

# King County Accountable Community of Health

## Governing Board Meeting Summary

August 30, 2017, 1 - 4 p.m.

Revelle Hall at Navos – 1210 SW 136<sup>th</sup> St, Burien, WA 98166

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### 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), 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), Patty Hayes (Public Health – Seattle & King County), Stephen Kutz (Cowlitz Indian Tribe), 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), Amina Suchoski (United Healthcare)

### Members Not Present:

Betsy Lieberman (Betsy Lieberman Consulting), Marya Gingrey (Regional Equity Network), David Johnson (Navos Mental Health Solutions), Erin Sitterley (Sound Cities Association), and Preston Simmons (Providence Health Services of Washington)

### Staff:

Susan McLaughlin (KCACH Executive Director), Christina Hulet (Hulet Consulting), Lee Che Leong, Ingrid McDonald, Gena Morgan, Marguerite Ro and Melissa Warner (Public Health – Seattle & King County)

### Guests:

Tavish Donahue (Mercy Housing NW), Bill Rumpf (Mercy Housing NW), Brad Finegood (King County Department of Community and Human Services), Bill Benham (Evergreen Treatment Services), Sharon Poch (Qualis Health), Laurel Lee (Molina Healthcare), Lois Bernstein (MultiCare Health System), Lauren Thomas (Hopelink), Wei-Lin Huang (Qualis Health), Erin Hafer (Community Health Plan of WA), Travis Erickson (Public Health – Seattle & King County), Brook Buettner (Public Health – Seattle & King County), Allie Franklin (Crisis Clinic), Christine Stalie (WA State Department of Health), Rose Quinbey (Sound Generations), Caitlin Safford (Amerigroup), Ross C. Baker (Virginia Mason)

## Welcome, Meeting Goals & Agenda Review

Co-chair Esther Lucero (Seattle Indian Health Board) called the meeting to order. She previewed the meeting objectives which are to:

- ground our understanding of a framework for building a project portfolio
- discuss strategies for building a project portfolio taking into consideration performance metrics
- discuss and provide guidance to the DPC in developing its recommendations

Brief introductions were given by all members and guests.

## Board Business & Executive Director's Report

Executive Director Susan McLaughlin provided an update on the hiring of ACH staff. She announced that the opening for Chief Financial Officer had been filled by Thuy Hua Ly. Thuy comes to the King County ACH from the Health Care Authority. Her first day will be October 4 and staff are excited for her to join the team. Susan also provided an update on the Administrative Specialist opening – interviews are beginning based on a review of over 200 applications. Finally, Susan noted that the ACH is still looking for office space with lease negotiations beginning on a promising space in downtown Seattle.

## SIM Project

Bill Rumpf (President, Mercy Housing Northwest) presented an update on the Housing-Health Partnership and responded to some follow-up questions from Governing Board members. Major points included:

- They have decided to discontinue the project at this time
  - Decision was made after taking a step back, reviewing and conferring with partners
  - Decision is firm and was not based on funding from the ACH
  - Housing-Health Partnership and community health worker (CHW) efforts will wind down by end of 2017
- A report on key findings will be developed, which should help with other similar projects in the future
- Thanks to partners, the King County ACH, and Marguerite Ro (Public Health – Seattle & King County) and her team for 3 years of great work

Governing Board members engaged in a conversation about this development. Key points included:

- A thank-you to Tavish Donohue, Bill Rumpf and Mercy Housing Northwest for their work.
- As it is currently structured, this project would not work to move the metrics that the ACH needs to move [for the Medicaid Demonstration]. Additionally, funds are not coming in fast enough to invest at this time. However, there can be future opportunities to embed the elements of the project (data gathering, CHWs) into other project investments.
- Recommendation to spend some of the remaining SIM funds on an evaluation of the project, as this information can be informative to other projects.
- The ACH has half of 2017's funding remaining, as well as one additional year of funding for 2018. The Finance Committee will bring a recommendation to the Governing Board regarding how these funds should be spent.

A motion was made for the Board to issue a letter to the Health Care Authority (HCA) sharing the story of the Housing-Health Partnership SIM Project. The letter would explain why the project was not sustainable, and highlight how HCA could support the work moving forward (e.g., ensure that CHWs and their work are Medicaid reimbursable). The board voted with all in favor and none opposed to this motion.

The Board was asked to review and approve the minutes from the August 10, 2017 Governing Board meeting. All voted in favor of approving, with none opposed.

## Project Portfolio Framework

Susan McLaughlin presented "A framework for building a project portfolio" (Agenda Packet pages 11-34).

The Demonstration Project Committee (DPC) has formed a portfolio framing workgroup. Some key concepts presented were:

- Vision
  - Movement from a costly crisis response system to one focused on prevention, recovery and the elimination of disparities
  - Shifting the conversation from provider level changes to asking the people we serve “Did you get the service you need?”
  - Creating a strong bi-directional partnership between healthcare delivery system and community resources
- Medicaid Demonstration Project
  - Is an opportunity to move the vision forward. This will include selecting a portfolio of 4-8 projects, determining infrastructure to support those projects, meet prescribed milestones, and earn incentive funds.
  - Requires awareness of what the ACH can do, and what may fall outside the purview of the Medicaid Demonstration Project
  - Will entail 4 basic steps: building the project portfolio, achieving outcomes, earning incentive funds, and investing in transformation. It needs to be undergirded by community values, principles and data from the regional health needs inventory.

An overview of project requirements and funds flow was given (Agenda Packet pages 21-24). The Board was reminded that there are requirements within which the portfolio will need to work, and that the ACH is accountable to all metrics for each project. Additional considerations for the portfolio were noted on page 25 of the Agenda Packet, including the need to reconcile tensions between required outcomes and outcomes desired by the community.

The DPC will wrestle with choosing the best strategy to maximize the dollars that the ACH can earn. They will present their recommendations at a future Governing Board meeting for final decision making.

### Project Portfolio Strategy and Performance Metrics

Susan McLaughlin introduced Cathy Kaufman and Tina Edlund from Health Management Associates. Cathy and Tina each provided some additional information about their relevant professional backgrounds, and Governing Board members briefly introduced themselves.

Key notes from Cathy Kaufman’s discussion (Agenda Packet pages 40-48) included:

- Alignment is key to a successful project portfolio and can strengthen scores in a number of areas
- Due to limited funds and time, the ACH won’t be able to do everything. It’s important to consider how projects can mutually support each other.

Tina Edlund presented information about project performance metrics (Agenda Packet pages 49-53). Alignment of performance metrics is key to maximizing the dollars that the ACH can bring into the community. Pointing to the spreadsheet outlining required measures for each project (page 52), Tina recommended that the Board look at overlaps to help envision how projects could work together to move shared metrics forward (A clarification about page 52 was made: all possible Reproductive and Maternal/Child Health measures are included, but only 1 of a set of 3 is required). Challenges to moving metrics were also considered (page 53).

Cathy Kaufman stressed the importance of these strategies, because the pay-for-performance dollars earned enable the ACH to invest in a meaningful, transformative way.

This conversation will continue at the September 18<sup>th</sup> Governing Board meeting, at which the Board will:

- Review project plans
- Discuss metrics

- Use the DSRIP calculator

Cathy acknowledged that there are some known issues and concerns regarding some of the required metrics. The ACH does not need to let these issues deter from its vision, and paying attention to the metrics will get the ACH to a place where it can have the impact it means to have.

The DPC will do the heavy lifting, consider the questions and concerns, and will provide recommendations to the Governing Board. This presentation was intended to help prepare the Board to make a final decision when the options are later presented.

### Small Group Discussion – Guidance for the DPC

All members and guests were invited to participate in small group discussions of the following questions:

1. What opportunities within the DSRIP demonstration constraints do you see for KCACH?
2. What direction do you want to give the DPC in the development of their recommendations (in addition to considering performance metrics)?
3. What is important for us to keep in mind when we move to planning and implementation of projects?

Groups reported back in 20 minutes and information from this session will help inform the DPC.

Group feedback included:

#### (1) Opportunities for the KCACH

- Capitalize on, leverage and align with other local efforts already happening
- Engage providers
- Cross-reference with other data (e.g., Healthcare for the Homeless data)
- Include social determinants of health
- Define the target population well and focus efforts upstream
- Look for overlaps between projects
- Define the work of community health workers and develop strategy for sustainability
- Access other funding sources
- Partner with social determinant organizations and healthcare providers to identify improvements in clinical measures
- Stay focused on those for whom the system is currently working least well
- Safeguard this work and funding despite the political climate
- Leverage resources to do what we want, and truly align with the ACH's vision
- Discipline ourselves around the metrics

#### (2) Direction to the DPC

- We want to define the target population well and focus efforts upstream
- Need clarity about what this work means for providers and clients, and its sustainability
- Consider how we involve small providers
- Help us to understand overlaps and make informed decisions around what's most achievable
- Use data to help us target populations with a balance between metrics and community goals
- Bring an understanding of what's happening with ACHs statewide and how we can coordinate (e.g., 5 ACHs already opted not to do Reproductive and Maternal-Child Health, which include well-visits)

- Help us choose an ideal number of projects, keeping in mind that 6 projects allow for maximum funds

(3) Important to keep in mind

- We don't yet know where we stand (benchmarks)
- Assumptions about short and long term return on investment
- Concern about how small providers will be involved
- Coordination between ACHs across the state, especially contiguous ACHs
- Want this work to be transformative
- Concern about how partners can move forward without funding upfront
- How the ACH and other funding sources can work together to move work forward
- Efforts should align with other local efforts (not insular; work with and leverage other partnerships)
- Don't leave out smaller programs, providers (e.g., those who touch a smaller Medicaid population and may be more specialized, but also more culturally relevant)
- Speed, time, and what we can do quickly and well in this timeline

The DPC was asked to provide clarity around metrics, what's doable, what will maximize the dollars the ACH can earn. The Governing Board will execute the ACH vision and determine the leave-behinds, which will be the system transformation in which it invests.

Some information about the next Governing Board meetings was provided:

- September 18 – All-day meeting. First half will focus on how to prioritize leave-behinds, and will require the Board to come to a consensus on this topic. The second half of the meeting will focus on funds flow.
- October 12 – All-day meeting. The DPC will provide portfolio recommendations. The Finance Committee will provide recommendations on funds flow.
- November 9 – Final portfolio decision will be made, as the project plan application must be submitted to HCA by November 16.

### Public Comment

Esther Lucero reported that there were no sign-ups for public comment, but announced that the Board was still open to comments. No public comments were given.

### Wrap-Up

Esther Lucero thanked everyone for attending and requested submission of meeting feedback forms.