Olympic Community of Health

Meeting MinutesBoard of Directors

November 13, 2017

Date: 11/13/2017

Time: 1:00pm4:00pm

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*; Karol Dixon, *Port Gamble S'Klallam Tribe*; 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*

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.



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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.	MOTION: Approve investment policy Motion to approve investment policy APPROVED unanimously
		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.	ACTION: Add detail about contractor budget line items Bring 2018 budget to December Board meeting for review and action.
		Suggestions: add detail to the contracting line items, consider increasing benefits to industry standard, look into other ACH staffing models.	To review and detion.
		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.	
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:
 - At least 3 of the 5 Transformation goals
 - 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
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.	unanimously ACTION: Continue discussion with executive committee and bring back to December Board meeting
Roy Walker	Adjourn	The meeting adjourned at 4:31pm.	

