



**BOARD OF DIRECTORS  
MEETING  
April 22, 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  
Gail Bridger, Support Services  
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  
Nancy Stirling, Assistant to Executive Director  
Lin Wilder, Community Impact Director  
Nichole Wilkins, Larimer Health Connect

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 5:55 p.m. An item to discuss funding changes for Dental Clinic renovations was added to the agenda under "Discussion & Possible Actions"

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

**PUBLIC COMMENTS**

None.

## **PRESENTATION**

### **Health Care Matters: End of Project Highlights**

While a final written report of the Health Care Matters project is in the process of being completed, Ms. Lin Wilder, Community Projects Director, presented an overview of the highlights of the project (see slides for full details). The Health Care Matters (HCM) project was a part of the Colorado Trust's "Project Health Colorado" program. Locally, our goals included engaging community members to discuss health care, identify their values, increasing knowledge about health access issues and the Affordable Care Act (ACA), and encouraging community members to share their voice concerning health care.

The project was focused around 90-minute conversations (or, depending upon the audience make-up and needs, shorter "marketing" presentations or specially crafted conversations around particular needs/interests). Overall, 1,200 Larimer County community members participated in 83 conversations that were held over 18 months between April 2012 and October 2013.

Ms. Wilder noted that significant percentages of participants indicated an improvement in knowledge after the conversations. After the conversations, participants also indicated an increased likelihood of "taking personal action on this issue," and 79% indicated that they had spoken about the issue with a friend, family member, or neighbor after attending a session; 43% had researched or sought more information, and 24% had reached out and talked to people they didn't know before.

Infographics have been developed based on participant input regarding quality of health care, health care costs, expanding the concept of health, improving the health care system, and health care in general. The most frequently heard comments were about costs, quality and prescriptions. A few key points:

- 93% of all participants are concerned about costs they may face in the future.
- Even people with jobs and insurance struggle with the cost of care; 43% of all participants had skipped some type of treatment due to affordability – and of that 43%, 72% were insured.
- Those with public and private insurance are twice as satisfied with the quality of healthcare than those who are uninsured.
- Three options for the future of health care were offered. Of the 67% of participants who indicated a clear preference for one approach, 31% supported changing the system so that everyone is expected to buy insurance (basically the ACA); 26% supported a system where everyone gets healthcare funded by taxes that split cost among everyone (like what is done currently for education and fire protection); and 11% preferred keeping the old system (before ACA).
- The first priority in health care for all audiences was total cost and affordability

From the perspective of the statewide Project Health Colorado, there were 16 different grantees that in total reached about 880,000 people through electronic methods and more than 25,000 through in-person methods. Themes they found with focus groups (September 2013):

- While "Obamacare" is in the forefront of people's minds regarding healthcare, they don't feel well informed about the ACA;
- People feel uncertain and confused about the future of healthcare;
- Learning more is important – and possibly a precondition to being ready to speak up;

- People want to speak up, get involved; but they don't believe they can make a difference, don't think their voices matter.

Board Questions/Comments: Board members commented that community members still need help in understanding health insurance – how to use it, what is covered, what providers they can use, what benefits are they entitled to, how to compare plans, etc.; and that another issue is that while people assume the quality of care is good, there is still a need to improve health care quality in order to get better outcomes. Staff reported that the Larimer Health Connect Health Coverage Guides are beginning to plan how to help people understand insurance between now and the next open enrollment that begins in November. Community comparison data, when available, might be helpful.

### **DISCUSSION AND POSSIBLE ACTIONS**

#### **Continuation of Dental Connections; Assimilation into Family Dental Clinic**

At the last meeting, the board discussed the potential assimilation of Dental Connections into our overall dental services, but did not give specific approval due to a few remaining issues around incentives for dentist participation (i.e., Medicaid billing on their behalf, Easy Credit, etc.) that staff is now able to address this evening.

Since then, staff met with the Dental Connections advisory group to share with them the new potential model. The advisory group agreed that the model makes sense for the clients as well as would reduce operating costs. They did raise one concern about the ability to provide services to individuals from outside the Health District boundaries (Loveland, etc.) when current funding runs out, and encouraged a search for other funding for that purpose. Staff also discussed with Health District finance staff the possibility of assisting practices in billing for Medicaid. The conclusion was that it would not be appropriate for us to do their billing for them, but that our staff could offer some technical assistance in billing and in applying to become a Medicaid provider, if it would help practices. The advisory group discussed whether the “Take 5” campaign being sponsored by the Colorado Dental Association (requesting that every dentist accept 5 Medicaid clients) might work to get more dentists to participate. If dentists were willing to start accepting Medicaid, they could also specify that they would accept their clients through Dental Connections, and DC could send them only the numbers of clients they were willing to accept.

The next steps will be to: 1) meet with Colorado Dental Association representatives about their “Take 5” program and determine how we can work with them; 2) change our recruitment process to encourage dentists to accept Medicaid clients (even if it's just a few); and 3) initiate integration of Dental Connections and the Family Dental Clinic by establishing a process and key players. At this time, staff asked the Board for approval to move towards integrating the Dental Connections program with the Family Dental Clinic.

**MOTION: To approve integration of the Dental Connections program into the Family Dental Clinic and re-evaluate in one year's time.**  
*Motion/Seconded/Carried Unanimously*

At the last board meeting, members wondered whether “EZ Credit” (Enterprise Zone Credit) might be a disincentive to dentists. In discussing it with the dentists in the advisory group, they indicated that every dentist was different, and they really appreciated having a menu of options

for how they want to participate to serve more patients. Some will prefer EZ Credit, others Medicaid, some the Dental Connections payments negotiated, and others nothing. Another question was who keeps track of the information needed to file for EZ Credit on tax forms. At the end of each year the Health District would provide those dentists who have chosen to participate in EZ Credit with a document that totals the amount of donated services given which they would use when submit for the state tax credit.

### **Dental Clinic Renovation**

In the 2014 budget, \$60,000 was set aside to do some capital projects within the dental clinic in order to maximize efficiency so that as many clients can be served as possible. As staff began considering specific needs for the clinic and the additional staffing and clients that will be utilizing the clinic area, the renovation project became more complicated than initially thought. The architect who originally designed the 202 Building was brought in to work with staff to come up with a proposal that would best meet everyone's needs, and the estimated costs would require an additional \$209,580 from the Reserves/ Contingency line item of the Capital Budget. The proposed floor plan and cost estimates were presented to the Board for consideration. (See memo "Budget Revision for Dental Clinic" for full details.)

Questions/Comments: The Board inquired how the clinic will continue to function during reconstruction. The plan is to shut down up to 3 operatories at a time for about two weeks each time and work around the construction areas. In the lobby, additional tables will be set up as a temporary check-in area when the front desk is being remodeled and any demolition would be done over a weekend. Staff assured that plans will be developed to ensure staff are able to continue to work and patients can continue to be seen. The Board also questioned, due to the limited space of the clinic and the growing need for dental care, whether the Health District should consider expanding to another office. Staff responded that the issue will likely be considered during the next budget cycle (and the analysis will need to include what other dental providers are planning), since significant budget changes would be needed to make that happen.

**MOTION:** To approve an additional \$209,580 from the Reserves/Contingency line item of the Capital Budget to fund proposed renovations to the Family Dental Clinic.  
*Motion/Seconded/Carried Unanimously*

The next phase will be to complete an actual detailed design of the dental area.

### **Changes to Policy 99-4, Board Liaison Job Description**

A copy of Board Policy 99-4 with proposed changes was presented to the Board for consideration. The changes would align the board policy with recent changes made to the Bylaws concerning the Board Liaison position.

**MOTION:** To approve proposed changes to Board Policy 99-4 as presented.  
*Motion/Seconded/Carried Unanimously*

### **Resolution 2014-4: Approval of Changes to PVHC Bylaws**

Included in the meeting packet for the board's review and consideration are proposed changes to the Corporate Bylaws of Poudre Valley Health Care, Inc. Per the lease agreement between PVHC and the Health District, the Health District Board must approve any changes made to the PVHC Bylaws. The proposed changes have already been approved by the PVHS Board and have

been submitted to the Health District Board for approval. There is one question about the proposed changes: the strike out of Section 4.4.d which pertains to the duties of the President/CEO “to select, employ, control, evaluate and discharge employees and to develop and maintain personnel policies and practices for employees of the Corporation.” The question is: if the President/CEO does not have that authority, what authority do they have regarding personnel? Is the local CEO empowered in regards to personnel? The Board indicated their belief that the local hospital President/CEO should have this authority. Since the PVHS Board has already approved the document, this board has 3 options: 1) to approve as presented; 2) to go back to the PVHS Board with questions to better understand this decision; or 3) suggest changes. The Board asked Ms. Plock to contact Mr. Unger, the President/CEO of PVHS, to determine the reasoning behind the proposed change. Depending on the answer and its timing, the current board may be able to have a properly posted telephone meeting before May 6 to resolve the issue, or the continuing board with its new members may take up the issue for decision.

### **Policy**

The City of Fort Collins City Council is having a meeting on May 6 where they will discuss proposals for making changes in how they respond to requests from the County Health Officer to initiate actions to curb West Nile Virus (including spraying for mosquito control), and this is the first meeting which will accept public comment. This is a very complex issue with multiple factors, such as who pays for the spraying, what should trigger spraying (i.e., should it be based on the number of affected mosquitoes found or the number of emergent case), how big of an area should be sprayed, whether people or businesses can “opt out” of sprays, and who should make the decision. While staff have not yet had time for a more thorough analysis, there is information that could be useful to the City Council (copies of the community health survey summary sheet concerning the West Nile Virus question responses), and there are positions that are appropriate for the Health District to take, such as: public health officials are the right people to make a balanced decision to aid public health, West Nile Virus is dangerous, and mosquito adulticides are effective.

**MOTION: To approve sharing the health survey West Nile Virus results and the position statements indicated above with the Fort Collins City Council, and the Executive Director is also authorized to consult further with the Board Chair if, after further staff research into the issue, a more detailed statement to City Council should seem indicated.**

*Motion/Seconded/Carried Unanimously*

### New Legislation

*HB14-1359 – synchronize multiple prescriptions* – This bill would increase medication adherence with synchronization of when patients can pick up their prescriptions and would require that health insurance companies pay for medication synchronization programs. The concept appears to work very well, evidenced by one study showing a serious increase in medication adherence by patients with a synchronization program.

**MOTION: To SUPPORT HB14-1359.**

*Motion/Seconded/Carried Unanimously*

*HB14-1361 & HB14-1366 – Marijuana regulations* – Bill 1361 would regulate marijuana concentrates by requiring DOR to make rules to establish an equivalent of one ounce of marijuana. Bill 1366 concerns the sale of edible marijuana products and would lessen poison

control packaging for non-edible marijuana and prohibit knowingly adding marijuana to TM food product or food primarily marketed to children. Both bills have passed the House and are moving quickly.

*HB14-1375 – Tax Increment Financing* – This bill, the “Urban Redevelopment Fairness Act, specifies the following: 1) URA commission must include one person appointed by BOCC; 2) once the TIF repays loan, all remaining funds must be refunded to taxing entities; and 3) the City must pledge the same % of sales tax increment as the % of property tax increment. The bill is scheduled for its first hearing on April 23.

#### Bill Updates

- *HB14-1253* concerning Civil Commitments has been laid over until May 8, so it is essentially dead.
- *HB14-1386* concerns revisions to 27-65-102, C.R.S – the bill adds revised definitions for “danger to self or others” and “gravely disabled.” Also, the term “imminent” has been removed (as in “imminent danger”) to conform with the new definitions. It was noted that these changes will make a significant difference for providing tools to allow emergency personnel and law enforcement to get care for people, and has long been anticipated by our partners in mental health and substance abuse services..

**MOTION: To SUPPORT HB14-1386.**

*Motion/Seconded/Carried (Dr. Thorson was absent from the vote.)*

- *HB14-1297*, concerning the Oil and Gas Health Study, passed the House in third reading. As the bill moves forward, more amendments get added which makes it more complicated. Current amendments increase the number of members to the Scientific Advisory Committee, require that surveys be “randomly disseminated” and that the study must include “case-control reviews”. While the board is neutral on this bill, they authorized staff to convey, if appropriate, to legislators that while they are supportive of the concept of a health assessment of the impact of oil and gas, they still have questions about whether this approach can answer questions in a way that would be scientifically valid, and are concerned about whether it might make future decisions more difficult to answer rather than less.

#### Updates/Input/Decisions:

- *HB14-1207: Household Medication Take-back* – passed House and Senate.
- *HB14-1288: Student Immunizations Prior to School Attendance* – passed second reading in the Senate after severe modifications. Amendments removed the changes to exemption requirements and retain part about making available information on school and pre-school immunization rates.
- *HB14-1281 - Investigational drugs* – Passed House on 3<sup>rd</sup> reading on April 1. Has yet to be introduced or assigned in the Senate.
- *SB14-180: Low-income Senior Dental Program* – Introduced by Sen Kefalas and expected to be heard tomorrow, this bill would set up a grant program to provide dental care to low-income seniors and would replace the OAP Dental Program. There has been significant discussion around who the recipients should be, and whether it should go to local offices on aging or be open for other organizations to apply for the funds. The bill was essentially re-written when a strike-below was made below the enacting clause.

The bill currently moves the program to the Department of Human Services (instead of HCPF), would provide funds directly to area agencies on aging (AAA's) who would then be allowed to grant the funds to others or pay providers directly. There is much opposition to the strike-below because many feel the grants should be made available to all, not just AAAs; that eligibility is too limited; that the proper agency to oversee the program should be Health Care Policy and Finance. It was noted that the strike-below addresses almost every concern board and staff had from before, and the concern is that if funding isn't retained for the next year, it could disappear. While staff has no particular preference whether the program is run by Human Services or HCPF, they ask that the board consider strongly supporting this bill as it would be a huge loss to lose the \$3.2 million currently available annually for a population that desperately needs dental assistance.

**MOTION: To STRONGLY SUPPORT SB14-180.**  
*Motion/Seconded/Carried Unanimously*

#### **Health District Annual Direct Services Targets for 2014**

Usually the Board approves annual program targets when they see the End of Year reports at the annual board retreat. With the retreat occurring later in the year, revised targets for selected programs are being proposed to the Board now for their review and consideration. In discussion, the board asked why the targets for Mental Health Connections' Case Management were lowered so much; the main reason was that less case management was done last year, and that many individuals are eligible for and signing up for Medicaid – however, staff recognize that more information and consideration is needed to determine more precisely the estimated remaining case management service needs in 2015. There was also some interest in potentially adding a target for getting Prescription Assistance patients signed up for Medicaid.

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

#### **UPDATES & REPORTS**

##### **Executive Director Quarterly Report, Updates**

The usual written quarterly program summary report needed last minute changes and will be sent to the board members when completed.

A few quick items:

- The Health District was recently named a Silver Awardee as a "Bicycle Friendly Business" by the League of American Bicyclists; a press release was developed, and is posted on our website.
- At a previous board meeting, the board asked how many dentures are done in our clinic in a year. The total for all dentures (full and partial) for 2013 was 249 for 212 individuals. Thus far this year, 89 dentures have been made, with projections for the rest of the year being close to 350. In addition, it appears that dentures will be covered under the new Medicaid benefit.
- Thus far, 1,185 ballots have been mailed to individuals on the permanent mailing list and another 200+ individuals have requested mail-in ballots. Two-hundred and fifty-six ballots have been turned in; April 29 is the deadline to submit an application for a mail-in ballot. The Board complimented staff and board members and candidates who were involved with the League of Women Voters Board Candidate forum last night.

The Board was informed that the process for compensating the board members needs to change, and that members will now need to complete W-4 forms before payment.

Dr. Thorson requested that an updated list of current board members be provided once the new board members are elected.

### **PVHS Board Liaison Report**

Mr. Hendrickson announced that the Orthopedic Center of the Rockies made the decision to no longer work with Banner, resulting in a significant increase in people coming to Poudre Valley Hospital and Medical Center of the Rockies for orthopedic care. Expansion of the orthopedic area in PVH is already part of the renovation plans, however more orthopedic beds are likely to be needed in both PVH and MCR (which may also need more OR space).

The freestanding Emergency Department in Greeley is averaging over 40 patients, sometimes 50 patients, in a day, significantly more than originally projected.

The PVHS Board will be having a retreat on May 22 which will be the last board meeting Mr. Hendrickson will be attending. Representatives from Kaiser will be attending the retreat to discuss their business model.

### **CONSENT AGENDA**

- Approval of February 2014 Financial Statements
- Approval of the February 25, March 25, and April 9, 2014 Board Meeting Minutes

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

### **ANNOUNCEMENTS**

- May 6 – Board Election!
- May 21, WEDNESDAY, 5:30 pm – Board of Directors Regular Meeting (rescheduled from May 27) Welcome new Board members!

Mr. Hendrickson commented that he was able to attend the recent Health District's Employee Appreciation Luncheon, noting that it is one of the most positive things a board member can attend, to experience the staff and how they interact. He stated that "we are blessed to have such incredible staff," and encouraged the slide show being shown during dinner for board members.

### **A Fond Farewell**

Ms. Plock and the continuing board members spent a few minutes to share memories and offer sincere thanks to the board members whose terms are ending, and who have provided so very many years of dedicated, hard work to help the Health District succeed. The meeting was suspended for a few minutes (starting at 9:10; ending at 9:35 p.m.) so that staff and board members could thank the board members with a special dessert.

### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.



**MOTION:** For the purpose of discussion of matters required to be confidential under law, related to patients' constitutional right to privacy and HIPAA, pursuant to §24-6-402(4)(c) of the C.R.S.  
*Motion/Seconded/Carried Unanimously*

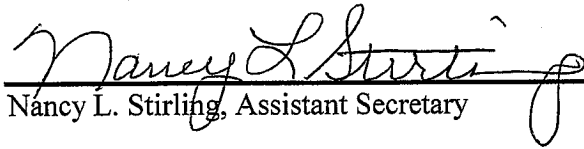
The Board retired to Executive Session at 9:36 p.m.  
The Board came out of Executive Session at 10:00 p.m.

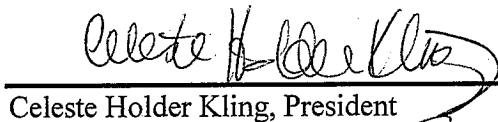
**ADJOURN**


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

The meeting was adjourned at 10:03 p.m.

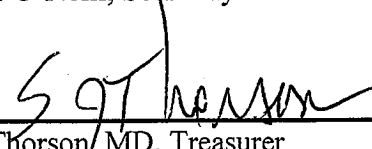
Respectfully submitted:

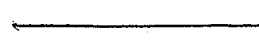
  
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