

Kenai Peninsula Borough Healthcare Task Force Charter

ADVISORY GROUP NAME	KPB Healthcare Task Force
CHARTER EFFECTIVE DATE and DURATION	August 2015 –All deliverables are met
TASK FORCE PURPOSE <i>(Overall charge, purpose, or focus)</i>	The task force will address current gaps in our health care system and make recommendations that best prepare the entire borough for the future by meeting the goals of the Triple Aim: enhance population health, improve quality, and lower cost.
DELIVERABLES <i>(Products the Advisory Group is tasked to produce.)</i>	<ol style="list-style-type: none"> (1) Evaluation of current state of the KPB healthcare delivery system (2) Recommendations and evaluation of alternate health system delivery models/strategies (including assessment of borough-wide health powers) (3) Recommendation for a borough hospital structure (4) Transition roadmap for recommendations
DELIVERABLE OBJECTIVES AND GUIDELINES	<ol style="list-style-type: none"> (1) Evaluation of current state of the KPB healthcare delivery system <ul style="list-style-type: none"> ○ Process will include stakeholder presentations, public input, review of the consultant report, and subcommittee work. (2) Recommendation based on evaluation of alternate health system delivery models/strategies (including assessment of borough-wide health powers) <ul style="list-style-type: none"> ○ Based on review of consultant report and facilitated session by consultant ○ Recommendations should address both current problems and long-term sustainability ○ Recommendations will focus on both individual and community health, and address the overall goal of achieving the triple aim ○ Task force will invite public comments at meetings ○ Significant time for public feedback will be given before final recommendations are created (3) Recommendation for hospital structure within the borough <ul style="list-style-type: none"> ○ Based on consultant reports, stakeholder presentations, and public input (4) Transition roadmap for recommendations <ul style="list-style-type: none"> ○ Identify what the borough’s ongoing role should be in addressing any change or facilitating any process ○ Identify next steps for the task force and

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	<p>address options for a durable structure to effectively coordinate community health improvement efforts in the future</p> <ul style="list-style-type: none"> ○ Identify the roles of any other entities in the process and clearly define where decision-making lies.
<p>Out of scope or sphere of influence</p>	<p>(1) The task force cannot authorize or direct changes. The role of the task force is to assess, evaluate, advise and recommend.</p> <p>(2) The task force cannot:</p> <ul style="list-style-type: none"> a. Direct changes to operations of various provider entities b. Directly change practices of health plans and third-party payers c. Directly change pricing or cost of services <p>(3) Directly influence external political forces that may influence health care policy within the KPB and the state.</p>
<p>EXPECTATIONS OF TASK FORCE MEMBERS <i>(Meeting frequency and attendance, review meeting materials, time commitments)</i></p>	<p>(1) Attend regularly scheduled meetings.</p> <p>(2) Respond to adhoc requests for feedback.</p> <p>(3) Be prepared to participate in the meetings.</p>

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MEMBER	AFFILIATED ORGANIZATION
1. Rick Ross (Chair)	Community Member, Kenai
2. Stormy Brown	KPB, Director of Human Resources
3. Blaine Gilman	KPB Assembly, Kenai
4. Linda Hutchings	Local employer, Soldotna
5. Steve Horn	Central Peninsula Hospital Board, Soldotna
6. Pat Linton	Seward Community Health Center, Seward
7. Kathy Kloster	Community Member, Seward
8. Julie Woodworth	South Peninsula Hospital Board, Homer
9. Kelly Cooper	KPB Assembly, Homer
10. Bill Smith	Community Member, Homer
11. Katy Sheridan, MD	Independent Provider, Soldotna
12. Jim Zirul, MD	Independent Provider, Kenai
13. Rick Davis (ex-officio)	Central Peninsula Hospital CEO
14. Bob Letson (ex-officio)	South Peninsula Hospital CEO
15. Joseph Fong (ex-officio)	Providence Seward Medical Center Administrator

Meeting Logistics:

Day:	3 rd Wednesday
Time:	6:30 PM
Duration:	As needed
Frequency:	Monthly
Location:	Assembly Chambers

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The recommendations that are agreed upon and forwarded to the Assembly and Mayor are based on a collective decision making process engaged by the task force. As part of the recommendations, the task force is collection point of information and opinions on how the borough residents feel about health care. In addition, there are certain realities about the current system that come to light during this process.

While the task force is focused on specific deliverables, this conversation about health care needs to continue among the policy makers, the people living in the communities around the borough, the wide array of providers delivering services, and the people paying the bills.

The following topics are important to keep on the forefront of the ongoing conversation.

1. There are some examples of intentional alignment and collaboration among providers, institutions, hospitals, and communities. However, there are no aligned efforts on a peninsula-wide basis to achieve the triple aim: (Improve experience of care, improve population health, and reduce per capita cost).
2. The peninsula currently experiences service gaps for certain populations, specific types of health care needs, and some geographic areas.
3. The current level of preparation among providers and communities to properly prepare for and adapt to the changing healthcare and economic landscape is varied and not a coordinated effort.
4. There is a lack of a transitional model or “bridge” to follow (with a couple of exceptions: CCO in Oregon, Medicaid pilot project).
5. Alaska is different due to geographical challenges, political circumstances, current fiscal crisis strategies, independent spirit in communities, lack of ACOs, and past history dealing with the ACA.
6. The current growth of healthcare costs is unsustainable – for all players.