Olympic Community of Health

Agenda

Board of Directors Meeting

December 11, 2017, 1 pm to 3 pm

Jefferson Health Care, 2500 W. Sims Way (Remax Building) 3rd Floor, Port Townsend*

Web: https://global.gotomeeting.com/join/937538149

Phone: +1 (872) 240-3311

Access Code: 937-538-149

KEY OBJECTIVES

- Approve 2018 OCH Budget
- Come to a shared agreement on future of IT Care Coordination Pilot Project

AGENDA (Action items are in red)

Item		Topic	Lead	Attachment	Page(s)
1	1:00	Welcome and Approve Agenda	Roy		
2	1:05	Consent Agenda	Roy	1. DRAFT: Minutes 11.13.2017 2. Executive Director's Report 3. Community and Tribal Partnership Report 4. 3 County Coordinated Opioid Response Project Report 5. DRAFT Frequently Asked Questions: Regional Approach to Transformation	1-5 6-8 9 10 11-12
3	1:10	2018 Budget	Hilary	6. DRAFT 2018 Budget 7. Budget Narrative and Personnel Summary	13 14
4	1:25	Contracts Management and Compliance Charter	Elya	8. DRAFT Contracts Management and Compliance Charter	15-16
5	1:40	IT Care Coordination Pilot Project Update	Rob Kristina Elya	9. IT Care Coordination Pilot Project Summary 10. SBAR: IT Pilot Project Recommendation	17-21 22
6	2:00	Vacant Board Seats	Roy	11. Policy to Fill New Seats	23
7	2:20	Provider Readiness: IMC & VBP	Elya	12. MEMO: Assessment of provider readiness for IMC and VBP	24
8	2:40	Legislative Forum	Elya		
9	3:00	Adjourn	Roy		

** Last 2017 OCH Board meeting in Jefferson County. 2018 Board meetings will be in Kitsap County - Poulsbo.*

Acronym Glossary

IMC: Fully integrated managed care

SBAR: Situation. Background. Action. Recommendation.

VBP: Value-based contracting

Olympic Community of Health

Meeting Minutes

Board of Directors

November 13, 2017

Date: 11/13/2017	**Time:** 1:00pm-4:00pm	**Location:** Jefferson Health Care, 2500 W. Sims Way (Remax Building) 3rd Floor, Port Townsend

Chair: Roy Walker, *Olympic Area Agency on Aging*

Members Attended: Anders Edgerton, *Salish BHO*; Brent Simcosky, *Jamestown Family Health*; Chris Frank, *Clallam Public Health*; Hilary Whittington, *Jefferson Healthcare*; Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Leonard Forsman, *Suquamish Tribe;* Thomas Locke, *Jefferson Public Health;* Kayla Down, *Coordinated Care*

Members Attended by Phone: Katie Eilers, *Kitsap Public Health District;* David Schultz, *Harrison Medical Center*; Patrick Anderson, *Makah Tribe*

Alternate Members Attended: Darryl Wolfe, *Olympic Medical Center;* Monica Bernhard, *Kitsap Community Resources*; Mike Maxwell, *North Olympic Health Network;* Kerri Ellis, *Port Gamble S'Klallam Tribe*

Non-Voting Members Attended: Jorge Rivera, *Molina Healthcare;* Laura Johnson, *United Health Care*; Mattie Osborn, *Amerigroup*; Caitlin Safford, *Amerigroup*

Guests: Brit Reddick, *Health Care Authority*; Dunia Faulx, *Jefferson Healthcare*; Jim Jackson, *DSHS*; Kaitlin, *Health Care Authority*; Ken Dubuc, *Port Angeles Fire Department;*

Staff and Contractors: Claudia Realegeno, *Olympic Community of Health*; Dan Vizzini, *Oregon Health & Science University* (phone); 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* (phone)

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	Key Objectives	Agree on next steps after project plan submission Advise or approve OCH 2018 Budget Reach a shared understanding on next steps of funds flow modeling Approve Whistleblower Policy	
Roy Walker	**Welcome and Introductions**	Roy called the meeting to order at 1:05pm.	
Roy Walker	**Consent Agenda**	Approval of Consent Agenda including: 1. DRAFT: Minutes 10.9.2017 2. Directors Report 3. Preliminary list or entities for Community and Tribal Advisory Committee members Note that Community Action Programs are not listed	Consent Agenda **APPROVED** unanimously.

Elya Moore	**Project Plan Application**	4. Public Comment *(not included in packet – handed out at meeting)* OCH staff have been working on project plans and have made drafts available for public comment. Adjustments have been made based on public input. OCH will be able to improve on project plans until January 31, 2018 and can still remove projects and add partners. 5. Project Plan Summary Tables Summary tables for project plans were presented. 6. MEMO to the Board: Project Plan Scoring Update An overview of changes to project plan scoring was presented. OCH should still be able to earn more than those submitting four projects, but the available bonus pool has been reduced. 7. Project Plan Attestations	MOTION: Approve project plan attestations Motion to **APPROVED** with one abstention
Elya Moore	**From planning to implementation: December to July**	Elya Moore reviewed the guiding principles behind change plans and natural communities of care (NCCs). A timeline through September 2018 was presented and plans/expectations were detailed in regard to funds, staffing, governance, and implementation. Implementation will require a multitude of workgroups and coordination among NCCs. Top priorities between December and July include convening partnering providers and NCCs, completing Shared Change Plans, finalizing core components of the change plan template, and complete implementation of partner change plans and provider agreements. Funds flow discussion will be conducted throughout the process. Three new committees will be formed: • Performance, Measurement, and Evaluation Committee (PMEC) • Community and Tribal Advocacy Committee (CTAC) • Compliance Committee. Discussion explored changing the title of the proposed Compliance Officer to something more related to contracts and possibly "adherence." This role will help identify non-compliant partners and address discrepancies in payment. A representative from the Health Care Authority confirmed that 2017 will be compared to 2019 so that providers know what their baselines will be when going into their performance year.	

Hillary Whittington	**Financial Business**	8. Quarterly financials A statement of financial position as of September 30, 2017 was presented to the Board. Quarters were offset by a month previously, but are now split appropriately across the year. 9. MEMO to the Board: Revenue Recognition A revenue recognition memorandum was presented to the Board. The DZA audit firm confirmed that revenue is being captured appropriately and statements are expected to be predictable going forward. 10. DRAFT: Investment policy A draft of the proposed OCH investment policy was presented to the Board. The goal is to keep funds as liquid as possible and as low risk as possible. County investment was noted as an option. Safety, liquidity, and yield were posed as a model for investment strategy. 11. DRAFT: 2018 Budget A draft budget for 2018 was presented. This will return for approval in December but is presented here for informative purposes. The proposed budget includes carry-over design and DSRIP funds, and sees an increase in personnel and contractor budget allocations. Suggestions: add detail to the contracting line items, consider increasing benefits to industry standard, look into other ACH staffing models. Developing a strategic data plan remains a work in progress. DSRIP funding continues to be unstable, requiring an adaptive and nimble approach to changing circumstances. 12. Budget narrative and personnel summary Staffing models were shared, including the current status and potential additions for the coming year. This will return for approval in December with the 2018 budget.	MOTION: Approve investment policy Motion to approve investment policy APPROVED unanimously ACTION: Add detail about contractor budget line items Bring 2018 budget to December Board meeting for review and action.
Dan Vizzini, Elya Moore, Chris Frank	**Funds Flow**	Projected revenue values from Design Funds, DSRIP, Pay-for-Reporting, Pay-for-Performance, and Value-Based Payment funds were presented. Bonuses refer to Pay-for-Performance. Funds Flow Workgroup has developed four recommendations for the Board to consider: - Adjust for cost of care (PRISM)	

		- Adjust for socio-economic factors (Community Needs Index)
		- Add a baseline factor
		- Each NCC must commit to:
		  o At least 3 of the 5 Transformation goals
		  o A minimum of (check slides for this element)
		An allocation model was presented including arbitrary weights (will be updated to reflect data not available at the time of preparation) for each of the allocation factors and counties/NCCs.
		
		Discussion explored the appropriate baseline allocation to allow all communities to feel confident in participating. The West End is expected to be included in the Clallam NCC due to the number of Medicaid lives. Discussion explored different weighting values. This will be an iterative process and will be reviewed between each step of implementation.
		
		The goal is to keep funds allocation simple and clear so that NCCs and organizations can easily identify their goals, actions, and expectations.
		
		The Funds Flow Workgroup has discussed upstream investment. The Finance committee will explore how to administer the wellness/reserve fund at next meeting. Fund calculations work out to ~$100,000/year distributed across all NCCs. Suggestion made to focus weighting in this area more strongly on CNI scores rather than size. This is because upstream investment allocation is less involved in system reform.
		
		UPFRONT INVESTMENT
		Upfront investment is defined as DSRIP funding for implementation partners to prepare for the transformation prior to completion of change plans and final contracts. The Funds Flow Workgroup recommended limiting upfront investments to tangible assets or staff training. These are to be treated as an “advance” presented to the Board on a case-by-case basis, each containing a “clawback clause.”
		
		Concern voiced about this concept. If an NCC wants funding sooner, it needs to complete change plan sooner. Concern expressed about litigation mitigation.
		
		13. Community Needs Index Description	

		A description of the Community Needs Index was updated after packets were sent to Board members. Updated versions were presented at the meeting. Board supportive of using this index. 14. STATEMENT OF WORK: 6 Building Blocks for Opioid Prescribing The 3CCORP Prevention Workgroup has been exploring ways to improve prescribing guidelines. They have recommended the 6 Building Block (6BB) model to the 3CCORP Steering Committee, who has now recommended it to the Board for approval to contract with the 6BB team. 15. SBAR: 6 Building Blocks for Opioid Prescribing The 3CCORP Prevention Workgroup has recommended that OCH support implementation of the 6-BB model in the OCH region.	MOTION: Signal intent to contract with the McCall institute to adopt and implement the 6BB model with OCH DSRIP funds Motion to signal intent APPROVED unanimously
Elya Moore	**Whistleblower Policy**	16. DRAFT: Whistleblower Policy The revised whistleblower policy was presented. It has been updated to clarify the process of reporting the Executive Director to the Board.	MOTION: Approve whistleblower policy as presented Motion to approve whistleblower policy as presented APPROVED unanimously
Roy Walker	**Fully Integrated Managed Care**	17. LETTER: Correspondence to HCA Postponed to next meeting 18. LETTER: Correspondence from HCA Postponed to next meeting 19. Number of Managed Care Organizations The OCH region is expected to have 3 MCOs. MCOs will contract as with the region as a three-county unit. MCOs would prefer the RFP list in mid-December. Discussion of MCO adoption and letters. Lack of knowledge about contracting options and transitions has cost the region money. Money has now been reprogrammed is not available.	ACTION: Continue discussion with executive committee and bring back to December Board meeting
Roy Walker	**Adjourn**	The meeting adjourned at 4:31pm.	

Top 3 Things to Track (T3T) #KeepingMeUpAtNight

1. Getting to consensus on shared change plans for each NCC is foundational to our approach to the MTP. To do this right may require a considerable number of NCC partner meetings in the first quarter of 2018, and likely some difficult conversations about what to move forward with together.

2. As the project plan moves into our rear-view mirror, I am excited to see what providers will do with this incredible opportunity. I only wish we could move faster!

3. The reality is that this work, while exciting, is also complex and requires work before we begin. Getting contracts and change plans completed and signed will be a substantial undertaking. The good news: at long last OCH is working on template shared change plans and change plans to bring to providers at NCC convenings.

OCH Meetings

- 3 County Coordinated Opioid Response Project (3CCORP) Treatment Workgroup, December 4, 10 am to 12 pm, Port Townsend
- IT Care Coordination Meeting, December 4, 12 pm to 1 pm, Port Townsend
- Provider readiness for VBP and FIMC, December 6, 4 pm to 5 pm, virtual
- Board meeting, December 11, 1 pm to 4 pm, Port Townsend
- 3CCORP Steering Committee Meeting, December 13, 10 am to 12 pm, Blyn
- 3CCORP Prevention Workgroup Meeting, 1 pm to 3 pm, December 13, Blyn
- Holiday and Gratitude Party, December 19, 1 pm to 4 pm, Port Townsend
- Board meeting, January 8, 1 pm to 3 pm, Poulsbo*
- Informational webinar, January 9, virtual
- Executive Committee, January 23, 12 pm to 2 pm, virtual
- Finance Committee, January 26, 4 pm to 5 pm, virtual

** In 2018, Board meetings will be held at the Poulsbo library, as part of an early decision to annually rotate Board meetings.*

Other meetings and events

- OCH Team Retreat, December 12, Suquamish
- SBHO Executive Board Meeting, December 15, Blyn
- Performance Measures Coordinating Committee, December 18, Seattle
- Washington State of Reform, January 4, SeaTac
- Value-Based Payment Action Team, January 18, Seattle
- ACH Convening, January 23-24, SeaTac

SAVE-THE-DATE! NCC Convenings

As part of our plan to convene partners and develop a shared change plan by each natural community of care (NCC), OCH is scheduling up to three convenings per NCC over the months of January and February, with the caveat that only two may be needed. Ahead of the convenings, OCH is hosting an informational webinar* to bring partners up to speed that may not have been engaged over the last year. We are still working out logistics and details, the table below reflects our best prediction for meeting dates and times.

NCC	Convening 1	Convening 2	Convening 3
Clallam	January 11, 1 pm to 4 pm	February 9, 9 am to 12 pm	February 20, 9 am to 12 pm
Jefferson	January 17, 1 pm to 4 pm	February 1, 9 am to 12 pm	February 23, 9 am to 12 pm
Kitsap	January 19, 9 am to 12 pm	February 5, 1 pm to 4 pm	February 21, 1 pm to 4 pm

** Informational Webinar: January 9, 10:30 am to 12 pm*

Please email claudia@olympicCH.org with questions or to confirm details.

UPDATE: Space
OCH is exploring satellite office space in Kitsap county as our staff size grows. We are trying out this hip, new shared workspace in Poulsbo called VIBE CoWorks. This unique work environment is conducive to OCH life, which involves travel throughout the region, with intermittent desk time needs. We are also exploring traditional office space options in Poulsbo and Silverdale. We hope to move into our new space around May 2018, when we expect to have one, maybe two new employees.

UPDATE: Investment Plan
On November 13, the OCH Board approved an investment policy. On November 27, the OCH Finance Committee reviewed and revised an investment plan. A summary of the plan is described in the table below. Staff will move forward with this plan as quickly as possible to move OCH funds out of a checking account and into safe, short-term certificate of deposit (CD) investments. Finance Committee emphasized the importance of making sure the money was not tied up too long and was available if needed.

Budget Year	Amount	Bank	Account	Term
2018	$1,900,000	First Federal	Checking/Savings	N/A
2019	$2,000,000	Fidelity	CD	1 year
2020	$1,000,000	Fidelity	CD	2 years
2021	$1,000,000	Fidelity	CD	3 years

SURVEY: How is OCH doing?
Every year the Center for Community Health and Evaluation (CCHE) distributes a survey to assess how ACHs are performing as part of the State's Healthier Washington grant with Center for Medicaid and Medicaid Innovation (CMMI). Last year 46/60 (77%) of OCH respondents completed the online survey (2016 results can be found here). This year, we are sending the survey to 435 community members in hopes of getting as much feedback as possible. If you have not received the survey, email Michelle Chapdelaine from CCHE: chapdelaine.m@ghc.org for your personalized survey link. Responses are anonymous. All analyses are performed by CCHE.

UPDATE: Project Plan Submission
It's in!! Still no word about the score or requested revisions. These will be shared as soon as received.
To review OCH's submission, and all other ACH submissions, please visit the HCA website. The full document is large; if you would like an electronic version of a particular section of the plan, please email claudia@olympicCH.org.

OCH expects to hear from the Independent Assessor no later that December 14 for the first "write back" opportunity to correct any deficiencies and strengthen sections as needed. OCH will have a second write back opportunity in early January.

COMING UP! Executive Director Succession Plan and Performance Evaluation
The Executive Committee is working on a 360-performance evaluation tool to evaluate the executive director's performance during her first year, February 2017-January 2018. Board members will receive a survey evaluation form in January. The Committee is also working with staff on an ED Succession Plan Policy. This will likely come to the Board in February 2018.

UPDATE: State Innovation Model (SIM) funding for 2018
2018 is the fourth and final year of the SIM grant, which is the funding source that jumpstarted the ACHs back in 2014. We were notified of reductions from this funding source in late summer, and have now received details. The good news is it is better than we budgeted. OCH conservatively budgeted $0 dollars in SIM Revenue in 2018. We will receive less than the $126,713 budgeted amount, probably in the $25,000 to $40,000 range.

OPPORTUNITY: Behavioral Health Providers Needing Assistance to Prepare for Integrated Managed Care

Would your organization benefit from an assessment of your capacity to bill MCOs and information to guide you to address gaps? The Practice Transformation Hub will provide free live, 30-minute webinars at convenient times to walk through the self-assessment toolkit with interested behavioral health agencies. The webinars include tips on how to complete the assessment, create a roadmap for the change process and use tools provided for a successful transition. Click to register on any one of the links below:

- Option 1: December 7, 7:30 am
- Option 2: December 12, 12:00 pm
- Option 3: December 13, 8:00 am
- Option 4: December 14, 12:00 pm

Contact for further information: Hub Help Desk: (206) 288-2540 or (800) 949-7536 ext. 2540 or HubHelpDesk@qualishealth.org

Community and Tribal Partnership Report
December 11, 2017

Community Partnership

With the project plan submission behind us and the natural community of care convenings in front of us (January to February 2018), outreach and communication to community partners is critical. The Director of Community and Tribal partnership will resume attending and participating in regional meetings as needed. The Community and Tribal Advisory Committee will be convened following the natural community of care convenings in January and February.

Tribal Partnership

The Tribes and Indian Health Care Providers (IHCP) in the state are working with the American Indian Health Commission and the Health Care Authority to meet two deadlines:

- December 31, 2017 – Tribes and IHPC will submit a consolidated IHCP Planning Funds Plan. Upon review and acceptance of the IHCP Planning Funds Plan, the state will issue $5,400,000 out of Transformation Year 1 incentive payment funds in accordance with the instructions received from the tribes and IHCPs. To be accepted by the state, the IHCP Planning Funds Plan must include:
    - Statewide Inventory of Indian Health and Indian Health Care
    - Plan for Statewide Improvement of AI/AN Behavioral Health
- March 31, 2018 – the tribes and IHCPs will submit to the state a consolidated IHCP Projects Plan, which will include both a statewide default project focused on statewide improvement of behavioral health for AI/AN and any additional projects that the tribes and IHCPs agree upon. Upon acceptance of the IHCP Projects Plan, the state will issue incentive payments upon achievement of the milestones in the IHCP Projects Plan in accordance with the instructions received from the tribes and IHCPs.

The Director of Community and Tribal Partnership is participating in this process and providing updates to tribal and IHCP in the region.

Upcoming meetings:

- SBHO monthly providers meeting, Tuesday December 12, Sequim Transit Center
- 3CCORP Steering Committee Meeting, Wednesday December 13, Red Cedar Hall, Jamestown
- 3CCORP Prevention Workgroup Meeting, Wednesday December 13, Red Cedar Hall
- American Indian Health Commission Meeting, Thursday December 14, Squaxin Island
- SBHO Executive Board, Friday December 15, Jamestown Tribal Council Chambers
- ACH/Tribal opioid project collaboration phone call - weekly
- OCH and 6-BB meeting, Friday December 22, JHC Conference Room
- Hub and Spoke System meeting, Wednesday December 27, PCHS Port Orchard
- Monthly Tribal/IHCP/HCA meeting, Wednesday January 3, 2018 via webinar
- Monthly ACH Communications Council, Wednesday January 3, 2018 via webinar
- Monthly NIH Tribal Advisory Committee, Wednesday January 3, 2018 via webinar
- Washington State of Reform, Thursday January 4, Seatac
- SBHO Advisory Board, Friday January 5, 2018, Sequim Civic Center

Three County Coordinated Opioid Response Project (3CCORP)

December 11, 2017

With the submission of the 3CCORP Project Plan on November 16, the 3CCORP Steering Committee and three Workgroups are each meeting one time prior to transitioning into participation in the Natural Community of Care (NCC) meetings (January to February 2018). The 3CCORP Workgroups will convene one time each during the NCC to support regional approaches to addressing the opioid use public health crisis. OCH resumed facilitating weekly calls with other ACHs and Tribes to support statewide approaches and sharing of resources. A brief highlight of accomplishments:

- *3CCORP Steering Committee* – convened at least every other month to successfully guide the workgroups to develop, craft, and submit a strong project plan as part of OCHs Medicaid Transformation Project (MTP) portfolio. Oversees and supports the ongoing work of the opioid project.
- *3CCORP Prevention Workgroup* – successfully negotiated approval to implement the 6 Building Blocks for Clinic Redesign and Safer Opioid Prescribing (6-BB) in up to 10 clinics across the OCH region. The 3CCORP Steering Committee has identified 12 potential clinics and a meeting is scheduled with the 6BB team on December 21 to begin negotiating a contract and work plan. OCH will be the first ACH in the state to implement 6-BBs region-wide; the goal is for every ACH to implement the 6-BBs so that safer prescribing practices are implemented state-wide.
- *3CCORP Treatment Workgroup* – completed crafting of a survey for substance use disorder (SUD) agencies to better understand the SUD services available to community members with opioid use disorder (OUD) in the OCH region. The survey will also identify barriers and facilitators to coordination of care between SUD and primary care providers/MAT prescribers. The Treatment Workgroup created a sub-workgroup to work with contractor Rob Arnold to determine must haves/non-negotiables to pilot test concept of IT Care Coordination (ITCC). The Workgroup is also outlining specific strategies to better align SUD and primary care providers inclusive of quarterly provider convenings and regional standards of practice for the treatment of OUD.
- *3CCORP Overdose Prevention Workgroup* – drafted a roster of regional agencies and providers including primary care, behavioral health, law enforcement, corrections, school districts, pharmacies, recovery support, fire districts, EDs, and colleges to inform assessments (e.g. overdose reversal response, available services). This Workgroup has prioritized standardization of naloxone reversal kits similar to AED and Stop the Bleeding campaign.

The workgroups have elected to meet monthly via Go to Meeting in order to actively participate in the Natural Communities of Care convenings in January and February. This allows for continued regional collaboration and coordination regarding the opioid work. Workgroup meetings will resume in March and April.

Olympic Community of Health

Frequently Asked Questions (FAQ): Approach for Transforming the Medicaid Delivery System in the OCH Region

December 4, 2017

This FAQ summarizes the approach Olympic Community of Health (OCH) is pursuing for transformations in the Medicaid delivery system in Clallam, Jefferson, and Kitsap counties. **Our approach is guided by a recognition that true system reform is advanced by motivated providers willing to transform their practice, integrate new workflows, improve health equity, and forge new partnerships all in service to our community.** The region shares a vision for a healthier, more equitable three-county region through a delivery system that facilitates:

1. Accessible, patient-centered primary care that is well integrated with behavioral health and dental services
2. Effective linkages between primary care, social services and other community based service providers
3. Common data metrics and shared information exchange
4. Provider adoption of value-based payment contracts

1. **What is the Medicaid Transformation Project (MTP)?**

   In January 2017, the Centers for Medicare & Medicaid Services (CMS) approved a Section 1115 Waiver for the State of Washington, which OCH refers to as the Medicaid Transformation Project (MTP). Washington's five-year contract (2017-2021) with CMS authorizes up to $1.5 billion in federal funds to support regional initiatives for transforming healthcare and other support services.

2. **How will MTP funds be distributed?**

   These funds are referred to as **Delivery System Reform Incentive Program/Payment/Pool (DSRIP)** and are a vital tool to transform the Medicaid delivery system to care for the whole person and use resources more wisely. The Medicaid delivery system is defined as clinical (e.g., physical, mental, and substance use treatment) and non-clinical (e.g., housing and social services) providers for the Medicaid population. DSRIP funds will be administered by OCH through a financial executor to clinical and non-clinical partners who agree to participate in the MTP. **DSRIP is not a grant**. It is a performance-based incentive program for earning funds through achievement of milestones and outcomes. These projects must be self-sustaining by the end of the MTP in 2021.

3. **What is the role of Olympic Community of Health (OCH) as an Accountable Community of Health (ACH) in the MTP?**

   OCH is one of nine Accountable Community of Health organizations in the state. OCH includes Clallam, Jefferson and Kitsap Counties as well the Sovereign Nations of the Hoh, Jamestown S'Klallam, Lower Elwha Klallam, Makah, Port Gamble S'Klallam, Quileute and Suquamish Tribes. ACHs organize around community-based decisions on health needs and priorities and how best to address them without duplicating services. ACHs forge relationships and agreements with regional partners to develop, implement, and monitor transformation projects under the MTP.

4. **What are the key elements OCH is using to operationalize the MTP in the region?**

   a. **Implementation partners**

      An implementation partner is an organization within the three-county OCH region that has committed to implementing transformational activities and reporting to OCH through 2021. This commitment includes an approved **change plan**, **signed agreement**, and a signed **shared change plan** compact agreement with the **natural community of care**. Implementation partners are eligible to earn DSRIP payments from the financial executor if they meet their contractual reporting requirements and eventually, targeted benchmarks.

Implementation partners are required to register their organization with the financial executor in order to receive payment and will be required to share reporting metrics with OCH as defined in the signed agreement and change plan. The financial executor, PCG, is a company contracted by the WA State Health Care Authority that will distribute DSRIP funds to implementation partners at the direction of OCH. The financial executor is in the process of developing a web portal with the following functions: 1) a registration process for implementation partners, 2) a payment distribution module for OCH to distribute DSRIP funds to implementation partners, and 3) reporting and monitoring capabilities.

Organizations that do not meet the requirements of implementation partners can still participate as partners in the natural community of care.

b. **Natural communities of care (NCC)**

A NCC is a group of partners that serve the same population due to geographical proximity, natural referral patterns, and collaborative service agreements. Implementation partners within each NCC will meet regularly throughout the MTP. Some NCCs may choose to form an oversight committee or steering committee. All organizations, coalitions, and Tribes are invited to participate in the formative NCC convenings (January to February 2018) and provide input into the shared change plan. For non-implementation partners, the benefit of participating in your NCC convenings is shared learning, networking, and informing the shared commitments of implementation partners under the MTP. There are no costs to participating in your NCC.

c. **Shared change plan**

A shared change plan is a compact agreement between implementation partners within a NCC outlining shared expectations such as information sharing or care coordination that will meet the goals of the MTP.

d. **Change plans**

A change plan is a description of an implementation partner's intended transformational activities to meet the goals of the MTP. It forms the scope of work for the standard partnership agreement.

e. **Standard partnership agreements**

A standard partnership agreement is a contract between each implementation partner and OCH outlining mutual expectations between parties throughout the course of the MTP.

5. **How do I get involved?**

Contact support@olympicCH.org or visit www.olympicCH.org.

6. **What is the role of OCH in supporting implementation partners during the MTP?**

OCH will convene regular NCC meetings and regional meetings to discuss progress and share best practices. OCH will either provide direct project management or support project management internally within the NCC to support the transformational activities under the MTP.

Other FAQ Resources from the Washington Health Care Authority

7. Glossary of terms
8. Project Plan
9. Accountable Communities of Health

DRAFT 2018 Budget, November 22, 2017

Recommended by the Finance Committee November 27, 2017

Presented to the Board of Director December 11, 2017

2017	
Approved November 2016	
2017 Budget	
Personnel	**Total**
Personnel and Benefits	251,683
Subtotal Personnel Costs	251,683
Non-Personnel	**Total**
Professional Services:	
Legal Counsel	5,000
Data and Evaluation	45,872
Opioid Contractor	5,194
Administrative Services	
Bundled financial services	20,029
Audit	6,000
Office Space, IT, Printing	10,000
Professional Development	6,250
Travel/Mileage	8,424
Communications	2,000
Supplies	4,000
Events	1,500
Food and beverage	5,500
Liability Insurance	2,583
Miscellaneous	1,500
Subtotal Non-Personnel Costs	**123,852**
TOTAL EXPENDITURES	**375,535**

2017	
Presented July 10, 2017	
DESIGN BUDGET PLAN Phase II Application	
Personnel	**Total**
Personnel	319,125
Benefits (22%)	70,208
Subtotal Personnel Costs	389,333
Non-Personnel	**Total**
Professional Services:	
Legal Counsel	10,000
Data and Evaluation	95,105
Opioid Contractor	5,194
Project Plan Selection	25,575
Project Plan Development	92,800
HR Consultant	4,000
Financial Advisor/CFO Services	5,000
Other Consultant	10,000
Provider Engagement	15,000
Consumer Engagement	10,000
Project Mngmt in Partner Orgs	50,000
Data & Analytics in Partner Orgs	15,000
Operations Math. Modeler	15,000
Apple Integrator	170,000
Administrative Services	
Bundled financial services	25,036
Audit	6,000
Occupancy (1 site, includes IT)	37,000
Professional Development	6,250
Travel/Mileage	10,700
Communications	3,000
Supplies	9,500
Events	2,500
Food and beverage	5,500
Liability Insurance	2,583
B&O Tax	90,000
Miscellaneous	1,500
Subtotal Non-Personnel Costs	**722,243**
TOTAL EXPENDITURES	**1,111,576**

2018	
Presented December 11, 2017	
DRAFT 2018 Budget	
Personnel	**Total**
Personnel	550,917
Benefits (17%)	93,656
Cost of Living Increase (1%)	5,129
Merit Pool (3%)	15,388
Subtotal Personnel Costs	665,089
Non-Personnel	**Total**
Professional Services:	
Legal Counsel	15,000
Data Analytics, Evaluation and Reporting (KPHD & PHSKC)	140,000
General IT Interoperabilty Contractor	50,000
Health Exchange Information Systems/Programming	40,000
MTP Implementation and Funds Flow	75,000
HR	2,000
Financial Advisory/CFO Services	5,000
Health Systems/Hospitals	25,000
Bi-Directional Care Integration	25,000
Other	50,000
Consumer Engagement Direct Costs	15,000
Administrative Services	
Bundled financial services	15,000
Audit	7,750
Occupancy (2 sites, includes IT)	50,000
Professional Development	7,000
Travel/Mileage	32,000
Communications	4,800
Subscriptions	3,000
Supplies	12,000
Events	5,500
Food and beverage	6,000
Liability Insurance	5,000
B&O Tax	3,750
Miscellaneous	5,000
Subtotal Non-Personnel Costs	**598,800**
TOTAL EXPENDITURES	**1,263,889**

Communications: Go-To-Meeting, Survey Monkey, Mail Chimp, website, stock photo, cards, photoshop

Consumer engagement: Focus groups, consumer reimbursement

Data and Analytics in Partner Organizations: to compensate for data extraction and reporting

Data and Evaluation: Analytics and Reporting Data and Evaluation Contractor contracted through Kitsap Public Health District and Public Health Seattle King County

Events: venue rental, audio/visual rental

Financial Services: bookkeeping, accounting, taxes, payroll (NOTE: bookkeeping will be internalized during 2018)

Miscellaneous: books, subscriptions, memberships, other

Occupancy: includes rent and IT

Supplies: Computer, cell phone, software packages (e.g., Adobe, Microsoft Exchange), electronics, statistical software, customer relationship management software, contract compliance software, office supplies

TOTAL OCH ESTIMATED REVENUE 2018		
DESIGN FUNDS CARRY OVER	$	1,145,139
DSRIP FUNDS ALLOCATION FOR 2018	$	118,750
NEW SIM FUNDS	$	-
TOTAL	$	1,263,889

Olympic Community of Health

2018 budget narrative and personnel summary

Presented at the November 27, 2017 Finance Committee Meeting
Presented at the December 11, 2017 Board Meeting

The draft 2018 budget incorporates the following feedback from the November 13 Board meeting:

Budget revisions

Clarification of the roles of professional service contractors:

- Data and Evaluation → Data Analytics, Evaluation and Reporting (KPHD & PHSCK)
- Health Facilities → Health Systems/Hospitals
- Integration → Bi-Directional Care Integration
- Transformation → MTP Implementation and Funds Flow
- IT Care Coordination → General IT Interoperability Contractor
- Information Systems → Health Exchange Information Systems/Programming

Clarification of Consumer Engagement

- Consumer Engagement → Consumer Engagement Direct Costs

Moderate increase to benefits based on Board concern that 15% was below industry standard

- 15% → 17%

Moderate increase to personnel expense based on review of other ACH staffing models, added 0.5 FTE of project management

- $515,917 → $550.917

Budget summary

- The first half of 2018 will be dedicated to securing change plans for each Natural Community of Care and participating partner, and aligning these efforts with implementation plans for each of OCH's six project areas. Some budget and staffing decisions will be revisited once a final set of implementation plans are approved by HCA in the summer of 2018.
- OCH requires a balance of contractors (subject matter experts) and internal staff to effectively plan and manage the highly dynamic start-up of the Medicaid Transformation Project (MTP). In particular, OCH will require experienced and competent project managers to successfully support these initiatives throughout the transformation.
- DSRIP funding remains unstable, requiring OCH management to be nimble and adaptive to changing circumstances. It is unlikely that the organization structure and staffing will remain unchanged during the MTP. The immediate goal is to "right size" the staff to meet the administrative needs of the MTP, while providing a certain level of competency for a subset of more technical and professional positions.

Personnel summary built into the 2018 personnel subtotal:

Minimum personnel capacity	**Additional potential personnel capacity**
Executive Director	Contracts and Compliance Coordinator
Director of Partnership/Opioid Project	Communications Coordinator
Director of Finance and Administration	Office and Administrative Coordinator
1st Project Manager	2nd Project Manager
1st Assistant	2nd Assistant

The 2018 budget estimates 7.7 FTE, with 9 "bodies" at full capacity.

Olympic Community of Health

Contracts Management and Compliance Committee Charter

Recommended by the Executive Committee November 28, 2017
Presented to the Board of Directors December 11, 2017

Members

	Name	Role	Agency or Affiliation
1		Chair	
2			
3			

Staff: Office and Administrative Coordinator, Contracts and Compliance Coordinator, Executive Director

Purpose

The purpose of the Contracts Management and Compliance Committee is to provide oversight and technical assistance to staff and assist the OCH Board of Directors (Board) in partner adherence to OCH contracts and change plans, performance, and accurate fund allocation under the Medicaid Transformation Project (MTP).

Responsibilities

- Advise staff on procedures to address under-performance, non-compliance, and grievances from implementation partners.
- Provide technical assistance and oversee staff work in the following areas:
    1. Compliance – Implementation partner adherence to OCH contracts and change plans; mediation plans for non-compliance
    2. Performance –Performance of implementation partners against benchmarks; procedures to address under-performance
    3. Funds Flow - Compliance with Board-approved funds flow allocation plan; investigate all discrepancies, determine root cause and whether any corrective action may be needed
    4. Receive grievances or misunderstandings from implementation partners
- Notify the Board of material findings in any of the areas described above as soon as possible.

Composition

Contract Management and Compliance Committee will consist of at least 3 members, including one Chair, who live or work in the region. The Chair must be a member on the OCH Board of Directors.

Eligibility

Contract Management and Compliance Committee members fill the following types of roles within their organizations: quality assurance, quality improvement, compliance, contract management, fiscal management, legal, and other related technical positions.

Requirements

Compliance Committee members will be expected to:

- Read meeting materials in advance and come prepared to participate in and contribute substantively to the work of the Committee.
- Actively engage in discussions and contribute expertise to decision-making processes.
- Sign and comply with the OCH Conflict of Interest Policy and Confidentiality Agreement.

Timeline
The Contract Management and Compliance Committee will meet as necessary to provide the appropriate level of support to the OCH Board of Directors, at least four times per year during the MTP. All meetings will be held in person; virtual participation will usually be offered. On occasion, the Committee chair may decide that virtual participation will not be conducive for certain discussions. When meetings do not have a virtual participation option, staff will notify members at least 15 days in advance.

Oversight
The Contract Management and Compliance Committee is subject to the direction of the OCH Board of Directors. Revisions to this charter must be approved by the Board of Directors.

Reporting
OCH staff will prepare objectives and materials for each meeting. Agenda and meeting materials will be distributed by email at least 2 business days in advance of the scheduled meeting, and will be available to the public on the OCH website. Decisions will be documented in meeting summaries which will be distributed to Compliance Committee members by email and posted to the OCH website.

Olympic Community of Health

IT Care Coordination Pilot Project Update

Presented to the Board December 11, 2017

Deliverables	Comments	Status
Committee formation/ recruitment	• Primary Care and Dental -North Olympic Healthcare Network • Substance Use Treatment Provider – Olympic Personal Growth Center • Substance Use Treatment Provider -Reflections • Mental Health and jail coordination-Peninsula Behavioral Health • Housing-Serenity House • Criminal Justice-Department of Corrections • IT and software – Peninsula Community Health Services	**Complete**
Committee interviews/analysis of unmet needs	Complex processes and reliance on phone calls/faxes creates poor conditions for timely, effective and affordable care. Results in excess work, frustration and expense for providers.	**Complete**
What providers/navigators want from new system	Digital alternative to paper referrals, paper consents, faxes and time consuming and often ineffective phone calls	**Complete**
Success measures for new system ***"Definition of success"***	• Easy look up of longitudinal patient record • Digitize care consents for better management of care • Digitize referral forms for better care and closed loop tracking • Enable "provider to provider" and "provider to patient" secure chat/text for better communication and tracking	**Complete**
Overcoming Issues/Challenges with Digital Consent Management	From Davis Wright Tremaine Law Firm: https://www.privsecblog.com/2017/02/articles/healthcare/42-c-f-r-part-2-final-rule-is-officially-delayed-can-comments-to-hhs-and-omb-fix-it/ Summary: Because obtaining a new consent from each patient each time a new provider joins the HIE is an administrative burden, the result is that 42 CFR part 2 programs are largely excluded from the HIE. The good news is that the final rule changes this by permitting patient consent to allow disclosure to a specific HIE *and* generally to all HIE participants with a treating provider relationship with the individual. This part of the final rule should remain. We have published a separate advisory providing additional detail about this and other provisions of the new rule. 42CFR-Part2-Creating-eConsents-dr10-	**In work**

Opportunities to partner with other communities to sustain system	Elya and/or Rob have started discussions with Greg Van Pelt from Oregon Health Leadership Council, Carol Moser from Greater Columbia ACH and Chief Mitch Snyder from Puget Sound Fire/FDCARES (among others) about opportunities for shared learning and IT cost sharing IT as part of "HIT Commons" (see attached). We have confirmed that others are interested in pursuing this idea with us.  HIT Commons Business Plan FINAL  One-Pager Bullet v3.pdf	**In work**
Example workflows for new system	See Appendix/Parking Lot	**V 1.0 complete**
Schedule	Milestones 1-3 complete. On schedule per work plan. Milestones 4-8 run through April 2018. Final deliverable: Create IT Care Coordination production system proposal. Present pilot project summary to OCH board.	**Green**
Cost to date	$15K spent so far on $90K approved budget. $75K remaining to create "digital mock ups" of new system.	**Green**

Appendix/Parking Lot

Patient eReferral Workflows v 1.0

NOHN sends eReferral request to OPG to Treat Patient (or vice versa)

- *A patient is seen at NOHN for a new MAT appointment.*
- *The NOHN MAT team identifies this patient as needing SUD treatment and collects the proper consent by having the patient select OPG on Consent2Share (digital consent tool).*
- *The NOHN MAT navigator then sends an "eReferral request" with the approved consent to OPG asking to have the patient seen for SUD tx.*
- *The OPG Navigator receives a new alert in the eReferral system requesting evaluation and treatment for one of NOHN's MAT patients.*
- *The OPG Navigator can now view the patients shared record and may request more information from NOHN's MAT navigator (if needed) to confirm OR deny the request.*
- *Once the OPG navigator accepts the eReferral, a confirmation receipt is sent back to NOHN's MAT navigator with acceptance of service.*
- *NOHN's or OPG's Navigator would then call NOHN's MAT patient letting them know the date/time for appointment at OPG along with other relevant information (if OPG calling, they could also confirm transportation).*
- *Once NOHN's patient is seen at OPG, OPG's Navigator "closes" the eReferral as "complete".*
- *The eReferral is complete and the patient's shared supporting documentation (including updated treatment information and SUD attendance report) is now available to both NOHN and OPG to coordinate future care.*
- *A population analytics report can now be produced to show every step of this process to properly credentialed providers that the patient has specifically identified in their digital shared consent.*
- *If OPG wants to eRefer a patient to NOHN, the same eReferral process happens in reverse.*

eReferral Exception 1: OPG Patient is seen at NOHN for MAT. NOHN sends message to OPG requesting to see Patient Record (or vice versa)

- *A patient has their first appointment with the NOHN MAT program coordinator (Maureen). The patient indicates that they were referred to NOHN by the SUD tx program at OPG.*
- *NOHN MAT checks the eReferral system but does not have approved referral from OPG to see the new patients record*
- *The NOHN MAT navigator sends secure message to OPG Navigator requesting OPG create "eReferral" for Patient to be seen by NOHN*
- *NOHN MAT and OPG Navigators follow eReferral and eROI process above*

Patient Treatment Workflow v 1.0

NOHN or OPG Treat Shared Patient With eROI in Place

- *One of NOHN's MAT patients is being treated the NOHN MAT program coordinator. The patient indicates that they are being seen by the SUD tx program at OPG.*
- *The NOHN MAT team checks the eReferral system to make sure the eROI consent has been granted*
- *NOHN's MAT navigator then lets the NOHN MAT team know that the patient's shared record is available in the IT Care Coordination System (or might actually pass the information itself along to the MAT team).*
- *After NOHN's MAT patient is seen, NOHN's MAT Navigator updates the shared record in the IT Care Coordination System and saves it as "complete," documenting that the patient was seen by NOHN's MAT team.*
- *The patients shared record is updated and available to all properly credential providers.*
- *Anonymized population analytics/outcomes measures can also be produced to show every step of this process to properly credentialed organizations (OCH, HCA, DOC, DSHS, etc).*
- *If OPG wants access to information from NOHN, the same eROI process happens in reverse.*

Patient Consent Revocation Workflow v 1.0

Patient or Patient's Authorized Agent Revokes Consent to Record

- *Patient logs into Consent2Share OR Patient meets with properly credentialed provider that has access to Consent2Share*
- *Patient or Patient representative changes setting to disable access rights to shared patient record*
- *IT Care Coordination system receives request to disable patient record sends automated text message back to patient confirming that they want to disable HIE access to their shared record*
- *Patient receives text message and replies to text with a "c" to confirm that record will be disabled*
- *Patient record on IT Care Coordination system is now hidden from provider (data not deleted in case patient changes mind)*

Olympic Community of Health

S.B.A.R. IT Care Coordination Pilot Project – Midway Update

Presented to the Board of Directors December 11, 2017

Situation

The IT Care Coordination Pilot Project (formerly referred to as Apple Integrator) is halfway complete, on time and on budget.

Background

At the September Board meeting, the Board authorized a six-month contract with Rob Arnold (est. $45,000) and various vendors (est. $45,000) to pilot an IT care coordination opioid treatment pilot use case, drawing down Design Funds (total est. contracted amount not to exceed $90,000). To date, $15,000 has been spent on the project and 3 of 8 milestones are complete.

Milestone Due Date	**Milestone Details**
Milestone 1: September 2017	Present IT Care Coordination Pilot to OCH board.
Milestone 2: October 2017	Project kickoff- Partner education and feedback on concept; Confirm "user requirements" and "success measures" with partner organization(s)
Milestone 3: November 2017	Assessment of current IT systems in use among partner organizations. Identify minimally viable test case (referral pathway) for e-referral system for our region, include at least one social service organization
Milestone 4: December 2017	Complete systems mini spec; research systems interfaces and design automated reporting modules. Set up and certify Cloud. Install and configure system for pilot test.
Milestone 5: December 2017	Present Use Case and Success Plan to OCH Board
Milestone 6: January 2018	Enroll Pilot Users, Run E-Referral tests, refine/debug system as required. Review test results from the prototype. Collect partner feedback. Line up back-up vendors. Review 2-1-1 database and identify integration and improvement opportunities
Milestone 7: February 2018	Develop and release Request for Information (RFI) for IT care e-referral system and subsequent IT platform and system.
Milestone 8: March 2018	Complete pilot project and write up project findings. Convene panel of community partners to vet platform and system.
Milestone 9: April 2018	Create IT Care Coordination system proposal. Present pilot project summary to OCH board.

Action

In January the IT Care Coordination Pilot Committee will continue with milestones 6, which has an IT focus. The Board will receive a pilot summary and proposal in April or sooner with a go/no-go decision to move forward.

Proposed Recommendation

The Board authorizes the continuation of the It Care Coordination Pilot Project.

Olympic Community of Health

Policy for new members

Approved by the Governance Subcommittee May 19, 2016

Approved by the OCH Board of Directors June 1, 2016

Policy to fill vacant seats and refill seats in the event a) term limit is reached, b) member retires or c) member no longer can represent his/her sector

Nominations to the Board of Directors (Board) are to be made when a new sector seat is identified, a member's term limit is nearing, a member retires, or a member changes employment into a new sector. Sector nominations will be confirmed at Board meetings.

Nomination to the Board is to be made among and by peers within the sector for whom the individual serves as the representative. Sectors are to be inclusive of their peers within the tri-county region in making the selection for representation, and to inform their representative by meeting regularly and independently of the OCH. Representatives are expected to communicate on behalf of and represent the sector as a whole and to ensure a system for regular communication and feedback within their sector and as a responsibility of their Board participation. Each sector will constitute one "vote" in decision making.

In the event a brand new sector is offered a seat on the Board for which there has been little engagement, staff will assist in facilitating the nomination process.

In the event that partners within a sector cannot agree on their sector representative, or are unable to do the due diligence to caucus with other members within their sector to select a representative, an *ad hoc* Nominating Committee of at least three Board members will receive and vet nominations and recommend a sector representative to the Board.

Tribes are governments, not sectors, therefore each Tribe is allotted one vote may appoint alternate representatives as desired. The Board does not have authority to confirm or deny Tribal appointments.

This policy shall be renewed annually from 2016-2018, and then bi-annually thereafter.

_____	_____
OCH Board Chair/President	OCH Director/Executive Director
_____	_____
Date	Date

MEMORANDUM

To: Board of Directors
From: OCH Executive Director
Date: December 6, 2017

Re: Assessment of provider readiness for integrated managed care (IMC) and value-based payment (VBP) contracts

Dear Board of Directors,

HCA will likely select 3 of 5 Medicaid Managed Care Organizations (MCO) to contract with Medicaid service providers in the 3-county region under integrated managed care (IMC) starting in 2020. The procurement process to select these MCOs will begin in February 2018. There are two factors that threaten the region's success: first, Clallam is new to MCO contracting and second, there are varying levels of provider readiness for value-based payment (VBP) contracts across the region.

OCH, together with another ACH, Cascade Pacific Action Alliance (CPAA), submitted a letter to HCA asking to discuss opportunities to assist providers in this transition. The responding letter from HCA provided an opportunity to *"inform future procurement efforts and engage in the design process to the extent possible".* Until this point, providers had forgone this opportunity by opting out of mid-adopter. OCH and CPAA posed the following question to HCA and are awaiting a reply:

> *If OCH and CPAA were to survey providers, behavioral and physical health, about their concerns and needs to transition to IMC and VBP contracts, could the results of such a survey be integrated into the RFP review process? For example, could HCA ask respondents to describe how they will address the concerns shared by the providers? And could this response be wrapped into the final score?*

Staff have begun to explore the option of surveying medical and behavioral health providers to identify shared concerns and hopes regarding VBP and IMC readiness. Staff discussed this opportunity with Executive Committee and with MCO and Salish Behavioral Health Organization (SBHO) partners. Ideally, HCA will request that MCOs respond to OCH provider concerns and questions during the bidding process in an addendum. Examples of survey questions (mixture of structured and open text responses):

1. Which of these is most important to you in an MCO partner in the region?
   - Willing to include per member, per month contracting options
   - Regular data uploads to gauge progress towards VBP benchmarks
   - Maintaining the same capitated payment method in use with the SBHO
2. What will help you get ready for IMC?
   - Training and technical assistance for behavioral health providers in new billing systems
   - Training in new integration billing codes
   - Planning meetings with MCOs partners
3. What would increase the likelihood of entering into VBP contracts with MCOs?
   - Assistance in purchasing population health software
   - Collaborative agreements with MCOs regarding population health strategies

Questions to guide Board discussion:

1. Should this move forward if HCA is does not signal intent to consider the survey results?
2. How would OCH leverage these results to move towards MTP goals?