussion were raised:

- To what degree are we looking at equity issues? The PMW will be breaking down the data to assess multiple equity issues. They are also looking at ways to interpret this data in combination with qualitative data.
- Access is another measure that could be useful to this work.

Project Planning Process Update

Ingrid McDonald (Public Health – Seattle & King County) presented an update on the Medicaid Demonstration project planning. Projects must reflect system-wide, cross-sector thinking. Up to this point, backbone staff have scheduled public community learning sessions to educate the community and partners about each project area, its implications, and some basic information about the demonstration projects. Project dates were listed in the presentation and are also listed [online](#).

ACH backbone staff and governing board members shared the following updates about projects planning across the eight project areas outlined in the tool kit:

- Physical and Behavioral health Integration: Another meeting is planned on May 8th from 10 am to noon.
- Opioid Task Force: The Washington State Hospital Association is hosting a meeting to assure continuity across the state.
- Care Coordination: Two meetings will be held on April 19th - one in south King County and the other in Seattle.

- Transitional Care (from institutional settings): Due to the amount of crossover, people interested in this project area will attend the Care Coordination meeting to better understand the intersections.
- Diversion: Again, there is overlap with other project areas and those interested in this project will work to understand the intersections, which will lean on the Familiar Faces work. A community learning session is scheduled for May 5th.
- Chronic Disease: Organizations interested in this project area are working to understand which disease specific/population specific groups there is interest in focusing on.
- Reproductive/Maternal Child Health: The Reproductive Health Council has expressed interested in submitting a project plan related to LARC (Long Acting Reversible Contraception). The Best Starts for Kids stakeholders are considering the concept of universal home visiting.
- Oral Health: The Washington Dental Service Foundation has been taking the lead on this project area. They have been considering how to fold it into some of the other project areas. Payment methods, disease severity, and the vast unmet need are all to be considered in how it may get folded into other project areas.

Betsy Jones (King County Office of the Executive) gave an overview of some early thinking from the HCA regarding the mechanics of project funding. Importantly, funding will be based on statewide metrics. In addition to triggering payments, the metrics help the ACH note success on its project goals. Incentive payment mapping for implementing partners will also need to be determined.

The following questions and points of discussion were raised:

- How is sustainability being incorporated into the metrics when evaluating projects? Are the metrics short or long-term? Who decides? The HCA determines some metrics, but others are left to the ACHs.
- What role is Manatt going to play? They hold the statewide consulting contract for technical assistance. Backbone staff and key ACH members will be meeting with them next week to determine their role and how they can help. Ideally they will assist with fund flow allocation mapping.
- Because the projects are so large in scope, there will be a lot of interest from many organizations. How will the King County ACH create an open door for many voices? This needs to be discussed further and likely in a newly formed Demonstration Project Committee.
- There will be cross-sector contributions to the work across projects. How will that factor into the project application score and be attributed to the various implementation partners? Looking at how the social determinants of health contribute and how payment occurs across sectors is complex, as is reinvestment across those organizations. This is something the Governing Board and supporting committees will need to work through.
- The suggestion was made to model the ACH efforts on the PBHI work and have the Integration Design Committee present their working model to the Board as a starting point. It may be helpful to disseminate historical information on what has been successful to the entire Governing Board given that there are new members.
- Is the King County ACH going to do all project areas? The Demonstration Project Committee will evaluate this, and present a recommendation to the Governing Board.
- The Governing Board noted a need to get more people involved and to clearly define their involvement. Simply attending a meeting is not contributing. The Board should consider how the work and the toolkit are connected and then do a community meeting to connect those ideas to the community and

consumer experience. Some community organizations in other ACHs are submitting letters of intent to note their intent to participate.

- Are design funds available to help small organizations who have less capacity participate in planning? The timing is challenging as the ACH does not have this funding yet. Some interventions will cost more simply due to linguistic differences and this poses an equity issue that the Board needs to think about and address.
- The ACH has a community engagement commitment that is not being adequately addressed by the Board. If this is not addressed, some Board members will be uncomfortable moving forward.
- Does the Governing Board want to select one project per project area? The Board and DPC may want to explore taking a population approach that cuts across multiple projects.

In order to move forward, a subset of people and organizations will need to assist in framing the overall project plan design. The application will likely need to include a list of project implementing partners that can get the King County ACH to impact the necessary number of Medicaid beneficiaries. The project plan score algorithm will include outcome metrics.

This section of the meeting concluded with a call for the formation of the Demonstration Project Committee (DPC). The DPC will be a time-limited work group of 8-12 members focused on designing the overall Demonstration Project strategy, and recommending a project portfolio for review and approval by the Governing Board. It is open to Governing Board members or their nominees. Governing Board members are encouraged to nominate individuals from their sector who understand the values of the King County ACH, the goals of the Medicaid Demonstration Project, and who have knowledge of the health system. Follow-up was conducted via email with nominations from Governing Board members to be received by May 3, 2017.

Wrap-Up

Gena Morgan closed the meeting by sharing that the governing board's next meeting is scheduled for Thursday, May 18, 9 am – 12 pm with networking and refreshments to start at 8:30 am. This meeting will be held at Navos Mental Health and Wellness Center, Revelle Hall, 1210 SW 136th Street, Burien, WA 98166.