

BOARD OF DIRECTORS
Tuesday, October 21, 2014
Noon – 2:00 pm

MINUTES

Members Present

Richard (Dan) Bowen
Paul Cunningham, MD, FACS
Laura Easton, RN, MSN (*Via Conference Call*)
Sarah Jordan, PhD, RD
Ronald Maddox, Pharm.D.
Paul Malinda, MD
Warren Newton, MD, MPH
Mark Payne, JD
Ed Piper, PhD, MHA, FACHE
Tinsley Rucker, MD
Sy Saeed, MD
Patricia Skinner, PhD (*Via Conference Call*)
Phillip Tarte, MHA

Members Absent

Robin Cummings, MD
Raymond Haigney, II, DDS
Keith Holtsclaw, FACHE
Todd Johnson
Gerald Maccioli, MD
Robert McBride, Jr., MD
Kim Schwartz, MA
Kevin Sowers, RN, MSN, FAAN

Staff Present

Kimberly Alexander-Bratcher, MPH
Phyllis Blackwell
Kay Downer, MA
Thalia Fuller
Adrienne Parker
Michelle Ries, MPH
Berkeley Yorkery, MPP
Adam Zolotor, MD, DrPH

WELCOME

Paul Cunningham, MD, Board Chair, called the meeting to order at 12:03 pm. He greeted all in attendance and thanked them for the participation.

APPROVAL OF THE MINUTES

Dr. Cunningham indicated that members received the minutes of the July 15, 2015 meeting of the Board in advance. He asked if any revisions were necessary. Dr. Jordan said that a correction was necessary regarding her credentials and that she should be included as a member of the Membership Committee. *Dr. Newton made a motion to approve and accept the minutes as amended, seconded by Mr. Bowen. The minutes of the July 15, 2014 Board Meeting were approved unanimously.*

DISCUSSION ITEMS

President's Report – Dr. Zolotor provided highlights of recent NCIOM task forces and activities.

Rural Health Task Force Final Report: The Rural Health Action Plan was officially released on August 23, and hard copies have been distributed today. We had a successful launch and KBR directed the media rollout with an investment of approximately \$25K. The report has been well received across the state. To date, staff have given several presentations on the plan and is scheduled for to deliver several more. There have been nearly 40 news reports, letters, or editorials about the report. Many state agencies and other partners are supporting the work of the task force as a launching point for future work.

Rural health follow up meetings, funded by KBR, are in the planning stages, and ongoing technical assistance by various organizations will be provided to help community implementation of the report's recommendations.

The Essentials for Childhood task force should complete its meeting activities by the end of the year. As part of our dissemination strategy, the NCIOM will co-host the Prevent Child Abuse North Carolina Learning and Leadership Summit in March at the Friday Center in Chapel Hill. We anticipate completion of the final report in early 2015.

The NCIOM Annual Meeting, held on October 17th, was a great success and had close to 200 attendees. The theme of the meeting was "Transforming the Health Care System, Improving Quality and Increasing Value" with keynote speaker Don Goldmann, Chief Medical and Scientific Officer, Institute for Healthcare Improvement. We want to thank the board members who were able to attend the meeting and breakout sessions. This is the first year we have requested and received financial sponsorship of the annual meeting. LabCorp provided funds in support of the keynote luncheon. We have an interest in expanding requests for sponsorship in the future to help defray the costs of the annual meeting. We'd like ideas from the Board on ways to expand this program. The Board expressed support of annual meeting sponsorships and will offer recommendations prior to the 2015 annual meeting. The meeting was followed by a reception to honor Pam Silberman, NCIOM immediate past President and CEO. About 75 people attended and enjoyed the celebration.

The NCIOM will both co-publish the 20th anniversary Child Health Report Card and co-host a child health summit with NC Child on March 9, 2015. Dr. Jim Perrin, President of the AAP, will be the summit's keynote speaker.

Search Committee Update – Dr. Cunningham reported that the Search Committee for the new President and CEO, which he chairs, includes current Board members Laura Easton, Phillip Tarte and Ron Maddox, plus Tom Bacon (former Board chair, UNC SPH Faculty, former AHEC director) and Tim Carey (Director, Sheps Center for Health Services Research).

The position description was approved by the Search Committee and UNC Human Resources and then posted on the UNC employment site, as required. The Search Committee met via conference call on November 19th and reviewed the CVs and resumes submitted by potential candidates. Three candidates were identified and selected for interview, with another two as alternate candidates. For convenience, the Committee will attempt to interview all of the candidates on a single date. After selection of a top candidate, the Search Committee will bring the candidate to the full board for approval. This may be done electronically or in person, depending on the timing of final selection in proximity to the next board meeting. After Board approval, the candidate must be approved by UNC HR, which will make the offer of employment on behalf of the NCIOM.

Board Retreat Planning – Dr. Zolotor reminded members that the Board retreat is scheduled for January 20th, the next regularly scheduled meeting date. The agenda will include an abbreviated slate of Board business from noon until 1:00 pm, and Retreat activities will commence from 1:00 through 5:00 pm.

Dr. Zolotor noted that the retreat's purpose and content should be directed by the Board. Discussion ensued, and it was determined that some points for consideration might be a review of the legislative mission and vision for the NCIOM; the role of the Board; the potential of the NCIOM absorbing a legislative priority list of health policy issues; possible value of a neutral citizenry group to lobby for implementation of NCIOM task force recommendations; the potential of Board members lobbying for issues separate and apart from their NCIOM roles; the focus and direction of future task force activities and potential new funding streams; discussion of the

current task force process and potential revisions to the process; and how to address potential changes in NCIOM senior management to ensure a seamless transition.

Dr. Zolotor asked for ideas and recommendations regarding the selection of a facilitator. It was recommended that the facilitator be someone local, easy to work with and affordable. It should be someone with familiarity with North Carolina and the NCIOM but who is objective and able to evoke new and exciting thoughts. The Board universally agreed that the facilitator should provide direction without the use of games or “silly” activities. Dr. Newton recommended that we canvas for facilitation resources within the University systems, and Mr. Tarte offered the name of a facilitator previously used by the Public Health Association.

Dr. Zolotor asked if one or more of our current funders should be invited to attend to get an idea their focus and priorities for upcoming funding distribution. After discussion, the Board agreed that funders should not be invited because our focus should be on what the NCIOM chooses to study, not what others are willing to fund.

New Task Force Developments – Dr. Zolotor updated the progress of potential task force activities.

The Adolescent Pregnancy Prevention Campaign of NC submitted a proposal to the Maternal Child Health Bureau which would fund a NCIOM task force to study the implementation of evidence-based guidelines for pregnancy prevention and other reproductive health issues in NC. Ironically, the proposal was approved but not funded by the Maternal Child Health Bureau. They indicated that the proposal and program content were excellent and, in fact, almost perfect. They will keep the proposal for 12 months in the event that funds become available. We do not expect to convene this task force this fiscal year.

The possibility exists to convene a task force to examine the potential of an All Payer Claims Database. A data system would allow public health and hospital systems to aggregate claims data to better inform strategies around disease management, system planning/priority setting, prevention, and public health programming. If we decide to pursue this work, it would likely be a short six-month task force with a focus on developing consensus to move forward, and making decisions to determine if it should be legislated versus voluntary, funding streams, plus organization placement and governance.

We have a proposal under review with the Kate B. Reynolds Charitable Trust and the Division of Mental Health for a task force to focus on the mental health issues of older adults and adolescents which would include attention on community-based services (such as mental health first aid and crisis intervention), integrated care, tele-behavioral health and other new models, provider supply, use of evidence-based treatment, and prescription drug abuse. We expect to hear about funding in November.

Finally, we are moving forward with a task force to develop a state plan for Alzheimer’s disease and related dementias, with an anticipated February 2015 start date. We have taken a consortium funding approach and, so far have received and/or have firm commitments totaling \$55,000. We plan to apply for three additional small foundation grants that would give us about half the funding necessary to fund the task force. The balance will potentially be funded by The Duke Endowment, which has expressed a strong interest. We continue to work on and expect to receive some contributions from other interested groups such as individual CCRCs, Alzheimer’s disease associations, Alzheimer’s NC, and perhaps one or more donor advised funds managed by one of the community foundations. We would invite Board member participation on this task force which we anticipate will begin in the first quarter of 2015.

NCMJ - Kay Downer, NCMJ Managing Editor, reported on recent NCMJ activities. The July/August and September/October issues have been published since the last Board meeting, focusing on Cancer in North Carolina and Long-term Care in North Carolina respectively. We are also well on our way to publishing the next two issues. The November/December issue focuses on Improving Population Health and the January/February 2015 issue will examine Rural Health in NC. The issue's guest editor is Chris Collins, Office of Rural Health and Community Care. It will delve into issues such as recruitment/retention, rural hospital consolidations/closures, integrated care, and economic development.

The draft editorial calendar for 2015 includes discussion of topics such as Traumatic Brain Injury, Patient Engagement, Clinical Guidelines, Military Health, and Adolescent Reproductive Health or an alternate topic. The NCMJ Editorial Board determines the editorial calendar, and will meet again in Spring 2015 to plan for 2016.

NCMJ Changes – Dr. Zolotor indicated that he and Ms. Downer continue to work on transition planning to shore up the financial health of the NCMJ and maintain or increase its footprint. We have received competitive quotes from Wiley and Duke University Press for comprehensive publishing services, as well as a quote from Highwire Press for electronic publishing only. Based on a review of the available options, we recommend that we proceed with Highwire. We will reduce the number of printed issues during the transition to a mostly electronic presence, and are investigating how to set prices for electronic advertising. We would like to make a transition plan by the end of the calendar year. The Board agreed with the recommendation to transition to an electronic platform and to contract with Highwire for the provision of services.

Upcoming Meeting Dates – Dr. Cunningham asked members to make sure that upcoming Board meeting dates are on their calendars. A reminder email will be sent before each meeting.

2015

Tuesday, January 20 – Business Updates from Noon-1:00 pm; **BOARD RETREAT 1:00 – 5:00 pm**
Tuesday, April 21
Tuesday July 21
Tuesday, October 20