

# NAFC BOARD MINUTES

**Date:** 03/05/2019

**Time:** 9:30am 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, Beth Armstrong (web conference), Randy Jordan, Maureen Tomoschuk, Larry Robins, Johanna Henz (web conference), Nancy Hudson, Sheri Wood

## *Minutes*

### 1. CALL TO ORDER/ATTENDANCE

Bobby Kapur welcomed the group and discussed the positive vibes going into 2019. The group discussed staff burnout. We will all make a commitment to take care of ourselves and help support the members of the association.

### 2. APPROVAL OF THE MINUTES OF THE JANUARY BOARD MEETING ([ATTACHMENT A1](#))

Shannon Watson made the motion to approve the minutes from the January meeting. Linda Wilkinson asked for page 2 under operational issues "Sarah, has accepted and add her title." Linda Wilkinson seconded the motion. Motion carried unanimously.

### 3. CEO UPDATE QUESTIONS AND DISCUSSION ([ATTACHMENT B1](#))

- The Google grant has been very successful through external monitoring contract and NAFC ads have been seen over 1 million times.
- **Membership Feedback** – When asked the biggest concern for patients, NAFC members reported it being medication costs and availability. When asked the biggest challenge for member organizations they reported funding and clinic awareness. In an effort to address these needs the NAFC has developed both virtual and in person learning opportunities on both of these topics. Members reported that the benefits that are the most utilized are funding opportunities, member alerts and educational resources. An additional resource the Board would like staff to address for members is workforce safety. The Board discussed the disparaging comments on the member survey and how to address the personal attacks. The staff were commended on their response in following the policies put into place. The group discussed what the options are for action from a harassment perspective. What protections do we need to put in place? The organizational culture group will take this issue into account when drafting the principles of culture for the organization.
- **Public Policy** – Staff reported that the President still has not produced a budget today which makes working on appropriation priorities a little difficult. Another area that is coming up more and more in our conversations on the hill is Return on Investment and

Value of Service that is provided at our clinics. This is because the majority of our patients are not on Medicaid so therefore in the eyes of Congress, they do not have a “monetary value.” This Congress is focused on individual patients and what it costs the government. We must start valuing our services and prices. The group discussed the different ways of calculating healthcare value within clinics and state associations. How are value and ROI different yet both critical? We can begin to shape the conversation on value and ROI as a sector that aligns with all the healthcare sectors (hospital systems, FQHC’s, insurance companies).

- Annual appropriation conversations will be critical: CHIP, Breast and Cervical, FTCA, National Health Service Corps, Medicaid/Medicare). Congress is focused on generic drug pricing, gag rule, President’s specific drug plans. NAFC has a huge opportunity within medication affordability and access. Staff shared her perspective on the pharmaceutical leadership hearing last week. Pharma CEO’s said it was the insurance companies’ fault and benefits manager. List price conversation came up and that’s the world NAFC patients fall in and we should focus our attention during the medication access conversation.
- The NAFC has been invited to write testimony and be on the list for our voice to be heard. There will be times when Nicole will reach out to the board for leadership and expertise. Most of the need will be written testimony, which the staff will help write and submit.
- Federal conversation is also focusing on immigration and the opioid crisis. Medicare for All is out there, but there is no piece of legislation out there the NAFC can support. There is no sense that a solid bill will be up for a vote anytime soon. The NAFC will monitor these issues and report to the membership.
- **Data Collection** – Staff reported that there was a 98% response rate to the data collection survey. The 2% who didn’t complete the data had not been open long enough to have responses. The data was much cleaner than it has been in the past which is great. 600 clinics are willing to talk to the press. Athena and practice fusion are the 2 largest EMR’s utilized. Staff discussed the student run clinic society, 55 are members of the NAFC. They had 600 students at their meeting. There is a unique opportunity for improved partnership with the next generation of healthcare providers. Should we add a question regarding length of time in role as ED.

#### 4. Break (11:47am)

#### 5. MONITORING CEO PERFORMANCE (Policy 4.4) ([ATTACHMENTS C1-C2](#))

- **3.1 Treatment of Members/Constituents and 3.2 Treatment of Staff**
- **Shannon Watson moved to approve 3.1 and 3.2. Maureen Tomoschuk seconded the motion. Motion carried unanimously.**

#### 6. REVIEW OF FINANCIAL REPORTS (3.5) ([ATTACHMENTS D1-D2](#))

Shannon Watson presented the financial reports as submitted. The tax on the symposium was \$22,000 in addition to the internet access the board agreed on. Revenue is very positive and there were no surprises in the financial reports. On the treasury summary, it should be year-end 2018 and not 2019. The difference year over year for January is due to the \$1 million in Hurricane Harvey relief. That money will be coming later this year at the same amount for other funding opportunities. There is risk that the large grantors are not guaranteed each year and diversification is important.

Nicole discussed the symposium and options to improve revenue for it.

**Sheri Wood moved to approve the treasurer's report. Randy Jordan seconded the motion. Motion carried unanimously.**

## **7. LUNCH**

## **8. BOARD MEMBER PRESENTATIONS AND DISCUSSION**

- **Randy Jordan:** Randy presented on the work that is being done in North Carolina. All members were provided with copies of the presentation as well as the linked articles. The group commended Randy on his presentation and discussion points. The comparative analysis with data is the critical next step.
- **Stephanie Garris:** Stephanie discussed the Roadmap Initiative and addressing health equities in free and charitable clinics.

## **9. REVIEW AND DISCUSSION OF PROPOSED CHANGES TO NAFC BY-LAWS ([ATTACHMENTS E1-E3](#))**

Larry Robins reviewed the necessity for the by-laws task force creation as a result of the professional changes within the current board membership. The task force was cognizant of the issues of board membership and representation but took a full review of the by-laws into focus during this work. Article 7 (pg 3) discussed the board size and composition. The task force is recommending membership collapse into 2 categories (member organizations and affiliate membership). Then change Article 7.2 to 60% of members must come from the NAFC membership category. The other significant change is the size of the board from 13 to 17 max. Linda suggested we double check the articles of incorporation language match that language within the by-laws. Kerry and Nicole will check this language. The group discussed the language and the definition of membership. Where is that defined and should it be referenced in the by-laws? Larry asked if the group could review the high-level changes of membership and board composition and some clean-up of the language to provide consistency throughout the document. The staff brought up the issue of a previous staff coming on to the board after 6 full years post-employment with the NAFC.

- Larry Robins moves to approve the red line changes in the by-laws as submitted to the full board of directors. Randy Jordan seconds. Discussion: Clean-up of a and b on page one. Section 7.7 Removal: should read section 5.5. Motion with edits from discussion carries unanimously.
- Stephanie Garris makes a motion to make a friendly amendment to Section 4A Member organizations "that meet the criteria adopted by the NAFC board of directors." The friendly motion passes unanimously.
- Nancy Hudson clarified the terms are 3 consecutives 3-year terms or is it 2 consecutives 3-year terms. Beth Armstrong provided some clarification in grammatical corrections in 7.7.
- In light of the current discussion and amendment to the by-laws, Stephanie Garris recommends the board vote on the membership definition. Nicole shared the definition, as approved by the board, for free and/or charitable clinic. The current membership definition includes a free/charitable clinic, a state association, or a corporate member. Those memberships would be collapsed into 2.

## **10. DISCUSS ENDS PRIORITY (1.0 & 1.2) ([ATTACHMENTS F1-F2](#))**

Discussion of these 2 ends statements and if they still reflect the priorities of the organization. The group discussed if social determinants and equality should be within the priority ends statement or if those are strategies to get to affordable and quality. Beth is suggesting that the “medically underserved have equitable healthcare.” Nicole suggested the group hold off on this suggestion until we have the full discussion about the future of the NAFC and where we would like to go.

1.2 No changes. Reaffirmed by board.

## **11. HILL BRIEFING AND INFORMATION FOR VISITS**

## **12. FUTURE OF THE NAFC AND OPEN DISCUSSION**

Bobby Kapur introduced this discussion topic for discussion only today and then perhaps the group can revisit this in more detail at a future meeting. The current “face” of the organization are the 4 staff in Alexandria. The board should discuss the staff succession planning as well as financial viability of the organization. CARE Clinics and hurricanes have kept the organization well-funded. Bobby suggested we make sure we have the short-term 3-5-year plan to meet the needs of the members as well as the long-term sustainability of the organization. We need to think about our members, what their priorities are, and what the priorities of the board are together.

Thoughts: Medical malpractice insurance, collaborations, infrastructure, larger board perspective of diversified membership.

Nicole’s thoughts are diversification of revenue streams in order to sustain the organization. Grants do not come to national organizations, but individual gifts do. Staff needs help fundraising for the organization. The group discussed dues. Currently, the scale is \$240-\$2,400 for NAFC membership. Perhaps the dues schedule should be reviewed. The group discussed the membership working group take this on to review. The group also discussed the symposium and creative ways to make more money. These things appear to be low hanging fruit and are not addressing the long-term structural changes within the NAFC.

The group discussed the opportunities for fundraising and creative opportunities within our sector. What are the big game changers that we can be a part of? What about a development committee? How do we connect with social entrepreneurs?

The group shared their experiences as a clinic leader and normalized key staff fears related to fundraising and finances. Stephanie commented on the growth of the organization in just the small amount of time that she’s been involved. There were some significant key partnerships that developed but are there additional opportunities that haven’t been exhausted.

2 take-aways;

1. Membership working group should take up the dues issue through a membership dues task force.
2. Advancement Task Force will be created and directed by staff

Nicole will send an email to the board to get members who want to sit on those committees.

**Adjournment – Shannon Watson motioned to adjourn; Linda Wilkinson seconded. Meeting adjourned.** Meeting adjourned at 4:25p Eastern Time.