

Health Care Forum for Rep. Ellen Roberts

September 5, 2008

ATTENDEES:

Jim Kline, Deb Banton, Kathleen McInnis, Glenn Rodey, Missy Rodey, Lynn Westberg, Lynne Murison, Nancy Hoyt, Cecile Fraley, M.D., Marsha Porter-Norton, Deborah Uroda, John Anderson, Sherrod Beall, CNP, Bob Juskevich, M.D., Bob Goodman, M.D., Tony Demond, M.D., Ann Flatten, Jenny Pritchard, Jack McGroder, Eileen Wasserbach, Joanne Spina, Kip Boyd, M.D., Dr. Bern Heath, Karen Zink, CNP, Jill Patton, Jenny Wrenn, Jeanine Justice, Lisa Schwantes, George Sprinkel, Commissioners Joelle Riddle and Kellie Hotter, and Sheila Casey.

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INTRODUCTION:

Facilitator John Anderson kicked the meeting off. State Rep. Ellen Roberts asked for this meeting to receive community feedback about what legislation she should support to improve health care in Southwest Colorado. The meetings ended with action steps being devised for moving forward.

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REP. ELLEN ROBERTS:

The Colorado Health Institute, at Representative Roberts' request, prepared a report on demographics, health trends and services in Southwest Colorado and then produced an options paper that identified models our region may wish to consider for implementation. Ellen asked the group to consider the options and whether they might apply to the region. It was noted that CHI is a non-partisan, health-care policy think tank that was funded with profits from the sale of Blue Cross Blue Shield.

INTRODUCTIONS:

Participants introduced themselves, their interests and what they hoped the group would accomplish this morning. Expressed interests and comments were as follows:

- What is the appropriate role for the Town of Bayfield?
- As we speak about the reformulation of health care services, we must re-conceptualize health care as a system that doesn't distinguish between public health and health care. Health care should be a subset underneath the umbrella of public health.
- Provide Ellen with direction about our health-care needs for the region.
- How can we better serve under-insured and uninsured immigrants?
- How can we better fight obesity among children? The Health Lifestyles Coalition is working on this goal, it was noted.
- What can be done at the state level that will trickle down to help local communities? What are other communities doing that's successful?
- How can we integrate services for more comprehensive health care for our population and ensure access to health care for the under-insured and uninsured populace?

- What health care initiatives does Sen. Salazar need to support at the federal level to complement Ellen’s efforts at the state level?
- What role can Mercy Medical Center play to support the community’s efforts?
- How can we take advantage of partnerships that may have been overlooked in the past? The Bureau of Indian Affairs soon will no longer provide Indian Health Services. How can we work with the region’s Indian tribes to ensure that tribal members also receive services? How can we develop intergovernmental agreements to provide health care in a new way?
- How can Mercy fully integrate health care services that are seamless in the community? How can we provide local health-care providers with continuing education and professional development?
- How can we find solutions for people without ready access to health care? Can we coalesce support around a couple of concepts today to give Ellen some direction in the Legislature?
- How can we help seniors access primary health care, particularly the most vulnerable and isolated seniors who live in the most rural areas of the region?
- Can we develop a clear delineation of the centers of cost inflation in health care and provide that information to the public so that people can understand what’s driving the explosion in health-care costs?

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REVIEW OPTIONS PAPER:

Attendees were given a presentation by Missy Rodey that summarized the options paper. The following reflects comments and discussion about the options:

- How can the school-based health clinic model be expanded to serve adults?
- Medical “homes” are an important aspect of a coordinated health care system. School health centers may not work as medical homes, because they’re closed in summer; it may not make a lot of sense in Durango, but it may make sense for Montezuma County.
- How can we link the 9 Health Fair that offers low-cost, preventive health screenings with ongoing primary care?
- Many of the options from the CHI report were based on the region’s demographics and projecting future population changes in this corner of the state. Also, the options need studied to see if they match our demographics. It works both ways.
- Indian health services aren’t reflected in these options nor are other federal health services such as Veterans’ services.
- Do we have a position paper that defines what we want in health care services that’s reflective of our community? What do we mean by integration? Transportation? Rural community? Indian health care?
- Are there employer-based options, such as workplace wellness?
- Employer-funded insurance programs are a matter of making dollar choices. Salaries usually are lower when employers pay for insurance.
- For businesses making dollar choices, preventive activities are probably not going to save businesses much money. In the long term, they may save money, but studies have shown that

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short term, preventive activities don't make much of a difference. It may be the right thing to do and a quality of life issue, but it doesn't make financial sense to business, because employees are more transient today. If employees stayed at a business for 20 years or more, employers may see some cost benefits.

- Insurance companies won't invest in health prevention or wellness programs, because they don't see the cost benefit. But the community needs to invest in wellness programs. The health system in the United States is based on treatment of disease, and until we shift that paradigm, we won't see that investment in prevention.
- We need to sever the relationship between health care and employment. What does employment have to do with health care? We need to do something differently. In fact, what does health care have to do with education?
- The health care/employment relationship makes sense, because if employers don't have healthy employees, they don't show up.
- Neither education nor business should be the primary funders of health care services.
- We need to decide first what we want if we could have everything we wanted, then work from there.
- The health district proposal had a pretty clear idea of what the future could look like.
- One of the major issues in the senior community is that Medicare patients don't have a doctor or can't see a doctor.
- The Health Services Clinic is now taking Medicaid and Medicare patients; we need to get the word out about that.
- Small businesses need to be included in this discussion. Our largest employers, the tribe, government, the medical industry, oil and gas can provide insurance, but everyone else is on their own. How did Pueblo get its business leaders to the table?
- How do we better deploy resources that we have at the table now?
- Can we incorporate smaller businesses with larger employers into insurance pools?
- Let's look at those pieces from other models and use the brain power in this room to define what it is that we want in our community?
- How can seniors have a relationship with a primary care physician?
- Primary care may have to be delivered differently than it is now. Medicare payments for individual physicians is an issue, because you can't run a business when you aren't reimbursed.
- The health services clinic is recruiting more physicians to provide a primary care model.

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RECOMMENDATIONS FOR ACTION IN THE LEGISLATURE:

The group departed from the discussion on the health options to make recommendations to Ellen Roberts for action in the Legislature:

- Untangle the financial mess created by TABOR, Gallagher, Amendment 23, etc.
- Vote Yes on Referendum O – It's a good start toward addressing the state's Constitutional mess. Remember: O-Yes!

- Providers who treat CHP+ patients are burdened by the complexity and bureaucracy of the system. Before we add more kids to CHP+, the system needs to be cleaned up. Many physicians would rather take kids on Medicaid than CHP+, because they at least get paid, and they get paid on time. On CHP+, families get on then bumped off. The system is not working for families, either. It's so complicated and many families don't have the capacity to negotiate the system.
- Look at the reimbursement structure for insurance, Medicaid and Medicare. The current system is based on the 1960s. Indirect services aren't funded or eligible for reimbursement. We can't support an integrated system with a traditional funding mechanism. If we're truly to have integration with preventive care, treatment, and follow-up, all those services must be covered.
- Access to funding for substance abuse treatment is not available to population in Southwest Colorado at the level its needs to be. Medicaid reimbursement for substance abuse treatment for children isn't available. New Mexico funds those services; Colorado should, too.
- Medicaid substance abuse reimbursement is available for adults, but it's so bad, most treatment centers don't use it; it's lower than self-pay.
- Unfortunately, the more rural the community, the higher the substance abuse rate is among kids.
- Continue to support the legislation that allows for Advanced Practice Nurse licensing. It's an important issue in Southwest Colorado, because it allows us to provide collaborative scopes of care. Health-care providers have met several times to discuss the scope of care; partners have included physician, anesthesiologists, family docs, nurse practitioners.
- The definition of a patient's "medical home" is an issue. The way HICPA defines medical home is physician oriented, and a lot of people disagree with that paradigm. In Cortez, for example, there are no physicians to be head of a medical home. With aging populations, medical homes should be part of the health department, because the health department provides most of the elder services. Consider SB 194 that offers alternatives to medical homes in rural areas where there isn't access to physicians.
- Consider scrapping CHP+ and wrapping it into something else. If it's a dysfunctional system, why can't we get rid of it? Many physicians prefer Medicaid over CHP+; Medicaid doesn't pay as well, but at least it pays. CHP+ pays slow, and it pays low.
- If CHP+ won't go away, clean it up. Bring in a business consultant to clean it up or push the state health department to clean it up. There's no point in expanding CHP+ coverage if families aren't able to access the system. Because CHP+ is so complicated, many families miss the opportunity to obtain vaccinations.
- Focus on prevention. Vaccinations, prenatal care, helmets – they do make a difference financially. Pediatrics is sometimes our biggest investment.
- Expand the definition of a medical home. Call it a health care home. There's a need for coordination of health services and social support services. School-based health centers provide a health-care home for kids. We should consider something similar for everybody. Let's broaden our thinking. The past 100 years of health care have been based on the medical-disease illness model. Medical care is a subset of health care.

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WHAT OPTIONS MAKE SENSE FOR SOUTHWEST COLORADO?

- A Federally Qualified Health Center (FQHC) look-alike in Steamboat Springs – research if this model would work for La Plata County (Steamboat is also a rural/resort community with high and low incomes).
- Bureau of Primary Health Care (explore funding)
- Can we apply for BPHC funding without FQHC designation?
- The Health Services Steering Committee, which includes Mercy, private providers, the Citizens Health Advisory Council, city and county representatives, is providing oversight for the new health clinic. This organization is awaiting notification of a grant that the CHAC applied so that a contract staff person can be hired to research all the health-care models and they're applicability to Southwest Colorado (La Plata County specifically), and help develop a strategic plan. Staff is needed to build capacity.
- Who's on this HSSC? Members of the Health Services Steering Committee were selected from those agencies that have a financial stake or that provide services. It makes sense to include school based health centers in all planning. This effort should be inclusive.
- Most small towns have a town square where community members join together to resolve problems. The town centers in our area are the schools. We need to address the obesity epidemic, and the best place to develop preventive programs and create comprehensive health services are in the schools. We need to be getting to these kids thinking about healthy lifestyles early on.
- Some community members believe the area's health-care problems were solved when the health-care center at Mercy was established. If there are those in our community(ies) who don't think we've solved the access to health care problem, who are they, and what do they think we need to do?
- CHAC has been exploring health-care solutions for seven years. The HSSC was developed as an implementation team with health-clinic funders and policy makers. Now's not the time to put energy into a new collaborative. We're all volunteers and have our own jobs. The issue is, who's going to follow up on our ideas and carry them through?
- Health care for the uninsured is the big hole, unless there's a change at the national level, that's going to be the greatest need for the next couple of years.
- We need to change the paradigm of health care. Public health is the umbrella for what we want to see because everything is a subset of public health. We should adopt Greeley's model, because it has a very concise plan to make public-health decisions. We can adapt it and use it right away. It's based on data, deficits, etc.
- We can pick and choose our ideas from the study that Ellen Roberts commissioned. This options paper is terrific and a great springboard. The way Greeley's alliance got started was that several people agreed on one issue in their community, and enough people got together and solved it. We need to get enough people to coalesce around one issue to form a bond to address more comprehensive issues.
- Valley Wide was a community clinic. We now have a functional community health clinic. Our priority should be how do we continue to fund that? What we have now is not financially secure. It's not a stop-gap clinic, but it's vulnerable. City tax is going down, oil and gas revenues

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eventually will decline. The HSSC is in place to ensure financial security, but we need to find the funds.

- We need to streamline eligibility for CHP+ and Medicaid. Right now, it's based on each condition or disease. Eligibility needs to be address globally. Enroll kids and families at school. Eligibility follows the patient, not the condition. There should be one entry point into the health care system.

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WHAT ARE THE NEXT STEPS WE WANT TO SEE ACCOMPLISHED?

1. A vision statement was suggested in the meeting as "trial balloon" to see if those present agreed with it. It all starts with a vision and there is not one listed in one place that everyone involved has agreed to. Decision: get this vision statement out to everyone for feedback (see draft below).
2. Hire staff to build capacity (a grant is pending). We'll be notified in October after a 10/1 site visit. Then, work with all stakeholders to complete a strategic and work plan. Make use of the CHI demographic and health profile, as well as other studies and reports done to date, to develop a plan that addresses future needs. Ellen recommended to the group that the plan should align with the 33 recommendations of the state health care plan. That way, the group will be more likely to obtain state assistance.
3. Begin to develop what "integrated care" means for our community (need a full white paper).
4. At the next CHAC meeting, review the draft vision; integrated care definition; etc.
5. The HSSC should join with the CHAC. Marsha said she would raise this idea in concept at the next HSSC meeting.
6. Once the health care strategic plan is done, continue to give input to Ellen about what help is needed on the state level. Ellen suggested, for example, that our region could ask for state funds for a pilot project initiative.
7. It was decided that a smaller group be formed to plan the next meeting using input from this one. Several people volunteered: Robert Jusekevich, Sherrod Beall, Marsha Porter-Norton, Missy and Glenn Rodey, Jennifer Wrenn and Lynn Westberg. Their charge was to take today's input and ideas for action, and plan the October 3rd meeting accordingly.

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