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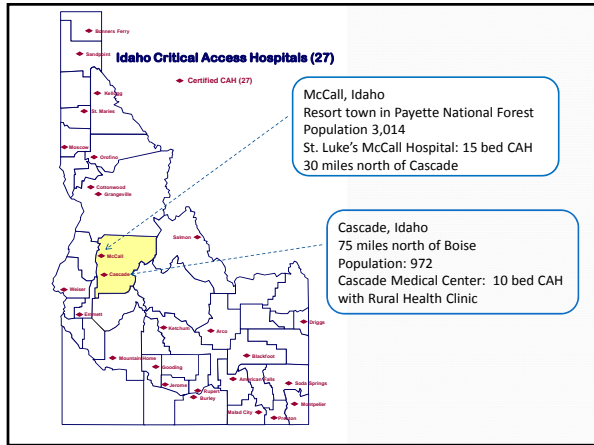
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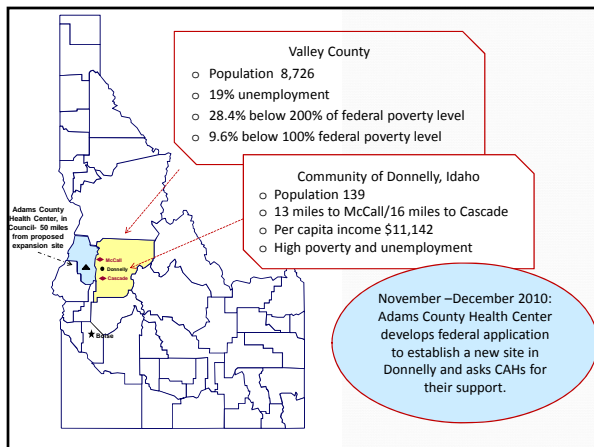
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### Steps to building a collaborative opportunity

1. "What is an FQHC?" PPT presentation for CAH physicians and leadership; CAH agreed to meet with FQHC leadership.
2. Contacted Idaho Hospital Association and Idaho Primary Care Association regarding willingness to support face-to-face stakeholder meeting.
3. Conversation with FQHC director regarding face-to-face discussion with CAHs and stakeholders. Provided reassurance about format.

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### First meeting: April 19, 2011

**Format:**

- Stakeholders: CAH and FQHC leadership and boards, county commissioners, city council, physicians, associations
- Written agenda and ground rules; facilitator
- 11:00 AM- 2:00 PM with lunch
- Donnelly Community Center

**Successful strategies:**

- Neutral facilitator and territory
- Educational session: "what is an FQHC" and "what is a CAH"
- Published agenda, ground rules, post-meeting notes
- Phone presentation by Bill Patten, CAH CEO, Libby, MT
- Stakeholders determine next steps- if any

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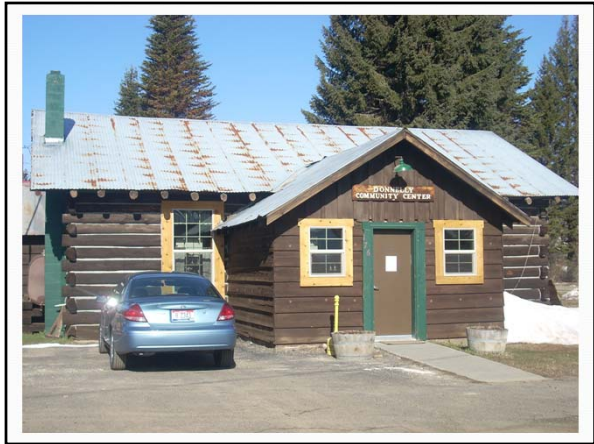
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*As requested...*

### Second meeting: June 7, 2011

unmet healthcare needs 

Successful outcomes:

- Physician champion from CAH established Free Medical Clinic: did not open the free clinic with the intent that "it would last forever"
- CAH: fear of hospital closure if FQHC provides duplicative services
- Create subcommittee (CEOs and board leaders) to identify collaborative opportunities

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*As requested...*

### Subcommittee meeting: July 19, 2011

**Purpose:** identify collaborative/contractual opportunities with *and* without FQHC funding.

**Basis for discussion:**

1. Does an available service capacity currently exist? If so, how could the existing capacity lend itself to partnership opportunities? If not, could collaborative strategies improve access and the availability of resources?
2. Are there opportunities to partner in ways that mutually benefit healthcare organizations and communities?

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## Outcome and Next Steps

- Many ideas for collaborative/contractual opportunities if funding received: shared call coverage, contracts to use existing CAH resources (lab, radiology, PT, etc.), joint recruitment
- Recognition that FQHC can improve access for significant mental health and dental health needs

**Next steps:**

Subcommittee will report to larger stakeholder group on September 21. Discussion will focus on partnership without FQHC funding.

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