



**JOINT MEETING OF THE
BOARD OF DIRECTORS OF THE
HEALTH DISTRICT AND PVHS**

October 19, 2016

**PVHS Redstone Building
2315 E. Harmony Rd., Suite 200
Fort Collins, CO**

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 UCHealth-North/PVHS Board

PVHS MEMBERS PRESENT: Christine Chin, Board Chair
Mike Dellenbach, Board Vice Chair
Dennis Houska
Thaine Michie
Chris Osborn
James Sprowell, MD
Laurie Steele
Dan Stroh
Kevin Unger, Pres/CEO, PVH & MCR
William Neff, MD, UCHealth Chief Medical Officer
Stan Gunstream, MD, UCHealth Chief Quality Officer
Ric Detlefsen, Quality and Risk Management, PVHS

STAFF PRESENT: Carol Plock, Executive Director
Nancy Stirling, Assistant to Executive Director
Lisa White, Assistant to PVHS Board

CALL TO ORDER; APPROVAL OF AGENDA

President Michael Liggett called the meeting to order at 4:07 p.m. Ms. Chin welcomed all to the meeting and thanks were extended to the PVHS Board for inviting the Health District board members to this meeting.

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

This joint meeting is an opportunity to learn more about the work of each organization. As we look to the future and as the community continues to grow, each of our organizations has an important role. With this meeting, we intend to share a culture of collaboration and gain a better understanding of each organization at the board level.

Each person was asked to introduce themselves and what they do outside of their board role.

PUBLIC COMMENTS

None.

PRESENTATIONS

UCHealth – Addressing Healthcare in the Future

Dr. Bill Neff, UCHealth's Chief Medical Officer and Interim President of the Memorial Health System in Colorado Springs, was asked by Mr. Unger to briefly discuss the future of health care, including population health, and its relation to the Joint Operating Agreement (JOA) between the Poudre Valley Health System, University of Colorado Health and the Health District.

Dr. Neff reported that as they look at what's on the horizon for health care, the hospital system observes that the field is moving towards population health, and anticipate that it will transform how health systems will be expected to address health care. As we move in the direction of population health, the health system will begin to align in a lot of ways with things historically of concern to the Health District. The health care system will be changing from how to treat the sick to how to keep people from getting sick in the first place. As the system has grown to encompass so many communities along I25, it now includes a very large demographic of people in Colorado, and continues to seek growth and market share. With this growth, they recognize that there are specific population health needs which will need to be addressed in order to improve overall population health.

In regard to the JOA, the moves from PVH, to PVHS, to UCHealth – are proving to be the right moves to be able to effectively deliver high quality population health. As a single independent hospital, they would not have the scale, information, or resources to be able to put all these pieces together, but all the steps taken through the JOA will help deliver it. Now there is the ability to build a strong infrastructure, as indicated by the implementation of a systemwide Electronic Medical Record (EMR), including in participating practices in each community where they reside. This allows for up-to-date patient information collection and sharing. Also, they are able to access the university's expertise and are partnering with the university with academic programs. In return, they are able to share their experience in delivering community medicine and helping the rest of the system to learn how to do that. An important piece that encapsulates all of these elements and which is important as they step out of the hospital and into the ambulatory space is quality.

UCHealth Quality

Dr. Stan Gunstream, UCHealth's Chief Quality Officer, and Mr. Ric Detlefsen, Director of Quality and Risk Management for PVHS, continued the discussion of population health in the framework of quality.

Dr. Gunstream provided a brief overview on some of the responsibilities of quality and risk management staff. A major part of what they do is monitor over a million individual measures to

ensure quality of care/services and safety. They are able to collect and analyze a huge amount of data with the Vizient database system. This system collects data in real time and is very transparent. With the million points of data available, staff then simplify certain specific areas a high level board would be interested in, would want to know about and can look at to determine how well their hospital is functioning. Dr. Gunstream shared an example of what such a report looks like and what information can be gleaned from the report. Reports can show data particular to a hospital in the system as well as show a comparison with other hospitals. They can also show trends to illustrate how a particular measurement is doing over time.

Via the Vizient Quality and Accountability Report, UHealth hospitals can also see how they rank among approximately 260 hospitals in the database. For fiscal year 2016, Poudre Valley Hospital was ranked at #1 and Medical Center of the Rockies at #8. All hospitals in the UHealth system are in the top 10% of the report. While the system is proud of this accomplishment, they recognize that if they were to stay static, continue what they are currently doing at the current level, they would eventually find themselves at the bottom of the rankings. Therefore they strive to keep improving and focusing on getting better and better into the future.

Mr. Detlefsen shared information about the patient safety system. There are six patient safety strategies: 1) Culture of safety leadership structures and systems; 2) Culture of safety measurement, feedback, and intervention; 3) Identification and mitigation of risks and hazards; 4) Patient and Family involvement; 5) Response to system or process failures; and 6) Internal and external reporting. As an example, Mr. Detlefsen reviewed the focus of Safety Culture and how through employee surveys and data monitoring, they have been able to move from a punitive culture prior to the 1990's, to a blame-free cultures in the mid-90's, and to a just culture at PVHS since 2005. The just culture promotes a non-punitive (for errors due to complexity or poor design) and accountable (for reckless actions of individuals) environment. These efforts have led to decreased numbers in safety events.

As the system moves towards population health, it is anticipated that hospitals will become less of a player in the overall system. Focus will shift to building up ambulatory space/services. Similar practices as are now being used by the hospitals to develop protocol and standards, and the ability to monitor and analyze data, will be utilized as develop an ambulatory model. It will include combining the efforts of primary care practices across UHealth, including the School of Medicine and the Colorado Health Medical Group (CHMG), and closely aligning with the independent practices. Patients will be able to show up in various offices and their information will be available to PCPs throughout the system. At this point, the system is taking change in pieces, keeping it simple, as they determine what ambulatory care is going to look like. Ultimately, it will impact many things that are important to the Health District in improving the health of the population.

Poudre Valley Health System CEO Report

Mr. Kevin Unger, President and CEO of Poudre Valley Hospital and Medical Center of the Rockies, provided a quick overview of the PVHS mission, successes (awards and celebrations), and growth and construction efforts happening in the northern part of the UHealth system. This report largely reiterated the presentation Mr. Unger gave at the Health District Board's September board meeting (see prior minutes).

The Health District – Focus on the Future

Ms. Plock noted that from the previous presentations and discussion, it is clear that the hospital system and the Health District both care deeply about this community and about making it as healthy as possible. Although the health system has a major role in health, there are always some pieces left to be done, and that is where the Health District focuses. With such common population health goals, it is likely that the two organizations will be working more and more together in the future. The goal for Ms. Plock's presentation was to share some of the Health District's foci now and into the future.

Connecting people to health insurance, and helping them understand which plans might be the best plan for their situation: Evidence has indicated that the one of the actions that is the very most impactful to health is to assure that people have health insurance. With health insurance, a person has access to prevention, early intervention, acute and emergency care – all those things that are important to the health of individuals and families. It also significantly impacts health care providers, to assure that the people walking in their door will have a payer source. Since January 1, 2014, when the Affordable Care Act was first implemented, 42,500 lives in the community have obtained health coverage either through Medicaid or Colorado's marketplace, yet about 20,000 people in our community are still uninsured. The Health District has learned that the community will continue to need health coverage guides to help those who are uninsured connect to available coverage, as well as help those who are already covered stay covered with the right plan, which is challenging due to the ever-changing marketplace (changes in plan coverages, costs, and participating providers and covered medications), changing families and their needs, and the rise in under-insured consumers.

Behavioral health: From comprehensive analyses, we've learned that the community is behind the times in terms of how we provide services to people with behavioral health issues. A couple of months ago Ms. Plock presented to the PVHS Board the recommendations from an analysis of community services, service gaps, and what it would take to fill them. There is now a Larimer County ballot initiative; if it passes, it will address many of the service gaps in our community. Whether it passes or not, there are still going to be gaps that will need to be addressed and there is much the community needs to do differently regarding evidence-based practices. The community's Mental Health and Substance Use Alliance has made it a priority to work on transforming how the community looks at and treats behavioral health issues, particularly around substance use disorders.

The Mental Health Connections program has been around for several years and continues to serve anyone at any stage of needing connections to mental health or substance use services. However, after intensive work on early identification and early intervention, and to understand the needs of youth and the families of youth from 0-24, the Alliance learned that families often do not get the level of help they really need in order to adequately address their child's issues, so an expansion of Connections (CAYAC) has been created. The Health District has partnered with SummitStone and the Poudre School District to provide more access to connections to the right level of help for families, including comprehensive assessments from high-level professionals trained to work with these ages (psychiatrist, psychologist, family therapists), and connections and care coordination to the right kinds of care. The Child, Adolescent, and Young Adult Connections (CAYAC) program brings all these resources together to work for the best outcome for the child.

Additionally, the Health District continues to promote integrated care (behavioral health, substance use and primary care) at our local safety net clinics by placing behavioral health staff at those clinics.

Other areas the Health District has identified for focus in the future include: the aging population (promotion of advance care planning; determining if there are adequate services to meet the needs of an aging population), tobacco (individual and group interventions; nicotine replacement and costs), dental (will continue to provide services for those with low incomes), and participating with local partnerships and alliances (i.e., Medicaid Accountable Care Collaborative, Mental Health and Substance Use Alliance).

Closing Remarks

Ms. Chin and Mr. Liggett acknowledged that the mission statements of the two organizations are very similar, and the information shared today was encouraging as we move forward to fulfill those objectives.

ADJOURN

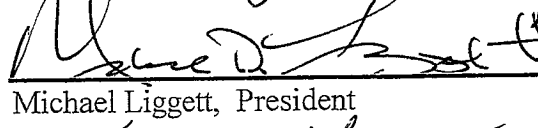
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:38 p.m.

Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



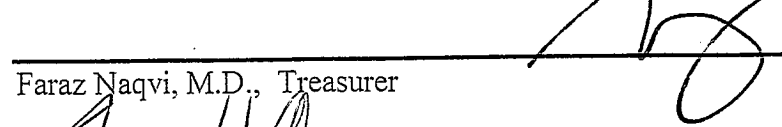
Michael Liggett, President



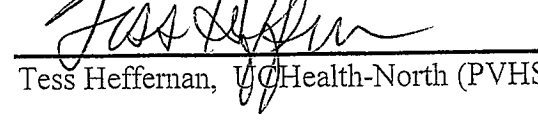
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Faraz Naqvi, M.D., Treasurer



Tess Heffernan, UCHHealth-North (PVHS) Board Liaison