



**BOARD OF DIRECTORS
MEETING
March 25, 2014**

**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
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant
John Newman, Clinical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Kevin Unger, Pres/CEO, PVH/MCR
William Neff, M.D., Interim President, UC Health
Nichole Wilkins, Larimer Health Connect

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 6:07 p.m. Changes to the meeting agenda included: adding "OAP Dental Program" to Discussion and Possible Action section and add a discussion concerning "Matters required to be confidential under law, related to patients' constitutional right to privacy and HIPAA," under Section 24-6-402(4)(c) of the C.R.S., to the Executive Session.

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

PUBLIC COMMENTS

None.

As the group awaits the arrival of Dr. Neff, the Board moved the “2013 Community Health Survey Results” agenda item ahead of the discussion with Mr. Unger and Dr. Neff.

2013 Community Health Survey Results

Distributed for the Board’s review is a summary of information gathered from the 2013 Community Health Survey pertaining to tobacco. The data is being introduced early to the Board due to a request from the City of Fort Collins for the information as they consider expanding smoking prohibitions in outdoor public areas. Data indicates that 74% of respondents residing in Fort Collins would favor a policy that would prohibit smoking in outdoor public areas such as restaurant patios, recreation areas or playgrounds. (More information is included in the summary). Staff asked the Board for permission to release this early information to the City’s working group.

MOTION: To approve distribution of the 2013 Community Health Survey data pertaining to tobacco.
Motion/Seconded/Carried Unanimously

Executive Director Updates

Assistant Director Karen Spink reported that Larimer Health Connect staff have been extremely busy assisting people in getting signed up for health coverage in the last days before the March 31 deadline. Prescription Assistance advocates were enlisted to assist people in submitting their Medicaid application (a denial from Medicaid is required before a person can apply for financial assistance through Connect for Health Colorado), which allowed LHC staff to focus on those needing help with the Connect for Health Colorado process. Recently new information emerged clarifying that once the open enrollment period ends, people will not be able to purchase individual health insurance policies either in the Connect for Health Colorado marketplace, or outside the marketplace; many people may not understand that. If a person does not have insurance by the deadline, except for certain exceptions, they can only change or purchase health insurance if they have a “life change” circumstance. One exception is that if a person has applied for Medicaid by March 31, but not received their denial yet, they can continue their application after March 31, which will mean that our staff will still be serving many people after the original deadline.

As of the end of February, 9,020 people have enrolled in Medicaid and 6,035 in the marketplace in Larimer County; there are significantly more Medicaid enrollments than we projected. We were notified that the LHC project is the “Number 1” project in our region for the highest number of people enrolled by health coverage guides. Nichole Wilkins, one of our health coverage guides, received certification for “Train the Trainer” to be able to train health coverage guides. Although the whole process has been a huge learning experience for everyone involved, we have a dynamite team who have been working incredibly hard to try to serve as many people as humanly possible by the deadlines. The Board expressed their appreciation to the staff for their great work. They also suggested a Compass article that provides an overview of how many people signed up in each program, how many people are still uninsured, and how many we served.

PRESENTATION AND DISCUSSION

Update on UCH and UCH Northern

Mr. Kevin Unger, President and CEO of Medical Center of the Rockies and Poudre Valley Hospital, provided updates and information concerning PVHS and UC Health.

UC Health System

- Mr. George Hayes, previous President/CEO of MCR, was relocated to Colorado Springs to be the President/CEO of Memorial Hospital.
- UCH South is partnering with Children's Hospital to build a new 90 bed children's facility in Colorado Springs.
- A search for a permanent CEO for UC Health is underway. Face-to-face interviews will be conducted over the next month.

UCH North/PVHS System

- UCH North has spent the past year implementing the EPIC electronic health records system at all of the hospitals as well as at over 500 clinics. Having a common health records system is key to the health system as it allows patient information to be accessed anywhere within the system. An example is a PVH patient who had previously been treated at Anschutz. Via the EPIC system, PVH medical staff had full access to the patient's records and medical history. A challenge is that EPIC adapts better to a hospital setting than a clinic setting; it is a work in progress.
- PVH received Magnet program recognition for the 4th time for its nursing program. MCR will be submitting for Magnet recognition in November.
- The PVH big current project is the redevelopment of the "A" Building at PVH (the oldest part of the hospital at Lemay and Doctor's Lane). Redevelopment (still at final stages of UCH approval) includes a new emergency department with 4 different pods that can be opened and closed as needed, as well as 5 beds/rooms designated specifically for mental health patients. The rooms in the ED will feature actual walls instead of curtains to separate patients. Entrance will be off of Doctor's Lane. This will create some dominos; there will probably be a new entrance to PVH.
- The redevelopment will also include expanding the orthopedic unit on the 2nd Floor; moving the neonatal unit on the 3rd floor, and including private rooms for NICU babies and moms; putting the lab under the ED; and creating a helipad on top of the 5th floor of the hospital with an elevator going directly down to the ED.
- The ribbon cutting for the new Cancer Center at Harmony Campus is June 4, and it is expected to be completely paid for by the time it opens its doors. The entire goal of the Center is a "one location, one door" concept. Much effort was made to design a facility around patient navigation – financial, social aspects, and physical aspects of going through a cancer journey.
- Thanks to a donor, the system may pilot/develop a 4-plex, short-term stay housing project at Harmony Campus. The special housing will allow cancer or radiology patients to stay up to 90 days (at around \$30/day) while they are receiving treatment. (Mr. Unger may be coming back to the Health District Board to discuss possibly piloting this project.)
- The hospital had an unfortunate incident where an employee was found to be diverting meds; 208 patients were potentially impacted, and Hep C was a concern. 126 have consented to testing, and all have tested negative.

- A new for-profit behavioral health center is being built in Johnstown. Strategic Behavioral Health, which currently has a facility in Colorado Springs, contracts with hospitals to take their behavioral health patients. SBH initially approached PVHS with a possibility of building a facility on MCR property; those discussions didn't lead to an agreement, and Johnstown offered some tax incentives which encouraged them to build in that area instead. While there is definitely a need for more MH inpatient beds in Colorado (University closed their MH inpatient beds, and are now in trouble because of lack of options for patients needing beds), and UCH is looking for a system-wide solution, there is also concern that SBH's services could "skim" paying patients and make our local behavioral health inpatient hospital, Mountain Crest unable to be financially viable. Mr. Unger did state that Mountain Crest will continue to be open to people of all payer classes. UCH North and Touchstone plan to meet to discuss both the inpatient needs for the community and how to handle some of the increasingly difficult situations with behavioral health patients who have health problems and who are accessing the health systems' health services. Ms. Kling commented that continuing to have behavioral health inpatient services locally is a huge issue for the Health District, and that we would hate to lose our local option that is available to all.
- Although there is no need for regular hospital beds in our area, a Banner hospital is being built on Harmony Road. It will be a 24-bed facility, will have a Level-3 emergency department, OR suites, full suite imaging, and outpatient services. Kaiser will use this new hospital. The UCH relationship with Kaiser varies considerably from community to community: in Colorado Springs, they are partners; in Denver, they work together in some ways, and in our area, they are competitors.
- PVHS' UMA health insurance product (a product in partnership with Anthem, which may be renamed to "CU Health Trust") which currently provides health benefits to the Poudre School District and PVHS (and formerly to the Columbine Health system), will be expanding to be marketed throughout the entire state. It will initially be marketed to CU employees, and then to other self-funding companies throughout the state. There is currently a new product being piloted with PSD that focuses on health and wellness that includes access to the walk-in clinic at Miramont, health coaches, health risk assessments, etc. A similar product may be marketed to CSU, in partnership with their needs. The new vision statement for UCH is "from healthcare to health", with the goal of keeping people out of the hospital and putting more focus on wellness and prevention.
- In this time of significant health changes, one of the things the system must do is pay close attention to the expense side of the equation: hospitals must adapt to breaking even or making money at Medicare rates.

Kaiser Permanente's presence in our community is anticipated to have an impact on our local health system. It was noted that one of the things that makes Kaiser so good is their expertise at population-based health management and paying attention to the community. The Health District Board was interested in hearing from PVHS how UCH/PVHS will address or focus on population-based health in northern Colorado. Mr. Unger acknowledged that Kaiser does have much experience in this and that PVHS is looking to learn from Kaiser. Beginning with the initiative to keep people out of hospitals, UCH will be looking towards "precision medicine" – using the big data that is now starting to become available to focus on the population, do predictive analysis, and create appropriate interventions. Significant funding has already been approved to focus in on that product.

(Dr. Bill Neff joined the meeting at 7:08 pm.)

Another area of concern for the Health District Board is the issue of possible “loss of local control”. As issues arise that need to be fixed locally, how do they get resolved? Dr. Neff acknowledged that with the affiliation between PVHS and UC Hospital, and then the addition of Memorial Hospital, the issue of local control has been a concern expressed by each hospital in the system. At the time of the merger, PVHS went into it knowing it was the right thing to do, yet they had their concerns with UC Hospital being a university with an academic model. At the same time, UC Hospital was concerned that their research and educational components would get lost. And Memorial Hospital had their concerns as well when their board was acquired. The issue and concern from each hospital's board and their regions was how they fit into the big picture.

In a meeting held last September, there was a push to move much of the regional decisions back to the hospitals and empower the senior management groups at each hospital. Additionally, a process was put into place where all the regional boards would have their meetings a week ahead of the UC Health Board's meeting, with the idea that those boards could then present any issues they came up with at the Big Board meeting which allowed for an orderly and timely process.

UCH recognizes that each hospital has its strengths and differences, and rather than trying to create a system that looks the same throughout, is working towards creating a system that is integrated among the hospitals, medical groups, and physicians. Dr. Neff noted that while everyone brings something different to the table, no matter who it is, everybody feels like they have to move in a positive direction. He does not see anyone being an obstacle to progress. There is a really enthusiastic, positive atmosphere. While the system needs to move all the pieces towards an exceptional system as quickly as possible, they recognize that they can't spend all their time homogenizing the system; instead, they need to make it easy to work together. He also noted that in moving forward in attaining these goals, the new system President will need to be a collaborative leader.

A question posed to Dr. Neff was whether, with Medicaid becoming an increase share of payer source, the system (including the physician groups) would be able to fully integrate Medicaid clients. Dr. Neff replied that their challenge will be to be successful enough to eventually be able to take care of their fair share, or even more, of people covered by Medicaid.

Ms. Kling thanked both Mr. Unger and Dr. Neff for attending this evening's meeting, and commented that our joint community initiatives are so important to the Health District, and she was glad to hear they are important as well to the hospital.

CONSENT AGENDA

- Approval of January 2014 Financial Statements
- Approval of the February 12, 2014 Board Meeting Minutes

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

DISCUSSION AND POSSIBLE ACTIONS

Policy

HB14-1283 – Modifications to the Electronic Prescription Drug Monitoring Program. This bill was just recently introduced and makes some very small changes that could have an impact on

how PDMP is used. The bill would require all physicians who prescribe certain substances to log into the system (currently only 30% of physicians in the state use it). Also, physicians and pharmacists can allow up to 3 of their employees to use the system. The bill also puts together a PDMP task force to look into improvements for the future. The Board noted that misuse of prescription drugs is a huge public health issue and the ability for physicians/pharmacists and designated staff to be able to access prescription drug information quickly and easily would be a major improvement. It was noted, however, that the system does have its drawbacks, with real-time information being an issue, as well as software that is likely not as quick for a physician to use as it could be.

MOTION: To STRONGLY SUPPORT HB14-1283.
Motion/Seconded/Carried Unanimously

State Budget – The Board was given two reports concerning the state budget that were provided by Miles Consulting. One report concerns Staff Figure Setting for the Department of Human Services-Behavioral Health Services, and the other JBC Figure Setting for the Department of Health Care Policy and Financing. It was noted that the revenue forecast was much higher than last projected. Concerning the Medicaid dental benefit for adults, the annual cap was increased to \$1,000, and the legislators inserted a footnote that full dentures should be included in the adult Medicaid dental benefit. If passed, this will allow adults on Medicaid to be able to obtain dentures even if it exceeds the \$1,000 cap.

The Long Bill was introduced this morning and includes \$750,000 for Mental Health First Aid.

OAP Dental Program

The Old Age Pension Dental program existed for many years, then was de-funded in the recession, and re-funded in 2012. The Health District has been participating in it for years. The reimbursement from OAP is higher than the proposed reimbursement from Medicaid, and the OAP program includes an expectation that there will be some outreach to people who might qualify for the program. Given all the changes, there is much discussion about whether the OAP dental program is still needed now that there is the adult Medicaid dental benefit, and if so, how it would work. Staff have been communicating support for the OAP dental program with Senator Kefalas, emphasizing the need to have full reimbursement for dentures, and to retain outreach to seniors. It is also unclear what will happen to current OAP patients who begin but can't complete treatment before July (payment for some procedures, like dentures, is not made until the treatment is complete).

The Medicaid adult dental benefit kicks off on April 1, but some of the benefits (PAR) won't be available until July. We will need to redo our regular dental clinic budget, which was developed on the understanding that all benefits would start on April 1. Board questions included whether we do dentures (yes, regularly), and how many we do a year (staff will need to check on that).

OAP – Out of District – The Health District has a unique opportunity to use some additional funding from the OAP Dental Program to serve more people in southern Larimer County, where there are qualified people with dental needs, but Sunrise doesn't currently have the capacity to serve them. The Board was presented with a proposal that would allow the Health District to provide some dentistry to individuals in the south county (who would normally be treated by the Sunrise Dental Clinic). The Health District added dentist time based on our projections of OAP

clients to be served in 2014. We received additional funds provided by the state, and appear to be able to meet the demand for OAP dental care in the Health District's area. Now we anticipate having enough revenue surplus to have the capacity to provide dental care up to a maximum of 20 additional OAP beneficiaries. (See memo for details.) The proposal meets the "full-cost" requirement outlined in Policy 98-2 concerning Service Area/Eligibility Policy, and the increase in dentist time means that there is the capacity to serve these "extra" clients in a way that would not interfere with being able to serve eligible Health District OAP clients. Staff recommends that the Health District's Family Dental Clinic be authorized to provide dental care to a maximum of 20 OAP beneficiaries residing outside the Health District's boundaries, with funding fully covered by OAP reimbursements, between now and June 30, 2014.

MOTION: To approve the recommendation as provided above.
Motion/Seconded/Carried (Mr. Hendrickson Abstained)

Mr. Hendrickson chose to "abstain" his vote on this issue as felt that he didn't have enough information. He noted that he was not comfortable with serving people outside the District when people inside the District need care, and the new funding we had allocated for increased staffing to expand care was for in-district care. Ms. Plock clarified that that full-time dentist position and .6 FTE dental hygienist would still be specifically available to serve the expanded needs within the district, but that we had also budgeted an additional .1 of FTE time, funded solely by OAP (which wants to serve the whole county), that would be the source of funding for OAP clients both inside and outside of the district.

Bill updates

- HB14-1225: Require Hands-free Telephones when Driving – This bill was postponed indefinitely (PI'd; or killed). Some wanted the bill to be more restrictive, while others didn't want it at all. There is a possibility a different proposal could come back this year.
- HB14-1263: Under 21 prohibited from purchasing cigarettes – This bill has also been PI'd; it looked like it might pass committee, but a swing vote went against it based on "personal liberty". Legislators noted that they appreciated our analysis.
- HB14-1054: Restrict Minors' Access to Artificial Tanning Devices – This bill prohibits minors from accessing tanning beds unless they have a physician's prescription. It is moving and could pass. The board has not taken a position on this issue this year.
- HB14-1297: Analyze Health Data Regarding Front Range Oil/Gas – This bill would create a health impact study of oil and gas operations on the Front Range. It was in committee last week and is supposed to be heard in committee today. Rep. Ginal is one of the sponsors of this bill; she had a less comprehensive proposal last year that did not pass. For this year's bill, Rep. Ginal has consulted with CDPHE and included far more specificity. It will be coming up to committee for a vote next week. Staff has not had an opportunity to provide a full analysis of this bill yet. The Board wondered how it might impact communities considering or having moratoriums, whether a similar study had not already been done (not on the Front Range of Colorado), and had concerns about setting up a scientific study where the advisory committee was made of political appointees. They asked staff to take a closer look at any issues of possible concern if the measure advances out of committee, to monitor closely, and report at the April 9 board meeting so that the board can determine whether they might want to take any stand. They noted that there was likely not enough time for a comprehensive analysis of this proposal. The Board reiterated their previous position that they support studying the health impacts. However, if a study is done, it needs to be a well-designed study

that is scientifically meaningful, and overseen by the experts who can ensure a quality scientific study so that results are meaningful and can be appropriately used for decision-making.

SB14-155 is a newly introduced bill that would provide \$7.5 million in grant funding to research the health effects of medical marijuana.

HB14-1281, another bill sponsored by Rep. Ginal, would allow terminal patients in Colorado to circumvent the FDA process to gain access to investigational drugs, if their physician suggests that they try it. Insurance is not required to pay for the drug or for side effects from the drug, and the manufacturer is not required to provide the drug. It is a more complex issue than it initially appears; there are many questions and issues about the unintended consequences of the policy. It passed out of committee today. The Board indicated that they could not take a position without looking more closely at the bill. They asked staff to look into the bill language and its impacts a little bit more closely, including creating a list of the potential questions and issues for the board to consider at their April 9 meeting, but noted that this bill is probably not our highest priority.

Dr. Thorson inquired about SB14-016, which would allow CDPHE to issue community clinic licenses to freestanding emergency centers, noting that there can be an unfair economic benefit to freestanding centers if they don't have to follow some of the regulations that hospitals have to follow (for example, EMTALA that requires an ED to serve any person in need of emergency care, regardless of whether they have a payer source and what it is), and that they might contribute to a growing cost of care issue if used as an expensive alternative to urgent or regular care. Although staff has only been monitoring the bill, it was noted that the bill continues to be laid over, though it is now scheduled to be heard on the 31st. The Board has many questions about the concept of freestanding EDs. Staff will continue to monitor and learn about the bill.

PVHS Board Liaison Update

Mr. Hendrickson did not have an update at this time since the PVHS Board will be meeting tomorrow.

ANNOUNCEMENTS

- April 9 (Wednesday), 5:30 pm – Board Special Meeting
- April 15, 11:30 am – 1:30 pm, Employee Appreciation Luncheon at Northside Aztlan Community Center
- April 22, 5:30 pm – Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion pertaining to personnel issues pursuant to §24-6-402(4)(f) of the C.R.S. (including the Executive Director Review), AND for the purposes of discussion of “Matters required to be confidential under law, related to patients’ constitutional right to privacy and HIPAA,” pursuant to Section 24-6-402(4)(c) of the C.R.S.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 8:52 p.m.

The Board came out of Executive Session at 9:47 p.m.

DECISIONS

Executive Director Review Findings, Other Personnel

The Board completed the Executive Director review and, in consideration of their evaluation of Ms. Plock, propose raising her base salary to \$154,000 for 2014, to be retroactive to January 2014.

MOTION: To approve the proposed raise for Ms. Carol Plock, Executive Director, to the amount of \$154,000 for 2014, to be retroactive to January 2014.

Motion/Seconded/Carried Unanimously

The Board expressed their appreciation to Ms. Plock for her leadership, which has made the Health District what it is today. The Board also noted Ms. Plock's quality of work and accomplishments, particularly noting her work with Connect for Health Colorado, her commitment and dedication ("which is beyond measure"), and creating an organization that is responsive to the community. Working with Ms. Plock has "been a pleasure and a delight" and they are "blown away" with her "scope and breadth of what she deals with concerning policy and knowledge of so many things in community health care". "This is an outstanding organization and much can be attributed" to Ms. Plock.

The Board also briefly discussed during Executive Session matters pertaining to the Assistant Director as well.

ADJOURN

MOTION: To adjourn the meeting.

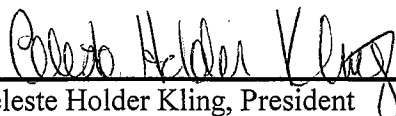
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 9:52 p.m.


Respectfully submitted:



Nancy L. Stirling, Assistant Secretary

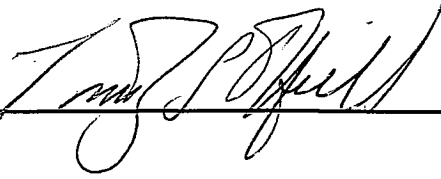


Celeste Holder Kling, President

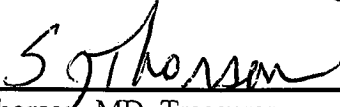


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