BOArd of Directors Meeting

September 24, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

Minutes

Board Members Present: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, (by phone)

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Shear, Support Services Director

Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant
MJ Jorgensen, Project Implementation Coordinator
Suman Mathur, Evaluation & Data Analyst

Others Present:
Kevin Unger, UCH

Call to Order; Approval of Agenda
Director Michael Liggett called the meeting to order at 4:07 p.m.

Director Gutilla requested that a short discussion on Board Policies & Procedures be added to the agenda.

MOTION: To approve the agenda as amended
Motion/Seconded/Carried Unanimously

Public Comment
None

Presentations

UCHealth North – Kevin Unger, President and CEO
Dr. Unger did a quick review of their mission, vision, and values, noting that their Vision is now “From health care to health.” The concept is to move from sick care to health care, and the goal is to keep people out of the hospital - creating programs and clinics in different locations than exist today, placing strong focus on primary care, and expanding virtual health.

He shared key accomplishments from the past year, including their 5th Magnet Award – one of
only 17 hospital in the country to gain that achievement. Data from the UHealth Patient Safety and Quality Metrics Scorecard show that PVH is one of the top performing hospitals in the system, with only one indicator appearing in the “needs attention” category (SSI Colon SIR), and significant improvement in C. Difficile and other indicators. It was noted that they are seeing good increases in their patient satisfaction scores.

In Northern Colorado, growth in their services is constant, which is both the good news and the biggest challenge. The UHealth Greeley hospital was two-thirds full within a week of opening. UC Medical Group now has over 900 providers and over 2500 staff, and includes 45 specialties and services. PVH will be adding a second cath lab, opening in February 2020. They are also working on a multiyear master plan to renovate PVH, with a focus on making it easier to get to their building and having a consistent look and feel; and a variety of other changes taking place. The Harmony Cancer Center will be expanded, adding a new linear accelerator.

With regard to the new focus on keeping people out of the hospital, new primary care facilities are opening in Timnath, Severance, Johnstown, Berthoud, and Frederick. They are also developing a “Virtual Clinic” through MyHealthConnection, allowing a person to connect with an Emergency Room physician anytime of the day or night; a virtual visit would run about $45, and the physician can send a script to a pharmacy.

Director Prows asked about behavioral health and care coordination, commenting that primary care clinics struggle with having enough behavioral health care and care coordination for those with complex needs. Dr. Unger noted that UCHealth is planning to spend $100M in new funding for behavioral health. In addition to inpatient behavioral health care in Denver, part of the funding will be used to embed behavioral health in primary care, including psychiatric care and psychologists. Another part will be to add Telepsychiatry in emergency rooms, although that may occur more in rural areas.

In the category of Innovations, UCHealth will also be moving toward Virtual Intensive Care Unit (vICU) Deterioration monitoring, and monitoring for conditions like sepsis, allowing earlier and more effective interventions.

Director Naqvi noted the shift in outlook toward revenue generation in the outpatient setting vs. inpatient hospital based settings, and the fact that the need for cancer care is growing. Also, with the government switching to hourly payment versus daily payment in many cases, hospitals are faced with coding changes.

CAYAC (Child, Adolescent and Young Adult Connections) – Lin Wilder, Director of the Community Impact Team

Ms. Plock noted that the next two updates are being presented with the recognition that both projects receive a significant amount of funding from grants that will be ending in 2019, and decisions will need to be made in the budget process regarding their future. It is too early in the budgeting process to know what recommendations will be made.

Lin Wilder provided a review of the origins of CAYAC: Between 2012-2015, the MHSU Alliance started discussing the need for better “Early Identification and Early Intervention,” and completed a needs assessment that included hearing from youth, families, and providers; research on best practices; and in-depth studies of service availability and gaps. Their findings became
the blueprint for CAYAC. A few key findings were that 20% of Larimer County youth (ages 13-18) lived with a mental health condition, yet 58% of those didn’t receive treatment. Youth with early signs of a mental health disorder often went ten years before receiving treatment. Families of youth with mental health and/or substance use issues often dropped out of care, for many reasons, including limited availability in the areas of psychological testing and youth-specific psychiatric services, and difficulty in navigating the system.

CAYAC was born in 2016 to: (1) Identify needs of youth earlier and get them appropriate care earlier; (2) reduce barriers like affordability; (3) provide more education about these conditions; and (4) improve information sharing between community providers, families, primary care practices, schools, etc., so youth can access the right treatment.

After three years of experience, we can now say that the needs assessment wasn’t wrong about the needs: they are considerable, and the demand for CAYAC has grown over these initial years. As the stigma around mental health care drops, we are seeing more people access services (both our services and other providers’ care). The downside is that this causes closures to new clients because the providers’ schedules are full. A lot of the people we see have complex situations, resulting in the need for intensive, individualized, in-depth services that take a lot of staff time. Our client satisfaction is high, as people find the answers they are looking for at CAYAC. We would like to reach people earlier, since an important key is getting to individuals as signs begin to emerge, but capacity is an issue.

What makes this approach work well is that CAYAC is a multi-disciplinary approach (psychiatrists, psychologists, therapists, care coordinators), including psychological testing when indicated. This more comprehensive assessment provides a better view from which to identify appropriate treatment. We are a short-term solution to help families understand their situation, and get clients to the right long-term solution.

A board question was whether we have been able to quantify the dearth of providers compared to what the HD is seeing in terms of demand. While staff have clear understanding of some of the biggest gaps (for example, providers for children ages 0-5, affordable psychological testing), the extent of the need hasn’t been quantified. More specific mapping of the needs will be developed as staff work on a mapping project for the PAC/TAC groups working on behavioral health expansion in Larimer County. Resources from HealthInfoSource and other sources will be used to update with more specificity what services exist, how big the potential need is for services, and identify the gaps in each category. Ms. Wilder noted that the process will also include ‘journey maps’ to look at the actual consumer experience and what the key barriers to care are.

Another board question was whether there is any information on how CAYAC is serving some of our most marginalized populations. Ms. Wilder noted that we have some information on that, and can look into it; in the future, we may be able to gather more. Staff works closely with other community organizations - particularly primary care providers like Salud and the residency at FMC – to impact a wide range of youth in effective ways.

ACP – Karen Spink, Assistant Director
Ms. Spink provided updates and highlights about the Advance Care Planning Project, after the in-depth presentation to the Board in June. The Health District has applied for a six-month extension in early 2020 from Next Fifty.
ACP is designed to ensure that the care that a person receives at the end of life is aligned with the person’s values every step of the way. The best approach is to begin the discussion before dealing with a serious issue. ACP serves people 18 and over – helping them articulate and document their values, quality of life goals, someone who can speak for them, and preferences for end of life care, and helps them communicate their wishes to family and medical teams. Once developed, the plans need to be revisited to ensure they are up to date.

The Health District’s ACP services are unique in the community because they offer services that span age groups and health systems. The program works closely with UCHearth’s Aspen Club, which offers some ACP services, but Aspen Club cannot meet the whole need, and their focus is different: they have limited staff time (and offer many other programs), they focus only on 50+, and work within only the UCHearth System. While they manage what they can, they regularly refer people to us for assistance.

Our ACP program is a multi-faceted program, providing: outreach to the community through presentations; one-on-one assistance to individuals and families; training for staff of long-term care facilities (helping them uncover ways to incorporate ACP better into their normal workflow); assistance to faith communities, helping them create messages to address religious, faith, and cultural issues; employer workplace campaigns; and in-depth training to medical providers on ACP, MOST forms, and how to have the conversation (working to embed this practice into their care settings). The goal is to establish a cultural norm so that these discussions, and documenting decisions, are comfortable and expected.

We are experiencing strong demand for our services. While there has been much progress, there is still a long way to go. Our project has received national attention several times for our innovative work. We find that so many – families and organizations – are hungry for this knowledge.

A board question was whether we could get UCHearth involved; the response was that we have worked closely with them on a regular basis since the start of the program. In the past few years, there have been some great inroads, including how accessible ACP information now is on the EPIC electronic health record, once entered. We also work closely with Banner Health, so when our staff enter documents, they are scanned into both health systems, so they are available no matter which system a person enters. Another question was whether we have demographic data on usage of ACP; some is collected on those whom we meet with one on one, although those numbers represent only part of those whom we impact. Another question was who the original funder was, and whether we knew why they were not continuing to fund the program. The first funder was the Colorado Health Foundation, which launched a completely new set of priorities last year and did not continue funding for any of its ACP projects. Our community health survey included a question about ACP in 2016, and will this year too.

*Health Equity – Suman Mathur and MJ Jorgensen*

Ms. Spink reported that the Health District has launched an internal Health Equity Committee, which includes representatives from different programs and demographic diversity. The project will begin with internal transformation, then turn attention to external/community approaches. MJ Jorgensen and Suman Mathur presented. The Committee adopted the following definition: “Achieving the highest level of health for all people by eliminating the social, environmental, or
economic obstacles to health, equalizing the conditions for health for all groups,” noting that it’s hard to be healthy without access. Gaps in health care exist, and can be greater in special populations. The Health District works with many people with non-dominant social identities, and in our efforts to provide exceptional health services, we can take a better leadership role around this effort in our community.

In understanding health equity, it’s important to acknowledge that people start from different places and they also may face additional barriers as they move through their life. Health is complicated: while risk behaviors, disease/injury, and health care all impact health, so do living conditions and social and institutional inequities. To achieve the best health, it’s important for communities to work on all parts, in partnership with others.

The Health District already does much, and the goal is to identify what still needs to be done, and help knock down the fences/barriers to good health. The Committee has been comprised, adopted a definition of health equity, and has set a vision and mission. We envision three steps: internal transformation, changes in how we work with clients, and external/community work. The Vision is: The organization fosters a welcoming, safe & affirming environment that nurtures respect, health, and support for the employees & clients of the Health District. The Mission is: Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County.

Work is starting with an internal climate survey, to be followed by staff training, and a review of internal policies, procedures, collection of data, etc. The committee has begun with a retreat that included work on implicit bias. Staff are looking at tools other organizations have used, in order to adapt them to our needs. Staff will work to use a health equity lens in analysis of our community health survey, and we are participating with other local organizations in an Equity Compass initiative funded by the Colorado Trust to build capacity around collecting data on equities.

MJ is a finalist for the national Culture of Health Leaders Program, funded by the Robert Wood Johnson Foundation, which is a three-year leadership and development program that chooses only 40 people across the country. Those accepted will be announced in October; if chosen, it would provide a stipend for professional development, as well as funds for a specific community project.

**Risk Management and CyberSecurity – Chris Sheafor**

Mr. Sheafor announced that the Health District was honored with an award at the annual state SDA Conference – Risk Management Leadership Award. The nomination came from the staff at the Special District Association’s Insurance and Liability Pool as recognition for the work the Health District (and particularly our Risk Manager Lorraine Haywood) has done in the areas of safety, security, and risk management. Recognition came for three things in particular: our use of their training resources, and consultation with their safety expert, and being the first organization to utilize a comprehensive cybersecurity assessment that they offered, accomplished in conjunction with an outside national consultant. The cybersecurity assessment indicated that we are generally up to standard in security, though we have a few key areas to focus on, and in certain areas we are rated as “Best in Class.” A great deal of credit for those ratings is given to our IT Manager, Chris Roth.
Ms. Haywood noted that it is important to be constantly vigilant in cybersecurity; which is requiring changes in how organizations operate. Changes include holding vendors to higher standards, continuous staff training, testing, assuring good real time back-ups, and more. Data breaches and ransomware are happening on a regular basis, as evidenced by a serious issue recently experienced by Estes Park Medical Center. At a recent community Emergency Preparedness meeting, a representative from Homeland Security reported that cyber crimes are currently the fastest growing threat.

Board Policies and Procedures – Director Gutilla
Director Gutilla noted that at the Board retreat, the Board discussed reviewing our Board policies and procedures, and that she had volunteered to take a lead in developing a board self-evaluation process. She requested that board members be sent a copy of all Board policies electronically by October 1. Ms. Plock requested clarification, since it was her understanding that the Board had requested policies 97-2 and 97-3 rather than all of the policies. Director Gutilla requested all the policies; after discussion, the deadline was changed to October 15. A topic related to methods of evaluating board effectiveness will go on the next board agenda.

DISCUSSION AND ACTIONS

Budget Process – Carol Plock
Ms. Plock reported that the valuations estimate at the end of August indicate that next year, we will have an increase of about 13% in tax revenues, which is the second highest increase in the last ten years. She also reviewed the budget process, noting that the Board will receive the draft budget on October 15. During the October board meeting, key elements of the budget will be reviewed, then there will be a Budget Hearing on November 12 (at which time the Board will give input), the final tax valuation will arrive around December 10, and final adoption of the budget must be made by the Board on December 12.

Pay for performance process – Chris Sheafor
Mr. Sheafor presented a brief overview of the pay for performance process, which includes four parts: bi-annual market surveys, budget analysis, employee performance management, and pay increase allocation. The amount allocated for the entire pay for performance pool depends on the amount included in the budget. The pay range for each position comes from market data, linked to our job descriptions. Categories of performance are: (1) developmental, (2) market, and (3) superior performance.

Annually, a specific amount is included in the budget for pay increases. During budget preparation, some salary adjustments are made outside of the pay for performance process, based on the market survey data, when a position moves to a different range. Since property assessments take place every other year, tax revenues increase more in the year just following an assessment. 2020 will be an “up” year for the budget – and often we reserve some funds in an up-year so we have adequate funds for raises in the second year, where taxes tend to stay about the same. This year, we timed the market survey to correspond with “up” years. The process for setting a pay for performance budget starts in September, when the Board approves an amount to be included in the budget. The purpose of the pay increase system is to allow the Health District to compete for quality candidates and to retain quality employees. There are about 120 FTE, including grant-dependent positions.
For 2020, Ms. Plock is recommending a pay for performance pool of 4-5%, with a reservation of 2-3% for 2021; the board approved of those amounts by consensus. The board also needs to "cause to set" the public hearing.

**MOTION:** To "cause to set" the public hearing for November 12, 2019, during the regular board meeting.
*Motion/Seconded/Carried Unanimously*

**Update on Public Awareness – Carol Plock and Richard Cox**
After input regarding concern about using the term "Fort Collins" in our name, since our area is considerably bigger than Fort Collins, and a conversation with Toolbox Creative, it was suggested that the name
Greater Health
Our Community’s Health District
be considered, with special attention to mentioning Fort Collins in descriptions online due to its value in search terms. A trademark search is in process.

Mr. Cox reported that there are multiple steps ahead once the name is confirmed, including creating a new logo and defining the color palette and graphic identity, and determining how to integrate the name and tagline with our services. Once confirmed, everything will need to change: signs, documents, printing, social media, etc. If all goes well, the projected timeline is to release the new look sometime between January and April, which will create a new opportunity for people to get to know us again.

**UPDATES & REPORTS**
**Executive Director updates:**
Ms. Plock reported that we are currently in negotiations with both Salud and FMC for reimbursement for part of the cost of providing Integrated Care services; if successful, a conservative estimate will be included in the budget. There is a new federal salary threshold for who qualifies as an "exempt" vs. "non-exempt" employee, which will move five of our part-time employees into a "non-exempt" category. Staff recently had a long meeting on the Pain Management project, and anticipate sharing progress with the board soon. Intense work is being done on the preparation of the budget.

The community discussion groups for the triennial community health assessment are set for the final week of October. Invitations are being sent out for all discussion groups next week; the schedule will be sent to all board members by October 1; board members are invited to participate in one or more if possible. RSVPs are requested.

**UCH Updates – Faraz Naqvi**
The financial performance of the Northern region has improved, partly due to the stabilization of the new hospital in Greeley. The two biggest drivers of financial performance are admissions and case mix. Outpatient services continue to provide a bigger share of revenue.

At the hospital retreat, there was considerable discussion about the potential need for a shift in perspective from primarily profitability and maximization of revenues, to more consideration of affordability – which requires a different approach.
PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA

- Approval of July 2019 Financial Statements.

MOTION: To Approve the Consent Agenda as Presented
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- October 16, 4:00 pm, Joint Board Meeting HD/PVHS
- October 24, 4:00 pm, Board of Directors Regular Meeting
- November 12, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:10 p.m.
Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHCHealth-North/PVHS Board