

King County Accountable Community of Health

Interim Leadership Council Meeting Summary

March 7, 2017, 2:00pm

King County Elections, 919 SW Grady Way, Renton 98057

Members Present:

Teresita Batayola (International Community Health Services), Betty Bekemeier (Northwest Center for Public Health Practice), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview), Steve Daschle (Southwest Youth and Family Services), Marya Gingrey (Regional Equity Network), Erin Hafer (Community Health Plan of Washington), Patty Hayes (Public Health – Seattle & King County), David Johnson (NAVOS Mental Health Solutions), Betsy Jones (King County Executive's Office), Laurel Lee (Molina Healthcare of Washington), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Adrienne Quinn (King County Department of Community and Human Services), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), and Laura Johnson for Amina Suchoski (United Healthcare).

Staff:

Candace Jackson, Ingrid McDonald, Gena Morgan, and Marguerite Ro (Public Health – Seattle & King County)

Guests:

Liz Arjun (King County Department of Community and Human Services), Cindy Berg (Children's Home Society of Washington), Sharon Bogan (Public Health - Seattle & King County), Karen Brady (Ryther), Roi-Martin Brown (WACAN), Frederico Cruz (Sea Mar), Nirav Dalal (IBM Watson Health), Brie Davis (YMCA of Greater Seattle), Travis Erickson (Public Health – Seattle & King County), Sarah Evers (Kaiser Permanente), Anne Farrell-Sheffer (YWCA), Carrie Glover (Hopelink), Wei-Lin Huang (Qualis Health), Sybill Hyppolite (SEIU 1199 NW), Jim Jackson (Department of Social and Health Service), Sarah Jackson (Highline Medical Center), Darcy Jaffe (Harborview), Maureen Linehan (Aging and Disability Services), Caleb Macsuau (Rebuilding Together), Daniel Malone (Downtown Emergency Service Center), Lena Nachand (Washington State Health Care Authority), Sharon Poan (Qualis Health), Warya Potham (Neighborhood House), Glenn Puckett (Washington Dental Service Foundation), Martha Sassorocsi (City of Issaquah), Mariel Torres-Mehdipor (Public Health – Seattle & King County), Lauren Thomas (Hopelink), Ellie Wilson Jones (Sound Cities Association), Kirsten Wyses (Public Health - Seattle & King County)

Welcome, Meeting Goals & Agenda Review

Gena Morgan (Public Health – Seattle & King County) welcomed leadership council members and guests and reviewed the agenda and the following meeting goals:

1. Share information about capacity building and early project planning.
2. Evaluate past work as we review the ACH member survey.
3. Prepare for future work as an independent entity with a new governing board.

Health Need Inventory Update

Marguerite Ro (Public Health – Seattle & King County) presented an update on the Regional Health Needs Inventory, which will drive demonstration project selection by identifying target populations and providers serving Medicaid beneficiaries and assessing the target providers' current capacity to deliver integrated care effectively. The Medicaid Demonstration Project Toolkit provides some information regarding the inventory's requirements and outlines two major components. The first is quantitative data to support population health management. The second is data that assesses provider capacity and shortages across systems.

King County is fortunate to have access to large amounts of quantitative data on population health. Public Health – Seattle & King County has worked with providers and hospital systems to develop reports and community health needs assessments that can adequately support the quantitative data requirement of the Regional Health Needs Inventory. There is still more work to be done specific to behavioral health needs assessments. Some of the state's specific data requirements are still forthcoming. Based on feedback from ACHs, the state is generating and producing some of the required data on a countywide and ACH-wide basis, but the flexibility and frequency of these data tables is still unknown. In an effort to address health disparities, King County often needs sub-county and population specific data, which is a strength of Public Health's data team. Should the King County ACH want this data, King County can work to provide it. More conversations with the state are needed regarding exactly what will be required for provider capacity data. Additionally, measures are still being defined, which will drive payment for outcomes and will need to be aligned with the value-based contracts managed care organizations (MCOs) are working on.

Going forward, the King County ACH should consider whether it wants King County to provide backbone data support and whether a data subcommittee such as the current Performance Measurement Workgroup (PMW) should be part of the organization's committee structure. The PMW meets monthly with the next meeting to be held on March 13. There is a call-in option to make these meetings more accessible and meeting notes from past meetings can be found online.

Demonstration Planning Information Sharing

Ingrid McDonald (Public Health – Seattle & King County) shared information about the current state of Medicaid demonstration project planning. There are two known required projects, six optional projects (with the requirement to select two additional projects from the list of six), and three required capacity-building activities.

It is not anticipated or expected that ACHs do all eight projects. Overall funding will be limited. While \$1.1 billion is earmarked for Initiative 1 of the Demonstration, a portion of this funding will be used for statewide capacity building activities. The remainder will be the available up to amount for ACHs around the state to earn. The HCA will soon share an estimated up to amount that could be earned in King County. This information will guide the King County ACH Governing Board in their selection process. After turning in the project portfolio later this year, ACHs will learn their estimated up-to amount for project implementation reimbursement. This amount is estimated based on an algorithm that includes many factors, including an assessment of the potential impact of the project portfolio. Projects will earn incentive payments based on achieving milestones. Over time this will evolve from pay for planning, to pay for reporting, and finally, to pay for outcomes.

Projects should align with the toolkit, must not duplicate existing efforts, and should support and incorporate regional goals related to value-based payment and workforce. Rather than being the efforts of a single organization, projects are intended to be negotiated impactful strategies that include a group of organizations across sectors to build a project plan.

Currently, ACH backbone staff are supporting a series of public information sharing sessions about each of the project areas. The goal is to engage the community, build understanding about the Demonstration and identify possible project partners.

Staff and project partners gave the following brief updates on each project area:

- Physical and Behavioral Health Integration (PBHI) – Darcy Jaffe (Harborview) reported that on February 21 the PBHI Design Team hosted a community learning session with 80 people in attendance. Attendees learned more about the Demonstration and hosts led a discussion to get feedback and ideas to inform a successful project that coordinates approaches in the community. Organizers are compiling information for attendees and will be doing more outreach out to specific groups.
- Opioid Use as a Public Health Crisis – Steve Gustaveson (King County Department of Community and Human Services) reported that on February 27 the King County Heroin and Opiate Task Force hosted a learning session. Presenters shared information about the Demonstration, explained the parameters for the Opioid as a Public Health Crisis Project and discussed the state’s opioid plan. They also shared King County Opioid Task Force recommendations, which align with project parameters across three focus areas. Staff will follow up with those who attended or signed up to attend to understand what their specific interests are regarding this project. They are also hoping to engage further potential project partners who may not have been able to attend.
- Community-based Care Coordination –Mariel Torres Mehdipour (Public Health – Seattle & King County) reported that staff are in the process of coordinating with the Foundation for Healthy Generations to plan a community learning session. They are collaborating to format the meeting in way that is inclusive and gathers feedback and input from potential project partners.
- Transitional Care - Maureen Linehan (City of Seattle, Aging and Disability Services) is co-hosting a learning session with Navos on March 23 from 9am to 11am at Valley Medical Center (click [here](#) for more information and to register). They plan to review evidence-based practices and break into three subgroups based on populations that are central to this project area.
- Chronic Disease Prevention – Mariel Torres Mehdipour (Public Health – Seattle & King County) reported that staff are in the process of coordinating with the Center for MultiCultural Health to plan a community learning session. They are collaborating to format the meeting in way that is inclusive and gathers feedback and input from potential project partners. (Note: this meeting has since been scheduled for Monday, April 3 in Renton and in Seattle. More information [here](#).)
- Diversion Interventions – Travis Erickson (Public Health – Seattle & King County) reported that the Familiar Faces Steering Committee is being leveraged to help align strategies specific to this project. A meeting with this steering committee and the former Familiar Faces design team will be scheduled to

understand the demonstration project parameters as well as how the project might align with ongoing initiatives. Following this discussion, an informational meeting will be scheduled in April. Once scheduled, the meeting information will be sent out to interested parties and posted online.

- Maternal and Child Health – Patty Hayes (Public Health – Seattle & King County) reported that the Best Starts for Kids (BSK) initiative, being led by King County, is an important opportunity to link to intervention work. PHSKC is reaching out to the BSK Children and Youth Advisory Committee about this opportunity and will organize an informational session later this spring.
- Access to Oral Health Services – Glenn Puckett (Washington Dental Foundation) reported that they plan to hold an information learning session on March 8 at 4pm. They plan to explain the demonstration project opportunity and find out what questions stakeholders may have.

(Note: information and meeting schedules on all demonstration project areas can be found on the King County [ACH website](#).)

The following questions and points of discussion were raised:

- King County is more populous and has a much more complex landscape. It seems inequitable that funding will be equally distributed across all ACHs for administrative milestones. Gena Morgan responded that, while initial administrative funding will be the same for all ACHs, King County can expect to receive more incentive funds based on the size of the Medicaid population in King County (provided, of course, that the King County ACH selects an impactful portfolio of projects).
- Can you have multiple projects under one project area? Yes, it does appear that ACHs could select multiple projects that fall under that same project area. However, project value will be determined by many factors, including scope and scale, the number of Medicaid beneficiaries affected, a broad, cross-sector approach, and expected impact on health systems transformation.

Looking Back: ACH Member Survey

Erin Hertel (Center for Community Health and Evaluation) presented the ACH member survey results that the ACH ILC, workgroup and subcommittee members participated in during the fall of 2016, which can be found in the agenda packet. CCHE is working the HCA to help ACHs use evaluation data for continuous improvement. The King County ACH had a high response rate of 65 percent from 51 individuals. Erin gave a brief overview of the survey results and facilitated an interactive activity for those present to provide an opportunity to share their thoughts regarding the progress and direction of the King County ACH. These inputs will be used to help inform future Governing Board discussions.

Looking Forward: Governance

Gena Morgan shared that prior to the public meeting, the Interim Leadership Council met in closed session and voted to approve a slate of candidates recommended by the Steering Committee for the King County ACH's new Governing Board. These candidates fill the sector seat composition previously approved by the Governing Board. (Note: a list of the new Governing Board members is included in the meeting summary materials.)

Transition plan – The first meeting of the new King County ACH Governing Board will be on April 18, 1pm - 4pm at the King County Elections Office in Renton. Until that time, the Interim Leadership Council continues to govern the King County ACH. The Interim Leadership Council Steering Committee will continue to advise ACH staff until an Executive Committee is selected.

Gena also reported that the King County ACH LLC formation is expected to be finalized by April 1, 2017.

Close and Next Steps

Betsy Lieberman thanked ACH backbone staff and Gena Morgan closed the meeting by sharing that the governing board's first meeting is scheduled for Tuesday, April 18 at the King County Elections building in Renton with networking and refreshments to start at 12:30pm.