Olympic COMMUNITY of HEALTH

Board of Directors

November 13, 2017

1:00 pm to 4:00 pm

Clallam • Jefferson • Kitsap

1. Welcome and Approve Agenda

2. Consent Agenda

ITEM	Packet Page Number
1. DRAFT Minutes 10.9.2017	1-5
2. Director's Report	6-8
3. Preliminary list of entities for Community and Tribal Advisory Committee Members	9

3. Project Plan Application

ITEM	Packet Page Number
1. Public Comment	*Separate hand out*
2. Portfolio at-a-Glance	*Separate hand out*
3. Project Plan Summary Tables	10-15
4. MEMO to Board: Project Plan Scoring Update	16
5. Project Plan Attestations	17

Proposed Motion: Attestations

Board authorizes executive director to submit the project plan application on behalf of OCH

Board affirms the attestations as presented in Board packet

4. From Planning to Implementation

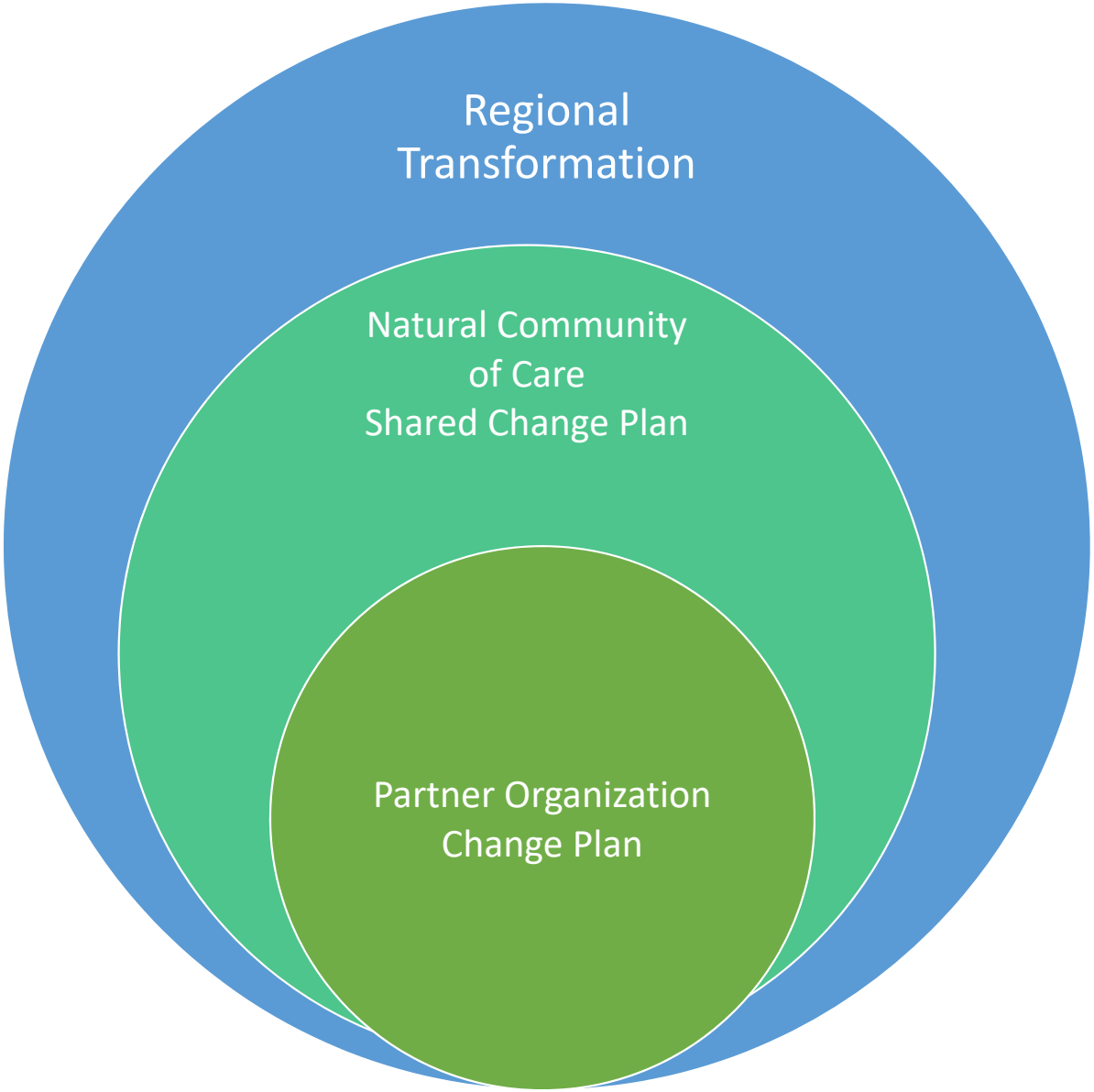
Well…actually…more planning

What do we want in place at the end of all this?

1. More robust primary care delivery system
2. Integrated physical, behavioral and dental health services
3. Common data metrics and shared information exchange
4. Provider adoption of value-based payment contracts
5. Enhanced community-clinical linkages

How will we do it?

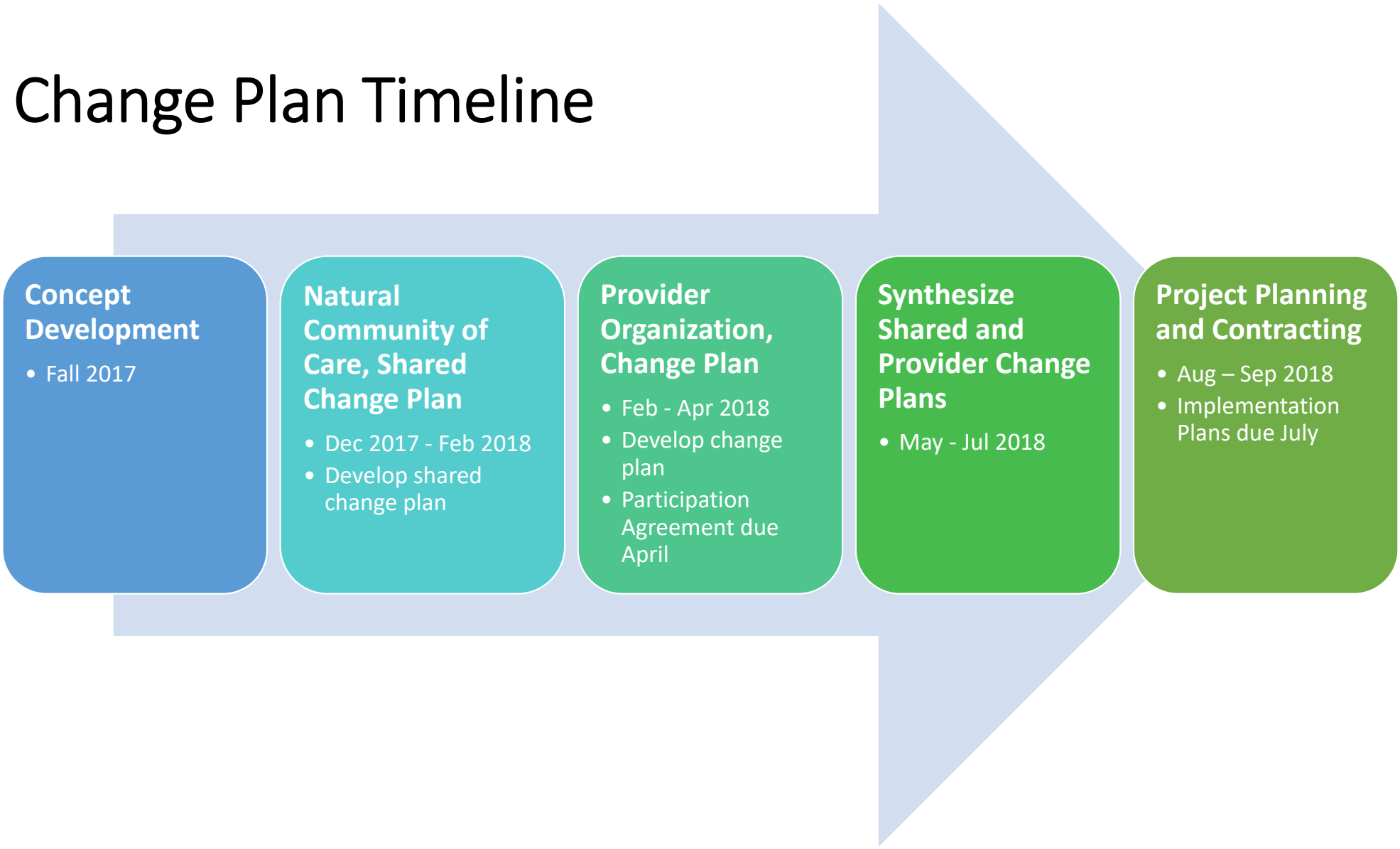
By nesting the transformation in natural affinity groups called *Natural Communities of Care*



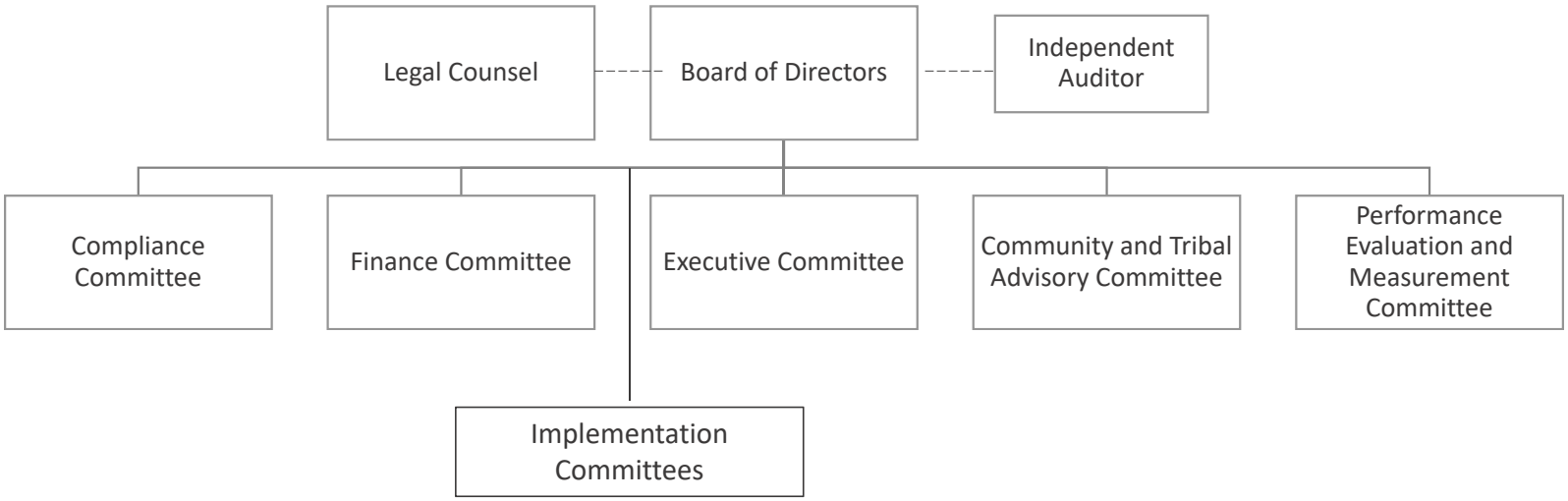
Guiding Principles: NCC-directed transformation

- Shared ownership
- Recognize local autonomy
- Target investments towards local health needs
- Honor existing local relationships and values

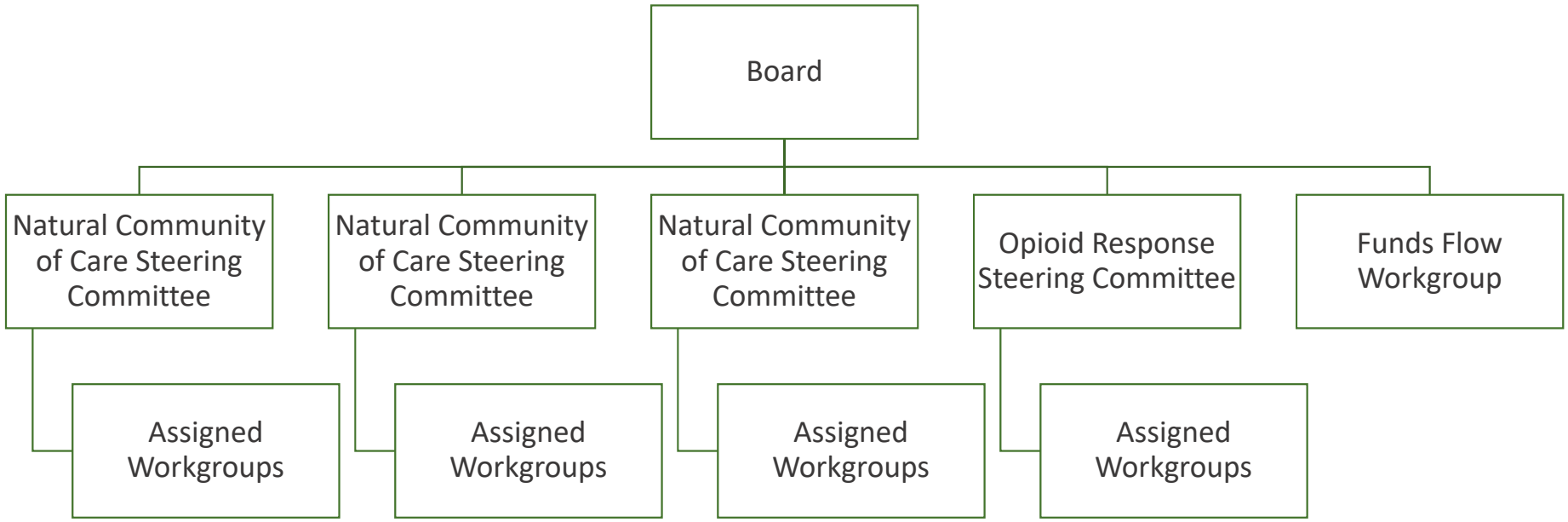
Change Plan Timeline



Visual of Governance Structure



Visual of Implementation Structure



Top Priorities between December and July

1. Convene partnering providers within Natural Communities of Care; finalize Natural Communities of Care
2. Complete Shared Change Plans; collect collaborative agreement or compact
3. Finalize core components and quality improvement metrics of change plan template
4. Complete implementation partner change plans; collect provider agreements
5. Finalize funds flow modeling based on steps 1-4
6. Finalize boilerplate subcontract language, including dispute resolution policy
7. Bring three new committees online:
    1. Performance, Measurement, and Evaluation Committee
    2. Community and Tribal Advisory Committee
    3. Compliance Committee

5. Financial Business

ITEM	Packet Page Number
1. Quarterly Financials	18-21
2. MEMO to Board: Revenue Recognition	22
3. DRAFT: Investment Policy	23-24
4. DRAFT: 2018 Budget	25
5. Budget narrative and personnel summary	26

BREAK

6. Funds Flow

ITEM	Packet Page Number
1. Community Needs Description	*Please replace packet version with handout*
2. Funds Flow Section from Project Plan	*Separate handout*
3. Statement of Work: 6 Building Blocks	28-31
4. SBAR: 6 Building Blocks	32

Category Refresher: Revenue

Design Funds: $6 million dollars, paid out for Phase I and Phase II Certification

Project Plan Delivery System Reform Incentive Program (DSRIP) Funds: Est. $4 million dollars, paid out base on score of project plan, February(ish) 2018

Pay-for-Reporting DSRIP Funds: Est. $10.7 millions dollars, pay out starting 2018, tapering down through 2022

Pay-for-Performance DSRIP Funds (most at-risk): Est. $3 million dollars, pay out starting 2021 through 2023

Value-Based Payment and **Reinvestment Pool Incentives** are not budgeted**.** Would be considered "bonus" if earned.

Category Refresher: Allocation

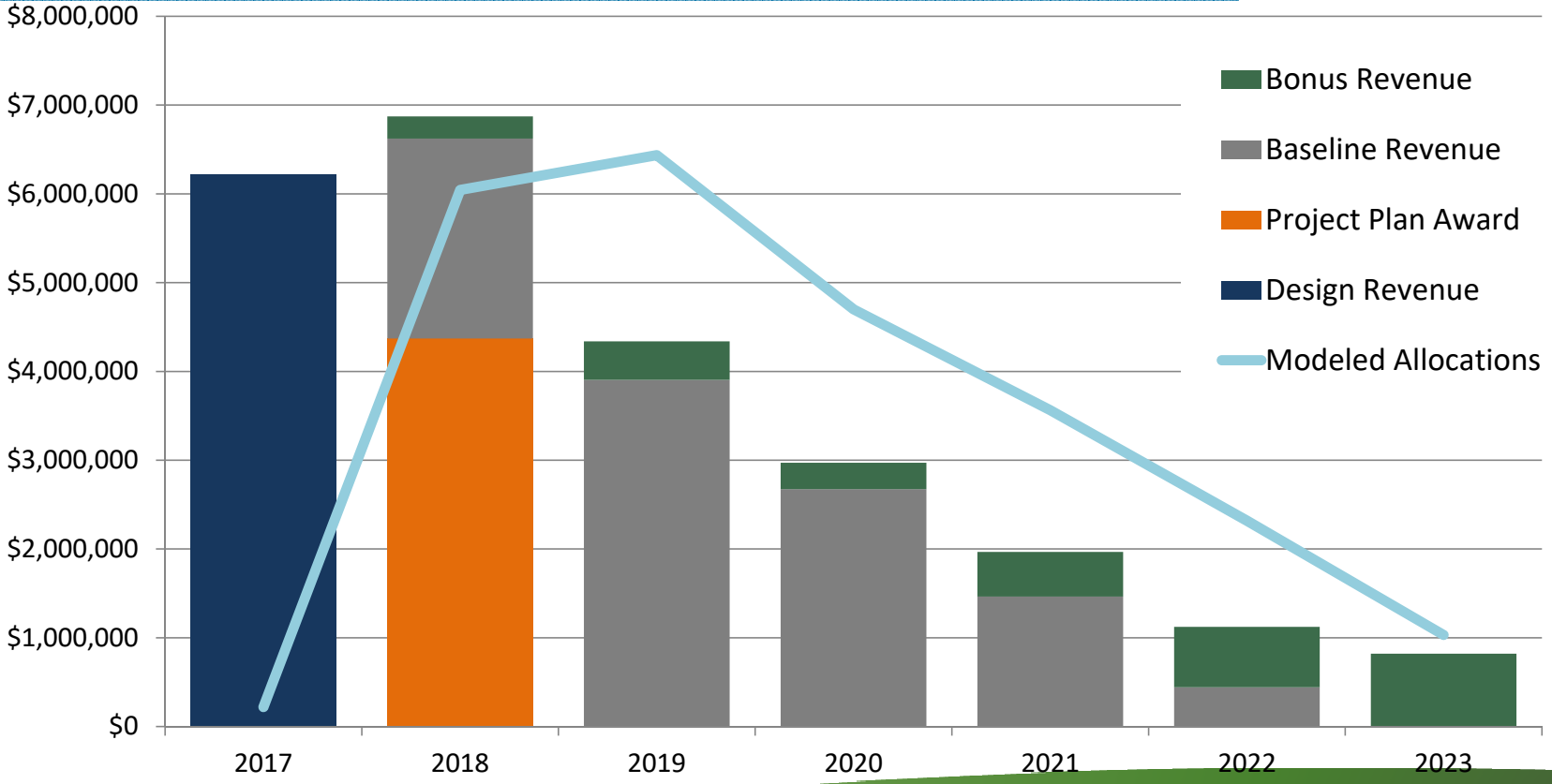
Bonus Allocation

- Bonus is the sum of Pay-for-Performance (100%) and the set aside of Pay-for-Reporting (10%) incentives
- Payout to providers and OCH begins in 2021 and is spread across three years
- Allocation of bonus to the wellness fund/reserves begins in 2021 and is spread out over 3 years

Baseline Allocation

- Baseline is Pay-for-Reporting (90%) incentives
- Payout to providers begins in 2018 and is spread out over 5 years
- Baseline allocation is immediate to allow providers to prepare for alternative payment models

Funds Flow: Allocation Summary by Year



Olympic COMMUNITY of HEALTH
Clallam ● Jefferson ● Kitsap

Recommendation 1: Funds Flow Workgroup

Natural Community of Care Allocation Concept

- Adjust for cost of care (PRISM)
- Adjust for socio-economic factors (CNI)
- Add a baseline factor
- Each NCC must commit to the following in their shared change plan:
  - at least 3 of the 5 goals of the Transformation
  - a minimum set of elements (to be determined) in the shared change plan

Natural Community of Care Allocation Concept

Potential Earnings by Natural Community of Care				Potential Earnings by Partnering Provider Organization		
A	**B**	**C**	**D**	**E**	**F**	**G**
# Medicaid beneficiaries in Natural Community of Care	PRISM Score	Community Needs Index	Baseline Allocation	# Outpatient claims/# unique beneficiaries/ attribution	Quality Improvement Measures (TBD)	Baseline self assessment factor

Natural Community of Care Allocation Model

NCC Funds Flow Allocation Control Panel				
		Allocation Data		
Allocation Factors	Weight	Clallam	Jefferson	Kitsap
Medicaid Lives	70%	21,931	7,794	55,274
Community Need Index	10%	3.00	2.70	2.80
PRISM Index	10%	1.55	1.53	1.38
Baseline Allocation to each NCC	10%	1.00	1.00	1.00

Recommendation 2: Funds Flow Workgroup

Upstream investment

- Move some funds from wellness fund/reserve into Community/Social Determinants of Health investment area
- These investments are small, proportional to the Natural Community of Care (NCC) and directed by the NCC
- Criteria: Must address a local health need, must support change plans
- Encourage matching at NCC-level

Recommendation 3: Funds Flow Workgroup

Upfront investment - defined as DSRIP funding for implementation partners to prepare for the transformation, prior to the completion of change plan and having final contract in place (estimated date for contract completion: July-Sept)

- NCC presents to Board on case-by-case basis (Dec-Feb)
- Upfront investment is an early "advance" from an organization's planned funds
- Limit upfront investments to tangible assets (e.g., remodel space or EHR upgrade/change) or staff training
- Upfront investment supported with a simple agreement and clawback clause

Funds Flow: Basic Assumptions for Allocation

Revenue Projection Factors	
36%	DSRIP IGT Reduction (2018-2023)
110%	Project Plan Award (w/bonus)
90%	P4R Revenue Earnings Rate
25%	P4P Revenue Earnings Rate
10%	P4R Allocation to Bonus Pool
2021-2023	Bonus Payout to Providers
2021-2023	Wellness/Reserve Payout

Allocations to NCCs via OCH Programming	
70%	Domain 1 Projects
25%	IT Care Coordination
75%	Advocacy and Empowerment
100%	Community Projects (SDOH, etc.)

Funds Flow: Allocation Drivers

Allocation Control Panels				
Drivers for Funds Flow Allocation				
Program Components	Design	Project Plan	Baseline	Bonus
Change Plan Activities - Provider Payments			90.0%	85.0%
Capacity and Infrastructure				
Domain 1 Projects		75.0%		
IT Care Coordination	10.0%	5.0%	5.0%	
Advocacy and Empowerment	5.0%	5.0%		
Community Projects (SDOH, etc.)		5.0%		5.0%
Other Initiatives				
Wellness Fund			5.0%	
Reserves				5.0%
Operations & Administration (OCH)	75.0%	10.0%		5.0%
Provider-Based Project Managemen	10.0%			
Total Funds Flow Allocation	100.0%	100.0%	100.0%	100.0%

Breakdown by budget category

*** Original max est. $38 million**

Transformation Components	NCC/Provider Change Plans	OCH Project Investments	OCH Project Management	Total DSRIP Allocations
Provider Payments	$12,198,600	$0	$0	$12,198,600
Provider-Based Project Mgmt.	$600,000	$0	$0	$600,000
Domain 1 Projects	$2,295,000	$983,600	$0	$3,278,600
IT Care Coordination	$339,000	$1,016,600	$0	$1,355,600
Advocacy and Empowerment	$389,000	$129,600	$0	$518,600
Community SDOH Projects	$368,000	$0	$0	$368,000
Operations & Administration	$0	$0	$5,306,300	$5,306,300
Reserves/Wellness Fund	$0	$686,000	$0	$686,000
Total DSRIP Revenue	$16,189,600	$2,815,800	$5,306,300	$24,311,700

Funds Flow Workgroup: Considerations Moving Forward

- Don't decide weights today –agree on concept - use as bookends to inform NCC conversations
- Keep partner reporting as non burdensome as possible
  - Leverage existing frameworks (Apple Health Contracts, APM4, HEDIS)
  - Share thinking on reporting measures so partners can understand the burden and decide what they want to sign on to
- Need to continue to think through how to adjust funds flow at the implementation partner level
  - Patient acuity
  - Complexity and scope of change plan
  - Footprint and scale
  - Award BONUS at partner-level

Funds Flow Workgroup Recommendations for Next Steps

- Reconvene Fund Flow Workgroup after NCC meetings
- Staff put together several funds flow models at NCC and partner level
  - Ledger of revenue and allocation for each NCC as change plans begin to come into focus

6 Building Blocks for Opioid Prescribing

Six Building Blocks

Building Block 1: Leadership and consensus

- Build organization-wide consensus to prioritize safe, more selective, and more cautious opioid prescribing.

Building Block 2: Revise policies and standard work

- Revise and implement clinic policies, patient agreements and define standard work for health care team members to achieve safer opioid prescribing and COT management in each clinical contact with COT patients.

Building Block 3: Track Patients on COT

- Implement pro-active population management before, during, and between clinic visits of all COT patients: safe care & measure improvement.

Building Block 4: Prepared, patient-centered visits

- Prepare and plan for clinic visits of all patients on COT to ensure that care is safe and appropriate. Support patient-centered, empathic communication for COT patient care. (“Difficult Conversations”)

Building Block 5: Caring for complex patients

- Identify and develop resources for patients who become addicted to or who develop complex opioid dependence. Mental/Behavioral Health Resources are essential.

Building Block 6: Measuring success

- Select COT-specific quality measures, continuously monitor progress, and improve with experience.

Proposed Motion: 6 Building Blocks for Opioid Prescribing

Proposed MOTION

1. OCH Board of Directors authorizes the executive director to inform UW of OCH's intent to contract with UW to bring 6BBs to the region, pending contract negotiations and commitment from clinics to participate. Final contract will be brought to the Board for approval.

2. OCH budgets for 6BBs in the Fund Flow modeling process using the 'OCH Programming' category.

7. Whistleblower Policy

ITEM	Packet Page Number
1. DRAFT: Whistleblower Policy	33-36

7. Whistleblower Policy

Summary of revisions

- Clarification on how to submit a report to executive director, including all media available to reporting persons.
- Clarification on how to contact an officer of the Board in the event that the information implicates the executive director.

Recommendations from legal counsel re: keeping whistleblower complaints confidential

- Legal review of whether OCH is subject to Public Records act.
  - *If OCH is subject to the act, there are specific exemptions making it unlikely an individual's complaint under this policy must be disclosed.* RCW 42.56.230 (3) & RCW 42.41.030 (7)

8. Fully Integrated Managed Care

ITEM	Packet Page Number
1. LETTER: Correspondence to HCA	37
2. LETTER: Correspondence from HCA	38-39
3. Number of Managed Care Organizations	40-41

"Providing opportunities to inform future procurement efforts and engage in the design process to the extent possible."

- MaryAnne Lindeblad

Adjourn