

North Sound Accountable Community of Health Organizing Committee Meeting

September 30, 2014

11:00am-1:00pm

Approved October 3, 2014

Inaugural Meeting Minutes

Attendance

Present	Present	Apologies
David Kincheloe	Linda McCarthy	Federico Cruz-Uribe
Connie Davis	Barbara LaBrash	J. Scott Hale
Glenn Puckett	Joe Valentine	
Larry Thompson	Greg Winter	
Stephen Gockley	Gary Goldbaum	Guests
Carl Bruner	Scott Forslund	Daniel Montanez, SeaMar
Regina Delahunt	David Jefferson	Kate Paris, UHC
Erin Hafer	Dan Murphy	
Bob Burden	Chris Phillips	Staff
Keith Higman	Don Wick	Jim Reid
Kim Williams	Debra Lancaster	Elya Moore
Ken Stark	Linda Gipson	Lee Che Leong

Executive Summary

The Organizing Committee agreed to adopt Aim with the addition of “access,” and adopt Ground Rules retitled “Roles, Responsibilities and Expectations.” There was a general consensus to include changes that reflect that the community will be heavily involved in our work and that communication should be a two-way street. The Organizing Committee agreed to lay the ground work for both an initiative to demonstrate our ability to collaborate as a region in the first six months as well as emphasizing the intention address the triple aim plus access over the long term.

Agenda Topic	Conclusions
1. Welcome and Overview of Meeting Agenda	
2. Introduction (11:05) <ul style="list-style-type: none"> • What field, system, or constituency do you represent? • For whom do you work? • What brings you to this table? What energizes you about this process? 	
3. Aim and Purpose (11:25) <ul style="list-style-type: none"> • Elya Moore presented a brief history of ACHs, the development of NSACH to date & state guidance • Jim Reid presented key findings of Organizing Committee interviews • Organizing Committee discussed DRAFT Aim and Purpose: <ul style="list-style-type: none"> ○ We should select a regional initiative that is ready to implement January 2015 ○ ACHs are expected to be active supporters in BH integration ○ We should clarify whether our goals are for the next 6 months or for transformational change. ○ We should do 3 things: build an infrastructure to move forward and 	Action: Agree on Aim , but need to add access component. Revise and circulate to the group

<p>demonstrate that we can work together to accomplish short term gains to lay the groundwork for long term aims.</p> <ul style="list-style-type: none"> ○ The Aim and Purpose statement reflects the work of the pre-planning group – add “access” to the aim. ○ We must give ourselves permission to push back on the state’s emphasis on realizing results in only six months. ○ The state is responding to the legislature, we need to respond to our communities. 	
<p>4. Organizing Our Work (noon)</p> <ul style="list-style-type: none"> ● Jim presented proposed Ground Rules, based on interviews <ul style="list-style-type: none"> ○ Ground rules based on conversations with Organizing Committee members ○ These will get us through December Comment: The language reads as unidirectional: <i>us</i> doing something for <i>them</i> – should encourage bidirectional communication. ○ Start with the assumption most of us have used the health care system. ○ We want some longer range projects, we need that input to direct us in what that should be – community forums are a start. ➤ In #5 change “our mutual interests” to “community interests” 	<p>Action: Agree on retitling as roles, responsibilities and expectations w/ change to #5</p>
<p>5. Criteria for Regional Initiative Selection (12:20)</p> <ul style="list-style-type: none"> ● Discussion of key criteria with consideration of goals for long term and short term health outcomes: <ul style="list-style-type: none"> ○ Is it possible to have in 2 regions rather than 5? ○ State may rate us more highly if we prove that we can work together for a long term strategy. We need to build the infrastructure for both short and long term. We don’t need cost savings but should show well on the way. ○ This is a both/and scenario: not selecting A priority but 1) short term and 2) long term ○ If we submit but don’t get ACH pilot funding, what is the commitment of the group to continue? ○ Pre-planning group (PPG) agreed that this is the right thing to do, state funding was a bonus. PPG provided 47K to match state funding. ○ Cautiously optimistic that the state will have some funding ○ Reducing costs can’t be just for the state. If a consumer can’t afford the care that we’re going to create, this doesn’t matter. ➤ Change 1st criteria to “reach OUR” aim ➤ Add community health perspective 	<p>Action: Agree on criteria for regional initiative selection with changes.</p> <p>Staff will ask HCA whether regional initiative must include all 5 counties or if 2 are sufficient</p>
<p>5. Public Comment (12:55)</p> <ul style="list-style-type: none"> ○ Materials for guests would be nice. ● Organizing Committee members: please let staff know if someone contacts you re: NSACH. ● Also let Lee Che know if you have changes to email or would like a phone number listed instead. 	
<p>6. Adjourn at 1 p.m.</p>	