

CHAC MEETING NOTES November 30, 2007

Present: Bill Warren, Eileen Wasserbach, Jeanine Justice, Jenny Wrenn, Jill Patton, Julie Pickering, Kristin Pogue, Lynn Westberg, Marsha Porter Norton, Niles Bruno, Sheila Casey, Sherrod Beall, Tom Rebbin, Mary Stengel, Dianne Donovan, Lisa Schwantes

The CHAC met for a special meeting to discuss how to proceed on a new Health Service District campaign. There were two main topics: 1) General discussion of HSD with respect to primary health care; and 2) Discussion of draft vision. In addition there was a report by the Grant Committee.

General Discussion of HSD with Respect to Primary Health Care

- Marsha introduced the discussion by reporting that she and Missy Rodey met with the PHCCC on November 30th to gauge their interest and views on a new HSD campaign. The efforts of CHAC and PHCCC would need to be combined as a cohesive unit in any new campaign.
- Marsha: Do we need a HSD? It depends on the vision. Perhaps not needed if plan is only a continuance of the current HSC functions. Would be needed if more services planned as there doesn't appear to be funding available through other means.
- Marsha: Estimated cost of a new campaign at \$150-250K.
- Marsha: A 2008 campaign had been suggested at the last meeting. Marsha wondered whether there would be enough time to run the campaign effectively so as to create the best chance of passage, and cautioned against the consequences of failing with the voters twice in a row.
- Marsha: Indicated it would be crucial in a new campaign to have the support of the primary care providers. Several members responded that they did not believe that would happen.
- Niles: Questioned what has changed that would support getting an additional 13% of the public to vote for a HSD. He thinks there have not been positive changes and that, if anything, the citizens perceive the problem has been addressed through the temporary HSC and that the City/County would continue to fund such a clinic.
- Bill: Thinks the funding climate for the City/County is changing and that, nation-wide, city/county funding has not been a reliable funding source for programs like this. Thinks Valley Wide was one of the primary negative impacts on the first campaign and, now that they are gone, the public perceives the void that has been left.
- Niles: He has heard reports that the HSC has been under-utilized and that this knowledge would have a negative impact on a new vote.
- Tom: Agrees that the HSC may be a negative impact in that the public may perceive that the primary care problem has been solved by the HSC.
- Bob: Thinks the immediate decision is whether to try for funding from the City/County or to go for a HSD.
- Marsha: Need to know what the vision is for primary care in the community. Is it a safety net clinic or is it a primary care system designed to integrate primary care, behavioral health care and preventive care?
- Julie: Agrees with Niles that the perception of the public is that there is less of a crisis due to the HSC and some new providers. Agrees with Marsha that a clear vision is needed.
- Jenny: Observed that even the average person is under served and under covered. Offering services to more of the population could increase public support for funding.

- Sherrod: Agrees that it is critical to learn what the public really wants.
- Marsha: Summarized the initial steps outlined by ballot campaign consultant Rick Ryder. 1) Develop vision & service plan. 2) Gauge the response of a selected audience to the vision & service plan. 3) Conduct poll to gauge response of general public. 4) Need to have 56% positive response from the poll for a successful campaign to be staged. Marsha wondered if there would be enough time for these initial steps prior to an actual campaign for 2008.
- Marsha: Colorado Health Foundation (CHF) has expressed interest in awarding a grant to support the initial steps outlined above. They are open to considering an award of \$150-200K.
- Niles: His perception is that the issue of primary care is currently mostly mute with the public.
- Sheila: Disagrees with Niles, indicating that she hears about it a lot from her Medicare clients.
- Jill: Thinks there have been some significant positive changes in support of passage of a HSD. 1) Valley Wide is gone; 2) Addition of the possibility of a sunset clause; 3) New option of funding through a sales tax.
- Kristin: Need to offer value to citizens who do not buy into the ethics of general community value.
- Lynn: Thinks that a reason that many health care initiatives fail is the ethical struggle of "Me vs. Community." Need to educate public that what is envisioned is not just a clinic, but a health care system where people could have an integrated "health care home."
- Bill: Believes that Mercy Regional Medical Center must be a major player in the campaign. The emergency room does not fill primary care needs and is an expensive method to even partially provide those services.
- Marsha: Reported that Bern Heath, Lynn Westberg and Kirk Dignum (of Mercy) will be meeting to draft an integrated primary care vision and look at what the options are and what the cost would be.
- Mary: Observed that all the talk about national health care in the presidential election may have a negative impact on a 2008 campaign as people may believe help will be forthcoming through the federal government.
- Marsha: Another factor could be that the Governor has indicated that he will propose some kind of tax increase in 2008 and that a beneficiary of that increase could be health care.
- Sheila: Indicated that she doesn't believe City/County funding is reliable for the long term future.
- Jill: Would need to plan flexibility into the HSD for use of funds if state and federal funding did become available for health care.
- Jenny: Questioned whether CHF would fund a feasibility study if the actual campaign were not to be in 2008. She asked Marsha to check with CHF on this.
- Julie: Thinks it would be more successful to present the public with options of what kind of plan they want rather than a yes or no on one option.
- Marsha, Sherrod: The entity to run an integrated primary care system should be determined by an RFP. Concerned that designating SWCMHC (even though under a different corporate structure and mission) would be another lightning rod for negative impact. Also, need broad vision at this time, not nuts and bolts.
- Julie: Need to make it clear to the public that the system would not be providing "free" care and that personal responsibility and accountability would still be required by individuals using the services of the system.
- Jenny: Need to educate the public before conducting polls. Suggested retaining Doug McCarthy's firm, Issues Research, on how best to do this.

- Marsha: Observed that there is already cost shifting occurring to members of the public, adding to the difficulty of selling a new tax.

Discussion of Draft Vision (Handed out to attendees & attached at end of meeting notes)

- Sherrod presented summary of the draft prepared by the Vision Committee. They chose four funding priorities: 1) Transformation of the temporary HSC into a permanent, integrated primary care resource; 2) Comprehensive integrated services in school based health centers; 3) Support of prevention and healthy lifestyle education; and 4) Assumption of the essential public financial support of the psychiatric Acute Treatment Unit. The committee envisioned addressing a broad spectrum of services over time through a HSD.
- Marsha: Recommended taking the words “Health Service District” off of the vision statement at this point so as to depolarize the public’s initial response. She proposed drafting it as a broad vision for health care in the community.
- Eileen: Questioned whether the Vision Committee should also be looking at existing visions by various health care entities in the community to incorporate them in the overall vision. Need to educate public on the values of a health care system in order to get past automatic no votes on any kind of tax increase.
- Marsha: Suggested adding items to the 4 priorities listed in the draft to address those members of the community who will be asking, “What’s in it for me?”
- Lynn: Observed that most people are “under-insured” and that there needs to be education on just what that means.
- Julie: The average deductible nation-wide is \$2,500. Locally it is \$1,000 to \$1,500 (skewed lower than the nation-wide average by high level provided by the Southern Ute Tribe). Pointed out that a hidden aspect of under coverage is that employees are choosing to drop voluntary coverage for other family members due to the high expense.

Grant Committee

- Jenny will be the lead writer with support from other committee members.

Action Items

- Bern, Lynn and Kirk Dignum will meet to draft options and a vision for integrated primary health care.
- CHAC Vision Committee will continue to develop broad health care vision options for a HSD.
- Grant Committee will prepare application to CHF for a feasibility study for a HSD. Will submit prior to January 15, 2008.
- Marsha will check with CHF to affirm that CHF would entertain an application for a feasibility study in 2008 even if the HSD didn’t go to a vote until 2009.
- The 12/7 CHAC meeting was cancelled and the Grant Committee will meet at that time instead.
- Marsha will investigate what it would cost to bring Rick Ryder, ballot campaign consultant, down to meet with CHAC.
- Target date for vision completion: 6 weeks.

Submitted by,
Beth Utton

CITIZENS HEALTH ADVISORY COUNCIL HEALTH SERVICE DISTRICT – SERVICE VISION

Background

The Citizens Health Advisory Council was created out of the first La Plata County Summit to improve access to health care in La Plata County. With the departure of Valley-Wide Health Systems in May of 2007, access to primary care, especially for medically indigent (un- and under-insured), Medicare and to a lesser extent Medicaid patients, reached crisis proportions. In response to this crisis, the City of Durango and La Plata County agreed to cover the costs associated with retaining a health care consulting firm to assess the current status of primary care in La Plata County. John Snow Inc. (JSI) was selected by an independent committee and retained to analyze primary care access and sustainability. Despite a modest increase in the number of primary care providers since May 2007, the JSI consultant report (November 2007) documents a continued substantial shortage of primary care providers for the three noted populations.

With Valley-Wide's departure, our La Plata County communities have a unique opportunity to restructure our health system more thoughtfully and effectively – at the same time permanently addressing three documented health care concerns in a sustainable manner; the primary care shortage, public health (prevention and healthy lifestyles) as a core part of our health system, and an acute, psychiatric resource for our region.

Mission

Meet the most significant unmet health care needs of La Plata County residents in order to improve the health of our community.

Funding Priorities

Each of the three areas above represent critical health care concerns that require some level of local public support as part of the funding mix. The Citizens Health Advisory Council proposes initiation of a campaign to create a La Plata County Health Service District to fund the following:

1. The transformation of the temporary Health Services Clinic into a permanent, integrated primary care resource (see attached *Vision for Comprehensive, Integrated Primary Care in La Plata County*);
2. Comprehensive, integrated services in school based health centers within the three school districts of the County;
3. Support for prevention and healthy lifestyle education, especially in conjunction with and integrated in the new primary resource; and
4. Assumption (from Ignacio, Bayfield, Durango and La Plata County governmental budgets) of the essential public financial support of the psychiatric Acute Treatment Unit.