



**BOARD OF DIRECTORS
MEETING
August 26, 2014**

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

MINUTES

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

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
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

OTHERS PRESENT: Kathryn Southard, Policy Intern

CALL TO ORDER: APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:50 p.m. The agenda was amended to include a brief discussion about an article concerning a community approach used in San Antonio to divert people with serious mental illness from jail to treatment.

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

PUBLIC COMMENTS

None.

PRESENTATION

Medicaid Accountable Care Collaborative

Ms. Plock provided an overview of the Medicaid Accountable Care Collaborative (MACC), including some background history of the project, the Health District's involvement, why this project is important for our community, and the progress and status of the project.

The Health District's involvement began with an invitation to a meeting where local providers were discussing the State's intention to organize regions throughout the state to participate in a pilot project to reorganize how services for Medicaid clients would be managed and utilizing a different care coordination approach. Rocky Mountain Health Plan, a non-profit insurer, was named as the Regional Care Coordinating Organization (RCCO) for our region which includes Larimer County and areas along the western slope. A North Larimer County community "Oversight" group was subsequently formed which included representatives of Touchstone Health Partners, Poudre Valley Health System, Rocky Mountain Health Plan, and three primary care clinics that serve most of the Medicaid recipients in our area – Associates in Family Medicine, Family Medicine Center, and Salud Family Health Centers. From the beginning, while the Health District is not a medical provider, we were invited to participate as a convener and facilitator for the project.

The Oversight group developed the goal of working together to "design a system with the maximum possible potential for effectiveness in increasing health and decreasing costs." The project directed its focus towards providing moderate to intensive care coordination to a targeted population provided by a "trans-disciplinary" team utilizing a consistent approach.

Ms. Plock distributed and reviewed several documents that outline the progress of the MACC project. (See handouts) Early on, the three primary care practices agreed to pool the PMPM funds they each received from the State for participating in the pilot with money from the RCCO to fund a MACC program housed with PVHS. The project hired a trans-disciplinary team of professionals to serve on the "MACC Team," which is responsible for working with *targeted* individuals with health issues that could benefit from care coordination. Ms. Plock reviewed criteria for client participation, and noted that there are still significant numbers of clients not yet attributed to a particular primary care practice. Staffing for the project has significantly increased from the original 3.8 FTEs to an anticipated nearly 20 FTEs (including RMHP staff) to be able to serve the influx of Medicaid recipients (due to increased Medicaid enrollments) and the Duals program.

This project is seen as an incredible opportunity to transform our community in being able to address high costs and high needs and address them in a different, more health-enhancing way than has previously been possible. Challenges include the need for practice transformation, better approaches for pain management and addictive disorders, and the incredibly fast growth that the program is experiencing. While it is challenging, it has great potential.

As a physician with the Family Medicine Center which utilizes MACC services, Dr. Birnbaum stated that "this has been an absolute game changer" and that it's important for the Health District to continue to be involved, particularly as things become even more complex. Questions and comments from the Board included whether the Health District could request reimbursement from the state for the time spent on this project (one reason to not do so is to maintain neutrality and flexibility in our work), and whether the state might repeat past history of funding programs

like this and then later on cutting off those funds (that is always a possibility, though this has changed from a state pilot to a state “way of doing business” at this point). Another question was whether approaches such as these actually do save money and provide better care. In other communities, there have been both successful and unsuccessful pilots. In Colorado, preliminary data seems to show positive results, but more evaluation is needed.

DISCUSSION AND ACTIONS

Post Board Retreat: Next Steps

At the recent Board Retreat, the Board spent significant time reviewing the triennial health assessment and considering the organization’s potential major foci for the next few years. Ms. Plock provided a draft document titled “Potential Areas of Key Future Focus, in Order of Interest” for the board’s review and consideration as to whether it is an accurate representation of the Board’s intentions at this time. The 3 issues that rose to the top of the priority list were: 1) boost the number of people who have health insurance, help the community understand health insurance options; and assure capacity; 2) dental care; and 3) improve ability of community to effectively address mental illness, pain management, and addictions. Other areas for attention at a lower level include: 4) tobacco: helping people quit; 5) Improving the level of “found” and “controlled” blood pressure and cholesterol issues; 6) re-creating www.healthinfosource ; 7) focused communications on key issues, such as distracted driving, alcohol, and hypertension/cholesterol, and 8) Looking into how prepared our community is for the changing trends in aging.

While the Board will have an opportunity to approve the document as a guiding document for the next 3 years at its next meeting, staff wanted to be sure the Board is in general agreement with the top priorities as staff begins preparing a budget for 2015. The Board confirmed that the chart on page 1 of the document reflects their current priorities.

TIF Study Proposal

Tax Increment Financing (TIF) is a financing mechanism used by Urban Renewal Authorities to utilize property tax increases above an established base amount to fund improvements intended to remedy blight identified within the boundaries of an Urban Renewal Plan Area. In 2013, TIF affected the Health District’s revenue in the amount of approximately \$139,000, with future estimates of \$153,000 in 2014 and \$178,000 in 2015.

Given recent efforts to use TIF for a variety of projects, many discussions have been held on its impact. While its value as a redevelopment tool is acknowledged, there are also concerns around such issues as possible economic impacts on service providers, how much it might be used as a redevelopment tool in the future, and the challenges that arise when municipalities are given the power to approve TIF when it also has a significant impact on the county and special districts. In an effort to address these and other concerns, the County, the cities of Fort Collins and Loveland and several other municipalities, and selected special districts have come together to study the future of URAs and TIF in Larimer County. Goals of this study group are: to develop a method to qualify and quantify the economic benefits and financial risks of TIF proposals; to identify and address the difference of TIF proposals and corresponding financial effects on taxing entities; and to adopt formal intergovernmental agreements that balance the benefits and risks among the participating Larimer County entities. (See handout “TIF Regional Study Group – Draft #4” for further details.)

The TIF Regional Study Group has put together a Request for Proposals (RFP) in order to have a consultant work with community players to develop agreement on both the measures and a model for evaluating the impact of TIF projects. The Group is asking each participating organization to help fund the study, with larger partners contributing around \$30,000, and smaller participants, including the Health District, contributing an amount between \$2,000 and \$5,000. The Health District has funds in its current budget that could be used for this purpose if the Board is willing to approve an amount for our share of the study.

Board Discussion: A question was raised as to whether there is not already a model available that could be applied to our community. It was noted that while there are various studies and models available, the purpose of this particular study is to create an analysis that is specific to Colorado and to our county. The value of this process includes both the development of an approved model to determine TIF impacts, if possible, and being at the table and participating in the discussions.

MOTION: To approve an amount of up to \$5,000 for the TIF Regional Study Group RFP process.
Motion/Seconded/Carried Unanimously

Frequent Utilizer Study Verification of Approval

Since the beginning of the Mental Health and Substance Abuse Partnership, there have been many conversations about the people who tend to utilize several agencies and services over and over again, without much improvement in health. “Frequent Utilizers” are individuals with complex needs that may include chronic health conditions, mental health/substance use disorders, disabilities, poverty, housing instability, etc. who frequently utilize acute and high-cost services in potentially preventable or avoidable ways. Frequent utilizers tend to use a lot of resources and generally don’t have very good outcomes, sometimes ending up in jail.

There are things that can be done, however, to help stop the revolving door...interventions that can work to intervene and lower costs in our community. Examples of potential interventions and approaches are: “hot spotting”, community treatment planning/care coordination, assertive community treatment (ACT), permanent supportive housing, transitional case management, involuntary commitment for substance abuse, etc. In order to have success with frequent utilizers, a collective effort is required, and in order to mobilize that effort, any effort requires both anecdotal stories and data that will show the extent of the problem.

A different kind of funding structure is being developed and tested in conjunction with the Governor’s Office, called Social Impact Bonds (SIB). SIBS allow for contracts between government, investors and the public sector to pay for improved social outcomes that result in public sector savings. The concept is to encourage innovation in tackling challenging social issues through extended funding in an attempt to demonstrate improved social outcomes and public sector savings. A few of the members of the Partnership considered whether SIB funding could be used to create better approaches for serving frequent utilizers, but it became clear that such a project would require more data, including: how many frequent utilizers are there, what are their characteristics and needs, how much do they utilize services, how much does their service utilization cost the community, how might utilization costs be reduced through evidence based practices, etc.

As discussed previously, participating Partnership members devised a process to gather data on the aggregate group of frequent utilizers (de-identified), and efforts are already underway to carefully and legally gather appropriate data from key organizations. The study design is based on a similar study done in Denver. While staff has discussed this project with the Board in the past, and funds for the study are included in the budget, they did not request specific official approval for the cost of the study, which is \$81,860. Staff asked the Board for official approval of this expenditure.

MOTION: To approve the amount of \$81,860 for the Frequent Users Study.
Motion/Seconded/Carried Unanimously

Brief Discussion: Article “Mental Health Cops Help Reweave Social Safety Net in San Antonio

A copy of the article was sent recently to board members, but not everyone had had the chance to review it. It describes a community’s effort (many diverse organizations participated) to divert non-felony situations away from jails and emergency rooms and into a “Restoration Center” – a separate facility with a full array of mental and physical health services. The program in San Antonio is reported to have served more than 18,000 people each year and saved the city more than \$10 million annually.

The board discussed the importance of a communitywide approach to serving those with serious and persistent mental illness and substance use disorders, and wondered whether the San Antonio approach could be a model for our community, and whether given its cost-savings, it might be possible to gain the support of the community for instituting a similar model. The frequent utilizer study previously discussed is likely to help illustrate the need, and the model has similarities to many of the efforts underway in our community, such as the crisis stabilization center being established soon, and the proposal to expand facilities and services through a county sales tax. Staff will research the status on the other projects and give a report at an upcoming meeting to the Board; they will also take a close look at the article and share it with other key community players to start discussions on whether the San Antonio approach might be right for our area.

Board Interest in Humane Society Ballot Issue?

The Health District was contacted by John Frye, a local attorney, who inquired as to whether the Health District Board might be interested in learning more about an upcoming ballot issue related to funding a new facility for the Humane Society. Staff do not have information on the ballot issue at this time and wondered if board members would like to consider the issue. If so, staff can look for some basic information about it, but per the Fair Campaign Practices Act, are not allowed to spend any time or effort on advocacy one way or the other. The Board has the right to request information, to take a position on it if they deem it to be a matter of official concern (which would be conveyed in the same manner we convey all board decisions), and to spend their own time on any advocacy. Board members did not indicate an interest in pursuing the matter at this time.

BRIEF OVERVIEWS AND DISCUSSION

Helping People Enroll in Health Insurance: Second Enrollment Period

Ms. Plock gave the Board a brief update on recent information about the second round of open enrollment for the Connect for Health Colorado health insurance marketplace, which is

scheduled to run from November 15 through February 15. It is expected that this enrollment period could be quite busy, because not only will there be new people who want to enroll, but those who are already enrolled need to be re-enrolled by December 15 (just 30 days!) in order to avoid a lapse in insurance. A “pre-enrollment” period, from October 15 to November 15, will give people an opportunity to get online, see what’s available, get help from our Health Coverage Guides and have some understanding of their choices before actual enrollment begins on November 15.

At first glance, it seems that the process should be easier than last time, and that should be true for new enrollees; there are some improvements in the system this year that will make things easier for new consumers.

However, it has recently become clear that for those who are currently enrolled and have financial assistance, it is very important that they not just allow their current plan to continue (auto-re-enrollment) without checking on their options. The issue that may impact consumers (it is not yet clear how much this will impact those in Colorado’s marketplace) is being called “rate shock.” The cause of rate shock is a little complex, but essentially it occurs because every year, new insurance providers can come in and provide new plans. Because the benchmark plan for financial assistance levels is based on the second lowest cost plan in the Silver level, if plans change, then a completely different plan could become the benchmark plan, and the person could end up paying significantly more (or less) for their health insurance. A message will need to be conveyed to people to look closely and check their plan instead of just re-enrolling.

The Colorado Prescription Drug Monitoring Program

Ms. Kathryn Southard completed a college internship with the Health District during the first part of the year working with the Policy Coordinator. Tonight she is presenting her “Capstone Project” to complete her internship requirements. Her topic is a policy analysis of “The Colorado Prescription Drug Monitoring Program” and best practices to combat the prescription drug epidemic. Ms. Southard provided an overview of: the background on prescription drug abuse, prescription drug monitoring programs, Colorado’s Prescription Drug Monitoring program, best practices, as well as suggestions for improvement and future implications.

The CDC has stated that “The nonmedical use of prescription drugs is the fastest growing drug problem in the United States.” Currently, 12 million Americans over the age of 12 reported using prescription opioids non-medically in 2010. Colorado ranks 2nd worst (second to Oregon) among states for abuse of prescription drugs and highest misuse rates are among those between 18 and 25 years of age. Deaths from painkiller overdoses have more than tripled between 2000 and 2012.

Prescription Drug Monitoring Programs (PDMPs) are databases of controlled substances that have been dispensed that can be accessed by doctors and pharmacies. Doctors and pharmacists can choose to not dispense if they think there is an abuse issue. PDMPs are very effective at improving prescribing practices and identifying patients who may be abusing medications. The goal of the Colorado PDMP is to provide “practitioners and pharmacists with immediate access to a patient’s history of controlled substance prescriptions 24/7.” In the last legislative session, signed House Bill 14-1283 may encourage utilization of the system (including required registration, access to designees, unsolicited reporting).

Ms. Southard reviewed some of the current best practices concerning PDMPs and compared them to Colorado's PDMP. Best practices include: upload data in real time, mandate use for prescribers, expand access to PDMP data, information sharing with other states, and sufficient and stable funding. (See presentation slides for full details.)

Concerns about the PDMP approach come from people who are worried about confidentiality and privacy, or who are worried that if opioid use is reduced, it may fuel a heroin increase.

Mr. Sapienza commented that some of the best practices have emerged from the state of Kentucky. At one point they were number 2 on the scale for highest prescription abuse and are now ranked around 30.

UPDATES & REPORTS

2nd Quarter Program Report and Executive Director Updates

No comments.

PVHS Liaison Report

Dr. Thorson announced that the new CEO of University of Colorado Health, Ms. Liz Concordia, is due to begin her new role in early September. She has significant experience from a health system in Pennsylvania. During the first few weeks she is scheduling to meet with various individuals and UCHHealth groups, including a visit to our community in November. Ms. Plock will be meeting with her and Interim CEO Dr. Bill Neff September 4.

There is an upcoming change in the number of guaranteed slots that PVHS has on the UC Health Board. At the time of the merger, PVHS was guaranteed 4 slots for 3 years, but that expires July 2015. The bylaws still require a supermajority agreement for appointments, which could give PVHS representatives some veto authority, but over time, the representation from PVHS could decrease.

Locally, the PVHS Board at its last meeting approved construction of a free-standing emergency department to be located on Harmony Road, with construction starting in March. A similar facility in Greeley has been very successful.

The Poudre Fire Authority is considering issuing an RFP in order to select a single ambulance service for the community, which carries the risk that PVHS's ambulance service might not be selected; it is a serious concern for PVHS. The Board wondered about the purpose of the RFP process, who has the right to make the decision, and what the process would be. Staff will do some research and bring back more information.

CONSENT AGENDA

- Approval of June 2014 Financial Statements
- Approval of the June 24 and July 22, 2014 Board Meeting Minutes

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

ANNOUNCEMENTS

- September 23, 5:30 pm – Board of Directors Regular Board Meeting

ADJOURN

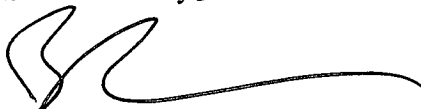
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 8:31 p.m.

Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



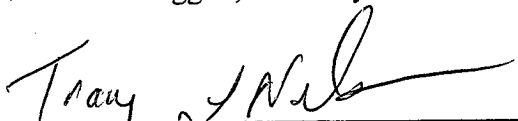
Bernard J. Birnbaum, MD, President



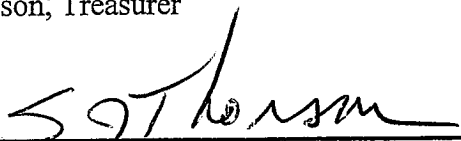
Tess Heffernan, Vice President

(Absent)

Michael D. Liggett, Secretary



Tracy L. Nelson, Treasurer



Steven J. Thorson, MD, PVHS Board Liaison