



**BOARD OF DIRECTORS
MEETING
April 24, 2012**

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

MINUTES

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

BOARD MEMBERS ABSENT: Tim O’Neill, Secretary

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact/Health Promotion Director

OTHERS PRESENT: Matt Fries, Board Candidate
Daniel Vigil, Family Medicine Resident

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:53 p.m. Dr. Daniel Vigil is a Family Medicine Resident and is shadowing Dr. Bruce Cooper this week. Mr. Matt Fries introduced himself as a long-time resident of Fort Collins and a Board Candidate for the upcoming Board elections. No changes were made to the meeting agenda.

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

PUBLIC COMMENT

None.

DISCUSSION AND POTENTIAL ACTION

Policy Issues

Mr. Dan Sapienza, Policy Coordinator, provided a brief overview of bills of interest to the Board:

- House Bill 12-1281: Medicaid Payment Pilot bill. This bill moved faster than anticipated and is now in the Senate Health and Human Services Committee. This bill creates the Medicaid Payment Reform and innovation pilot program in the Department of Health Care Policy and Financing for the purpose of implementing payment reform projects in Medicaid within the framework of the accountable care collaborative. The bill also includes an option for Medicaid contractors to also apply for more permanent statewide program - which could open it up to beyond a pilot program. A couple of minor amendments were added, including clarification of what entities would be eligible to apply for the program. The bill intends projects to be revenue neutral, with the exception of administration costs, which are estimated to be from \$200,000 to \$500,000. HCPF is concerned about the very short timeline for implementation. It appears that the bill could encourage regions to create innovative, efficient plans for consumers and providers. Much thought and effort has been given to develop an efficient system in our own community to better help Medicaid clients with significant needs and this bill appears to support those efforts. Staff asked the Board if they might consider supporting this bill and approve that a letter be sent to local legislators.

MOTION: To SUPPORT House Bill 12-1281.
Motion/Seconded/Carried Unanimously

- Senate Bill 12-020 and Senate Bill 12-163 – SB-20 pertains to immunity for reporters of overdoses, and SB-163 would reduce penalties for certain drug offenses. At this point, it looks likely that SB-163 is not going to pass. SB-020 is currently in Conference Committee. One difference between the House and the Senate versions is the number of persons who would be allowed immunity if reporting an overdose – The Senate version would allow up to 3 persons immunity while the House version only allows one. Other differences include the amount of a drug that would be exempt and whether possession of narcotics would be considered a felony or misdemeanor.

MOTION: To send a letter supporting that up to 3 persons be allowed immunity for reporting overdoses, as is included in the Senate version, but making no comment on the amount of the substance.
Motion/Seconded/Carried (S. Thorson Abstained)

- Senate Bill 12-173: Repeals the verbal notification requirement for mental health professionals. This bill was recently introduced with many sponsors and is in response to a bill that passed in 2011 that added a requirement that mental health professionals make a comprehensive verbal disclosure of their expertise/credentials. The requirement has been found to be burdensome as it can sometimes take over 30 minutes, which can impede or delay treatment for clients (and which can be especially detrimental in cases of crises). SB-173 strikes out two words from the original bill and would repeal the verbal requirement.

MOTION: To SUPPORT Senate Bill 12-173.
Motion/Seconded/Carried Unanimously

- Senate Bill 12-108: Medicaid Dental Services for Pregnant women. The Senate, in the Long Bill budget, added a footnote to appropriate funds for this bill. It has a lot of support in the House and the Senate and there is agreement that the language will be kept in the final bill.

Mr. Sapienza reviewed the current status of several other bills, noting in particular that SB 12-134, the Hospital Payment Assistance Program, which requires hospitals to communication

information about their charity and discount program, and to offer discounts to qualified patients, has passed.

Mr. Sapienza also distributed a brief summary report about an issue being faced by the Larimer County Board of Health, which must decide whether to approve a needle exchange program. The Northern Colorado AIDS Project (NCAP) is proposing to operate a program in Fort Collins that would provide clean syringes for injection drug users, disposal of used syringes, referrals to drug treatment, HIV/AIDS and HCF testing, and other services. The summary report includes a brief background on needle exchange programs, an overview of the current proposal, as well as some of the arguments for and against such programs. (See Summary Report document for full details.) The Board of Health currently plans to vote whether to approve the proposal or not in early May, but could delay the vote to allow for community discussion.

Staff will prepare a longer report to include more research on the issue. Research found thus far in regard to the effectiveness of such programs in reducing Hep/HIV transmission and/or infections give modest to tentative support, while most of the arguments opposing these programs, such as it might increase injections, send the wrong message, etc., do not appear to have evidence to support them. Studies to address the argument that such programs will lead to an increase of crime appear to show this not to be the case. However, staff believe that further research is indicated in order to do a more thorough search of the evidence.

Dr. Birnbaum disclosed that he has already gone on record in support of the Board of Health approving such a program.

The Board commented that while from a public health perspective it appears to make sense to support the program - due to the real and present health risk of the very serious disease HIV/AIDS and other infections - from a political viewpoint it could be a controversial issue. While the Board wanted staff to continue with their research, they were willing to take an initial position, with the option to change it if further information would warrant a change. Staff will endeavor to finish a more complete report before the Board of Health meets to make a decision, and will share that report with our Board members before informing the Board of Health of our Board's decision.

MOTION: To SUPPORT the Board of Health approval of a local a needle exchange program. If something is found in our further research that materially changes things, the Board will reconsider the position.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

Health Care Matters

Ms. Lin Wilder provided a brief preview of some of the slides from the Health Care Matters 90-minute presentation. It has taken some hard work to not only develop a quality but also neutral presentation about health care, and also to develop opportunities for viewers/participants to share their values concerning health care. The presentation includes the use of "clickers" (audience response systems) which participants use to respond to various questions anonymously. The goal is to present to at least 1,600 people between now and November 2013. Responses and opinions will be compiled and sorted to determine common themes, and some differences between

different populations and/or demographics, that will eventually be shared with legislators, decision-makers, and people interested in health throughout the state and the community.

Currently, staff is working to finalize the presentation, the “collateral” – pamphlets, handouts, resources, etc. and our own web site; schedule group meetings; and create data collection, analysis and reporting mechanisms. Verbal responses and clicker responses are being collected and will be compiled into a written report. Since our current Coordinator has accepted another position, we will be hiring both a new presenter/facilitator and a person to support the logistics of the project, to schedule the meetings, and help with presentations.

Executive Director Oral Updates

Dental Connections - Recruitment of dental providers is a high priority right now. Initial recruitment efforts began last fall, however they slowed due to JOA duties. The more dental providers that participate, the more capacity there will be to serve those who otherwise cannot access dental care or afford the full costs. The program hopes to be able to serve up to 1,000 more people a year once it is fully up and running.

Mental Health and Substance Abuse Partnership – Staff are currently planning a special meeting to help Partnership members understand both the challenges and opportunities for those who have mental illnesses within the changing nature of health care reform, and how we might tackle things differently as a community. Since Partnership members have varying levels of knowledge and understanding of reform, part of the goal is to be sure that partnership members have a basic foundation of knowledge.

PVHS Liaison Report

Mr. Hendrickson reported that the Joint Operating Agreement between Poudre Valley Health System and University of Colorado Hospital has been submitted to and is being reviewed by the Attorney General’s office. It is a one-time review and is very thorough. Initial concerns from the AG thus far include: 1) whether there is consensus on what charity care is; 2) assurance that the an adequate level of care will be maintained – which will include a community service plan specifically for our service area, to be developed by the local board; 3) how much governance PVHS will be giving up; and 4) clarification of legacy assets, which will include a) anything currently underway, such as the emergency services center in Greeley, and b) an audit from January-June 30 of this year, which will form the basis for legacy assets.

The PVHS Board has had much discussion concerning their structure in the future in light of the new health system. At this time, it looks like they will remain as one Board (versus separate boards for PVHS and MCR), and continue to break their meetings into two separate parts (one for PVHS, one for MCR). They also decided to use the same membership structure to select board members. Future discussion will be had to determine which committees need to be continued and their roles and overall administrative structure for two hospitals and how issues between the two will be resolved. For all practical purposes the agreement with Memorial Hospital in Colorado Springs is pretty much done and will be leased by the new hospital system [given approval by the voters]. This will make a total of 5 owned hospitals and 2 managed hospitals as part of the UC Health system. The UCH headquarters are at the Anschutz campus in Denver.

Locally, the Poudre Valley Medical Group anticipates having 200 employed physicians. Also, the PVHS Board approved funding for a 3-phase project that would first tear down Building A (the north end) of Poudre Valley Hospital. The next phase will be a 3-story building, and relocation of the emergency department to the north end of the building. The final phase would include a new maternity and women's department on the south end.

CONSENT AGENDA

- Approval of the March 2012 Financial Statements
- Approval of the February 28, March 27, and April 10, 2012 Board Meeting Minutes

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

ANNOUNCEMENTS

- May 8 – Health District Board Elections
 - May 22, 5:30 pm – Board of Directors Regular Meeting
- Board members and board candidates and their guests were invited to attend a small informal event at the Health District the evening of the elections on May 8. A light dinner will be provided.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion pertaining to personnel issues (Executive Director review) pursuant to §24-6-402(4)(f) of the C.R.S.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 7:38 p.m.

The Board came out of Executive Session at 8:48 p.m.

DISCUSSION AND POTENTIAL ACTION

Executive Director Review

During the Executive Session portion of the meeting, the Board conducted the review of the Executive Director and discussed possible salary adjustment considerations. The Board noted that the Executive Director has not had a salary adjustment since 2007. Taking into consideration pay level comparisons with other similar sized organizations in the community and information from Mountain States Employer Council, as well as the performance evaluations completed by board members and management team members, the following motion was made:

MOTION: To approve a 5% increase for the Executive Director's salary, to be retroactive to January 1, 2012.
Motion/Seconded/

Discussion: The Board noted that the 5% increase is still significantly below 100% of the market for this position, however due to budget constraints, they are unable to go any higher. They also noted the extraordinarily positive comments from the performance evaluations and want to reward the Executive Director's excellence in performance and leadership.

MOTION ABOVE CALL FOR THE VOTE: Carried Unanimously

Dr. Birnbaum noted that although Tim O’Neill was unable to attend this meeting, he had expressed strong support for the increase

In regard to Ms. Plock’s “truly extraordinary performance this last year – in managing her ordinary duties and doing a fabulous job with the amalgamation of UCH and PVHS,” the following motion was made:

MOTION: To award a \$5,000 Meritorious Service Award to Ms. Carol Plock .
Motion/Seconded/

Discussion: Mr. Hendrickson noted that although he sincerely appreciates Ms. Plock’s work, he does not believe in bonuses for public employees and therefore will vote against the motion. Ms. Kling commented that this was an extraordinary situation – one time in 19 years for the Health District, and a sea change for the lease and the community – and that Ms. Plock displayed commitment, leadership, vision, and extraordinary skills, and was able to marshal resources and orchestrate the process for the Board, bringing it to a successful conclusion for the Health District and the community. She also noted that this was a one-time, exceptional award, not to set a pattern, but solely for this unique situation. Dr. Birnbaum noted that the work that has been completed will be important for many years into the future, and that there are examples of other public organizations who do give bonuses. He also indicated that Mr. O’Neill also supported this award.

MOTION ABOVE CALL FOR THE VOTE: Carried
(Yes – Birnbaum/Kling/Thorson; Opposed – Hendrickson)

MOTION: To move funds from the contingency fund if needed to cover the above approved salary adjustment and Meritorious Award.
Motion/Seconded/Carried/Unanimous

ADJOURN

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

The meeting was adjourned at 9:00 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Celeste Holder Kling, President

Bernard J. Birnbaum, MD, Vice President

[ABSENT FROM APRIL 24, 2012 MEETING]

Timothy S. O'Neill, Secretary

Steven J. Thorson, MD, Treasurer

Joe D. Hendrickson, PVHS Board Liaison