Olympic Community of Health

Meeting Minutes

Board of Directors

October 9, 2017

Date: 10/9/2017	**Time:** 1:00pm - 4:00pm	**Location:** Jefferson Health Care Conference Room, 2500 W. Sims Way (Remax Building) 3rd Floor, Port Townsend

Chair: Roy Walker, *Olympic Area Agency on Aging*
Members Attended In-Person: Anders Edgerton, *Salish BHO*; Brent Simcosky, *Jamestown Family Health*; Chris Frank, *Clallam Public Health*; Eric Lewis, *Olympic Medical Center*; Gill Orr, *Cedar Grove Counseling*; Hilary Whittington, *Jefferson Healthcare*; Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Joe Roszak, *Kitsap Mental Health*; Karol Dixon, *Port Gamble S'Klallam Tribe*; Katie Eilers, *Kitsap Public Health District*; Leonard Forsman, *Suquamish Tribe;* Thomas Locke, *Jefferson Public Health,* Kayla Down, *Coordinated Care*
Members Attended by Phone:
Alternate Members Attended In-Person: Gary Kriedberg, *Harrison Health Partners*; Vicki Kirkpatrick, *Jefferson Public Health*
Non-Voting Members Attended In-Person: Allan Fisher*, United Healthcare*; Cathy Nieman, *CHPW*; Jorge Rivera*, Molina Healthcare;* Kat Latet, *Community Health Plan of WA*
Staff and Contractors: Claudia Realegeno, *Olympic Community of Health*; Dan Vizzini, *OHSU*; Elya Moore, *Olympic Community of Health,* Lisa Rey Thomas*, Olympic Community of Health,* Maria Klemesrud, *Qualis*; Margaret Hilliard, *Olympic Community of Health*; Siri Kushner*, Kitsap Public Health District*; Rochelle Doan, *Kitsap Mental Health Services*; Rob Arnold, *UW*
Guests: Dunia Faulx, *Jefferson Healthcare*; Jeannie Harper, *Reflections Counseling*; Jean Hordyk, *Olympic Medical Center;* Jen Olson, *American Indian Health Commission*; Kayla O'Donnal Cournier, *Amerigroup*; Laura Johnson, *United Healthcare*; Mary Catlin, *Washington State Department of Health*; Mike Sanders, *Port Angeles Fire;* Amy Etzel, *Washington State Department of Health*

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Roy called the meeting to order at 1:07pm.	
Roy Walker	**Consent Agenda**	Approved agenda	Consent Agenda APPROVED unanimously
Roy Walker	**September Minutes**	Approved September 11, 2017 minutes	September minutes APPROVED unanimously
Elya Moore	**New Demonstration financial projections**	OCH provided updates on a recent $50 million reduction in total available funds, amounting to a 36.5% reduction. For OCH, this means a decline from $6.2 million to $3.97 million. This change is largely due to matching. HCA is working to identify new designated state health programs (DSHPs) to get more funds to ACHs. Intergovernmental transfer (IGT) is not a	

		concern in year 1 but will become significant in the following years. Design funds are secure.	
Eric Lewis	**Finance Update**	OCH is moving forward with DZA. Quarterly financials were presented. Revenue is in line with spending. Quarterly financials will be presented as scheduled at the next board meeting.	
Elya Moore	**Whistleblower Policy**	The updated whistleblower policy was presented. Needs language about how employees can approach the board if they have a grievance with the executive director. Board discusses lack of clarity about who reports and how to report grievances. There was confusion about the Compliance Officer. A concern was voiced regarding privacy in the case of a written report sent to board of directors and if that would make the document public. A preference was voiced to handle reports in executive session. However, this raised concern for protecting both sides, as details may not be found in an official report. Motion to table whistleblower policy. Staff will follow up on concerns, run by legal, and bring back to board	MOTION: Table whistleblower policy until staff and legal have followed up on concerns. Bring back to board for approval. Motion to table whistleblower policy APPROVED unanimously
Elya Moore and Katie Eilers	**Committees**	Feedback from Phase II Certification was largely positive, but identified some deficiencies around community engagement. Proposal made to dissolve RHAPC and form two new committees: • Community and Tribal Advisory Committee (CTAC) • Performance, Measurement, and Evaluation Committee (PEMC) **PEMC:** The PEMC will be a highly technical group to compile information and report back to the Board. Focus will be on identifying data integration gaps and needs, as well as developing and maintaining a reporting system. **CTAC:**	Motion 1: Dissolve RHAPC Motion 1 APPROVED unanimously Motion 2: Form PEMC Motion APPROVED unanimously

		Members of the CTAC will live in Clallam, Jefferson, or Kitsap county and provide and/or receive services in the OCH region. This committee is aimed at improving authentic, bidirectional, and robust engagement. Suggestion made to change language to state option for "up to 21 members." Concern voiced about the time cost of additional meetings. Suggestion to deploy staff to pre-established venues. Suggestions that providers each do patient surveys regularly Concern voiced that communities and Tribes may not belong together in the charter. Response stated that Tribal outreach is specifically targeted through established processes and CTAC is supplementary, with Tribes specified for inclusion purposes. Bylaws need to be updated to accommodate the dissolution of RHAPC and implementation of CTAC and PMEC. This is a convenient time to make additional necessary updates: • OCH is no longer part of the Kitsap Public Health District (KPHD) and ASO language has been removed accordingly • The Executive Committee may act as the Board of Directors in case of emergency	Motion 3: Form CTAC with amendment stating "at least 12 members" Motion 3 APPROVED unanimously. Board asked staff to bring a list of organizations and coalitions to recruit CTAC members from. Motion 4: Update bylaws – ASO language removed as OCH is no longer part of KPHD - Authorize Executive Committee to act as board in case of emergency Motion 4 APPROVED unanimously
Roy Walker	**FIMC Update**	A hard copy of the most recent update was distributed and will be sent out electronically. King County has submitted an MOU and will be going midadopter. Most ACHs have decided to be early- or mid-adopters, though with differing agreements. Our region has planned to wait until 2020. Clallam County is not ready for adoption. This may be a leverage point in negotiations as it takes resources to prepare for managed care. MCO conversations suggest that OCH will be able to advocate for our providers. The decision not to be a midadopter was based on two primary considerations: • Local behavioral health providers were vocally opposed	MOTION Staff will write a letter (with CPAA if possible) to HCA to request midadopter funds to prepare for adoption in 2020. Motion APPROVED with abstention from MCO representative

		• County commissioners were not likely to pass midadopter proposals • Potential opportunity to advocate a change with the legislature Discussion about what action or opportunity may still be open to OCH providers. Cascade Pacific Action Alliance (CPAA) may join OCH in negotiations to release adopter funds. Motion for OCH to draft a negotiation letter (with CPAA if possible) to request funds to prepare for adoption in 2020. MCOs abstained from the vote and will not be included in the negotiation letter.	
	Break	Dr. Chris Frank left and his alternate, Vicki Kirkpatrick, stepped in	
Elya Moore	**Three-legged stool:** **1. Funds Flow** **2. Change Plans** **3. Value-Based Payment**	Presentation of Funds Flow diagram and timeline. Change plans will be completed at provider and natural community of care (NCC) level. A natural community of care is a geographic region where people generally seek care and resources. Change plans are in development and will allow providers to select the actions they would like to implement. Change plans are focused on workflow actions rather than projects. Presented methods for NCC funds flow earning potential and allocation. NCCs will be modeled and organizations will have an account with the financial executor. Board will allocate money across NCCs. The wellness fund will be rolled into the reserves. Allocation of funds will be determined in 2021. The funds flow workgroup will develop a strategy accounting for recent changes to available funds. Apple Integrator has been renamed IT Care Coordination.	

		The Bright Futures model for Maternal and Child Healthcare has been scaled back to CDC preconception guidelines as the reduction in funds means that OCH can no longer financially support the adoption of Bright Futures. Law Enforcement Assisted Diversion (LEAD) will now be nested under diversion. Diversion models became NCC specific as broad interventions haven't gotten full-hearted support and may be best tailored to NCCs. Phased implementation of Value-Based Payments was presented.	
Roy Walker	**Adjourn**	The meeting adjourned at 4:00 pm.	