

Attachment 1

To: Children's Community Physicians Association
Board of Directors

From: Kena Norris, Executive Director

Re: Minutes of Monday, March 14, 2016 CCPA Board of Directors Meeting

Members Present

Dov Shapiro, MD
Sheri Ross, MD
Michael Siegel, MD
Tim Geleske, MD
Guy Randolph, MD
Virginia DePaul, MD
Valerie Kimball, MD
Mary Hall, MD
Alison Gehle, MD
Jonathan Necheles
Ushma Patel, MD
Susan Sirota, MD
Douglas Ashley, MD

Members Absent

Rebecca Unger, MD

Others Present

Kena Norris
Priya Stemler
Paresh Patel
Armetris Forman
Rob McCann

Pre-meeting: Non-CCPA membership access to CIN

Rob McCann was present to discuss CIN participation for Town & Country Pediatrics. The question has been raised of whether CCPA can offer Town & Country Pediatrics access to the CIN without the practice being a member of CCPA. Currently PCPs can only participate in the CIN through CCPA and specialists must have an agreement through FPP. Mr. McCann stated that this is not a legal issue but a business decision. It was stated that the board is not asking for a change in bylaws but requesting an exception to the rule.

Action: It was decided that CCPA would create two types of membership for its practices: Full and Associate Membership. Full membership would allow access to all CCPA's offerings and benefits whereas associate membership would not allow for voting privileges, board seat options, or contract participation. Associate membership would be offered at a discounted rate and credentialing would

be done through the CIN, not through CCPA. Membership metrics and term limits would be discussed at the upcoming board of directors' retreat.

1. Call to order

Dov Shapiro, MD

The Children's Community Physicians Association Board of Directors meeting was held on Monday, March 14, 2016 at McCormick and Schmick's, Skokie, IL. Dr. Dov Shapiro, President, called the meeting to order at 7:15 p.m.

- A. *Motion 1: To approve the minutes from the January 11, 2016 board meeting. (attachment 1)* The motion was made, seconded and unanimously approved.

2. Report from the Treasurer

Michael Siegel, MD

The financial statements for January 2016 were reviewed by Dr. Siegel. The 2016 budget shows projected income with and without the restructuring of the GPO. With restructuring, CCPA is expected to have \$70K in excess revenue; without restructuring, CCPA is expected to have about \$500K in excess revenue.

- A. *Motion 2: To approve Treasurer's Report for 2016 budget. (attachment 2)* The motion was made, seconded and unanimously approved.

3. Report from the President

Dov Shapiro, MD

A. Distribution Resolution

As previously brought to the board's attention, there are times when vendors make reporting errors, causing practices to miss sales from those vendor in their annual distributions. McKesson made a reporting error in the past distribution for 2015 which caused missed sales for a practice that had previously experienced the same issue with this vendor. Due to the extenuating circumstances of missing sales for multiple years, it was decided that the distribution error for 2015 would be rectified with payment to the practice as of today (March 14, 2016). Additionally, McKesson has committed to going over the practices' spend report with them annually and well in advance of the distribution calculation to ensure accuracy going forward.

It was asked if the GPO could monitor distribution numbers throughout the year. Ms. Norris reminded the board that it would not be feasible for staff to monitor the purchasing habits of nearly 1,000 practices. Members have the right to change vendors at any time and often do so without notifying CCPAPP. Because it is not possible for staff to know the change in spend of any practice from year to year, CCPAPP relies on vendor reports for all sales information and asks members to review their data reports carefully for any discrepancies.

Ms. Norris reiterated that the distribution timeline will be changed as of this year, allowing the GPO more time to receive payments and reports and calculate the distribution. It was suggested that practices be given 1-2 weeks to review their distribution data reports prior to the final calculation and distribution of checks so that practices have the opportunity to confirm totals. It was decided that this process would be incorporated into the next distribution for 2016.

It was asked if spot checks can be done by the GPO. Ms. Stemler assured the board that spot checks have always been done and will continue to be done to catch formula and calculation errors. However, errors made by vendors cannot be easily detected

through spot checks especially when there is some spend reported by the vendor. A practice reviewing its data report is truly the only means for CCPAPP to confirm if there are discrepancies. It was also asked whether CCPA/GPO staff could be present at the LCH Practice Manager meetings to urge practices to monitor their sales. Ms. Norris stated that though these meetings are not facilitated by CCPAPP, staff is present at each meeting and utilizes the time to provide such reminders to attendees.

B. CCPA's Attorney Engagement

- a. A reminder was given that in order for any board member to contact Rob McCann with a legal question or issue, that individual must first get the approval from the executive board; otherwise, that member will receive the invoice for the encounter.

C. Board Representation

- a. Dr. Shapiro reported that he and Ms. Norris have had CCPA members contact them regarding board representation. Currently there are no term limits for board members, nor are there limits to the number of physicians from a single practice that may serve on the board of directors. In regards to the latter issue, it was stated that because there are currently multiple physicians from the same practice on the board, there is a concern amongst members, including other board members, that these individuals could be making decisions regarding CCPA collectively as a practice rather than independently. Additionally, when working as a collective unit, these board members are perceived to have more influence within the board and could make decisions that are best for their own practice rather than the entire organization. It was made very clear that this issue is not in regards to the individuals themselves that are currently serving on the board but rather the perception of other members of how overrepresentation is affecting decision making.
- b. In regards to no term limits for board members, there is a concern that board members who have been on the board for many years may not be open to new ideas or may continue to conduct business as it has always been done in the past. It would be beneficial to the organization to allow more members the opportunity to represent CCPA. A concern was raised that there has not been a strong interest amongst members in the past to serve on the board and that it would be challenging to recruit new board members.

Action: Board representation will be revisited at the upcoming board retreat.

D. Lurie – Patient Access

- a. Dr. Shapiro referred a patient with an urgent condition to Lurie Children's Hospital for immediate admission. Dr. Shapiro's orders were overlooked causing the development of another issue and readmission. It was suggested that there should be a physician advocate committee for members to voice their concerns regarding patient access issues. It was stated that CCPA is a referral source for the hospital and so it should be willing to work with CCPA to improve these issues.

Action: Patient access will be revisited at the upcoming board retreat.

E. Credentialing Committee Update

Credentialing committee report was reviewed by Dr. Shapiro.

- a. *Motion 3: To approve committee report. (Attachment 3)* The motion was made, seconded and unanimously approved.

4. Clinical Integration Report

Ushma Patel, MD

A. Clinical Integration Program Update (*Attachment 4*)

Dr. Patel reported that CCPA members who are not part of the CIN, as of April 1st 2016, will no longer be able to report through the Valence portal. CCPA must determine whether CCPA practices that are not a part of the CIN may continue their membership. The issue with allowing CCPA members to remain in the CIN is that there would be no system or entity in place to monitor adherence to quality initiatives.

5. Report from the Executive Director

Kena Norris, MJ, FACHE

A. Valence contract

a. Ms. Norris stated that there is a plan in place to meet the requirements of CMS/ISMIE by reporting through the first quarter of 2016 in order to keep the current medical malpractice insurance discount for CCPA members. After the first quarter of 2016, CCPA members must report through Vision, which is offered only to those who are members of the CIN, in order to maintain their ISMIE discount. Therefore, it must be determined if all members of CCPA must also join the CIN. Ms. Norris reminded the Board that although the ISMIE discount is a great benefit to members, there are many other benefits of CCPA membership offered to all members, including those who would choose not to join the CIN.

Action: The discussion was tabled. CCPA's position will be discussed at the upcoming retreat.

B. Board Retreat

a. Facilitators have been interviewed for the board of directors' mission/vision retreat and Thomas Atchison, EdD, has been selected. Mr. Atchison is an internationally recognized speaker and longtime consultants for many organizations. It was decided that April 3, 2016 would be the scheduled date for the board of directors' retreat.

C. CCPA staff update

a. CCPA/PP has hired a new Sr. Administrative Assistant, Anika Walker. Anika joins us from Ann & Robert H. Lurie Children's Hospital of Chicago. Another position has been created and approved through LCH. The position will mirror the GPO's Member Relations Specialist position. The incumbent will visit practices, address membership issues and lead marketing efforts. The position is currently open and posted, and interviews will begin soon.

D. Annual meeting

a. CCPA has secured Dr. Richard Tuck to speak again this year due to the strong positive response he received last year from members. ICAAP has asked for time at the annual meeting to talk about their obesity prevention program which would be presented by board member Dr. Rebecca Unger. Ms. Norris also mentioned the idea to invite a panel of members from the CIN and LCH to address concerns from members including patient access issues. The board agreed that having CIN and hospital representatives present at the dinner meeting would be beneficial.

The next meeting scheduled for June 6, 2016 at 6:30 p.m. at Shallot's Bistro.

6. Adjournment 8:50 PM

Dov Shapiro, MD