

Meeting Record

Meeting Group Name: NH Cancer Fund Oversight Board

Date of Meeting: July 18, 2008

Attendees: Lynn Butterly (Chair), Peter Ames, Joan Ascheim, Representative Bob Bridgham, Ron Bye, Peter Davies, Joanne Gersten, Nancy Kane, Lise Mendham, Jazmin Miranda-Smith, Senator Bob Odell, Laurie Ota, Judy Proctor, Palmira Santos

Not present: Senator Martha Fuller Clark, Yvonne Corbeil, Mike Dumond, Representative Larry Emerton, Shawn LaFrance, John Sias, Bill Walker

Guests: Karen Bugler (DHHS), R. Bukowski (DHHS), Laura Davie (Institute of Health Policy and Practice), Donna Fleming (DHHS), Katherine Klem (ACS), Karyn Madore (Community Health Institute), Jose Montero (DHHS)

Length of meeting: 1.5 hrs (3:05-4:35)

Respectfully submitted by: J. Proctor

Topic	Discussion	Committee Recommendations	Committee Actions
<p>Overview of Governance Outline/FAQs</p> <p>Peter Ames</p>	<p>(See handout: <i>Comprehensive Cancer Plan Oversight Board Governance Outline</i>)</p> <p>Peter Ames emphasized that these Advisory Guidelines are not rulings. The operating guidelines are not clearly established in statute so the rules default to governance processes outlined in <i>Mason's Manual of Legislative Procedure</i> as well as guidance from the Attorney General's Office, the House Clerk's Office and the Legislative Ethics Committee. The definition of a conflict of interest is defined as, "having a direct financial interest or being employed by an organization that has a direct financial interest in the outcome of a vote". Persons with a conflict of interest must recuse themselves from a vote.</p> <p>Reviewed protocol per handout for posing questions through the Chair to anyone on the Oversight Board (OSB) who cannot participate in the discussion due to conflict of interest issues.</p> <p>Since this is a public meeting, Board members with a conflict of interest do not need to leave the room during the discussion or vote, but are not able to participate in the discussion unless asked a question through the Chair.</p>		<p>Informational.</p>
<p>Funding Criteria Recommendations of the Sub-Committee</p>	<p>(See handout: <i>Funding Prioritization Committee meeting record of July 8</i> with blank tables on Pg 1 & 2)</p> <p>Nancy Kane was spokesperson for the Funding Prioritization Sub-Committee, but all members (J. Ascheim, R. Bye, L. Ota, P.Santos) were available to address questions. Their charge was to develop objective criteria and a data-driven process to make recommendations to the Board on how to fairly allocate the \$750,000 remaining in the NH Cancer Fund (\$250,000 FY '08 and \$500,000 in FY '09).</p>		<p>Informational.</p>

	<p>Nancy reviewed the criteria and scoring definitions as well as additional recommendations and parking lot issues. Scores were arrived at by consensus.</p>		
<p>Funding Discussion</p>	<p>Lynn Butterly requested that Lise Mendham Chair this discussion.</p> <p>See handout: <i>Funding Prioritization Committee Meeting Record of July 8</i>, distributed at this time to those at the meeting. This version has the scores and recommended allocations filled in.</p> <p>Roll call done to disclose who needs to recuse themselves from this discussion per <i>Governance Outline</i> recommendations: J. Ascheim L. Butterly J. Proctor All DHHS employees in attendance.</p> <p>Nancy Kane read scores for each category and criteria so that those on the phone could fill in their blank tables on the <i>Funding Prioritization Meeting Record of July 8</i>.</p> <p>The Funding Prioritization Committee used their expertise/knowledge of each broad cancer category, a summary of each RFP, and the proposal review summaries of those deemed fundable by the review teams based on the Executive Summaries submitted by the applicants, as prepared by K. Bugler of DHHS to assist them in making funding decisions. Names of applicants were not included in the summaries and remain anonymous. No changes were made to the scoring process previously completed by the review teams.</p> <p>Q: Since recent best practice guidelines focus on local Tobacco Coalitions as an evidence-based approach, why is the score only a “1”? A: Although coalitions are a proven method, the Coalition proposal summaries that were reviewed didn’t reflect a long term plan to quit smoking.</p> <p>Q: How did the Committee determine that the level of funding would ensure effective programs with good outcomes? A: The Committee looked at what categories could achieve measurable results in a short time. This could leverage more money in the next funding cycle.</p> <p>Q: Since the largest award of \$500,000 is being proposed for colorectal</p>	<p>Proposal summary handout as prepared by Karen Bugler should be attached to the meeting record.</p>	<p>J. Proctor will attach to the Meeting Record.</p>

	<p>cancer screening and the original request was for \$1.05 million, how can we be assured that a substantial number of screenings will be provided, instead of using the majority of the funds to cover overhead and infrastructure?</p> <p>A: This question was posed to Dr Butterly by the Chair of this discussion. Although there will be overhead and necessary infrastructure, Dr. Butterly notes that she has conducted a preliminary assessment of the impact a reduction in funding will have and has determined that the funding could result in up to 300-350 colonoscopies to uninsured which can be negotiated in the new <i>Scope of Services</i>. The hope would be that with future funding, infrastructure could be strengthened and services could be expanded to include outreach, publicity and larger geographic area. Note that it is important not to sacrifice quality of services due to the limitations in funding.</p> <p>Q: Since tobacco prevention and control was originally intended to receive 67% of the funding, and there is a known tobacco burden in this state, what is the rationale for funding at this level now?</p> <p>A: Tobacco funding was a significant consideration, but the Committee determined that tobacco-related activities take a longer time period to show measurable results than some of the other categories. The summary of the proposals were closely reviewed in making this decision.</p> <p>Q: Are Senator Odell and Representative Bridgham comfortable with the discussion and process?</p> <p>A: Senator Odell - yes. Rep Bridgham noted that since some time has passed since the original funding discussion and due to the limited resources at present, the decisions reflect and are consistent with the original intent of the bill.</p>	<p>Consider with future funding that tobacco remains a burden and that tobacco-related initiatives didn't receive significant funding in FY'08-09, due to the limited resources available.</p>	
<p>Funding Vote</p>	<p>Chaired by Lise Mendham.</p>	<p>Funding Recommendation: Colorectal Screening- \$500,000 Breast & Cervical Cancer Program (BCCP)- \$50,000 Tobacco Quitline- \$100,000 Tobacco Public Health Service Guidelines- \$100,000</p> <p>J. Gersten made a motion to accept the recommendations of the Funding Prioritization Sub-Committee as presented. Seconded by Ron Bye.</p>	<p>Roll Call Vote of Members able to vote. 'Yes' to accept; 11 votes needed to meet quorum. Unanimous vote of 'yes' included: Rep. Bridgham Jazmin Miranda-Smith Joanne Gersten Laurie Ota Lise Mendham Nancy Kane Palmira Santos Peter Ames</p>

			Peter Davies Ron Bye Senator Odell
Next Steps	<p>Chair returned to L. Butterly at this time.</p> <p>NH Department of Health & Human Services (DHHS) needs to notify applicants who will be funded as well as determine how to handle applicants previously selected for funding who can no longer be funded due to limited resources. Dilemma is that the RFP language indicates that those not selected won't be notified. Hopefully, some of these could be funded in the future.</p> <p>Need to renegotiate the contracts based upon the new budget, rewrite the <i>Scope of Services</i>, prepare new paperwork for signatures and then send to Governor and Council (G&C). DHHS will be unable to complete activities needed for the G & C meeting on 8/12. Need to submit final package to G&C prior to the meetings per specific deadlines to get on the agenda. Contracts don't need to all be submitted at the same time.</p> <p>Important for NH Comprehensive Cancer Collaboration (NH CCC) and DHHS to continue to work jointly on the contracts.</p>	<p>Expedite the process to get awards to the applicants.</p> <p>DHHS will send a written letter of selection to the applicants to be funded based on the new funding level.</p> <p>Representatives of DHHS (1) and NH CCC (1) who were on the individual category Proposal Review Teams will have a conference call discussion with the selected applicant to renegotiate the Scope of Services based upon the new budget. Plan to send to G&C for Sept. 17th meeting. Plans can be put in place, but no new employees can be hired for an accepted proposal until G&C approves the contract</p> <p>Body of letters sent to applicants should reflect DHHS and NH CCC jointly, although joint signatures not needed. Assure that the funded applicants can demonstrate measurable progress quickly to use to support advocacy and leverage future funding. If an applicant declines funding, offer it to the next highest scorer to determine if they can meet the funding criteria.</p> <p>DHHS will seek legal counsel regarding notification of those selected, but unable to fund.</p> <p>Encourage applicants who were selected, but not funded, to seek alternate funding through workgroup discussion.</p> <p>Offer funding to the highest scoring applicant for Tobacco PHSG and determine their ability to show measurable results.</p>	<p>NH CCC and DHHS offer commitment to moving forward with the contract process as quickly as possible.</p> <p>Joan Ascheim will determine DHHS representative to lead the contract process.</p> <p>Judy Proctor will work with Lise Mendham on 7/21 to determine the NH CCC volunteer representative.</p> <p>Becky Bukowski will work on outlining a process to assess the current BCCP sites to determine which have the capacity to do additional screening and will then work on amending some of the current contracts.</p>

		BCCP should modify current contracts.	
New Member Recommendation	Joan Ascheim made a motion that Karen Bugler be a member of the OSB.	Lynn Butterly moved to accept this motion. Lise Mendham seconded it. All in favor, no one opposed.	Karen Bugler elected as new Board member, but is not DHHS designated core member.
Clarification of DHHS members	Statute calls for 2 core members of the Oversight Board to be DHHS representatives as appointed by the Commissioner. Who are they? Mike Dumond and Mary Ann Cooney were appointed initially. Since Mary Ann has changed jobs, will the representative change?	Core members should be a designated individual who will represent their agency consistently at meetings.	Jose Montero will discuss with the Commissioner and notify NH CCC.
Next meeting	Suggested that Sept. 4 date be held as previously scheduled in case unanticipated issues arise that need to be dealt with quickly. Anticipate a need to meet after the contracts are finalized.		IF needed: September 4, Foundation for Healthy Communities, 4:30 If not needed, Judy will schedule a meeting in October after the contracts have been approved by Governor and Council.

Meeting Record approved by the Board October 10, 2008