



Board of Directors

June 10, 2019

Clallam • Jefferson • Kitsap

Welcome & housekeeping

- Board & guest introductions
- In-person participants, please speak close to or toward a microphone and speak one at a time (use your outdoor voice)
- Phone participants, please mute when you're not speaking
- Phone participants, option to use the chat box for questions and comments

Note: OCH staff are working to improve the audio experience for phone participants. Please continue to provide us with feedback.

Approve agenda

Consent agenda

- Draft: Minutes from May 13 Board of Directors meeting
- Executive Director report

2019 legislative & budget update

Cascade Care: Public option legislation [SB 5526](#)

- Washington is the first state to pass a “public option” measure.
- Creates standardized plan designs offered in the individual market. Directs HCA to contract with health plans to offer a plan where provider reimbursement rates are capped statewide at an aggregate rate of 160% of Medicare, excluding pharmaceutical costs.
- Establishes reimbursement rates for critical access hospitals at no less than 101% of allowable costs, and for primary care services no less than 135% of Medicare.

2019 legislative & budget update

Cascade Care: Public option legislation [SB 5526](#)

- By 2022, HCA to recommend whether to link carrier or provider participation in a public option plan to participation in the public employees plan (PEBB), school employees plan (SEBB), or Medicaid.
- Prohibits carriers from requiring provider/facility participation in a public option network as condition to participation in other health plan products/networks offered by the same carrier.
- Exempts the reimbursement that independent providers receive through participation in any public option plans from B&O taxes.

2019 legislative & budget update

- ***Access to Substance Use Disorder Prevention & Treatments:*** Increase access to treatment and coverage for health care services; specifically, increased access and funding to services for medically assisted treatments, increased coverage for MAT services and other ‘gold standard’ substance use disorder treatment (SB 5380).

2019 legislative & budget update

Behavioral Health (a few key bills)

- Behavioral Health Facilities (HB 1394): Creates additional community-based treatment options.
- Behavioral Health Campus at UW (HB 1593): Establishes a behavioral innovation and integration campus within the UW school of medicine. \$33 million in capital budget for pre-design for new teaching hospital.
- Trueblood Case Settlement (SB 5444): Moves patients committed to state hospitals through civil commitments into community facilities. Have state hospitals focus on patients with criminal commitments.
- Student Loan Repayment (HB 1668): Student loan repayment program for behavioral health workers who take jobs in underserved areas (not funded, policy only).

2019 legislative & budget update

Behavioral Health Budget

- \$58 million for patient safety enhancements, preservation, and ward renovations at Eastern State Hospital and Western State Hospital.
- \$1 million for predesign and siting of a new forensic hospital.
- \$28.7 million for construction of two new forensic wards providing 60 additional forensic beds at Western State Hospital.
- \$8 million for a new Treatment and Recovery Center at Western State Hospital.
- \$35 million in savings related to BHO reserves. Totals \$75 million when including the supplemental budget.

2019 legislative & budget update

Behavioral Health Budget

- \$25 million for predesign, design, siting, and site work of two state constructed community civil bed facilities.
- \$24 million in the Housing Trust Fund for Residential Treatment Options.
- \$119.9 million Community-based behavioral health beds.
- \$17 million increase for substance abuse disorder related items.
- \$74 million increase for a settlement in the Trueblood litigation.
- \$83 million for increased community-based capacity, programs and rates.

2019 legislative & budget update

ACH Sustainability & Results

- By December 15, 2019, HCA in collaboration with each ACH shall demonstrate how it will be self-sustaining by the end of the demonstration waiver period including sources of outside funding.
- If there are not measurable, improved patient outcomes and financial returns by the end of the 3rd year of the waiver, the Washington state institute of public policy will conduct an audit of ACHs.

- HCA convening MCOs and ACHs to create the report
- Draft in August for review
- Completed draft in September for review through HCA approval channels

Winter site visit report

Objectives

1. Summarize learnings from site visits

- ❖ *High-level summary. Detailed report is attached to board packet, including appendices (pg. 7)*

2. Present summary of areas for action

Content

1. Background
2. Summary of Findings by Change Plan Domains
3. Overarching Barriers and Facilitators
4. Areas for Action

Site Visit Background

- Implementation Partner deliverable as outlined in the 2019 MTP Payment Model
- Opportunity to learn about progress of MTP work, successes, and barriers beyond what is gathered in Progress-to-Date report
- Component of OCH's Quality Improvement Strategy (HCA requirement)

Summary of Findings by Domain

- *Successes, challenges, and opportunities by*
 - Care Coordination
 - Care Integration
 - Care Transformation
 - Care Infrastructure
- Relevant sections begin on page 9 of board packet

Summary of Findings: Care Coordination

Successes	Challenges	Opportunities
• Coordination of electronic health records	• Limited electronic health record capabilities	• Social Determinants of Health screening and implementation • Care coordination for medication assisted treatment patients • Mitigate listed challenges

For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Summary of Findings: Care Integration

Successes

- Bi-directional integration

Challenges

- Preparing for Integrated Managed Care

Opportunities

- Collaboration between OCH and SBHO

For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Summary of Findings: Care Transformation

Successes	Challenges	Opportunities
• Opioid work	• Gaps in project portfolio	• Sharing resources • New services to address Reproductive/ Maternal Child Health • Chronic Disease Self-Management programs

For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Summary of Findings: Care Infrastructure

Successes

- Expansion

Challenges

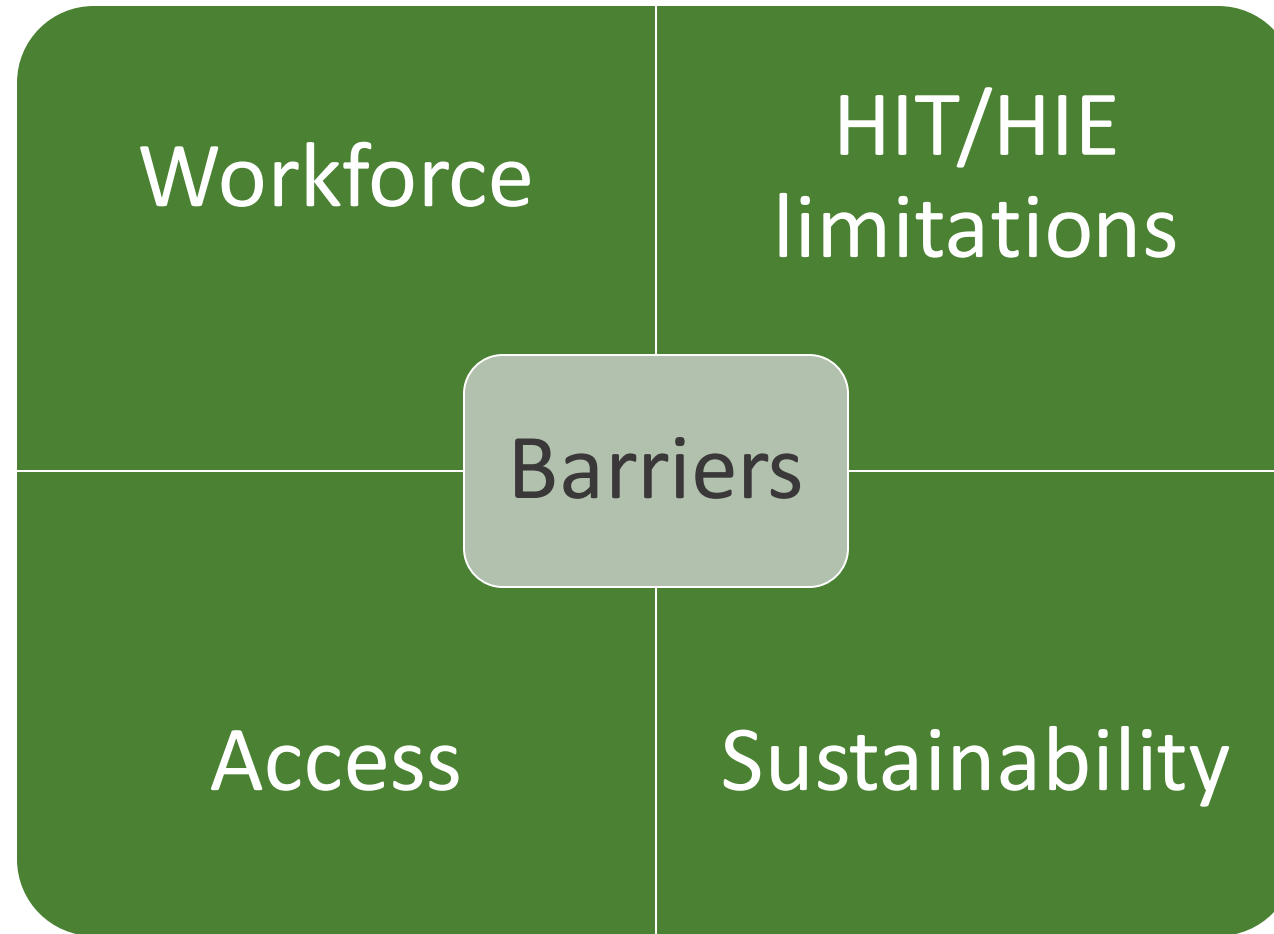
- Limited access

Opportunities

- Partnership building

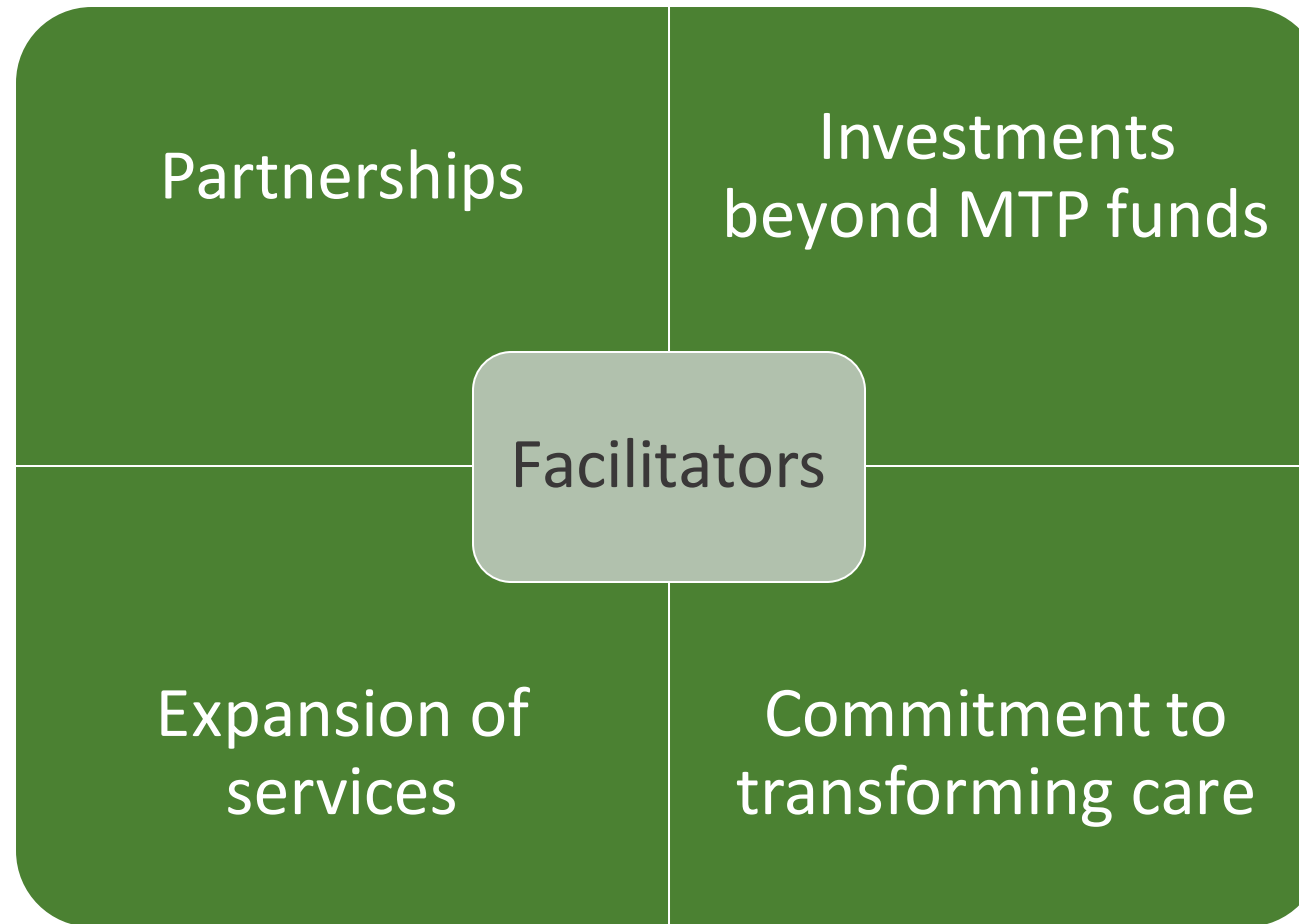
For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Overarching Barriers



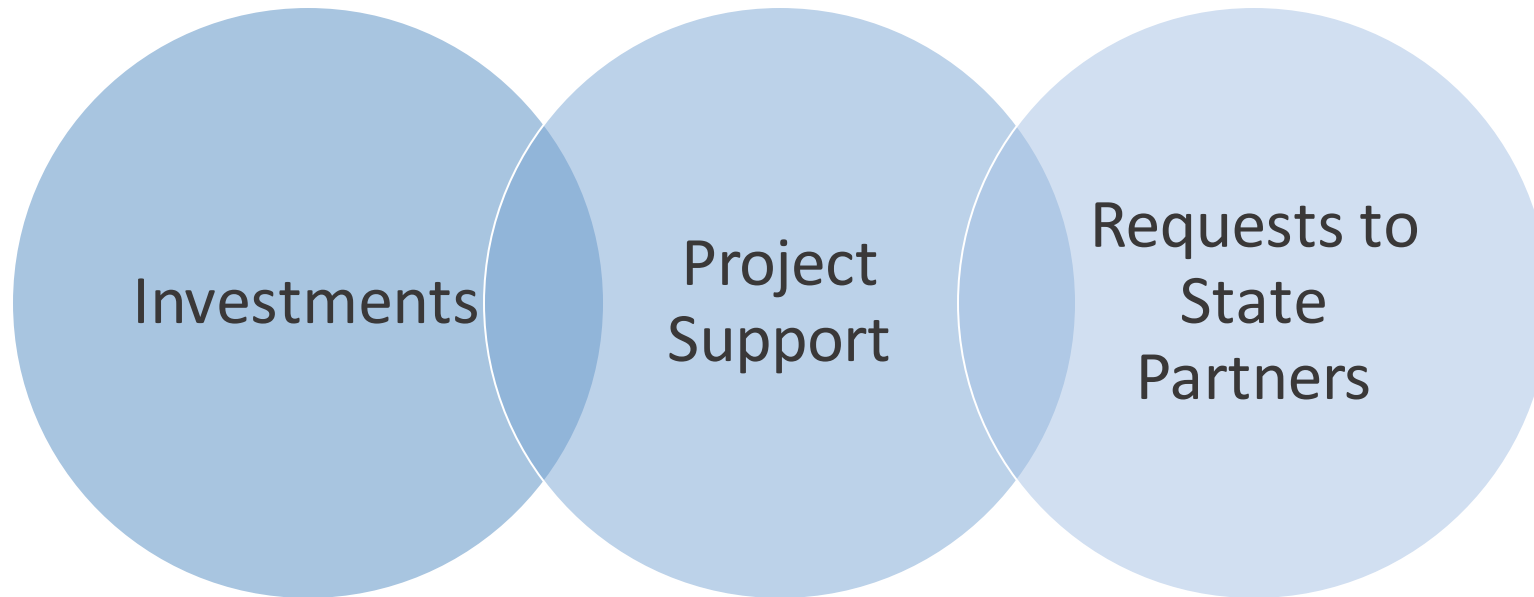
For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Overarching Facilitators



For more detailed information see Appendix 1 (pg. 17-40 in Board packet) and Appendix 2 (pg. 41-48 in Board packet)

Areas for Action



Areas for Action: Investments

Trainings:

Social Determinants of Health

- Best practices for capturing and using data collected

Co-occurring mental health and substance use disorder

- Best practices for managing and treating this population

Chronic Disease management for behavioral health

- Evidence-based models to support integration

Areas for Action: Project Support

Technical Assistance

- Support IMC
- Mitigate EHR challenges
- Naloxone availability
- Same sector convenings
- Resource sharing

Staff Adjustments

- Revised communication strategy

Areas for Action: Requests to State Partners

Health Care Authority

Guidance on information sharing pertaining to care coordination

Managed Care Organizations

Streamlined communication process, responsiveness, and engagement as providers enter contracts with MCOs

Conclusion

Overall, the work of Implementation Partners across the region, despite great challenges, suggests a creative problem-solving spirit and commitment to improving and transforming care.

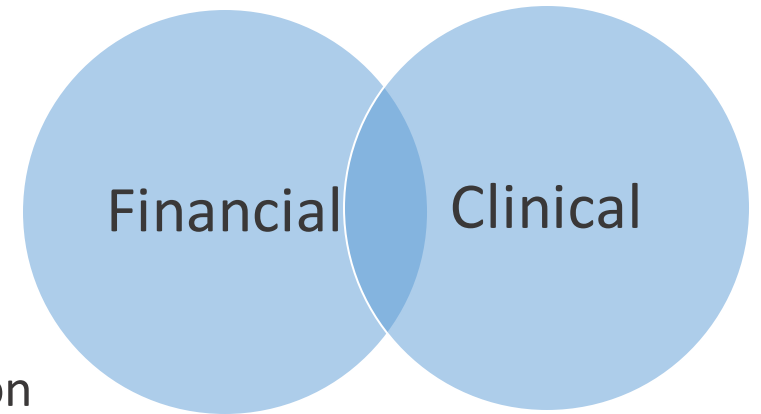
Thank you, Implementation Partners!

Questions?

- ❖ *Detailed site visit report with appendices is included in the board packet*
 - ❖ *Site visit report (pg. 7)*
 - ❖ *Appendix 1: Implementation Partner focus areas for Jan-Jun 2019 (pg. 17)*
 - ❖ *Appendix 2: Summary of findings by Domains, including partnerships (pg. 41)*
 - ❖ *Appendix 3: Implementation Partner requests (pg. 49)*

IMC update

- SBHO work with MCOs to become an ASO
- OCH/SBHO partnership
 - Provider readiness convenings
 - Collaboration among SBHO, MCOs, HCA, OCH
 - Communication workgroup
 - HCA/SBHO leading this effort, OCH participating organization
 - Begins this summer
 - Early Warning System
 - OCH to serve as lead coordinating entity
 - HCA, MCOs, SBHO to provide data
 - Begins this summer



Olympic Medical Center payment correction

Situation

During the 2019 process to validate scale reporting and schedule June 2019 partner payments, OCH staff recognized that an error regarding the Olympic Medical Center (OMC) primary care payment was made in 2018. Prior to the launch of the ORCA system, staff and partners hand-entered reporting numbers and the scale numbers for OMC's hospital and primary care were inadvertently transposed. As scale is not used to calculate hospital payments, this error only impacts the primary care amount. It does also mean that other primary care partners in the Clallam NCC were overpaid.

	Original	Revised	Adjustment
2018-1	\$127,250	\$168,210	\$40,960
2018-2	\$85,020	\$89,120	\$4,100
Total Award	\$212,270	\$257,330	\$45,060 owed to OMC

Olympic Medical Center payment correction

- OMC is owed \$45,060 for the 2018 payments
- Staff verified all other 2018 scale reports and payment amounts and confirm no other errors were made
- Staff implemented a reporting validation system and now use the ORCA platform for reporting, which reduces likelihood of future errors
- Staff propose 3 options for discussion by the Board to correct the mistake

Option 1 – Pay OMC out of unallocated funds

- At this time, it is projected that the OCH Board of Directors has yet to allocate approximately **\$2,500,000**. This includes projected income and expenses through 2023.
- **\$45,000 is 1.8% of \$2,500,000**
- This option is least burdensome to correct and does not directly impact other partners.
- If this option is approved by the Board, staff will pay OMP and adjust projected available funds for discussion and determination at the August Board retreat.

***Updated numbers from SBAR in Board packets.**

Option 2 – Pay OMC out of operating budget

- The Board-approved 2019 OCH operating budget is \$1,694,990
- Based on current spending and projections for the rest of the year, staff anticipate coming in at or slightly under budget. At most, we expect to underspend by 2% or ~\$34,000.
- If this option is approved by the Board, staff will adjust the operating budget accordingly.

Option 3 – Pay OMC and correct overpayments

- Based on the approved funds flow methodology, partners are paid by NCC. An underpayment to one partner leads to overpayment to others of the same type.
- The table on the next slide outlines 2018 actual payments made to the Clallam NCC partners and the variance based on the OMC error.
- If this option is approved by the Board, staff will adjust the June 2019 payment based on the variance column below.

Option 3 – Pay OMC and correct overpayments

Implementation Partner	2018 Incentives			2019-1 Incentives	
	Actual*	Corrected	Variance	Calculated**	Adjusted
Bogachiel and Clallam Bay Primary Care Clinics (PC)	\$82,300	\$73,000	(\$9,300)	\$37,090	\$27,790
Jamestown Family Health Clinic (PC)	\$144,290	\$132,690	(\$11,600)	\$40,670	\$29,070
Jamestown Family Health Clinic (BH)	\$12,810	\$12,810	\$0	\$7,830	\$7,830
North Olympic Healthcare Network (PC)	\$181,250	\$162,820	(\$18,430)	\$51,610	\$33,180
North Olympic Healthcare Network (BH)	\$11,900	\$11,900	\$0	\$9,660	\$9,660
Olympic Medical Center (PC)	\$212,270	\$257,330	\$45,060	\$114,410	\$159,470
Olympic Personal Growth (BH)	\$49,460	\$49,460	\$0	\$14,710	\$14,710
Peninsula Behavioral Health (BH)	\$142,260	\$142,260	\$0	\$53,070	\$53,070
Reflections Counseling Services Group (BH)	\$48,160	\$48,160	\$0	\$14,020	\$14,020
Sophie Trettevick Indian Health Center (PC)	\$77,580	\$71,850	(\$5,730)	\$32,870	\$27,140
Sophie Trettevick Indian Health Center (BH)	\$19,710	\$19,710	\$0	\$9,650	\$9,650
West End Outreach Services (BH)	\$34,700	\$34,700	\$0	\$17,330	\$17,330

Olympic Medical Center payment correction

Recommended Motion

- The OCH Board of Directors approves Option ____ and directs staff to administer next steps.

Officer elections

- Current status:
 - President: Roy Walker, officer term expires 6/2019. Per bylaws, a new seat on the Executive Committee of Past-President replaces the At-Large position, formerly held by Joe Roszak.
 - Vice President: Jennifer Kreidler-Moss, officer term expires 6/2019.
 - Secretary: Leonard Forsman resigned. Sammy Mabe resigned. Seat is vacant.
 - Treasurer: Hilary Whittington, officer term expires 6/2019.
 - At-Large: Joe Roszak resigned. Seat is vacant and changes in 7/2019 to Past-President.

Recommended motion

Action

- 2019 Officer Nominations:
 - President: **Wendy Sisk**
 - Vice-President: **Tom Locke**
 - Treasurer: **Jennifer Kreidler-Moss**
 - Secretary: **Andrew Shogren**
 - Past President: **Roy Walker**

Recommended Motion

The Board approves the 2019 officer nominations. This new slate of officers takes over effective immediately after this vote and will follow OCH bylaws and the OCH Executive Committee charter.

Farewell

Congratulations and farewell to OCH
teammate, Daniel Schafer

We will miss you!!

Adjourn

Thank you!