

King County Accountable Community of Health

Governing Board Meeting Summary

January 11, 2018, 9:00 a.m. – 12:00 p.m.

King County Elections, 919 Grady Way Renton, WA 98057

Members Present: *Teresita Batayola (International Community Health Services), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview Medical Center), Kristin Conn (Kaiser Permanente of Washington), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Patty Hayes (Public Health – Seattle & King County), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Elizabeth Tail (delegate for Stephen Kutz, Cowlitz Indian Tribe), Jim Vollendroff (delegate for Adrienne Quinn, King County DCHS), Sherry Williams (Swedish Medical Center), Andrea Yip (delegate for Maureen Linehan, Seattle Aging and Disability Services)*

Members Not Present: *Roi-Martin Brown (Washington Community Action Network), Shelley Cooper-Ashford (Center for MultiCultural Health), Marya Gingrey (Regional Equity Network), David Johnson (Navos Mental Health Solutions)*

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

Guests: *Tavish Donahue (Seattle Housing Authority), Anne Farrell Sheffer (YWCA – Seattle & King/Snohomish), Brad Finewood (KCBHRD), Allie Franklin (Crisis Clinic), Laura Johnson (United Healthcare), Silvia Kennedy (Susan G. Komen PS), Vicki Lowe (AIHC), Michele Meaker (NAMI Eastside), Lena Nachaud (HCA), Sharon Poch (Qualis Health), Semra Riddle (Sound Cities Association), Carolanne Sanders (KCBHRD), John Vassall (Qualis Health), Ellie Wilson-Jones (Sound Cities Association), Giselle Zapata-Garcia (KCE)*

Welcome & Introductions

Co-Chairs Betsy Lieberman (*Betsy Lieberman Consulting*) and Esther Lucero (*Seattle Indian Health Board*) welcomed everybody and called the meeting to order.

Betsy reviewed meeting goals and agenda. The primary objectives of this meeting were for the Governing Board to: (1) learn about the Federal Trust Responsibility and Indian Health Service, and HealthierHere’s role in serving American Indian and Alaska Native people, and (2) increase our understanding of King County’s equity and health disparities, and discuss implications for KCACH project portfolio.

Brief introductions were made by the board and public.

Board Business & Executive Director's Report

Betsy asked for a motion to approve the minutes from the 12/18 Governing Board (GB) meeting (pages 2-6 of the agenda packet). The motion was approved with no revisions.

Executive Director's Report

The project submission timeline included two "write-back" periods for the ACH to edit the project portfolio based on questions and responses from the HCA. The initial portfolio was very well received and only minor revisions were necessary during the first write-back period. No further revisions were necessary for the second write-back period. An independent assessor will review and score the portfolio submissions and report back to the HCA. We will likely not hear anything until February. Our final score will determine the maximum amount of funding we can receive.

HealthierHere (HH) is hosting monthly Provider Summits to engage healthcare and community providers. The first summit was on Tuesday 1/9/18. There were over 90 attendees representing 71 organizations with an additional 56 individuals attending via webinar. The team is in the process of defining contract terms and payment structures for partnering healthcare and community providers. Implementation will begin in Q3.

HealthierHere is hiring! Unfortunately, Lee Che Leong (*HealthierHere*) has resigned; her last day will be January 17th. We will be hiring for her replacement as well as several other roles (e.g., Clinical Director/Data Scientist/Project Managers). Susan McLaughlin will distribute job descriptions to board members for distribution. The Community and Tribal Engagement Manger position has closed and applicants will be screened shortly.

HealthierHere is hosting an Open House on February 7th from 3pm-5pm. We are hoping to launch our new branding and logo.

The statewide ACH convening will be on January 23rd-24th. The EDs have been working closely together to shape an agenda that is meaningful and focused on how ACH's can collaborate and support each other in this work. The hope is to not only align similar work, but to establish "standard" templates and practices to reduce potential burden.

Thuy Hua-Ly (*HealthierHere*) will present a 2018 administrative budget for board review at the February meeting.

Learning Session: Tribal Training

Guests Vicki Lowe (*American Indian Health Commission*) and Jessie Dean (*HCA*) presented "An Introduction to Indian Health Care in Washington State". The American Indian Health Commission (AIHC) was founded in 1994 with the mission to "improve the health of American Indians and Alaska Natives (AI/AN) through tribal-state collaboration on health policies and programs that will help decrease disparities." The Indian Health Service (IHS) coordinates the congressional appropriations for health care to be provided to AI/ANs. The Indian health care delivery system is complex and underfunded. There are many challenges in facilitating Indian health care, but with strong and culturally appropriate collaboration, there is opportunity to address and reduce disparities facing the AI/AN population.

Discussion:

- How does Medicaid fit into the spectrum of Indian Health care?
 - o IHS is the payer of last resort, Medicaid funds help cover the cost of Indian health care
 - o IHS is underfunded by an estimated two-thirds of projected costs
 - o AI/ANs are exempt from Medicaid premiums and cost-sharing
 - o If a client receives services at a Tribal or IHS facility the federal government matches 100%
 - o Under Medicaid, tribes are exempt from state licensing requirements
- Encouragement for providers and MCOs to work directly with Tribes when treating and caring for AI/AN clients
- Do tribal health services serve all AI/AN or only their own tribal members?
 - o Varies, some smaller tribes only serve their tribal members; others serve a broader population
- Need to think about the potential impact and risks of block granting
- There is an obligation for ACHs to engage with tribal communities even if they are not able to participate in the Medicaid Transformation project
- Provider One can reimburse managed care plans; encourage MCO's to work with tribes

Public Comment

Michelle Meaker – She is the newly appointed director of NAMI Eastside, she shared briefly about her organization and her work.

Learning Session: Equity & Health Disparities

Eli Kern (*PHSKC*) presented “Key Findings from the King County ACH Regional Health Needs Inventory” (pages 7-21 of the agenda packet). His presentation covered who the Medicaid population is, where they live and opportunities to improve health disparities in those populations.

Discussion:

- Strong appreciation for the articulate presentation and work done by Eli and other backbone staff
- There continues to be significant racial and ethnically based disparities
- Pay for performance metrics remain very clinic/health system oriented
- We need to encourage ongoing collaboration; the overlap in projects and populations is increasing but we are still working in silos
- We cannot create disparate systems; providers, ACHs and MCOs need to work collaboratively
- Improve uncompensated Tribal health care; need better private insurance
- Cultural representation in healthcare is important; patients need to feel that their provider understands their specific needs
- More discussion needed on how to approach projects and target populations (e.g., a volume approach to maximize incentive dollars, a hybrid approach to target health disparities)
- ACH's are expected to invest in Domain 1: data infrastructure needs are significant; conversations are underway with county/state officials for guidance on how to best invest funds

- We don't want to lose local infrastructure and cannot place a Medicaid structure on top of what exists; let's build an infrastructure that supports what currently exists and drives health delivery transformation
- Interest in how suburban cities in King County are collaborating and addressing these issues
- Further discussion will be prioritized for a future meeting

Meeting adjourned.