

CHAC June 5, 2009 Meeting Notes

Present: Bill Warren, Sheila Casey, Mary Nowotny, Dianne Donovan, Jill Patton, Bob Conrad, Kip Boyd, Kathleen McInnis, David Mink, Eileen Wasserbach, Tony DeMond, Lynn Westberg, Julie Thompson, Bob Juskevich, Sherrod Beall, Missy Rodey

Definition of CHAC: Julie presented a refinement to the minutes of the May meeting from Marsha Porter-Norton. "CHAC is to look at the broad issues of access to health care, not just the health services clinic. HSSC is the working group that designs plans that lead to problem solving with input from the community and the CHAC. The CHAC is a think-tank and input group into the decision making group (HSSC). Any implementation plans that result from the strategic planning process will be evaluated by the CHAC for a potential role."

Nurse Practice Act: Sherrod Beall reported on the recent nurse practice act which is a collaborative agreement between nurse practitioners (NP) and physicians. The Colorado Medical Association wants more control over NPs; Colorado Nurses Association wants this required collaboration eliminated. What evolved from a joint committee (both Karen Zink and Luke Casias sat on the 10 member committee) was a compromise that may work well in urban areas, but probably less well in rural areas. To gain prescriptive authority, a structured "mentorship" of 3600 hours plus an articulated plan signed by an MD in the NPs practice area were added. The plan will include a mechanism for consultation regarding pharmacy quality assurance. It is unknown if MDs will charge NPs for this mentorship. An oversight council will meet regularly to assure safe delivery of care. Sherrod pointed out that barriers to new grads are huge – especially in rural areas. Colorado has a grade "D" regarding the ease of bringing mid-level providers to Colorado. The Medical Practice Act will have its 10 year review in 2010 and will have to work with NPACHC on wording. The Medical Practice Act limits the scope of work for MD specialties.

CHAC Representation to HSSC: Marsha Porter-Norton has asked to step down from her role as representative of CHAC at HSSC due to demands of her consulting practice. Current activities of the HSSC include Julie's survey of retired medical practitioners for potential volunteer work, and on-going funding for the HSC. Kip reported that MRMC is applying no pressure to find an alternate sponsor of the HSC, but city funding will most likely not be available in the future, and other sources of funding need to be developed. Bob Juskevich volunteered to take Marsha's place and will represent CHAC on the HSSC along with Missy Rodey.

Status of The Community Health Care Capacity Project: Julie reported on her activities. She is still meeting with individuals and will finish with a total of 80 to 100 interviews. In the next 6 weeks, she will:

1. Send a mailing to the office managers of all medical practices in La Plata County, informing the practice of her project and attempting to determine the social/ethical aspects of the practice groups.
2. Try to determine the number of LPC residents who have high deductible insurance policies and may be avoiding care due to out of pocket expenses. She is working with the Colorado Health Institute to try to generate this information by survey. With 20% of Coloradans without a land line, a phone survey is not a good indicator. A mail or an email survey may work. A mailer in the LPEA bill was suggested. Whatever the method, a random sample of 1000 is desired, and the question of how to pay for the survey is important. Small grants that might be available: CVC, CHI, TCT.

Julie further reported she attended the Colorado Commission on Indian Affairs meeting recently and addressed those present regarding her project. Tribes cover their tribal members with health benefits wherever they are located geographically. HIS provides for services to Native Americans, though the Southern Ute area does not include Durango.

Other issues:

1. Bennett is reviewing HPSA, looking at exceptions
2. Telemedicine – Stimulus dollars are available for broad band infrastructure. Region 9 and others are applying for funding county-wide. HIT money is available for FQHCs only, but the broad band would be for all aspects of IT.
3. Dale Rodebaugh's article in the Herald recently resulted in no emails to Julie. There was discussion regarding a "not critical (need for more providers)" quote. Sheila Casey suggested we need to keep in consideration the number of people moving into Medicare.
4. Impact of health access issues on the Emergency Department: MRMC ED use is "flat"; Urgent Care is "busy" with 30 clients/day; ASH usage is unknown.

Future timeline:

1. 2 projects listed above by the end of summer
2. September 1st: list of site visits (Pueblo, Grand Junction, Weld County)
3. Working list of recommendations, including data /facts and themes.

Announcements:

1. Jill Patton spoke of her (and the LWVLPC's) support of a public plan as part of Health Care Reform. She encourages us to email our legislators with our concerns/support.
2. David Mink was introduced as a new attendee. David in with SW trauma advisory and flight care.
3. Bob Conrad asked if anyone interested/involved in health care delivery in LPC is not included in the CHAC mailing list. Julie will consider this.
4. Lynn Westberg reported that SJBHD's dental clinic at the Commons Building will expand from 1 room to 2 at the end of June. A dentist will be available 3 days/week in addition to 1.5 FTE hygienists. Currently it is child based, but will open to low income adults, starting with parents of children currently being seen. Fees are sliding scale, Medicare, and CHP+. Medicaid does not provide for dental care for adults.
5. Valley Wide dental clinic is looking for a replacement dentist.

Next CHAC meeting: July 10th, not July 3rd as would normally be the schedule.

Submitted by Missy Rodey