North Central Accountable Community of Health

10/02/2017 Whole Person Care Collaborative Meeting Minutes

11:00-12:30 Confluence Technology Center, Wenatchee WA

Attendance: Peter Morgan, Barry Kling, Linda Parlette, John Schapman, Christal Eshelman, Caroline Tillier, Tim Hoekstra, David Olson, Malcom Butler, Rick Hourigan, Jesus Hernandez, Kevin Abel, Ryan Stillman, Clarice Nelson, Kris Davis, Chris Devillenueve, Loretta Stover, Blake Edwards, Laurel Lee, Dave Johnson, Kayla Down, Kathleen Nelson, Torie Gildred, Whitney Howard, Shirley Wilbur, Amy Webb, Tony Butruille, Victoria Evans, Caitlin Safford, Sheila Chilson, Tenzin Denison, Darla Darnell, Tessa Timmons, Chris Tippett, Anne Crain **Phone:** Kristina Hartl, Dulcye Field, Doug Wilson, Molly Morris, James Wallace, Kris Neff, Gwen Cox **Minutes:** Teresa Davis

Approval of agenda: Tim Hoekstra moved to approve the agenda, Jesus Hernandez seconded the motion, no further discussion, motion passed.

September minutes: Change page 2, motion for CCMI: Motion should read "Jesus Hernandez moved to pursue conversation to clarify level of commitment, and would be committed to moving forward with a proposal for the design phase, Dr. Justus seconded the motion, no further discussion, motion passed" *Sheila Chilson moved to approve the September minutes with the above change, seconded by Tim Hoekstra, no further discussion, motion passed.*

Demonstration Project Update: Barry gave an update that the ACH may be receiving less money for the projects than originally thought. The ACH has been operating from the SIM grant and was counting on approximately $300,000 more and those funds may not be available. Also the DSRIP funds may be reduced, we do not know by how much yet, but we will still be receiving a sizable amount of money in this region. The ACH expects to have more information in the next week or two from HCA. John Schapman explained the majority of funding that will go out to partners will go through the financial executor. The ACH board will approve and tell the executor who to distribute funds to. Each provider will need to establish accounts with the executor through an online portal. Training will be provided on how to use this portal. The NCACH staff will initially reach out to partners to get primary contact info and EIN number. Partners will work with the financial executor after that to provide them with more detailed information needed.

Document & Process Updates: Reminder to turn in your member agreement (one per organization).

Stage 1 Funding: We have talked about two different ways to award funding, either by encounters or number of enrollees. The recommendation is to go with claims/encounters. We would start with a stage 1 base of $75,000 for each member plus additional funding $10-30K based on rank relative to 2016 Medicaid professional outpatient encounter volume.

Concerns:

- Do we know if we are even going to have enough money to fund this with the cuts to the project that may be coming? The maximum that HCA estimated for our region before was near $50 million, with the cuts it could go to down $36 million. We are confident in the funding and we will move forward with the stage 1 funding.
- Where did this recommendation come from? Based on feedback from subgroup of WPCC members and prior meetings, the staff generated this recommendation.

- Is this list of providers the full list of participants, or can we expect more to join later? Yes, as of now, we believe it is close to complete and do not expect many more if any.
- If others want to join later, will they be able to? We think that we have identified the majority, we will have to cut if off at some point.
- This is seed money for 2018, we are currently listing Columbia Pediatrics. Will we be removing them? They will be combined with CVCH.
- Are there other models that we should be looking at? Kayla: North Sound and Olympic are thinking about doing something similar but they are not far enough down the road to discuss funding yet. This is pretty unique.
- Tim: In terms of bi-directional care and accomplishing some of these outcomes, it is a steeper ladder for BH providers to climb. BH providers will not have the encounter count, but the intensity of the encounter is still there. Barry: this is an entry point to help develop change plans, then once implemented, there could be more funding based on that plan and the organization needs.

David Olson moved to accept the funding mechanism stage 1 based on the 5 tiers of encounters as described and recommend to the board for approval, Kevin Abel seconded the motion.

Discussion:

- Sheila: Supported the enrollee count before, but now sees that this is just for the change plan development side. For future funding, she will be advocating for enrollees.
- Doug Wilson: Is this enough money for organizations to create meaningful change plans? David Olson said that CVCH has already reached out to people to help develop change plans and he thinks it is more than enough. Can smaller organizations create a joint change plan? There is nothing that stops them from doing this and we would encourage collaboration, but each entity will need to submit their own plan. David was suggesting the two small organizations could use the same consultant but have different change plans.
- Gwen noted that under the Qualis contract with HCA, they are available to help with these change plans and their services are free and would work with any consultant through 2018. What is the scope of Qualis in that help? The scope would only be limited to the amount of time that could be committed. They could help with all aspects of the change plan.

No further discussion, motion approved.

Stage 2 funding: Concerns from the behavioral health sector. Peter has been working with the AIMS team to make this more behavioral health friendly.

David Olson feels that we are losing site of the fact that we are trying to integrate. He believes that the intent is to recognize behavioral health as primary care, we should not have the differentiation. Barry: BH Orgs are very different than primary, we need to respect where everyone is starting. Tim: BH is not looking for a different track. Just looking for broader language in the scoring tool, so that they could develop plans that move them toward bi-directional integration. The proposed language from the AIMS Center captures that. Sarah Barker from AIM Center explained that the language was broadened according to the tool kit.

Peter: An endorsement from this group for this document, would be helpful but not essential. Once finalized we can move forward with creating proposal template.

Once plans are turned in, and go to neutral third party. How will the awards be made based on the score? Could a group receive planning money and then in the end not get funded in phase 2? The presumption is that you would create a plan according to guidelines. We would want to work with every organization to help them get a good score. We don't want to make this hard, but everyone needs to be held accountable for using the evidence based practices to achieve results.

Jesus: regarding section #5: How are we engaging the social determinates of health? There was a big emphasis in the beginning on this change involving cross sector collaboration for health. If that is still of value, he wonders how this would be judged. Have we put enough emphasis on engaging other partners that help us with the social determinants of health? Putting only 5 points to that seems weak. Kayla responded that social determinants and access barriers is weaved in throughout other sections.

Tony Butruille: Feels that care coordination will address this and it is really well represented throughout the document.

Motion: Malcom Butler moved to approve the document as presented, Sheila Chilson seconded the motion.

Barry: This part of the demonstration is meant to focus on the things that clinical organizations can do, but is not all that the demonstration will do. There are other areas that will address the social determinants of health.

Peter: If approved, we will move down the road on creating a template, but can modify at a later date if a need is determined.

Kevin: we have a tight timeline, we need to be aware of the timing.

Tim: Concept tool – Include what outcomes will the change plans be driving. We seem to be missing the outcomes

Sheila: Supports the motion. Sections 2, 3, 5 & 7 represent 60% of the points which is related to addressing the most important improvement opportunity to promote bi-directional care. She also sees social determinants of health flowing through these sections. She offered this edit in section 5 second page: As the amount of funding for stage 2 award becomes clear, the WPCC will develop an allocation method that is presented to the NCACH Board instead of the Executive Committee. Barry responded saying it will need to be a mix of exec committee to set broad parameters and the WPCC to develop an allocation method that is approved by the board.

No further discussion – motion passed, Jesus Hernandez opposed, David Olson abstained

CCMI and CSI Proposal: Went over the proposal from CCMI. Suggested that we move forward with the design phase only.

Goals: Build on assessments that have been done, define roles and responsibilities, get clear on measurement criteria, current capacity for reporting, clarify the expectations for participate, develop a coaching model along with other goals.

Would like to sign contract as soon as possible, we would need signed membership agreements. Presumably, if everything went well with stage 1, we would then contract for phase 2.

Tony: Regarding cost to providers to participate. What about travel, means and lodging for providers? This is just the contract for the CCMI, it is not reflective of participant expensed and those expenses will be discussed.

Cost $40-50K for phase 1

Barry explained that this is a world-class group with tremendous resources. Believes this will make a dramatic difference in our ability to work together.

Sheila: Agrees that for the magnitude of the work, we need to engage with someone that has done this before to be effective.

Tim: What gap will this organization fill? Providing the methodology for sharing, tools for sharing and coaching around how this process actually works. They are skilled in the PCMH process and have seen where practices succeed and failed. We need someone who knows how to run a broad based collaborative. This would move it into the clinical environment.

Tabled for next meeting. Please submit any comments or feedback to the NCACH Staff.

Rick suggested that we need a packet, clear instructions so that organizations know what steps they need to take in this narrow timeline so that they do not miss out on funding.

Barry: The board needs to make some decisions on funding, but we need to know if this group agrees with moving forward.

Semi Motion – to hire this consulting group. General consensus is to move forward. Tim Hoekstra would like more detail on the gap and role that CCMI would fill.

Meeting adjourned 12:32 PM

Next meeting: November 6th, Confluence Technology Center, Wenatchee