

**COMMUNITY HEALTH ASSOCIATION OF MOUNTAIN/PLAINS STATES (CHAMPS)
ANNUAL BOARD OF DIRECTORS MEETING MINUTES
SUNDAY, OCTOBER 19, 2003
PORTLAND MARRIOTT, PORTLAND, OR**

CALL TO ORDER

President Pam Locken called the meeting to order at approximately 5:40 p.m.

SECRETARY'S REPORT

In the absence of Secretary Denny Royal, Al O'Brien took the roll and established that a quorum was present.

The Minutes from the CHAMPS Board of Directors meeting of October 27, 2002, contained in the packet, were reviewed. Ken McBain made a motion to accept the Minutes. The motion was seconded by John Mengershausen, and passed unanimously.

The Minutes from the CHAMPS Executive Committee meeting of August 25, 2003, contained in the packet, were reviewed. Annette Kowal made a motion to accept the Minutes. The motion was seconded by Lil Anderson, and passed unanimously.

TREASURER'S REPORT

In the absence of Treasurer Dan Euell, Jerry Brasher reviewed the Schedule of Expenditures of Federal Awards for the Year Ended 3/31/03 and Financial Statements for the Year Ended 3/31/03 Together with the Independent Auditor's Report. Both were contained in the meeting packet. Ken McBain made a motion to accept the Auditor's Report. The motion was seconded by Annette Kowal, and passed unanimously.

Mr. Brasher also reviewed the financial reports for five periods ending August 31, 2003, which were contained in the meeting packet. Lil Anderson made a motion to accept the financial reports. Annette Kowal seconded the motion, which passed unanimously.

Mr. Brasher also reviewed the annual budget for 2003-2004, which was contained in the meeting packet. Annette Kowal made a motion to accept the annual budget. Lil Anderson seconded the motion, which passed unanimously.

CHAMPS STAFF REPORT

Julie Hulstein, CHAMPS Executive Director, presented the Annual Report for FY 02/03. CHAMPS is keeping its members abreast of important policy issues, educational and funding opportunities, and advocating and educating on important issues.

According to 2002 UDS Data, Region VIII has 46 health center grantees with 529,284 users and income from all sources totaling \$255,613,213. Since June 2001, Region VIII grantees have received over \$24 million in new federal funding, including Service Expansion and New Start/Expansion grants. In 2003, Region VIII grantees received well over \$11 million in new federal grants. As a result of this, there are nine (9) new health centers in Region VIII: Northland Health Partners in Bismarck, ND; Sweet Medical Center in Chinook, MT; Eastside Neighborhood Center in Pierre, SD; Plains Medical Center in Limon, CO; Bear Lake CHC in Garden City, UT; Glacier CHC in Cut Bank, MT; Custer County CHC in Miles City, MT; Coal Country Health Care in Bismarck, ND and Valley CHC in Northwood, ND.

The Eighth Annual CHAMPS/NWRPCA Primary Care Conference will be held October 23-27, 2004 in Salt Lake City, UT at the Marriott. Tracks will include Administrative, Board, Clinical, PCA/PCO, Fiscal, and Health Care for the Homeless. Travel reimbursement will be available from CHAMPS to all Region VIII health care providers. Preliminary conference planning for

the 2004 conference will begin in the spring. The Ninth Annual CHAMPS/NWRPCA Primary Care Conference will be held in Seattle, WA October 22-26, 2005. A calendar listing all upcoming CHAMPS, HDC, PCA and NACHC meetings was included in the packets.

The CHAMPS web site, www.champsonline.org, has been upgraded. It contains links to CHAMPS staff members as well as all Primary Care Associations (PCAs) in the nation with web sites. The CHAMPS web site also contains the CHAMPS quarterly bulletin, calendar, information on the TQM/CQI videos and other CHAMPS products, a list of Executive Committee Members, a list of MPCN Steering Committee Members and the MPCN Minute. Please be sure to visit it often, as it will continue to expand and improve!

CHAMPS took advantage of a HRSA/BPHC funding opportunity available to Primary Care Associations nationwide this summer and applied for supplemental funds to develop recruitment and retention activities for Region VIII. CHAMPS received notification of funding in September and is pleased to introduce our newest staff member, Darci Martinez, CHAMPS Recruitment and Retention Program Coordinator. Darci is responsible for: adding a Regional Job Opportunities Bank (JOB) to the CHAMPS website listing all clinical and non-clinical CHC job opportunities in Region VIII; making the Recruitment and Retention manual web-based; conducting a needs assessment of Region VIII CHC staff to assess what plays significant roles in their retention; and, conducting an assessment of current Region VIII telehealth capabilities, usages and needs, and offering two web-based trainings to Region VIII health center staff based on the results of the needs assessment. The regional job bank will provide a central clearinghouse of CHC jobs in the region, augmenting and complementing Region VIII SPCA recruitment activities; the web-based R&R manual will afford health center staff quick and convenient access to helpful recruitment and retention resources; the retention needs assessment will define/clarify best practices; and, the telehealth needs assessment and subsequent web-based trainings promise to provide an exciting new dimension of learning for Region VIII health center clinical and non-clinical staff aiding in their retention.

CHAMPS Executive Committee members were thanked for their dedication and service to CHAMPS for the past two years.

Gina Astorino, CHAMPS Clinical Programs Director, provided a brief presentation on Mountain/Plains Clinical Network (MPCN) activities. MPCN activities are in the areas of clinical support, and networking and communication. Clinical support activities include the provision of clinical tools and clinical resources, leadership in the Health Disparities Collaboratives (HDC) as the lead clinical network for the West Central Cluster (WCC), facilitation of HDC sustaining and spread activities, and the offering of education and training events, to include CME. Over the past year, CHAMPS has built an online library of clinical resources in the areas of quality improvement, evidence based clinical guidelines, patient education and tobacco cessation. All clinical programs are in response to Region VIII clinician need. For example, the online library of Quality Improvement Tools is directly related to Region VIII clinicians request for easily accessible HDC tools. The library is organized using the components of the Health Disparities Collaboratives (HDC) and many of the tools were collected from HDC teams. CHAMPS education and training events include the CHAMPS Annual Primary Care Conference in which clinicians are offered CME and travel reimbursement of up to \$650, the HDC Learning Sessions and Summit meetings, and various other trainings as requested by clinicians. CHAMPS will be hosting three-day beginner and intermediate levels Spanish language training for clinicians February 26-28, 2004 in Denver, CO. Additional information, including registration materials, will be sent to health centers shortly. Over the past year (10/1/2002-2003), CHAMPS has awarded 940 CME to clinicians and 881 CEU for nurses. Networking and communication activities include distribution of the MPCN Minute, a quarterly newsletter containing CHAMPS activities, clinical

resources and announcements of clinical importance; marketing CHAMPS clinical services to clinicians; provision of networking activities at meetings and conferences and via the MPCN Steering Committee; and encouraging Region VIII clinician input in planning trainings and clinical services. MPCN is respected nationally for its leadership and provision of timely clinical programs. The MPCN Steering Committee guides the work of MPCN and is represented by two clinicians from each state in Region VIII, two dentists and a health promotion/disease prevention specialist. They will be holding a meeting on Tuesday to make revisions to the 2003 MPCN Workplan. The MPCN Steering Committee meets via conference call every other month. The MPCN Steering Committee is committed to providing top quality clinical tools and resources, strengthening its role as the WCC HDC lead clinical network, and assisting Region VIII health centers in sustainability and spread of the HDC work.

Tracy Jacobs, CHAMPS Collaborative Director, provided an update on the Health Disparities Collaboratives. Currently, almost 500 health center organizations have participated in at least one collaborative, and another 140 organizations joined in July 2003. Out of the 52 grantees in Region VIII, 42 are involved in collaborative efforts. Conditions being addressed are diabetes, cardiovascular disease, asthma, depression, and cancer screening and follow up. Two prototypes, one addressing health center redesign and financial management and another addressing Prevention and Diabetes Prevention, are underway this year. A prototype in perinatal/risk management is being planned.

Outcomes of the collaboratives to date are:

- Over 130,000 patients in clinical IS for care management
- Major improvement in glucose control
- Improved blood pressure control
- Appropriate use of drugs for asthma
- High rates of follow-up and improved symptoms for depression
- Major increase in patient self-management
- National & international recognition: the collaborative are a DHHS & HRSA priority

One of the major accomplishments of the collaboratives is the ability to shorten the time it takes to close the gap between research, or the evidence base, and clinical care. In today's healthcare system, it takes about 17 years to translate 14 percent of original research into clinical care for the benefit of patients. The Diabetes Prevention Prototype is using the information generated by the recent Finnish Diabetes Prevention Survey and the Diabetes Prevention Program as the Aim of the prototype. The evidence base regarding weight loss and physical activity to delay or prevent the onset of diabetes among pre-diabetic populations is the basis for clinical and self-management interventions utilized by the participating health centers.

The second phase of the Collaboratives – the phase devoted to sustaining the positive changes and spreading them throughout the organization and to all chronic conditions – is being supported by the Bureau of Primary Healthcare and the Health Resources and Services Administration. The growth of the infrastructure to support health centers has, and continues to be, supported. Also supported is a multi-year evaluation of the Collaboratives by the Agency for Healthcare Research and Quality (AHRQ). Additionally, grant money to support the work of sustaining and spread is now available to Collaborative health centers via the Service Expansion PIN. In 2002, eight Region VIII health centers received those monies. In 2003, four more Region VIII awards were granted. These grants are highly competitive, and Region VIII health centers are to be recognized for their outstanding work.

Finally, in a GAO report to Senator Frist, the Health Disparities Collaboratives were cited as an effective program to address health disparities in the nation. Additionally, the Robert Wood Johnson Foundation (RWJF) has recognized the merit of the Collaboratives. Tracy Orleans, Ph. D., senior scientist at RWJF, wrote the following in the Foundation's Newsletter,

Advances Online: "With federally funded health centers having fully embraced the (Health Disparities Collaborative) model...this has become arguably the largest, most important health care quality improvement initiative in the country. It's exactly what the health care system needs right now - a demonstration that it is possible both to improve care dramatically and even reduce health care costs."

NACHC BOARD MEMBERS REPORT

NACHC Executive Committee Members Lil Anderson (Secretary) and Eligio White (Treasurer) reported that the National Association of Community Health Centers (NACHC) Board of Directors met in August in Atlanta, GA in conjunction with the NACHC Community Health Institute (CHI). The next NACHC Board of Directors meeting will be held in Phoenix, AZ in December. Lil and Eligio encouraged Region VIII grantees to join NACHC and serve on NACHC Committees. Included in the meeting packet was a list of Region VIII grantees serving on NACHC committees – there are nearly 60 Region VIII CHC or PCA staff members sitting on NACHC committees. Also included in the meeting packet was a letter from NACHC to Dr. Duke outlining some HRSA policy concerns; the most recent NACHC Washington Update Hotline Report; and, NACHC's Annual Report: America's Health Centers – Meeting America's Most Pressing Health Needs.

President Locken noted that Joe Gallegos, NACHC Board Chair and Dan Hawkins would be giving NACHC updates during the conference.

HRSA DENVER FIELD OFFICE REPORT

Mary Lou DeZeeuw gave the Denver Region VIII Division Office of Performance Review (OPR) Health Resources and Services Administration (HRSA) report. Mary Lou handed out a document highlighting her speaking points. The new Denver Regional Division Director will be Angela R. Powell-Young, MPH. Angela is currently the Acting Director of the Division of Training and Technical Assistance in the HIV/AIDS Bureau of HRSA. She also serves as a Health Administration and Policy Instructor at the University of Maryland Baltimore County.

Pete Leibig, Lisa Nichols and Donna Singer represented Region VIII at the most recent Johnson & Johnson/UCLA Health Care Executive Program. The program is expanding in 2004 to two summer sessions to accommodate two groups of 40 individuals. Session I will occur July 12-24 and Session II will be held July 25–August 6. Applications will be available in December. For more information visit www.anderson.ucla.edu/community/healthcare or contact Jenny Tom 310-794-9559.

The Office of Performance Review's mission is "to improve access to quality health care and reduce health disparities by effectively reviewing and enhancing the performance of HRSA supported programs in communities and states." OPR's core values are: pursuit of excellence, dedication to public health, and commitment to equity and accountability. These also serve as their cornerstones of their relationship with grantees. OPR is developing a streamlined performance review instrument that will focus attention on the critical issues impeding or promoting performance. OPR's second level review tier is State and community strategic partnership reviews. Here the agency will attempt to examine the collective effectiveness of HRSA-supported programs and work to facilitate collaboration in addressing priority health needs. The agency's third tier is to track regional and state trends in public health, health care, and health policy and provide recommendations and input on HRSA and selected Departmental program designs, policies and initiatives.

The three types of reviews: grantee level, state level and community level will focus on performance outcomes, extent of HRSA investments and resource leveraging. Focusing on individual grantee performance and rolling those results in the larger population impact is a new dimension in the Agency's review process. Typically, Agency reviews have focused on

the statutory or regulatory requirement, program expectations or program outputs. These reviews are important, but the Agency believes the focus should keep pushing higher and higher up the pyramid – not throwing out the importance of the programmatic and statutory review components but focusing on the ones that push reviews to outcomes and results. Compliance is important with program expectations, statute and regulations; but being perfectly compliant may not achieve the results – grantee goals as well as the broader national goals of the agency's programs.

Using a streamlined, structured protocol, each OPR review team will conduct an intensive pre-visit review of the program(s) and business management performance of the organization. During the on-site visit, the focus is on validating and documenting the organization's performance. After the visit, the draft report will be shared with the grantee for additional comments and an improvement and technical assistance plan may be developed to support crosscutting technical assistance. OPR has awarded a Technical Assistance Consultant Contract to McKing Associates. At this time, OPR is seeking to create a consultant bank of fiscal, clinical, administration, and governance professionals who would be interested in working with OPR Regional Division Review Teams. Individuals interested in becoming a consultant candidate should email ccounts@hrsa.gov with a cc: to torloff@hrsa.gov with McKing OPR Consulting Candidate in the subject line. Please include name, address, work and home telephone numbers, areas of expertise and email address. The TA contractor will forward interested candidates a consultant application to complete.

Through December 31, 2003, the Denver Regional Division will continue to complete the scheduled PCER and JCAHO/PCER reviews, along with a consultant team leader and respective consultants. The Quality Improvement Letter (QIL) or the Pre-Application Guidance Letter (PAGL) following the reviews will be completed with joint involvement of the OPR Regional Division Director/Program Staff, BPHC project officer and others as designated by the Division of Health Center Management Senior Staff. Effective early in 2004, OPR staff will be conducting selected cross-programmatic federally funded reviews. All HRSA funded programs (single funded grantees, communities, state, universities, etc.) over time will receive a review; team composition will include federal staff and consultants. Late fall 2003 – the new grant review protocol tools are to be field tested with a variety of grantees. Each regional division is to have a minimum of one pilot review, either as a single grantee or as a grantee with multiple agency funding. Encompassed in the evaluation tool are fiscal, administration and governance, clinical, strategic planning, and data analysis/evaluation elements.

Included in the meeting packet was the Division of Health Center Management structure chart, contact information for DHCM Northern Operations Branch, an OPR map and a map indicating the four branches leaving the regions intact (the Northern Branch is comprised of Regions V, VIII and X and has 227 grantees).

PRESIDENT'S REPORT

President Locken outlined the major goals in CHAMPS revised strategic plan: Increase CHAMPS visibility and promote CHAMPS' name identity and value of CHAMPS membership, Ensure necessary funding exists to maintain CHAMPS' programs and services, Strengthen CHAMPS' political presence, Strengthen CHAMPS' working relationships with Region VIII SPCAs, Continue to provide education and training opportunities for Region VIII CHC and PCA staff, Continue CHAMPS' leadership role and funding for Health Disparities Collaboratives, and Create a Region VIII online Job Opportunities Bank (JOB). Lil Anderson made a motion to accept the strategic plan. Ken McBain seconded the motion, which passed unanimously.

Included in the meeting packet was a proposed addition to CHAMPS bylaws regarding HIPAA

compliance:

**ARTICLE VIII
HIPAA Compliance**

8.1. HIPAA Requirements. Pursuant to the Health Insurance Portability and Accountability Act of 1996, regulations have been promulgated governing the privacy of protected health information. Such regulations are codified at 45 C.F.R. Parts 160 and 164 (the "HIPAA Privacy Rule"). Many of the Corporation's members are "covered entities" as defined by the HIPAA Privacy Rule. The Corporation is not a "covered entity." Nonetheless, the HIPAA Privacy Rule requires that covered entities obtain written assurances from their "Business Associates," defined as parties that perform certain services for a covered entity and, in conjunction therewith, gain access to protected health information. Occasionally, the Corporation obtains protected health information from one or more of its members while administering a special program and, therefore, the Corporation may be a "Business Associate" of one or more of its members.

8.2. The Corporation's Assurances. To the extent required by the HIPAA Privacy Rule, the Corporation does hereby assure its members that the Corporation will appropriately safeguard protected health information made available to or obtained by the Corporation. In implementation of such assurance, and without limiting the obligations of the Corporation as otherwise set forth in the Bylaws or imposed by applicable laws, the Corporation hereby agrees to comply with the applicable requirements of the laws relating to protected health information and, with respect to any task or other activity the Corporation performs on behalf of its members, to the extent its members would be required to comply with such requirements. The Corporation will:

- A. Not use or further disclose protected health information other than as permitted or required by the special program;
- B. Not use or further disclose the information in a manner that would violate the requirements of laws that apply to its members;
- C. Use appropriate safeguards to prevent use or disclosure of such information other than as allowed by the terms of the special program;
- D. Report to the applicable member(s) any use or disclosure of protected health information not allowed by the terms of the special program, of which the Corporation becomes aware;
- E. Ensure that any subcontractors, agents, or employees of the Corporation to whom the Corporation provides protected health information received from its members agree to the same restrictions and conditions that apply to the Corporation with respect to such information;
- F. Make available protected health information as required by applicable laws;
- G. Make the Corporation's internal practices, books, and records relating to the use and disclosure of protected health information received from its members available to the Secretary of the United States Department of Health & Human Services for purposes of determining its members' compliance with applicable laws (in such circumstance, the Corporation shall immediately notify its members upon receipt by the Corporation of any such request, if legally possible);
- H. Give to its members an "accounting" of all disclosures made by the Corporation of all protected health information received from its members, as required by 45 C.F.R. Sec.164.528;
- I. At termination of the special program, return or destroy all protected health information received from its members that the Corporation still maintains in any form and retain no copies of such information, unless impracticable; and
- J. Incorporate any amendments or corrections to protected health information when notified by its members, pursuant to applicable laws.

8.3. Members' Withdrawal from Applicable Program. Without limiting the rights and remedies of its members elsewhere set forth or available under applicable law, the Corporation's members may withdraw from and terminate their involvement in the special

program(s) without penalty or recourse if its members determine that the Corporation has violated a material term of the provisions of this Section of the Bylaws.

8.4. Amendments. The Corporation agrees that this Section of the Bylaws shall be amended from time to time if required by the changes to the HIPAA Privacy Rule in order to assure that the Bylaws are consistent therewith.

8.5. No Third-Party Rights. Nothing in this Section of the Bylaws is intended to confer, nor shall confer, any rights, remedies, obligations, or liabilities whatsoever upon any person other than the Corporation, its members, and their respective successors and assigns.

John Mengenhause made a motion to accept the proposed addition to the CHAMPS bylaws. Rita Wagner seconded the motion, which passed unanimously.

President Locken presented the Exceptional Clinical Leadership award to Jim McNeely, Acting Clinical Director of Rural Health Care, Inc. in SD. Jerry Brasher presented the Exceptional Board Leadership award to Ivan McCourt, Chairperson of Carbon Medical Service Association Board of Directors in UT. Annette Kowal presented the Exceptional Administrative Leadership award to Donald Moore, Director of Operations of Pueblo CHC in CO. Al O'Brien presented the Innovative Clinical Leadership award to Douglas Moore, Chief Medical Officer of Deering CHC in MT. Tamara Ekker presented the Outstanding Advocate of the Underserved award to Yvonne Jensen, Executive Director of Carbon Medical Service Association in UT.

ADJOURNMENT

President Locken adjourned the meeting at approximately 7:25 p.m.

Respectfully submitted,

President Pam Locken