



**BOARD OF DIRECTORS
MEETING
July 22, 2014**

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

MINUTES

BOARD MEMBERS PRESENT: Tess Heffernan, Vice President
Michael D. Liggett, Secretary
Tracy L. Nelson, Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

BOARD MEMBERS ABSENT: Bernard J. Birnbaum, MD, President

STAFF PRESENT: Carol Plock, Executive Director
Julie Abramoff, Health Promotion Nurse
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
John Newman, Clinical Services Director
Cheri Nichols, Health Promotion Nurse
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Nichole Wilkins, Larimer Health Connect

CALL TO ORDER: APPROVAL OF AGENDA

Vice President Tess Heffernan called the meeting to order at 5:41 p.m. The meeting agenda was amended to add a brief update concerning a potential project for a local tax increment financing (TIF) study.

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

Also, the Health District's Finance Director, Ms. Lorraine Haywood, has been asked to continue her appointment as a member of the board of the Colorado Special District Property and Liability Pool. As a technicality, the Pool this time is asking for the Board to approve this appointment.

MOTION: To approve the appointment of Ms. Haywood as a member of the board of the Colorado Special District Property and Liability Pool.
Motion/Seconded/Carried Unanimously

PUBLIC COMMENTS

None.

PRESENTATIONS & DISCUSSION

Board Retreat

In preparation for the upcoming Board Retreat on July 31 and August 1, each board member received a binder of information, including summarized data and information from the recent community health survey and community discussion groups, and final End of Year reports for each program. Since there is so much information, Ms. Plock particularly highlighted the Community Health Survey Results and Benchmarks document, pointing out the breadth of information included on the document, which includes such things as trend comparisons with previous surveys, tests of significance, comparison to Healthy People 2020 targets, and color-coded indicators to help highlight important findings. Two reports are still in process and will be delivered to the board prior to the retreat: "Estimating Burden of Disease and Injury and Underlying Causes" and "Key Issues in Health and Health Care at the National, State, and Local Levels."

Dr. Cooper provided a brief explanation of the process staff undertakes to develop the Burden study. There is a sequence of steps, including collecting data on specific health burdens and diseases, determining the risk factors that contribute most to those health burdens and diseases, estimating how many people might be impacted locally and to what level, uncovering what reliable interventions might exist, and calculating how much health might be gained (or bad health averted) from a particular intervention. Although the process isn't perfect, it gives a sense of the relative importance of various approaches. Once we know the biggest burdens to health, and the interventions most likely to succeed, we can use the information to help make decisions on where we can intervene most effectively with the resources we have.

Also, as part of the retreat, board members will be asked to complete an instrument (the DiSC) that will help determine each members' preferred style of working and communicating with others. At the retreat, Ms. Johnna Bavoso will then help the board members to better understand their results and how to utilize the information for optimal communication between one another and leadership.

Program Overviews: Integrated Care and Health Promotion and Prevention: Approaches, Results, Changes, Future

Dr. Bruce Cooper, Medical Director, provided a brief overview of 3 programs: Integrated Care, Smoking Cessation, and Cardiovascular Screening, including program history, current services and future considerations.

Integrated Care

The full name of the Integrated Care program is "The Integration of Mental Health and Substance Abuse Services into Primary Care" program. Prior to the initiation of this program, the community's safety net clinics, the Family Medicine Center (a residency program) and the Fort Collins branch of Salud Family Health Centers (a federally qualified health center, or FQHC), were being overwhelmed by the challenges of serving people with mental health issues in their clinics. At the time, there was an emerging model that merges behavioral health care into primary care, and representatives from both clinics, [what is now] Touchstone, and the Health District began meeting in 2005 to plan for integrated care. Many people with mental illness

present in primary care offices and not specialty care offices. If asked where they would prefer to go for care, patients often prefer their primary care doctor's office. Behavioral health is often linked closely with other health issues. For example, sometimes the health issue itself is commonly linked to a condition such as depression. In other instances, it can be hard to get a person with a behavioral health condition to take medications for other health conditions.

The Integrated Care program provides diverse services to safety net patients every day. Behavioral Health Providers (BHPs) are housed at each clinic to provide in-person consultation for patients and physicians. A typical day may include: visiting with patients while waiting for their primary care doctor, screening patients, assisting patients who are having issues – maybe even considering suicide, assisting a doctor to give bad news or talking with relatives, or “fly-by” consultations with providers about a particular situation. In addition, BHPs do traditional therapy, substance abuse counseling, provide group services around pain management and prenatal care and diabetes, as well as case management services for patients with more complex situations. All BHPs are licensed at the Masters level, and all but one (who is currently working on it) are Certified Addictions Counselors (CACs).

Integrated Care also has a full-time psychiatrist to provide psychiatric consultations and evaluations. At Salud, the psychiatrist provides full consultation and documents his findings, and the primary care doctor then implements any recommended treatment or care for conditions that range from depression through psychosis. The psychiatrist also goes to the hospital and works at Mountain Crest regularly. In addition to patient and physician support, the psychiatrist provides training and teaching at the Family Medicine Center where residents do the interviews and the psychiatrist shadows and mentors them.

Since the program's initiation, and as therapists and physicians have learned to work together, the number of services and client contacts has been increasing. We were part of the early innovation and adoption of what is now becoming a goal of integrated care for most primary care practices in the state. The challenge is to determine the appropriate future for the program as we consider how we fit in a world of changing health-care: the effects of health care reform, including Medicaid Expansion, marketplace health insurance, mental health coverage put on parity with physical health, case management, and the impact of reform on our partners (FQHCs and Touchstone will have more funds and more people will be needing and getting care). Staff have begun to work on determining the impact of the changes and whether the delivery of services may need to be changed.

Health Promotion Services

Health Promotion includes two programs: Tobacco Cessation and Cardiovascular Screening. For years, the Health District has been committed to providing services which help to prevent the onset of diseases. In 1997, in partnership with Poudre Valley Hospital, the Health District created “Health Bridge”, a standalone health library and wellness center that provided health/fitness coaches, wellness exams including health screenings, health risk assessments, tobacco cessation services, nutrition counseling, etc. While Health Bridge didn't have enough utilization to justify its continuance, the two programs that have continued through time were Tobacco Cessation and Cardiovascular Screenings.

- **Tobacco Cessation**

We know that tobacco use is a top risk factor for disease burden and that tobacco cessation treatment is effective. The Health District's tobacco cessation program targets individuals to help them quit smoking through services such as: individual and group counseling, nicotine replacement therapy (NRT is free for those who participate in our program), and outreach to physician offices. Clients are provided with techniques (i.e., breathing exercises) and strategies (how to cope with triggers) in 6 sessions. This is one of the few programs that serves individuals of all incomes within the Health District boundaries, with a sliding fee scale available for those with low incomes. However, clients are often impoverished and uninsured or have Medicaid, and we have found that about 40% of the clients have a psychiatric diagnosis and/or have co-occurring substance use as well.

Both Tobacco Cessation Counselors are certified tobacco treatment counselors. In 2013, the program achieved its highest quit rate, however some caution is indicated because survey cooperation rates were low - staff are working to try to get this higher. Our current challenges are figuring out the potential impact of the Affordable Care Act. While the ACA provides some tobacco cessation (four sessions of counseling, free nicotine replacement therapy (NRT), and appropriate prescription drugs), the questions remain of who will do the counseling, whether that would be a good continuing role for us to provide (or whether doctor's offices will want to do their own – and if so, whether we could help with training), whether we would be able to access reimbursement, and as the number of people smoking continues to go down, what the future demand for help in quitting will be.

- **Cardiovascular Screening and Counseling**

Blood pressure elevation and cholesterol elevation are leading risk factors in developing a heart disease or cardiovascular disease. We know that these risks can be reduced by screening and early intervention. The theory behind our program is that there are people throughout the community who do not know they have high blood pressure or high cholesterol. Studies show that 30% of people in the United States who had hypertension did not know it.

The Health District's Cardiovascular Screening program helps to identify possible high blood pressure and cholesterol risks by providing screenings, then counseling those with high results to consult with their primary care physicians. The program has two nurses on staff; one manages the program and is mostly responsible for marketing and outreach (contacts businesses, schedules and organizes clinics in the community), and the other handles most of the follow-up with clients in the community who presented with elevated readings. We have found that it often takes the establishment of a good relationship with the client before they will be willing to actually take the action of consulting with their physician.

After the initial years of the program which saw higher demand, the numbers of clients being served has been gradually declining with community clinics being hard to fill. Recently, we have been working directly with workplaces. Although cardiovascular disease remains the number one condition causing disease burden in our community, the challenge is what modifications can be made to find high risk individuals earlier, and determining what populations should be targeted as those least likely to be found through visits to a primary care office.

UPDATES & REPORTS

PVHS Liaison Report

Dr. Thorson was recently elected by the board to replace previous board member Joe Hendrickson as Liaison to the PVHS Board. He reports that he is learning just how complex the UC Health system is. A few highlights include:

- 1) Each year, PVHS surveys their employees to employee culture; in essence, determining whether employees are happy with your job and workplace. Prior to the merger, PVH usually ranked in the 90th percentile of peer organizations. Last year, PVH was at the 7th percentile of peer organizations (or, 93% have more satisfied employees). Unfortunately, this year's survey showed no change despite efforts to improve those responses. Noting that the surveys come amidst significant change (a new computer system, multiple changes in policies, etc.) this is still something of great concern to the PVHS board, which will be looking for improvements. On the quality of care indicators, however, the PVHS system data looks very good.
- 2) A new CEO has been named for the UC Health system. Ms. Liz Concordia has been hired and will start with the system in the fall. She is currently Senior Vice President of a 20,000 employee healthcare consortium in Philadelphia. She will replace Dr. Bill Neff who has been filling in as Interim CEO, and will move back to Chief Medical Officer.
- 3) The Joint Operating Agreement states that during the initial 3 years of the merger, PVH has automatic slots on the UC Health System Board (currently PVHS has 4 slots on the board). Those slots will no longer be designated to PVH after those 3 years and there is a question about how much local control will remain. For now, the PVHS Board has suspended term limits temporarily, in order to keep a seasoned board in place. Dr. Thorson will serve on the PVHS Board's Governance Committee.
- 4) Financially within the UC Health system, PVH and MCR are doing very well, along with the Anschutz campus. Memorial Hospital continues to struggle with financial challenges. Mr. George Hayes, previously President and CEO of MCR, has been placed at the helm of Memorial and is hard at work helping the entity to move in a positive direction.
- 5) Colorado Health Medical Group (CHMG) is a separate corporate entity that employs physicians. Over 300 physicians, roughly one-third of the physicians in our community, participate and the group is likely to continue to grow.
- 6) PVH is contemplating building a free-standing emergency building on Harmony.
- 7) Strategic Behavioral Health, a for-profit organization providing mental health care, is building a 92 bed mental health inpatient hospital located near Johnstown. It is unclear at this time what relationship will evolve between PVHS, SBH, and Mountain Crest. (Ms. Plock mentioned that in a discussion with Kevin Unger, PVH CEO, he provided assurances that there is no plan to close down Mountain Crest, and that in fact it is currently expanding.)

Executive Director Oral Report/Updates

Affordable Care Act – there was a recent court ruling concerning the provision of financial assistance (subsidies) that could potentially impact the ACA, though it will likely not be decided until the Supreme Court hears the issue. The ruling held that subsidies will not be available to individuals who purchased health insurance through the federal exchange. Since Colorado runs its own exchange, the ruling does not impact this state.

Coverage for Adult Dental Services – staff have been participating in state meetings to learn the new processes for being reimbursed for dental coverage for adults covered by Medicaid. Just as

dental changes were being put into place, staff received a manual for how to bill and several things were confusing, inconsistent, and/or very different than what was initially understood. The state is trying to work through each issue, and our staff are staying on top of the decisions as they emerge.

Tax Increment Financing – There has been progress in the work of the local committee that has come together to work on the future of the use of tax increment financing (TIF), and staff wanted to introduce the issue to the board members. Staff reported that they are not looking for a decision on the issue during tonight’s meeting, but wanted to raise the issue in order to determine what background information board members might need before considering the issue. Mr. Sheafor explained that a group has been put together to look at a potential process for evaluating future TIFs and their impact. The group is developing an RFP in order to hire a consultant to help develop an impact model. The goals of the project and the language of the RFP is being developed, and the expectation is that each of the committee members will participate in the cost of the study. The City of Loveland, City of Fort Collins, and Larimer County are each contributing \$30,000 and the expectation is that the smaller participating organizations would contribute between \$1,000 and \$5,000. The Health District participates on this committee as one of three special district representatives. The hope is that once a model has been developed, it will be possible to negotiate intergovernmental agreements in order to implement the model’s tools as part of future processes to propose and consider tax increment financing proposals.

Since there are new members on the board who may not know the background of the tax increment financing issue, staff offered to provide a special training to any interested board member. Ms. Nelson expressed interest in the training and Ms. Heffernan, though she understands the City’s and the County’s perspectives, is interested in hearing about the issue from the Health District’s perspective, so volunteered to join in the part of the training that relates to the Health District perspective. Staff will set up a training between now and the next meeting, and bring the issue before the Board for consideration at the next meeting.

CONSENT AGENDA

- Approval of May 2014 Financial Statements
- [Note: the following resolutions were previously approved but had the wrong Resolution numbers on them; that is the only change in the resolutions – account numbers are the same]
- Approval of Resolution 2014-12 to Approve Signators for ColoTruse Plus CO-XX-XX97-8001
 - Approval of Resolution 2014-13 to Approve Signators for ColoTrust Prime CO-XX-XX27-4001
 - Approval of Resolution 2014-14 to Approve Signators for ColoTrust Plus CO-XX-XX11-8001
 - Approval of Resolution 2014-15 to Approve Signators for ColoTrust Plus CO-XX-XX27-8001
 - Approval of Resolution 2014-16 to Approve PVHS Board Bylaw Changes

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

ANNOUNCEMENTS

- July 31 – August 1 – Board of Directors Annual Retreat, Estes Park
- August 13, 4:00 to 7:00 pm – Annual Staff Summer Picnic at City Park
- August 26, 5:30 pm – Board of Directors Regular Meeting

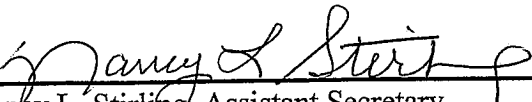
Board members were asked to inform Ms. Stirling if they plan to attend the picnic.

ADJOURN

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

The meeting was adjourned at 7:30 p.m.


Respectfully submitted:




Nancy L. Stirling, Assistant Secretary

[ABSENT]

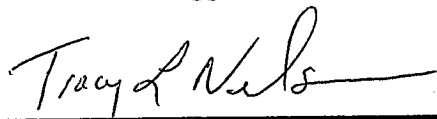
Bernard J. Birnbaum, MD, President



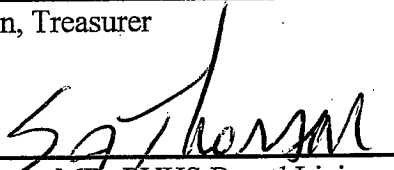
Tess Heffernan, Vice President



Michael D. Liggett, Secretary



Tracy L. Nelson, Treasurer



Steven J. Thorson, MD, PVHS Board Liaison