BOARD OF DIRECTORS
MEETING
January 24, 2017

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCHHealth-North/PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Julie Abramoff, Health Promotion Nurse
Jim Becker, Special Projects Manager
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Julie Kenney, Health Promotion
Laura Mai, Accountant
Cheri Nichols, Health Promotion Nurse Coordinator
Dan Sapienza, Policy Coordinator
Jessica Shannon, Resource Development Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Brian Lothrop, CDC PHAP

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:03 p.m. An item was added to the meeting agenda under Discussions and Actions pertaining to a City of Fort Collins grant request.

MOTION: To approve the agenda as amended.
Motion/Seconded/Carried Unanimously
**PUBLIC COMMENTS**
None.

**PRESENTATIONS**

**Cardiovascular Program**
Dr. Bruce Cooper, Medical Director, introduced the Health District’s Cardiovascular (CV) Screening program. Cardiovascular screening is done to identify a variety of diseases that affect the heart and blood vessels. The CV program is one of the oldest direct service programs of the Health District and provides blood pressure, cholesterol, and diabetes/blood sugar screenings. Cardiovascular disease is the number 1 cause of death and consistently ranks as the number 1 disease burden in the Health District and the world. It contributes huge costs in treatment and disease burden, and is largely preventable. The CV program focuses mostly on risk disorders – hypertension, hyperlipidemia, and diabetes. These risk disorders are silent – people walk around not knowing they have them. Risk disorders are very common and can only be identified by screenings.

Since 2000, the Health District’s CV program has screened 19,000 unduplicated individuals. In 2015, staff took a close look to determine how the program might be improved, and what could be done to make the biggest difference in our community. Research indicated that there had been some success in decreasing CV mortality – it dropped 30% in the past decade – and that now there may be an opportunity to increase our focus on improving the rate of those individuals who have been identified at risk whose risk factors are under control. Subsequently, the program initiated a pilot around health coaching, and are now experimenting with working with local health care providers to provide more intensive support to referred clients with significant cardiovascular risk disorders, beginning with the Family Medicine Center.

Ms. Cheri Nichols, Clinical Nurse Manager for the CV Program, reported that in 2016, the program provided screenings in 9 community locations, 14 worksite locations, and 6 locations for special populations. A unique feature of the program that doesn’t appear to exist anywhere else in the community is the opportunity for individuals to have an intensive one-on-one interaction with an RN about their cardiovascular health. The interaction with the nurse includes: a review of health history, a total lipid profile and blood glucose screening, diabetes risk appraisal, 10-year heart attack risk appraisal, blood pressure test, and recommendations for next steps. Depending upon the information gathered from the screenings, there may be further discussion about monitoring and recording and what to tell their doctor. For most people, this interaction can be accomplished in 20 minutes. Additionally, the nurse will follow-up with the client, particularly if they were recommended to see their doctor or dietician.

In 2015-2016, a feasibility study was conducted where the program provided focused health coaching utilizing a new approach that included motivational interviewing to 15 clients over a 4 month period, in person or over the phone. It was challenging to recruit clients into a program that would take more of their time, to reach them for follow-up, and to gather evidence that behavior had changed, but it appeared that a partnership with primary care might have more success. So a partnership with the Family Medicine Center was developed, and the nurses will begin next week to work with FMC’s Pain Clinic patients who have hypertension, to help them lower their CV disease risk. This model focuses on helping the patient to shift from ‘unaware’ to ‘aware and controlled,’ and also moves from a community to a clinic setting. The CV staff are
excited about this partnership, but will also continue to put on clinics throughout the community and at work sites.

**Advance Care Planning Program**

Mr. Jim Becker, Special Projects Manager, provided a brief update on the Advance Care Planning (ACP) program. The number of people age 65 and older has jumped 26% in Larimer County and it is expected to continue growing. Given the Health District’s interest in aging, in combination with the community’s work on advance care planning, the Health District had an opportunity to apply for, and was awarded, a $300,000 grant from the Colorado Health Foundation to fund an Advance Care Planning initiative over two years.

The vast majority of individuals have not talked about or put in writing their wishes for medical treatment at the end of life. 82% of people think it is important to put their wishes in writing, yet only 23% have actually done it (Source: Survey of Californians by the California HealthCare Foundation, 2012). Advance Care Planning is about learning about decision choices, considering ahead of time what your preferences would be in a serious medical situation, and letting others know about those preferences. The process includes: thinking about your values, desires and wishes; discussing them with loved ones; writing down your wishes/directives; discussing wishes with your Primary Care Physician; placing copies of your directives in medical records (physician’s office, hospitals, etc.); and distributing copies to family, friends and agents.

The Health District’s ACP program provides one-on-one assistance to individuals, helping them to complete their advance care directives and getting the directives to the appropriate physicians and hospitals. Advance Care Directives may include various documents. For most adults, it is appropriate to complete the Medical Durable Power of Attorney form which allows a person to designate a person to speak on their behalf should they be deemed not able to speak on their own behalf, as well as a Living Will/Advance Directive for Medical Treatment. This document outlines your preferences in various medical situations. Other documents that some adults might also want to complete include the CPR Directive (to withhold cardio-pulmonary resuscitation) and the MOST form (Medical Order for Scope of Treatment).

While it is recommended that any person age 18 years or over should complete advance care directives, the grant focuses on those over 50 years of age or with elevated medical risks. Once a person has their directives completed, it is a good idea to review and/or update them on a regular basis or whenever any of the “Five D’s” occur: reach a new Decade in age; experience the Death of a loved one; Divorce; a Diagnosis of a significant medical condition; or a Decline in medical condition or functioning.

The Larimer Advance Care Planning Team consists of 3.5 FTEs, and is funded by both the Health District and Colorado Health Foundation grant funding through March 2018. In addition to providing direct services, the Team also works with multiple community partners and other grantees in Northern Colorado and community partners to promote advance care planning. Since the ACP program began less than a year ago, the ACP Team has: assisted over 500 individuals in completing their advance care directives (ACDs); put those ACDs “in play” with hospitals, PCPs, and loved ones; provided training to over 100 community champions and medical personnel in a variety of settings; helped coordinate and improve efforts across a variety of human services; and helped coordinate and improve efforts across medical systems.
The Board inquired about whether there is a way to get directives out to all the various pertinent medical providers at once. Unfortunately, the major health systems are not set up to communicate electronically with one another – they have different electronic record systems. At the moment we are able to send forms via email to UCH, and are working towards being able to do something similar with Banner Health. There have been some discussion at the state level around the idea of creating a state registry for ACDs, which would be a central place that medical providers go to to seek and obtain such records.

The Board also inquired about whether the ACP program includes Spanish-speaking staff. Although our bilingual staff person had to resign for personal reasons, he is available to the program to come in as needed.

**DISCUSSION AND ACTIONS**

**Policy**

Dan Sapienza, Policy Coordinator, provided a brief overview of the Health District’s process for reviewing and prioritizing bills. The Policy Committee reviews and determines the priority levels for bills. Priority 1 bills (potentially significant impact to the Health District or community) would get an in-depth analysis and Priority 2 (potential impact, less significant) bills are analyzed when possible. Priority 3 bills are usually monitored and may be re-prioritized if level of impact changes. Once an analysis is presented to the Board, the Board can take a position (strongly support, support, strongly oppose, oppose) or opt to not take a position at all or take a position on portions of the bill or particular concepts.

Ms. Sullivan inquired about whether the Health District takes positions on local issues. The Health District has taken positions in the past; generally that has been either because we are directly involved with the issue; we have been asked for either help in researching the issue, or our opinion; or we are aware of a significant health impact. The Board has weighed in on a variety of local health issues, including local policies and outreach on West Nile Virus, mosquito spraying, marijuana, tobacco, etc.

**2017 Legislative Session** – Just 12 days into this legislative session, there have been a total of over 200 bills introduced by both the House and the Senate. Priority 1 Bills of note thus far include:

- **SB17-003 – Repeal the Colorado Health Benefit Exchange** – A Hearing in the Senate Finance Committee is scheduled for January 31. While the Health District is not allowed to lobby on this bill because we are recipients of funds for the Larimer Health Connect program, the Board can take a position, which would be posted on the Health District’s web site.
- **SB17-004 – Access to Providers for Medicaid Recipients** – This bill would allow enrollees in Medicaid to see any provider whether the provider participates in Medicaid or not. The recipient, however, would be responsible for the cost of the medical services if provided by a non-participating provider. The recipient would not be responsible for any costs above Medicaid reimbursement to the provider if the provider participates in Medicaid.
- **SB17-027 – Increase Penalty for Texting While Driving** – This bill was sent to the Senate State, Veterans, and Military Affairs Committee.
• SB17-057 – Colorado Healthcare Affordability & Sustainability Enterprise – This is the hospital provider fee enterprise proposal, and has been sent to the Senate Finance Committee.

• SB17-063 – Marijuana Club License – Would create a third type of license (in addition to growers and sellers), allowing the sale and consumption of marijuana on the premises which would be exempt from the Colorado Clean Air Act.

• SB17-064 – License Free Standing Emergency Departments (FSEDs) – The bill has been sent to the Senate State, Veterans, and Military Affairs Committee.

• SB17-082 – Regulation of Methadone Treatment Facilities – Among other things, this bill states that if a facility provides any methadone treatment it must not be within so many feet of certain other entities such as schools, colleges, residential child care facilities, and public parks. The bill was sent to the Senate Health and Human Services Committee.

• Mr. Sapienza also discussed several bills from the House and the Senate that pertain to weapons.

Other Legislation – There are currently two bills that pertain to the Colorado Open Records Act (CORA); we will be looking at those to see if there are any impacts to the Health District.

A motion was presented for consideration:

MOTION: To SUPPORT SB17-057: Colorado Healthcare Affordability & Sustainability Enterprise. Motion/Seconded/Carried Unanimously

The position will be posted on the Health District’s web site and communicated to legislators.

National Health Policy
It is uncertain at this point what President Trump’s health care plan will propose, but since there is a proposed $10.5 Trillion in tax reductions over 10 years, it is important to watch proposals carefully. Health insurance features that are currently taken for granted could be impacted by a “repeal and replace” plan, such as: prohibiting denial or higher charges for pre-existing condition, the mandate to purchase health insurance, attempts to lower costs for certain populations (but who will be targeted? The government, elderly, young people?), age bands, Medicaid expansion, other financial assistance, and government fallback plans.

There are two Washington conferences coming up pertaining to health policy which staff will be attending, and staff are working on scheduling meetings with our federal legislators while there. The Policy Committee is working on a document that would be given to the legislators to give a local perspective of the issues of concern, gains that have been important for our community, etc.; an outline of information being considered was presented for the Board’s review and comments. The Board was very supportive of staff developing this document and agreed to having staff go forward with its concept.

Submission of a Request to City of Fort Collins for Funding
Ms. Jessica Shannon, Resource Development Coordinator, informed the Board that since 2011, the Health District has participated in the City of Fort Collins’ annual competitive grant process for human service project funding and has previously been awarded financial support for the
Dental Connections program. The funds granted have supported a portion of the Dental Connection Coordinator’s salary to serve low-income Fort Collins residents. Applications for the 2017 cycle are due February 16 and staff would like to again apply for a portion of the DC Coordinator’s salary. The DC Coordinator helps people in our community by working directly with a network of 39 local, volunteer dentists to expand care, help individuals navigate and find appropriate dental care and assistance in our community, and coordinates dental care for those individuals who require their dental care under general anesthesia. With Dental Connections being incorporated into the Dental Services Program for 2017, the Dental Connections Coordinator will also work closely with our eligibility team within the Dental Clinic.

The City’s grant application requires board approval and a signed memo authorizing the Health District to apply for funding. Staff requests that the board consider a motion to approve authorization in applying for the City of Fort Collins 2017 competitive process to support Dental Connections.

**MOTION:** To authorize the submission of a request for funding to the City of Fort Collins Competitive Process grant program. Motion/Seconded/Carried Unanimously

**UPDATES & REPORTS**

Larimer Health Connect: Open Enrollment to Date (closes January 31)
The current open enrollment period ends in a week, on Tuesday, January 31. Since November 1, 2016, the Larimer Health Connect program has had 1,400 encounters with 960 clients. Staff are still helping many individuals with troubleshooting issues. Though the data is not all in the system yet, there have been over 700 enrollments in both the marketplace and Medicaid. Appointments with Health Coverage Guides are completely booked through the 31st. Recently, a mailer was sent to 70,000 households within Larimer County, which has led to an increased number of calls to the program. In other news, the program was recently recognized as the top performing site (of all funded assistance sites) in the State, for total number of appointments and total number of marketplace enrollments.

Executive Director Updates
Since the elections, and particularly with the new President and congressional make-up, there is a sense of panic in the healthcare industry – no one knows quite how to plan or what to do. Staff have been spending time trying to keep abreast of what is known and to better understand what possible implications might be, and are hoping the upcoming National Health Policy and Health Action conferences in Washington DC help to shed some light.

Recently, staff worked with the Medicaid Accountable Care Collaborative (MACC) group to submit detailed comments regarding the State’s Accountable Care Collaborative 2.0 RFP, which would merge medical and behavioral managed care approaches in each region. It’s a busy time at the Health District, where Finance staff are completing end of year tasks and preparing for the annual audit, and Resource Development and staff are working to complete several grant reports.

It is time to schedule the triennial Board retreat, so staff will be contacting board members to get a date on the calendar. Staff will also be working on a tour of Health District facilities for Board members; members indicated they would be amenable to a 3 to 4 hour timeframe.
UCHealth-North/PVHS Board Liaison Report
Ms. Heffernan provided a brief report of UCH/PHVS happenings; she has been impressed that it is truly a system with amazing reach. For critical care transport, they are going to be creating their own dispatch center. Starting in February, the system will be kicking off a major rebranding and marketing effort. This will be a 12-18 month project to promote the new logo and the focus on the patient. As Medical Center of the Rockies approaches its 10-year anniversary, plans are underway for a new hospital and medical office building being built in Greeley. PVHS Board members recently toured the new PVH ED; it is 100,000 square feet (up from 40,000 sf in the old ED), carefully designed to provide the best care for the patient and to accommodate the family, and it opens February 26.

Health District board members asked Ms. Heffernan if the PVHS Board meetings have included concerns about the ACA. She noted that there has been little discussion because no one knows what’s going to happen yet, although they are, of course, interested in any impacts to their business and the insurance industry. Generally, their approach to influence policy is to work with the Hospital Association and their lobbyists.

CONSENT AGENDA
Resolution 2017-02 was removed from the Consent Agenda.

- Resolution 2017-01: Establish Meeting Days
- Approval of November 2016 Financial Statements
- Approval of the December 13, 2016 Board meeting minutes.

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

In regard to Resolution 2017-02: Public Posting of Meeting Notices, Ms. Sullivan asked whether the Meeting Notices, in addition to being posted at 3 identified locations, were also posted on the Health District’s web site. Ms. Plock noted that they are; posting of the notices is required by state statute, and though statute doesn’t require web posting, the Health District has historically done so. The meeting agenda is usually posted on the web site on the Monday after the agenda is sent to Board members. The board suggested having the meeting agendas posted on the web site the same day as sent to board members or as soon as possible.

MOTION: To approve Resolution 2017-02: Public Posting of Meeting Notices as presented.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS
- February 14, 4:00 pm – Board of Directors Special Meeting
- February 28, 4:00 pm – Board of Directors Regular Meeting

Ms. Heffernan informed that she will not be attending the Board’s February 28 meeting.

ADJOURN
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously
The meeting was adjourned at 5:55 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President

Tracy Nelson, Vice President

(Absent)

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHHealth-North (PVHS) Board Liaison