BOARD OF DIRECTORS
Tuesday, January 15, 2019
12:00 PM to 2:00 PM

MINUTES

MEMBERS PRESENT:
Anita Bachmann, MHS
Goldie S. Byrd, PhD
Penny Burlingame Deal, DHA, RN, FACHE
Keith Holtsclaw, FACHE
Brian McGinnis, MBA
Susan Neeley, MSN
Kim A. Schwartz, MA
Lisa Shock, MHS, PA-C
Patricia Skinner, PhD
David Sousa, JD
Betsey Tilson, MD
William Way, Jr., MD
Paul Cunningham, MD, FACS
Lawrence Nycum, MD, MMM
Sara Stoneburger, MD
Sy A. Saeed, MD, MS, FACPsych

MEMBERS ABSENT:
John Morrow, MD, MPH
Alexandra Dean, PhD, NCC, LPC
Leonard Ellis
Sarah Jordan, PhD

STAFF PRESENT:
James Coleman, MPH
Chloe Donohoe
Don Gula, MBA
Robert Kurzydlowski JD, MPH
Brieanne Lyda-McDonald, MSPH
Kisha Markham
Kaitlin Phillips, MS
Michelle Ries, MPH
Suchi Tailor
Berkeley Yorkery, MPP
Adam Zolotor, MD, DrPH

GUESTS:
N/A
WELCOME AND INTRODUCTIONS – Kim A. Schwartz, MA
Kim A. Schwartz, board chair, introduced the meeting. She underscored that this was her last meeting chairing the NCIOM board. She led the board members in an exercise to identify phrases related to balance that resonated with them. Adam introduced the newest board member, Dr. Sara Stoneburger, who discussed her experience as an Ophthalmologist.

REVIEW OF MINUTES – Kim A. Schwartz, MA
Board Members received the minutes of the October 16, 2018 meeting. Penney Burlingame Deal made a motion to approve and accept the minutes, seconded by Anita Bachmann. The minutes were approved unanimously.

NOMINATION OF OFFICERS – Kim A. Schwartz, MA
Kim A. Schwartz introduced the panel of exec committee members. David Sousa was nominated for board chair, John Morrow was nominated for vice chair, Penney Burlingame Deal was nominated for Treasurer, and Goldie Byrd was nominated for Secretary. Kim A. Schwartz asked for a motion and second for each officer. Paul Cunningham made a motion to approve and accept the panel, seconded by Lawrence Nycum. Adam Zolotor thanked Kim A. Schwartz for her service as board chair.

COMMITTEES AND COMMITTEE CHAIRS – Adam Zolotor, MD, DrPH
Adam Zolotor led a review of Committee leadership. The membership committee is looking for future leadership to serve. There are four committee members rotating off the board and therefore we will need new people. The fundraising and development and membership committees need chairs. Adam asks for board members to consider joining a committee.

INVESTMENT POLICY UPDATE – Don Gula, Director of Operations
Don Gula presented the modified investment policy. He discusses that the account has experienced positive asset growth. Adam was acknowledged for being a good steward of the IOM’s funds and controlling spending. NCIOM staff are looking into developing an ongoing process to evaluate whether we need to move money out of our accounts and into the investment accounts. Don reviewed a graphic of the NCIOM’s Money Market and Checking accounts. Don explains that any check that we receive from a funder goes into the money market account. The peaks have been growing, which has increased the overall total of the money market account. Don explains that NCIOM staff met with the finance committee to develop a process and they planned to bring a motion to the board. The finance committee met with SunTrust and increased interest from 0.5 to 1.5%. The proposal was for NCIOM to transfer $250,000 to an investment account. This has been discussed with Morgan Stanley. This investment would be ongoing and would maintain $550,000 in the money market account. The plan is to maintain 150 days of funding in the money market account at all time. This would be 100% liquidable, include 60% bond/cash, 40% equity.
Kim A. Schwartz asked if any funders have issues with having investment accounts. She suggested that the NCIOM make sure that all the funders know about this financial decision. Adam explains that all funders receive our audit. Brian McGinnis, chair of the finance committee, explains that the timing of revenue is not an issue.

The finance committee made a motion to approve and adopt the investment policy, seconded by Sy Saeed.

**PRESIDENT’S REPORT – Dr. Adam Zolotor, President and CEO**

Adam Zolotor introduced the NCIOM’s newest staff member, Robert Kurzydlowski JD, MPH, a project specialist, who started the week of October 21st.

Adam explained that the NCIOM staff are working on three major ongoing projects. Adam discussed NCIOM’s current projects: Essentials for Childhood, Legislative Health Policy Fellows and the Task Force on Accountable Care Communities.

Essentials for Childhood helped solicit feedback on the states’ Early Childhood Action Plan (6 focus groups) and plan to meet at least twice to provide feedback on the state Opioid Action Plan to see if there are ways to incorporate child maltreatment prevention and adverse childhood experiences. They are working with DPH to develop plans for this work for the rest of the year.

The Legislative Health Policy Fellows program was supposed to have a one-day meeting for legislative staff in December. However, the meeting was cancelled due to inclement weather and was rescheduled for February/March. The meeting will provide an overview of NCIOM, the work, navigation of health and human resources, and in-depth information on topics including Medicaid transformation, rural health, mental health and substance use, and end of life care. Staff are beginning to plan the second class of Legislative Fellows for fall of 2019. They are also in the process of updating some of the resources developed for the program and selecting a topic for the next policy brief.

The Task Force on Accountable Care Communities is finishing the report and working on the community guide. Staff anticipates publishing the report and community guide in February. They continue to develop a dissemination strategy, including presenting the report at state and association meetings.

Adam discussed the upcoming projects for the NCIOM. Steering committees, rosters and scheduling are being developed. These projects will include the Task Force for Access to Care for People that are Deaf and Hard of Hearing, which will have their first meeting in late February. The Perinatal Risk Appropriate System of Care project had their first meeting the previous Friday. The Taskforce for Serious Illness Care/Palliative Care has begun meeting and task force meetings are being planned for one year, starting in February.

Adam showed a map of the Community Input Sessions, a component of the Healthy North Carolina 2030 project. Adam explains that the steering committee tried to be intentional about location, time, and diversity to provide space to gather input from as many types of people as
possible. The goal is to have a high degree of access. The community input session dates will be added to the website and emailed out to the NCIOM board. Adam discussed the purpose of the project and make up of the project. The HNC 2020 goals were used in development of the foundation of HNC 2030’s process for goal setting. Adam explains that this project aims to help the organizations and industries swim in the same direction. The project also takes a population health perspective, embedding social determinants of health.

David Sousa asks who will be leading the community input sessions and if there will be a published agenda. Adam confirmed that there will be a published agenda and the meetings will be facilitated by the NCIOM staff. The meetings will include short presentations on where we are and facilitated discussion to get feedback from participants.

Goldie Byrd asks about our process for getting people to attend. Adam explains the strategy, which include sending information to task force members to engage their networks. NCIOM staff are also contacting health directors in each region, partners in the community health assessment process, boards of health, and work group related leaders. The NCIOM conducted a similar project during the Rural health task force. The project funders will also help to spread the word and staff plans to reach out to education partners and Chambers of commerce.

Anita Bachmann suggested staff reach out to city and county leaders and legislators. Paul Cunningham suggested that John Morrow be involved in this process. David Sousa suggested that staff consider sending out a single mailing about the HNC 2030 process and include an invitation to attend the identified meeting for their district

Brieanne Lyda-McDonald, project director, explained that the community input sessions will also include information about the Accountable Care Community report and community guide.

FINANCE REPORT AND AUDIT UPDATE – Don Gula, Director of Operations

Don Gula discussed the 2019 Conflict of Interest form and asked the board to complete it. Don gave an update about the auditing process. Staff have met had two sessions with the auditors, who came to the office back in November. There have been no issues brought to the attention of the NCIOM staff. However, there is a delay with the UNC financial system. The contracted accountant does not agree with the audit adjustments and both parties are currently communicating. Don explains that the plan is to send a finalized audit to the audit and finance committee. Staff will set up a conference call with the auditors. Once the committee approves it, it will be emailed to the full board and approval will be sought via email. Board members will be asked to vote by email.

Sy Saeed suggested that we vote on the audit at the April meeting. Don explains that this would delay the most accurate and official accounting numbers. The board decided that voting by email would be the best plan of action.

Don presented the September 2018 financials, and general information about budget. He explains that the NCIOM’s revenue is exceeding budget. However, costs are slightly higher due to the hiring of 3 temporary employees.
Adam highlights the line of total assets. The bulk of total assets is Blue Cross Blue Shield’s 5-year award and other non-currents are 2-year awards. Adam explains that there is a discrepancy with where to include operating lease right of use. The accountants and auditors are resolving this.

Anita Bachmann asked about the difference in foundation line items and Don explained that it is due to time of the grants.

**MEDICAID TRANSFORMATION PRESENTATION – Betsey Tilson, MD**

Betsey Tilson reviewed the ongoing work of DHHS around Medicaid transformation. She explained that North Carolina’s agreement with CMS will be the biggest procurement of the state’s history, transitioning 1.6 million Medicaid beneficiaries. The overarching goals of Medicaid Transformation as to approach health holistically, move from capitated managed care to providing plans with money to manage their Medicaid populations. NC DHHS worked with CMS to develop an approved 1115 waiver prepaid health plans: standard and tailored. These plans integrate physical and behavioral health. The awards for PHPs are going out in the beginning of February. A large component is a transformation of care management practices, which will maintain local care management with as much face to face as possible. Betsey discussed how the designation for Tailored Plan is determined by need, utilization, personal preference, diagnosis. Plans will build on Carolina Access to provide practices with options for Advanced Medical Home structures. Practices decide between three advanced medical home tiers.

Betsey also discussed the statewide infrastructure for healthy opportunities, which focused on the non-medical drivers of health. The goal is to create and support care management teams that are trauma-informed, multi-disciplinary, and integrated into NCCARE360, the state’s developing resource platform. Other components include the development of a statewide screening tool and selection of 2-3 regions to serve as pilot regions that will test innovative systems that allow health related services, such as food, to count as patient care in the numerator of Medical Loss Ratio. Betsey explains that these pilots are essentially exploring the ACC model.

Adam asked the board what they believe that stakeholders need to know about Medicaid transformation. Lawrence Nycum asked about the expectation that PHPs are responsible for the global cost of care. Betsey confirmed this. Kim A. Schwartz asked about the Medicaid Transformation timeline if the legislature closes the gap. Betsey confirmed that it would stay the same. Sy Saaed explained the preference for localized, face to face care management, which levels the playing field for local providers, as opposed to remote providers. Paul Cunningham asked about oversight of the plans. Betsey explained that DHHS recognizes that their accountable and plan to hold tight oversight with plans.
MEDICAID DISCUSSION – Berkeley Yorkery, Associate Director

Berkeley Yorkery, associate director, discussed Annual Meeting topics and asked the board for their thoughts about topics related to Medicaid Transformation for the annual meeting. Kaitlin Phillips, managing editor of the NCMJ, asked for topics for the journal issue, as well. Suggestions included asking Seema Verma to speak, focusing on populations from the patient and provider perspectives, discussing where the plan boundaries will be drawn, discussing where populations where the most money is being spent, including excluded populations, building resilience within practices and provider teams around Medicaid transformation- reducing anxiety around the “new normal,” discussing strategy around provider buy-in and communication, highlighting the opportunities that come along with the change and address misconceptions for providers and consumers.

Berkeley explained that RFP will be released December 2019 for Tailored Plans. The dually eligible Medicaid/Medicare folks will not be included in the first phase.

NCMJ UPDATE – Kaitlin Phillips, Managing Editor

Kaitlin Phillips gave an update on the North Carolina Medical Journal (NCMJ). She highlighted the Rural health and Newborn Screening issues, which have been released since the last meeting. The plan for the September/October 2019 issue is Medicaid Transformation, which will be curated to address common questions of legislators. Future issue topics include Immigrant Health, Future Workforce, Technology, and Prison health.

Kaitlin inquires the board about ideas for potential authors. She asked for board members to email her with ideas, if they have them. She also highlighted that the Rural Health issue was recognized by the North Carolina Health News and the News and Observer.

Kaitlin discussed the blog and suggested that board members subscribe. It is updated regularly. The NCIOM is also doing press releases more regularly and being strategic about where there are stories and where to tap in.

Anita Bachmann commended the Rural Health issue for being particularly phenomenal and explained that her had shared it with her colleagues in Virginia and South Carolina.

SCHEDULED MEETING DATES

David Sousa highlighted the future meeting dates and explained that the Annual Meeting date will be selected soon, and the board will be informed.

April 16, 2019: 11:30am-2:00pm
July 16 (anticipate re-schedule for after annual meeting Aug/Sept)
October 15, 2019: 11:30am-2:00pm
January 21, 2020: 11:30am-2:00pm