



**Members in Attendance**

Raymond Hino – Mendocino Coast District Hospital  
Gary Boyd – Mammoth Hospital  
Alan Burgess – Tehachapi Valley Healthcare District  
Tom Pyper – Trinity Hospital  
David Hill – John C. Freemont Healthcare District  
Jacob Lewis – Mark Twain St. Joseph’s Hospital

**Others in Attendance**

Carolyn Bruce – CCAHN, Executive Director  
Steve Hubbard – CCAHN, CFO  
Jessica Taylor – CCAHN, VP of Marketing  
Stephen Day – CCAHN, IT  
Bobbie Orchard – CCAHN, Office Manager  
Sandra Fowler – WHA, Benefits Coordinator  
Peggy Broussard Wheeler - CHA

Beth Demeter – CHA  
Jennifer Newman – CHA  
Margaret Leonard - CAREHIN  
Rochelle Spinarski  
Brian Wong – The Bedside Trust  
Michael Topchik - iVantage

**Call to Order**

Raymond Hino called the meeting to order at 1:07 pm.

**Minutes**

Quorum was not present to vote on this item; therefore this item was tabled until quorum can be present.

**Financial Update**

Steve Hubbard and Jennifer Newman gave a brief overview of financials through April 30, 2012. Highlights included:

- The network is currently experiencing a loss in revenue \$8,538.
- Program administrative fees are down by almost \$21k.
- Member dues currently outstanding are approximately \$29k – as of June 4, 2012.
- Carolyn Bruce noted that the bulk of the program administrative fees will be coming in at the end of the year as a result of the Premier Adventist program.
- CAREHIN will bring an additional \$10k in revenue by the end of September to CCAHN.

**Associate Membership**

Carolyn opened a discussion on the concept of allowing non-CAH hospitals into CCAHN. She is suggesting a new associate membership category that would allow non-CAH hospitals to join CCAHN and utilize one (1) program for \$1,000 or have access to all programs for \$1,500. The goals of the category would be to 1) increase network sustainability by improving volume in existing programs and more administrative fees to the network; and 2) have access to other hospitals that might be able to come on board from time to time for conversations (no access to financial statements, minutes, etc.). Group discussion ensued. Highlights included:

- Raymond noted that Chad Chadwick of High Desert has expressed interest in creating a JPA for new business ventures. Raymond has talked to him about the WHA model and he is very interested in the concept. This new membership level could work out well for someone like him.
- Peggy Broussard Wheeler has had numerous conversations with other CEOs about this concept and what folks can do together instead of alone.
- All CAH hospitals who are not currently a member of CCAHN will be encouraged to join as a full member, not an Associate.
- Carolyn recommended that the General Membership give AB the ability to approve accepting new members in this category.

#### Next Steps:

The motion below was approved by the Advisory Board (AB) via email ballot to be presented for final General Membership approval at the July 19, 2012 General Membership meeting.

- A. The CCAHN AB recommends that a new CCAHN Associate Member category be created for non-California CAH hospitals. All California CAHs are highly encouraged to become a full, participating member of the CCAHN organization and not eligible for Associate Membership. An Associate Member would:
  1. Pay annual dues of \$1,000 to access one CCAHN program or \$1,500 to access all CCAHN programs.
  2. Be a non-voting member with no CCAHN meeting requirements, and not sent CCAHN proprietary membership materials (i.e. financial statements, business plans).
  3. Participate in one or more program depending on their selection of annual dues and receive all benefits of that program. All administrative fees generated by their participation shall be retained by CCAHN (i.e. group purchasing program).
  4. Require approval by AB, by a majority of a quorum present. All members and staff may bring an Associate Member candidate to the AB for approval.
- B. The CCAHN AB further recommends that hospitals in process of becoming/applying for status as a Critical Access Hospital be allowed to join as a full, voting member of CCAHN. If the hospital does not achieve CAH status within one (1) year, it shall have the option of moving to Associate Membership.

#### **CCAHN Program Development: From Cost Reduction to Cost Transformation**

Carolyn gave a brief overview of the “Cost Reduction to Cost Transformation” concept that staff has been working on. Through further collaboration we can achieve this transformation. The imperative behind everything that members are faced with says that we need to shift the cost curve lower as a network and do more together. The more members we add to programs, the more costs decrease. We need to focus on more transformational programs and assess the data through strategic partnerships (i.e. iVantage).

Carolyn would like to spend more time at a General Membership meeting to talk about our (WHA and CCAHN) strategic partners across the country. Right now WHA is actively partnering with over 384 hospitals across the country.

The network’s current strategic initiatives can put money in the bank. CCAHN currently has 11 members signed up with the Premier Adventist GPO and are achieving even lower prices than six (6) months ago. There are also great conversations occurring with regard to IT Collaboration and cost transformational projects. WHA is currently in the process of hiring a Director of IT Collaboration to assist with this process.

Carolyn turned the presentation over to Jessica Taylor (VP of Marketing and Communications) who gave a brief overview of the Financial Strength and Operational Assessment program that Healthcare Management recently rolled out in partnership with Eide Bailly. Staff recently completed an assessment at a CCAHN member hospital. Highlights include:

- Staff onsite for two (2) to three (3) days, included a complete operations and financial statement review.
- Consulting piece has more than paid for itself in what was identified.
- Healthcare Management also completed a self-pay billing analysis that found substantial savings.
- This program offers huge improvements to members on an individual basis as well as generates revenue back to CCAHN.

Carolyn would like to have a more in-depth conversation with the General Membership at their next meeting on the Assessments. She suggested moving iVantage from this meeting to a stand-alone meeting on another date. The AB agrees and would like to hear more about this program.

Carolyn introduced Sandra Fowler (Benefits Coordinator for WHA). Sandra gave a brief overview with regard to Employee Health Benefits and their available options. Raymond added that there has been a lot of discussion of interest in developing a group health plan that member facilities could participate in that would be an option to CalPERS (i.e. a CCAHN group plan). It could save members money and make money for the network as well. Carolyn suggested a partially self-funded plan, does not require a lot of hospitals to participate but does require the HR Managers to participate. Staff will send out information on organizing this new initiative and hope to begin working on it fall 2012.

### **CEO Forum – Roundtable Discussion**

#### **Gary Boyd**

- Carolyn St. Charles (CAH Annual Survey/Mock Survey) is a great resource and everyone should take advantage.
- He is seeking assistance with his physician contract structure. Needs someone to guide him through the process and what he can do differently.

#### **Raymond Hino**

- Just completed meaningful use conversation for EHR and are installing a new EHR system (same one as Trinity).

#### **Tom Pyper**

- Going live with EHR on June 26<sup>th</sup>.

Raymond noted that Carolyn St. Charles has identified a conditions of participation requirement for an outside review of clinical polices and procedures. Surveyors have been asking for this. If we could create a voluntary panel of clinical people that could go to each other's facilities and review polices. Or we could hire Carolyn St. Charles to do the reviews.

### **Minutes**

A motion was made to accept the minutes from the April 10, 2012 AB meeting. Motion by: Gary Boyd, second by: Tom Pyper. All AB members present voted – motion carried.

### **Your Chief Role as a T.R.U.S.T.E.D. Coach Leader**

Raymond introduced Dr. Brian Wong with The Bedside Trust. Dr. Wong continued into Patient Driven Leadership from his previous presentation at the last General Membership meeting on May 17<sup>th</sup>. Presentation is available upon request.

### **Future Meetings**

The next meeting will be a General Membership meeting on July 19<sup>th</sup> from 2:00 – 4:00 pm via WebEx.

Meeting adjourned at 3:01 pm.