Olympic Community of Health

Agenda

Board of Directors Meeting: 11:00 am to 11:45 am
Board of Directors Retreat: 11:45 am to 4:30 pm
November 2, 2018
Port Gamble S'Klallam Tribe, House of Knowledge
31964 Little Boston Rd NE, Kingston, WA 98346
No dial-in option available for this meeting

Time	Topic	Lead	Attachment
Board of Directors Meeting Key Objective: Approve the 2018 Budget			
11:00	Welcome and Approve Board Agenda	Roy	
11:05	Consent Agenda	Roy	1. DRAFT: Board Minutes: October 8, 2018 2. Executive Director's Report
11:10	Budget and Financials	Hilary	3. Draft 2019 Budget 4. 2019 Budget Narrative 5. January-September 2018 Financials
11:30	Shared Domain 1 Payment	Elya	6. Shared Domain 1 Payment Summary
11:35	Olympic Digital HIT Commons	Elya	7. Digital HIT Commons F.A.Q.
11:45	Adjourn Board Business	Roy	

Time	Topic
Board of Directors Retreat **Key Objective - Agree on the answers to the following:** **1. What will success look like 1 year from now? 5 years from now?** **2. What are the handful of strategies to get to success?** **3. What are the resources and assets needed to take on these strategies?**	
11:45	Opening Remarks
11:50	OCH Journey
12:00	Defining success
12:45	Lunch
1:15	Strategic priorities
3:00	Break
3:15	Roles and functions
3:50	Resourcing
4:30	Adjourn

Olympic Community of Health
Meeting Minutes
Board of Directors
October 8, 2018

Date: 10/08/2018	Time: 1:04pm-2:54pm	Location: Kitsap Regional Library, Poulsbo Community Room

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

Members Attended in Person: Caitlin Safford, *Amerigroup;* Brent Simcosky, *Jamestown S'Klallam Tribe;* David Schultz, *CHI Franciscan Harrison Medical Center;* Thomas Locke, *Jefferson County Public Health;* Vicki Kirkpatrick, *Jefferson County Public Health,* Joe Roszak, *Kitsap Mental Health Services*; Stephanie Lewis, *Salish Behavioral Health Organization*; Andrew Shogren, *Suquamish Tribe*; Gary Kriedberg, *Harrison Health Partners*; Kerstin Powell, *Port Gamble S'Klallam Tribe;* Mike Maxwell, *North Olympic Health Network*

Members Attended by Phone: Gill Orr, *Cedar Grove Counseling;* Hilary Whittington, *Jefferson Healthcare;* Tim Cournyer, *Forks Community Hospital;* Katie Eilers, *Kitsap Public Health District;* Libby Cope, *Makah Tribe;* Matthew Whittacre, *Lower Elwha Klallam Tribe*

Non-Voting Members Attended: Laura Johnson, *United Healthcare;* Susan Turner, *Kitsap Public Health District;* Allison Unthank, *Jamestown S'Klallam Tribe;* Siobhan Brown, *Community Health Plan of Washington*;

Guests and Consultants: Larry Thompson; *Arcora Foundation;* G'Nell Ashley, *Reflections Counseling (phone)*, Lena Nachand, *Health Care Authority;* Jolene Kron, *Salish Behavioral Health Organization*

Contractors: Maria Klemesrud, *Qualis Health;* Dan Vizzini, *OHSU (phone)*

Staff: Elya Prystowsky, Lisa Rey Thomas, Margaret Moore, JooRi Jun, Miranda Burger, Daniel Schafer

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Meeting called to order at 1:03 pm.	
Roy Walker	**Consent Agenda**	Board approval of consent agenda and minutes from September 10, 2018 Board meeting.	September 10, 2018 Meeting Minutes and Consent Agenda **APPROVED** unanimously.
Roy Walker Elya Prystowsky	**Director's Report**	Elya added items to the report: Events Announced: Opioid Summit, Behavioral Health Transformation training event on Nov 1, Board Retreat Nov 2, Behavioral Health Transformation training event Nov 14.	Director's report **APPROVED** unanimously.

		Elya provided informational items regarding payments, Domain 1 payments and board retreat.	
Hilary Whittington Margaret Moore	**Draft 2019 Budget**	Draft for 2019 budget provided. Finance committee reviewed budget twice and recommended it go to the Board for discussion and input at October 2018 Board meeting. Board will discuss budget in greater detail at Board retreat.	
Lena Nachand	**Indian Health Care Provider MTP Update**	An overview of IHCP projects and how they fit within the MTP. Discussion about FQHC look-alike timeline	
Elya Prystowsky Miranda Burger	**CBOSS Change Plan and Fund Allocation Strategy**	Orientation for CBOSS Change Plan. Miranda provides background on how CBOSS Change Plan came to be and how its structure was created. Elya describes potential challenges CBOs may face due to differences in approaches and organizational funding structure between CBOs and PHBH Change Plan partners: CBO funding is/will be based on two drivers: partnerships and (in the future) performance, with performance carrying greater weight over time vs. PHBH payments, which are based on scale. Elya provided incentive pool numbers for Clallam, Jefferson, and Kitsap. First payments are expected to be made. Staff recommends Board approves the above methodology for 2018 CBOSS Implementation Partner MTP payments.	Methodology for 2018 CBOSS Implementation Partner MTP payments **APPROVED** unanimously.
Daniel Schafer	**Summary Natural Community of Care Convening**	Daniel presented overview of three NCC convenings, including results from Kitsap NCC survey.	
Elya Prystowsky	**Board Retreat Planning**	OCH has secured facilitator for retreat. Elya described Board Retreat objectives and asked board members what they would like to accomplish at the retreat. Questions and comments from the Board on the retreat:	

		- Where we can use community-clinical linkages to address issues that require that type of unique and intentional partnership? - There is little capacity to measure community need and to determine whether our work is making a difference. Recommend evaluating what data we are collecting and whether it is sufficient to measure need and outcomes. - Ask the bigger question: Does OCH want to exist as an organization after 2021? If so, what do we want OCH to look like at that time?	
Elya Prystowsky	**Funds Flow Surplus**	OCH will reconvene Funds Flow Work Group in 2019 to address unbudgeted surplus DSRIP funds.	
Roy Walker	**Adjourn**	The meeting adjourned at 2:54 pm	

Acronym Glossary

CBOSS: Community-based organizations and social services
DSRIP: Delivery System Reform Incentive Payment
MTP: Medicaid Transformation Project
NCC: Natural Community of Care
PHBH: Physical Health, Behavioral Health
IHCP: Indian Health Care Provider

Executive Director's Report
Prepared for the November 2, 2018 Board Meeting

Upcoming OCH Meetings

- Performance, Measurement and Evaluation Committee, October 29, 2:00 to 3:00 pm, Poulsbo
- Executive Committee, November 27, 12-2 pm
- Finance Committee, November 29, 1-2 pm
- Board of Directors Meeting, December 10, 1-2 pm

2019 Board Meetings
A new year means a new county for the Board meetings. Board meetings will shift from Kitsap back to Clallam county. We are confirming the Red Cedar Hall at Jamestown S'Klallam Tribe for the 2019 Board meetings.

Opportunity for behavioral health agencies
OCH is co-hosting a two-part learning event for behavioral health agencies—November 1st and 14th—as Washington State prepares for value-based payments and integrated managed care with the Practice Transformation Support Hub and Cascade Pacific Action Alliance, the ACH to the south of us. Click the links below for registration and additional information. Please note that you must register for each date separately.

Day 1, November 1st
Day 2, November 14th

Olympic Digital HIT Commons
We will be providing a brief update on the Olympic Digital HIT Commons at the Board meeting on November 2. An F.A.Q. is included in the Board packet. Greater Columbia ACH put together a short video that walks through their use case for the technology. Enjoy!

Implementation Plan Reviewed
OCH heard back from the Independent Assessor requesting minimal additional information on our Implementation Plan. Staff is compiling a response.

Community-based organization social service (CBOSS) Change Plan
Staff hosted two CBOSS orientation webinars after releasing the CBOSS Change Plan and contract earlier this month. To date OCH has received CBOSS Change Plans Kitsap County Division of Aging and Long-Term Care, Kitsap Public Health District, First Step, Olympic Area Agency on Aging, YMCA of Kitsap, OlyCAP, Answers Counseling and Olympic Peninsula Healthier Communities Coalition.

Three County Coordinated Opioid Response Project (3CCORP)
OCH hosted the 2nd Annual OCH Regional Opioid Summit on October 17th at the Suquamish Clearwater Conference Center. We were formally welcomed to Suquamish by elected Suquamish Tribal Leaders and had over 200 in attendance from across the region as well as neighboring counties, and state and federal offices. Attendees included primary care providers, mental health providers, substance use disorder providers, dental providers, American Indian/Alaska Native and tribal partners, tribal leaders, public health and local government officials, law enforcement, fire/EMS, emergency department providers, educators, students, school district staff, and community members. The purpose of the Summit was to discuss and learn about the opioid crisis in the region and the coordinated response to address it.

The Opioid Summit featured a full slate of presenters who have been working together over the past two years; their presentations prompted important questions and lively discussion. Agenda topics focused on how the region is implementing the regional opioid response plan including 1) preventing opioid misuse and abuse

primarily through improving prescribing practices, 2) improving access to the full spectrum of best practices for the treatment of opioid use disorder, 3) prevention of opioid overdose, 4) a local tribal opioid response, 5) updated regional data, 6) legislative updates from Senators Cantwell and Murray's offices, and 6) how the opioid response is integrated into the regional Medicaid Transformation Project.

At the end of the Summit, Lisa Rey was honored by the Tribes with a ceremonial blanket wrapping and by the county commissioners with a bouquet of pink flowers.

Olympic COMMUNITY of HEALTH

834 Sheridan Street
Port Townsend, WA 98368

CLALLAM • JEFFERSON • KITSAP

Budget Narrative [DRAFT]

Fiscal Year: 2019

Expenses

A. Personnel - $552,000

Costs for continued full staffing in 2019, including anticipated merit-based increases for all staff.

B. Benefits - $93,840

Industry standard benefit rate of 17% personnel costs.

C. Professional Services & Contracts - $908,000

Estimates based on anticipated needs for contracting services for planned project work and organizational operating needs.

i. Audit - $8,000: Costs as estimated in original audit bid from DZA.

ii. CSI Reporting Tool (ORCA) - $45,000: 2019 contract costs for continued services with CSI.

iii. Data Analytics, Evaluation and Reporting - $150,000: $140,000 for continued services through Kitsap Public Health District. $10,000 for Public Health Seattle King County APCD work.

iv. Financial Advisory and Bundled Financial Services - $20,000: Continued financial services through Gooding, O'Hara & Mackey. Continuing contract work to maintain internal controls for clean audit.

v. Olympic Digital HIT Commons - $110,000: Continued contract with Quad Aim Partners (Rob Arnold) and Strata Health to continue work for HIT Commons. Some expenses may potentially be offset by Premera revenues. The remainder will be paid for with DSRIP funding.

vi. HR - $2,000: Contract for Human Resources organizational growth and development counsel.

vii. Legal Counsel - $10,000: Continued work with Heather Erb to review contracts and other legal matters.

viii. MTP Implementation and Sustainability Planning - $75,000: Continued contract with OHSU Center for Health Policy for funds flow modeling and modifications in 2019 and 2020. Paid for with DSRIP funding.

ix. Practice Coaching - $193,000: New contract for continued fully bundled partner coaching through Qualis, which includes travel, equipment and access to up to .75 FTE of two technical experts. These expenses may be offset by Salish BHO revenues. The remainder will be paid for with DSRIP funding.

x. University of Washington Six Building Blocks (6BB) Program - $220,000: Contract to provide 6BB training to 10 clinics in the Olympic region. Paid for with DSRIP funds.

xi. Other - $75,000: Allowance for unanticipated contract expenses.

D. Non-Contract Expenses - $141,150:

Estimates based on known costs or expenses for 2018 with increases for additional staffing costs.

i. Supplies - $6,000: $500 per month for 2019. Supplies expense averaged $380 for the first half of 2018. Anticipated increase in expense based on full staffing.

ii. Communications - $4,000: $350 cellphone expense, $50 per month postage.

iii. Equipment - $0: Placeholder for equipment expense. No equipment expenses anticipated in 2019. In this case, "equipment" refers specifically to tangible property which equals or exceeds $5,000 per 2 CFR 200.

iv. Subscription - $0: Line item moved to "Information Technology."

v. Information Technology - $9,060: $500 for hardware needs. Subscriptions for GoToMeeting, Adobe, Microsoft Office, Slack, Harvest. Additional $220 for unanticipated software needs.

vi. Travel - $36,000: Employee travel allowance of $600 per month for Executive Director and Director of Community and Tribal Partnership, $300 per month for all other employees. Based on 2018 per month travel expenses.

vii. Partner Travel - $15,000: Costs to send implementing partners to state trainings, travel costs for contracting partners not covered in contracts.

viii. Training and Professional Development - $7,000: $1000 allowance per employee.

ix. Meetings and Events - $7,000: $300 per month for non-food meeting costs (including staff/contractor meetings held at paid venues), plus $3000 for 3 large convenings at $1000 per meeting. Some costs offset by MCO contributions.

x. Food and Beverage - $6,000: Meeting food and beverage expenses at $500 per month. Expense paid for with DSRIP funding.

xi. Lease and Occupancy - $36,090: Lease with JHC (Port Townsend) at $1287.50 per month. Lease with Vibe Coworks (Poulsbo) at $1720 per month (includes 5 hours of conference room time, offsets meeting and events line item).

xii. Liability Insurance - $5,000: Commercial general liability insurance, directors and officer's liability, and umbrella insurance policy. No anticipated change from 2018 expense.

xiii. Miscellaneous - $10,000: Allowance for unanticipated expenses.

Olympic Community of Health 2019 Budget

Board Approval Date - Not Yet Approved	
Expenses	
Personnel	**Total**
Personnel	$ 552,000
Benefits (17%)	$ 93,840
Subtotal Personnel Costs	**$ 645,840**
Non-Personnel	**Total**
Professional Services & Contracts:	
Audit	$ 8,000
CSI Reporting Tool (ORCA)	$ 45,000
Data Analytics, Evaluation and Reporting (KPHD & PHSKC)	$ 150,000
Financial Advisory and Bundled Financial Services	$ 20,000
Olympic Digital HIT Commons	$ 110,000
HR	$ 2,000
Legal Counsel	$ 10,000
MTP Implementation and Sustainability Planning	$ 75,000
Practice Coaching	$ 193,000
University of Washington Six Building Blocks Program	$ 220,000
Other	$ 75,000
Non-Contract Expenses:	
Supplies	$ 6,000
Communications	$ 4,000
Equipment	$ -
Subscriptions	$ -
Information Technology	$ 9,060
Travel/Mileage	$ 36,000
Partner Travel	$ 15,000
Training/Professional Development	$ 7,000
Meetings and Events	$ 7,000
Food and Beverage	$ 6,000
Lease & Occupancy	$ 36,090
Liability Insurance	$ 5,000
Miscellaneous	$ 10,000
Subtotal Non-Personnel Costs	**$ 1,049,150**
TOTAL EXPENDITURES	**$ 1,694,990**

Anticipated drawdown of DSRIP funding to cover these expenses.

Olympic Community of Health
Balance Sheet
As of September 30, 2018

	Sep 30, 18
ASSETS	
Current Assets	
Checking/Savings	
Petty Cash	500
First Federal Checking	60,145
First Federal Savings	740,583
Fidelity - Money Market	31,099
Total Checking/Savings	832,328
Other Current Assets	
Prepaid Expenses	1,409
Total Other Current Assets	1,409
Total Current Assets	833,737
Other Assets	
US Treasury Notes	4,490,351
Accrued Interest Receivable	17,446
Total Other Assets	4,507,797
TOTAL ASSETS	5,341,534
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	16,691
Total Accounts Payable	16,691
Other Current Liabilities	
Deferred Grant Revenue	
SIM	
OCH SIM Funds	20,000
Total SIM	20,000
Design Funds	5,183,380
Total Deferred Grant Revenue	5,203,380
Wages Payable	37,448
Payroll Taxes Payable	12,823
Accrued Benefits Payable	6,362
Total Other Current Liabilities	5,260,013
Total Current Liabilities	5,276,704
Total Liabilities	5,276,704
Equity	
Unrestricted Net Assets	(4,901)
Net Income	69,731
Total Equity	64,830
TOTAL LIABILITIES & EQUITY	5,341,534

Olympic Community of Health
Profit & Loss Budget vs. Actual
January through September 2018

	Jan - Sep 18	Budget	$ Over Budget
Ordinary Expense			
Total Personnel	389,032	498,818	(109,786)
Office Expense	3,047		
Professional Services			
Legal	2,480	11,250	(8,770)
Contract Services			
Data Analytics	69,159	105,000	(35,841)
General IT Interoperability	15,360	37,500	(22,140)
Health Exchange Info Systems	45,786	30,000	15,786
MTP Implementation & Funds Flow	93,549	56,250	37,299
HR	906	1,500	(594)
CPA services	4,340	3,750	590
Health Systems/Hospitals	-	18,750	(18,750)
Bi-Directional Care Integration	-	18,750	(18,750)
Total Contract Services	229,100	271,500	(42,400)
Other Professional Services	6,225	37,500	(31,275)
Total Professional Services	237,805	320,250	(82,445)
Consumer Engagement Direct Cost	-	11,250	(11,250)
Administrative Services			
Payroll & Bookkeeping expense	7,009	11,250	(4,241)
Audit	7,848	5,813	2,036
Occupancy	21,687	37,500	(15,813)
Total Administrative Services	36,544	54,563	(18,019)
Professional Development	3,838	5,250	(1,412)
Travel Expense	22,652	24,000	(1,348)
Communcations	3,464	3,600	(136)
Subscriptions	2,214	2,250	(36)
Supplies	4,702	9,000	(4,298)
Events	7,516	4,125	3,391
Food	2,965	4,500	(1,535)
Insurance Expense	3,326	3,750	(424)
Reserved Fund	-	2,813	(2,813)
Miscellaneous	2,937	3,750	(813)
Total Expense	720,041	947,918	(227,876)

Consolidated Partnering Provider Achievement Report - Demonstration Year 2 (January 1, 2018 through June 30, 2018)

ACH Name	Better Health Together	Cascade Pacific Action Alliance	Greater Columbia	HealthierHere	North Central	North Sound	Olympic Community of Health	Pierce County	SWACH	Grand Total
Shared Domain 1 Incentives	**$3,055,594**	**$2,777,813**	**$3,888,938**	**$6,111,188**	**$1,388,906**	**$4,166,719**	**$1,111,125**	**$3,333,375**	**$1,944,469**	**$27,778,125**

Partnering Provider	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Earned Funds	Total Earned Funds
EVERGREEN HEALTHCARE	$268,892	$244,448	$342,227	$537,785	$122,224	$366,671	$97,779	$293,337	$171,113	$2,444,475
VALLEY MEDICAL CENTER	$268,892	$244,448	$342,227	$537,785	$122,224	$366,671	$97,779	$293,337	$171,113	$2,444,475
ASSOCIATION OF WA PUBLIC HOSPITAL DISTRICTS - TRANSFORMATION POOL	$22,367	$20,334	$28,467	$44,734	$10,167	$30,500	$8,133	$24,400	$14,234	$203,336
PHD#1 DBA SKAGIT VALLEY HOSPITAL	$8,984	$8,167	$11,434	$17,968	$4,084	$12,251	$3,267	$9,801	$5,717	$81,672
OLYMPIC MEDICAL CENTER	$4,746	$4,315	$6,041	$9,493	$2,157	$6,472	$1,726	$5,178	$3,020	$43,150
GRAYS HARBOR COMMUNITY HOSPITAL	$2,900	$2,637	$3,692	$5,801	$1,318	$3,955	$1,055	$3,164	$1,846	$26,368
WHIDBEY GENERAL HOSPITAL	$2,833	$2,575	$3,605	$5,665	$1,288	$3,863	$1,030	$3,090	$1,803	$25,750
ISLAND HOSPITAL	$2,789	$2,536	$3,550	$5,579	$1,268	$3,804	$1,014	$3,043	$1,775	$25,358
JEFFERSON GENERAL HOSPITAL	$2,626	$2,387	$3,342	$5,251	$1,193	$3,580	$955	$2,864	$1,671	$23,869
MASON GENERAL HOSPITAL	$2,600	$2,364	$3,310	$5,201	$1,182	$3,546	$946	$2,837	$1,655	$23,639
SAMARITAN HOSPITAL	$2,167	$1,970	$2,758	$4,335	$985	$2,955	$788	$2,364	$1,379	$19,703
KITTITAS VALLEY COMMUNITY HOSPITAL	$2,100	$1,909	$2,672	$4,199	$954	$2,863	$764	$2,291	$1,336	$19,088
PULLMAN REGIONAL HOSPITAL	$1,785	$1,622	$2,271	$3,569	$811	$2,434	$649	$1,947	$1,136	$16,224
PROSSER MEMORIAL HOSPITAL	$1,333	$1,212	$1,697	$2,667	$606	$1,818	$485	$1,455	$849	$12,122
SNOQUALMIE VALLEY HOSPITAL	$968	$880	$1,232	$1,936	$440	$1,320	$352	$1,056	$616	$8,800
SUMMIT PACIFIC MEDICAL CENTER	$956	$869	$1,217	$1,913	$435	$1,304	$348	$1,043	$609	$8,693
WHITMAN HOSPITAL & MEDICAL CENTER	$844	$767	$1,074	$1,688	$384	$1,151	$307	$921	$537	$7,671
LAKE CHELAN COMMUNITY HOSPITAL	$765	$696	$974	$1,531	$348	$1,044	$278	$835	$487	$6,958
COULEE MEDICAL CENTER	$742	$675	$945	$1,485	$337	$1,012	$270	$810	$472	$6,748
FORKS COMMUNITY HOSPITAL	$720	$655	$917	$1,440	$327	$982	$262	$786	$458	$6,546
OCEAN BEACH HOSPITAL	$702	$639	$894	$1,405	$319	$958	$255	$766	$447	$6,386
MID-VALLEY HOSPITAL	$864	$786	$1,100	$1,729	$393	$1,179	$314	$943	$550	$7,857
MORTON GENERAL HOSPITAL	$652	$592	$829	$1,303	$296	$889	$237	$711	$415	$5,925
KLICKITAT VALLEY HEALTH	$635	$577	$808	$1,270	$289	$866	$231	$692	$404	$5,771
LINCOLN HOSPITAL	$626	$569	$796	$1,252	$284	$853	$228	$683	$398	$5,689
NEWPORT COMMUNITY HOSPITAL	$930	$845	$1,183	$1,860	$423	$1,268	$338	$1,014	$592	$8,453
WILLAPA HARBOR HOSPITAL	$569	$517	$724	$1,138	$259	$776	$207	$621	$362	$5,175
NORTH VALLEY HOSPITAL	$567	$515	$721	$1,134	$258	$773	$206	$618	$361	$5,153
SKYLINE HOSPITAL	$537	$489	$684	$1,075	$244	$733	$195	$586	$342	$4,885
COLUMBIA BASIN HOSPITAL	$481	$437	$612	$961	$218	$655	$175	$524	$306	$4,369
CASCADE MEDICAL CENTER	$399	$363	$508	$799	$182	$545	$145	$436	$254	$3,630
DAYTON GENERAL HOSPITAL	$397	$361	$506	$794	$181	$542	$144	$433	$253	$3,611
SNOHOMISH CO PHD (Verdant)	$362	$330	$461	$725	$165	$494	$132	$395	$231	$3,295
OTHELLO COMMUNITY HOSPITAL	$463	$421	$589	$926	$210	$631	$168	$505	$294	$4,207
FERRY COUNTY MEMORIAL HOSPITAL	$332	$302	$422	$664	$151	$452	$121	$362	$211	$3,016
THREE RIVERS HOSPITAL	$467	$425	$595	$935	$212	$637	$170	$510	$297	$4,249
ODESSA MEMORIAL HOSPITAL	$312	$284	$397	$624	$142	$426	$114	$341	$199	$2,838
QUINCY VALLEY MEDICAL CENTER	$359	$326	$457	$718	$163	$489	$131	$392	$228	$3,263
GARFIELD MEMORIAL HOSPITAL	$305	$278	$389	$611	$139	$416	$111	$333	$194	$2,777
EAST ADAMS RURAL HOSPITAL	$295	$268	$375	$589	$134	$402	$107	$321	$188	$2,679
SAN JUAN PHD (Peace Island)	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
GRANT COUNTY (McKay Rehab)	$357	$325	$455	$715	$162	$487	$130	$390	$228	$3,250
SKAGIT CO PHD (United General)	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
DOUGLAS CO. PHD # 2	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
GRANT COUNTY PHD #5	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
GRANT COUNTY PHD #7	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
KITTITAS COUNTY PHD #2	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
POINT ROBERTS CLINIC	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
SKAMANIA COUNTY PHD	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
SAN JUAN PHD (Lopez)	$55	$50	$70	$110	$25	$75	$20	$60	$35	$500
UNIVERSITY OF WASHINGTON	$2,444,475	$2,222,250	$3,111,150	$4,888,950	$1,111,125	$3,333,375	$888,900	$2,666,700	$1,555,575	$22,222,500

Final incentive amounts are contingent upon all nine ACHs providing final approval for their portion of the shared domain 1 incentives and full IGT contribution.

Frequently Asked Questions (F.A.Q.)

What is the Health Commons Project? (see also https://healthcommonsproject.org/)

We are group of Pacific Northwest communities, provider organizations and technologists dedicated to creating connected and sustainable systems for delivery of whole-person care. We call these new systems Natural Communities of Care.

What is a "Natural Community of Care" (NCC)?

NCCs are defined by a population served by a group of committed partners working towards sustainable, integrated, whole-person care.

What is the Commons Network (Commons)?

The Commons Network is a combination of workflows and IT lego blocks linked together into a care communication system. The Commons electronically connects health and social service providers together to improve patient/client care transitions between agencies. The system manages digital consents, EHR integration, and talks to Collective Medical Technologies (EDIE and PreManage) to access longitudinal records. All Commons Network software vendors run applications and store Patient Health Information on either Amazon or Microsoft's secure cloud infrastructure. All Commons Network vendors are managed under contract by Quad Aim Partners to ensure proper technology integration as well as quality/consistency of services. ***The Commons Network is and will remain vendor agnostic to ensure the community can determine which tools best serve its needs****.*

Who owns the Commons?

Each NCC owns and operates their own Commons and controls which NCC partners have access to the Commons and secure Patient Health Information stored on the Commons. As the Commons is developed, Quad Aim Partners may act as a custodian of the Commons until which time the NCC partners determine the type of preferred structure (e.g., 501c3, LLC). A project manager may be assigned to help each NCC set up partner agreements, promote value-based contracts and fund ongoing operations of the Commons Network.

Commons Steward	Roles
ACH	Convener for regional transformation • Engage partners and connect to NCC Commons Network • Act as the data steward for the Commons until a public utility and/or data governance is established • Align public/private funds and NCC priorities to finance and sustain whole-person care services and the NCC Commons Network • Provide project management for pilot use cases as needed

Anchor institution	Organization within the NCC, often a health system or large medical home, that • Is accountable for patient care and population health management • Can help define the business needs and user requirements for NCC • Assumes a leadership role for the NCC Commons Network, with staff support from the ACH • Contracts directly with payers; leverages contracts to align payment with functions of NCC Commons Network
Partners	Health and social service partners within the NCC committed to • Defining shared vision of goals, success measures, team commitments, and prioritizes services referred from the NCC Commons network • Pilot testing new workflows and technologies • Pilot testing new payments models • Establishing benchmarks and target measures, complete "Plan-Do-Study-Act" (PDSA) cycles until target measures are reached
Group technology purchasing organization	An IT general contractor that performs the following functions • Contract with ACH to support NCC formation and ensure long-term sustainability of NCC Commons Network • Complete NCC pilot tests of new workflows and technologies, demonstrate utility, and connect to Commons network until services are fully integrated • Group technology purchasing and auditing to ensure costs of Commons network are fairly distributed and quality is maintained • Operate Learning Collaborative to share best practices

How does this the Commons address HIPPA and 42CFR Part 2?

On January 2nd 2018, Substance Abuse and Mental Health Services Administration updated its 42CFR Part 2 rules to allow an individual to consent to have their records shared record on an HIE. The Commons project manager works with providers to update consents to ensure the Commons Network is an authorized HIE for record sharing. The Commons Network has further built in a revocation step into the referral process to ensure 42CFR Part 2 requirements are met. The Commons Network has taken additional steps to ensure the software vendors follow the HiTrust security model, one of the industry's most difficult security certifications to obtain.

How will the Commons minimize administrative burden for providers?

The Commons Network is designed by providers. There is no double-entry. Four components are integrated into one system: (1) access to community health record (look up); (2) EHR integration; (3) e-referral (transmit); (4) analytics dashboard

Does data flow between the EHR and the Commons? Meaning is there a "shared record" providers can use to manage care?

The short answer is "yes", the information travels bi-directionally between the EHR and the Commons. The Commons Network plans to integrate a tool called PreManage into the workflow for managing an individual's long term, longitudinal care record. PreManage is based on a tool from Collective Medical Technologies (CMT) called "EDIE" or Emergency Department Information Exchange. CMT has proficient processes and matching algorithms for unifying an individual's longitudinal care record (note that this is an extremely difficult tech job to do!).

How does the Commons manage referrals in the NCC?

The Commons Network maintains a list of "states and statuses" of referrals. If desired by the NCC, the Commons Network can implement provider matching algorithms to ensure the community "load balances" its services to where the needs are.

What are the current pilot tests of the Commons?

Olympic Commons Project

- *Referral between substance use treatment provider and primary care provider for shared patients with opioid use disorder*

Greater Columbia Commons Project

- *Community Paramedicine conducts in home interview to do full assessment of patients' needs for Kittitas NCC. Kittitas NCC then creates "referral bundles" out to health and social service partners and tracks both patient and partner performance.*

South King Commons Project

- *Referral between non emergent 911, Community Paramedicine and mobile crisis counseling to prevent unnecessary Emergency Department utilization*

How much does this software cost and who pays for it?

The initial design and implementation phase of the Health Commons Project and set up of the Commons Network is supported in part by the Medicaid Transformation Project, sponsored by Olympic Community of Health, Greater Columbia Accountable Community of Health and UW Valley Medical Center. The Health Commons Project has also received philanthropic grants and funding from NCC partner contributions. One of our goals for the NCCs is to build in funding for the Commons Network in into payer contracting. By sharing workflows and network costs between the Health Commons Project partners, operating costs and overhead are minimized, encouraging providers to join and stay on the network.

How does the Commons compare to the Pathways Community HUB model?

Both Pathways Hub and Commons Network are focused on care coordination. Pathways Community Hub requires a centralized planning organization be formed and staffed to drive referrals around predefined care "pathways". By contrast, the Commons Network is an all-digital network that connects health and social service agencies to help manage electronic referrals, consents and patient records to improve communication between providers working to coordinate care in the community.