

OPCA APCM STEERING COMMITTEE CHARTER



Charter Created/Revised	Created: September 2022 Revised: December 2022 Adopted: January 2023
Type of Committee	Steering Committee
Committee Members	<p>MEMBERS: Membership is comprised of CHC/RHC representatives who are participating in the APCM model</p> <p>Members are selected based on member health center attributes and representative needs of the committee, including:</p> <ul style="list-style-type: none"> • Diversity in size, location/rurality, EMR, CHC role, APCM phase and board membership <ul style="list-style-type: none"> ○ At least one Steering Committee member is an OPCA Board member ○ At least one Steering Committee member onboarded in one of the last three phases of the program • At least 25% of participating CHC/RHC health centers are represented on the committee, with a maximum of 9 members • Members serve on the Steering Committee for period of 2 years, with the option to continue for another 2 terms. When possible, Steering Committee member terms will be staggered to ensure continuity and quorum. <p>Members may apply when seats become available; application review and selection is done by current steering committee members with APCM members voting on proposed slate of candidates.</p> <ul style="list-style-type: none"> • APCM membership will be notified of Steering Committee openings via email with voting on slate of candidates at APCM Forum or via email (determined by Steering Committee, based on closest available timing) <p>STAFF (non-voting): Danielle Sobel, Policy and Regulatory Affairs Sr. Director Robert Trachtenberg, Value Based Pay Strategy Director Torie Baldwin, APCM Specialist Joan Watson-Patko, Executive Director</p>
Charge	<p>The APCM Steering Committee consists of representatives from APCM health centers who are elected by APCM membership to make collective APCM decisions, as referenced in the Participation Agreement. As the governing body for the APCM program, Steering Committee members may make immediate and timely decisions on behalf of the program, and when able, will seek the input of the full collective of APCM health centers before making a decision.</p> <p>The APCM Steering Committee and OPCA provide guidance, leadership and strategic counsel to OHA on policy issues and practice transformation strategies impacting the program.</p> <p>The APCM Steering Committee provides updates and recommendations to participating APCM health centers (via email update and the biannual Forum) as well as at the OPCA Board of Directors meetings.</p>

Roles and Responsibilities of the Committee	<p>Responsibilities as outlined in Participation Agreement:</p> <ul style="list-style-type: none"> • APCM Steering Committee, in partnership with OHA and OPCA, will have the opportunity to further develop APCM program methodology, consider programmatic expansion, and evaluate program effectiveness. • Program changes identified or recommended by the APCM Steering Committee or other health centers will not amend or alter the program or this agreement unless agreed to in writing by OHA. • The APCM Steering Committee and health centers agree to work collectively with OHA and OPCA to address unintended consequences of program implementation, adjusting details of this Agreement as needed. • The APCM Leadership Committee (replaced by the APCM Steering Committee in 2020) convened in 2018 to review the impact of the 8-quarter cut-off rule and develop a recommendation for OHA and OPCA to address outstanding access concerns and measure transformation investment. <p>Other responsibilities:</p> <ul style="list-style-type: none"> • strategize on behalf of all FQHCs on the APCM program, based on recommendations from the APCM workgroups • initiate and oversee APCM workgroups, to ensure that there is overall alignment between content areas • make timely decisions that are time sensitive in order to keep the program moving forward • delegate other, larger decisions to the full APCM Membership (via APCM Forum) and OPCA Board of Directors • assist with communication to the full APCM membership and OPCA Board of Directors
Chair Responsibilities	<p>N/A</p>
Member Responsibilities	<ul style="list-style-type: none"> • Final approval of meeting minutes • Participate in APCM Committee meetings as scheduled. To ensure quorum, regular attendance is requested. • Contribute personal and professional experience and expertise to the group • Read agenda and supplemental materials in advance of meeting • Approve or reject recommendations prepared for consideration • Assist OPCA staff in presenting the deliberations and decisions made and/or recommended by the committee • Follow Robert's Rules of Order
Staff Responsibilities	<ul style="list-style-type: none"> • OPCA Staff Lead/s: <ul style="list-style-type: none"> -Determine committee agenda -Present to Board if APCM Steering Committee member, who is also a board member is not available -Reach out to staff and/or consultants about presenting to committee and coordinate needed materials and presentations -Develop needed materials and presentations -Prepare written recommendations for committee consideration -Execute on decisions of committee -Other related work as needed between meetings • Administrative duties: <ul style="list-style-type: none"> -Send out agenda and meeting documents in advance

	<ul style="list-style-type: none"> -Takes meeting minutes and sends to OPCA staff and committee chair for review. Minutes will go to the committee for final approval. -Schedule meetings and provide connection information -Add other staff and/or consultants to meeting invite
Customers and Stakeholders	<p><i>OPCA Board</i> <i>OPCA Members (FQHC, Affiliate)</i> <i>OPCA Staff</i> <i>OPCA ED</i> <i>Oregon Health Authority (OHA)</i></p> <p>Participating FQHCs (as of September 2022) <i>Mosaic Medical</i> <i>OHSU Richmond</i> <i>Virginia Garcia Memorial Health Center</i> <i>Benton County</i> <i>Multnomah County Health Department</i> <i>Yakima Valley Farmworkers Clinic</i> <i>Clackamas County Health Department</i> <i>Rinehart Clinic</i> <i>Rogue Community Health</i> <i>Neighborhood Health Center</i> <i>Northwest Human Services</i> <i>Winding Waters</i> <i>La Clinica</i> <i>Wallace</i> <i>Lane County Health Department</i> <i>Valley Family Health Care</i> <i>ADAPT</i> <i>Waterfall Clinic</i> <i>Aviva</i> <i>One Community Health</i></p>
Considerations	<ul style="list-style-type: none"> • To preserve confidentiality, the Committee may request visitors to vacate the meeting on a temporary basis. • APCM program decision can only be made by members actively participating in the APCM program.
Communication Plan	<ul style="list-style-type: none"> • The APCM Specialist is the point of contact for the APCM Steering Committee. • Meeting notice, agenda, and supplemental materials will be sent to Committee members via email. • Committee minutes are approved by the members of the Committee and emailed to the Committee. Minutes are approved at meetings. • Meetings to be held by phone or webinar • Board and full membership
Measures	<ul style="list-style-type: none"> • Quorum needed at meetings or by email to make decisions. (May use a remote meeting tool to collect votes.) • Alignment with OPCA Strategic Plan (where APCM is named) and CHCNO • Ensure committee charge as outlined in the Participation Agreement is being met

<p>Meeting Frequency</p>	<ul style="list-style-type: none"> • The committee meets every month for 1.5 hours with the first meeting taking place in June of 2020. • The Committee will assess frequency and duration of meetings after 6 months of operation and as needed after that point.
<p>Decision Making Method</p>	<p>The committee will seek to reach consensus on all decisions. If consensus cannot be reached, the group will vote, with one vote per member. The quorum requirement is 50% plus one, with a vote requiring 67% of those present to pass. If quorum is not met, committee should still have its scheduled meeting and email members for approval or delay vote to subsequent meeting.</p>
<p>Authority of the Committee</p>	<ul style="list-style-type: none"> • The APCM Steering has the authority to make decisions that immediately impact participating APCM CHCs, and, when time allows, will seek full membership ratification of decisions, such as: <ul style="list-style-type: none"> ○ Accountability tenets like the Non-Engaged Closure Reports and APCM specific metrics (i.e. report only during COVID-19 as a timely decision versus workgroup to determine next iteration of metrics) • The APCM Steering Committee will elevate and consult with the OPCA Board of Directors and/or the Community Health Center Network of Oregon when decisions impact all OPCA/CHCNO members. OPCA staff will communicate with both Board and CHCNO staff to elevate issues using the appropriate medium. • The APCM Steering Committee is updated, discusses and votes on any proposed changes to the program, that is put forward by OHA <ul style="list-style-type: none"> ○ OPCA staff are responsible for providing updates on standing OHA meeting to APCM Steering Committee and identifying/elevating proposals/issues for discussion and decision. ○ OPCA staff will identify and engage Steering Committee members in OHA meetings to maximize expertise that has potential contractual impact (i.e. Participation Agreement changes) or larger program decisions (i.e. APCM 2.0)

