



**BOARD OF DIRECTORS
MEETING
October 27, 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
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Erin Hall, Assistant Director, Health Mind Matters
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant, Finance
John Newman, Dental Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Beverly Sleight, Dental Assistant
Karen Spink, Assistant Director (via telephone)
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Healthy Mind Matters, Director

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:55 p.m. Proposed additions to the Discussion and Action portion of the meeting agenda include a Dental Connections personnel issue and a request pertaining to the Mobile Van.

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

PUBLIC COMMENTS

None.

PRESENTATION

Pain Management Project: An Introduction

One of the Health District's prioritized areas of focus is that of pain management, due to its relationship to many of the issues we are working on, including finding better solutions for people with complex needs who are frequent utilizers of services and who often have substance use disorders. The first phase of this project has been to assess the issue, so staff began by researching the issue in order to understand pain, treatment for pain, its relation to substance use disorders, and local perceptions on the issue as it affects our community. Ms. Erin Hall, Assistant Director of Healthy Mind Matters, provides an introduction to the topic, which we are finding is amazingly complex.

In January, Ms. Hall and Dr. Cooper began by interviewing people with experience in pain management from a variety of perspectives, including behavioral health providers, primary care physicians, physical and occupational therapists, chiropractors, insurance companies, pain specialists, as well as those who experience chronic pain themselves. They also attended national meetings and began researching pain. The purpose of tonight's presentation is to lay a foundation for understanding pain and pain management.

Ms. Hall and Dr. Cooper began their presentation focusing on the extent and impact of pain: pain impacts more people than cancer, diabetes, congenital heart disease and heart attacks, and strokes combined. For the purpose of being able to identify cases of chronic pain, it has been defined as "experiencing pain more than half of the days in a 6 month period." The number of people estimated to meet that definition in the U.S. is approximately 100 million people. An estimate of what that number may look like locally is about 88,000 people, although not all have disabling pain. Additionally, the cost of direct healthcare expenditures for individuals who experience severe pain is 4 times the per person annual baseline (baseline: \$4,250; \$8,766 for people with moderate pain, and \$16,492 for those with severe pain). One ultimate impact is that people are dying from prescription abuse. The use of prescription pain medication contributes to the highest burdens of disease in Larimer County, including overdose and suicide. Deaths by overdose and suicide are overtaking the number of deaths from motor vehicle accidents.

Why is the preventable disease burden related to pain so high? As staff began analyzing this question, they created a fishbone diagram listing a multitude of factors. Broad categories of factors included western culture's approach to pain, the health care system, the practices of providers, the opioid epidemic, the patient's approach, and far more. (See slides for details.) As one analyzes the subparts of each of these factors it becomes more and more complex.

To even begin to understand the problem, one needs to understand the physiology of pain: what is pain, and what is chronic pain? The great challenge is that pain is subjective, without tests to prove or disprove whether a patient is experiencing pain and/or how much pain. Patients experiencing serious pain often report that they don't feel heard by their health provider.

Dr. Cooper noted that our knowledge of pain and pain treatment has advanced considerably in recent years. He provided a quick basic lesson on the physiology of pain and the pathophysiology of chronic pain – how impulses are carried from a stimulus point in the body and transmitted to the brain via the spinal cord. As information is flowing up towards the brain, the brain is also sending information downward, similar to a volume control that can be turned up or down, on the level of pain. Problems occur when there are abnormalities in this process. For example, chronic pain may not even be tied to a direct existing stimuli – a person may feel

pain even after an injury has healed, or there may have been no identifiable injury, and yet pain is recognized in the system.

Four types of chronic pain have been identified: 1) nociceptive pain (comes from identifiable stimuli, such as osteoarthritis); 2) inflammation (such as with rheumatoid arthritis); 3) peripheral neuropathic pain (neuropathy from an injured nerve, such as in herpes zoster); and 4) centralized pain (also known as brain amplification pain, brain pain, central sensitization pain, or functional pain) where there is no obvious stimuli and it is impossible to figure out the cause (as in fibromyalgia). As an example, 50% of low back pain is estimated to be centralized pain. This fourth kind of pain is very difficult to treat and requires different approaches than what is used to treat other pain. Since typical approaches (opioids, NSAIDS, injections, and surgery) don't tend to work, other approaches are more appropriate, such as selective serotonin-norepinephrine uptake inhibitors, anti-convulsants, the use of Cognitive Behavioral Therapy (CBT), increase in activity, treatment for anxiety and depression, etc. In order to be effective, the treatment of pain should vary considerably depending on the type of pain, and approaches generally need to be multi-modal.

As staff have been delving into the issue of pain and pain management, there has also been increasing momentum and interest in change both locally and nationally. Various organizations, such as the North Colorado Health Alliance, the Colorado Consortium for Prescription Drug Abuse, PainWeek, PAINS Project, and even the White House, have developed initiatives to address various aspects of issues related to pain management, including the opioid epidemic and the availability of prescription drugs to teenagers, etc. Most of those initiatives, however, focus on a limited part of the issue, and the Health District's Pain Project is attempting to look at the issue more comprehensively.

The team is currently working on a written report to be available in January that will summarize the learnings from the interviews and research, and recommend next steps for convening a community group to develop a community approach for making improvements in pain management.

Dr. Birnbaum commented that as a physician, this is probably the most overwhelming thing he deals with on a day-to-day basis. Because it is such a complex issue, the board noted the importance of focusing on specific facets that would be effective in making improvements.

DISCUSSION AND ACTIONS

Brief Introduction to the 2016 Budget

On October 15, Board members received a copy of the proposed 2016 Budget. While a formal presentation of the budget will be provided at the Board's budget hearing meeting, Ms. Plock highlighted some of the areas to be focused on in 2016 – pain management and addiction issues, the Child, Adolescent, Young Adult Connections program (CAYAC, a new approach to assisting youth and their families who struggle with mental health and/or substance use issues), aging, and the triennial health assessment. She also pointed out that while there is a significant increase in revenue from property taxes, the level of overall increase in total revenues has been impacted by recent estimates that predict that our dental revenues will be lower in 2016.

There were no immediate questions from the Board.

Set Budget Hearing

The Board put forth a motion to set the Budget Hearing for its next Board of Directors meeting scheduled for November 17 at 5:30 pm.

**MOTION: To set the 2016 Budget Hearing Meeting for November 17 at 5:30 pm.
*Motion/Seconded/Carried Unanimously***

Use of Reserves

Ms. Plock distributed to the Board a copy of the "Five-Year Reserves Guide" as of 2016. This document, though not an official part of the budget process, is a tool used by the Executive Director to be sure that we are retaining required reserves, and to anticipate the level of reserve funds available five years into the future. Required funds to be held in reserve include 1) at least 3% of expenditures (state policy) OR 2) \$1 million (board established), whichever is greater. The goal of the Executive Director has been to keep not less than \$1.5 million in reserves by the end of any 5 year period. The document outlines a list of expenditures most likely to be spent from reserves over a 5 year period to support time-limited programs or projects as well as capital or equipment/software needs. It was noted that the Health District main buildings are around twenty years old and may face significant improvements in the not-too-distant future, and that if the Health District chooses to continue certain projects that are currently (or anticipated to be) housed in rental property, there may be a need for the future purchase of another building.

Amendment to Protective Covenants for Shields Street Bldg. G

Included in the meeting packet for the Board's review and consideration is a copy of proposed amendments to the Declaration of Protective Covenants of the Spring Creek Professional Park P.U.D. The Health District owns property at 2001 South Shields in the Professional Park and is being asked to approve the amendments. It was noted that the changes being proposed are mostly "house-keeping" items to bring the covenants up to date, as well as broadens the list of types of businesses that can locate there, allowing for more flexibility in building use.

**MOTION: To approve the First Amendment to Declaration of Protective Covenants for Spring Creek Professional Park P.U.D. as presented.
*Motion/Seconded/Carried Unanimously***

Employee Cafeteria/Transportation (pre-tax) Plan Update Process

The Health District recently contracted with American Fidelity to help administer its Cafeteria Plan. Currently, the Health District's Cafeteria Plan document includes healthcare reimbursement, dependent care reimbursement, and a transportation expense benefit. In reviewing the documents to make the appropriate revisions, we discovered that the transportation section needs to be separated from the rest of the sections into a separate document. The different plans come from different sections of IRS regulations, Section 125 "Flexible Benefits Plan" and Section 132 "Transportation Benefit Plan." Staff is in the process of drafting a resolution that will establish and clarify these two plans for the Board's consideration.

**MOTION: To give the Board President authorization to sign any documents necessary to separate the plans and move forward with the company managing the Cafeteria Plan.
*Motion/Seconded/Carried Unanimously***

Dental Connections Personnel Issue

At the end of 2014, the Board approved a temporary policy regarding incentive pay for certain employees of the Larimer Health Connect and the Prescription Assistance programs who were leaving because their programs were being downsized due to ending of grant funding and Medicaid expansion. A similar situation is happening with the Dental Connections program this year. With the expansion of Medicaid, many of the clients who sought Dental Connections services have become eligible for Medicaid, reducing the need for their participation in Dental Connections. The program will be downsized from two to one staff person.

For the one person who will be leaving, staff is asking the Board if they would permit a similar incentive arrangement to what was approved in 2014, so that if the employee fulfills their commitment to continue in their position until the end of the year, the Health District will provide incentive pay at the same level indicated in the prior temporary policy.

MOTION: To approve the application of the same concept of former temporary incentive pay policy to the Dental Connections employee leaving the Health District due to program downsizing.
Motion/Seconded/Carried Unanimously

Mobile Van Request

In the past, the Health District has allowed certain groups, via formal written agreements, to use its mobile van for health purposes. Staff received a recent inquiry about the potential use of the van for a mobile heart health clinic, which is a collaborative project between the Colorado Firefighters Heart Trust and CSU. Nothing is certain at this point; information is being gathered about the proposed use of the van and whether it will even be appropriate for their use, but staff wanted to be sure that the Board would be supportive of this use if it evolves. The Board commented that they approve of lawful use of the van as long as there are protections in place in a written agreement to cover the cost of usage and maintenance, as well as indemnification and liability.

UPDATES & REPORTS

Larimer Health Connect

Ms. Karen Spink, Assistant Director, provided a brief update on Larimer Health Connect preparations for the upcoming open enrollment period. There have been many improvements in the computerized system since the last enrollment period, particularly around the eligibility and enrollment process. There will, however, be some significant challenges – particularly, a 10% average increase in premium rates in our region, and the loss of the Colorado Health Op insurance carrier, which was not allowed to offer plans in 2016 and which had many of the lowest priced options in the 2nd year, and enrolled a large proportion of local participants in the Connect for Health Colorado exchange. Of the people we assisted, at least 981 people (521 households) were covered by a CO Health Op plan, and that does not include those who signed up for the plan via other avenues.

For the upcoming enrollment period, two new carriers did enter the individual and family market: Cigna and United Healthcare. Consumers will also find that their tax credits will increase due to the formula used at the state level. Staff are studying the key elements of all of the plans, and Dan Sapienza updated and expanded matrices that list the various costs for each plan. The Coverage Guides will be helping clients (new and returning) to sort through options, determine

their priorities, and understand how to find the right plan (not always the lowest premium plan) for their particular needs and situations.

A mailer was included in the recent Compass edition, and there have been a wide variety of other outreach efforts over the last month. Appointments are already filling up, with next week nearly booked with 105 appointments and the following week already half booked. Staff is preparing for a busy and interesting open enrollment.

The Board inquired as to which company is offering the lowest premiums as well as whether clients are able to search for a plan that will allow them to keep their current provider. At this point, it looks like Kaiser Permanente may be offering the plans with the lowest premiums, though premiums will be higher than the previous years', and the information is still coming in. Connect for Health Colorado has a search tool available where one can enter a provider and a list of all plans that provider is associated with can be generated. Additionally, to ensure a provider has not dropped out since last enrollment, a call can be made to the provider to ask about specific plans they participate in.

Upcoming Policy Issues

The ColoradoCare campaign turned in over 156,000 signatures to get their "health care for all Coloradoans" proposal on the 2016 ballot. The initiative would replace the Colorado health exchange with a plan for all Coloradoans. In a summary of the ColoradoCare initiative, it states that "ColoradoCare is a resident-owned, non-governmental health care financing system designed to ensure comprehensive, quality, accessible, lifetime health care for every Colorado resident."

The Board was reminded that per the Fair Campaign Practices Act, as a special district, the Health District is strictly limited on what staff may do regarding the issue. The Board is allowed to request an objective analysis of the proposal, and the Board is allowed to determine a position. Staff would not be allowed to lobby in any way regarding the issue, but the board's position can be posted on the Health District's web site, which is usual and customary for our policy analyses.

MOTION: To request that staff provide an analysis of the proposal should the ColoradoCare petitions be certified by the Secretary of State, and the issue deemed eligible to be placed on the 2016 ballot.

Motion/Seconded/Carried Unanimously

Executive Director Oral Report

CAYAC Grant – Staff have been working to expand the Connections program to provide a foundation for the Early Identification Early Intervention (EIEI) program, hiring people with child and adolescent experience and working with partners to plan and develop the program. In the process, a grant RFP presented a unique opportunity to potentially jumpstart efforts. The opportunity is a two-part grant with the Denver Foundation piece focusing on behavioral health treatment and the State Innovation Model (SIM) piece focusing on assessment and screening, providing \$1 million in funding over 3 years. Submission of a grant proposal is a collaborative effort of 3 agencies – Poudre School District, SummitStone Health Partners, and Connections – as well as the Mental Health and Substance Abuse Partnership as a whole. If the grant is awarded, it will help in establishing the CAYAC program (Child, Adolescents, and Young Adult Connections) which will include a multi-disciplinary staff team working across the three agencies and with local primary care offices to assist families in helping their children and youth who have

mental health and/or substance use issues connect to the right services for their situation. Even if the grant is not awarded, the process has resulted in commitments from the three organizations, and a smaller team can be initiated while other funding is sought. Grant selection should occur in January, and funding would begin in March if approved.

Dental Services Director Replacement – A Dental Services Director has been appointed to replace Mr. John Newman who is retiring at the end of this year. Ms. Sarah Tilleman will be starting her employment with the Health District on November 3 and Mr. Newman will be training her before his departure. Ms. Tilleman has a Master's degree in Nonprofit Management, has run a non-profit, coached in project management, and has significant experience with the Medicaid dental benefit, as well as a background in policy. She comes from the Department of Health Care Policy and Finance (HCPF) in Denver.

UCHealth-North (PVHS) Board Liaison

Dr. Thorson reported that the UCHealth-North Board has not met since the last board report. He did comment that due to a technicality, the new Emergency Department on Harmony opening was delayed for a few days. He noted that it is a very well designed facility that will benefit the community in that it is located on the south-side of Fort Collins, open 24/7, and offers an outpatient lab, which is also continuously available.

2016 Board Meeting Schedule - Draft

The Board briefly discussed the draft, and no obvious conflicts existed. The Board will officially approve the 2016 Board Meeting Schedule at its January board meeting. Mr. Liggett commented that he will not be able to attend the December 14 board meeting.

CONSENT AGENDA

- Approval of the August 2015 Financial Statements
- Approval of the September 22, 2015 Board Meeting Minutes

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

ANNOUNCEMENTS

- November 17, 5:30 pm – Board of Directors Regular Meeting and Budget Hearing

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

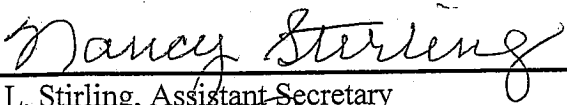
The Board retired to Executive Session at 7:55 p.m.
The Board came out of Executive Session at 8:05 p.m.

ADJOURN

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


The meeting was adjourned at 8:06 p.m.

Respectfully submitted:

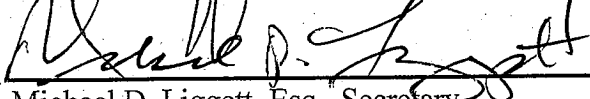


Nancy L. Stirling, Assistant Secretary

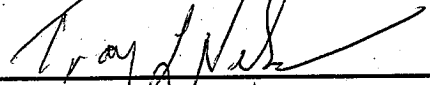
Bernard J. Birnbaum, M.D., President



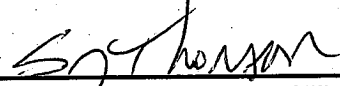
Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



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