

Minutes
Community Health System 2020 Meeting
January 29, 2008
Finger Lakes Health Systems Agency

Present: Stephen Ashley (Chair), Len Redon (Vice-Chair), Nancy Adams, Mark Cronin, Bonnie DeVinney, Robert Dobies, John E. Garvey, Susan Holliday, Augustin Melendez, the Rev. George Nicholas, Edward Pettinella, Thomas Richards

Absent: Gary Bonadonna, H. Taylor Fitch, Thomas Flynn, Michael Nuccitelli, Clay Osborne, Robert Thompson

Staff: Fran Weisberg, Sally Trafton, Patricia Healey, Tori Toliver

CALL TO ORDER

The Chair called the meeting to order at 4:10PM.

REVIEW OF CHARGE & DRAFT PRINCIPLES ROLES & RESPONSIBILITIES

The Commission was provided with six Guiding Principles and was asked to review the draft. The Principles were written to guide Commission members in reviewing the materials that will be presented throughout the timeframe of the project. The Commission's report will be reviewed by New York State upon completion. The Commission is charged with approaching health care from a community perspective. Several revisions to the Guiding Principles were suggested, including: addressing systems as a plural, not as a single entity; addressing in-migration and the need for the Commission to balance patients' desire to make health care decisions for themselves with clinicians' desire to choose the locus, setting, and context of their practice; and dealing with the Commission's approach to conflict of interest, confidentiality, and transparency issues. The revised version of the Guiding Principles to be reviewed at the February 25, 2008 meeting reflects the discussion recorded in these minutes.

Regarding conflict of interest, it was suggested the Commission address matters similar to the Community Technology Assessment Advisory Board (CTAAB). It was agreed that FLHSA staff would review CTAAB's approach to conflict of interest and would report back to the Commission. There is a need to establish a balance between understanding members' conflicts of interest and being able to discuss things in an open forum to accomplish the work that needs to be fulfilled by the Commission. It was questioned whether Commission meetings would need to be open; FLHSA staff was asked to consult with counsel on the issue of open meetings and transparency. It is preferred that the Chair, Vice-Chair and the FLHSA Executive Director be the only individuals authorized to speak to the media.

The Commission aims to reach consensus on the final report. The Commission will not submit a minority report and would instead reach a consensus on a report all members could support.

Voting procedures will be discussed at a later date.

There was discussion on the Study Charter. It was agreed a few revisions needed to be made for clarification purposes. It was questioned whether the Commission would make recommendations on a geographic or institution-specific basis; the Commission decided to take an institution-specific perspective. In response to concern regarding certain members' charge to the community, it was agreed preventative care and its role in reducing hospital utilization will be factors considered by the Commission. It was agreed that members must be cognizant of broader issues and need to consider the factors driving utilization.

There was concern at a recent CTAAB meeting pertaining to the Commission not including physicians and nurses. It was suggested that clinicians be invited to talk to the Commission at a later date to shed light on modernization from a medical perspective.

STARTING POINTS FOR THE COMMISSION'S WORK

The Commission reviewed a presentation regarding history of Community Health Care Planning in the region. It defined community health planning and its components, FLHSA's role with health care planning, and the benefits of health care planning leading to the Community Health System 2020 Commission. The Commission's charge to consider health disparities and access to health care was discussed. There are issues surrounding the hospitals needing modernization of old structures and the need to replace dated equipment with modern equipment.

ACTION ITEMS

SELECTION OF CONSULTANT

- A national consultant will be hired to assist the Commission's work because it will be dealing with complex concerns/matters.
- Input from Commission members was requested in choosing a consultant based on the criteria that have been provided. Members are to direct suggestions regarding the process to the FLHSA Executive Director
- It was proposed that three consultants will be identified by FLHSA staff and then narrowed to one choice, which would be presented to the Commission for approval. There was further discussion held on the criteria and a few minor adjustments were made to the criteria.

MEETINGS & TIMELINE

The proposed project timeline was reviewed. Biweekly meetings will be scheduled from 7:30-9:00 AM or 4:00-5:30 PM at the onset. If members are unable to attend a meeting, they may call into a meeting, although participation in person is preferable. The importance of staying focused and reaching the goal of completing the project by the end of June was stressed.

OTHER BUSINESS

The Chair thanked everyone for participating. The meeting concluded at 5:30 PM.

The next meeting is scheduled for February 25, 4:00-5:30 PM at FLHSA.