**North Central Design Grant Lead Group**

**Meeting Notes – May 7, 2015**

Reminder: Next Lead Group meeting is Thursday, May 21, 2015, 2-4PM

Conference Call Line: [760-569-7171](tel:760-569-7171) Participant Code: 924903

Attending:

David Escame (Amerigroup) – by phone

Carmen Schweitzer (CHPW) – by phone

Lauri Jones (Okanogan Public Health) – by phone

Laurel Lee (Molina – by phone}

Peter Morgan (Okanogan County FQHC – by phone)

Ben Lindekugel (Assoc Public Hospital Districts – by phone)

Deb Miller (Community Choice)

Nancy Warner (IRIS)

Ken Sterner (Aging & Adult Care)

Cathy Meuret (Chelan-Douglas Public Health)

Jesus Hernandez (Community Choice

Gail Goodwin (Grant Integrated Services – by phone)

Barry Kling (Chelan-Douglas Public Health)

1.       Early Adopter – Barry updated the group on the letter sent this week from Chelan and Douglas Counties to HCA indicating the counties’ intent to become an early adopter region. Although Grant and Okanogan Counties have not yet signed on, the letter indicated the intention to include them if possible. Early Adopter status is an alternative to merger of Chelan-Douglas RSN with the Spokane RSN, and is intended to make it more likely that our region will be able to preserve a viable locally controlled health care system. But it will be a major challenge to begin providing integrated health care a year from now.

2.       Subgroup on Advisory Council – there was agreement with the recommendations of the subgroup (included in the email from Deb on 5/5/15 8:01AM). The Advisory Council will be renamed Regional Council. The next step is to produce a draft registration form for use by people wanting to join the RC. Barry (? was it Barry – notes unclear) will produce a draft for further discussion some time in the next few weeks – this isn’t an urgent matter.

3.       Progress on GB Nominees:

Business Community  – We’ll move ahead by asking County Economic Development Councils to nominate a representative. NCWEDD covers Chelan, Douglas and Okanogan while Grant EDC covers Grant. Nancy will send contact info for the NCWEDC to Barry. Barry will look at GrantEDC.com to get Exec Director Johnathan Smith’s contact info. Barry will contact both to give background and request a nomination.

Behavioral Health – Gail is in the process of asking the Medicaid mental health and behavioral health service provider contractors from the four counties to nominate a GB member. Gail, please update Barry or Deb on any progress.

Confluence Health – nominated by Confluence CEO.

Hospitals (non-Confluence) – In discussing this GB position the issue of small hospital representation came up again. Beyond Confluence all the hospitals in the region are public hospital districts, but there is a major difference between Samaritan, which is not a critical access hospital, and all the others, which are critical access. Reimbursement and other issues are very different for critical access hospitals. Having only one seat for this group could be a problem.

There is also the consideration that the critical access hospitals are the most vulnerable hospitals in the area. Perceived threats to their existence will affect not only those hospitals, but in many cases the local governments holding their warrants. In the event of bad outcomes, lack of GB representation could reinforce the tendency of these hospitals (and their county commissioners and city councils) to feel they were not given a fair shake.

On the other hand, there is the desire for a manageable GB. And if we added a seat for critical access hospitals, would the other non-Confluence seat be a dedicated seat for Samaritan? Does that make sense? If we stayed with one non-Confluence hospital seat, but specified it was for critical access hospitals, that would systematically exclude Samaritan, which may not make sense, either.

Since the Lead Group has already discussed board seats extensively, and since some key members were not present at this meeting, we decided to ***raise the issue one more time at the next Lead Group meeting*** so that all members of this group will have an opportunity to review the issue one more time. After that we will be able to move forward on nominations for hospital representative(s).

FQHCs – Peter is working on this with CEOs of the FQHCs in the region.

Elected Officials – Senator Parlette has accepted this seat.

Public Schools – Cathy Meuret, who is an ESD board member, will discuss this with the NCESD Superintendent

Public Health – Barry will ask the region’s 3 local health department administrators to discuss this.

Aging – Nominated by the Area Agency on Aging director. Ken will discuss this with Bruce Buckles.

Hispanic Community – Jesus is working on several possible nominees.

Health Plans – Carmen will convene a meeting of representatives of the Managed Care Organizations active in the region to nominate a representative.

Tribal Representative – Lauri Jones is working on this.

Regional Council Representatives – to be determined by RC when it exists.

4.       Feedback to stakeholders re Governance Proposal – Once we resolve the issue of GB hospital seats, we can send out an email to the whole stakeholder list summarizing our take on the feedback we received (including our plan for the GB and Regional Council), thanking them for the feedback, and offering another opportunity to respond. (We didn’t discuss how they’d respond – could be another web form, but it could simply be an invitation to respond to anyone on the Lead Group by email.) Copies of the actual feedback received would be attached (or we’d provide a link to them on DocVault).

5.       April 30 HCA ACH Convening – Peter, Ben and Barry reported on the April 30 Convening hosted by HCA for representatives of all the ACH regions. HCA intends to reconvene this group periodically to foster communication among the regions.

6.       Backbone Interest Letter – There was agreement to move forward on this. Barry will produce a revised version, based in part on Laurel’s helpful feedback. Since Laurel was the only one who commented on the draft, others were invited to do so by email to Barry.

7.       Cathy and Deb reported on efforts to identify a web-based tool that will enable us to share the results of our Health Resources Inventory with the community. Cathy also reported on the Diabetes Care initiative group. She is starting with a group of about a dozen physicians to identify a promising intervention on which to focus. They will be meeting soon.

 8.       Deb reviewed upcoming dates for the next CHI meetings in the 3 jurisdictions.

 9.       Barry will begin work on a revised Governance plan based on recent discussions and inputs. As part of this Jesus will draft a position description for GB members.

 10.   Jesus invited Barry to join Peter Rutherford in doing a Rotary Club presentation on Thursday, May 28.