BOARD OF TRUSTEES RETREAT
FRIDAY, FEBRUARY 1, 2019
9:00AM – 4:00PM

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: HCP Conference Center

MEMBERS
Joe DeVries, President
Kinkini Banerjee, Vice President
Maria G. Hernandez, Secretary
Noha Aboelata, MD  Louis Chicoine
Taft Bhuket, MD  Tracy Jensen
Gary Charland  Ross Peterson

NON-VOTING MEMBERS
Chief of Staff – HGH/FMT/JGH/AMBULATORY Medical Staff: M. Kelley Bullard, MD
Chief of Staff - SLH Medical Staff: Michael Ingegno, MD
Chief of Staff - AHD Medical Staff: Joseph Marzouk, MD

BOARD OF TRUSTEES REGULAR MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 9:12

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Noha Aboelata, MD, Kinkini Banerjee, Louis Chicoine, Joe DeVries (arrived at 10:45am), Maria Hernandez, Tracy Jensen, Ross Peterson

ABSENT: Taft Bhuket, MD and Gary Charland

A quorum was established.

A. Welcome/Overview
Joe Devries, Board of Trustees President
Delvecchio Finley, Chief Executive Officer
Mr. Finley discussed the opportunities for new partnerships with the new State administration. He appreciated the Board’s support of his participation in statewide organizations.

B. REPORT/DISCUSSION

1. Population Health Update
   Tangerine Brigham, Chief Administrative Officer – Population Health Management

Ms. Brigham reviewed the report beginning on page four of the agenda packet.

Trustee Jensen asked what the impetus was for Anthem to migrate their Medi-Cal managed care members into the capitation for the primary care setting. Ms. Bingham said they would probably be more willing to do global capitation rather than just primary care because of the potential of shifting some of the cost to AHS.

Trustee Chicoine asked if she had a sense of the delta between primary and ER. Ms. Bingham said it had a lot to do with location and timing.

Trustee Aboelata asked if there was anything in place to assess the appropriateness of ER visits. Ms. Brigham said there was discussion about tracking it but no mechanism in place at the time. Mr. Finley added that there was a subjective nature to the issue that would have to be addressed for tracking as well.

Trustee Hernandez said St. Rose opened the urgent clinic to refer to refer people from the ER to the urgent care clinic. Ms. Brigham said AHS did that as well with the Same Day Clinic. Trustee Aboelata asked if the Same Day Clinics were part of the Primary Care Capitation. Ms. Brigham said they were not.

Trustee Hernandez asked what the average capitation dollar for primary care per person would be. Ms. Brigham said in some respects the dollar amount was not the relevant figure to focus on as a Fairly Qualified Health Center (FQHC). FQHC’s were guaranteed a specific rate per visit. That amount wouldn’t change with capitation. Instead of a fee for service rate they received a capitated by member rate.

The Board discussed the risks of not connecting with segments of the population who don’t seek regular primary care as affected by the APM performance metrics.

Trustee Hernandez asked, in reference to the outreach efforts, if there was overlap with the County agency also trying to reach the same population. Ms. Brigham said it was on the whole person care population, which was a very low number. Trustee Hernandez was interested in additional opportunities for cooperation with the County for these outreach efforts.

Trustee Peterson asked if they relied on calls and letters exclusively because of the restrictions on texting. Ms. Brigham said they were still learning, as the process was new. They would make changes as they need to, but the texting would take a change in federal law.
Trustee Aboelata said that when members of the homeless population got emergency services at AHS they were changed in the Alameda Alliance records to being primary care patients at AHS. She asked if that was a practice they would continue as there would be more attached than just getting paid for that one visit. AHS then would assume a responsibility for reaching the homeless population. Ms. Brigham said that she would look into it.

Trustee Chicoine discussed the need to remember there was a person on the other side of the equation. Very often a member of a vulnerable population didn’t connect with an organization like AHS. He said it was important to not do harm. Mr. Finley said that multiple entities needed to coordinate to understand who was working with the patient. He acknowledged that if one person had five different agencies trying to reach out to him that was good to know but it didn’t necessarily change what AHS had to communicate.

Trustee Hernandez mentioned the silos issue, no one agency had all the information. When do we get to say that there would be one thing we would do in common. Maybe get an email address or give them a cell phone.

Trustee Banerjee asked about doing a community needs health assessment. Ms. Brigham said she wasn’t sure when the last one was done but there were requirements. Alameda County facilitated the assessment.

Trustee Aboelata and Ms. Brigham had a conversation regarding the primary care piece and what it meant when someone was a primary care patient. If it was an urgent or episodic visit there was no reason to explore where they got regular care. Was the primary care conversation appropriate for the ER or urgent care visits. The silos that existed regarding the safety net patient’s data mainly resided between Alliance and AHS. Healthcare Services tried to get this information through the community health record. This was an opportunity to make some asks with the health plan because they knew who was on that asthma start list, or the health homes list, who the assigned primary care was, etc. They discussed to what extent they were gathering social determinants of health data as a plan. The plan should know if someone was housed or unhoused. Ms. Brigham said that for AHS members they got a sense of who was on the various projects or lists so that we can provide the correct service bundle for them. They discussed how the homeless data was unreliable due to coding issues.

Mr. Finley said he wasn’t sure how well the plan was at gathering data for programs they weren’t connected to. Trustee Chicoine said AHS needed to lead the effort. Mr. Finley agreed and said that was where their efforts were focused. They were sharing data about a wider swath of the population than the natural parameters of the whole person care program. They agreed that there was a concept of value that they could bring to the population if they had the most robustly shared data possible, while still providing the appropriate protections.

Trustees Chicoine and Aboelata discussed the structural insufficiencies in Alameda County for dealing with these vulnerable populations. She agreed that AHS should be a leader with the understanding that they weren’t in control. As the point of entry into the
system for most of the population, AHS would still be where the blame would be placed. AHS had the most to lose.

Trustee DeVries arrived 10:45AM.

Trustee Hernandez suggested they convene the key players in an engaging manner. Mr. Finley said they would be able to suggest the idea, and they have, but they would only be a participant and could not manage the frustration that would arise.

Trustee Chicoine said they have very serious issues they need to talk with the county about and it has been a struggle. Trustee Hernandez said they should put more public pressure on to get this resolved.

Trustee Aboelata asked what pressures were instigating the decisions regarding specialty care capitation. Ms. Brigham said the goal would be to reduce out of network utilization.

Trustee DeVries asked if AHS lost funding when patients went out of network for care. Ms. Brigham said no, it was more about coordinating care.

The Board discussed the challenges of respite care. They discussed the option of exploring Fairmont and the options to advocate for developing a coordinated plan county-wide.

2. Compliance Education: Board of Trustees
   Rick Kibler, VP, Compliance & Internal Audit

Mr. Kibler reviewed the report beginning on page 53 of the agenda packet.

   Tangerine Brigham, Chief Administrative Officer – Population Health Management

Ms. Brigham reviewed the report beginning on page 71 of the agenda packet.

The Board discussed the need to keep an eye on the policy process and advocate as needed to support the mission of AHS. They discussed the impact of the Health Pac program considering the expansion to include un documented young adults. The Board requested that staff continue to keep them apprised of how they can encourage appropriate policy.

4. Board Playbook Review
   Maria Hernandez, PhD, Trustee

Trustee Hernandez discussed the Board Playbook.

Trustee Hernandez requested each committee had a document like the slide on page four of the handout, available here: http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/. She requested updated versions be placed in the Playbook binder to allow the Board to have a clearer picture of the cycles of the various
organizational activities. She also requested a copy of the calendar on page 15 of the handout, be added for each of the committees. She offered her assistance to create.

5. Wrap up and April Retreat Planning
   Joe DeVries, Board President

(General Counsel Announcement as to Purpose of Closed Session)

CLOSED SESSION

1. Potential Litigation [1 matter]
   M. D. Moye, General Counsel
   Significant Exposure to Litigation
   [Government Code Section 54957.9(d)(4)]
   AHS v. ACERA

2. Public Employee Performance Evaluation
   [Government Code Section 54957(b)]
   Title: Chief Executive Officer

(Reconvene to Open Session)

Trustee DeVries announced there was no reportable action taken in Closed Session.

PUBLIC COMMENT: None

TRUSTEE REMARKS: None

ADJOURNMENT: 5:30PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of February 1, 2019 as approved by the Board of Trustees on February 28, 2019.

Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: M.D. Moye
General Counsel