

MINUTES OF THE
SANTA FE COUNTY
INDIGENT HOSPITAL & HEALTHCARE BOARD

January 26, 2010

This meeting of the Indigent Hospital & Healthcare Board was called to order on the above-cited date in the Legal Conference Room at the County Courthouse at approximately 9:05 a.m. by Chair Harry Montoya.

Roll was called and indicated the presence of a quorum with the following County Commissioners present:

Members Present:

Harry Montoya, Chair
Kathleen Holian
Liz Stefanics
Virginia Vigil
Mike Anaya [early departure]

Member(s) Excused:

None

Staff Present:

Roman Abeyta, County Manager
Rachel Brown, Deputy County Attorney
Steve Shepherd, Health & Human Services Division Director
Joseph Gutierrez, Community Services Director
Greg Smith, Healthcare Assistance Program Manager
Priscilla Vigil, Indigent Claims Investigator

Others Present:

Larry Martinez, HPPC
Alex Valdez, CHRISTUS St. Vincent
Rebecca Frankel, League of Women Voters

APPROVAL OF AGENDA

Upon motion by Commissioner Vigil, and second by Commissioner Holian the agenda was unanimously [5-0] approved.

APPROVAL OF MINUTES: November 10, 2009

Commissioner Stefanics moved approval and Commissioner Holian seconded. The motion passed by unanimous [5-0] voice vote.

FINANCIAL REPORTS FOR FY 2010

Mr. Smith said there was nothing out of the ordinary to report for the fiscal year at this point.

A. Comparison of FY 2009 to FY 2010 Claims

B. Sole Community Provider Hospital

C. Contracted Expenditures for FY 09 and FY 10

Commissioner Stefanics asked if indigent county residents are covered through this program as patients of the Heart Institute in Albuquerque and whether a contract with the Institute is necessary in advance. Mr. Smith was unable to recall a claim from the Institute. Mr. Shepherd said the County was operating on purchase orders rather than contracts. With the Board's approval as a provider, and depending on their profit status, he didn't see any problem to paying a bill.

Mr. Valdez said the physicians of the Heart Institute have privileges at CHRISTUS St. Vincent so many procedures can be provided in Santa Fe. At this point, CHRISTUS St. Vincent cannot provide cardiac surgery. A few hundred surgeries would be required yearly to keep staff's skill sets maintained which is best provided in a larger population, i.e. Albuquerque. Further, the number of cardiac surgeries nationwide has gone down with the increase of interventional cardiology procedures CHRISTUS St. Vincent is set up to do.

Mr. Smith said an individual status or eligibility to the County's Health Care Assistance program does not change with different providers. He said UNM bills for services and is reimbursed by the County s based on the State developed DRG rate for each county.

Responding to Commissioner Stefanics's question of how often a recipient of County's Indigent Health Care Assistance has to renew eligibility to the assistance program, Mr. Smith informed her that there was not a renewal but instead a reapplication process.

In terms of clinics, Commissioner Stefanics said she and staff met with some of the primary care clinics to ascertain why their billings were down. The responses included issues regarding the complexity and intrusiveness of County eligibility requirements. Apparently, patients have a found it easier and have chosen to use free or sliding scale patients based on federal standards. She asked whether staff has worked on streamlining the process as discussed during the meeting.

Mr. Shepherd said staff is looking into options to loosen the requirements and will pass recommendations through the Legal Department before presentation to the Board.

Mr. Valdez said CHRISTUS St. Vincent has conducted an analysis of the criteria used to determine indigency of the seven north central New Mexico counties. He said it is particularly challenging for the hospital since they deal with seven different indigency standards. He added they have a proposal to streamline the process and were prepared to hold a meeting with the counties to review those standards.

Commissioner Stefanics said her concern was the funds were derived from county taxpayers and she wanted to make sure the funds are used for purpose the tax was created.

NEW BUSINESS

A. Update: Health Policy & Planning Commission

Larry Martinez, HPPC Chairman, stated that the Community Benefit Fund process is underway. The HPPC and the County's Health and Human Services Division issued notices for proposals. This year there is \$400,000 available through CHRISTUS St. Vincent Regional Medical Center. The Community Benefit Fund Committee has been established with minor modifications made to the process. Proposals are due by the close of business on February 3rd.

Commissioner Vigil asked whether the funds are Sole Community Provider funds made available through matching funds or funds that CHRISTUS St. Vincent has raised independently. Mr. Martinez recalled that in the past Community Benefit Funds were governed by the MOA between the County and hospital but lacking an agreement the \$400,000 is coming from funds not necessarily matched with anything.

Mr. Valdez concurred with Mr. Martinez' comment and said the \$400,000 is a contribution CHRISTUS St. Vincent is making is through its general fund. Stating he was unable to identify the source of the \$400,000 contribution, Mr. Valdez said funds are placed in the general fund and budgeted and allocated.

Mr. Martinez said this year the Community Benefit Fund process will have an added emphasis on behavioral health and substance abuse issues. The committee's recommendations will be forwarded to the County and the hospital.

Regarding transparency issues, Mr. Martinez reported that the HPPC executive committee met with Roman Abeyta and Julie Berman to discuss staggered terms which was welcomed by the HPPC. Staggering the terms in three phases is recommended to maintain a level of experience and expertise on the Commission.

Commissioner Stefanics said today's BCC agenda includes an item dealing with the structure of boards and commissions.

Mr. Martinez said HPPC filters the recommendations of other County councils and advisory bodies and reports through HPPC. He discussed the affiliate agreements that have been developed with the DWI Council, CARE Connection Advisory Council, and the Maternal and Child Health Council. He could envision including the Food Policy Council into the affiliate agreement program.

With respect to behavioral health in the state, Mr. Martinez said OptumHealth New Mexico is the holder of the single state entity contract responsible for administering the pooled resources of state government which includes a lot of federal funds to be spent on behavioral health services throughout the state. Before the single entity program was enacted, there were 17 government agencies spending around \$450 million per year on behavioral health. The redesigned program pooled the funds into one pool which OptumHealth, a private for-profit entity, is administering.

OptumHealth won a competitive bid in 2008 and took over management of the state's behavioral health care system July 1, 2009 and has not paid millions of dollars to non-profits and other companies for work they have completed. The State's purchasing collaborative levied \$2.5

million in fines on OptumHealth for not getting payments out and then imposed a \$10,000 per day fine until a system was up and running and paying the providers.

In order to relieve the cash flow problems providers are having, OptumHealth has begun to advance cash to provider organizations. While their intentions may have been good, Mr. Martinez, said posting those payments against an approved claim exacerbates the problems.

Mr. Martinez said the State Purchasing Collaborative has indicated that they will be issuing a RFP for the behavioral health contract in the spring 2010. Many of the behavioral health providers are curtailing services or closing down because of the cash flow problems. He said he would be attending a tri-county local behavioral health collaborative meeting and will report back to the Board.

Mr. Martinez said New Mexico has been ranked at the bottom (51st) in the country in terms of per capita expenditures for behavioral health services. He said the infrastructure in many areas is extremely fragile and the state is in crisis as far as behavioral health. The Collaborative is drafting a letter to the state legislature that cutting behavioral health budgets during hard economic times generally results in depression, anxiety, domestic violence and other manifestations of families unable to deal with economic difficulties. Now is not the time to reduce the state's already limited health resources. Such cuts will place additional strain on primary and emergency medical care.

The Commission recognized Mr. Martinez' strong advocacy for behavioral health.

In response to Commissioner Vigil's question regarding Value Options protest regarding OptumHealth's selection, Mr. Martinez said the protest, lacking validity, was dismissed.

Commissioner Stefanics requested the inclusion of HPPC minutes within the Indigent Hospital & Health Care Board packet. Due to the legislative schedule HPPC will not be meeting in February.

Mr. Martinez said an early criticism of the redesigned system was that many of the systems were already under funded, i.e. CY&F had limited funds for behavioral health services for children in custody, Corrections Department had limited funds for incarcerated people, etc. and the redesigned system merely added another layer with a private single entity also needing a level of profit out of the arrangement. He acknowledged the approach as innovative but it has come with a lot of problems.

Chair Montoya said Hands Across Cultures has been advised to prepare for a 50 percent budgetary cut in the upcoming fiscal year.

B. CHRISTUS St. Vincent Regional Medical Center

Mr. Valdez reported that CHRISTUS St. Vincent underwent a joint commission survey that encompassed the hospital and physician practices. He said he pleased to report the hospital received accreditation. Where in the past the surveys were scheduled they will now be conducted randomly without notice.

There was an open house and ribbon cutting for the new operating rooms on December 12th. The operating rooms are state-of-the-art and the investment was \$16 million.

CHRISTUS St. Vincent is scheduled to go live with phase 1 of the new electronic medical records. He indicated the hospital has invested \$20 million in the system and the end goal is to have a comprehensive electronic medical records with all the physicians in the community having electronic medical systems that can communicate. CHRISTUS is working to provide the highest level of privacy.

Mr. Valdez said the federal government has issued regulations defining “meaningful use” of the electronic medical records system that need to be followed if the facility wants to retain its Medicare reimbursement.

Mr. Martinez mentioned that every health organization will have to have the capability of electronic health record transfers. PMS was also converting to electronic health records starting this month. PMS is scanning all records one year old or newer into the electronic program.

Medicaid cut the hospital’s reimbursements by 3 percent and the Medicaid Salud programs have also instituted reimbursement cuts. If annualized over all the plans participating in the cuts the hospital calculates an \$8 million impact.

Mr. Valdez said he met with County Manager Abeyta and Finance Director Martinez to finalize a number for sole community provider funding. For the hospital to remain whole the match would need to be approximately \$8.16 million.

Mr. Valdez distributed a memo regarding the recent change in the ethical and religious directives [*Exhibit 1*]. He said their policy has not changed.

Commissioner Holian said the Commissioners received a letter from the board of Compassion and Choices regarding the policy. She asked how the public would be notified if the policy were to change.

Without elaborating Mr. Valdez said the hospital would inform the public. He said they are scheduling a meeting with the Universalist Church and have communicated with certain members of the Compassion and Choice. As an acute care facility, CHRISTUS will not be affected by the revised directive but the long-term care facilities will be.

Mr. Valdez said a copy of the hospital’s policy can be obtained through John Brothers at 820-5202.

C. Matters from the Board

Commissioner Vigil said there had been very little contact with the mobile health van and District 2. She was pleased the Sunday visit at the Agua Fria Church was successful and wants that to be routinely scheduled. Father Pretto is happy to include a medical component to the constituents of the district.

Mr. Shepherd said a meeting with Somos un Pueblo Unido has not occurred adding he would try and contact them again. Commissioner Stefanics said she’d like the health van utilized at one of Somos events.

D. Approval of Indigent Hospital and County Healthcare Claims

There were no issues that required meeting in executive session.

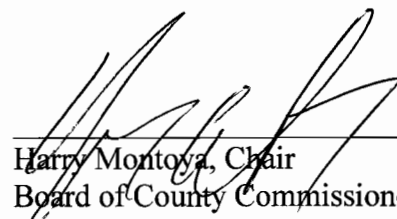
Commissioner Stefanics moved to approve 1101 claims totaling \$784,923.51 as recommended by staff, and Commissioner Holian seconded. The motion passed by unanimous [4-0] voice vote. [Commissioner Anaya was not present for this action.]

ADJOURNMENT

This meeting adjourned at approximately 10:05 a.m.

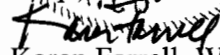
Approved by:





Harry Montoya, Chair
Board of County Commissioners

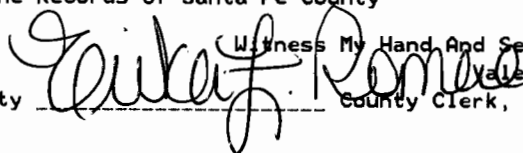


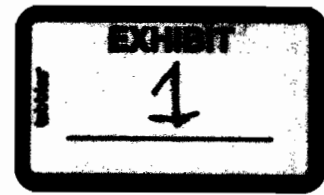
Respectfully submitted by:

Karen Farrell, Wordswork

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

INDIGENT MINUTES
PAGES: 7

I Hereby Certify That This Instrument Was Filed for
Record On The 3RD Day Of March, 2010 at 12:05:11 PM
and Was Duly Recorded as Instrument # 1592313
of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Deputy _____ Valerie Espinoza
County Clerk, Santa Fe, NM



Commissioners,

In November of 2009, the United States Conference of Catholic Bishops (USCCB) revised one of its Ethical and Religious Directives (ERDs) for guiding healthcare services. While some groups may take issue with this clarifying revision, we expect *no impact* to our policies and practice in providing care to our patients. We proactively reached out to one of the large faith communities that has inquired about end-of-life issues in the past (Unitarian Universalist) offering to add clarity for the congregation and conduct a workshop on Advance Directives, so I believe that is currently being scheduled. A few facts:

- The clarification of ERD #58 *does not affect* the care provided at CHRISTUS St. Vincent Regional Medical Center, except that it reiterates that nutrition and hydration for terminal patients is not required.
- CHRISTUS St. Vincent Regional Medical Center is an acute care hospital and therefore *does not provide care to patients who have been determined to be in a persistent vegetative state*.
- As stated all along, *advance directives that comply with law will be honored at our facility*. The healthcare decision-making process will continue to comply with the New Mexico Uniform Healthcare Decisions Act.
- Palliative care (intensive pain relief, especially at the end of life) will continue to be offered.

Background

The Bishops revised the ERD to provide clarification, not to substantially change to the language.

The central elements are as follows:

- In general, there is an obligation to provide patients with nutrition and hydration, particularly those not determined to be terminal;
- Nutrition and hydration is not required (optional) when it is not expected to prolong life or when a patient, or appropriate decision maker, determines that it is excessively burdensome.
- Persistent vegetative state (PVS), not diagnosed as such for many weeks, is considered to be a chronic condition when the patient is expected to live indefinitely with medically administered nutrition and hydration.