

## CHAC MEETING MINUTES

November 5, 2009

PRESENT: Kip Boyd, MD, Jeanine Justice, Sheila Casey, Marsha Porter-Norton, Tara Anderson, Tony DeMond, MD, Bill Warren, Lynn Westberg, Jenny Wren, Kathleen McInnis, Mary Nowotny, Julie Thompson

Tara Anderson was introduced as the new representative from Senator Bennett's office.

Julie will send out the electronic version of the "models" paper on the profiles.

A. Most of the agenda was spent in presentation and discussion of Julie's recent site visits.

Pueblo: Team included Julie, Karen Zink, Commissioner Joelle Riddle and Missy Rodey. It was a Colorado Health Foundation sponsored session "Bringing Health Home" and included presentations from speakers from across the U.S. on models they have successfully implemented. Breakout sessions paired these national speakers with counterparts from local efforts across Colorado. The national programs presented included a Michigan program that created an insurance plan with very assertive case management: "Access Health Muskegon." A representative of Hillsborough County Florida discussed their focus on self-sufficiency – spending efforts on employment and training to reduce health care costs to the county. Howard County Maryland created an insurance product with mandatory health coaching. In Wisconsin the Farmers Cooperative created a cooperative health insurance plan for its members. The speaker noted that communities in Wisconsin are also developing community co-ops for health insurance. Colorado presenters included Dr. Wallace and Mike Bloom from Greeley (Northern Colorado Health Alliance), which Julie is planning to visit.

Julie also had the opportunity to meet with Holly Hanson, CEO of Health Access Pueblo, the multi-share employer-based health benefits program. She noted that while they did not use actuaries to price their first year premiums, they were lucky and have since been more methodical in setting their rates. Premiums have remained almost stable in the years of the program. The program does require legislative action since while it is not officially "insurance" it does look and act similarly.

The meeting format asked each community team to submit a worksheet on possible projects. Since our project is in progress, the Foundation agreed that future funding opportunities will likely be evident at the completion of our current work.

Grand Junction: Julie took a team of 9 up for a 2-day visit. The key pieces of the model there are

1. The role of payers in creating incentives. Rocky Mountain Health Plan negotiates rates for its commercial business as well as being the fiscal intermediary for Medicaid and Medicare. Reimbursement withholds are subject to quality

standards. The size of the repayment is dependent on RMHP's financial success, so there is a volume incentive as well (reversely proportional).

2. Quality Health Network facilitates data exchange. It does not require offices to use its EMR software but integrates whatever program offices use. It does offer an "EMR lite" program for offices without medical records software. It is very cost-effective and increases communication and timeliness which improve the quality of care.
3. Marillac Clinic serves all the uninsured. It offers an integrated model of care and is funded primarily by faith-based groups
4. The community has a very developed hospice and palliative care program. It enrolls people early and has significantly lowered the costs of end of life care.

Austin: Julie and Jill Patton attended the annual meeting of Communities Joined in Action. A full report will be made at the December meeting.

B. We discussed future meetings

1. The January CHAC meeting will be a joint meeting with the Health Services Steering Committee and will offer presentations by 3 local efforts: Southwest Mental Health's work to date on its integrated model, Hesperus' community efforts to provide primary care services in the community and an update on the school-based clinics by Sherrod Beall.

2. Julie will spend December and January preparing the white paper with her information and recommendations. That paper will be presented to a second joint meeting of the CHAC and HSSC, likely in late February. That meeting will be the discussion of recommendations and development of the specifics of the plan. Julie will then incorporate the plan into the final version of her paper. At this point she believes her first recommendation will be the formation of an community health alliance, similar to that in Greeley. This group could then "own" the plan and move it forward, holding members accountable for assigned projects.

3. We discussed whether or not public meetings and polling will be needed and decided that would be determined by the resulting plan. If options are exclusively private business efforts it is possible that public input would not be necessary. Julie suggested that an update as an "fyi" to the public could be accomplished with a newspaper insert.

C. Jeanine distributed information for the Boys and Girls Club on-line auction.

D. Our next meeting is Friday, December 4.