BOARD OF DIRECTORS MEETING
April 28, 2015

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

BOARD MEMBERS ABSENT: Michael D. Liggett, Esq., Secretary

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
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

CALL TO ORDER; APPROVAL OF AGENDA
President Bernard Birnbaum called the meeting to order at 5:49 p.m. A request was made to add a Resolution just prior to the Executive Session.

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

PUBLIC COMMENTS
None.

PRESENTATIONS
HPSA Local Primary Care Survey Study
The Health District conducted a local survey of Primary Care practices in fall of 2014, about 10 months into the implementation of the main parts of the Affordable Care Act. About 97% of local practices participated. The survey asked a variety of questions of primary care providers (including Family Practice, Pediatrics, OB/GYN, Internal Medicine, and Geriatrics; not including emergency facilities or locum tenens) in the Larimer County area (plus Windsor/Weld).

There were several reasons for fielding the survey. One key reason was to gather information for HPSA (Health Provider Shortage Area) re-designation. However, it is also important to determine what is happening in terms of getting the newly insured population into primary care medical homes, and also to learn how the changes made by the Affordable Care Act are impacting primary care. While exact capacity is hard to measure, the survey provides a glimpse into community primary care capacity for Medicaid enrollees.

A comparison was provided between a 2004 HPSA survey and the 2014 survey concerning primary care within the Health District. Of note, between 2004 and 2014:

- The number of primary care practices decreased from 55 to 42.
- The number of primary care physicians increased from 146 to 155.
- The average Primary Care hours spent per physician per week increased from 24 to 27.
- Average FTE per physician increased from .59 to .75.
- Average percentage of patients with Medicare coverage increased from 16% to 20%, and average percentage of patients with Medicaid coverage increased from 12% to 23%, making the provision of services to the Medicare and Medicaid population a significant proportion of primary care practices' work.

In determining how Primary Care Capacity is estimated, it's important to look at national standards or norms. The national average "panel size" (what is, not necessarily what 'should be') is 2,300 covered lives per primary care provider. The Health Resources and Services Administration target is 2,000, while the Health Provider Shortage Area cut-off is 3,000 covered lives per primary care provider. Measuring the number of providers a community has, however, does not tell the whole story in regard to capacity.

With many more people gaining insurance, while primary care providers are not rapidly increasing, communities are struggling to have adequate capacity and are looking at all types of strategies to increase their capacity. The traditional strategies to increase capacity are to train more providers, or to lose fewer (retain) providers. More recent attention is being directed toward other strategies for increasing provider capacity: find someone else, or "reduce waste" - gain efficiencies by having the tasks that can be performed at a different level taken on by someone other than the physician. This is being accomplished through "team-based care" or "delegated care" which utilizes non-physicians (i.e., nurse practitioners, physician assistants, nurses, health educators) to perform certain tasks rather than the physician.

Projections show that utilizing a delegated model has the potential of significantly changing standards in terms of how many patients can be served. A modeling study conducted by Duke University compared a "reasonable patient panel size" for physicians, using an undelegated model versus a delegated model utilizing team-based task delegation. It was estimated that physicians using the undelegated model could provide high quality care for approximately 983 patients. The delegated model significantly increased the number of patients that could be served by a single primary care physician leading a team of other care workers to 1,387 to almost 2,000 patients.

Dr. Cooper reviewed information gathered from the 2014 survey as it pertains to Medicaid-dedicated FTEs. There were a total of 46 FTEs of Medicaid primary care capacity, with about 26 of those provided by physicians, and 20 by midlevel providers. At the time of the survey, the

Medicaid-insured population was approximately 53,000. At that level, a physician patient panel would average about 2,046. [See slides for full details.]

With the significant growth in people covered by Medicaid and the limited number of practices accepting new Medicaid patients, the first impression is that the community does not have enough primary care medical home capacity for those covered by Medicaid. However, preliminary results are that the community may be close to national average ranges. In estimating Medicaid capacity, we would fall short of recommended ratios with the undelegated model, but would be close to recommended ratios with the delegated model, if that is what the provider mix shows. The number of physician FTEs looks close to adequate, but there is actually a small number of clinics that accept the majority of new Medicaid patients (particularly the safety net clinics, Salud and FMC), and they fluctuate between being open and closed.

The survey asked providers if they were accepting new Medicaid patients. Of those asked, 26% said "Yes", and another 49% said "Yes, but with restrictions." The most typical restriction was that the new Medicaid patient be an existing patient who switched over to Medicaid, or a family member of established patients. When providers were asked about what they were thinking about the future, many replied that they are getting near the limit and considering "capping" the number of Medicaid patients. Larimer Health Connect staff members have been hearing from clients that it is hard to find a doctor that accepts Medicaid, and there are thousands of people in the Medicaid Accountable Care project that are not attributed to a primary care medical home.

The Board inquired about what impact Medicaid may be having on emergency departments. That was not a part of this study, so we do not have that information. A Board member commented that the issue is economics for private practices. Because of low Medicaid reimbursements, it is difficult for practices to survive financially if they accept too many Medicaid clients. Those who do take Medicaid clients tend to have subsidized income (from the hospital system or because of FQHC status) or do it because they feel they should do their share. The number of physicians accepting Medicaid may increase as more physicians are hired by the health systems. It may be that the community does not have a shortage of physicians but rather a shortage of physicians willing to serve Medicaid clients.

REPORTS, DISCUSSION AND POSSIBLE ACTIONS

Grant Application: Spreading Mental Health First Aid

Ms. Lin Wilder, Director of Healthy Mind Matters, discussed with the Board the Mental Health and Substance Abuse Partnership's priority to increase the skills of people in the community who could be early mental health and substance abuse identifiers. Mental Health First Aid (MHFA) is a nationally adopted 8-hour training that teaches community members how to identify and provide "first aid" to someone who may be having a mental health or substance use issue or crisis. It teaches people how to talk to others about it and about resources for assistance. The Health District has two staff members who are certified MFHA trainers and who have conducted several training sessions. It is part of the Connections annual plan for our staff to assist in organizing and presenting MHFA classes.

At the federal level, SAMHSA has announced a request for proposals for grants for communities interested in training community members in Youth Mental Health First Aid. Grants are available for 1-3 years, at about $125,000 per year; about 70 will be awarded nationally. Staff have worked on an application; if funded, the grant money would be used to bring national

trainers to the community to train a core group of 12-30 trainers, who would then go into the community and train up to 1,000 people over the course of the 3 years. Funds would also be used for a .5 FTE position to coordinate the project and to do targeted marketing, for evaluation, and for incentives for those who participate in training.

Medicaid Accountable Care Evolution

Ms. Plock provided an overview and update of the Medicaid Accountable Care Collaboration (MACC) project. In 2010/2011, the state announced they were going to establish a pilot Accountable Care project for a limited number of people insured by Medicaid, specifically focusing on care coordination in order to increase health and lower costs. While the numbers started low, the State soon decided that the pilot was working, and rapidly added Medicaid members. Our community was assigned to a region that included Larimer County and all of the western slope and northwestern part of Colorado. Although this configuration didn't seem to make sense under accountable care concepts at first, what we found is that we ended up with a remarkable RCCO partner who has worked closely with us, paid close attention to the particular needs of our community, and supported us when we looked at evidence based practices and came up with a creative approach. Rocky Mountain Health Plan became the designated RCCO (Regional Care Coordination Organization) to manage our region's MACC project.

The MACC Oversight Committee developed a goal to design a system with the maximum possible potential for effectiveness in increasing health and decreasing costs which:

- Provides a specialized service that provides moderate to intensive linked care coordination to a targeted population.
- Provides these services utilizing a trans-disciplinary team.
- Utilizes a consistent approach and set of functions, resources, and communication strategies that follow the fundamentals for highly effective targeted care coordination.

Ms. Plock reviewed the targeted population, the flow of dollars for the North Larimer County MACC which funds the local program, the organizational structure of the local MACC, and a few examples of the rich new data the program is able to generate to understand the needs of the population served. In our community, three of the major providers of Medicaid services (Salud, FMC, and Associates in Family Medicine) made the commitment to pool most of the per member per month (PMPM) funds they receive for participating in the ACC in order to hire a transdisciplinary team of care coordinators that includes a nurse practitioner, behavioral health specialists hired by Touchstone, social workers, and case aides. Members of the team are flexible and can serve any MACC client in a variety of settings. The model is based on an evidence review that indicated that in order to achieve the goals of care coordination, the care coordination should be (in addition to other key elements) targeted to certain individuals, and be provided by a trans-disciplinary team. Overall, this community is doing well in many of the indicators that are being measured, but there is still a long way to go to reach the state's targets, which change on a regular basis.

Currently, MACC staff members are wrestling with changes in the program that resulted from the State of Colorado's recent federal grant award to incorporate those who are enrolled in both Medicare and Medicaid into the ACC (called the Medicare-Medicaid Program, or MMP). This will significantly impact our local program by moving approximately 3,000 people, many of whom have extensive needs (often due to disability or age), into the accountable care program in 7 months. The local Northern Larimer County MACC team, together with some new staff placed

in our community by RMHP, have the responsibility of developing service coordination plans (SCPs) for every MMP member who lives in our area. In addition to getting all of those SCPs completed, additional challenges are providing the follow-up assistance needed, continuing to serve the other ACC clients, and developing a good way to share information between providers and a variety of care coordinators that serve this population.

The other major change is that HCPF (Department of Health Care Policy and Finance) has announced that the re-bid process for RCCOs will begin in 2016 and be implemented in 2017. A significant part of the announcement was that they intend to blend RCCOs and BHOs (behavioral health organizations) together, with a glide path toward payment reform for integrated care over the five years of the term of the contracts.

Ms. Plock has been participating as a member of the statewide "Program Improvement Advisory Committee" (PIAC), an advisory committee to Colorado Medicaid's Accountable Care Collaborative Program. More recently, she has been helping initiate a subcommittee of the PIAC group called "Improving and Bridging Systems," which is responsible for "understanding influences and bridging systems of care to help address the needs of higher risk, frequently utilizing clients through improved patient navigation and access to appropriate care." This group is starting by looking at statewide data to determine what the most critical systems are that frequent utilizers need to have bridged (for example, substance use disorder treatment), in order to begin finding ways to bridge systems differently to have greater impact.

Board comments were that it would be helpful to see local outcomes data; the local MACC team has some information but has not completed a thorough evaluation yet. It was noted that more people than ever are getting coordinated care. A great thing about this project is that it has so many different organizations working together that it is truly inter-organizational: it includes FMC, Salud, Associates in Family Medicine, Touchstone, PVHS Community Health, and the Health District (as well as others).

Policy: Updates on State Legislation

SB15-214 – Interim Committee on Safe Schools Youth Mental Health – At the Board's previous meeting, they took a position encouraging legislators to include a behavioral health professional on the committee, and noting the need to look at the term 'safety' differently from 'mental health.' The title of the committee has been renamed to "Interim Committee on School Safety and Youth in Crisis." While many people advocated the need for a mental health professional on the committee, legislators decided it would be hard to choose just one, so made the commitment for the committee to hold hearings with professionals present. The committee does include an educator experienced with disabled students.

HB15-1298 – Warn Pregnant Women of Marijuana Risks – This bill died; it seems to have been defeated on the basis of "fairness" – with legislators noting that other substances such as alcohol and cigarettes do not require that type of signage. Board members noted their concern that the potential dangers are not commonly known.

HB15-1257 – Eliminate Penalty for Increase Compliance in Cigarette Sales – This bill was postponed indefinitely (died). Legislators who voted against it were opposed to the economic impact of requiring licensing or more rules, and stated that they thought it might impact jobs.

HB15-1194 – LARC Funding – This bill is scheduled to be heard in the Senate State, Veterans, and Military Affairs Committee tomorrow, and several groups are expected to testify.

Tax Increment Financing Issues – HB15-1348 vs. SB15-135
SB-135 is supported by the Colorado Municipal League and most cities. The bill, however, is not likely to pass. The bill was amended in the Senate. It includes up to 13 Commission members, with one representative appointed by the County. Additionally, the bill requires that at least 45 days prior to a URA plan hearing, a pre-submittal meeting must be held with the BOCC. The bill does not require agreement among taxing entities, only consultation.

HB-1348 passed the House and is supported by the Counties and Special District Association. This bill would allow up to 13 commission members, including a representative each from the Counties, Special Districts, and School Districts. Additionally, the bill requires an impact report be developed and sent to all taxing entities, and the municipality or URA must negotiate with all impacted taxing entities on taxes to be allocated to the URA. If the taxing entities don't agree, there would be a limitation on that the percentage of property tax increment must be equal to or less than the percentage of sales tax increment.

Ms. Heffernan was not at the previous meeting where the Board took a position to Strongly Support HB-1348. She commented that she likely would not have voted to support this bill had she been present. While she agrees that reform is definitely needed, she is concerned that the bill has the potential to harm the TIF mechanism, which many communities need. She believes that the City of Fort Collins has not violated the TIF intent. Noting that this new bill is complicated, she asked that people be cautious with their opinions concerning TIF, particularly since a thorough analysis of this bill has not been completed.

Behavioral Health: Expanding Critical Services – A Preview
Over the past month, there have been discussions about the possibility of developing a plan for a 24/7 services center to fill critical gaps in behavioral health services in our community and in northern Colorado. The conversation has arisen again (after having been a ballot issue in 2008) in many venues, and an enhanced services center has been put into the County's strategic plan. A meeting recently coordinated by the county's criminal justice services and Touchstone Health Partners (THP) led to the realization that although there is support for the concept, a specific plan needs to be developed. A meeting between the County, THP, and the Health District is being scheduled to discuss how to develop the plan.

While there is a need to better understand details, there is already agreement on the key services and approach being considered, including: detox (with a seamless transition to the next step), a customized approach based on individual's situation, acute treatment unit, residential care for substance use disorders, medication assisted treatment for addictions, intensive outpatient services, and intensive care coordination.

What is needed next is an analysis of what these services would actually include and how they would be operated, at what scope, what kinds of revenue is available, the gap in funding, etc. The Health District included funding in its 2015 budget to help develop a plan, but it requires board approval. Funds are likely to be needed to hire an organizer to get the plan completed, and to hire a consultant to develop the projections of need, levels of service, net costs, and estimated impact. The Health District would also likely provide clerical support. The Health District would be involved in this first step, but if a solid plan emerges, others would likely take it forward into message development and testing, and, if appropriate, the possibility of a ballot

issue to raise funding. Staff hope to bring a specific proposal for board consideration of the funds necessary to develop the plan at the next board meeting.

Board Participation in Conferences

In the past, Board members have attended one of two conferences: the Annual Public Health Association's annual conference (APHA) in the fall, or the Colorado Health Foundation's Colorado Health Symposium, in the summer. Board members were asked to inform Nancy if they are interested in attending either of these conferences.

UPDATES & REPORTS

4th Quarter 2014 Program Summary Report and ED Report

Board members expressed appreciation for the report as they learn so much about what the Health District and its staff accomplish for the community.

Board Liaison to UC Health-North/PVHS Board Report

Dr. Steve Thorson, Board Liaison to the UCHealth-North/PVHS Board, gave the following updates:

- One of the concerns in the affiliation discussions was that, per the Joint Operating Agreement between UC Hospital and PVHS, the PVHS system would no longer have guaranteed seats on the UC Health Board as of July of this year. For the near term at least, however, the 3 individuals currently representing UC Health-North and PVHS will indeed be staying on the Board, so local representation will be continued. The members include Laurie Steele (a previous Health District and PVHS Board member), Chris Osborn, and David Wood. The board is in the process of determining term limits and whether or not to stagger terms, so lengths are currently undetermined.
- UC Health is continuing to grow: they recently bought a majority financial interest in several freestanding emergency departments, and announced that they will be building a hospital in Longmont. The system is doing well financially.
- The Colorado Health Medical Group (CHMG) is up to 340 physicians and growing.
- It is now a requirement that Poudre Valley Hospital provide a Community Benefit Report as part of their federal tax returns. The report includes information such as the needs of the community, the unmet needs, and what PVH is doing to address those needs. A preliminary report goes to the UC Health-North/PVHS Board for approval. Once approved, the report will be shared with the Health District Board.

A Joint Board meeting between the UC Health-North/PVHS Board and the Health District Board is scheduled for June 16. The Health District will focus particularly on our work on behavioral health in the community, and its impact on reducing other needs.

Ms. Plock mentioned that the Health District's auditor, Steve Collins, is working on a template and process to be able to give the board an annual overview of the assets of PVHS and changes in the assets over the years, related to the lease agreement between the Health District and PVHS.

CONSENT AGENDA

The March 24 and April 16, 2015 minutes were removed from the Consent Agenda.

- Approval of January, February, and March 2015 Financial Statements

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

Board Proclamation

Dr. Steven Thorson recently announced his retirement as a full-time family physician, after 40 years of service to this community. In honor of Dr. Thorson's exemplary care and dedication to the health of his patients, for his service on various community boards, and his tireless efforts and advocacy of public health practices that help ensure the wellbeing of the community, the Board Members and Staff of the Health District presented Dr. Thorson with a Proclamation and thanked him for his dedication.

MOTION: To approve the Proclamation honoring Dr. Steven Thorson.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- May 26, 5:30 pm - Regular Board of Directors Meeting
- June 16, 4:00 pm – Joint Health District/UCHealth-North Board of Directors Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

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

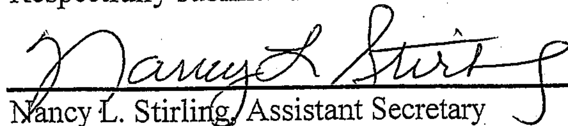
The Board retired to Executive Session at 7:54 p.m.
The Board came out of Executive Session at 8:10 p.m.

ADJOURN

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

The meeting was adjourned at 8:11 p.m.

Respectfully submitted:



Nancy L. Stirling, Assistant Secretary

Bernard J. Birnbaum, M.D., President

Tess Heffernan, M.Ed., Vice President

[Absent from 4/28/15 Meeting]

Michael D. Liggett, Esq., Secretary

Tracy L. Nelson, Ph.D., Treasurer

Steven J. Thorson, M.D., UCHealth-North (PVHS) Board Liaison