Olympic COMMUNITY of HEALTH

Board of Directors

October 9, 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 9.11.2017	2-5
2. Executive Director's Report	6-7
3. 3 County Coordinated Opioid Response Report	8
4. Community and Tribal Engagement Report	9
5. Phase II Certification Feedback	10-12

3. Financial Projections

- Recent analysis lowers originally calculated Demonstration Year 1 earnings, by up to approximately $50 million (out of $138 million).
- Translation for OCH: Reduction of $6.21 million → $3.97 million
- Impact over the entire Demonstration is uncertain
- Demonstration funding dependent upon federal government matching funds:
  - Intergovernmental transfers (IGT)
  - Designated State Health Programs (DSHP)
- Mitigation activities are underway
- Staff has projections to share to guide planning discussions

4. Finance Update

ITEM	Page Number
1. Memo from Finance Committee	13-14
2. Financials: Feb-Aug 2017	15-18

I. State Innovation Grant Funding
II. Medicaid Demonstration Funding
III. OCH 2018 Budget
IV. OCH Investment Policy
V. OCH Quarterly Financials
VI. Independent Audit Firm

5. Whistleblower Policy

ITEM	Page Number
1. DRAFT. Whistleblower Policy	19-20

Excerpt from Personnel Policy:

423.1 Whistleblower Protection

All of the Olympic Community of Health's (OCH) staff, whether full-time, part-time, or temporary employees, to all volunteers, to all who provide contract services, and to all officers and directors, each of whom shall be entitled to protection shall comply with the OCH Whistleblower Protection Policy.

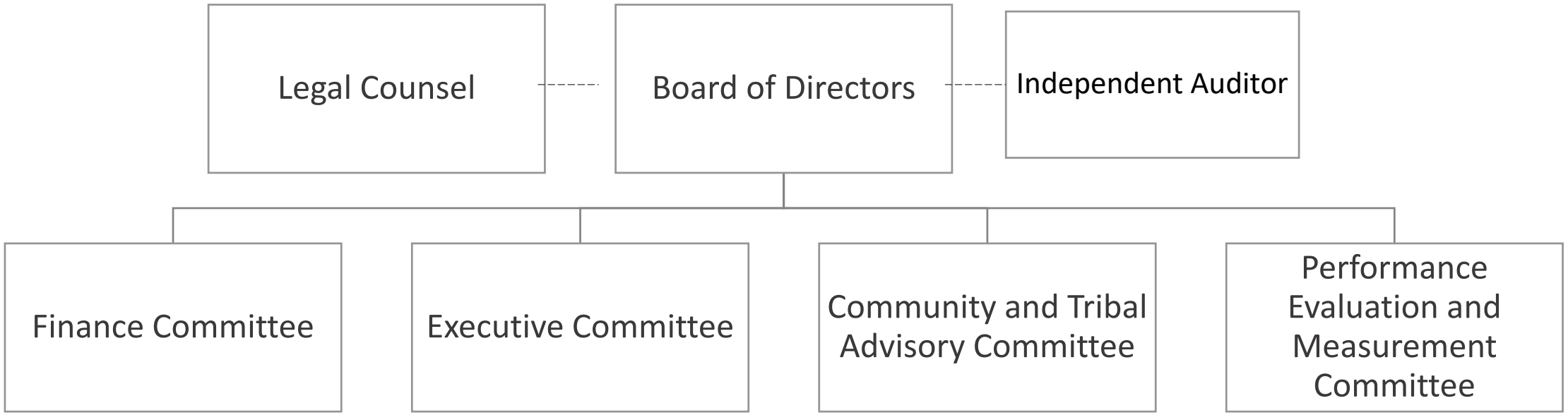
5. PROPOSED MOTION: Whistleblower Protection Policy

Board approves the Whistleblower Protection Policy as revised on October 9, 2017.

6. Committees

Proposed OCH Governance Chart

Revised September 27, 2017



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Performance, Measurement, and Evaluation Committee

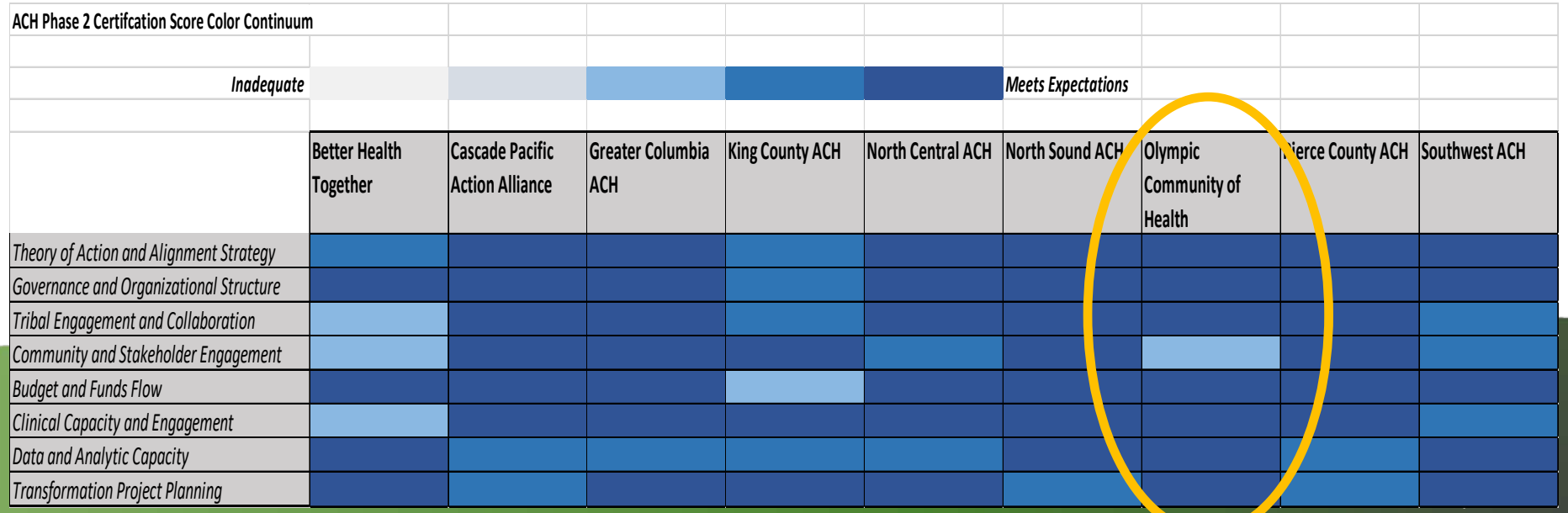
- Produce and maintain cross-cutting and tailored support for data collection, data-driven planning, evaluation, implementation, and monitoring of health improvement initiatives (e.g., regional health needs inventory), and reporting.
- Align data strategies with Demonstration implementation plan and change plans.
- Identify data and information gaps and data integration needs to support the provider organizations and reporting requirements of OCH initiatives.
- Facilitate partnerships with OCH partner organizations and Tribes to support data sharing, linkage, interpretation and dissemination.
- Develop recommendations and guidance on data investments that support planning, implementation, and monitoring of OCH initiatives.
- Coordinate data activities that are needed by the OCH.
- Perform other duties the Board may assign.

Community and Tribal Advisory Committee

- Work directly with and in communities in the OCH region to solicit guidance on whole person health, social justice, and health equity.
- Identify local forums to serve as natural, local opportunities for community and tribal voice in OCH decision making and dissemination of information of OCH activities.
- Provide data and information to the OCH Board to inform decision making.
- Facilitate partnerships with community providers and community-based organizations.
- Develop recommendations and guidance on investments that support community and tribal voice in OCH decision making.
- Ensure transparency and accountability by developing and monitoring the OCH community and tribal engagement plan.
- Actively recruit and support community and tribal members to serve on OCH's various committees and workgroups.
- Perform other duties as requested by the Board.

Feedback on Phase II Certification

- Lack of…
  - clarity regarding meaningful community engagement beyond opioid response
  - clarity regarding successes with partnering providers beyond opioid response
  - specificity and logic regarding community engagement approaches/plans
  - rationale regarding process to identify provider data, data system requirements



6. PROPOSED MOTIONS: Committees

1. The Board authorizes disbanding the **Regional Health Assessment and Planning Committee**.

2. The Board authorizes the formation of the **Performance, Measurement, and Evaluation Committee** and approves the charter as presented to the Board on 10/9/2017.

3. The Board authorizes the formation of **Community and Tribal Advisory Committee** as a standing committee and approves the charter as revised by the Board on 10/9/2017.

4. The Board authorizes revisions to the **Bylaws** presented to the Board on 10/9/2017.

7. Integrated Managed Care Update

ITEM	Page #
1. IMC Update	38
2. IMC Update (revised)	***Separate hand out***

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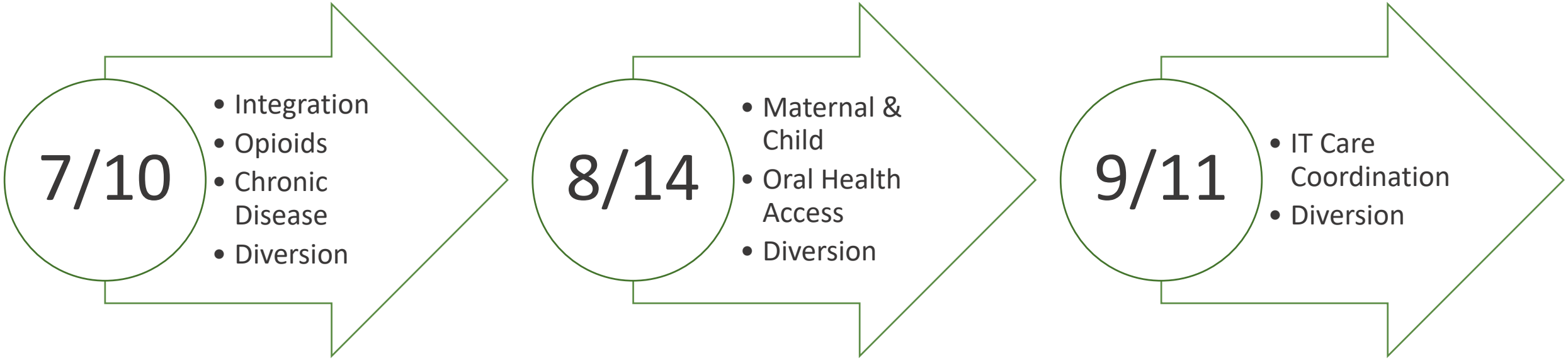
Break

From Projects to Portfolio: Timeline



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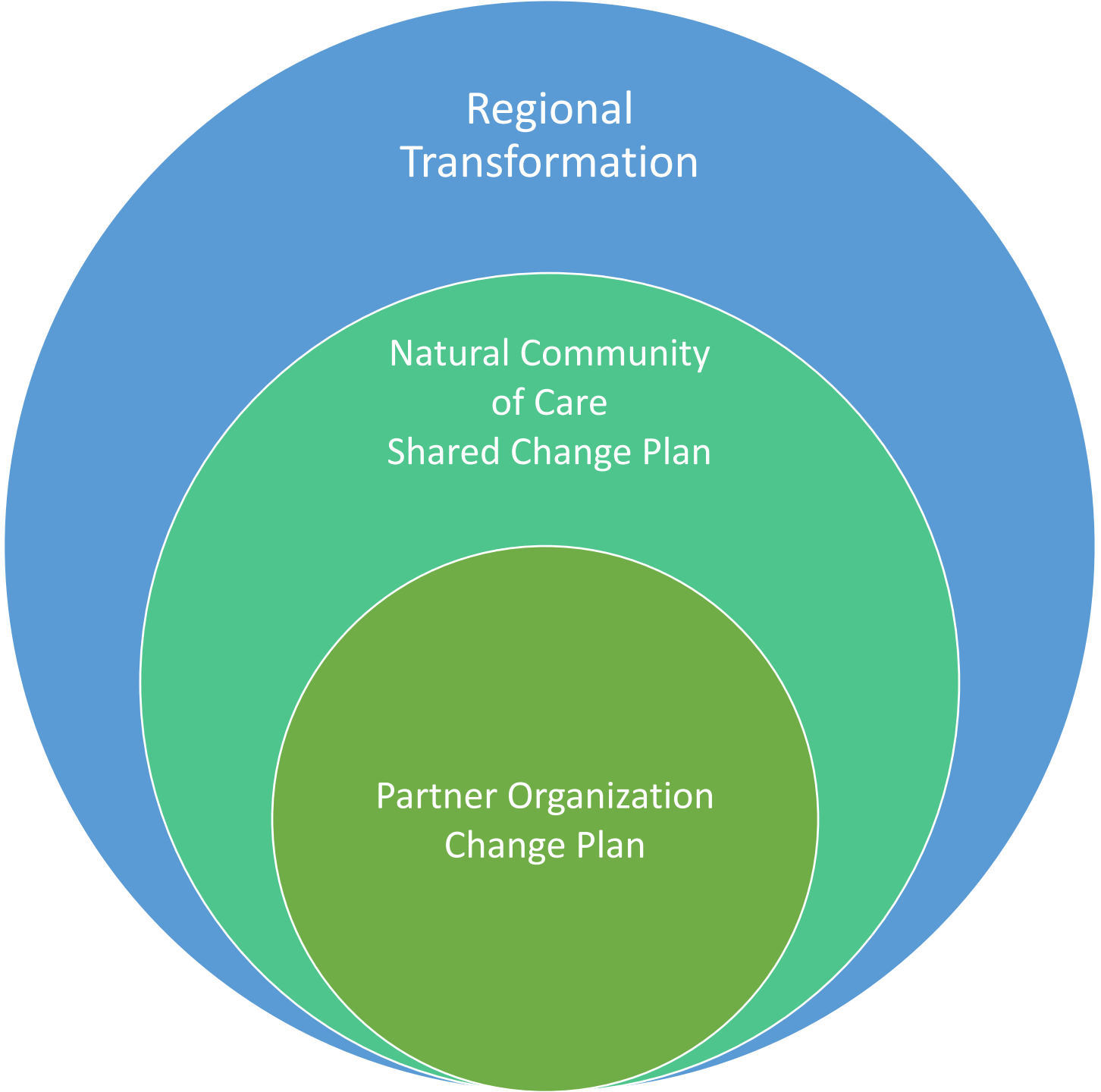
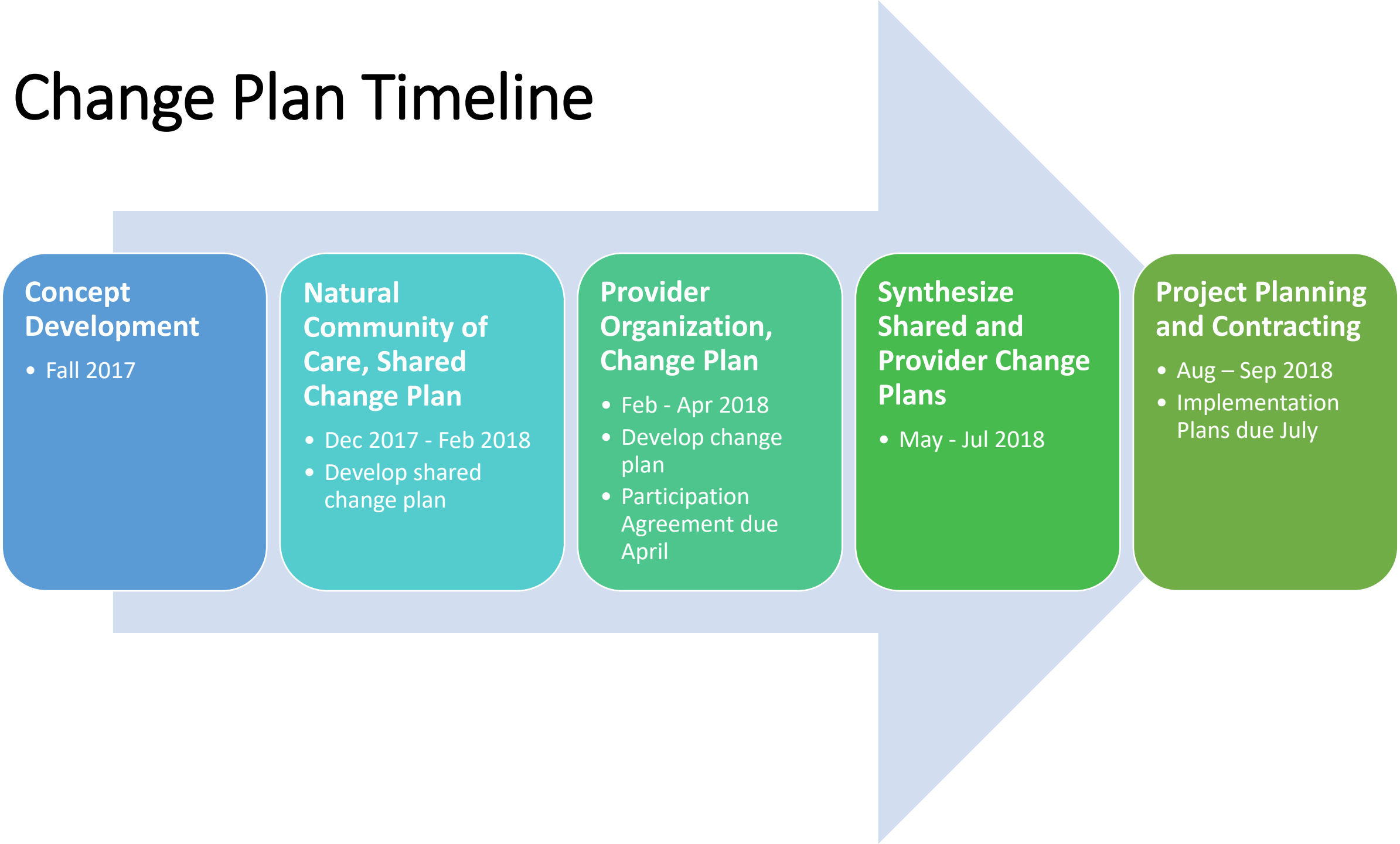
Change Plans



Change Plan Timeline



Clallam Natural Community of Care Shared Change Plan *(work in progress)*

Engaged Leadership	• CEOs and Directors are committed to transforming care
Quality Improvement Plan	• Primary care transformation, chronic disease evidence-based practices
Community-Clinical Linkage	• Patient outreach and engagement
Sustainability	• Collaboration with MCOs, utilization of common metrics
Care Coordination	• Population Health Nurse Care Managers, Health Guides, Community Health Workers
Enhanced Access	• Medicaid walk-in clinic within Natural Community of Care

Examples of Shared Change Plan Strategies

	Natural Community of Care Shared Change Plan Strategies		
	Kitsap	Clallam	Jefferson
Practice Transformation Examples (for the change plans)			
Behavioral Health and Primary Care Integration			
Opioid Treatment Integration			
Oral Health Screening and Education in Primary Care			
Reproductive Health Work Flow			
Chronic Disease Work Flow			
Opioid Prescribing Clinic Redesign	Transforming prescribing practices (6 Building Blocks)		
Enhanced Access		Drop in clinic	School-based clinics
Care Coordination	CHWs in ED	Community Paramedicine	Nurse Case Management
Workforce and VBP Infrastructure and Capacity Investment			

Regional Transformation Plan

Regional Assessment

Regional Transformation Plan

OCH Participation Agreement and Contract with Partnering Providers

Natural Community of Care Shared Change Plan

Community Assessment

Community Charter and Collaboration Agreement

Shared Change Plan

Participating Provider Change Plan

Baseline Self-Assessment

Provider Change Plan

Participation Agreements and Contracts with OCH

Contracting Framework* for Provider Partners

- Participation in the Natural Community of Care ("citizenship")
- Financial Sustainability Assessment
- Integration and Transformation Commitments
  - Population Health Management Systems
  - Workforce Development
  - Value-based Payment
  - Bi-Directional Integration
  - Practice Transformation
- DSRIP Project Development and Implementation
- Performance Monitoring and Reporting
- Distribution of DSRIP Funds
- Contract Boilerplate

* based on Adirondack Health Institute Provider Contracts

Incentive Allocation Concept

Potential Earnings by Natural Community of Care							Potential Earnings by Provider Organization		
A	B	C	D	E	F	G	H	I	J
# of beneficiaries in Natural Community of Care	PRISM Score by County & Community Needs Index	Matching dollars	Shared change plan	Milestones and P4R*	Partnership with community organizations	Unnecessary ED visits	# Outpatient claims/# unique beneficiaries/ attribution	Milestones and P4R*	Baseline self assessment factor

** No pay-for-performance incentive*

Value-Based Payment: OCH Pathway

Organizational culture change in health care

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VBP: Guiding Principles and Definition of Success

Guiding Principles

- OCH does not interfere with MCO-provider contracting
- Great care is taken to avoid collusion; shared understanding of boundaries
- Efforts support sustainable transformation, clinical integration, and VBP contracting
- Share best practices
- Assumption: Current fee-for-service contracts do not align quality incentives.

Definition of Success

- Improved provider-MCO relationship with transparency
- Provider organizations are supported in transformation efforts
- MCOs hit VBP targets
- Providers hit VBP targets and earn incentives
- Transformation is sustainable
- Measurable health improvement
- **Value-based care is the cultural norm**

VBP: Phased Implementation: “the what” (the who)

Phase I: Assessment, planning, and transformation (Hub, QI team, OCH)	Phase II: Alignment (OCH, MCOs)	Phase III: Performing in a value-based world (MCOs, Hub, QI Team)
• Consensus on different models of care supported by VBP (OCH) • Baseline assessment (Hub) • Action plan to transform practice from current state to ideal state (Hub + QI Team)	• Target DSRIP incentives (OCH) • Align* SAM, toolkit, VBP, HEDIS, and publicly-available quality metrics & milestones (MCO + OCH) • **CAUTION: Do not to interfere with MCO-provider negotiations and contracting*	• Data • Population health management • Care coordination • Etc.…

VBP: The “how”

Mechanism to implement	Role of OCH
• Identify target organizations • Iterative process to design and write action plans • Piggy-back off current infrastructure between providers and MCOs • Leverage/integrate existing organization-specific action plans • Organize around natural communities of care • Workshops, webinars, and technical training, summits	• Convener • Aggregator of information, especially as it pertains to DSRIP investment needs • Alignment for a regional strategy • Monitor progress, facilitate mid-course adjustments

Funds Flow: Drivers for Funds Flow Allocations

Drivers for Funds Flow Allocation				
	OCH-Classified Categories for Funds Flow			
Program Components	**Design**	**Project Plan**	**Baseline**	**Bonus**
Change Plan Activities - Provider Payments			90.0%	85.0%
Capacity and Infrastructure				
Domain 1 Projects - Allocations to Partners & OCH		75.0%		
IT Care Coordination	10.0%	5.0%	5.0%	
Policy and Advocacy; Consumer Empowerment	5.0%	5.0%		
Other Project (SDOH, etc.)				
Other Initiatives				
Wellness Fund			5.0%	5.0%
Reserves		5.0%		5.0%
Operations & Administrstion (OCH)	75.0%	10.0%		5.0%
Provider-Based Project Management	10.0%			
Total Funds Flow Allocation	100.0%	100.0%	100.0%	100.0%

Funds Flow: Allocations Summary

Drivers for Funds Flow Model	
P4R Baseline Allocation:	90%
P4R Bonus Allocation:	10%
Bonus Payout Start:	2021
Bonus Payout Years:	3
Wellness Fund Start:	2021
Wellness Fund Payout Years:	3
Funds Flow Model - Allocation Summary	
Direct Partner Payments (Direct)	$15,109,000
Partner Payments (Deferred)	$0
Capacity & Infrastructure	$4,334,000
Wellness Fund & Reserves	$1,304,100
Operations & Administration	$5,317,000
SDOH & Other Investments	$0
Total Funds Flow Allocations*	$26,064,100

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 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

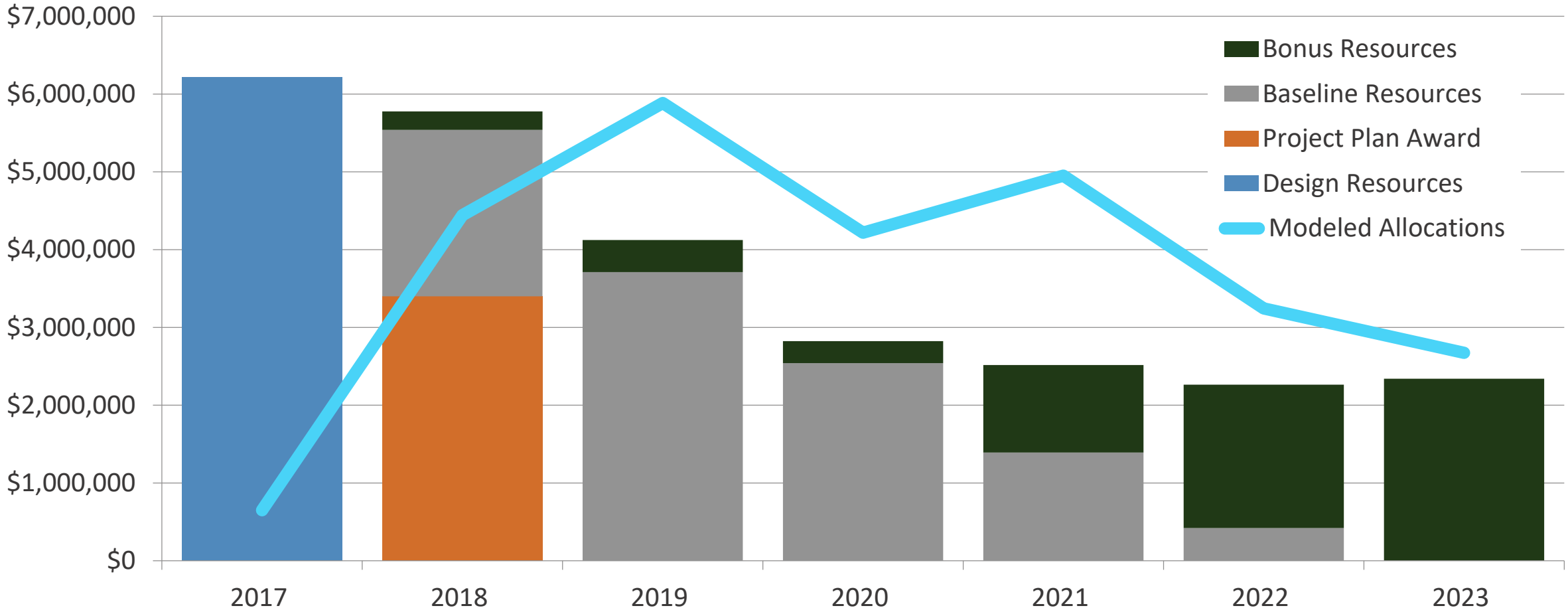
Baseline allocation is immediate to allow providers to prepare for alternative payment models

* Original DSRIP estimate was $36 million.

Funds Flow: Allocations Summary by Project Year

OCH Resource Allocation (modeled funds flow)	2017	2018	2019	2020	2021	2022	2023	Total
Change Plan Activities - Provider Payments (BASELINE)	$0	$1,925,000	$3,340,000	$2,287,000	$1,252,000	$379,000	$0	$9,183,000
Change Plan Activities - Provider Payments (BONUS)	$0	$0	$0	$0	$1,768,000	$1,768,000	$1,768,000	$5,304,000
Capacity and Infrastructure								
Allocations to Partners & OCH	$0	$1,020,000	$765,000	$510,000	$255,000	$0	$0	$2,550,000
IT Care Coordination	$100,000	$200,500	$260,600	$260,600	$130,300	$130,300	$220,700	$1,303,000
Policy and Advocacy; Consumer Empowerment	$0	$192,400	$144,300	$96,200	$48,100	$0	$0	$481,000
Other Project (SDOH, etc.)	$0	$0	$0	$0	$0	$0	$0	$0
Other Initiatives								
Wellness Fund	$0	$0	$0	$0	$274,000	$274,000	$274,000	$822,000
Reserves	$0	$0	$0	$0	$160,700	$160,700	$160,700	$482,100
Operations and Administration (OCH)	$550,000	$794,500	$1,063,400	$1,063,400	$1,063,400	$531,700	$250,600	$5,317,000
Provider-Based Project Management	$0	$311,000	$311,000	$0	$0	$0	$0	$622,000
Total OCH Resource Allocations - modeled funds flow	$650,000	$4,443,400	$5,884,300	$4,217,200	$4,951,500	$3,243,700	$2,674,000	$26,064,100

Funds Flow: Allocations Summary by Project Year



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Goal at the end of the Demonstration

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 to get there?

- Dial-in transformational activities - not *projects* but *workflows* & *clinic redesigns*
- Invest in infrastructure and capacity building
- Coordinate implementation by “autonomous” Natural Communities of Care
- Leverage matching dollars
- Focus on value-based contracting, less on P4P outcome metrics
- Target major Medicaid providers
  - providers and MCOs will be “left holding the bag” at the end of the Demonstration

“Dialing in Transformational Activities”

- Apple Integrator → I.T. Care Coordination investment
- Bright Futures → Preconception Health and Healthcare (CDC)
- Law Enforcement Assisted Diversion → Case Management
- Diversion models → NCC-specific

Adjourn

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