Governing Board Meeting Summary

July 12, 2018, 1:00 p.m. – 4:00 p.m.
King County Elections, Alvine Room, 999 SW Grady Way Renton, WA 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), Kristin Conn (Kaiser Permanente of Washington), Shelley Cooper-Ashford (Center for Multicultural Health), Ceil Erickson (Seattle Foundation), Sybill Hyppolite (SEIU1199NW), David Johnson (Navos Mental Health Solutions), Cathy Knight (Seattle Aging and Disability Services), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center), Adrienne Quinn (King County DCHS), Jihan Rashid (Somali Health Board), Caitlin Safford (delegate for Laurel Lee, Molina Healthcare), 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: *Steve Daschle (Southwest Youth and Family Services), Betsy Lieberman (Betsy Lieberman Consulting)*

Staff: *Marya Gingrey, Thuy Hua-Ly, Victoria Lo, Michael McKee, Susan McLaughlin, Gena Morgan, Kelsey Robinson, Lisa Watanabe (HealthierHere), Christina Hulet (Hulet Consulting)*

Guests: *Brad Finegood (DCHS), Wei-Lin Huang (Qualis Heath), Laura Johnson (United Healthcare), Kahanu Kahounei (HMSO), AJ McClure (Global to Local), Sharon Poch (Qualis Health), Ellie Wilson-Jones (SCA)*

Welcome & Introductions

Esther Lucero (*Seattle Indian Health Board*) Governing Board (GB) co-chair, welcomed everyone, reviewed the agenda and meeting objectives. The primary goals of the meeting were for the GB to: (1) review/approve the Community & Consumer Voice committee's (CCV) recommendation to fill a board seat, (2) provide input into HealthierHere's (HH's) community and CBO engagement strategy, and (3) discuss various conflict of interest (COI) scenarios and adopt an updated COI policy.

Community Voice: Esther opened the floor for public comment and no comment was made.

Board Business & Executive Director's Report

The board briefly reviewed the minutes from the 6/7 meeting. There was a minor typographical revision and one correction was made. In October the board approved 42% of DY1 funds to be distributed to non-Medicaid providers *not* 48%. The minutes were approved with this correction.

Abstentions: Elizabeth "Tizzy" Bennett, Molly Carney, Daniel Malone and Semra Riddle.

Executive Director's Report

Hiring: HH has tripled in size since February. Alexis (Warth) Desrosiers accepted the position as Data Analytics Manager. Alexis comes from the Seattle Housing Authority and will work closely with the King County data team. Joe Whitley joins us as the Funds Flow Analyst and will support Thuy with financial modeling and the value-based payment (VBP) transition.

Implementation Planning: Implementation planning is ongoing. Clinical Summaries have been developed for the 11 workstreams under the four projects and 26 organizations have been invited to complete change plans. HH will be engaging with partner organizations at different levels in phases as we navigate implementation to ensure we can improve performance on the metrics and earn funding for our region. Information on Workforce will be gathered from the change plans. HH staff will work closely with partners on completion of these change plans. HH is still seeking clarity from the HCA on how the ACH can support the move towards VBP. Information from the organization change plans will be used to develop the system-wide implementation plans due to the HCA 10/1.

Semi-Annual Report: The semi-annual report (SAR) was sent to the board for review/comment and is due to the HCA at the end of July. The SAR will be scored by an independent assessor and that score will determine the amount of funding we can receive.

Project Specific Agreements: About 56 Medicaid health and behavioral health providers received project specific agreements (PSAs) for signature and receipt of funding for the DY1 payment triggers. HH will give a summary of payment awards at the next GB meeting.

Group Health Community Foundation: HH was one of three ACHs invited to submit a summary of our community and consumer work to the Group Health Community Foundation and in return HH will receive a $2,500 award.

Board Seat Nomination

When Marya Gingrey (*HealthierHere*) resigned from the HH Governing Board to take a full-time position with HH, she left a vacancy for the designated community/consumer seat. The CCV nominated Sybill Hyppolite to fill that seat. Shelley Cooper-Ashford (*Center for Multicultural Health*), CCV co-chair, described Sybill's experience and why she would be an excellent addition to the board. Sybill is a Healthcare Policy Specialist for SEIU Healthcare 1199NW with experience working with marginalized communities and a strong background in healthcare policy and advocacy. Her nomination was approved and recommended by the Executive Committee (EC).

Shelley made a motion to approve Sybill's nomination, the board approved Sybill's appointment to the HealthierHere GB.

Community Engagement & CBO Strategy

As HH's Director of Equity & Community Partnerships, Marya is spearheading HH's community engagement strategy. She spent some time grounding the board in the work thus far, asked for input from the board and community, and described the strategies intended for moving this work forward.

HH would like to leave an infrastructure that provides an effective mechanism for meaningful community/consumer involvement and voice in continuous improvement of the healthcare delivery system. Marya recommends a nimble, yet comprehensive approach that embeds authentic

community engagement within our work. We will need to think through how we navigate diverse perspectives and accommodate expectations while meeting programmatic goals. We also need to ensure that the work being done now is sustainable and adaptable for the healthcare system.

The board and community were separated into small groups to respond to 5 community engagement strategies (listed below). They were asked which strategy they felt would lead to an infrastructure that facilitates meaningful community and consumer involvement.

1. Activated constituents
2. Culturally responsive, competent, linguistically appropriate and respectful healthcare system
3. Community-clinical linkages
4. Coalition building
5. Community voice imbedded in healthcare system planning, policy and decision making

The group was about evenly split amongst the 5 strategies, but their reasoning was similar. Each group felt that their selected strategy would create momentum and drive/influence the desired system changes. It was noted that HH likely has the greatest ability to leverage the community and clinical linkages.

Marya briefly reviewed the CCV community engagement handout and summarized key principles, phases and next steps. Equity is the foundation of our projects and the lens we approach system transformation and community engagement from. We need to be explicit when we refer to Community-Based Organizations (CBO) about who we are referring to and how they relate to HH's work. Like our engagement strategy with medical/behavioral health providers, HH plans to engage community in phases.

The small grants program is being rolled out and is intended to provide capacity for CBOs to engage community partners, members and Medicaid recipients to authentically participate in the Medicaid transformation work. Marya is developing unique surveys to understand current capacities of CBOs. She is also working with the finance team to develop a funding methodology to pay CBOs. Time will be reserved on future agendas to further discuss the CBO engagement and funding methodologies.

Conflict of Interest Policy & Practice

The HH board and senior leadership adopted a COI policy in June of 2017. Since then there have been several questions regarding the COI policy, and the EC wanted to revisit and clarify the policy. The board was reminded that the board was designed around the specific expertise of the members and so it is likely everyone will have COI at some point. The EC also recognizes that no one policy can cover every potential COI issue. It would be considered a "win" if board members felt comfortable calling out potential COI and taking the time to discuss it. The EC worked with legal counsel to draft a more comprehensive policy.

Christina Hulet (*Hulet Consulting*) asked the board and community to break into groups and respond to a couple scenarios in which there is potential COI.

Scenario #1: This is a situation many board or committee members will face—specifically, having access and responding to information that could impact their organization.

Discussion:

- There needs to be a differentiation between sitting as a GB member and representing a sector/organization and making recommendations at the committee level.
- In the reality of the moment, we may not have the ability to thoroughly resolve COI issue.
- There was a request for a COI check-list for board members to reference.
- One group struggled if the scenario presented was a COI, it seemed more like breach of privileged information.
- Can we assume that all committee work is confidential? Some committees are more open to the public, so this cannot be applied across all committees.

Scenario #2: This is a situation many board or committee members will face—specifically, designing a project or plan that their organization might later be contracted for.

Discussion:

- We can create a culture that acknowledges this when it happens as a routine part of our business.
- People need to be comfortable stepping out if necessary.
- We should continue seeking legal counsel, particularly when dealing with complicated scenarios.
- Can we bring in other people to hold the work?
- Can we reiterate guiding principles and expectations for all committees?
- COI will likely happen at the committee level. It was recommended that all the committees go through a similar COI activity.
- Disclosure builds trust.

Christina reviewed the decision memo and EC recommendation (pages 13-15 of the agenda packet). The EC recommends the board adopt the modified COI policy. It provides needed guidance to senior management, GB members and members of our committees. The EC believes this updated policy better address the complexities of HH's work.

Discussion:

- This policy applies to the Executive staff, the GB, FC and EC.
- We need to consider if a Board member's organization is not meeting metrics, how we navigate that.
- If everyone discloses is it meaningful?
- Can staff or board co-chairs think through what potential COI there is and help flag these?
- We need a mechanism for discussion if COI applies.
- Recusal is about decisions not discussion.
- Potential issue is if people inappropriately sway the conversation.
- Perhaps individuals with COI can provide feedback but not be an active discussant.
- There was concern that if everyone with conflicts steps out, the voting members may be in the minority in terms of the decision and/or there would not be a quorum.
- If there is no quorum, the decision would be brought back to the EC. Four members of the EC do not have COI.
- Maybe a third party could evaluate COI.
- Legal can only provide counsel but shouldn't be involved at the level of determining COI.
- Maybe another ACH's Executive Committee could review COI. We do have providers that will

work other ACH's so we need to consider that.

- It is a sign of maturation when boards focus on fiduciary and policy management.
- Can we tap into Medical ethics boards?
- There was an additional request that staff assess the agenda items for discussion in advance and attempt to identify COI.
- We may need to apply the COI policy to the Transformation Committee (TC).
- There was strong desire that the COI apply across all of the committees.

The board adopted the updated COI policy (to apply across all committees and with added language regarding staff helping to identify potential COI issues).

The meeting was adjourned.