BOARD OF DIRECTORS
MEETING
December 13, 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 UCH Health-North/PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
                                 Bruce Cooper, M.D., Medical Director
                                 Richard Cox, Communications Director
                                 Rob Garland, DDS
                                 Lorraine Haywood, Finance Director
                                 Laura Mai, Accountant
                                 Dan Sapienza, Policy Coordinator
                                 Jessica Shannon, Resource Development 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

OTHERS PRESENT: Jane Gerberding, Regional Health Connector

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. No changes were made to the meeting agenda.

MOTION: To approve the agenda as presented.

Motion/Seconded/Carried Unanimously

PUBLIC COMMENTS
None.
BOARD ACTION
2017 Budget Approval
The final valuation was received from the County and it barely changed, with just $2,260 less than what was previously estimated. In light of this change, adjustments were made to the previously presented budget, and were presented in a list to the Board members. Although most changes were minor, one more significant change was saving $19,000 by purchasing workers’ compensation insurance from a different source. Savings from that change will mostly be used to move the expenditures needed to adjust the CAYAC psychiatric salary to market level, moving the change from reserves to the operational budget. A few additional expenditures from reserves were proposed and explained, including the purchase of a wellness program that would replace one offered by the current worker’s comp provider.

MOTION: To approve the following:
• Resolution 2016-19: Adopt Budget
• Resolution 2016-20: Set Mill Leves
• Resolution 2016-21: Appropriate Sums of Money
• Certification of Tax Leves

Motion/Seconded/Carried Unanimously

Ms. Sullivan commented that, as one of the newer board members and not having been through the Health District’s budget process before, she thought that there would be more time on the November agenda for greater discussion on the budget. After a brief discussion, which included the points that priorities are developed as a result of discussions that begin in board retreats and end in agreement on priorities, and the budget then reflects those priorities; that normally a brief presentation on the budget is made in October, but that this year that meeting was canceled; that board discussion is welcome at the November board meeting; and the possibility of making changes in the process next year, such as a possible additional work session; it was decided that this will be a topic at the next board retreat. Since all the board members will be involved in the triennial retreat next spring and subsequent priority-setting, there will be significant opportunity for involvement and input.

PRESENTATIONS
Dental Services
Ms. Sarah Tilleman, Dental Services Director, and Dr. Rob Gartland, Dental Clinic Lead Dentist, provided an overview of the dental programs provided by the Health District’s Dental Clinic. Dental Services is made up of 33 “committed, talented, and exceptional” individuals, including: 6 dentists, 3 hygienists, 11 dental assistants, and a variety of other staff members. The Dental Clinic serves district residents who do not have commercial dental insurance and who are at or below 185% of the federal poverty level. In 2016 year to date, more than 4,000 patients were seen and nearly 9,000 dental visits were completed. The program also staffs the Headstart and Project Smile K-12 school screenings for Northern Larimer County and the Poudre School District. In 2016, over 1,500 children were served. Additionally, the dental program is involved with the Senior Dental Program and the Larimer County Office on Aging to provide dental care for older clients; Medicare does not provide dental coverage.

In addition to providing dental care, the Dental Clinic provides “dental patient navigation”, a complex system for assisting patients in connecting to the community services they are eligible
for, providing eligibility and program administration, and organizing the services that match some clients with Dental Connections volunteer dental providers. (See chart for more details.)

The Provider Network of Dental Connections consists of 40 volunteer community dentists who provide dental services at no or for very little costs. The General Anesthesia Program (GAP) provides dental services to the most medically fragile individuals with intellectual or developmental disabilities who can only get their care with anesthesia.

Dr. Gartland shared information on the types of services the Dental Clinic provides to patients and examples of some of the cases usually seen in the clinic. In addition to providing emergency care (walk-ins and call-aheads), we also provide comprehensive care. Many of the cases seen are severe in nature. In young children, we often see the effects of sugar-sweetened beverages. In adults, there may be years without care, years of neglect, or impacts of substance use disorder. The clinic also offers oral cancer screenings for patients and refers smokers to the Health District’s Smoking Cessation program. Many clients need dentures. These changes that we perform (i.e., pull a tooth, make a denture, do a root canal, make a flipper) can have a huge impact on our clients, including: increase self-esteem, obtaining employment, ability to sleep, and provide good care for the people around them because they are now out of pain.

Current work includes figuring out the implementation of Meaningful Use, which is a way to incorporate electronic health records more completely, and updating policies and guidelines. Successes for the clinic include adapting to the changes that allowed Medicaid to cover adults, maintaining a positive staff culture, and, most importantly, touching individual lives. Challenges include needing to be sure our chairs are filled regularly, frequent changes in Medicaid, patients with the most challenging situations, and trying to access the right level of care for those with difficult treatment plans (not enough funding for seniors who have major care needs).

It is unknown at this time how dental services may be impacted in 2017 or the near future in light of the upcoming administration change; much will depend on whether the current Medicaid benefit continues. If it does not, that would create a large impact on the program. There is still a huge need for dental services – there are over 60,000 individuals in the county who currently qualify for the benefit due to their income.

The Board inquired as to what might be some options for the Health District if Medicaid is modified significantly. Some options may include: going back to largely fee for service (with a sliding fee scale), payment plans, prioritizing needs (such as addressing the more urgent dental needs), etc.

Policy

Dan Sapienza, Policy Coordinator, provided an update on how the 2017 legislative session is shaping up. The session is scheduled to begin on January 12.

FY2017-2018 State of Colorado Budget Issues – There are two new members to the Joint Budget Committee (JBC), Senator-Elect Moreno and Senator Lundberg. The timeline for the JBC begins early November with the Governor’s Budget Request, meetings and hearings mid-November through December, with March and April being “budget season”. The group reviews expected income and expenditures. This year the possibility of Hospital Provider Fee changes will be raised again as a method of avoiding major cuts. Mr. Sapienza reviewed briefly the budget issues
of concern for the Colorado Department of Public Health and Environment (CDPHE), the
department of Health Care Policy and Financing, and Department of Human Services. (See
slides for details.)

Hospital Provider Fee – Included in the meeting packet is a copy of a Policy Brief concerning
this issue that was previously presented to the board and recently updated. In the 2015 and 2016
Colorado legislative session, proposals were introduced to make the Hospital Provider Fee a state
enterprise, which would have exempted the program’s fee-generated revenue from caps required
by Referendum C and TABOR. Though those efforts failed, with the release of the Governor’s
Budget Request, there is renewed discussion of making this change via legislation in the coming
session. Removing the HPF from the rebate calculations via the enterprise proposal could make
many anticipated cuts unnecessary.

Accountable Care Collaborative Phase 2 – This project would create a major change as to how
Medicaid is managed, by merging current Behavioral Health Organizations (BHOs) with
Regional Collaborative Care Organizations (RCCOs) to create “Regional Accountable Entity”
(RAEs). There are currently 5 BHO regions and there are 7 RCCOs, and Larimer County is in
different regions in each. After much review and discussion, HCPF made the decision to leave
Larimer County in its RCCO region, along with the western region of the state. There has been
strong lobbying from Weld County and Colorado Access to bring Larimer County into the BHO
region. People we have been working with on the local Medicaid Accountable Care
Collaborative (MACC) Oversight Committee, including representatives from the hospital, and 3
major local practices (Associates in Family Medicine, Salud Family Health Centers, and Family
Medicine Center), and Summitstone have expressed a preference to not change, but to stay with
the RCCO 1 designation. We have a wonderful local model, our partners are committed to this
model, it has benefited our community tremendously, and there is significant concern about
disruption and loss of access to specific resources if our county is moved. Senator Lundberg had
a very strong question to HCPF, so staff, after acquiring permission from the Board President,
shared our local experience with him. The timeline is that the RFP would go out in 2017, with
the change happening July 2018.

Potential Upcoming Legislation
Free-Standing Emergency Departments – There have been many cases reported of confusion
between Urgent Care centers and Emergency Departments, wherein consumers go to a
freestanding Emergency Department thinking it’s an urgent care center and get hit with enormous
bills. With the elimination of “Certificates of Need” (a requirement that there is a certified need
before a new emergency department can be built), there has been a proliferation of such facilities
built around the state. In our community, UCHealth already has a free-standing ED and another
one is to be built on South College by an out of town organization. Legislation on the issue is
likely, but content is unknown at this time.

Other issues which may come forth during this session: pharmaceutical prices, advance care
directives, homeless bill of rights/affordable housing, marijuana and “grey markets”, and nicotine
registry.

UPDATES & REPORTS
Executive Director Updates; Compass Award; SDA Guide
All programs are full speed ahead, including the fourth open enrollment period for health coverage and advance care planning, which continue to be wildly busy. A Regional Health Connector Coordinator was hired and will be responsible for helping connect primary care providers with all other care services in the community. The CAYAC (Child, Adolescent, and Young Adult Connections) program has moved into their new offices and has already served over 250 families since it began in August. The program serves those children and their families who are dealing with serious behavioral health issues and helping them to figure out what is needed and available resources. Ms. Sullivan mentioned that she heard from a friend on the school board about a group of high school students in a “think tank” who are interested in getting involved in mental health in the community. Ms. Sullivan connected them with the Program Coordinator at CAYAC.

In other news, the Health District’s Fall 2015 Compass newsletter was recently honored for overall excellence in the 2016 Spotlight Awards Global Communications Competition conducted by the League of American Communications Professionals. The Fall 2015 issue earned a silver award in the Print Newsletter/Magazine category, receiving perfect scores from judges for overall narrative, message clarity, perceived relevance and overall visual design.

The Board members were given copies of the Special District Associations’ Board Manual for their reference. Some topics that may be of interest in the manual include: conflicts of interest, TABOR, personnel.

Larimer Health Connect - The program has been crazy busy since the third health coverage enrollment began on November 15. Since November 15, the program has served over 550 clients/households. While we don’t have the number of actual enrollments yet, there have been 721 client encounters and an additional 128 trouble-shooting contacts. Appointments with Health Coverage Guides are booked through December 15, which is the end of this enrollment period for coverage that would begin on January 1. The next critical deadlines are January 15 for February 1 coverage and open enrollment ends January 31. Staff are repeatedly asked questions about what is going to happen with the ACA in light of the recent elections; our response is that the option is available now, and we encourage them to continue to sign up while it is available.

Ms. Sullivan inquired about whether Health First Colorado (previously known as Medicaid) was doing any “story banking.” They are, as is the Colorado Consumer Health Initiative (CCHI), and the Larimer Health Connect program is working on collecting stories from clients as well, although we tend to get comments thanking us for our help rather than their story, so we are working on how better to collect them.

APHA Learnings – Ms. Spink attended a session focused on the SIM (State Innovation Models) project, a national project to find the best health transformation models. Most other states are looking at a model that integrates payment for behavioral health and medical care into a single source. CO is looking at multi-payers and really working on behavioral integration. The Health District was mentioned for its CAYAC and Regional Health Connector programs (both funded by SIM). Various Medicaid models were presented, including a MA Health Total Cost of Care Model, studies on the “Medicaid bump,” (which may have not increased access to care), care coordination projects, and programs where primary care practices adopt cardiovascular guidelines on a large scale.
UCHealth-North/PVHS Board Liaison Report
No report at this time.

PUBLIC COMMENTS (2nd Opportunity)
None.

CONSENT AGENDA
• Resolution 2016-22: To Spend 2016 Revenues into Reserves
• Approval of October 2016 Financial Statements
• Approval of the November 15, 2016 Board Meeting Minutes

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

ANNOUNCEMENTS
• January 24, 2016, 4:00 PM – Board of Directors Regular Meeting

At the next meeting the board will discuss timing for the Triennial Board Retreat.

ADJOURN

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

The meeting was adjourned at 5:19 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCH Health-North (PVHS) Board Liaison