

CHAC MEETING  
12/4/2009

Minutes of the past meeting were accepted without changes.

Julie was sick so Jill Patton led the meeting.

Jill & Julie attended the Communities Joined in Action(CJA) Conference in Austin, TX. See Julie's outline attached.

Jill's take away points were:

1. All people need their basic needs met first(food, housing, etc.) before they will access health care.
2. Health literacy(how to use services that are available) must be taught before some persons access available health care.
3. Emergency department statistics are valuable to determine the basic health care needs of a community. Missy Rodey is contacting MRMC to obtain this data. The universality of the data enables a county to compare itself with other counties & states. For example, who uses, ages of users, their diagnoses, time of day & days of the week the ER is used, related charges are useful. Comparisons then can be made to what's available in the community & what insurance typically covers. One county's data revealed higher ER visits because of mental health diagnoses, dental problems, and alcohol abuse related problems. That county had 3.2% of their ER visits related to dental problems so they used the data to support a program with \$100 slots for emergency dental work covered by local dentists in the community.
4. In a Project Access model, a nurse's hotline was highlighted related to ER visits. If a client called the hotline first & then visited the ER, their co-pay was waived. If a client did not call the hotline first and went to the ER the client had to pay the co-pay. Discussion around this model pointed out that this was obviously for an insured population. Kathleen McGuinness pointed out that Pediatric Partners in Durango uses the nurse's hotline based out of Children's Hospital in Denver after hours, using diagnostic related protocols that appear to be very effective.
5. Multi-share models is a program where an employer, an employee and a 3<sup>rd</sup> part pay for health care coverage for employees. It has generally been for small businesses & qualifications vary. Pueblo, CO has such a model. They require State legislation, include a wellness/prevention component & the 3<sup>rd</sup> party varies; e.g. gov't entity, hospital district, community group. If the federal health care legislation includes a health care coverage mandate, advocates want to ensure that multi-share models fit in.
6. ROI- the return on community investment is important for all community based models. Julie has details coming to her about this.
7. A Pathways model pressed communities to identify the individuals at risk in their community. A holistic approach was used to set up mechanisms to access health care & other basic needs. Rio Arriba County in New Mexico presented

their program addressing drug abuse & is willing to share their experience with La Plata County. This approach is also present locally on a limited scale at the San Juan Basin Health Department.

8. In Tucson, AZ., mobile vans are used to care for the homeless population. The vans serving urban & rural areas, are staffed by a driver, who also determines client eligibility, a nurse practitioner &/or a physician's assistant. They treat wounds & dermatological problems, & offer lab work, behavioral health & optometry services.
9. A CD with many of the presentations is available.

Other discussion included:

1. SWCMH is planning a presentation at the joint meeting next month. They are moving forward with an integrated health care model.
2. Some members of the committee attended a presentation by the QHN(Quality Health Network) which is a Grand Junction based electronic medical records system who is interested in serving La Plata County. Weld County is using it currently. Those members who attended the presentation were impressed with the system.
3. Some members also attended a presentation by PMS(Presbyterian Health Services in NM) discussing federal guidelines for FQHC's. Lynn Westberg reported that the presentation lacked specifics but reiterated that FQHC's need other funding sources in addition to federal funding to sustain them.
4. *A joint meeting next month with both the CHAC & the HSSC(Health Services Steering Committee) is planned. Members of both committees are encouraged to attend. Input is needed in defining La Plata County's current health care problems. Have the needs changed from three years ago? Is it still the Medicare or underinsured population that does not have access to health care? How do we engage the community to enable action? Do we need to start small to see progress?*
5. Julie began working in \_\_\_\_\_ with CHF(Colorado Health Foundation) funding for 18 months. To keep on track, she plans to present 3-4 scenarios in March or April that could serve as a starting point for our County. Jenny Wrenn stated that she thought additional CHF funding may be available if it is needed.

THE HSSC & CHAC JOINT MEETING IS JANUARY 8<sup>TH</sup> AT 8:30 AM IN THE \_\_\_\_\_ ROOM AT THE REC CENTER. PLEASE PLAN TO ATTEND OR SEND INPUT TO JULIE @ [healthaccesslaplata@chaclaplata.org](mailto:healthaccesslaplata@chaclaplata.org).