

Citizens Health Advisory Council (CHAC)
Meeting Notes
April 10, 2009

Meeting attendees: Sherrod Beall, CPNP; Wanda Cason; Drs. Kip Boyd, Luke Casias, Bob Juskevich, and Tony DeMond; Sheila Casey; Bob Conrad; Dianne Donovan; Liza Koepp; Kathleen McInnis; Mary Nowotny; Marsha Porter-Norton; Missy Rodey; Lisa Schwantes; Julie Thompson; Bill Warren; Eileen Wasserbach; Lynn Westberg; and Jenny Wrenn.

Community Health Care Capacity Project (CHCCP)

Julie Thompson was introduced as the new project coordinator. She gave her background having worked in health care and running a regional unit of a fully-integrated health care system and clinic in Northern Wisconsin (Marshfield Clinic). The clinic served a large rural area and also Tribal members, and, used an integrated model including EMR, specialty care and tele-medicine services.

Julie gave the group her initial timelines for the CHCCP. She is spending the month of April conducting over 100 interviews in the community/county, including with the CHAC. This will lead to a set of themes and issues upon which site visits will be done to other communities. From there, scenarios will be developed -- and discussed and vetted through the HSSC and CHAC -- as well as the interested public. She hopes the health care strategic plan (*) will be done within a year. In the short term and by May 1st, she will have an initial report that recaps information from the interviews completed to date.

Many comments were made and much discussion occurred. One action step was identified as the need to develop a marketing plan to accompany this work. There was agreement that the community needs to be kept apprised of this process; of the existence of the CHAC and HSSC; and that a uniform set of key messages is needed which everyone uses. Julie said she will begin regularly providing information to the newspapers. Mary Nowotny, a professional marketing expert, has just joined the CHAC. Mary and Julie agreed to meet to work on next steps.

(*) Important: The document below (in blue) describes the La Plata County Health Care Strategic Plan. It was developed prior to Julie being hired.

Julie can be reached at: healthaccesslaplata@chaclaplata.org or 749-6364.

HSSC

Marsha and Missy gave a report. At the last meeting, a list of federal stimulus dollars for health care was circulated and discussed at length. It was reported that the SWCMHC is no longer providing a counselor at the Health Services Clinic (HSC). CHAC members expressed much concern about this news. Bill Warren, who serves on the SWCMHC board, reported that the SWCMHC was losing \$60,000 year providing this service and

will provide it again if funds can be identified/secured. One issue is that the SWCMHC is currently the only provider in the county able to accept Medicaid reimbursement for certain psychiatric and counseling services. This issue, everyone agreed, needs to be figured out because of the vital importance of an integrated model.

Gaps in psychiatric services were discussed at length. Dr. Casias said that he has problems getting care from the SWCMHC for patients who are bi-polar or have other serious mental illnesses due to wait times and other factors. Sherrod suggested that tele-medicine can be used to assist in accessing psych consults from elsewhere using the internet and tele-medicine models. Julie said that is the model the Marshfield Clinic used, and so, she has familiarity with tele-medicine delivery.

A new doctor will be hired at the HSC and will start in August. He is replacing Dr. Feliciano who is moving away. Jenny noted that the HSC needs to have translation services in place because Dr. Feliciano is bilingual and the new physician is not.

Many in the group again expressed support for a Health Services Clinic that is operated by a local community board and has sustainable funding. It was noted that this model will be one of the scenarios carefully studied in the strategic planning process. The issue -- of course -- is funding. Currently, the HSC loses roughly \$400,000/year which is augmented by Mercy, and the City and the County. It was further noted that the work the CHAC did last fall as well as all past needs assessments and documentation (e.g. such as Ellen Roberts' options paper) will be vetted and used by Julie in doing the strategic planning. That work is not lost, Marsha said, and she further noted, "We are building upon all past work to develop scenarios for consideration and eventual implementation."

It was expressed that the key issue in our communities is helping improve access for the uninsured. Dr. DeMond asked that a Community Advisory Council be established now even though the HSC is operated by Mercy. Dr. Boyd noted that Mercy's Board acts as the Advisory Council now, and that Mercy will make decisions for the HSC because they are the entity operating it and putting money into it. Missy noted that the HSSC does regularly give input to Mercy on HSC issues. It was also mentioned that Mercy's board does have community members (Missy being one of those members).

Mercy has applied for a \$4M grant for the HSC. Lisa said the federal budget appropriations process is underway. Last year, Mercy received federal monies through the work of Rep. Salazar and then Sen. Salazar. That money has been used to remodel the HSC. Missy encouraged everyone to stop by the HSC to see it.

It was noted that Pediatric Partners is setting up a satellite clinic at the HSC beginning this summer.

Enthusiasm for Julie coming on board was expressed. For the last several years, Bill noted, it has felt like there was a lot of "wheel spinning" going on with little progress made outside of establishing the HSC as a stop-gap option. It was further noted that

since staff capacity exists, the entire move to establish a more accessible and sustainable health care system can finally be acted upon by the HSSC and CHAC.

Legislative Updates

Several important bills were discussed. Lisa noted that Senator Bennet had recently introduced an amendment in a Congressional bill to get more rural health care services. On the state level, SB 1293, the Health Care Affordability Act, had passed out of the Senate. This places a tax on hospitals that is then reimbursed by more draw downs in federal Medicaid and Medicare funds. The details for SB1293 are not clear in terms of how Mercy would fare under this new tax, Kip and Missy noted. SB 228 removes the 6% cap on General Fund spending from year to year. Marsha said it is very important for health care and human services because without removing the cap, the State budget will be further “ratcheted down” meaning more cuts to services in future years. Sheila noted that the legislature is looking at taking Amendment 35 tobacco funds to fill holes elsewhere in the budget.

Guest: Wanda Cason

Wanda Cason, who lives in La Plata County, has recently been appointed as a health care consumer to the Colorado Commission on Mandated Healthcare Benefits. Wanda explained that this Commission deals with issues surrounding what should be in mandated insurance plans. It is very complex and also many interests are involved. One recent issue the Commission has looked at, for example, is lack of coverage for autism. Wanda was invited to be on the CHAC and you can contact her at: wandac@frontier.net or 749-5156.

San Juan Basin Health Department

Many at the meeting had attended the County hearing about the SJBHD held on April 8th and had questions. Lynn explained her reasoning for not supporting the County’s recommendation to disband the current Board of Health and replace it with a Board that would be comprised of the Commissioners from both La Plata and Archuleta Counties, and then, one member at large (total of 7). This board would be temporarily until a new board of health is seated. Marsha explained that this issue is very complex and important, and that CHAC members should be following it, getting involved, and/or learning more.

Other

- Drug cards are available through the City and County that give some discounts on certain types of prescriptions.
- Liza announced she is doing enrollment fairs for CHP+ and Medicaid. Contact her at the Family Center for a schedule.
- Lynn announced that the Child Dental Clinic (located in The Commons Building) now has a permanent, three-day-week dentist who takes Medicaid. The clinic is also going to see low income adults using careful criterion because the need is so great. This clinic is on a sliding scale fee. Dr. Casias said the Valley Wide Dental Clinic is still operating with a dentist coming in 2.5 days every other week.
- Next meeting: May 1st.

La Plata County Health Care Strategic Plan Steps

- 1) Complete a synthesis of all past information, studies, reports, etc.
- 2) Work with and understand other relevant strategic planning processes where relevant (i.e., SB 194, La Plata County Early Childhood Council Child Health Grant, and La Plata County Government)
- 3) Conduct model research (site visits and/or speakers) and or internet/literature searches.
- 4) Interview key stakeholders, organizations and coalitions to gather background information
- 5) Conduct any additional needs assessment information as per direction from the HSSC (e.g., Asset Inventory done by Weld County).
- 6) Produce a document that summarized the aforementioned.
- 7) Work with the HSSC, CHAC and possibly other groups to brainstorm and fully develop three to five scenarios for the future to improve health care access; develop a fully integrated health care system; and secure sustainable funding.
- 8) Produce a document that describes these scenarios and includes detailed information for each. Conduct necessary work to assess each scenario including conducting feasibility steps where necessary.
- 9) Implement various tools for gauging key stakeholder and public support to determine which scenario(s) should be pursued and which ones have the greatest possible support (tools could include key informant interviews, public meetings, the use of Key Pad polling, focus groups, etc.)
- 10) Work with the HSSC to ensure buy-in and input from key stakeholders and implementers, and health care providers.
- 11) Hone the scenarios and work with the HSSC to identify which scenarios should be the focus of the Health Care Strategic Plan.
- 12) Develop and write the Strategic Plan (see below for elements).

Elements/Sections of the La Plata County Health Care Strategic Plan

- vision statement
- definition of key terms and concepts
- SWOT analysis and environmental scan including a synthesis of all relevant data, studies, and needs assessments
- gathering of any needed additional information such as a health care asset inventory
- presentation and detailed description of various models and planning scenarios for consideration
- analysis and description of the various scenarios for improving health care access, especially for low income, un- and under-insured, minority, children and senior populations.
- establishing an integrated health care system
- securing sustainable funding
- preferred strategies and approaches based on extensive public and community engagement tools (e.g. focus groups, Key Pad polling, community meetings, key informant interviews, etc.)
- feasibility and financial modeling information about sustainable funding options
- a description of which health care services are needed; where and how they might be delivered; who can/should deliver them; strategies for fully integrating health care across the county; location of any new services; the cost and the necessary partnerships for implementation; and other topics as necessary
- specific goals, objectives, timelines and plan implementation costs

description of partnerships necessary to implement the Health Care Strategic Plan and move it forward

Working Draft: 2/18/09