BOARD OF DIRECTORS
MEETING
January 23, 2018

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED

Sarah Tillemann, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator
Jane Gerberding, Regional Health Connector
Wendy Grogan, CIT Admin Asst

Others Present:
Kevin Unger, Pres/CEO, UHealth-North

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. No changes were made to the meeting agenda.

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

PUBLIC COMMENT
No comments.

PRESENTATIONS
PVHS/UHealth North Annual CEO Report
Mr. Kevin Unger, President and CEO of Poudre Valley Hospital (PVH) and Medical Center of the Rockies (MCR), attended this meeting to present his annual report to the Health District Board. PVH and MCR worked with the University of Colorado Hospital to affiliate with them, creating a joint operating system called UHealth. Since then, the UHealth system has grown to include Memorial Hospital in Colorado Springs, Longs Peak Hospital in Longmont, and Yampa Valley Medical Center in Steamboat Springs, and UHealth has management agreements with Invinson Memorial Hospital in Laramie, Wyoming, Cheyenne Regional Medical Center in Cheyenne, Wyoming, and Sidney Regional Medical Center in Sidney, Nebraska. A new 51-bed
hospital is currently being built in Greeley, to open early 2019. It will have an attached medical office building and be able to increase to 100 beds when needed.

Mr. Unger reviewed with the Board some of the ratings and rankings of PVH and MCR hospitals as pertaining to patient safety and quality. Patient scores are strong and continue to improve, with the hospitals doing well in many areas. A particular area of focus at this time is infections, and both hospitals are directing concerted efforts to decrease infection rates. There are also some opportunities to improve in emergency department lengths of stay. MCR is very full.

Mr. Unger notes that there is much activity going on in the world of health care which could lead to a much different health care landscape:
- Health care mergers between various health care sectors, such as between retail pharmacy and insurance (CVS buying Aetna), insurance purchasing physician groups (UnitedHealth’s Optum and DaVita), and four large health systems getting into the generic drug business (Intermountain HealthCare/SSMIHealth/Trinity Health/Arcension). New non-healthcare players have announced that they will be getting into the health care business, such as Amazon and Apple, but it remains to be seen how they will do so.
- Consumers looking for new, easier, and improved ways to access health care, i.e., virtual visits, facetime with doctors and ERs, etc.,
- Consolidation among large health care systems (Catholic Health merging with Dignity Health, etc.).
- Congressional attempts to overhaul the Affordable Care Act (ACA), including the elimination of penalties for the ACA’s individual mandate, in the December Tax Bill. Other topics on the federal legislative agenda include the Children’s Health Insurance Program (CHIP) (which was just reauthorized last night and will keep the program running through 2023), 340B discount drug pricing, and health insurance market stabilization.

In Colorado, legislators prevented a $264 million cut to the Hospital Provider Fee last year, worked to try to address high insurance costs for state employees, increased transparency among health care providers and insurance companies (although posting prices on the internet may be confusing, since the price you see is unlikely to be the actual price to you, depending on your insurance), improved access to behavioral health resources, and increased public health funding. Potential health care priorities for the Colorado legislature include reducing Medicaid expenditure, use of lower cost, off-label medications, pricing transparency for hospitals and insurers, enhanced nurse licensure compact, and opioid addiction treatment and prevention. UCHealth’s local emergency departments and the Yampa Valley ER have been working with the state to address opioid overuse and overdose and have been able to reduce opioid prescriptions by 40%.

Other major trends impacting health care in 2018:
- Pressure on financial margins: working towards reducing costs in order to remain sustainable.
- Shifting even more towards consumer-centric care.
- Moving towards population health perspective and model.
- Dynamic tension between provider and payer profitability; both need strategic partners but need to be careful about balance of power.
• Uncertainty around future health system funding mechanisms due to state and federal legislative activity.

Board Questions/Comments: The Board inquired on whether UCHhealth might consider doing something similar to a program Centerra has launched to copy Kaiser’s success; the answer was that it would cost billions of dollars to get into the insurance business, but instead, UCHhealth is mostly focusing on its partnership with Anthem, while Banner focuses on its partnership with Kaiser. Another question was about how “community benefit” and “community health” works in the UCHhealth system. The answer was that Community Health is mostly driven by the north, through programs like Healthy Kids and Healthy Hearts, and the system looks towards us to try to implement similar programs in other areas.

DISCUSSION AND ACTIONS
Policy

Federal Issues

• CHIP – Last night, Congress approved 6 years of funding for the Child Health Insurance Program (CHIP) at levels agreed upon in a Senate bipartisan bill from fall. There were no cuts to other programs.

• Federal Budget – To avoid government shutdown, Congress has until February 8 to pass a budget. ACA tax provisions include: delaying the medical device tax to 2020; delaying the “Cadillac tax” (a 40% tax on high-cost employer plans) and a one year moratorium on annual fee on insurers in 2019 (insurers will have to pay their fees this year, but not in 2019).

• Proposed Federal Rule: Association Health Plans – A rule is being proposed that would expand the definition of employers that are eligible to form or join association health plans (AHPs) and alters the restrictions related to the plans. The proposed rule would allow associations to operate like large groups, which allows them to develop insurance products that are not required to cover the 10 classes of essential health benefits. (See Policy Memo for further details). Staff is requesting Board approval to develop and submit comments concerning the proposed legislation, including concerns about not covering all the essential benefits, and advocating that the same requirements in the ACA will apply to AHPs.

   MOTION: To have staff develop and submit comments about the Association Health Plans, including advocating that the same mandates in the ACA to apply to AHPs, including covering the 10 essential benefits. Motion/Seconded/Carried Unanimously

Board President Liggett requested that the board have an opportunity to review and approve the comments before they are submitted and to know to whom they are being submitted. If a decision is needed before the next board meeting, Mr. Liggett is authorized to make the final approval (and board members can let him know of any concerns).

State Issues

• Tax Reform and Colorado’s Budget – In 2018-19 Colorado could see a gain of as much as $200 million in income tax revenues because Colorado’s state income taxes are based on federal taxable income.
• **Long-Acting Reversible Contraception (LARC)** – During the 2015 legislative session, a bill was proposed to continue funding for a state program that provides low income women with long-acting reversible contraception. Though that bill failed to pass, the issue returned in the 2016 legislative session as a budget line item proposal. Funding for the program was approved and LARC has been funded in the budget since. However, funding is not guaranteed and could be challenged. Between 2009 and 2016, the reduction in teen births and in abortion rates has been considerable, attributed partly to LARC. A coalition, LARC4CO, is seeking organizations to sign onto a fact sheet in support of continued funding for the program. Staff is recommending that the Board of Directors sign on to the coalition fact sheet for the 2018 legislative session.

    **MOTION:** To support LARC funding and to sign on to the LARC Coalition Fact Sheet.
    Motion/Seconded/Carried Unanimously

• **iDrive Campaign** – In advance of forthcoming legislation, a statewide coalition called the iDrive Colorado Campaign has formed to support an attempt to restore access to drivers’ licenses for undocumented Coloradans, and the Health District has been invited to sign on to this campaign. The legislation is anticipated to make changes to the original 2013 legislation to: allow immigrants with Social Security Numbers (SSNs) to obtain a license, allow online renewal of these licenses, and seek additional funding so the program can continue past the cap of 60,000 licenses. Including undocumented immigrants in driver’s license standards contributes to overall public health and safety due to the requirement of passing the testing, and also helps with transportation to health care (which can include communicable disease control).

    **MOTION:** To have the Health District sign on as a supporter for the iDrive Campaign.
    Motion/Seconded/Carried Unanimously

• **All-Payer Claims Database** – The All-Payer Claims Database (APCD) was formed in 2010 and was directed to be funded with gifts, grants, and donations. The Department of Health Care Policy and Financing (HC Pf) has requested $2.8 million in total state funds for FY2018-19 to support APCD operations and backfill the private grants that are expiring. It is currently not clear whether this will require solely a budgetary commitment, or would require a legislative change. The Health District has a strong interest in the continued operation of the APCD as it is the state’s most comprehensive source of health insurance claims data of privately and publicly covered Coloradans. Data from the APCD gives the health community and policymakers important information about health care costs, utilization, and other data.

    **MOTION:** To support the funding of the All-Payer Claims Database (APCD) by the state, through either the budgetary or legislative process.
    Motion/Seconded/Carried Unanimously

• **HB18-1039: Change Date of Regular Special District Elections** – This bill changes the years that the special district elections are held to odd-numbered years. It also changes the terms for the board of directors’ members that are elected in 2020 and 2022 to three-year terms. Those elected in 2023 and 2025 would have four year terms. This bill originated with the Special Districts Association, in an attempt to allow more coordination with clerks on elections, since they are less busy on odd-numbered years. The Health District is not opposed to moving the elections to odd years, but does not want to be required to coordinate elections.
through clerks. The change would mean having back-to-back elections in 2022 and 2023. The Board took no action on this bill.

Issues presented in legislation so far this year:
Given that there are scores of bills relating to health proposed in the legislature each year, and in an attempt to focus in on fewer bills, staff asked the board to determine if there were certain categories that were of lower priority and would generally not be brought to them. The areas of environmental legislation and human trafficking were mentioned, and the board also said that while social determinants of health are important, they are most interested in those proposal that would have the greatest impact (for example, housing). The Board also expressed interest in sharing our legislative analyses with others who may be interested. They requested that the policy briefs be more evident on the website, and there was a suggestion that we offer an option where people could opt onto an email list where we send notifications when a new analysis is posted. Mr. Liggett suggested that this be a topic for further discussion at the next board retreat.

URA Board Appointment Process
In 2015, the state legislature passed new law that, in part, gives those entities affected by tax increment financing more say in their creation. Until now, the City of Fort Collins has not had a new project, but now they are considering a new urban renewal plan area near Drake Road and College Avenue, so they will need to proceed with the expansion of the Urban Renewal Authority (URA) board per the state statute. The expanded URA board will include four additional members: a County appointment, a school district board appointment, a board member appointment from among the special districts, and a mayoral appointment.

The City asked the Health District to help in the process of having the special districts select their representative. Mr. Chris Sheafor is leading this effort and is convening a meeting later this week; representatives of all the special districts within City boundaries that might be affected are invited. The purpose of the meeting will be to provide information, ascertain levels of interest, and determine a process of selecting a representative. The representative must be an active board member of a special district, and would be expected to attend and participate in URA board meetings (currently, timing is after City Council meetings, but that may change) on behalf of all the affected special districts.

So far, the Health District and the Library District have been the special districts most involved in the TIF discussion and work. While Mr. Liggett originally indicated interest to serve on the URA board, he is unable to do it at the current meeting times. Ms. Sullivan indicated an interest in being appointed. Mr. Sheafor will learn more about the level of time commitment needed, and the timing of the meetings, and will nominate Ms. Sullivan at the meeting this week.

Timing for 2018 Board Retreat
In a brief discussion about whether to have the one-day board retreat early in the year, or later, the board chose to aim to schedule it in July or August, although it may be possible to complete the Executive Director review prior to elections.

PDATES & REPORTS
Executive Director Updates
- Updates from the Community Impact Team: 1) Staff are working to develop a substance use disorder community awareness campaign. The RFP process was completed and a vendor,
Toolbox Creative, was chosen. 2) The guidance team has been working to update the critical behavioral health services report. The updated report, “What will it take? Solutions to Mental Health Service Gaps in Larimer County”, includes some significant changes to services, which will be presented to the Board in February. 3) Staff are working with many organizations to train them on having and using naloxone onsite.

- Tomorrow is Larimer County’s Community Health Summit; Sue Hewitt will be presenting on our Community Health Assessment, and several 1-page handouts will be available.
- Ms. Plock and Ms. Spink will be attending two important national conferences in the next couple of weeks – the Health Action and the National Health Policy conferences.
- Staff recently met with administrators of the Youth Clinic in Fort Collins, who approached us for possible assistance as they work to integrate more behavioral health into their clinic as they work on a SIM (State Innovation Model) project.
- Other key staff efforts include revisions to the Employee Handbook, and a RFP for a community awareness project; both will be presented to the Board soon. A new internal travel policy is also almost complete.
- Larimer Health Connect – The recent open enrollment period is finished, although those who have lost their plans because they are no longer available have until March 1 to sign up for a new one. Approximately 1,090 unique households were served – more were served in a shorter period of time this year than were served last year.
- Advance Care Planning – Mr. Jim Becker, who created the project and oversaw the hiring of staff, will be leaving the Health District to take a position as Director of the Partnership for Age-Friendly Communities. Ms. Mindy Rickard has been the program’s lead since its inception and will be taking over as the program’s coordinator.

Ms. Plock attended the Northern Colorado Economic Forecast today, and shared several takeaways. Positives included: low unemployment rate, consistently good population growth, and employment growth. Areas of concern: 1) low wages: despite a good economy, wages have not been growing as fast as job growth or inflation – the fastest employment growth is mostly from jobs that pay below average wages, and average annual wages in northern Colorado are below the state average; 2) inflation: Colorado’s inflation is much higher than the country’s (including a higher medical inflation rate); 3) high housing costs: shortages in housing and double digit housing appreciation for the past few years are leading to high rents and making housing less affordable.

The Board mentioned that they are interested in finding out what the process is going to be for finding a replacement for Dr. Adrienne LeBailly’s position as Department Head of Larimer County Department of Health and Environment and whether the Health District might be able to participate in that process. Ms. Plock will inquire as to whether that might be possible.

Other Updates
- Board Elections – Election Day is May 8 and three board member positions will be up for election. The call for new board members can start as early as January 28 and runs through February; March 2 is the deadline for nomination forms and March 5 to be a write-in candidate. Should there be only three candidates, the election will be cancelled and those candidates appointed.
- Dental Outreach – A second outreach mailing, a joint effort with the Larimer County Department of Human Services, was sent out the first week of December to homes in the
80521 zip code area, and then rolled out to outlying areas of the county including Wellington, Laporte and Red Feather Lakes. Between the two mailings, almost 5,100 households of adult Medicaid recipients were reached. Theater ads began running at the Worthington 6 theatres a week and a half ago and will continue through early April; posters went up in restrooms at vendor locations. Throughout the year, outreach will continue with intermittent advertising, a brochure, and possibly via some outdoor mediums such as bus stops and Transport buses. Another mailing may go out in March to 80525 and 80526 zip codes.

UCHHealth-North/PVHS Board Liaison Report
Ms. Heffner felt that Mr. Unger’s report sufficiently touched on the areas she would have mentioned and so had nothing to add.

PUBLIC COMMENT (2nd opportunity)
None

CONSENT AGENDA
- Approval of Resolution 2018-01: Establish Meeting Days.
- Approval of Resolution 2018-02: Public Posting of Meeting Notices.
- Approval of November 2017 Financial Statements.

MOTION: To approve the Consent Agenda as presented.
Motion/Seconded/Carried Unanimously

- Approval of December 14, 2017 Board Meeting minutes.

MOTION: To approve the December 14, 2017 meeting minutes as presented.
Motion/Seconded/Carried (4-0; Ms. Nelson abstained – was absent then)

ANNOUNCEMENTS
- February 13, 4:00 pm – Board of Directors Special Meeting
- February 21, 4:00 pm – Joint Board meeting with PVHS/UCHHealth-North Board
- February 27, 4:00 pm – Board of Directors Regular Meeting

The key topic of discussion for the Joint Board meeting will be the opioid epidemic, and the efforts by the hospital system and the community to address the issue. Ms. Lin Wilder, Community Impact Director, will present on community efforts.

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:44 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors
Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison