Washington Health Alliance
Board of Directors Meeting

MINUTES
October 27, 2020

Board members call-In: *Curt Bailey, Lloyd David, Sarah Greene, Dr. David Grossman, Fred Jarrett, Dr. Christopher Kodama, Tim Lieb, Charlene Lind, Pam MacEwan, Greg Marchand, Larry McNutt, Lee Mills McGrath, Mich'l Needham sitting in for Sue Birch, Megan Pedersen, Dr. Peter Rutherford, Ron Sims, John Wagner, Jim Zimmerman*

Board members absent: *Merissa Clyde, Patrick Connor, Joe Mizrahi, Steve Mullin, Carol Wilmes*

Staff present (and call in): *Nancy Giunto, Karen Johnson, Catherine Lanham, Adria Moskowitz, Mark Pregler, Theresa Lampkin Tamura*

Visitors: *Melissa Pickell for Shannon Jurdana, Vimly Benefit Solutions*

Call to Order

Jim Zimmerman called the meeting to order at 2:36 p.m. Mr. Zimmerman asked for conflicts of interest and Mich'l Needham announced a conflict of interest per the WA-APCD conversation and will recuse herself from the Executive Session.

Consent Calendar

- September 22, 2020 BOD Minutes
- October 15, 2020 EC Minutes
- October 8 Quality Improvement Committee
- October 15 Consumer Education Committee
- October Executive Director Report including Q3 progress on Annual Plan Goals
- 2019 IRS Form 990 (approved by the EC)
- Q3 Financials

The Board approved the Consent Agenda as presented.

Board Impact Project

Theresa Lampkin Tamura provided the Board an update on the progress on the opioid initiative. She began by refreshing the Board on the Initiative's goals, roles and responsibilities of Board members and the timeline.

Ms. Tamura then provided an update on the two interventions that are summarized in the tables on the following pages:

Update on Intervention 1

We have found that most providers, purchasers, and plans currently monitor opioid prescribing. All our provider stakeholders are now participating in the Better Prescribing, Better Treatment initiative. We believe there is an opportunity to connect with current efforts in physician to physician coaching, rather than building our own.

Proposed Interventions	**Regularly monitor prescribing for acute pain** • **Ensure results are unblinded and shared at a leadership level** • **Outliers receive coaching as an intervention**	
	Low Back Interventions	Dental Interventions
Providers	Enroll in Better Prescribing; Better Treatment	(N/A: No dentists included in current Board provider organizations.)
Purchasers	Ensure PBMs and health plans are tracking and reporting on prescribing for acute low back pain and providing outreach as needed	Ensure dental plans have the prescribing data to monitor and provide outreach to its contracted dental network
Health Plans	Partner with coaching entity for contracted providers (i.e.: 6 Building Blocks in conjunction with WSMA)	

Update on Intervention 2

Stakeholders tell us that there are key moments when opioid education can best be delivered which includes: procedure planning; prescribing; and prescription pickup. To that end, we are collecting and reviewing consumer education materials about acute opioids, planning to convene multi-stakeholder groups to discuss non-opioid options, and hosting a potential PAG meeting and/or webinar on non-opioid pain management strategies.

	Educate consumers about non-opioid pain management • **Ensure all stakeholders have consistent consumer messages regarding non-opioid options** • **Align consumer messaging across stakeholder types and within stakeholder groups** • **Ensure important consumer messaging occurs in real-time at key moments**	
	Low Back Interventions	Dental Interventions
Providers	Ensure providers are equipped and comfortable addressing non-opioid options with patients	
Purchasers	Ensure provider and health plan messaging is consistent and is specific to key moments.	
Health Plans	Support providers; provide messaging to targeted populations at key moments.	

Board feedback includes:

- A missing message is “why shouldn’t you take opioids?”
- Many patients receive an opioid prescription from retail pharmacies that aren’t associated with any single provider or health plan. The Alliance is looking into outreach to the Pharmacy Association to reach these important points of care.
- Small to medium employers have a broker or PBM or some other entity between the data gatherer and the purchaser. We should take this into account as we further develop our action steps.
- A suggestion was made for a plaque for providers to display to advance consumer education.
- A gap in the intervention plan is simply to change coverage. It would be faster and takes a lot less time and energy.

2020 Year End Financial Projections

Nancy Giunto presented the Board with the 2020 Year End Projection. Catherine Lanham provided a more detailed explanation, and answered questions.

We project total revenue at year end to be $46K ahead of budget. We have not met the budget goal for new members this year, and have more than made up this shortfall in Grants and Contracts largely due to the Driving Value, Arnold Foundation grant.

The 2020 year-end financial projection shows total expenses before depreciation to be under budget by $23K.Travel expenses show a positive variance due to Covid-19 restrictions. Adjusted Dues & Adjustments is a new account line item for recognition of memberships that are not paid (bad debt) or adjusted.

Our year-end projection shows a positive Net Operating Revenue before Depreciation of $63K.

We anticipate forgiveness of a portion of our PPP Loan. We have not included this in the projection because, per accounting guidance, we will not recognize it until the forgiveness application is approved by the Small Business Administration (SBA). US Bank notified us this week that this process may take 5 months. We are planning to begin our application for forgiveness this year.

In response to a question asked about deprecation, Ms. Lanham said the $397K we expect to record for depreciation is almost entirely capitalized expense for the Community Checkup website. We will present a more detailed review of deprecation when we present the 2021 budget.

Invoicing is underway for 2021, and we have already received payments. We also have received requests from some organizations for multiple year invoicing. At the end of September 2020, checking and savings accounts include current assets of $3.15M.

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2021 Business Plan - Draft

Nancy Giunto reviewed the 2021 Draft Annual Business Plan with the Board. The strategies stay the same as 2020 except for the addition of Strategy #4 on equity and inclusion; the objectives and tactics are updated. The language throughout the Plan has been changed to be more action-oriented and emphasize driving change. Specific highlights for Board members to look at were called out on slide 11 of the PowerPoint presented during the meeting.

- Strategy #1, Objective E – partnerships with researchers is a great opportunity.
- Strategy #2 – assumes contract with Washington State Healthcare Authority (HCA) on WA-APCD and outlines the first steps we will take to operationalize.
- Strategy #3 – update to priority projects based on Board feedback.
- Strategy #4 – call out for focused attention
- Strategy #5 – next steps for a very active Membership Development Committee.
- Open budget questions including membership and new grant targets presented in December.

There are some open budget questions including membership and new grants targets that will be presented to the Board at the December meeting with the budget. The 2021 Draft Annual Business Plan will be updated based on feedback from the breakout rooms and the final 2021 Annual Plan will be approved in the December Alliance Board of Director Meeting.

The Board separated into break out rooms, each focusing on one strategy to provide comments for improvement. The questions for each group to consider were included on pages 83-87 of the Board Packet. A summary of feedback from each breakout group is provided below.

Group 1: Strategy 1: **Drive marketplace action through our products and initiatives and enable a sustainable funding model for a growing organization through influence, impact and innovation.**

Recommendations from Group 1:

- Seven objectives are too many – recommended rework of the objectives.
- A & F - both are “business as usual” and not necessary to include in the plan.
- D & E – combine under single objective to “build a grants engine”.
- B – already underway; it stays as is.
- C – stays as is but focus the tactic, be outcome-based; reframe to measure impact of Value-Based adoption.
- G – didn’t understand how it fit or why it was there.

Greater quantification is needed in the objectives and the tactics throughout the plan.

- Look at a higher level strategy view of how it can be quantified. Include information to quantify the health impact on the state.

- Need metrics for outcomes or measurement.

<u>Group 3: Strategy #3:</u> Achieve notable state and national recognition for the excellence and timeliness of Alliance reports, products and analytic capabilities to ensure ongoing funding opportunities and stakeholder support.
<u>Group 3: Strategy #5</u> Significantly grow Alliance membership and retain current membership.

Recommendations from Group 3:

- To achieve notable state and national recognition, overtly publish outcomes of activities that are driven by the information in those reports.
- Create a publishing core competency. Change a core competency from data and analytics to generating activities and formerly publishing them to gain notoriety that we're looking for in grant making and diversification.
- Create a Grant Research core competency. Have a list of grants in the queue that match our strengths and capabilities; have a more formal consistent process for grant research, grant writing and grant implementation.
- Put goals on grants and contracts with the idea of diversification of revenue streams.
- Look at geography and reporting analytics with a lens towards geographic and other population attributes; i.e., populations affected by social determinants of health.
- Look at the inequities caused by the impacts of delayed primary care due to Covid-19 on the health of certain populations.
- Add value as part of new membership, like adding basic analytical information as part of their initial membership. Provide "added value" items that we can provide quickly to entice new members.

There may be overlap in Strategy #1 and Strategy #3 in terms of grants and opportunities. This may be an opportunity for consolidation.

<u>Group 4: Strategy #4:</u> Reflect the Alliance's Board Members' and staffs' commitments by becoming an organization that incorporates and /or advances equity and inclusion in the Alliance's work.

Recommendations from Group 4:

Larry McNutt led with an understanding and awareness that this was a white, privileged breakout group talking about that of which we have no lived experience to discuss how we start the Alliance on this journey. Highlights other than the changes to the strategy language that eliminate the "and/or" include:

- Set the bar higher than original strategy, even if we don't know what the end result or success looks like. Acknowledge that we are starting a journey, a movement, it is not a destination.
- Need to create an aspirational anti-racist statement, that helps us set a "true north", that guides the Alliance's work (reports, convenings, committees, All-Alliance meetings, panels, CCU), mission, structure, Board.
- Who can we listen to/learn from about what others are doing for example, the Indian Health Board. We need to have something to share and ask for feedback on, not just a request to educate us.
- What is our unique lever/role we can play in bringing an anti-racist lens to the work we do and influence, understanding that we cannot do everything.

The meeting adjourned at 4:17 for the Executive Session.

The Executive Session adjourned at 4:36 p.m.

Respectfully submitted by Adria Moskowitz

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Jim Zimmerman, Chair