

Citizens Health Advisory Committee Meeting Minutes

September 11, 2009

Attendance: Deb Banton, Kip Boyd, Jeanine Justice, Julie Thompson, Kathleen McGinnis, Missy Rodey, Marsha Porter-Norton, Sherrod Beall, Jennie Wren, Bob Juskevich, Eileen Wasserbach, Jill Patton.

Julie reported on her findings so far. She said that we have good care providers locally, but that we need more to care for the needy, the uninsured and the underinsured.

In other places, she found that some kind of community clinic was very common. Some communities offer insurance as a community, others offer pooled care. Which is most successful often depends on how that success is measured. Discounted care is most successful in areas with many uninsured people, and works differently in different areas. Some communities offer donated care, which works quite well for primary care, less so for specialized care. The key to success in all these is starting small.

Julie then went through her report, "Community Approaches to Health Care Access and Cost". She had reviewed seven models: Weld County/Northern Colorado Health Alliance; Grand Junction/Mesa County CO; Partnerships for Health Initiative - Northwestern Colorado Visiting Nurses Association; Health Access Pueblo; ECHO (Enchanted Circle Health Outreach for Kids); Project Access; and Vermont Blueprint for Health. For each of these, she gave the goal, what they did, how it is financed, the key factors in success, and lessons learned. Julie expanded on the report in some areas, especially in response to our questions. The complete report will be made available on our web site www.chaclaplata.org.

Then we discussed what were the common threads in these seven models. We agreed on:

- \$ starting small
- \$ leadership, especially from the medical community
- \$ some government participation
- \$ the use of electronic records
- \$ economic incentives/sliding scale fees
- \$ cooperation among the insurance companies and others
- \$ partnerships within the community are very important
- \$ with respect to community health centers:
 - there was no one standard model
 - "community health center" is a generic term - it can be a Rural Health Center, which allows for increased reimbursement for Medicare and Medicaid, or a Federally Qualified Health Center (FQHC), which in addition to the increased reimbursements allows for government grant money, or a FQHC "look alike" which does not qualify for grant money
 - in New Mexico, Presbyterian Medical Services has been partnering in communities to provide community health care for 40 years; such a partnership helps with FQHC qualification; Presbyterian Medical Services is interested in

branching out, including to Durango

A group of our members and some from the HSSC will visit Grand Junction in September to learn more about their model. Julie may attend the annual conference of Communities Joined in Action (CJA) in Austin TX in October. She hopes to have a completed comprehensive plan to present early in 2010.

Eileen reported that the S. Ute tribe will separate their clinic from the Indian Health Service (IHS) starting October 1st, but may continue to contract with IHS for some services.

Marsha congratulated Jeanine and Jennie for receiving an award for their work on providing “safe routes to school”. Marsha also announced that there will be Pep Rally for Kids put on by It’s About Kids on September 24th from 7:30 to 9 am at the Durango Recreation Center.

Our next meeting will be on Friday, October 2nd.

Submitted by Jill Patton