



**BOARD OF DIRECTORS
MEETING
May 26, 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
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Julie Abramoff, Health Promotions Nurse Specialist
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant
Cheri Nichols, Health Promotions Nurse Coordinator
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Angela Milewski, BHA Design Inc.
Matthew Bowker, UCHealth

CALL TO ORDER; APPROVAL OF AGENDA

Vice President Tess Heffernan called the meeting to order at 5:54 p.m., in the absence of Dr. Birnbaum, who had to be late due to an emergency. Changes to the meeting agenda include adding a Discussion and Action item pertaining to the CDDT/ACT building and removal of draft minutes from the Consent Agenda.

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

PUBLIC COMMENTS

None.

PRESENTATIONS

Poudre Valley Hospital Renovation Plan

Ms. Plock was recently notified by Mr. Russ Wooley, Vice President of Operations, UC Health North, that there will be some legal documents coming to the Board for their review and signature. The documents pertain to the new structure being built to replace the old "A Building" at Poudre Valley Hospital. [Note: Dr. Birnbaum arrived at this point of the meeting]

Mr. Matt Bowker, with UC Health North, and Ms. Angela Milewski, with BHA Design, are here to present an overview of the project.

The major part of the renovation of the hospital will be relocating the emergency department to the new wing being built. Access to the new ED by ambulances and ambulatory patients will be easier and safer with separate entrances – the entrance for patients and visitors will be off of Doctors Lane and the entrance for ambulances will be off of Lemay Avenue. New additional parking for patients accessing the ED will be available across the street from the ambulatory entrance. Express Labs and other facilities which currently occupy that property will be relocated to make way for the parking lot.

The new wing is designed to be a 2-story building today, with the capability of future expansion to 4 stories. The basement of the building will house the Lab, a locker room for ED doctors and staff, the mechanical room, and a central supply area. There will be two elevators to serve the building as well as two tunnels from the basement to the central utility plant. The first floor will include a 63-bed Emergency Department with room to grow. The area includes pods that can be closed off during slow times or non-use. Behavioral health patients will now have their own space separate from the main ED area. A retail pharmacy and imaging areas will also be available on this floor. The third floor will house the Orthopedic unit, with an additional 18,000 feet shelled but not completed, to allow for future growth. The roof will have a helipad and an elevator to transport patients directly from the pad to the ED – a significant improvement to the current situation. In keeping with the original hospital structure and character, there is no second floor. The Main Entrance will also be receiving a facelift to make it more modern and welcoming.

Ms. Plock commented that some of the documents the Board will be asked to review and approve will pertain to buildings on the north side of the hospital which will be torn down in order to create the ED parking lot, including the dissolution of a condo association. Others will relate to the new plats for the development. The Health District's attorney, Ms. Kendra Carberry, is in the process of looking over the documents to ensure the Health District's oversight and that requirements of the operating lease agreement are met. Staff asked the Board for their preference as to whether they want to review all the documents or give authority for Dr. Birnbaum or, in his absence, Ms. Heffernan, to review and sign documents on the Board's behalf.

MOTION: To give authority to Board President Bernard Birnbaum (or, in his absence, Board Vice President Tess Heffernan), to approve and sign documents related to the current PVHS renovation that are found by counsel, through consultation with the Executive Director and the President (or Vice President), to be minor documents and that are consonant with the terms of the lease.
Motion/Seconded/Carried Unanimously

Dr. Birnbaum asked Ms. Plock to speak with Ms. Carberry about whether he might need to recuse himself from this issue as he is an employee of UC Health.

Board members requested that they be informed on what the Health District owns after this process is complete. A discussion of PVHS assets/properties and their relationship to the Health District and the hospital operating lease is currently planned for the June board meeting, when the Health District's auditor will be present.

Blood Pressure & Cholesterol Screening Program

Included in the meeting packet is a report by Dr. Bruce Cooper, Medical Director, titled "Blood Pressure and Cholesterol Screening Program: Exploration of Status and Possibilities for Future." The report looks at the risks that high blood pressure and elevated cholesterol contribute to cardiovascular disease, the history of the Health District's cardiovascular screening program, changing epidemiology and public health response, methods for community-level interventions, changes in public health recommendations and initiatives, new treatment guidelines, and how the Health District might improve the current screening program. (See report for full details.)

Cardiovascular disease is a major health problem that has probably touched every one of us and our families. Though public knowledge of cardiovascular disease has increased, it still remains the largest burden to health in our district. The Health District's cardiovascular screening program, initiated in 1998, has screened about 17,000 people and sent thousands of them to their doctors for treatment. The number of people who are aware that they have high blood pressure or cholesterol has increased, but there is still a very significant issue with those who are aware but whose levels are not yet controlled. In light of newer recommendations, initiatives, and treatment guidelines - and the Affordable Care Act, which requires first dollar coverage (no out of pocket cost) for recommended preventive services - staff have been reviewing the program to see if there might be new strategies that would improve the program and further improve the cardiovascular health of our community.

Staff began by researching best practices and guidelines for community-level interventions that address cardiovascular disease risk factors, and then constructed a Logic Model (see report for details) to address risk conditions (high blood pressure and cholesterol) through interventions. At the same time, staff noted the shift in how public health is addressing cardiovascular disease prevention via the healthcare system. With these strategies in mind, staff developed ideas for change. One way is a different approach on how we make and discuss recommendations with patients. Our nurses do an amazing job in a short period of time in establishing a relationship with patients. Through "motivational interviewing" the nurses assist the patient to take control and make goals. To assist with this, the program is purchasing electronic tablets with state of the art tools that will help the nurses give impactful training to patients on risks in a way they can understand, and hopefully lead to increased patient compliance with treatment recommendations.

There is also consideration being given towards the idea of shifting to more of an integrated care model - to help primary care practices build high-performing teams with the goal of impacting hypertension and high cholesterol.

The Board complimented Dr. Cooper and staff on the comprehensive report. A board question was how we are targeting specific underserved populations - who would be targeted, and what does it look like geographically? Efforts have been and continue to be made to identify and work

with specific underserved populations (i.e., Hispanics have a higher prevalence of hypertension) as well as identify populations not getting the screenings (people with low incomes, small employers, blue collar workers, migrant workers, etc.). We have not yet looked for geographic pockets, but may be able to do so. Another board question was whether there is evidence that team-based care can be effective in intervening and impacting chronic diseases, and a request that if we become involved in team-based care, that the impact is carefully measured.

DISCUSSION AND ACTIONS

Expansion of Critical Behavioral Health Services: Plan Development Proposal

It appears that the community is at a point where the stars seem to be aligning: the County has expressed interest in expanding behavioral health services in its Strategic Plan, the economy is becoming increasingly healthy, and the Mental Health and Substance Abuse Partnership's analysis on substance use disorder treatment that is currently being conducted - are all coming to the conclusion that we are missing some critical behavioral health services in our community. Although the interest is coming together, there is not yet a specific plan on what is needed and how to achieve it.

In a recent community meeting hosted by Touchstone Health Partners and the Larimer County Department of Criminal Justice Services, it became clear that the first step in the process is the development of a quality community plan. Smaller meetings since have resulted in the development of a proposed process by which to develop the plan, along with expectations of what the plan would include. The intent of the process being proposed is to "create a plan that would make significant headway in filling critical gaps in behavioral health care in Larimer County." (See memo for further details.)

Proposal: The proposal is that Touchstone Health Partners, the Larimer County Department of Criminal Justice Services, and the Health District will provide funding and oversight for the development of the plan. The Health District would act as fiscal agent and provide the majority of the funding, with at least \$8,000 of total funding coming from the other two parties. Two key funding needs to accomplish an adequate plan are: 1) hire a time-limited, part-time Plan Development Manager; and 2) hire a highly qualified individual, team, or firm to assist with calculations related to the level of need, a complex analysis of the financial and service projections, and to help estimate the potential benefits to the community. For the Plan Development Manager position, consideration is being given to Tim O'Neill, previous Executive Director of Foothills-Gateway, Inc., and a previous Health District Board member. He has been involved in the [behavioral health] conversation for a long time, is experienced, knows the issues, and has been through this process twice before with Foothills-Gateway.

The total cost for the development of this plan is estimated to be no more than \$125,000 (including the Plan Development Manager, consultant/team, and very modest incidental costs). There is currently \$100,000 allocated in the Health District's MHSA Community Services & Facility Planning line item under Special Projects-Reserves in the 2015 Budget. Staff is requesting approval from the Board to begin working on this project and also to re-allocate up to \$17,000 in the budget for a total Health District commitment of up to \$117,000, if needed.

Board Discussion:

The Board asked staff to consider involving the local hospital system in the plan development – perhaps a representative of PVH Emergency Services for the Brainstorming Group or to provide

financial costs of serving patients with behavioral health and/or substance use issues in the ED. Ms. Plock will be discussing this with Kevin Unger, President and CEO of PVH and MCR, and possibly ask Marilyn Schock, UC Health North's Chief Operating Officer, to be involved. It was noted that Dr. Scott Johnston, a lead physician in the ED at PVH, is aware of the issues from his experience in the ED, and has also participated in the Crisis Response Restructuring meetings. The Board expressed the need for community awareness and appropriate messaging that speaks to various perspectives – ranging from the need for services that will more effectively serve clients, to the reasons why it would be more cost-effective. They also recommended the involvement of local municipalities.

MOTION: To approve the \$100,000 already allocated in the 2015 budget for “MHSA Community Services & Facility Planning” in Special Projects-Reserves, plus up to \$17,000 to be re-allocated from Special Projects-Reserves 2015 budget line item ‘Expansion of Primary Care Safety Net Services Pilot’ for a total Health District commitment of up to \$117,000 for the Expansion of Critical Behavioral Health Services Project.
Motion/Seconded/Carried Unanimously

It was noted that this project aligns exactly with our mission and with discussions from the Board Retreat last summer.

June 16 Joint Board Meeting

A Joint Board meeting with the UC Health North/PVHS Board is scheduled for Tuesday, June 16. Traditionally, the Executive Director provides a brief overview of Health District programs and projects, in addition to any specific topics the Board deems important. The Board offered several suggestions for possible topics or focus for the Joint meeting, including: what the Health District is doing in regard to mental health, including the expanded services project just discussed and how the funding would be spent; the benefits we provide to them and the community – the gaps in our community and what we are doing to fill them; our role in organizing people to work together to solve the remaining big challenges; the partnership around the CDDT/ACT program and how it saves money; Integrated Care; Larimer Health Connect; the extent of the gaps in Dental Care; how we can work or partner with the hospital system collaboratively to identify and/or address issues; our shared values – that we are all here for the health of the community; and thank them for the long-term financial subsidies for the Family Medicine Center and providing a key safety net clinic for the community, as well as for providing a world-class hospital system in our community.

CDDT/ACT Building Contract

The Health District recently purchased a building to house the CDDT/ACT program and budgeted money for renovations to accommodate the program. Bids for the renovations were opened and the proposed contract comes to a cost of \$106,292. Health District policy requires that contracts over \$100,000 go to the Board for approval, however the proposed written contract just became available, so although it is being handed out at this meeting, it was not in the board packet and board members have not yet had time to review it. Since time is of the essence, and it's important to get the facility up and running as soon as possible, staff wondered if the Board might consider delegating the approval to the Board President. The board could consider giving board members a few days to review the document and let staff know if they have any concerns

or issues, and if there are no significant issues, give authority to the Board President to sign the Agreement.

MOTION: To authorize the Board President to sign the contract for the renovation of the CDDT/ACT building if no sincere objections have been received by Ms. Plock from board members by this coming Friday at 11:59 p.m.
Motion/Seconded/Carried Unanimously

A lease agreement with Touchstone Health Partners is very close to being complete. There is one issue concerning property taxes requiring some research. Staff has been working to determine the tax exempt status under this arrangement.

UPDATES & REPORTS

Wrap-up of Colorado Legislative Session

Provided in the meeting packet is a “2015 Colorado Legislative Session” wrap-up document as well as an updated Legislative Matrix. The only bill of interest leftover from the session is House Bill 15-1348 regarding urban renewal authorities and TIF. The Governor is supportive of this bill, however Cities are pushing the Governor to veto, so at this point it is unknown whether it will be enacted.

The Board complimented Mr. Dan Sapienza for his work this legislative session and suggested the wrap-up document be put on the Health District web site for public viewing. Mr. Sapienza mentioned that he is going to be teaching a semester class for the School of Public Health on the topic of public health policy.

Executive Director Report

Ms. Plock informed the Board of recent notice of lawsuit filed by a person who incurred personal injury on the Harmony Campus site. The Health District, along with 5 other parties, was named in the lawsuit. Both the original Hospital Operating Lease Agreement and the 2012 Lease Amendment and Consent Agreement have clear indemnification clauses which absolve the Health District from liability on property leased to the hospital system. The attorney has requested voluntary dismissal of the Health District from the case. We are hopeful that the Health District will be promptly dismissed from the case.

The Health District has been conducting a search to replace Ms. Karen Spink as Health Care Access Director. However, it was very recently learned that Ms. Spink’s situation has changed and she will be able to continue in her current role with the Health District. We are thrilled that we will continue to have Ms. Spink as Assistant Director and Health Care Access Director.

Ms. Lorraine Haywood serves as a member of the Board of the Colorado Special District Liability Pool. She has been invited to attend their annual meeting in London with Lloyds’ of London, who is the pool’s re-insurer. Ms. Haywood was congratulated for her involvement and leadership.

UCHealth-North/PVHS Board Liaison Report

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

- Poudre Valley Hospital is building a free-standing emergency department on Harmony Campus. It will be a pre-fabbed concrete structure and is expected to open in October. Total cost for the facility is \$17 million. The lab currently housed in the Redstone Building will be relocated to the new facility to provide needed lab and imaging services there.
- UC Health is going to be initiating an “Executive Health Assessment Program” – sort of a ‘Mercedes of preventive health care.’ There is a market for this service amongst company CEO’s and other high-level workers.
- Included in the meeting packet are copies of two UC Health North related presentations – one pertaining to 2013/2014 Implementation Strategy Progress Report, and the other pertaining to Community Benefit Reporting. The Affordable Care Act now requires hospitals to submit a Community Benefit Report with its IRS Form 990 annually. It was noted that the Community Benefit Report requirement is similar to the Health District’s Community Assessment which may offer an opportunity to integrate identified needs of the community. The hospital system has been involved in planning efforts for our community health survey and was particularly involved with our first and recent child health assessment.

Dr. Birnbaum added that the new CEO of UC Health has recently mentioned a new focus on “population health,” which may provide another area where the hospital system and the Health District could collaborate.

CONSENT AGENDA

The draft minutes were removed from the Consent Agenda.

- Approval of April 2015 Financial Statements

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

ANNOUNCEMENTS

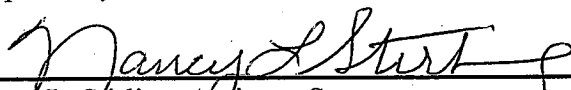
- June 16, 4:00 pm – Joint Board Meeting with UCHealth-North Board of Directors
- June 23, 5:30 pm – Board of Directors Regular Meeting

ADJOURN


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

The meeting was adjourned at 7:54 p.m.

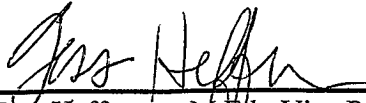
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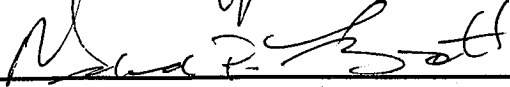
Nancy L. Stirling, Assistant Secretary



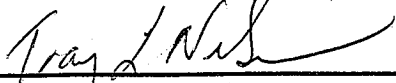
Bernard J. Birnbaum, M.D., President



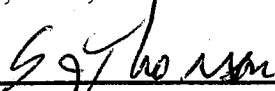
Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



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