

Olympic Community of Health

Meeting Minutes

Board of Directors

June 1, 2016

Date: 06-01-2016		Time: 8:30 a.m.-11:00 a.m.	Location: Olympic Room, Port Ludlow Inn, Port Ludlow WA
Chair: Roy Walker, <i>Olympic Area Agency on Aging.</i> Members Attended: Peter Casey, <i>Mental Health</i>; Katie Eilers, <i>Kitsap Public Health District</i>; Larry Eyer, <i>Kitsap Community Resources</i>; Leonard Forsman, <i>Suquamish Tribe</i>; Chris Frank, <i>Public Health</i>; Kat Latet, <i>Community Health Plan of Washington</i>; Eric Lewis, <i>Olympic Medical Center</i>; Elya Moore, <i>Olympic Community of Health</i>; Joe Roszak, <i>Kitsap Mental Health</i>; David Schultz, <i>CHI/Harrison</i>; Brent Simcosky, <i>Jamestown S’Klallam Tribe</i>; Kelly Sullivan, <i>Port Gamble S’Klallam Tribe</i>; Doug Washburn, <i>Salish Behavioral Health Organization</i>; Hilary Whittington, <i>Jefferson Healthcare</i>; Leslie Wosnig, <i>Suquamish Tribe</i> Other: Scott Daniels, <i>Kitsap Public Health District</i>; Rochelle Doan, <i>Kitsap Mental Health</i>; Kayla Down, <i>Health Care Authority</i>; Allan Fisher, <i>United Healthcare</i>; Jolene George, <i>Port Gamble S’Klallam Tribe</i>; Jim Jackson, <i>Department of Social and Health Services</i>; Vicki Kirkpatrick, <i>Jefferson County Public Health</i>; Siri Kushner, <i>Kitsap Public Health District</i>; Laurel Lee, <i>Molina Healthcare</i>; Angie Larrabee, <i>Olympic Community of Health</i>; Chase Napier, <i>Health Care Authority</i>; Caitlin Safford, <i>Amerigroup</i>; Lisa Rey Thomas, <i>Suquamish Tribe</i>; Andrea Tull, <i>Coordinated Care</i>;			
Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	Objectives:	1. Agree on evolving governance structure and supporting policy 2. Agree on plan to select a regional health improvement project 3. Gain a better understanding of the Medicaid Waiver and how it relates to the OCH	
Roy Walker	Call to order	Roy called the meeting to order at 8:35 a.m.	
Council	May 4 Minutes	Approval of minutes.	May 4 Council minutes APPROVED unanimously.
Roy Walker	Chair Updates	HCA made decision for one single financial executor. Additionally, the Stakeholder group will now be called the Partner group, as the term “Stakeholder” excludes the tribes in our region which are sovereign nations, not stakeholders.	
Elya Moore	Directors Report	Healthier Washington Dashboard will launch tomorrow.	
Roy Walker	Consent Agenda	Approval of consent agenda.	Consent agenda APPROVED unanimously.

Eric Lewis	Governance Subcommittee Recommendations	Leadership Crosswalk: Leadership Crosswalk was approved by Governance Subcommittee on May 15, 2016. Charter: Eric Lewis was elected chair of Governance Subcommittee at May meeting. It was noted that Allan fisher has been filling in, but Kat Latet is the designee for MCOs on the Governance Subcommittee moving forward. Name Change to Board of Directors: The Governance Subcommittee recommends the Leadership Council change its name to the Board of Directors. This change is being made assuming the OCH will become a non-profit organization. OCH would be required to form into a legal entity to make more prominent decisions. Add New Members: The Governance Subcommittee agreed that new members are needed from other areas of the social determinants of health (First responders, law and order, EMS, etc...), but would like to wait to add until September to integrate these members onto the Board. It was also noted that Gill Orr, from the Chemical Dependency sector in Clallam has received universal support from his colleagues to join the Board. Policy to Add New Members and Replace Vacant Seats: At the May meeting, the Governance Subcommittee approved a policy to add new members and replace vacant seats for members who are retiring or leaving their sector. It was noted that this policy contains the word “stakeholder”, which should be removed and replaced with “partners”. This should be updated in all documents. OCH needs to establish bylaws, but can momentarily move forward with policies. Formation of Executive Committee: The Governance Subcommittee approved a charter for an Executive Committee.	Charter: APPROVED. Governance Subcommittee Charter approved unanimously. Name Change: APPROVED. Changing the name of the Leadership Council to the Board of Directors was approved unanimously. Addition of New Members: APPROVED: Postponing the addition of new members from other areas of the social determinants of health until September was approved unanimously. Policy to add new members: APPROVED. Policy to add new members and replace vacant seats approved unanimously. Formation of Executive Committee: APPROVED The formation of an executive committee was
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		Executive committee will be transparent; minutes and packets and packets will be posted on the website. There was a lot of discussion around whether there should be at least one tribal government represented on the Executive Committee. However, it was emphasized that generally the Committee will only be making decisions that the Board has given them authority over. All seven tribes hold a position on the Board and ultimately have a say in the Committee's decisions. A main concern for tribal representation on the Committee was the phrasing within the charter that the Committee would "advise director on emerging issues and initiatives." An alternative suggestion was to have a Tribal Consultant for the Committee. The board encouraged tribal representatives to self-nominate for a position on the Committee. No changes were made to the Charter, however the Board agreed to revise the Charter in a year and add tribal representation if needed. Two people showed interest in submitting nominations for the Committee.	approved unanimously with the consideration of revisiting in a year.
Katie Eilers	Regional Health Assessment and Planning (RHAP)	RHAP is planning to meet quarterly. The responsibility of RHAP is to be reactive to data. Katie reviewed the RHAP Charter (in progress) and the 5 areas of health priorities. Timeline: Katie reviewed the OCH Timeline of HCA deliverables. The OCH may be receiving \$50k from Health Care Authority for a pilot project. Draft Proposal: Katie reviewed the Draft Project Proposal which was approved by the RHAP committee on May 19.	Draft Proposal: APPROVED

		Priority will be given to projects that address the Common Measure Set. There are no specific indications for how projects will be considered an “early win.” Elya will work with the HCA team to establish guidelines for this. Short term early win outcomes are addressed in the project proposal outline Funding won’t be released for 30-60+ days. It was noted that the project should be an investment in community. It was also mentioned that it should be noted on proposal when funds need to be spent by. Scoring Template: Katie reviewed the scoring tool that will be used to evaluate project proposals.	Scoring Template: APPROVED The scoring template to evaluate project proposals was approved unanimously.
Roy Walker/ Public	Public Comment	Roy opened the floor for public comment. Jim Jackson, from DSHS, introduced himself to the Board as an ach specialist and said he would like to have his contact information distributed to the board. Peter Casey announced that this was his last board meeting, as he is retiring. Joe Roszak will be replacing Peter on the Board representing the Mental Health sector. Roy acknowledged Scott Daniels for his dedication to the OCH, and all his work in the early stages of this ACH. Scott is retiring at the end of June and this was his last OCH meeting.	
Elya Moore		Elya asked the Board for feedback on meeting space. A few members voiced approval of this space. Elya also reminded the Board of two upcoming events: • OCH Tribal Workshop – June 7; 12:00 p.m. – 4:00 p.m. • OCH Partner Group – June 14; 9:00 a.m. – 12:00 p.m.	
Roy	Adjourn	The meeting was adjourned at 10:10 a.m.	

		A presentation on the Medicaid Transformation Waiver was held immediately following the meeting, Board members were invited to stay for this presentation, but it was not mandatory.	
Marc Provence	Waiver Presentation	Medicaid Transformation Waiver: ACHs and Project Framework <u>Waiver Initiatives:</u> <i>Initiative 1:</i> Transformation through accountable communities of health <i>Initiative 2:</i> enable older adults to stay at home; delay or avoid the need for more intensive care <i>Initiative 3:</i> targeted foundational community supports <u>Transformation Framework:</u> <i>Domain 1:</i> Health Systems Capacity Building <i>Domain 2:</i> Care Delivery Redesign <i>Domain 3:</i> Prevention and Health Promotion Roy commented that all framing pertaining to this view is from a medical model out. Metrics: consistency with statewide common measures (n=55) With this model, there is a need for a financial executor. They would have no role in selecting/evaluating projects and would simply be the bookkeeper. Currently, the rough estimate for the waiver is \$3billion. Due to time constraints, Marc offered to come back to the Board at a later date to present on the Value Based Payment (VBP) model. For VBP, a question arose regarding how quality and value will be evaluated. The goal is to measure health outcomes of individuals serviced. Potential to move to payment + incentive. Social Determinants of Health projects should have more connection to VBP. HCA, CORE, ACHs will probably all work together to define the value.	

		What if medical providers don't want to participate? Medicaid pays for 25% of services now. Due to time constraints, Marc offered to come back to the Board at a later date to present on the Value Based Payment (VBP) model. The presentation ended at 11:30 a.m.	
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