



**BOARD OF DIRECTORS  
MEETING  
October 26, 2010**

**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, HD  
Cheryl Aguiar, Evaluation Specialist  
Jim Becker, Resource Development Coordinator  
Richard Cox, Communications Director  
Rebecca Gonzalez, Accountant  
Lorraine Haywood, Finance Director  
Samantha Murphy, MHSa Partnership Manager  
Chris Sheafor, Support Services Director  
Nancy Stirling, Assistant to Executive Director, HD  
Lin Wilder, Dir., Community Impact/Health Promotion

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 5:55 p.m. Changes to the meeting agenda included: a reschedule of the PVHS Community Benefit Report presentation to the December board meeting and moving the “Tidbits from the 2010 Fall Colorado State of the State” and health care reform update agenda items to the beginning of the agenda.

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

**SET BUDGET HEARING**

A motion was offered to set the annual Budget Hearing for November 16. Mr. O’Neill may be unable to attend due to a conflict with his organization’s board meeting.

**MOTION: To set the Health District Budget Hearing for November 16, 2010.**  
*Motion/Seconded/Carried Unanimously*

## **TIDBITS FROM THE 2010 FALL COLORADO STATE OF THE STATE AND PRESENTATION ON HEALTH CARE REFORM**

Ms. Plock presented slides gleaned from two recent presentations: the 2010 Fall Colorado State-of-the-State presentation given by Ralph Pollock on behalf of the HCCA-Managed Care Newsletter, and a presentation given at the Bringing Health Home Learning Collaborative by the Colorado Health Institute.

The State of the State of Health Care Financing conference is usually facilitated annually by Jim Hertel, publisher of the Managed Care Newsletter for years. However this year, due to Mr. Hertel's sudden passing, it was facilitated by Ralph Pollock who is known for his involvement with health care issues from the business perspective, through the Colorado Association of Commerce and Industry.

Key points noted in the presentations included:

- The Patient Protection Affordable Care Act (PPACA – otherwise referred to as “health care reform”) offers a thousand plus page framework, but the real details will be worked out as regulations are created, and there are sure to be changes in the original concept.
- While some believe that, depending on how the November elections turn out, there could be a repeal of PPACA, it is unlikely for many reasons. It is unlikely that Republicans could muster enough of a majority in the Senate to vote for repeal, and if they did, the President would likely veto the bill. By the time there is a new presidential election, many parts of the bill will have been implemented, and the public is unlikely to support their repeal. Finally, Republicans are unlikely to repeal what they put into the bill. Since repeal is unlikely, organizations need to focus on preparing for its implementation, and on seeking improvements. The insurance industry is moving forward to integrate the changes and generally believes that we can't afford to put them off.
- Polls indicate that while 20% of the public want no public involvement, 40% say the law should have done more. There is general agreement that health care costs too much.
- New coverage for the uninsured is already starting to happen. The state recently approved an insurance plan for people with pre-existing conditions who can't get other coverage (which requires participants to have been without insurance for 6 months to qualify). For now, the state's CoverColorado program will continue to exist and will exist along with this new insurance plan. Since national funding is not enough to meet the need, people wanting to get into this plan should apply soon.
- The Patient Bill of Rights is now in effect, with some exceptions. This includes the provisions prohibiting pre-existing exclusions on children; rescission based on unintentional mistakes on applications; lifetime limits on health insurance benefits; restrictions on the use of annual limits (not complete till 2014); and allowing children to remain on their parents' family policy up to the age of 26 in most cases. In the future it will require the review of insurer's premium increases, and insurers will be required to disclose their rates on health.gov. The Bill of Rights is estimated to create a 1-2% increase in health insurance rates.
- Encouraging Integrated Health Systems – As of January 1, 2012, the act provides incentives for physicians to join together to form Accountable Care Organizations, as a way to change practice patterns and reduce health care costs. If the ACO is successful, providers will get to keep some of the money saved. Locally, PVHS is currently working on understanding and planning for the ACO concept, but there are a myriad of unknowns at this time.

- No later than January 1, 2013, a national quality/cost pilot will encourage hospitals, physicians, and other providers to develop “bundled payment” models to see if they can be effective in improving quality and decreasing cost.
- The burden of the cost of health care coverage continues to be shifted onto workers. Since 2005, workers’ contributions to premiums are up 47%, while premiums rose 27%, wages increased 18%, and inflation rose 12%. Interestingly, at the same time, Denver area hospitals experienced pretax net income as a percentage of patient revenue (a proxy for profit margin) climbing to 12.9% in 2009 from 8% in 2008, the highest since 1994.
- Colorado Risk Pool Decisions – Colorado appears to have made the decision to establish their own state exchange (exchanges must be operable by 2014), but many decisions remain on how to do it, and the state must confront those decisions soon.
- After remaining at a constant level between 2004 and 2007, the state Medicaid caseload rose sharply starting in about 2008 and is now at a historic high.
- After reforms are implemented, Colorado should have over 540,000 newly insured individuals. About 258,000 people will remain uninsured. Of those remaining uninsured, about 90% will have incomes at or below 250% of the federal poverty level.
- In Larimer County, the percent of children eligible for Medicaid who were enrolled in 2008 was between 11-19%, but percent of parents eligible but not enrolled was over 40%. After federal and state Medicaid and CHP+ expansions, it is estimated that there will be a 7-13% increase in enrollment of children and parents than are currently enrolled.
- Larimer County is projected to have a 40-70% increase in members of the population who are ages 65 and older between 2010 and 2020.

### **Medicaid Accountable Care Collaborative and the Regional Care Collaborative Organization**

Ms. Plock briefly discussed the Colorado Health Care Policy and Financing (HCPF) Department’s new efforts to create Medicaid Accountable Care Collaboratives (ACCs) through Regional Care Collaborative Organizations (RCCOs). HCPF has set up several regions, and placed Larimer County in a region that includes all of northwestern and western Colorado – one that does not include any of the county’s natural referral patterns and has raised significant consternation in the community. HCPF then sent out a Request for Proposals (RFP) that outlined specific requirements for the development of RCCOs who would create ACC pilots. Examples of the requirements are that the pilots would include 8,600 people in each region, with the objective of improving health and controlling costs. For reimbursement, providers would receive \$4 per member per month, and the RCCO would receive \$13 per member per month. Rocky Mountain Health Plans (RMHP), the primary health insurance provider on the western slope, submitted a proposal to HCPF to establish the RCCO for this region. In order to get the 8,600 people needed for the pilot (the majority of whom must be adults, and the patients cannot already be under managed care), RMHP needs to have the key providers of Medicaid in Larimer County participate. Key physician’s offices from Larimer County who serve the bulk of Medicaid lives include Salud, Family Medicine Center, Sunrise Health Clinic in Loveland, several private pediatric clinics, and a few family practice clinics. The other critical players are Larimer Center for Mental Health and the hospitals.

Rocky Mountain Health Plans has conducted a couple of meetings thus far with representatives from key provider organizations. All the major players have agreed to work together on this effort, but many concerns remain. There is a great deal of uncertainty about exactly what will be

expected of those who participate, what the process will be, who will make the decisions, whether the standards set by the state are achievable, and where it will all lead. Having said that, there is also strong enthusiasm for the potential to do things differently, and to be able to implement evidence-based practices known to improve care and decrease costs. Participants consider this a serious opportunity to make positive change in our community, and to work together to create more impact than organizations working separately might be able to do.

At the last Medicaid ACC RCCO meeting, it was suggested that, given the number of organizations and self-interests involved, some neutral facilitation might be useful, perhaps even necessary. In order to be able to progress toward community-wide efforts, trust needs to be built, difficult conversations held, and serious planning accomplished – all in the matter of just a few months, since the pilot needs to begin by April. It was proposed that the Health District work together with RMHP to provide neutral facilitation. Ms. Plock suggested that a consultant, such as Michael Felix, who has worked with the Health District on various projects before and who knows our community very well, be hired to help this group. RMHP is supportive of the idea, and of sharing the costs, although the details have not been worked out yet.

The decision before the board is whether to approve sharing with RMHP the cost of a neutral facilitator to assist in a facilitated planning process to be conducted between now and April. There are flexible community process dollars already in the Health District budget which could be used to fund this type of project. If the Board approves, the next step (after working out the details with RMHP) would be to interview the critical players, then bring them together to plan the community approach. The process is seen as an opportunity to do several things, including create significantly better outcomes than if organizations create small efforts solely within their own services, include the perspective of the safety net organizations in the development of interventions, and create experiments that will inform the development of the future, larger accountable care organizations.

The Board, in brief discussion, was supportive of the Health District's participation in this effort. It directly relates to the mission and vision of the organization and is an opportunity to benefit our community and be a part of the solution process.

**MOTION: To approve the expenditure of up to \$10,000, at the Executive Director's discretion, for a facilitated planning process for the Medicaid ACC RCCO project.**  
*Motion/Seconded/Carried Unanimously*

In order to keep the process community-oriented, the comment was made that the Board supported the use of Michael Felix for this purpose, and that it would be preferable if our community selected the facilitator, rather than RMHP.

## **DISCUSSION**

### **Brief Introduction to the 2011 Budget; Board Initial Questions**

The Board received a draft copy of the proposed Budget for 2011 on October 15, in compliance with the Colorado Revised Statutes. A formal presentation of the budget will be given at the budget hearing now scheduled for November 16. The Board will have an opportunity at that time to discuss or ask any detailed questions they might have concerning the proposed budget, but were asked whether they had any general questions at this time.

It was noted that over \$125,000 had to be cut from the budget. The Board requested that they be given some detail on what needed to be cut (or what was added). Before they are asked to make a decision, they will also receive more information on reserves, capital expenditures, and capital replacement. Mr. O'Neill asked to meet with the Finance Director at some point to be certain that he fully understands the intricacies of the organization's budget documents, since this is his first time through the budget process.

### **Homeward 2020 and the Homelessness Registry**

A "Registry Week" is being organized for the week of November 15 in Fort Collins in order to both count and understand those who live in our community but are homeless. An internet video was shown about the "100,000 Homes Campaign" which has the goal to bring together "change agents" from across the country to locate, then find homes for 100,000 of the most vulnerable and long-term homeless individuals and families by July 2013. The local Homeward 2020 effort, an initiative of the Community Foundation of Northern Colorado, is partnering with the 100,000 Homes Campaign. Homeward 2020 is setting up a 10-year plan to end homelessness in Fort Collins. The first step in the 10-year plan is to address chronic homelessness – the most vulnerable and destitute members of the Fort Collins community.

During Registry Week, volunteers will be canvassing the streets, parks, Poudre River, shelters, etc. and surveying individuals who are homeless. This effort will help to "put a face to the problem" and will help to clarify the "demand" in a way that facilitates more data-driven negotiations about housing and support resources. Many volunteers are needed and community leaders are being asked to participate in this effort. Some Health District staff have committed to participate and the Board members are invited to participate as well. Flyers of the event were distributed to the Board to be given to colleagues or friends who might be interested in participating. The Board members requested that the flyer be sent to them via email so they would be able to forward it electronically to friends.

### **Draft 2011 Board Meeting Schedule**

Ms. Plock informed the Board that February 22, 2011 is the assigned furlough day for Health District staff working at the 120 and 202 Bristlecone buildings, which conflicts with a board meeting scheduled for that evening. It was also noted that it would be helpful to also move the March 22 board meeting to March 29, due to spring break being the week of March 14. Nancy will follow up with board members to see whether moving the meetings to March 1 and March 29, respectively, would work for their schedules.

## **UPDATES & REPORTS**

### **3<sup>rd</sup> Quarter Program Summary and Executive Director Report**

The Health District is four-for-four on grant requests!

- Colorado Trust's Building Public Will Grant – Staff will be attending a grantees' training next week in Denver. Ms. Lin Wilder will be overseeing this grant (as well as the Caring for Colorado Dental Connections grant).
- Caring for Colorado Dental Connections grant – This grant will provide one year of funding for the Dental Connections project.
- MORE Grant – The state recently expanded eligibility for Medicaid and CHP+. This grant provides funding for outreach and enrollment of eligible children and families. Ms. Rosie Duran, who coordinated the Health District's previously successful

Medicaid/CHP+ enrollment and outreach program, has been re-hired to lead this program again. Mr. John Newman will oversee this grant.

- Centers for Disease Control Public Health Apprentice – Ms. Chelsea Williams has been assigned to the Health District for two years. The first year she will be working on the Dental Connections project, helping to get that program planned and implemented. Her second year will be working on an obesity initiative yet to be determined.

### **Community Health Survey and Discussion Groups**

The Health District is currently in the middle of conducting its sixth community health survey. This year's survey will be conducted totally by mail. We received generous support from the Larimer County Health Department, Poudre Valley Health System, and the CDC to fund the surveys being distributed in the southern half of the county. Results should be available by January 31.

As part of the triennial community health assessment, community discussion groups are also conducted. Discussion groups are arranged for specific groups, such as key community leaders, medical and dental providers, mental health providers, low-income and Spanish-speaking populations and the general public. These discussion groups are scheduled for the week of November 15.

In addition to our own use of the information, data collected from the survey are used by the Larimer County Compass website, and the Health Department will also be using our information as they develop their community plan in the next couple of years.

### **Mental Health & Substance Abuse & Dental Health Partnerships Updates**

Mental Health & Substance Abuse Partnership:

- The ACMHC grant, which helped the community develop the CDDT project, among other advances, is ending soon. A great deal has been accomplished. Staff members are currently working on a process of transitioning the remaining CDDT duties to LCMH staff.
- As one of the last expenditures of ACMHC funding, the community sent a team to attend the OHIO SAMI conference. The conference is one of the best opportunities in the country to be trained on a wide variety of evidence-based practices for helping people with co-occurring mental illness and substance use disorders.
- The EIEI project (Early Identification and Early Intervention) continues to meet and learn through high quality panel presentations and subsequent discussions. Dr. Birnbaum recently participated on one of their panel discussions.
- Staff are also beginning to plan for the next major initiative which will be combining work on issues related to criminal justice, people with complex needs and services for those with co-occurring disorders.

Dental Health Partnership

- Great progress is being made on the Dental Connections project. Staff have been working through the “nitty gritty” details, such as patient flow, policies and procedures, etc. A Dental Connections Coordinator position will be posted in early November. This position will be involved with the hiring of other staff in the next year.
- The General Anesthesia project is also moving along nicely. We are looking at a hopefully late-January start date to start seeing patients. In the meantime, staff are

working to raise funds to purchase needed equipment and supplies, orienting providers and getting providers credentialed.

### **PVHS Liaison Report**

Mr. Hendrickson did not have anything to report as the PVHS Steering Committee did not meet last month. The next meeting is scheduled for tomorrow. He is currently serving on the Governance and Quality Control Subcommittees.

### **CONSENT AGENDA**

- Approval of the August 24 Regular and Joint Board Meeting Minutes
- Approval of the August and September 2010 Financial Statements

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

### **ANNOUNCEMENTS**

- November 7-10 – APHA Annual Conference, Denver
- November 16, 5:30 pm – Regular Board Meeting
- December 14, 5:30 pm – Regular Board Meeting

Ms. Lin Wilder will review the listing of sessions for the APHA conference and forward options to the Board members.

### **EXECUTIVE SESSION**

**MOTION: To go into Executive Session for the purpose of discussing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S.**  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 8:05 p.m.  
The Board came out of Executive Session at 8:15 p.m.

### **ADJOURN**

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

The meeting was adjourned at 8:16 p.m.

Respectfully submitted:

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Nancy L. Stirling, Assistant Secretary

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Celeste Holder Kling, President

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Bernard J. Birnbaum, MD, Vice President

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Timothy S. O'Neill, Secretary

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Steven J. Thorson, MD, Treasurer

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Joe D. Hendrickson, PVHS Board Liaison