



**BOARD OF DIRECTORS  
MEETING  
September 27, 2016**

**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  
Richard Cox, Communications Director  
Molly Gutilla, Evaluation Specialist  
Lorraine Haywood, Finance Director  
Laura Mai, Accountant  
Dan Sapienza, Policy Coordinator  
Chris Sheafor, Support Services Director  
Karen Spink, Assistant Director  
Nancy Stirling, Assistant to Executive Director  
Sarah Tilleman, Dental Services Director  
Lin Wilder, Healthy Mind Matters Director

**CALL TO ORDER; APPROVAL OF AGENDA**

President Michael Liggett called the meeting to order at 4:04 p.m. A couple of changes were requested for the meeting agenda: to move Mr. Unger's presentation up from 5:35 pm to 5:00 pm due to a change in Mr. Unger's schedule, and to defer the August meeting minutes to next months' meeting.

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

**EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION:** For the purpose of discussion pertaining to conferences with an attorney for the district for the purpose of receiving legal advice on specific legal questions pursuant to §24-6-402(4)(b) of the C.R.S.  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 4:08 p.m.  
The Board came out of Executive Session at 4:25 p.m.

## **PUBLIC COMMENTS**

None.

## **PRESENTATIONS**

### **Tobacco Cessation Program**

Ms. Rosi Davidson and Ms. Fabiana Di Camillo presented on the Health District's Tobacco Cessation program. Rosi has been doing tobacco cessation for 15 years. Fabiana worked previously as a licensed addictions therapist and recently joined the Health District in June. Both are Certified Tobacco Treatment Specialists.

*Why is this issue important to the Health District?* Smoking causes over 480,000 deaths annually in the United States. It causes multiple health issues including cancer, respiratory illnesses, diabetes, compromises the immune system, heart attacks and strokes, and pregnancy and fetal complications. New research indicates that chewing tobacco and "vaping" are also causing various health defects. The costs of treatment for these and other ailments, as well as the costs due to loss of labor and loss of life, is in the billions of dollars.

*A special relationship with health care providers.* The program works closely with health care providers to enroll their patients into the program; 83% of clients are referred by healthcare providers through a special fax system. Once referred, a Tobacco Treatment Specialist follows up with the client with phone calls and a letter to try encourage them to join the program. In 2015, the Specialists made over 1,000 calls to prospective clients. Healthcare providers are updated on their patient's status at least once via fax. The program currently serves 17 clinics in the community, including a just added dental clinic, and the New Belgium Brewery. Staff will also be working with the new SummitStone facility next door.

*Who are our clients?* About 50% self-report they have a mental illness (and the number may be higher). Forty-six percent (46%) live on less than \$981 per month and 42% have a high school education or less. Many are recovering from other addictions. Despite the clients' other challenges, the program has had great success. Follow-up surveys are sent to clients after they complete the program at 7-days, 30 days, and 6 months after. Results indicate that 7 days after, 47% have not had a single puff of a cigarette; 30 days after, 44%; and 6 months after, 31%. This is remarkable success for people who have struggled with trying to quit for years.

*What Do We Do?* – For each client, the Tobacco Cessation Specialist: does a medical and smoking history intake; measures the clients CO level; utilizes best practices to determine what methods are likely to work best for the individual; counsels clients to help them devise a plan, and to give them "tools" to handle cravings, triggers, and stress as well as coping skills and relaxation techniques; distributes NRT (nicotine replacement treatment) – the program provides 3 months of NRT; discusses medications that may help with cravings; and helps the client set a quit date. The program includes six sessions (individual, couples, or group) and two follow up sessions, and the client can choose to attend free support groups that occur two times a month if they desire.

Board Questions: The first question was in relation to medications: one medication option for quitting smoking is Chantix, which seems to work pretty well but is expensive. Can clients access Chantix? More and more insurance companies are covering it, and if a client has Medicaid or Medicare, it's usually covered. Another question inquired about the difference between our program and other programs in the community and whether the County offers smoking cessation. Larimer County staff have a tobacco prevention and education program which seeks to reduce tobacco use by youth and adults through education and public policy. They do not, however, provide actual hands-on cessation treatment. Instead they refer people to the state's "Quitline" (which offers 4 15-minute sessions via phone) or to the Health District's program. As far as we know, there is no other program like ours in the community.

Ms. Plock added that every few years staff does a complete review of the evidence and makes tweaks to the program so that we are sure to stay on top of what works best. Also, a few years ago, the Health District worked with the County to look at all the elements necessary to move towards a smoke free community. At that time, it was agreed that the County would continue to work on policy, public education, etc., and that we would provide the direct service of cessation counseling. There is discussion in the community about cessation services for youth; staff commented that the challenge is that there are not approved medications or recommended interventions for youth, so providing cessation service can be difficult, but that they would continue to look for effective approaches.

## **DISCUSSION AND ACTIONS**

### **Community Transformation Project (SUD Treatment)**

Included in the meeting packet is a summary of a project proposal entitled "Practice Transformation and Capacity Building Project for Substance Use Disorder Treatment." The Health District has submitted an application to the Colorado Health Foundation for funding for this project. The idea for the project came about during the process of developing the Recommendations for Critical Behavioral Health Services report where we learned much about approaches to substance abuse and the gaps we have in our community. A foundational piece that is missing has to do with how we approach substance use treatment.

The proposal would address the need for an updated approach to systematically change how we deliver treatment for substance use disorders (SUDs) and seeks support for a three-year "practice improvement project" to build capacity for delivery of evidence-based practices for SUDs. The project would provide local training by national experts, and individualized technical assistance and process improvement targeted to the needs of specific audiences across systems. As a result, community members will receive the highest quality, most effective SUD treatment, resulting in improved health, functioning, and reduced use of criminal justice and emergency healthcare systems. (See proposal summary for more details.) This will be an opportunity to fill those gaps by utilizing the knowledge of what is known/has been learned about substance abuse and effective treatments that is currently lacking in our community.

If this project is funded, the Health District would provide up to \$70,000 each year of the grant of its own funds to the project, which the Board will see in the coming proposed budget for 2017.

## PRESENTATIONS

### UCHealth-North/PVHS

Mr. Kevin Unger attended to give his annual report to the Board of happenings at PVHS. The Mission of UCHealth-North/PVHS is: "We improve lives. In big ways through learning, healing and discovery. In small, personal ways through human connection. But in all ways, we improve lives." The Vision is to move from health care to health. Right now there is a "sick care" system. They are looking for ways to keep people out of the hospital and one way they are doing this is through a new \$15 million Precision Medicine program which looks at trends within our population. The goal is to give treatment prior to it becoming a disease or serious condition. Mr. Unger shared a video clip as an example of their new marketing strategy, "One Patient. One Person. One Procedure. 100 Percent of the Time." He commented that everything is moving to outpatient settings, that eventually hospitals will become intensive care units.

Both Medical Center of the Rockies (MCR) and Poudre Valley Hospital continue to receive recognition and awards. MCR was recently ranked the #3 hospital in Colorado, and PVH at #5. Other recognitions received include the AACN Beacon Award of Excellence for ICU Patient Care Outcomes, the American College of Surgeons Verified Trauma Center, the Nurses MAGNET Award (which PVH has received 4 times), and the 100 Top Hospitals list for 2016 (PVH is only one of 16 hospitals in the nation that has received this recognition 10 times in 10 years in a row). Additionally, UC Health has been certified as a great place to work based on survey responses from more than 500 randomly selected employees. This appears to be proof that the system is getting back on track after losing some momentum at the time of the joint operation agreement. PVH/MCR also have consistently been ranked among the lowest in nursing vacancy/turnover rates in the organization. The Vizient Quality and Accountability Report ranked PVH as the #1 hospital in the nation and MCR at #8 for quality, patient satisfaction, costs, and efficiency, as well as for seeing any patient that walks through the door.

While they are doing well, there are still areas where the system can improve in quality and patient safety. One area of focus is decreasing patient exposure to C. Diff. bacteria. To accomplish this, they are looking into UV lights to "zap" bacteria which they hope will make a marked difference, and a major staff hand-washing effort. Other ways to make sure patient outcomes are where they need to be include: good technique when inserting urinary catheters, being kind to patients and family members, explaining things clearly, giving complete discharge instructions, being committed to a culture of quality and safety and sharing quality and safety ideas with leaders.

In addressing the "health care landscape", Mr. Unger describes health care in the future as looking more towards population-based medication, doing more with less, and the need to decrease costs. He notes that people are asking about costs and shopping around, prompting the need to be more transparent with costs. He noted that reimbursements are likely to move towards Medicare rates, which, if it happened suddenly right now, would require cutting millions of dollars.

### Growth and Construction Updates

The A Building reconstruction project at PVH is underway and scheduled to be open in February 2017. The first floor of the project will be a new Emergency Department with ambulances coming up to the building from Lemay Avenue. The facility will be much more HIPAA sensitive with more private rooms. There will be a behavioral health wing and a pediatrics wing. There

will also be a number of pods which can be opened as needed. Additionally, there will be a new helicopter pad on top of the new building and an elevator to convey patients directly to the emergency department. The second floor of the new structure will be focused on orthopedics. The basement will house the laboratory. Once everything is moved into the new building, the old emergency department will focus on inpatient hospice and wound healing services.

The new Longs Peak Hospital is going up in Longmont and will include 53 beds. It is scheduled to open in August of next year with Dan Robinson, a previous executive with the PVHS system, as CEO. It will also house a Level 3 trauma center.

In Greeley, a hospital and 100,000 square foot Medical Office Building is being built. This hospital will also have 53 beds. These buildings will consolidate other Greeley facilities. This facility, encouraged by payers who want more access points in Greeley, will open in August 2018.

The Colorado State University Medical Center being built at the corner of Prospect and College Avenues will be the home of the new CSU health and wellness center. The first floor will be in partnership with Associates in Family Medicine and will provide an onsite clinic for faculty and staff. The second floor will be the new Hartshorn Health Center, providing student health care. (The current, old Hartshorn building on campus is going to be torn down to make green space on the campus.) The third floor is in partnership with Columbine Health Systems and will focus on aging and gerontology. The fourth floor will hopefully be a collaboration with UC Hospital to bring in medical students. The possibilities are exciting.

The final phase of the PVH NICU is scheduled to be completed in October. The new NICU will be larger and private rooms will be available for patients and their families, who can stay 24/7.

In other areas, UHealth-North is working on direct contracts with local businesses to provide services; businesses such as Woodward Governor, Poudre School District, Columbine Health System, etc. There is a push to continue this in Larimer County and also do this in Greeley. Woodward will have an onsite facility for use by their employees; Poudre School District employees can access the clinic located next to Miramont on College Avenue.

Quality metrics will be presented at the Joint Board meeting in October.

Board Questions – If the hospitals have started shrinking, what are the fastest growing areas? The responses were: family practice and psychiatry. UHealth-North opened seven new psych beds at Mountain Crest and yet there is a 6 month delay because it's so hard to secure a psychiatrist. Some of the large systems (like Geisinger) are starting to develop their own training programs to address this, which UHealth may also look into doing. On the other hand, family practice physicians are becoming more interested in joining forces (especially when we can develop creative options to work together) now that there is the move toward MACRA (the new Medicare payment system), which is hard for small practices to accommodate.

#### **Additional Compass Advisory Committee Members**

The Compass Advisory Committee is needing to fill two vacancies due to having two members fulfill their two year limit on the Committee. The two individuals being proposed to fill the vacancies are: Erin Hottenstein, an award-winning journalist, and Laura Dvorak, RN, the lifestyle

health manager for UCHHealth's Corporate Health and Wellness program. Committee members serve for one year with the option of serving one additional year.

**MOTION:** To approve the proposed nominations for the Compass Advisory Committee as named above.  
*Motion/Seconded/Carried Unanimously*

## UPDATES & REPORTS

### **2016 2<sup>nd</sup> Quarter Program Reports and Executive Director Updates**

The 2<sup>nd</sup> Quarter program report is not yet completed due to the Executive Director's medical leave followed by the Colorado Behavioral Health Council conference and other essential duties.

Staff is heavily involved in the budget process right now. The Board was reminded that because much of our revenue comes from property taxes, we have "up" years and "down" years, and this year is a down year. This year's increase of property tax revenue will be approximately 2%, though next year's revenues are likely to be higher.

Ms. Karen Spink, Assistant Director, provided brief updates on the following programs:

- Advance Care Planning – Mr. Jim Becker, the Special Projects Manager who oversees the ACP program, has done a fabulous job of getting the program up and running in a very short time period, including hiring staff, drafting program procedures, and establishing the program office space. Thus far staff have done about 22 presentations, 8 facilitator trainings, and 68 outreach trainings. Also, staff have had 500 client contacts and helped complete 167 plans. The program recently held a very successful open house with about 30 people in attendance and which resulted in 8 more presentations to businesses being scheduled. Dr. Naqvi attended the open house and called it "impressive," particularly noting the presence of the organizations from the community.
- Larimer Health Connect – LHC staff are gearing up for the next open enrollment period which is scheduled to begin on November 1. Staff have been going through training and re-certification. They are also doing planning around extended hours, what locations would offer what, and also looking at doing a walk-in event in Loveland where there is a higher concentration of uninsured. One of people's greatest fears is how to pay for insurance, particularly as premium prices are going up. Staff members are working to reach out to these individuals and work with them to explore their options. While prices are increasing, so do the tax credit levels, so some people will actually see cost decreases. Notification of LHC services are being placed in the next Compass issue, as well as through many forms of outreach, including church bulletins, 18,000 flyers going out through Thompson School District, social media, and other community events.

Other program updates:

- Healthy Mind Matters – The Child, Adolescent, Young Adult Connections (CAYAC) program has found a location and is preparing to move in. The office will be located at 1302 South Shields, between Pitkin and Lake Streets. In other news, the Healthy Mind Matters Program Coordinator, Vanessa Fox, has given her notice and will be leaving the Health District to work for the County as Deputy Director of the Benefits Program. Also, the Mental Health and Substance Abuse Partnership of Larimer County has recently changed its name to the Mental Health and Substance Use Alliance of Larimer County.

- Evaluation – Evaluations staff are working hard on the Community Health Survey. The online survey is ready to go and paper surveys will be in people’s mailboxes next week. The Community Forums (previously known as community discussion groups) are scheduled for the week of November 14.

**UCHealth-North/PVHS Board Liaison Report**

Though Ms. Heffernan was not able to attend the UCHealth-PVHS Board meeting last month, she did speak with the Chairperson and learned that the board voted to support the behavioral health ballot initiative. Ms. Heffernan also mentioned that she, PVHS Board Chair Christine Chin, Mr. Liggett, Ms. Plock, and Mr. Unger are working on the agenda for the joint board meeting coming up in October.

Ms. Plock also raised the issue that the UCHealth-North/PVHS Board is considering splitting their board and having two separate boards – one for PVH and the other for MCR, and it is not clear whether the Health District’s Board Liaison, Ms. Heffernan, would be on both boards. Since the assets leased by the Health District to PVHS/UC Health include MCR, the question arises of whether the Health District should continue to have a representative serve on the MCR, or at least attend as an ex-officio (non-voting) member. The Board commented that clarification of the intent of the split and the boards’ purposes and member roles was needed before a determination is made.

**PUBLIC COMMENTS (2<sup>nd</sup> Opportunity)**

None.

**CONSENT AGENDA**

The August 23, 2016 meeting minutes were removed from the consent agenda.

- Approval of July 2016 Financial Statements

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

**ANNOUNCEMENTS**

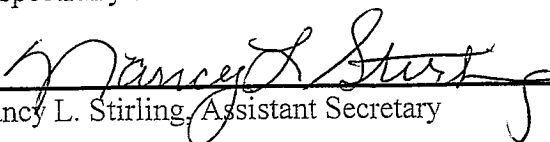
- October 19, 3:30 pm – Joint Meeting between boards of Health District and PVHS
- October 25, 4:00 pm – Board of Directors Regular Meeting

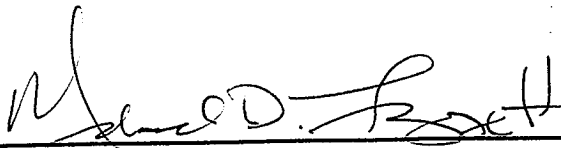
**ADJOURN**

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


The meeting was adjourned at 5:54 pm

Respectfully submitted:

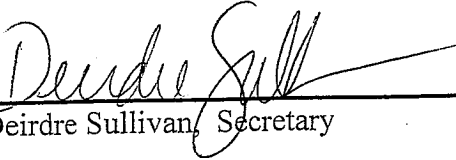
  
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Nancy L. Stirling, Assistant Secretary



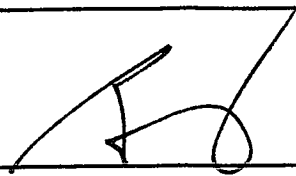
Michael Liggett, President



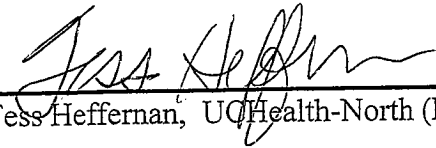
Tracy Nelson, Vice President



Deirdre Sullivan, Secretary



Faraz Naqvi, M.D., Treasurer



Tess Heffernan, UHealth-North (PVHS) Board Liaison