**Chelan Douglas CHI** attendee comments specific to the proposed Governance Model:

* Some areas have a single stakeholder representation. Is there a plan for rotating reps through to insure a balanced governance?
* This work seems Medicaid focused. What are the proportions of different insured in Chelan-Douglas counties. David Olson reported approximate “general” numbers that Confluence Health serves (Medicare-50%; Medicaid 10-15%; Other/Commercial 35%) and stresses that these numbers will vary depending on the other healthcare providers/partners as well as the individual communities/counties. Barry answered that Medicare talks about adopting similar value based model as Medicaid.
* HHS says by 2020 any HHS coverage will be value based.

**Okanogan CHI** attendee comments specific to the proposed Governance Model:

* Are the payers/Health Plans voting members on this proposed model?
* Will the Executive committee membership be balanced? Will there be guidelines to ensure there won’t be sector dominance?
* Where do consumers fit into this model?

**Grant CHI** attendee comments specific to the proposed Governance Model:

* Development of trust is critical in these early stages
* Trust, accountability, transparency are all important moving forward. Concerns there is no transparency commitment in the draft document.
* The principle on the “role of voice” of the board doesn’t capture all of what is important at this level.
* All hospitals in Grant Co. are Public Hospital Districts. There needs to be a better/more inclusive “voice” for the rural communities. Please bring meetings to the rural communities.
* Can you (board seats) be required/create formality to engage “constituents” of who they represent to insure inclusivity of all voices?
* Re-evaluation is important in this process in 2015. It is important to do an evaluation/survey of constituents annually for the first few years.
* Concerns that Advisory Council won’t have power. There needs to be more formality in charter to give the Advisory Council more leverage/input to Governing Board. As an example, there should be policy written that will give AC nearly equal power to the Governing Board.
* Where does the consumer fit in?
* Concerns still remain about allocations of resources.
* Governing Board still gray. What are the distinctions between it and the Advisory Council?
* We don’t know the scope/significance of the Governing Body yet.
* No finance/reimbursement committee in the proposal.
* See it as a series of filters, such as Principles 2 & 3. See communication both ways as the heart and soul of the ACH.
* The benefits to the rural communities needs to show up here.
* Language of the representation on page 3 okay? Importance of Governing Board/Advisory Council is accountability.
* Should there be a limit to the number of representatives by county? Selection of seats is important consideration. Tom (Chair of Regional Hospital Council) spoke about the Washington State Hospital Association focus on a nominating committee that could balance the appointments to be fair.
* In the future we would hope this becomes less of a geographic representation and more accountability to the community/ACH as a whole.
* Initial representatives have the task of engaging the constituents.
* Equality will be important early in the process.
* Choosing from within stakeholder/constituency group can help in building trust.
* Why is Confluence the only healthcare system called out in the board membership? (Jeff responded with the explanation this is the only regionally reaching system in this RSA.)
* Where is representation of women/children? Veterans? Aging? Where would this occur? On the Governing Board or on the Advisory Council? If we are looking at population health we need to look at moms and kids.
* Primary Care can be representative of a “broad age” population.
* If we get too prescriptive we’ll “cut off our legs”.
* Suggestion for an outreach committee that can reach/have a presence within the individual constituents.
* Should the Advisory Council have a role in recommending the succession for Governing Board seats?
* There needs to be a communication plan going on at all times. Also a formal communication plan with County Commissioners/City Councils, etc.
* Women/Children/Poverty could be a position at large from groups that represent (Aging and Adult; Headstart;, etc.)