**Notes from NCACH Lead Group Meeting 2/26/2015**

Participants: Nancy Warner, Jesus Hernandez, Deb Miller, Bruce Buckles, Ben Lindekugel, Gail Goodwin, Lauri Jones, Carmen Switzer, Peter Morgan, Laurel Lee, David Escame

1. Governance Charter Draft of 2/22/2015
   1. Board seats – do we have a proposal we can use in wider discussions?

After significant discussion the following Governing Board proposal was developed. This will be discussed one more time at the next Lead Group meeting with the intention of settling on a version that can be used in broad discussions among stakeholders over the next several weeks, leading to appointment of the GB by the Lead Group by the end of April:

*Behavioral Health (1 representatives, selected by ??, two-year term.)*

*Confluence Health (2 representatives, one for Central Wa. Hosp, one for primary care, selected by Confluence CEO.)*

*Hospitals other than Confluence (1 representative, selected by N. Central WA Council of Hospitals, two-year term.)*

*Primary care clinics other than Confluence**(1 representative, selected by ??, a two year term.)*

*Elected Officials (Senator Parlette, ex officio, no term limit.)*

*Public Schools (1 representative, selected by NC ESD for 2-year term.)*

*Public Health (1 representative, selected by public health administrators, 2 year term.)*

*Area Agency on Aging (1 rep, selected by Aging and Adult Care director for a 2-year term.)*

*Hispanic Community representative (selected by ??, for a 2-year term.)*

*Health Plans (1 representative, selected by Health Plan Engagement Committee – see below.)*

*Appointments for expiring terms will be made by June 30 of each year by the party making the original appointment.*

*Total Members: 11*

*In developing this proposal it was recognized that the Medicaid Health Plans active in the region can and should play an important role in the ACH. At the same time, our need for a board of manageable size meant it would not be possible to have multiple board seats for the Plans. Instead the Lead Group is proposing that one of the Governing Board’s standing committees be a Health Plan Engagement Committee, consisting of representatives from each of the Health Plans active in the region along with appropriate Governing Board members. This committee would appoint a GB representative, to rotate as often as the committee determines that is needed.*

* 1. Governance Charter Draft – the draft is a good start but more work is needed. Members will look hard at the draft and suggest changes/additions via email between now and the next meeting. The hope is that a draft charter can be the document used for stakeholder discussions over the next several weeks. A revised version of the draft, showing the current GB membership proposal, will be sent to Lead Group members along with these notes.

1. Coalitions for Health Improvement Sub-Group Report

Deb reported that Grant County public health is planning a Community Health Improvement stakeholder meeting for March 17, and that we need to clarify how this relates to the idea of a CHI meeting there. (Since the Lead Group meeting Barry discussed this with Jeff Ketchel. Jeff agrees that we don’t need to have separate meetings for the ACH and public health stakeholders – since they’re mostly the same people – but he needs to talk to his staff about the plans for this particular meeting. Also, this meeting is being rescheduled because of schedule conflicts for providers on 3/17.)

Deb will work with Lauri and Peter to set up an Okanogan CHI meeting, and with Barry on one for Chelan-Douglas.

Deb and Nancy presented a draft CHI outline which included an agenda for these sessions. Comments included:

The outline says CHIs will provide input via the Advisory Council, rather than directly to the Governing Board. This should be changed since CHIs should communicate directly with the GB.

Each CHI session should include a segment on whole person health care to help stakeholders develop insight into what that means for them and for the community.

The CHI agenda segment on ACH issues should emphasize specific tasks for the CHIs, including

Feedback to GB on key ACH formation issues like governance, backbone support, charters, standing committees, etc.

Development of needs and asset assessment efforts, and interpretation of results, including the setting of priorities.

Feedback to GB on community health improvement plans and initiatives.

Feedback to GB on proposals for changes in Medicaid payment system.

Raising issues with GB and other counties that are important in this community.

1. Invitation to 2014 workshop participants to get involved in development of initiatives – a draft invitation was reviewed and one change made. Deb will get this out to the stakeholder list soon.
2. Plans for broader engagement, including use of Deb’s introductory PowerPoint – We’ll discuss this further at next meeting but it would be helpful to have some additional tools in the form on 1-pagers explaining ACHs and health care reform. Deb and Nancy will work on this and bring the results to the next meeting.
3. Possible “Convenings” with Craig Nolte, Regional Manager, Community Development, Federal Reserve Bank of San Francisco – Deb is working with Craig to schedule a 2 or 3 day visit in which Craig would be able to speak in each county to community groups that include the business and economic development community.
4. Other items

Barry briefly mentioned two ideas for discussion at future meetings:

Focusing our initial care transformation work on one major clinical entity such as diabetes or hypertension, rather than attempting to fix everything at once. Then, when we have that first one right, we’ll be able to more effectively transfer those changes to other forms of health care.

Approaching the question of a backbone support organization by asking for proposals or letters of interest from any organization in the region. This might produce good options we would not otherwise know about.

Other Updates Since the Lead Group meeting:

Barry has discussed the role of elected officials in ACH governance with the Chelan-Douglas Board of Health, which includes two commissioners from each county as well as city elected officials. The strong consensus was that elected officials do not need additional seats on the Governing Board (beyond Senator Parlette’s seat) so long as they can attend GB meetings if they have concerns, and are kept up to date on ACH developments. The two Chelan County commissioners were absent from this meeting and Barry is following up with them, though they are expected to agree with this approach.

Jeff and Lauri will approach commissioners in Grant and Okanogan County over the next few weeks, when good opportunities arise.