



Governing Board Meeting Summary

June 7, 2018, 1:00 p.m. – 4:00 p.m.

Pacific Tower, 1200 12th Ave S., Suite 110, Seattle, WA 98144

Members Present: Teresita Batayola (International Community Health Services), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Roi-Martin Brown (Washington Community Action Network), Elise Chayet (Harborview Medical Center), Kristin Conn (Kaiser Permanente of Washington), Shelley Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), David Johnson (Navos Mental Health Solutions), Cathy Knight (Seattle Aging and Disability Services), Laurel Lee (Molina Healthcare), Betsy Lieberman (Betsy Lieberman Consulting), Adrienne Quinn (King County DCHS), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Elizabeth Tail (delegate for Steve Kutz, Cowlitz Indian Tribe), Ingrid Ulrey (delegate for Patty Hayes, Public Health – Seattle & King County), Sherry Williams (Swedish Medical Center), Giselle Zapata-Garcia (Latinos Promoting Good Health)

Members Not Present: Molly Carney (Evergreen Treatment Services), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center)

Staff: Mary Franzen, Marya Gingrey, Thuy Hua-Ly, Susan McLaughlin, Gena Morgan, Kelsey Robinson (HealthierHere)

Guests: Siobhan Brown (CHPW), Michelle Chapdelaine (CCHE), Federico Cruz-Uribe (Sea Mar), Elisa Del Rosario (ACRS), Brad Finewood (DCHS), Wei-Lin Huang (Qualis Health), Sybill Hyppolite (SEIU1199NW), Jason Johnson (City of Seattle, HSD), Kahanu Kahounei (HMSO), Sharon Poch (Qualis Health), Pamela Shepard (Pacific Medical Centers), Howard Springer (Navos), Raleigh Watts (Country Doctor)

Welcome & Introductions

Betsy Lieberman (*Betsy Lieberman Consulting*) welcomed everyone, reviewed the meeting goals and agenda. The primary goals for this meeting were for the Governing Board (GB) to: (1) review and approve the Finance Committee’s recommendation for DY1 fund distribution, (2) learn about our assessment of King County’s health information exchange/health information technology (HIE/HIT), and (3) review HealthierHere’s quarterly administrative budget report.

Brief introductions were made by the board and public.

Board Business & Executive Director’s Report

Community members had the opportunity to make comments and give feedback. David Johnson (*Navos*) sits on the board of the National Council of Behavioral Health and, after learning what different regions are doing with the Medicaid Transformation Waiver, he felt particularly proud of the work that is being done locally.

Betsy opened a motion to approve the minutes from the 5/3 GB meeting. The minutes were approved with no revisions. Jihan Rashid (*Somali Health Board*) abstained due to her absence from the 5/3 GB



meeting.

Betsy thanked the board for taking part in Susan McLaughlin's (*HealthierHere*) 360 evaluation. The Executive Committee (EC) is working to develop a final recommendation for the conflict of interest (COI) policy. The EC is excited to put policy into practice but reminded the board to expect bumps along the way.

Executive Director's Report

Hiring: HealthierHere has hired two project managers! The Data Analytics position has been re-posted and two other financial positions are in the interview stage. The Community and Tribal Engagement Manager will work closely with Marya Gingrey (*HealthierHere*) to support our community partnerships; the position will be re-posted in the next couple weeks.

CCV: The contract with the Center of Multicultural Health has been completed. This contract will be used to expand the work of the CCV and ensure strong community-driven voice in transformation efforts.

Website: HealthierHere launched its new website: www.healthierhere.org. HealthierHere worked with ResourceMedia to build out and transition to the new website. Staff emails were also transitioned to the HealthierHere domain. An updated board and staff contact list will be sent out to the board.

Deliverables: HealthierHere has two major deliverables for 2018. First is a retrospective semi-annual report (SAR), which is due at the end of July to the Health Care Authority (HCA). Second is the implementation plan, which is due October 1.

Other ACH Updates: All 9 ACH executive directors meet monthly to coordinate implementation efforts across the state. They are working to establish shared policies and sustainable, state-wide practices. Additionally, the Chief Financial Officers and directors also meet regularly to align efforts.

Administrative Budget – Quarterly Report

Thuy Hua-Ly (*HealthierHere*) reviewed the 2018 Administrative Budget (page 6 of the agenda packet). There is a 13% positive variance due primarily to hiring delays. Thuy does not expect this large of a surplus once the 4 open positions are hired. There are a handful of expenditures not reflected in the report. We predict we may need to amend and provide additional funds for the King County Public Health (KCPH) data and Manatt contracts to continue providing implementation support. Additionally, the expenses for board and staff training is not reflected.

Finance Recommendation – DY1 Fund Distribution

Steve Daschle (*SWYFS*), Finance Committee (FC) co-chair, reviewed the decision memo (pages 7-11 of the agenda packet). The purpose of the memo is to approve the allocation methodology of the 2018 partner engagement and planning dollars. The purpose of the DY1 incentive dollars is to acknowledge and encourage continued partner participation across a broad range of provider types and sizes. In October 2017, the board approved \$12.5M for partner engagement and planning, of which 50% was allocated to Medicaid providers, 42% for non-Medicaid providers, and 8% for the tribes. At the April board meeting, HealthierHere received approval for the payment triggers to be used for allocation and their priority (page 8 of the agenda packet).



The FC spent significant time discussing and thinking through the implications of their recommendation, including several methodologies for ensuring that our region could earn the most funding while still distributing dollars equitably.

They reviewed the payment triggers as approved by the board.

The FC requested an amendment of a payment trigger. “Registering in the Financial Executor (FE) Portal” was initially part of the “Sign Project Specific Agreement” trigger but the FC felt it was important that there be an actual deliverable associated with the “Partner Participation” payment trigger. The FC requested that the board approve this adjustment.

They reviewed the “Medicaid Providers Allocation” (page 9 of the agenda packet). Based on the payment trigger priorities, approved the board, They weighted (by percent) the payments similarly. The FC requests that the board approve the percent allocated for each payment trigger. This will allow the FC the flexibility needed to manage variables and keep funds fluid. The FC will ensure that the total funds distributed to Medicaid providers does not exceed \$6.2M.

They reviewed the “Tribes Allocation” (page 10 of the agenda packet). Tribes have the same payment triggers, other than “Medicaid Volume”, and their percent allocated is based on the trigger priorities. The FC will ensure that the total funds distributed to Tribes does not exceed \$997,000.

Discussion:

- Medicaid volume tiers are not related to behavioral health tiers within an organization.
- There are providers that serve both Medicaid and non-Medicaid clients and could be eligible for funds from both the Medicaid and non-Medicaid allocations.
- “Partner Participation” has fairly open criteria because we want to acknowledge the time and effort that has been spent by our partners to support the work of HealthierHere.
- We anticipate that partners may change or engage differently overtime.
- HealthierHere is still figuring out how it will pay organizations that may serve Medicaid clients but do not necessarily bill Medicaid services.
- This decision memo defines Medicaid Provider as an organization that typically bills Medicaid for services provided and a non-Medicaid Provider as an organization that does not typically bill Medicaid for services.
- HealthierHere is still developing criteria and analyzing data to best determine how and which community-based organizations (CBOs) to partner with.
- There was a request for a list of definitions and glossary to go with decision memos.
- Top 20% of Medicaid clients account for 80% of claims. Is HealthierHere considering that when looking at Medicaid volume data? Not looking at that for DY1 funds but will be looking at that as we move into implementation.
- Request from audience to give providers plenty of time to fill out change plans.
- The dollar amount associated with percent allocated for the “Sign PSA” and “Sign Addendum 2” needs to be corrected on the “Tribes Allocation”.
- We currently have two Tribes committed (Cowlitz & SIHB), with the intention to distribute to Muckleshoot and Snoqualmie as well.
- There has been some conversation about the Duwamish tribes and other non-federally recognized Tribes.
- HealthierHere needs more time to finalize the payment methodology for non-Medicaid



providers; we anticipate finalizing this by August.

A motion was opened to approve the FC decision memo. The motion was approved including the amendment to the trigger payment.

The board took a brief break.

HIE/HIT Assessment

Marguerite Ro (*Public Health Seattle & King County*) reviewed a Health Information Exchange and Technology (HIE/HIT) presentation. Our Core leave behinds include “...an inter-connected HIT/HIE system connecting providers from both systems...”, “multi-disciplinary, culturally competent care teams”, and an effective mechanism for meaningful community and consumer involvement.” Strategic HIE/HIT investments can help achieve these leave behinds. About \$8.25M has been allocated for “Population Health Management.” HealthierHere has been collecting information from providers regarding their HIE/HIT capacities via an HIE/HIT assessment, ongoing 1:1 discussions, the Performance Measurement & Data committee (PMD), as well as statewide meetings.

From the assessments and various conversations, the key findings are:

1. There is large variability in HIE/HIT capacity and use across and within sectors.
2. There are limited data partnerships/information systems that support clinical-community linkages.
3. There are fragmented referral and coordination systems to address social determinant needs.

After reviewing the assessment and key findings the board and public discussed the following in small groups:

1. Where should we prioritize our investment? What HIE/HIT areas are most important to invest in?
 - a. Shared care and support (community linkage) planning.
 - b. Co-investment: guidance around use of shared care planning; the TA related to building workflows (similar to Pathways HUB).
 - c. Referral management system: closing the loop; service received; and Referral Triage: visibility to where folks are and what services they are receiving—don't want to duplicate services
 - d. Prioritize behavioral health and community-based organizations that can invest in community and help us scale.
2. What are your criteria/principles that you want us to use as we make recommendations and determine how investments should be used?
 - a. Have a strong vision and build a foundation.
 - b. Whatever criteria we select it needs to be equitable.
 - c. Leverage and connect current systems.
 - d. Standardization across MCOs, ACHs and EPIC.
 - e. Scale and sustainability.
 - f. Make sure we touch populations that are less visible in certain systems.
 - g. Stage and prioritize – we can't do everything; we need to take small concrete steps forward.
3. How should HealthierHere maximize the use of dollars for population health management? Does the currently funding plan make sense?
 - a. Amplify these investments through MCOs, philanthropy, government, etc.



- b. Hidden populations may be very costly to find; we need an “overall yield”
- c. Begin with identifying the need vs. the budget
- d. Opportunity to drive equity into investments

The board and public were asked to continue thinking about these questions and send further feedback to staff as we make considerations regarding this investment.

The meeting was adjourned.