



**BOARD OF DIRECTORS
MEETING
March 29, 2011**

**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
Julie Abramoff, Health Promotion, Nurse Educator
Chris Bachman, Health Promotion, Registered Dietician
Bruce Cooper, M.D., Medical Director
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Marty Janssen, Policy/Research Assistant
Dianne Moeller, Health Promotion, Registered Dietician
Samantha Murphy, MHA Partnership Manager
John Newman, Medical Services Director
Cheri Nichols, Health Promotion, Nurse Supervisor
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact/Health Promotion Director
Kristan Williams, Health Promotion Coordinator

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:58 pm. Agenda items were rearranged (in order to accommodate those who needed to leave early) as follows: 1) Legislation Overview, 2) Mental Health and Substance Abuse Partnership Priorities Shift, 3) Nutrition Services Review, and 4) Medicaid Accountable Care Collaborative Pilot.

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

PUBLIC COMMENTS

None.

POLICY ISSUES

Colorado State Legislation Overview

Marty Janssen, Policy and Research Assistant for the Health District, presented the Board with an updated Legislative Summary matrix listing the status of bills being followed by staff. In addition to the matrix, Mr. Janssen reviewed a summary of recently filed bills, priority bills, bills of interest and other bills. (See document for full details.) Bills that the Board discussed or took positions on are as follows:

Senate Bill 11-200 authorizes the creation of a Colorado Health Benefits Exchange. The bill creates a Board of Directors to lead in the development and administration of the Exchange and outlines board membership requirements and responsibilities. (See Bill Summary for details.) Last February, the Health District Board took a position on what they would like to see in the bill. In comparing the proposed bill and the Board's position statement, it was noted that the bill has many of the components the Board supported, with some differences in term lengths, Board Chair appointment authority, and the allowance of health insurance industry representatives on the Board. (See Bill Comparison document for full details.) Sponsors of the bill do not anticipate much opposition to this bill, nor are any amendments expected. Staff will continue to monitor the bill. The Board decided to express its support of this legislation with the following motion:

MOTION: To SUPPORT Senate Bill 2011-200 concerning a Colorado Health Benefits Exchange, but to express to legislators the concern that the term length is too short and that there is potentially too strong a role for the health insurance industry on the Board.
Motion/Seconded/Carried Unanimously

Staff will inform our local legislators of the Board's position.

Senate Bill 11-202 concerns hospital ownership (see bill summary for details). Under current Colorado law, if a for-profit organization purchases a hospital owned by a nonprofit entity or government entity, proceeds from the sale must be distributed to a new or existing charitable organization (501c3), whose mission and functions "reflect the historical charitable purposes of the nonprofit entity proposing the transaction." Senate Bill 202 would amend Colorado law to allow proceeds from the sale of a city or county-owned hospital to a for-profit entity to be used for any public purpose, so long as that purpose is approved by the voters. The Board indicated strong concerns that resources formerly committed to community health care could be diverted away from health care, and that it would be possible for the for-profit entity to provide far fewer services for the uninsured and underserved, leaving large gaps in health care and impacting health significantly.

MOTION: To STRONGLY OPPOSE Senate Bill 2011-202.
Motion/Seconded/Carried Unanimously

Current Colorado law prohibits health insurance carriers from offering health benefit plans in rural areas that discriminate between physicians and advanced practice nurses (APNs) when setting reimbursement rates for covered services. **Senate Bill 11-205** would extend that reimbursement policy to all APNs within the state, regardless of location.

Dr. Birnbaum inquired about **House Bill 2011-1261** which would establish THC blood levels as a threshold for charging a person with DUI. There are questions as to whether the level proposed is scientifically-based and if it is possible to determine a level of impairment. While staff has not yet researched this bill or its implications, other states have implemented similar legislation, so they have

likely done analyses. The Board expressed interest in learning more about this issue; staff will research the availability of evidence.

Senate Bill 11-192 continues the Prescription Drug Monitoring Program until July 1, 2021 (which is currently set to expire July 1, 2011). The bill was originally killed in committee, but then brought back as a Senate bill. Dr. Thorson noted that the program has been a very useful tool for physicians as they strive to give appropriate care – it helps to be sure that excessive or conflicting narcotics are not prescribed, and to identify potential drug abuse. The original concerns were about patient confidentiality, which is handled through other regulations such as HIPAA.

MOTION: To STRONGLY SUPPORT Senate Bill 2011-192.
Motion/Seconded/Carried Unanimously

The Long Bill (budget) is set to be filed in a few weeks and extensive cuts are anticipated, including a cut in the Primary Care Funds for FQHCs.

STAFF PRESENTATIONS AND BOARD DISCUSSION

Mental Health and Substance Abuse Partnership Priorities Shift

Ms. Samantha Murphy, Mental Health and Substance Abuse Partnership Community Organizer and Manager, updated the Board on priority changes the Partnership recently approved. The evolution of the changes, which is likely to eventually result in a significant system redesign, came to staff and Steering Committee attention in a couple of ways: 1) problems surfacing in regard to the crisis response system that was developed several years ago, and 2) the evolving understanding of the impact that health care reform is likely to have on mental and substance use disorders treatment and services. Within the Crisis Response System, there are transportation and volume challenges that are creating high burdens for some agencies, and leading to less than ideal situations for patients.

Initially staff suggested to the MHSA Steering Committee a “mid-course correction” for the crisis response issue, using the same process that was used when the system was originally developed. However, as staff and the Steering Committee reviewed past and current priorities and accomplishments, and looked ahead at the changing landscape and opportunities created by health care reform, it became apparent that a bigger community planning effort was required. Staff recommended that three of the Partnership’s priorities – improving services for those with co-occurring issues, with complex needs, and/or those involved with the criminal justice system – could be combined into one priority which was presented to and approved by the Steering Committee (with some changes and considerations) on March 25 as “a new approach for people with complex needs.” (See draft document “A New Approach for People with Complex Needs – Combined Priority and Vision Statement” for full details.) Next steps will include evaluating what it will take to complete such a planning process, identification of resources, and getting final approval from the Steering Committee and participating partners.

The Board encouraged staff and the Partnership to continue to support the services that currently exist which have become essential to the community (i.e., Integrated Care and Connections) as they move forward with the Partnership’s planning process.

Nutrition Services Review and Possibilities

Over the past year, Health District staff and Board have taken an in-depth look at obesity in order to understand its effects, drivers, potentially effective interventions, and existing community practices

compared to national recommendations. Staff also reviewed with the Board information about the Health District's nutrition and weight loss services, and in particular the Healthy Weighs program.

The Board directed the staff to: 1) develop a concrete plan to focus on the issue of sugar-sweetened beverages; 2) make changes to increase effectiveness in the services we currently provide, focusing on greater outcomes, more MD and other complementary referrals, integration of services, increased use of the media, and the possibility of adding a maintenance portion to the plan; and 3) look more closely at the possibilities in expanding the impact of positive social networking to address the issue of overweight and obesity.

Tonight's presentation provided an overview of what has been learned, a review of previous findings of the Healthy Weighs evaluation, potential community interventions, a brief update on the sugar-sweetened beverages initiative, a review of Healthy Weighs program features and outcomes that are consistent and inconsistent with evidence, and an update on what has already been changed and the remaining recommended improvements for Healthy Weighs. (See slide presentation for full details.)

The following improvements to the Healthy Weighs program were determined to be important:

- Strengthen and formalize individualized counseling (treatment planning and goal setting) (currently in place with existing resources) – require 3 individual nutrition sessions, set individualized goals and follow-up over time.
- Require clients to weigh in (currently in place) – increase focus on weight loss, but maintain focus on healthy lifestyle.
- Develop and implement a maintenance component to Healthy Weighs (will be implemented with the next HW class) – provide post-group follow-up appointments; would require a one-year commitment to include at least 6 follow-up sessions of monthly support group.
- Increase Care Coordination so that patients are closely connected with their medical provider, and improve communication between staff and physicians/ healthcare providers
- Modify and enhance current evaluation to improve the effectiveness of our evaluation of outcomes (i.e., weight measures; lipid measures; social network analysis)
- Expand reach of program through messaging, media (i.e., utilize technology such as YouTube and Twitter) – i.e., develop short cooking segments that can be shown via YouTube (a video example was presented on how to make greek yogurt)

Staff also presented a possible way for the Healthy Weighs program to considerably expand its impact on the community – to take HW on the road, out into the community. The program would train trainers to provide the program at locations that connect with specific target audiences (i.e., churches, health clubs, work sites, doctor's offices, etc.). The Training program and materials, curriculum, course workbook, etc would be developed and made available to program sites and trainers. Potential benefits of this approach are: expand reach and impact of the program, reach hard-to-reach audiences, provide a way for other populations to have exposure to evidence-based workplace weight-loss success, leverages and supports local "Well City" efforts, creates a saleable product with possible potential for financial sustainability of the program (social enterprise potential). In an informal first-stage market research phase where staff interviewed a variety of possible sponsoring organizations, staff learned that there was considerable interest and excitement in such a program. The next step would be to move to a more comprehensive business plan to determine the feasibility of the idea, and whether it could become self-sufficient.

The Board complemented staff for all the work they did in reviewing and re-thinking the possibilities to improve the Healthy Weighs program. Board members expressed interest in the pilot "train the

trainer” idea and the potential for making a much larger impact in the community, and with a greater variety of audiences. One comment was to be sure to play for how much time it takes to mentor new programs until they achieve fidelity to the evidence-based practices; another is to be sure that a pilot is tested before making the commitment to move out to the whole community.

Medicaid Accountable Care Collaborative Pilot

Ms. Plock updated the Board on the Medicaid Accountable Care Collaborative (ACC) Pilot, an effort of the State to improve health and contain health care costs. She reviewed how the Health District got involved with the project, the process for engaging key players into the project, the project’s research into and focus on care coordination, and review of a draft model of a “highly effective targeted community care coordination approach.”

Health District staff became involved with the Medicaid ACC Pilot when key players held a meeting to understand the State’s intent and the geographical boundaries assigned by the State. Early in the process, it became apparent that neutral facilitation would help the planning make faster progress, Rocky Mountain Health Plans (the state-designated Regional Care Coordinating Organization) and the Health District partnered to hire consultant Michael Felix to help mediate and facilitate the planning process.

Over the past three months, Ms. Plock and Mr. Felix have met with representatives of key providers of services to Medicaid clients in the Northern Colorado area, including: Salud Family Health Centers, PVHS Family Medicine Center, Associates in Family Medicine, Miramont Family Medicine, Poudre Valley Hospital System, Sunrise Community Health Centers, Banner Health, IPA, and Larimer Center for Mental Health, and several other auxiliary services. The provider group has reviewed and discussed options for providing intensive care coordination services to Medicaid clients who are high health care utilizers in order to improve health care and health outcomes for these individuals and control costs.

Although much discussion is occurring nationally and in the state around implementing care coordination in patient-centered medical homes, research shows that while almost any increase in care coordination can improve health outcomes, very few projects have demonstrated actual cost savings. For the programs that have been successful in decreasing costs, key elements have been isolated, and the group has decided to pool the dollars they will receive from the state to create a transdisciplinary combined community care coordination team that would include those elements. (See handouts titled, “The Promise of Care Coordination” and “Developing a Highly Effective Targeted Community Care Coordination Approach” for details.) The most effective way to get it up and running as quickly as the state is requiring may be to have it run side-by-side with the PVHS Case Management program. If the model can be developed quickly, it may bring in over \$400,000 to northern Larimer County to do the moderately intensive to intensive care coordination that is so acutely needed, and if the combined team is successful, it may become a model for other communities to consider.

Previously, the Board approved up to \$10,000 from contingency funds to contract with Michael Felix and share expenses with Rocky Mountain Health Plans. Since the project has been extended, Ms. Plock asked the Board if they would approve adding up to \$5,000 on top of the previously approved \$10,000 to the project, for a total expenditure of \$15,000, should it be needed.

The Board agreed that organizing community players to make changes that improve the effectiveness of health services is one of the things that the Health District does best and that it is in the interest of the Health District and the community to support and encourage the success of this project.

MOTION: To approve (up to) an additional \$5,000 from the contingency fund for the Medicaid Accountable Care Collaboration Pilot project, bringing the Health District contribution limit to \$15,000.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

Quarterly Report and Executive Director Updates

Board members complimented staff on a great report.

Ms. Plock announced that Ms. Cynthia Beyer has just been hired to fill the Health Care Matters Coordinator position and will start on Thursday. Second interviews for the Dental Connections Coordinator position are upcoming. In other staffing news, Ms. Cheryl Aguiar (formerly Asmus), the Evaluations Specialist, recently resigned from the Health District.

PVHS Liaison Report

Prior to talking about PVHS, Mr. Hendrickson noted that, due to last meeting's presentation on the Medicaid and CHP+ Outreach Enrollment presentation, he had been able to make a successful connection between the program and the Thompson School District, and information would be going out to parents soon.

Mr. Hendrickson reported that hospital access for PVH doctors in Greeley has become an issue. On another issue, a question arose from the board about the possibility that PVHS might acquire the IPA's share in the United Medical Alliance, which does claims processing for private physicians. It is too early to tell what will happen in those discussions. In board discussion, there is some concern that the physicians in town who are not employed by PVH are getting somewhat anxious about all the changes as health systems position themselves for changes imminent in health care reform. Since local physicians have had a long history of an excellent relationship with PVHS, it is important to maintain a solid relationship that keeps the health care needs of the community at the forefront.

Ms. Plock mentioned that there is increasing concern about the closure of mental health hospital beds throughout the state, and noted that PVHS recently received a letter from Denver Health informing them that although they will continue to provide trauma and poison care services to all, those who reside outside of Denver County are no longer eligible for unsubsidized, non-emergency care.

CONSENT AGENDA

The January 25, February 11, and March 1, 2011 board meeting minutes were not included in the meeting packet and thus removed from the consent agenda.

- Approval of the January and February 2011 Financial Statements

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

ANNOUNCEMENTS

- April 6, 11:30 am – 1:00 pm – Health District Employee Appreciation Luncheon at the Northside Aztlan Community Center
- April 15, 7:00 am – Special Board of Directors Meeting, if needed
- April 26, 5:30 pm – Regular Board of Directors Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To go into Executive Session for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 9:20 p.m.
The Board came out of Executive Session at 9:27 p.m.

ADJOURN

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

The meeting was adjourned at 9:28 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