

# King County Health and Human Services Transformation

## *Advising Partners Group Meeting Notes*

*November 20, 2014 Meeting*

---

**Members Present:** *Teresita Batayola, Tizzy Bennett, Tom Byers, David Fleming, Erin Hafer, Patty Hayes, Mike Heinisch, Betsy Jones, Gordon McHenry, Jr., Karen Merrikin, Jeff Natter, Mark Okazaki, Nathan Phillips, Bill Rumpf*

**Staff and Guests Present:** *Liz Arjun, Sharon Bogan, John Howell (Cedar River Group), Kristine Lee (Amerigroup), Terry Mark, AJ McClure, Susan McLaughlin, Pam Raphael (King County Alliance for Human Services), Holly Rohr Tran, Deb Srebnik, Amina Suchoski (United Healthcare), Jack Thompson (Cedar River Group), Anne Tillery, Wendy Watanabe (Watanabe Consultation), Janna Wilson*

### Welcome and Introductions

Anne Tillery (Pyramid Communications) welcomed the group, led a round of introductions and previewed the meeting's agenda.

### Accountable Community of Health (ACH) Planning

#### ACH Path Forward (draft proposal) Presentation

Today's discussion, based on the Options for Consideration (emailed to APG yesterday), is the last with this group before submittal of the ACH plan on December 31 (ACH was also discussed at the Sept. 17 and Oct. 30 meetings).

Wendy Watanabe noted that 2 community engagement meetings have been held so far and 1 more is planned for December, during which they will review the draft plan.

The draft plan was reviewed, including: Goals and value proposition, process steps, and a straw proposal. Key elements included:

1. Use the experience of several initiatives to pilot test the approach for the work of the ACH
2. For 2015, create an Interim ACH Leadership Council of key stakeholders
3. Build/enhance King County community engagement infrastructure for regional equity
4. Consider two options for Interim ACH Leadership Council Membership: A) Create a new entity with representatives from key sectors; or B) Use the Advising Partners Group (with membership modifications)
5. Develop recommendations for ongoing ACH structure and governance mode by end of 2015.
6. Use anticipated Design Community funding from the State to provide the staff support for the work of the Council, among other needs

Members of the Advising Partners Group remarked that it makes sense that an Interim ACH Leadership Council would look for synergies across initiatives, but that it should be careful not to usurp the authority of the initiatives' existing governing bodies, where they exist.

### **Small Group Discussion and full-group report-outs**

The Advising Partners Group then broke into small groups, each of which addressed the following questions; discussion notes are bulleted beneath each question.

1. *Is the straw proposal the right first step toward creating an ACH? If not, what alternative would you recommend?*
  - Vision is missing – the ACH should be the place where prevention/planning occurs
  - Like cross-sector focus
  - Proposed set of initiatives seems the right starting place, but consider others in the future; a phased approach
  - Confederation concept. Autonomy for initiatives but ACH looks for cross cutting work/alignment, community engagement, use of data
  - Interim is important – need to learn from the first year. Start somewhere. How long is interim?
  - Concern – are we asking Interim Council to do too much? Is there a mismatch with available resources?
  
2. *Do the suggested roles, and work of the Interim Council, have enough substance to keep key players engaged, and begin to make progress toward accomplishing the triple aim?*
  - Vision related to triple aim should drive activity
  - Idea of voluntary, joint agreement on work to be done vs. “authority”
  - Creating a new approach and the possibility of attracting new funds will attract folks to serve
  - Breadth and balance amongst membership is needed
  - Stakeholder groups should be adequately represented/have a conduit to this group, including community engagement
  - The interim council should work openly and transparently.
  - Mission, resources and engagement mechanisms are all important.
  - Need for more work to make sure there is a clear description of ACH role vs. initiatives' roles
  - Establish measures of effectiveness and outcomes across initiatives sharing data
  - This group should have a role in addressing approaches to new initiatives or opportunities if they happen to come to light in 2015
  - Ensure cross-initiative alignment
  - Should have role in determining the sustainability of the ACH, including sustained funding sources for ACH work
  - Establish a framework for shared savings agreement (discuss approach/framework in 1<sup>st</sup> year; not enough time to reach agreement)

- Create shared solution framework
3. *Which option would you suggest for the membership of the Interim Council, and why?*
- Membership of Interim Council should include a relevant subset of APG members, plus strong representation from the initial set of initiatives.
  - Start with subset of APG; some necessary representatives may be missing: e.g., self-insured employers, hospitals.
  - The council needs to be inclusive – including organizations representing social determinants of health. Need people outside the medical system, but connected somehow to health care. Also needs major philanthropy, managed care organizations.
  - Engaging a large, self-insured employer is important.
  - Process/methods to be inclusive are more important than membership; there need to be mechanisms for public engagement.
  - Like idea of smaller group – how can a structure involve more folks? Consider task forces, or “bullseye” structure. Main accountability/work rests with a smaller group, but lots of folks need to be involved.
  - Suggestion that “interim” be a period of 6 months if possible, recognizing it depends on resources
4. *Will the suggested approach to community engagement result in creating an authentic community voice at the table? If not, what would you suggest?*
- The proposed 2 seats on the Interim Council could be perceived as token appointments
  - Important that engagement approach structure to bring networks together is done and highlighted.
  - Structure has to be formalized so people know their roles; what their commitment is – need rules of engagement and commitment.
  - Consider both geography and ethnicities as “communities.”
  - Use existing community tables.
  - Ensure community voice is a core factor and not a side-thought.

## BREAK

### Next Steps for ACH Planning

Input from today’s discussion will be reviewed and debriefed with the ad hoc steering group, and built into the application. In early December, a draft will be posted for broader community feedback. The final report/plan will be submitted to the State by December 31, 2014. An application for ACH “design” phase support of up to \$100,000 is due January 9, 2015. Public Health-Seattle & King County will be applying.

## Next steps for Advising Partners Group

### December meeting focus (Best Starts for Kids)

This group's next meeting is scheduled for December 11, 10-11:30 a.m. at NewHolly Gathering Hall. The focus of that meeting will be to discuss King County Executive Constantine's [Best Starts for Kids](#) initiative.

### Additional meeting to be scheduled

Based on discussion at today's meeting, the sense of the meeting was to plan one more meeting of this group in early 2015 to discuss the future role of the Advising Partners Group and/or a leadership group for the ACH.