

NORTH SOUND ACCOUNTABLE COMMUNITY OF HEALTH

Common Agenda and Organizing Committee Roles, Responsibilities & Expectations

Formerly Aim and Purpose and Proposed Ground Rules

At its inaugural meeting on 30 September 2014, the members of the North Sound Accountable Community of Health (NSACH) Organizing Committee agreed on an aim and guiding principles, and the ground rules, roles and responsibilities, and expectations that will govern how they work together between now and the end of this year, when they submit a Community Health Plan to the Washington State Health Care Authority.

The aim and guiding principles approved by the Organizing Committee were originally developed and agreed to by the Pre-Planning Group last spring.

In this document you will find

- 1) NSACH's Common Agenda: our Aim, Guiding Principles and Tenants of Our Planning Process (which will guide us now and moving forward)
- 2) Organizing Committee Roles, Responsibilities & Expectations (which guide us through December 31, 2014)

Common Agenda

I. AIM

Continually improve the health of our communities and the people who live in them, improve health care access, quality, and the experience of care, and lower per capita health care costs in the North Sound region which includes Snohomish, Skagit, San Juan, Island and Whatcom counties.

II. GUIDING PRINCIPLES

We, the members of the North Sound Accountable Community of Health (NSACH) Organizing Committee, share the following guiding principles:

1. Together, we can accomplish more than we can individually. We believe we can do this without sacrificing the unique qualities of our communities and constituencies.
2. At the core of a successful Accountable Community of Health¹ are working relationships built on inclusiveness, trust, respect, transparency, continuous learning, and data-driven decision-making.
3. To achieve the transformational changes needed to realize measureable improvements in the health of our communities, purposeful collaboration between health care, social service, government, education, business and community-based sectors is required.
4. To be successful, communities must be engaged to shape their goals and strategies for community health improvement. Thus, the majority of our governing and

decision making body will consist of representatives from outside the medical care delivery sector. Members will be drawn from public health, education, social services, community-based organizations, business, government, tribal governments and other community leaders, as well as from the long-term care, medical, and behavioral health care delivery systems, including payers and purchasers, hospitals, primary care and specialty providers.

5. The way care is currently organized and delivered will not be effective in achieving our shared aim unless there is considerable delivery system and payment reform. We recognize that in order to be successful as an ACH some of our strategies must focus on: a) improving connections between health care system and the community; and b) giving people the tools needed to help them make informed and responsible decisions about managing their own health.
6. To improve overall community health we need to address upstream determinants of health and health disparities, and strengthen the system of home and community-based supports that stabilize the health of our most vulnerable members. Given that 90% of the drivers of health occur outside the health care delivery system, we propose to hold one another accountable to re-invest a percentage of the savings from health care delivery system improvement into programs and initiatives that have been identified at the local level through community health improvement plans or other efforts. Specifically, these might include programs that enhance child and family wellbeing, prevention and early intervention, revitalize neighborhoods and communities, and support those who are most vulnerable.

III TENETS OF OUR PLANNING PROCESS

We believe that creating the space for a regional partnership to build trust, momentum and synergy for the purpose of achieving our shared aim does not distract from our commitment to the issues that matter to us within our natural communities of care. Together, we will assemble a broad spectrum of public-private stakeholders who recognize both the power of the local community and the promise of a regional approach. This group will develop a shared plan for North Sound community health transformation that will lead towards aligned, collective impact.

During the North Sound ACH planning process, we will:

- Build on the strengths, experiences and successes of all of the communities that comprise the North Sound ACH.
- Continually ask ourselves “are the right people at the table?” If the answer is “no,” invite them.
- Identify and, when it makes strategic sense, align efforts with existing state, county or local priorities, outcomes, strategies and metrics.
- Use proven methods for planning that support operating at this scale and level of complexity: agree on what matters to the collective “us,” create measurable goals, and ensure accountability towards outcomes.
- Be clear about the deliverables in our planning process - continually assess our progress and hold each other to task.
- Ensure that our plan is clear, robust, well-researched, inclusive and actionable, yet practical, and easily-understood by all interested groups.
- Leverage and move resources, either financial or in-kind, to meet our goals. All activities must be financially sustainable going forward.

ORGANIZING COMMITTEE ROLES, RESPONSIBILITIES & EXPECTATIONS

The Organizing Committee Members' Roles and Responsibilities

1. Each member of the Organizing Committee is an equal participant in the process and has equal opportunity to voice opinions and contribute ideas.
2. Organizing Committee members represent others from their field or system, not just themselves or their employer. Members should periodically update their constituents about the group's progress. Following the second meeting and prior to the third, members will communicate with their constituents to seek their reactions to and support for our recommendations.
3. To facilitate communication and transparency, email addresses of all members will be listed on the NSACH website.
4. Organizing Committee members accept the responsibility to come to the meetings prepared for the discussions.
5. We also commit to fully explore the issues and search for creative solutions that best serve our communities' interests.
6. We recognize the legitimacy of the interests, concerns and goals of others, whether or not we agree with them. We commit to treating each other, and those who attend our meetings, with respect, civility, and courtesy.
7. We will make a special effort to listen carefully, ask pertinent questions and educate ourselves and those we represent about the interests and needs that must be addressed in a constructive problem-solving atmosphere.
8. In view of the specific scope of this project and limited amount of time available, we will make a concerted effort to focus on the topics under discussion.
9. Each Organizing Committee member commits to make every effort to attend all meetings unless previously discussed. If a member must miss a meeting, she/he is responsible for asking a fellow member to represent her/his interests and positions at that meeting. The member may also submit written comments that will be distributed to the others.
10. As the process unfolds, Organizing Committee members should provide feedback to the facilitator on the process and his performance. We may do so at meetings and/or by calling or emailing him between meetings.

The Role and Responsibilities of Task Forces

11. The Organizing Committee will establish task forces to more deeply and thoroughly study and discuss issues and make recommendations to the Committee. The Committee will define the purposes of the task forces and establish timelines for their work. It is understood that the Committee may accept, reject, or refine and then adopt task force recommendations.

The Staff's Role and Responsibilities

12. The facilitator's role is to manage the process by keeping discussions focused, ensuring that all points of view are heard, and conducting the meetings according to the spirit of these ground rules and in a timely manner. With no stake in the substantive outcome, he is obligated to remain neutral on the substantive issues.
13. Staff from the Whatcom Alliance for Health Advancement (WAHA) is also supporting the Organizing Committee. The staff will research and present information that the Committee determines it needs, and work with the facilitator to organize and prepare for Committee meetings. Staff members have no decision making authority and will act in accordance with the decision of the organizing committee.
14. Staff and the facilitator will draft the North Sound Community of Health Plan. Once the Committee has reviewed, edited, and approved the final version, the staff will work with the members to determine the most effective ways in which to submit it to the proper decision-makers and constituent groups.

The Roles and Responsibilities of Guests

15. Interested and affected parties or individuals who are not on the Committee are welcome to attend the meetings as space allows. Guests are encouraged to provide comments to the members during the comment period or breaks. We will also offer them opportunities to put comments in writing. If hearing from them during a meeting would benefit the Organizing Committee, the facilitator will call upon them to speak after receiving permission from the Committee members. Guests must abide by these ground rules.

Agreements and Recommendations:

16. The Committee is expected to identify and define a wide range of interests, perspectives, and opinions. Every idea is both valid and challengeable.
17. Decisions will be made by consensus. Consensus is defined as the unanimous agreement of the members.
18. If Committee members cannot support an emerging agreement of the entire group, we are obligated to make our concerns known, and the rest of the group is obligated to listen with an interest in resolving them. Everyone is expected to try work to address the concerns, including asking the concerned party (parties) to clarify the underlying interests or about other dynamics that could be interfering with an agreement. All Committee members are obligated to try to find an alternative that meets the interests of the concerned party (parties) as well as their own.
19. If the Organizing Committee members make a good faith effort to achieve consensus but find that it is not possible, the decision will be made by polling the members to select the option that is supported by the majority.

Meeting Agendas and Summaries

20. Organizing Committee meetings will be task-oriented. Draft agendas will be prepared by the facilitator and distributed to all members for review and comment 3-5 days before a meeting. Approximately 48 hours before a meeting the “final” draft agenda will be distributed to the members. Agendas will describe the matter for discussion and the purpose of discussing it, and be accompanied by information necessary to support informed discussion.
21. If the agenda or facilitation techniques are not working, Committee members need to inform the facilitator so that changes can be made and the group can proceed.
22. Following the conclusion of each meeting, a summary of key decisions and agreements will be developed by the facilitator in coordination with staff and distributed to each member within 48 hours of a meeting’s adjournment.
23. Committee members are obligated to review the summaries for accuracy and to alert the facilitator if they find mistakes.

Community Engagement

24. The Organizing Committee recognizes that community support is critical to the success of the NSACH, and to transforming the community’s health and the delivery of services directly and indirectly related to health care. We are interested in maintaining a continuous two-way conversation with the public throughout this process. To that end, the Organizing Committee will host a community forum in each of the five counties in the NSACH to solicit input and suggestions related to the Committee’s work.
25. The Committee will also provide a website so that citizens can keep up-to-date on our work and use that medium to communicate with us.
26. The Committee also welcomes communication with the public both verbally and in writing. Citizens are encouraged to contact Organizing Committee members or the staff at any time.

Final Report

27. A draft report summarizing the Committee’s findings and consensus recommendations will be prepared by the facilitator and staff and distributed to all members for review and approval. After approving it, the Committee members will submit the final report to the State’s Health Care Authority (HCA) and provide it to whomever else we agree should receive it.