



**BOARD OF DIRECTORS
MEETING
February 26, 2013**

**Health District Office Building
120 Bristlecone Drive, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Celeste Holder Kling, President
Bernard J. Birnbaum, MD, Vice President
Timothy S. O'Neill, Secretary
Steven J. Thorson, MD, Treasurer
Joe D. Hendrickson, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Lorraine Haywood, Finance Director
Sheryl Harrell, Dental Connections Coordinator
Cher Huesers, Dental Connections
Laura Mai, Accountant
John Newman, Medical Services Director
Dan Sapienza, Policy Coordinator
Karen Spink, Special Projects Director
Nancy Stirling, Assistant to Executive Director
Kay Tully, Dental Connections
Lin Wilder, Community Impact/Health Promotion Director

CALL TO ORDER; APPROVAL OF AGENDA

Vice President Bernard Birnbaum called the meeting to order at 5:55 p.m. "Key Conference Learnings", under Updates and Reports, was removed from the agenda. Added "PVHS Liaison Report" under Updates and Reports.

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

PUBLIC COMMENTS

None.

PRESENTATION

Dental Connections

Proposed Budgetary Response to Change in Operating Partnership-2013

At the last board meeting, staff informed the Board on changes in the operating partnership with the Women's Resource Center (which has decided to end their involvement in dental services in the community, phasing out as their current grants end) and how it may impact our budget. To address the shortage in funds for the program, staff is taking a 3-pronged approach: asking for additional Health District support (from contingency reserves), increasing fundraising, and reducing expenses. A proposed budgetary response, that compares the previous 2013 budget with the new proposed 2013 budget, was provided for the Board's review and outlines the various revenue sources and projected expenditures for the program. The proposed budget was developed using a "worst-case scenario" that includes a decrease in the number of clients from 500 to 400 (though the intention is for the program to serve at least 450). Revenues for the program include client revenues (though less than originally planned for due to fewer clients being served than projected), grant funds (CDBG – what has already been received for use through September, and what will be applied for later in the year; Colorado Health Foundation – already approved through March 2014; Caring for Colorado – to be requested later in the year; SIPA), money from GAP and other fundraising, as well as Health District funds already approved by the Board. (See proposed budget document for full details.)

In program expenditures, some staffing level changes were made to better align with the change in projected services/clients. Staffing changes will be effective as of July 1, 2013. The total of changes amounts just a .4 FTE, which should match the anticipated task needs given the projected level of dentist participation. (See proposed budget document for full details.)

The Board had a brief conversation about their disappointment with WRC for terminating the partnership. There was also a question about whether the reduction in staff might be a problem in the future, when we might need more time; staff responded that the proposed staffing should be right at the projected level of need for the near future, and could be adapted should the need increase later.

No further action from the Board is needed at this time since they already approved the additional \$25,000 from contingency funds at the last board meeting.

Update on the Dental Connections Program

Ms. Lin Wilder, Community Projects Director, provided an update of the Dental Connections program. Dental Connections Services include: Dental Care Access (placements with local participating providers for dental care), resource and referral, advocacy/care coordination, and General Anesthesia Program (GAP) placements. In 2012, of the total services provided (1,121): 53% were resource and referral; 24% were advocacy; 8% were emergency referral to Family Dental or Sunrise Clinic; and 14% were reduced cost care placement. When a time study was done to look at the percentage of staff time spent working on specific areas (a snapshot of a two-week period of time), the results indicated that: 81% of the time was spent on DCA related work (placement with low cost providers); 11% on resource and referral/advocacy related work; and 8% on GAP related work.

More data:

- Total number of clients that received reduced cost dental care through DCA providers: 161.
 - Of those 161 clients: 45% received acute care; 32% received basic care; 13% received Life & Health impact care; and 10% received prophylactic care.
- Total number of clients who registered in the lottery system for DCA: 650
 - Of those 650 clients, the percentage of types of care being requested were: 38% for basic care; 35% for extensive care; and 27% for acute care.

- Each month, about 65 people register for the lottery; we have been providing services to about 16 or 17/month. Reasons for not being able to serve more are both the need for more participating dentists, and the need for more dentists willing to do more than acute services.
- Total of Charges to clients: \$22,510. (\$9,067 paid; \$9,399 payments in progress; and \$4,044 in write-offs).
- Number of GAP patients seen in 2012: 17
 - Number of GAP procedures completed: 155
 - Average number of procedures per patient: 9
 - Number of participating providers: 8
 - Demand for the GAP program has reduced somewhat due to a dentist who now comes to Loveland once a month and provides similar services.

It was noted, that while the service is meeting some of the dental care needs for those who cannot afford the full cost of care, there is still work to be done to increase capacity to be able to serve more individuals. Provider recruitment has been slower than anticipated and, therefore, is a main reason for not being able to service the number of clients originally projected. Currently, there are 26 participating providers (18 DCA providers, 8 GAP providers). Staff are ramping up recruiting efforts this year to be able to meet this year's goals.

Recent program highlights include: lottery processes and improvements, significant life and health application, and creating efficiencies. Goals for 2013 are to:

- Increase number of participating providers to 40
- Place 450 patients with DCA providers
- Provide 800 resource & referral/advocacy services
- Serve 24 GAP patients

Focuses for the program in 2013 includes: to recruit additional providers, increase DCA placements, increase collections, database programming/increased efficiency, evaluation, monitor possible adult dental Medicaid benefit in CO budget, and, after the end of the year, evaluation of whether the model is the best approach for the community.

DISCUSSION AND POTENTIAL ACTIONS

Policy

Policy staff have been extremely busy! Since the last board meeting, most of the action in General Assembly has been related to gun control, with several gun bills being introduced and pushed ahead of other bills. Most have passed the House and have moved on to the Senate.

- HB13-1224 is a bill that was introduced by Senator Morse and concerns restrictions on high capacity magazines. The bill has been amended from 10 rounds up to 15 rounds. It has passed out of the House. The Governor is likely to support this bill should it reach his desk.
- HB-13-1226 would ban concealed carry on college campuses. This bill has passed with a good margin in the House.
- HB13-1228 concerns fees on background checks. Currently, fees are paid out of the general fund. After the Connecticut shootings, there was a surge in gun purchases which caused a long delay in background checks. Extra funds had to be requested to fund those checks. This bill will place a charge for any background check (\$7.50 per check) and is estimated to raise \$2.5 million per year which

would pay for the cost incurred by the state in performing the background checks. The bill passed the House marginally.

- HB13-1229 institutes universal background checks on all transfers (including during shows and to friends or family members), and is being supported by the Governor. The bill has passed the House with the largest number of votes.

Another gun control bill that is expected to be introduced tomorrow is being called the “Assault Weapons Responsibility Act” and could assign liability to sellers and dealers of assault weapons in cases where such weapons caused harm. Federal law, however states that sellers and dealers are immune from any civil suits. Yet another Senate bill would require anyone applying for a conceal/carry weapon permit to attend in-person training.

Although complete analyses have not been written on these bills, staff inquired of the board whether they would like to take a position at this time, noting that the bills are moving very fast. There was general consensus among board members that gun safety and control were important to public health (while acknowledging that these bills’ impact will only go so far), but also that efforts should be made to get to the root of these mass killings which include better understanding and treatment of mental illnesses.

MOTION: To SUPPORT the above mentioned gun bills, excluding the “Assault Weapons Responsibility Act,” for which no position will be taken without further information and consideration.
Motion/Seconded/Carried Unanimously

Staff noted they had received a response from Senator Bennet’s office to the board’s letter that was sent concerning Mental Health First Aid. The Senator has expressed interest in getting involved in mental health issues and is looking for communities to partner with. Staff also spoke with Representative Polis’ staff, encouraging him to support mental health related legislation.

HB13-1081 is the Comprehensive Human Sexuality K-12 Education bill which promotes age-appropriate, science-based sexual education in schools. The bill would bring federal grant money to the state, and local school districts would decide if want these programs, and if so, apply for some of the funding. If school districts receive the funding, that school district would still allow families to not have their child participate, but it would go from an “opt in” option to an “opt out” choice. This bill has passed the House and is moving on to the Senate.

MOTION: To SUPPORT HB13-1081.
Motion/Seconded/Carried Unanimously

Senator Aguilar’s Health Care Cooperative bill has not yet been introduced. The Senator and some staff members met earlier in the year with our Policy staff to give an overview of what their thoughts are on this issue. Staff is waiting to obtain and review the language of the actual bill before drafting an analysis for the board.

HB13-1111 relates to regulation of Naturopathic doctors. Several parts of the bill have been amended, including not allowing a naturopathic doctor to put MD after their name, but only ND; not allowing naturopathic doctors to prescribe controlled substances; and not allowing them to conduct surgeries of any sort. The Colorado Medical Society has come out against this bill, and the amended bill limits the benefits to the people being licensed so much that no one testified in support at the bill’s hearing, not even

naturopathic providers. The bill passed out of Committee to Finance, but chances of getting to the Floor appear low. The Board asked staff to continue to monitor this bill.

Hydraulic Fracturing (“Fracking”) – Previously the Fort Collins City Council considered putting the fracking ban issue to public vote, but then in the last meeting decided to go ahead and propose a permanent ban on all hydraulic fracturing within city limits and city-owned land without a ballot initiative. The ban question passed first reading. Staff inquired whether the Board was interested in taking a position, noting that the City was interested in any health input.

MOTION: To SUPPORT the City of Fort Collins’ proposed ban on hydraulic fracturing.
Motion/Seconded/

Board Discussion: Some board members were uncomfortable with a complete ban and felt that perhaps a moratorium on fracking while the health impacts are studied might be a more appropriate approach. They noted both the need for oil and gas, and the challenge that while there is a lot of reason for concern about health impacts, there is currently not a lot of data. Staff noted that Rep. Ginal is planning to introduce a bill to study the impacts of fracking and health impacts. The Board decided to vote on the original motion.

MOTION: To SUPPORT the City of Fort Collins’ proposed ban on hydraulic fracturing.
Motion/Seconded/Did NOT Pass (Hendrickson/O’Neill: Support; Birnbaum: Abstain; Oppose: Thorson, Kling)

More board discussion emphasized the concern that there are enough potential legitimate health concerns (for which there is currently not enough information) that it may warrant a ban until more answers can be developed (an example was the prior toxic Superfund clean-up sites that originally seemed completely safe). The issue is really the high level of uncertainty that it is safe, and the multiple questions that arise, including chemicals used, water used, trucks and dirt/dust, ozone/asthma questions, the recent Windor spill, etc. On the other hand, there is the benefit of replacing coal with gas – a potential benefit to the environment, along with other benefits less related to health, such as economic benefit and contribution to independence from foreign oil. The Board acknowledged that it is hard to determine the right answer; there is the recognition that our country needs to develop oil and gas, but on the other hand there is an obligation to assure that the development occurs safely, particularly in areas where a lot of people live. In this case, many board members urged strong caution on behalf of the public, and being responsible while we wait for new information to be collected. A new motion was proposed:

MOTION: To SUPPORT a temporary 5 year ban on hydraulic fracturing in the City of Fort Collins, that includes the careful study of the public health impacts of fracking in other communities.
Motion/Seconded/Passed: 4 Yeses; Opposed: Thorson

Other:

HB13-1015 would require small group health plans to disclose mental health claims to the All-Payer database. The Board previously took a position on this bill to strongly support. Staff has contacted all committee members to convey the board’s position.

Marijuana – the assigned Task Force will be wrapping up soon. It has been tasked with determining standards for recreational use and will bringing their recommendations to the Assembly very soon.

SB13-111 concerns the reporting of elder abuse. Staff is working on a pro/con analysis for this bill. It is moving to the Appropriations Committee after passing the Senate Judiciary Committee.

Mr. Hendrickson inquired about the school breakfast program, wondering what the rationale is for serving breakfast after the bell, especially when there are many effective before school breakfast programs. Colorado Health Institution has studied this issue. Staff will review the issue as well as obtain CHI's analysis.

UPDATES & REPORTS

Executive Director Updates/Reports

Assistance Sites for Connect for Colorado (the Exchange)

Staff recently received information concerning the application process for becoming an Assistance Site for the Connect for Health Colorado (the health exchange, or marketplace). Since the very first analysis that we performed years ago to determine the factors that contribute to the health burden of the community, the Health District has understood that a critical part of increasing the health of our community would be to have more people covered by health insurance. Therefore, one of the most important things we can do in this changing health environment would be to help our community understand the upcoming changes in health care coverage, and what they need to do to access health insurance.

The timeline for Assistance Sites is as follows: April 8 – submit application to be an Assistance Site; May – receive notice if application was accepted, and if so, start hiring staff immediately; July – staff training; August – begin offering services to the community; October through March – open enrollment for financial assistance through the exchange. After the initial open enrollment, there will be a few months for ongoing outreach and then a second, shorter enrollment period. After the initial rush (the first two enrollments) there will likely still be a need for providing assistance, however not as many people will be needed to do it.

At this time, conversations are being held with other organizations interested in the possibility of applying. It seems that the best approach to serve clients will be to make sure that wherever assistance is provided, the family can get assistance whether they are applying for assistance through the exchange/marketplace, for Medicaid/CHP+, or are the employees of a small business that is using the exchange/marketplace. The process of figuring out the best community response, and responding to this complex grant, will take a great deal of staff time. Staff may need to delay other priorities (such as complex care) to focus on this project.

The Board expressed its strong support for the Health District's involvement in this priority, noting that it is a high priority and a very important effort. They encouraged creativity in working with partners (for example, the school district) and looking for locations, and also creativity in staffing, so that we can meet the needs during periods of high demand.

Management Retreat

The Management Team recently held a retreat. In preparation, each Manager was asked to consider the programs they oversee and determine what questions might need to be asked and answered, and what changes might need to be considered in light of the Accountable Care Act and other health care changes. There are currently, however, many unanswered questions that will have a direct bearing on the future. For example, we don't know yet whether Colorado will approve Medicaid expansion, and if so, whether full benefits will be provided; whether adults in Medicaid will be eligible for dental benefits; what the health insurance plans will look like in terms of affordability; what the local capacity for serving those newly insured will be; etc. These issues are the types of things that it will be important to discuss at the upcoming board retreat.

PVHS Board Liaison Report

Mr. Hendrickson reported that Poudre Valley Hospital has been named one of the top 100 hospitals in the country, out of 3,000 hospitals. PVH was noted for its patient care, operation efficiency, and financial stability. This is the 8th time since 2001 PVH has been named tops in the country.

Draft December 2012 Financial Statements

Included in the meeting packet is the Draft Financial Statements for December 2012. The final financials will not be complete, and therefore not presented for Board approval, until the audit is complete.

ANNOUNCEMENTS

- March 11, 5:30 pm – Board of Directors Special Meeting (rescheduled from March 13)
- THURSDAY, March 28, 5:30 pm – Board of Directors Regular Meeting
- April 11, 6:00 pm – Board of Directors Special Meeting (rescheduled from April 10)

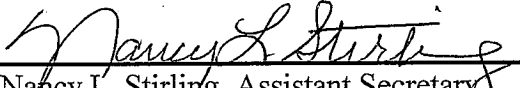
The Board briefly discussed the Time Magazine article entitled “Why Medical Bills are Killing U.S.” Members found it to be an important analysis of the fundamental problems of healthcare costs in America, and encouraged those who hadn’t read it to do so.

ADJOURN


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

The meeting was adjourned at 8:53 p.m.


Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



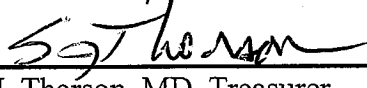
Celeste Holder Kling, President



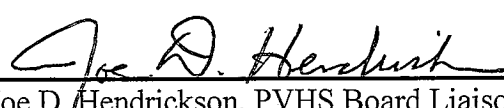
Bernard J. Birnbaum, MD, Vice President



Timothy S. O'Neill, Secretary



Steven J. Thorson, MD, Treasurer



Joe D. Hendrickson, PVHS Board Liaison