

NAFC BOARD MINUTES

Date: 03/15/2018

Time: 9:00am – 3:00pm Eastern Time

Location: In-Person

Meeting called by: Board Chair

Type of meeting: Regular

Facilitator: Board Chair

Note taker: NAFC Secretary

Attendees: NAFC Staff, Bobby Kapur, Stephanie Garris, Shannon Watson, Angie McLaughlin, Isi Ikharebha Green, Randy Jordan, Maureen Tomoschuk, Larry Robins, Linda Wilkinson, Sheri Wood

Minutes

CALL TO ORDER/ATTENDANCE (2.6.2)

The meeting was called to order by Bobby Kapur at 9:00am.

Bobby welcomed everyone and discussed the important work that we are doing at the national level. He stressed that Free and Charitable Clinics really are a public health entity providing critical value to the public health network. The group introduced themselves and told a personal story of importance, so we can all remember each other.

APPROVAL OF THE MINUTES OF THE FEBRUARY BOARD MEETING (ATTACHMENT A1)

Stephanie Garris made the motion to approve the minutes from the February meeting. Isi Green seconded the motion. The motion carried unanimously.

CEO UPDATE QUESTIONS AND DISCUSSION (ATTACHMENT B1-4)

Nicole summarized the CEO report, including that the NAFC was invited to be a part of the Opioid Summit at the White House through an invite from Dr. Kapur. Staff reported that the NAFC has posted the positions for the two Board approved staff positions, however, recruiting has been challenging, due to timing in DC with campaigns and people who want higher salary levels. Recruitment for these positions will continue.

Staff reported the current office lease expires October 31, 2018. Staff will begin the process of conducting site visits of available spaces within a close radius of the current office and provide a report with cost comparisons and a recommendation for NAFC space for the Board review and discussion.

Grants and Benefits

Staff reported the NAFC is working with Direct Relief and CVS on various grant programs for NAFC member organizations and the grants will be paid out in the second and third quarter of the year after applications are reviewed. These funding opportunities are bringing new members to the organization.

CVS has provided NAFC funding to combat the Opioid epidemic in the nation. This grant originally was to offset that cost of Naloxone; however, staff is asking that the grant be expanded to:

- Support an existing or new Harm Reduction Program
- Support staff or volunteer training programs
- Support purchases of Supplies and Medication such as: Naloxone, Evzio, Needles, Vivitrol etc.

Linda Wilkinson reported that Virginia currently has an Evzio program, but some clinics are hesitant to sign up for it. There are some who don't think it is a problem in their area, they don't prescribe opioids, or because they aren't the local substance abuse provider they shouldn't be involved. The group discussed the potential disconnect and lack of knowledge or information at the clinic ED level. There are also issues related to the access points for substance abuse treatment in communities that some clinics can assist with. Staff reported that the Symposium will have a session on the opioid epidemic in order to help clinics understand how to identify patients and get them help with the addiction.

The group then discussed the new partnerships with Dispensary of Hope and Charitable Pharmacies of America. The group discussed how these (and other national partnerships) leverage additional relationships, networks, and potential new association members for the NAFC.

Stephanie Garris had a recent issue with Henry Schein. The company did not respond to her when trying to purchase a high-end piece of equipment through the national rep. Staff will address this. Larry has group purchasing power through a group, Health Trust. He is looking at 18 months of order history for his clinic and will share results with Nicole. If this has some cost savings potential, staff will explore it further. Staff reported that Practice Fusion (an electronic medical record) who is a partner of the NAFC, was purchased by AllScripts and is no longer free for use. The NAFC negotiated a free 1-year extension for NAFC members only. Free from May 2018 - May 2019. In the Summer of 2018, the NAFC staff will begin negotiations with Practice Fusion to see if we can keep this service for free or at a discounted rate for members in future years.

Membership Surveys

Staff reported that 175-member organizations responded to the Member feedback survey. The group discussed webinars (very highly rated), shorter-targeted communications, needs (funding & volunteers). No negative comments were provided to NAFC staff. Discussion of the NAFC/CVS survey was also discussed. CVS uses this information to form future funding opportunities.

Symposium

Speaker selection forms were provided for board information only. Disaster preparedness, fundraising, storytelling and clinic efforts were all discussed as important topics, in addition to those listed on the speaker selection form. The symposium working group will pick the final group of speakers. The working group is very robust and very active. Having staff utilize the membership through the committee has worked very well and re-engaged that committee.

Stephanie Garris stated she had a great experience with Americares for disaster relief planning right before the hurricane. She was able to get supplies out quickly to several different organizations. Americares is providing a one-day workshop prior to the Texas Association meeting.

NAFC website has a disaster plan template for all clinics in the Members Only section of the website. How can we improve the dissemination of information for disaster planning?

Staff reported that there will be an open house at a local clinic Sunday evening, therefore the board schedule may be altered a bit, including the new board member reception. It was suggested that perhaps a buddy system with the current board and potential new members for the bus ride and reception at the clinic could work to accommodate both events.

Staff is exploring locations for the 2019 Symposium, Washington DC is a location that the staff hopes will work, however, it was stressed that the cost may be prohibitive. Staff is waiting to hear from other cities to respond to our request for proposals that may be a better match to the cost, dates and space requirements set out by the NAFC.

PUBLIC POLICY AND HILL MEETING DISCUSSION (ATTACHMENT C1)

Bobby opened the discussion highlighting the focus on the opioid crisis. Nicole continued with the President's Budget and the current recommendation for FQHC's funding to be discretionary and not mandated. Free and Charitable Clinics cannot absorb all FQHC's patients if funding is removed, therefore the NAFC is closely monitoring this issue for impacts that should advocate for funding.

Board Hill Visit Reports

All hill meetings went well. It worked well to have a state exec partnered with a rep from an individual clinic. Everyone was well received in offices and NAFC is becoming a known organization within offices. FQHC vs Free and Charitable Clinic distinction was important. This distinction is very important when it gets to legislative language and automatically excluded when we are not spelled out in all legislative language.

DISCUSS ENDS PRIORITY (POLICY 1.5) (ATTACHMENTS D1 - D2)

Staff pulled together the important data points for standards. Clinics in states where there are already standards only had to click one box and not complete the rest of the questions. NAFC staff will then follow-up with state organizations to verify each individual clinic. NAFC will rely on self-report for clinics. The timing of the survey was discussed and done in February to have the data for Hill visits this week. The group discussed the larger issue of coordination and partnership between the state associations and the NAFC. Nicole will commit to sending out a communication to state association execs to determine when they're reporting to try and coordinate, but there is a deadline for the NAFC that must be met. The group discussed collecting data and sharing it with staff. The important distinction is the timing and annoyance of "one more thing."

Requirements for NAFC pretty minimal: complete data survey, 990, by-laws/incorporation, and pay dues.

There are 30 clinics that will not receive a seal due to the data submitted. NAFC has toolkits for clinics to update their infrastructure.

Staff recommended to the Board that those member organizations that have met FTCA, PCMH, and state licensure requirements receive reciprocity for the NAFC standards.

Larry Robins moved that we accept those clinics that have FTCA, PCMH, and/or state licensure and

that they will also automatically meet NAFC standards of care. Isi Green seconded the motion. Discussion about how many clinics would receive the seal through each method. The group also discussed the differences in the NAFC levels and how FTCA, PCMH, and state associations may result in different levels. NAFC staff will work with each state association and review the qualifications for different levels. The question was called. The motion passed unanimously.

The group also discussed the levels and the aspirational process in this work. While it's great to have the different levels, there will be clear distinction between levels and what work needs to be done to move to the higher level.

REVIEW OF FINANCIAL REPORTS (POLICY 3.5) (ATTACHMENT E1)

The financials look really good. There was significant revenue in the first few months and expenses were within budget. Larry would like to add the operating months of unrestricted dollars available to the organization on the report (both operating and reserve funds) and the group agreed it would be helpful to see. \$1.5m will be distributed by the end of the second quarter and \$150,000 will remain with the NAFC (\$1.65 million total grant). Of the 2 CVS grants, \$18,000 will stay at NAFC. Nicole discussed the upcoming expected revenue for the next few months.

Sheri Wood moved to approve the financial report. Stephanie Garris seconded. Motion carried unanimously.

Adjourn for lunch. Reconvened at 1:20.

Stephanie Garris moved to add President to Nicole's title making her the President and CEO. Sheri Wood seconded. Discussion: This does not change her role or responsibilities. Simply a name change of her title. Nicole has been hampered in some states in completing some filings due to not having "President" in her title. The Motion carried unanimously.

MONITORING CEO PERFORMANCE (POLICY 4.4) (ATTACHMENTS G1)

3.1 Treatment of Members/Constituents March 3/7/18 - Question regarding "treatment of members" should include survey results and member feedback and if the President/CEO wanted to add an addendum to report to include a statement of member satisfaction from the survey. Linda Wilkinson moves to accept 3.1 Monitoring Report. Shannon Watson seconds. The motion carries unanimously.

3.2 Treatment of Staff will need to be sent out electronically to the Board for a vote.

DISCUSS ENDS PRIORITY (POLICY 1.0) (ATTACHMENT F1)

The mission statement was discussed in October, but our 2018 plan included a review now. The group discussed the history of this statement that was created a few years ago. All agreed the mission is still appropriate and fitting for our work. Nancy Hudson moved to affirm the mission. Angie Mclaughlin seconded. The motion carried unanimously.

OPEN BOARD DISCUSSION

Bobby opened discussion about another face to face meeting and asked members for any

additional concerns/areas of discussion. Shannon brought up the name change and if, as an organization, we were done discussing the name change. Nicole has no recommendations currently and thought we could keep it in the back of our mind for future discussion. Isi shared her experience in Ohio and how their name change process has gone and the struggles with the board. While the words “free clinic” are not in the title, they are trying to be more inclusive and broad so that free clinics aren’t pigeonholed.

Virginia is looking to expand Medicaid and Linda wants to ensure our mission and all language within the organization is consistent throughout. The group discussed the transitions of clinics that accept and bill for Medicaid patients. What about all these other services that clinics provide (food, clothing, etc.)? This gets to the core issue of public health and the larger view of health care. The group discussed tracking of social determinants and additional services provided within clinics. The group also discussed that we should continue this conversation. Funders are not currently looking at these issues, so we need to stay ahead of the game.

Nicole asked the group about expired medication. There are both state and federal laws that prohibit the distribution of expired medication. The group discussed the laws that regulate this matter and that all members must follow that requirement. Nicole and her staff are directing clinics back to their state laws.

The group discussed how much progress and work we get done when we are all together. Everyone agreed that while it is a challenge to get together it is worth having another in person meeting. Nicole will look at the budget and timing for the organization. They will explore options and get back to the board.

The group discussed Skype or Zoom. All agreed having a face to face system online would be great. Nicole will work on a platform that is affordable to move to online board meetings.

Everyone must respond to the electronic vote for the monitoring report because 100% response is needed or the vote is void.

Bobby asked for feedback on the board. Nancy suggested the new people begin with feedback. Isi appreciates the liveliness of the board. Bobby will begin sharing articles and information for the board and he encouraged others to do the same. Randy felt very well-prepared, felt it was inclusive, and the group’s work in meetings like this provide a full context for the streamlined work of the committees and work coming out to the committees. Maureen also felt it was an excellent meeting and looks forward to working with the everyone for the rest of the year.

ADJOURNMENT

Motion to adjourn made by Sheri Wood. Shannon Watson seconded the motion. Meeting adjourned at 2:24 pm Eastern Time.