

# BOARD OF DIRECTORS Tuesday, April 16, 2019 12:00 PM to 2:00 PM (NCIOM) AGENDA

#### **Welcome and Introductions**

David Sousa, Board Chair

#### Attendance

In person: Anita Bachmann, Goldie Byrd, Keith Holtsclaw, Sarah Jordan, Brian McGinnis, John Morrow, Lawrence Nycum, Sy Saeed, Pat Skinner, David Sousa, Sara Stoneburner, William Way

Phone: Paul Cunningham, Penney Burlingame Deal, Alexandra Dean, Susan Neeley, John Morrow, Lisa Shock

#### **Action Items**

## **Review of Minutes (Action item, approval if appropriate)**

**David Sousa** 

- Min from Jan 15 2019 meeting. David call for motion to accept the minutes
- Pail Cunningham first motion, penney Burlingame second motion -- approved

# Nomination of new members (Action item, approval if appropriate)

Paul Cunningham, Chair of Membership Committee

- Had the conversation about adding value of member in short order. Welcomes all 28 individuals to NCIOM
- No questions.
- Adam mentions we discussed membership several meetings ago. Service means serving members or serve the mission of. Adam notes we've gotten confirmation from all but one member. All nominated by the board.
- Berkeley: Hugh tilson was originally on the list, but he has actually been a member for 10 years.
- Approve slate: none opposed.

### Review proposed budget (Action item, approval if appropriate)

Brian McGinnis, Chair of Audit and Finance Committee

- Start of the revenue portion. Any questions, let us know. Goal is to be as close to revenue/expense neutral as possible.
- General support for NCIOM: all used to be \$6,000. Several raised from \$6,000-\$7,500 after a board discussion to increase the numbers. Cone Health is supporting a task force and is contributing 0 for this year instead of general support. Others also had reasons not being able to raise.
- Journal cosponsors: last year added NC Association of Nurse Anesthetics (2,000 dollars); NC Medical Society. Asking for another \$50,000 a year.
- David: between KB Reynolds & Duke, they support a large number of our funds. This introduces a big risk. Adam: We've had a typically big risk with these two orgs and BCBS. Particularly in this past year, state of NC is the biggest risk for us. Less worried about core operating support, but does worry that same 3 orgs have supported us primarily for a long time because they could change priorities, develop relationship problems, etc. David: are there other organizations we can/should be talking to? Adam: Association called NC Grantmakers in health funds locally, but not statewide. Also can look at Golden Leaf (Econ Dev. Focus), Z Smith Reynolds (education focus). Hoping to develop relationship with Dogwood Trust. Adam to think about what the right venue to reopen these conversations might be.

- Adam: the other thing that I don't understand is probably 15 years ago, we had a direct line of state appropriations that become part of the Shep's Center Budget. Adam has felt relatively secure being buried in that budget. So solve [Cunningham's] comment, we would have to unbury the budget and find additional funds.
- Cunningham: This may be worthy of another discussion for another time.
- BErkely: if we went after more funds, we'd potentially want to keep some buried as safety.
- Lawrence Nycum: In a couple years, the budget will lean towards deficit, so I would stay
  off the radar.
- Sousa: we could turn to private/corporations for funds. We could have an offline discussion about this.
- \_\_\_: healthcare is a different discussion now. There might be more of an interest in a private context than they're used to be. State chambers, corporations, and community foundations all sound like possible entities to involve.
- Saeed: since its buried in the budget, we would have to go straight to the Board of Governors. What's the process?
  - Adam: usually use last years number. We have a separate conversation with the Shep's center—which composes about ¾ of our budget, that is renegotiated every year.
- Sarah Jordan: agree to turn towards private enterprises and larger corporations in this
  area. Also noticed there are a large number of health systems there might be a few
  systems in Charlotte that aren't represented here.
  - Adam has looked at Mission and New Hanover, but doesn't have a strong relationship with them—welcomes personal introductions.
- Revenue Don: second of the 3 year grants going back to Duke Endowment to help publish Journal (200,000/year). Will be reassessing the numbers internally.
  - Investment income—still getting half from provost office. Showing the investment income now as net of fees – we have about \$800,000 as result of a switch in fees. Anticipating additional dollars
  - Expectation: these are best guesses—we wind up underestimating revenue for this year because we got most of the awards for our projects.
  - Potential projects: vaccines projects, quality metrics, and workforce Task Force.
     Value Based Payments, Extension of Perinatal Health, NC DPH Essentials. RTI
     & Duke to co-sponsor issues of NCMJ.
- Budgeting for this task force was difficult because we are at the beginning of several
  task forces instead of wrapping up projects and thinking of new ones to begin in July.
  The estimates are pretty early lot of development.
  - O Goldie: what goes into probability estimates?
  - Adam: just based on conversations with funders.
  - Sarah: is there a way to see how the funders are doing? Adam: generally can geuss if the stock market is doing well, the larger orgs are doing well too. If the stock market falls they will be stable but decrease their funding.
- Expenses:
  - Some changes in permanent staffing. Changes in contract servies under personnel. Are anticipating early staff, not budgeting for any new full time staff.
  - Adam: right now we are full staff, but we shifted some amount of journal staff to project staff for efficiency. 0 net gain. Currently have 3 temporary employees through October, anticipating adding one permanent position in October to replace temporary staff.
  - Don: no major changes in supplies, rent, parking and utilities.
- Total Reve minus expense: starting maybe in January half of the project will be mext fiscal year (non-cash)—holding back some of that revenue for 2021. Pulling forward some money that was previously given to us i.e. money left over from Legislative Health Policy Fellows and HNC 2030. Anticipating an almost positive 25,000 dollars.
- Adam: we are very revenue sensitive. We do well and then have the opportunity to add/keep additional staff. This is a budget that leadership staff and finance committee is

a reasonable expectation of where we need to in the coming year. Vote to approve budget as presented – non opposed, budget is passed.

\*phone was muted due to feedback, will be turned back on later"

#### **Information and Discussion Items**

## **Finance Update**

Don Gula, Director of Operations

- We do now have an approved audit. Talks a little bit about concentrations –actually drops from 83% to 68% but it is a moving target. Any questions on the audit? No questions.
- Generally everything is running as anticipated. Tracking pretty closely to what was budget last year.
- Any other financial questions? None.

# President's Report (Informational)

Adam Zolotor, President and CEO

- Shout outs to Don for working with auditors and Berkeley for working to transition NCIOM into SalesForce. Salesforce will hopefully making database management a little easier.
- Year 1 of Essentials for Childhood: state will put out another contract for bid. They will be
  putting out another 3 year contract—we're in a good position to get the contract, but we
  don't know what the work of the contract will be and who the best agency to do this work
  would be.
- LPHF: about to recruit the second class. Have already had a single half day session with legislative staff. Planning a second half in May. Printed reports out soon. Successful projects—new way of thinking about approaching business relationships, agencies, etc.
- ACC: report to be released soon
- 2019 annual meeting: Hoping to nail down a date soon.
- New Projects
  - o DHOH—2 meetings so far.
  - o PSOC—about 2/3 of the way through.
  - o HNC 2030—Brieanne to update
  - SIC—just had first meeting
- Potential New Projects:
  - Value Based Payment Education (proposal to KBR pending, July start)
  - Workforce (in discussion with aHEC, Sheps, ORH)
  - Vaccines
    - Challenge: who would fund this?
    - Comes from recent dip in adolescent vaccines—historically hovers around 94/95%, but just dipped to 85%.
    - Concern about the data on flu vaccine. Might be valuable to talk to vaccine advisory committee (Adam planning on doing this)
  - Maybe School Health
  - Quality Metrics in Tailored Plans
- Journal: Jon Williams will be retiring as senior scientific editor after serving for 14 years.
   Will probably be looking for a second scientific editor on the journal. Open to suggestions. Health policy researcher would be ideal, PCP, behavioral health could all work. Jon plans to leave at the end of June. Doesn't necessarily need to be an MD.

# Healthy North Carolina 2030 update (informational and discussion)

Brieanne Lyda-McDonald, Project Director

- Used to set public health indicators and targets for state for the next decade. Framework
  for this work combine Policies & Programs, Health Factors, and Health Outcomes.
   Group selecrs 20 indicators through the task force, work groups, and community
  meetings.
- Health indicators and targets measurable characteristics and goals.
- Update:

- First 2 task force meetings completed. Dr. Tilson is a co-chair and board member.
- 4 work groups—3 total, met once so far in February to narrow down initial list of indivators. Indivators initially started from various state health improvement plans, US Healthy People etc.
- Community meetings
  - Attendees work in small groups to identify top 3 most important indicators in each sub category and provided feedback on missing indicators.
  - Clinical Care, Social & Economic, health behaviors, physical environment
  - The community conversations translate almost seamlessly into the county. We hope this information helps inform community action plans as well
  - Brian: honored to participate at Mecklenburg county meeting. Amazed by the diversity in the room.
  - Sarah: appreciated high attendance from piggybacking from other meeting. Brieanne: it was great, but we didn't get a lot of professional diversity—mostly public health professionals. but the piggy back was helpful for numbers
  - Adam: we have tried to make these meetings as accessible as possible.
     Diversified timing,
  - Sousa: takeways feel like there are a remarkable number of people across thestate that are passionate about SDoH. Everything happened in those meetings that we never see legislatively in those moments. We should offer an executive summary of the out product of this work to legislators. Need to package and educate info to help legislators make decisions. If we don't, we'd be missing a good chunk.
    - Thoughts—weave information into LHPF projects?
    - Take it to committees.
  - Keith: agreed—how we get the information out could be improved. Especially as it relates to bringing actual community members to meetings.
  - : keep the community members informed instead of talking to them and then doing nothing else.

# **NCMJ Update (Informational)**

Peter Morris. NCMJ Editor-in-Chief

- Journal pieces were picked up by national and international news topics.
- First two 2019 issues were newborn screenings and immigrant and refugee health. Preparing the health care work force and technology issue. Upcoming include Medicaid transformation and prison health.
- Been brainstorming issues for next year
- Medicaid Transformaiton issue coincide with the annual meeting.

### NCMJ Topics 2020 (discussion)

Peter Morris, NCMJ Editor-in-Chief

- Hope to do one one perinatal care stemming from task force.
- Looking to collaborate with the national academy of medicine—NAM has been doing work on health care delivery innovations. They are looking to co-publish with us as part of a "road tour." Likely some financial support will come.
- Can we look at Al potentially? Touching on it in tech issue, but it is a good idea.

### **Scheduled Meeting Dates**

July (anticipate re-schedule for after annual meeting Aug/Sept) October 15, 2019 January 21, 2020