COMMUNITYCHOICE

Deb Miller <deb.miller@communitychoice.us>

RE: Leadership Group Meeting 4/23 Summary - L Lee input vis-a-vis Backbone Support Invitation Letter

Laurel Lee <Laurel.Lee@molinahealthcare.com> Thu, Apr 30, 2015 at 5:50 PM
To: Deb Miller <deb.miller@communitychoice.us>, Barry Kling <Barry.Kling@cdhd.wa.gov>

Hi Deb and Barry,

I am attaching a document with my redline comments/thoughts vis-à-vis the Backbone support invitation letter. You will notice that I lifted in (as Attachment 1 – but simply for consideration) a list of backbone support entity responsibilities that is being used by the SW WA RHA. I thought this list could be informational in potentially editing the list of potential duties we originally captured in this invitation.

In addition to the comments embedded in the document, I believe we should also develop and include some draft/high level criteria that we would reasonably use to help us evaluate whether a given entity would be a good fit to serve as the backbone support organization for the NCACH. For example, wouldn't we have a strong preference toward organizations that have a proven track record working across all four counties in the RSA? Wouldn't we also prefer an entity with experience in health focused community engagement?

I hope that this feedback is helpful. Please let me know if you have questions or require further clarification.

Laurel

Laurel A. Lee

VP Member & Community Engagement

Molina Healthcare of Washington, Inc.

Email: Laurel.Lee@molinahealthcare.com

Office: 425-424-1121

Mobile: 206-910-8447

From: Deb Miller [mailto:deb.miller@communitychoice.us]
Sent: Sunday, April 26, 2015 4:51 PM
To: Barry Kling; Ben Lindekugel; Bruce Buckles; Cathy Meuret; Gail Goodwin; Jeff Ketchel; Jeffrey Davis; Jesus Hernandez; Ken Sterner (DSHS/AACCW; Lauri Jones; Nancy Warner; Peter Morgan; Carmen Switzer; David.Escame@amerigroup.com; Jorge arturo Rivera; Kristine Lee; Laurel Lee; Lauren Warrick
Subject: Fwd: Leadership Group Meeting 4/23 Summary

Please see Barry's email below.

Warm Regards,

Deb

On Sun, Apr 26, 2015 at 3:02 PM, Barry Kling <barry.kling@cdhd.wa.gov> wrote:

Deb, please forward the message below to the Leadership Group…Thanks…Barry

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Here are my take-home points from our Leadership Group meeting on 4/23. All corrections/additions are welcome!

Reminder: Next Lead Group meeting is Thursday, May 7, 2015, 2-4PM

Attending:

David Escame (Amerigroup) – by phone

Carmen Schweitzer (CHPW) – by phone

Lauri Jones (Okanogan Public Health) – by phone

Laurel Lee (Molina}

Peter Morgan (Okanogan County FQHC)

Deb Miller (Community Choice)

Nancy Warner (IRIS)

Ken Sterner (Aging & Adult Care)

Jeffrey Davis (Confluence)

Cathy Meuret (Chelan-Douglas Public Health)

Jesus Hernandez (Community Choice

Gail Goodwin (Grant Integrated Services)
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Jeff Ketchel (Grant Public Health)

Barry Kling (Chelan-Douglas Public Health)

Issues Highlighted in Partner Feedback re Governance Proposal: Much of the feedback on the governance proposal was positive and supportive, but there were also some concerns and issues raised. We identified the following main issues raised by the feedback, and came to the conclusions indicated:

1. FQHC representation on GB

   We agreed the primary care rep should be specific to FQHCs because of their major role in Medicaid primary care.

2. Business community representation on GB

   We agreed this is needed.

3. Required attendance for GB members

   We agreed this should be required by GB bylaws.

4. 4-county representation on GB

   Agreed this is needed and should be kept in mind for initial appointments, though it may be a challenge as membership changes.

5. Adequate representation for smaller hospitals

   We agreed it is important, but did not agree to additional GB seats. The Advisory Council should be used to help address this.

6. Ethnic/special-population representation on GB

   Tribal representation is an HCA priority. Hispanic representations makes sense because Hispanics are by far the largest minority group in the region. Beyond that we did not think that other groups needed seats on the GB, though they will be well represented by the AC and CHIs.

7. Term limits for GB and its officers

   We agreed and this is reflected below.

8. Importance of transparency and the need for trust building

   We agreed and this is reflected below.

9. Role of Confluence in regional health care and on the GB

   Confluence provides over half the medical care in the region. It is a major player and it would be dysfunctional if that was not reflected in the Governing Board.

10. Role of MCOs in the ACH

    We agreed MCOs have an important role to play in care transformation and that they should be represented on the GB.

11. Need for periodic review of board make-up and functioning, especially in early years. Include Advisory Council and CHIs as reviewers.

    We agreed and this is reflected below.

12. Use of open meetings

    We agreed and this is reflected below.

13. Need for measures that assure a meaningful role for Advisory Council and CHIs in decision making.

    We agreed and this is reflected below.

14. By-Laws addressing many of these points are needed for GB, Advisory Council and CHIs.

    We agreed and this is reflected below.

We discussed the idea that we should provide feedback to the partners demonstrating that their views were taken seriously and explaining our decisions, though we did not make specific plans on how to do this.

Plans and Decisions:

1. Governing Board Changes – We agreed to add a board seat for a representative of the business community. Beyond that, we agreed that it is better to work on assuring a meaningful role for the Advisory Council as a means to achieve broad representation, as opposed to further enlarging the GB, which is already bigger than is probably optimal. We also agreed that the primary care seat on the GB should be redefined as an FQHC seat.

2. Selection of GB Members – we agreed on the following approach to selection of GB members:

Here we are talking mainly about initial appointment to GB seats, though the assumption is future appointments would be made by the same groups unless the GB had reason to change this. Nominations will be submitted to the Leadership Group, which will decide whether to accept them and make the initial GB appointments.

Business Community (other than health care) – County Economic Development Councils seem more promising than Chambers of Commerce as a source of a GB nominee for this seat. Chambers represent mainly the larger towns. But we want to look into this further to assure the EDCs will work. Grant has a functional EDC. Barry will follow up with Shiloh Schauer regarding Chelan-Douglas, and Laurie will follow up on this for Okanogan County.

Behavioral Health – We will ask the Medicaid mental health and behavioral health service provider contractors from the four counties to nominate a GB member.

Confluence Health – nominated by Confluence CEO.

Hospitals (non-Confluence) – CEOs of all non-Confluence hospitals will be asked to nominate a representative.

FQHCs – CEOs of the FQHCs in the region will be asked to nominate a representative.

Elected Officials – Senator Parlette has accepted this seat.

Public Schools – Nominated by ESD Superintendent

Public Health – Nominated by the region's 3 local health department administrators.

Aging – Nominated by the Area Agency on Aging director

Hispanic Community – Community Choice will explore options for nominations to this seat.

Health Plans – The 5 Managed Care Organizations active in the region will nominate a representative.

Tribal Representative – Lauri Jones will use her contacts with the Colville Tribes to explore this.

Advisory Council Representatives – The Chair and Vice-Chair of the Advisory Council will be ex-officio non-voting members of the Governing Board to help assure an adequate voice for the Advisory Council.

We hope to have GB nominations in hand by the end of May.

3. Governing Board terms and term limits. We discussed this briefly and did not make specific decisions but there seemed to be agreement that term limits make sense for GB membership and also for holding a GB executive committee office (chair, vice-chair, etc). The idea of initial terms of varying lengths (so that the entire board won't turn over at once when initial terms expire) seemed to be accepted. At this point the assumption is we'll use the initial term lengths indicated in the governance proposal, but this can be discussed further at the next Lead Group meeting if needed.

4. There was strong consensus that we need to do what is necessary to assure that the Advisory Council has a meaningful voice in GB decisions, and to assure that NCACH partners recognize that this is the case. The two AC ex-officio seats on the GB will help address that. We also agreed that the GB and AC by-laws must include language like the following:

The Governing Board shall seek Advisory Council input on matters of substance prior to making decisions. Advisory Council input will be provided by majority vote of the Advisory Council whenever that can be achieved within a reasonable period of time, and in other cases will be provided by the ex-officio Advisory Council representatives on the Governing Board. Matters of substance include, but are not limited to, allocation of NCACH or other resources, by-laws changes, changes in the make-up of the Governing Board and the approval of major contracts.

There was agreement that open meetings and transparency were very important. This should be reflected in GB and AC by-laws.

We still have work to do to better define the Advisory Council, especially its membership. If it is to be providing input on important matters by voting its membership must probably be defined in some way, rather than simply being open to anyone who attends any give meeting. Some of this may be left for the GB to address after its formation, but clarity on this would be helpful as soon as possible.

5. Governing Board review and revisions. We discussed the idea that (as indicated in the governance proposal) the make-up and functioning of the GB should be re-evaluated before the end of 2015 and periodically thereafter. This should be reflected in by-laws.

6. We agreed that a requirement for regular attendance at GB meetings should be required in the by-laws.

Sub-group to address issues before next meeting: The meeting ended before we could finish discussing some issues so we appointed a sub-group to meet via conference call before our next meeting to develop suggestions the Lead Group can consider. Those issues include:

Advisory Council issues – membership, key charter provisions such as GB input, CHI representation in AC, etc

Operating principles for NCACH – transparency, open meetings, GB members must wear “regional hat” rather than individual or employer’s,

Members of the sub-group are Jeffrey, Nancy, Jeff, Jesus, Ken and Barry. Conference call is scheduled for Friday 5/1 at 2PM. Barry will send out a reminder.

Members will review the draft backbone letter Barry developed (in the doc vault) and provide feedback by email before the next Lead Group meeting.

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Barry Kling, MSPH

Administrator and Director of Environmental Health

Chelan-Douglas Health District

200 Valley Mall Parkway
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East Wenatchee, Washington 98802

Phone 509-886-6480

Cell 509-264-7045

Fax 509-886-6449

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Deb Miller

Special Projects Coordinator

504 S Chelan Ave., Wenatchee WA 98801

deb.miller@communitychoice.us

Phone/Fax 509-782-5030 X 120

800-782-1392

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