

INDEX OF

SANTA FE COUNTY

HEALTH POLICY & PLANNING COMMISSION

June 1, 2012

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COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
HEALTH POLICY & PLAN M  
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I Hereby Certify That This Instrument Was Filed for  
Record On The 8TH Day Of August, 2012 at 09:10:06 AM  
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Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM

*Valerie Espinoza*

SFC CLERK RECORDED 08/08/2012

**MINUTES OF THE**  
**SANTA FE COUNTY**  
**HEALTH POLICY & PLANNING COMMISSION**

**June 1, 2012**

A meeting of the Santa Fe County Health Policy and Planning Commission was called to order at 9:00 a.m. by Judith Williams, Chair on the above-cited date at the Santa Fe County Health & Human Services Department Conference Room, 2052 Galisteo Street, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum for conducting official business as follows:

**MEMBERS PRESENT:**

- Judith Williams, Chair
- Kathleen Rowe, Vice Chair
- Bertha Blanchard
- James Bond
- Shirlee Davidson
- George Gamble
- Catherine Kinney

**MEMBER(s) ABSENT:**

- Antoinette Montaño, resigned
- Richard Rodriguez, excused
- Anna Vigil, excused

**STAFF PRESENT:**

- Rachel O'Connor, Health and Human Services Department Director
- Marie Garcia, Health and Human Services Department

**OTHERS PRESENT:**

- Tita Gervers, Santa Fe Public Schools
- Kathy Armijo-Etre, CSV
- Shelly Connor, Santa Fe Public Schools
- Reena Szczepanski
- Jo Ann G. Valdez, Stenographer

**APPROVAL OF AGENDA**

A report from the Director (Rachel O'Connor) was added to the agenda under Item VI - Discussion.

**Commissioner Bond moved to approve the agenda as amended. Commissioner Gamble seconded the motion. The motion carried unanimously by voice vote.**

**APPROVAL OF MINUTES:**

*Draft Minutes for May 4, 2012*

The following changes were made to the Minutes of the May 4, 2012 meeting:

Mr. Landen was changed to read: **Dr.** Landen throughout the entire document.

Page 6, 3<sup>rd</sup> paragraph was changed to read: *“Chair Williams suggested that the HPPC create an ad hoc subcommittee-to assess the Van’s potential.”*

**Commissioner Bond moved to approve the Minutes of the May 4, 2012, as amended. Commissioner Gamble seconded the motion. The motion passed unanimously by voice vote.**

**MATTERS OF PUBLIC CONCERN**

Chair Williams asked everyone to introduce themselves.

Renee Szczepanski said she was recently recommended by City Council to be a member of the HPPC; however, she has not been confirmed by the Board of County Commissioners as of yet.

Tita Gervers and Shelly Connor introduced themselves. They are both with the Santa Fe Public Schools.

**DISCUSSION**

**A. Director’s Report (Standing Item) (Rachel O’Connor)**

Ms. O’Connor gave an update as follows:

- The Health Division has completed their budget.
- The Division received \$15,000 to hire a contractor to assist the HPPC in the development of the Needs Assessment and development of a plan. Ms. O’Connor said part of today’s discussion should include how this could be spent. The \$15,000 will be available July 1<sup>st</sup>.

- The Health Division received approval for a full-time position on the Maternal Child Health Council and the position will be devoted to providing staff support to the HPPC and the MCH Council. The job description for the position is presently being worked on and Ms. O'Connor should have it for the next meeting for the Commission to review. The position should be filled a couple of months into the new fiscal year.
- As discussed in previous meetings, the County is looking at maximizing the potential services for the Mobile Health Van before they consider getting another van. The Health Division received funding for an additional nurse and driver. The new nurse will work on weekends so the Mobile Health Van will be out 7 days a week.
- The Health Division also received approval for another position for the Indigent Program.

**B. Community Health Plan (HPPC Commissioners)**

The following handouts were distributed:

- 1) *A Picture of Health – A Profile of the Health of Santa Fe County at the beginning of the 21<sup>st</sup> Century dated January 7, 2002*
- 2) *Santa Fe County Health Improvement Plan: Update to a Call to Action September 29, 2006*
- 3) *A Call to Action – The Santa Fe County Health Planning and Policy Commission 2002 Health Improvement Plan Executive Summary dated April 22, 2002*
- 4) *A Call to Action – The Santa Fe County Health Planning and Policy Commission 2002 Health Improvement Plan dated April 22, 2002*
- 5) *Proposed HPPC Community Needs Assessment Outline –DRAFT May 30, 2012*

Commissioner Gamble reviewed the Draft Proposed HPPC Community Needs Assessment Outline. Please see *Exhibit 5* for the specifics of this presentation.

At the prior HPPC meeting, a suggestion was made to look at what other needs assessments are out there. Ms. Armijo-Etre reported on the Needs Assessment that CSV is required to do. She said they are looking at completing the plan for the Needs Assessment within the next month and a half. They will begin data collection in August 2012 and go through January 2013. The data will include health indicators. CSV is working with other community providers/groups to determine the key indicators. The deadline to submit the Needs Assessment is June 2013.

Ms. Armijo-Etre noted that an intern from Highlands University will be helping her with the Needs Assessment and data collection.

The Commissioners discussed whether or not to have a partnership or collaboration with CSV (Kathy Armijo-Etre) on doing a Needs Assessment and/or a Community Health Plan-Profile; collecting data and a gap (needs) analysis.

Commissioner Bond proposed that the HPPC set up a committee and appoint Commissioners Gamble and Rowe to collaborate with Kathy Armijo-Etre and report back to the HPPC.

After lengthy discussion, the following motion was made:

**Commissioner Bond moved that the HPPC delegate Commissioners Rowe and Gamble to work with CHRISTUS/St. Vincent Regional Medical Center on collecting needs assessment data with the goal of developing a joint needs assessment. Commissioner Blanchard seconded the motion. The motion passed unanimously by voice vote.**

**Commissioner Kinney moved that Commissioners Rowe and Gamble bring a recommendation to the HPPC no later than the September 1<sup>st</sup> meeting, as to whether the HPPC will proceed with a joint needs assessment. Commissioner Kate seconded the motion. The motion passed unanimously by voice vote.**

Commissioner Kinney requested that the HPPC receive clear information on what the HPPC's role is.

Ms. O'Connor said she is in the process of putting this together.

Ms. O'Connor asked if the HPPC wants to start a briefing on the Indigent Program because the Commission does play an important role in that.

Chair Williams agreed that this was important and noted that the Indigent Program was an ongoing agenda item in the past.

## **FUTURE AGENDA ITEMS**

### **A. Future agenda items for August/September 2012**

- 1) Community Needs Assessment
- 2) Mobile Health Van and Presbyterian Meeting
- 3) Indigent Program

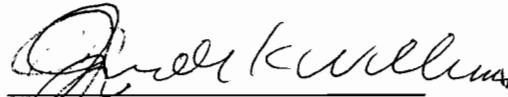
## **ANNOUNCEMENTS**

The next HPPC Regular Meeting is scheduled for Friday, July 6, 2012 at 9:00 a.m. at the Santa Fe County Health & Human Services Department Conference Room, 2052 Galisteo Street.

**ADJOURNMENT**

Having completed the agenda, Commissioner Bond moved to adjourn the meeting, second by Commissioner Gamble the meeting adjourned at 11:10 a.m.

**Approved by:**



**Judith Williams, Chair**

**Respectfully submitted by:**

*Ja Ann G. Valdez, Stenographer*

OFF CLERK RECORDED 09/09/2012



# Sole Community Provider Funding

Presentation to the Santa Fe County Health Policy and Planning Commission  
July 6, 2012

Larry A. Martinez, Director  
North Central Region  
Presbyterian Medical Services

RECORDING SERVICE RECORDED 08/08/2012

# Federal Authorization for SCP

Purpose of Sole Community Provider payments:

- For hospitals located more than 35 miles from other like-hospitals;
- To ensure continued access for Medicare and Medicaid patients in counties where the costs of serving indigent patients impacts the financial viability of the hospital.

## Federal Authorization for SCP, Continued

For hospitals that other like-hospitals are inaccessible for at least 30 days in two out of three years because of local topography or prolonged or severe weather conditions.

Funds provided by County Governments are matched at the Medicaid federal to state matching rate (currently 69.07 percent for New Mexico according to Federal Funds Information for States, September 26, 2011).

## New Mexico Implementation of Sole Community Provider

Indigent Hospital and County HealthCare Act (Sections 27-5-1 through 27-5-18 NMSA 1978) authorizes New Mexico counties to provide reimbursement for indigent health care.

The Sole Community Provider Fund (SCPF) was established in 1993 under Indigent Hospital and County Health Care Act administered by the NM Human Services Department consisting of funds provided by counties to match federal funds for Medicaid Sole Community Provider hospital payments.



## New Mexico Implementation of Sole Community Provider, Continued

County Supported Medicaid Fund established under Statewide Health Care (Sections 27-10-1 through 27-10-4) to support State Medicaid Program with gross receipts tax revenues from counties.

County Supported Medicaid Fund allocation collected by NM Taxation and Revenue Department is 1/16 of 1% of gross receipts tax revenues.

5

## Factors Affecting Indigent Claims Act

Medicaid eligibility expansions in late 1980s and early 1990s.

Large balances in county indigent funds as a result of Medicaid expansions.

Concerns of community hospitals if Medicaid revenues did not equal County Supported Medicaid Fund assessments.

6

## Factors Affecting Indigent Claims Act, Continued

Sole Community Provider payments acknowledge that hospitals and hospital emergency departments are often health care providers of last resort and are made to promote access for Medicaid and Medicare beneficiaries.

## Impact of Sole Community Provider on Santa Fe County

### Allocations to SCP by Santa Fe County

Year	County Am't	SCP Match
FY 2006	6.8 million	18.5 million
FY 2007	9.4 million	22.4 million
FY 2008	9.2 million	31.8 million
FY 2009	9.5 million	23.3 million
FY 2010	9.5 million	22.5 million
FY 2011	6.7 million	20.3 million
FY 2012	1.9 million	4.7 million

## County and Sole Community Hospital Requirements

- Funds received for the Sole Community Provider Fund must be used for direct patient care or services related to direct patient care.
- Hospitals must request financial support from the counties in which the hospitals are located.
- Hospitals requesting financial support from numerous counties must request funds for the upcoming year from each county.

## County and Sole Community Hospital Requirements, Cont.

- Counties approve a dollar amount for the hospitals and send approval to the hospitals.
- Hospitals must submit approved requests received from counties to NM Human Services Department (HSD).
- Counties cannot send approved requests directly to HSD.

## County and Sole Community Hospital Requirements, Cont.

- Supplemental amounts were worked into base allocations for subsequent years for SCP hospitals upon approval of match by county governments.
- There is a ban on quid pro quo arrangements between county governments and SCP hospitals.
- Matching funds for SCP hospital payments, including supplemental matching funds, must result from a broadly applied tax and not a "provider specific" tax.

## 2009 Repayment to CMS Issue

- CMS audit indicates State or County must repay \$23 million in SCP payments in 2009 to federal government.
- Determination is based on scrutiny of MOA between CSVPMC and County and perception that hospital traded county allocation for taking on county health care responsibilities.
- Final calculation results in determination that \$1.3 million must be repaid to CMS.

## 2009 Repayment to CMS Issue, continued

- Santa Fe County and Christus St. Vincent Regional Medical Center choose not to renew memorandum of understanding and continue to operate without an MOU.

## Other Payments Impacting SCP Revenues to CSVRMC

- UNMH gives \$1.1 million to state for financial assistance to CSVRMC in agreement that includes SF County Commission (April 2011).
- NM Human Services Department also advances \$12 million to hospitals, \$5.6 million to Christus St. Vincent Regional Medical Center in an effort to increase available SCP resources.

## Legislative Actions Impacting Sole Community Provider

New Mexico Legislature passes House Floor Substitute for House Bill 323 allowing for alternate sources of SCP match from other local governmental entities.

Specific wording in legislation expands definition of matching funds to include "other public entities or other public funds or expenditures" determined by HSD and CMS to qualify as matching.

Legislation allows other governmental bodies to provide matching funds for Sole Community Provider payments.

✓  
2012

## Impact of Federal Health Care Reform on SCP

Patient Protection and Affordable Care Act signed into law, March 2010 would establish expanded access to insurance coverage in 2014.

Since SCP allocations are based on uninsured and uncompensated care, basis for SCP may be reduced.

US Supreme Court reviews constitutionality of federal legislation in March 2012 and rules in June 2012 that it is constitutional.

expand access

## Impact of Centennial Care on SCP

- Centennial Care designed to “modernize Medicaid” released in February 2012 by NM Human Services Department.
- Federal Waiver Request submitted on April 25, 2012 and withdrawn and additional meetings scheduled with clarification on waiver request issued in May 2012.
- Under NM Human Services Department proposal, SCP funding would be restructured to create two pools, one for uncompensated care and one for delivery system reform and improvement programs (DSRIPs).

## Impact of Centennial Care on SCP, Continued

- Hospitals would have to invest in DSRIPs to access this pool of funding.
- One DSRIP is designed to improve access to primary care in the community the hospital serves.
- Counties are expected to continue to provide matching funds

## The Future Healthcare System for Santa Fe County

- Hospitals must increase efforts to develop community-wide healthcare systems.
- Overall system participants will be paid on basis of managing chronic illnesses and promoting preventative care.
- System must be modified to accommodate a large increase in persons with health care coverage.
- Changes will impact Sole Community Provider payments, but details on impact remain to be seen.


Questions?



# Suboxone and Harm Reduction 101

Laura Brown, MD, MPH  
LFMC-HCH Medical Director  
988-1742  
6 July 2012

## Picture of opiate addiction: pain pills

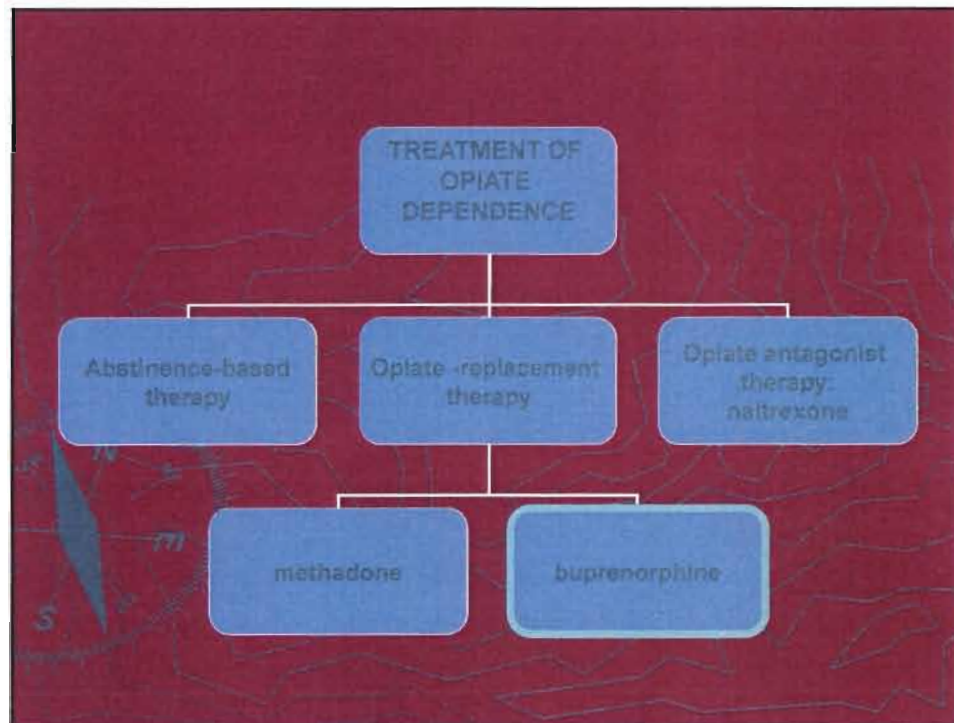


## Picture of opiate addiction: heroin



## Harm Reduction

Includes syringe  
exchange programs  
(needle exchange) and  
Narcan (naloxone)



## Treatment of Opiate Addiction is Effective

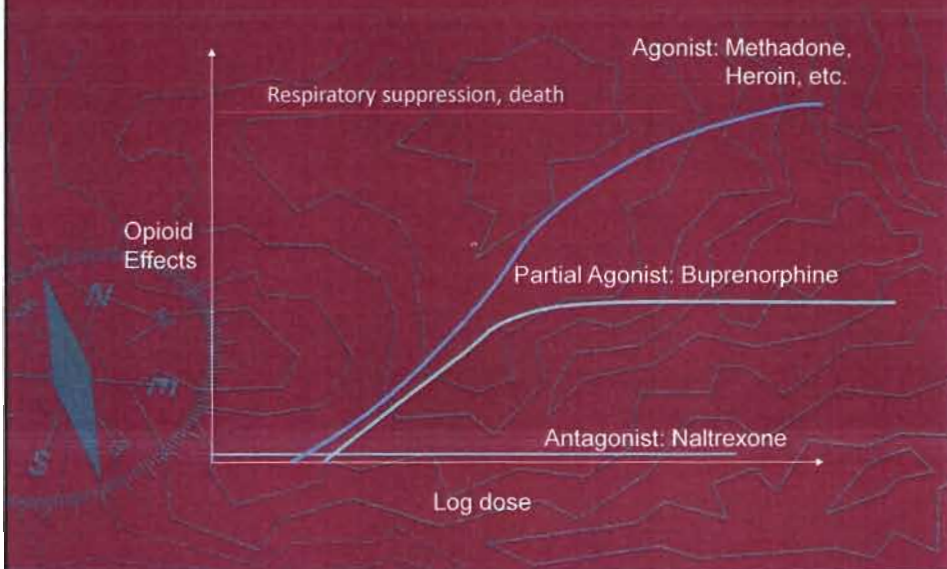
- ▶ **Decreases death rate** <sup>1</sup>
- ▶ **Decreases HIV infection** <sup>2</sup>
- ▶ **Decreases crime** <sup>3</sup>

1. Kreek J, Subst Abuse Treatment 2002; Gueve PN, Addiction 2002  
2. Metzgar, Public Health Reports 1998  
3. Gerstein DR et al, CALDATA General Report, CA Dept of Alcohol and Drug Programs, 1994

## Buprenorphine (Suboxone)

- Drug Addiction Treatment Act of 2000 allows qualified physicians to prescribe Schedule III-V drugs for treatment of opiate dependence (Buprenorphine is Schedule III)
- Buprenorphine tablets approved by the FDA, 2002
- Registered physicians can treat up to 30 opiate dependent patients at one time with buprenorphine
- After one year can be increased to 100

## Why is overdose potential low with buprenorphine?



## Why isn't buprenorphine abused?

- ▶ When patients abuse a drug, they usually crush it and inject it
- ▶ Buprenorphine is sold as Suboxone<sup>R</sup>, a pill that contains both buprenorphine and naloxone (Narcan<sup>R</sup>)
- ▶ When taken under the tongue, the naloxone is not absorbed and so is not active
- ▶ When injected, the naloxone is active and causes withdrawal

## HCH-LFMC Suboxone program

- ▶ Initial suboxone education/paperwork/labs/harm reduction services
- ▶ H and P appt with initial suboxone Rx
- ▶ Close f/u initially → then monthly
- ▶ Random urine tests and pill counts
- ▶ Required counseling  $\geq 2x/wk$

**D1**

## **Patients with opiate addiction need a primary care provider (PCP)**

- ▶ Opiate addiction is a chronic, relapsing condition; patients need an ongoing relationship with a PCP to optimize care.
- ▶ Relying on inpatient rehab is like relying on hospitalists to care for patients with diabetes.

## **Opiate Addiction Treatment Components**

- ▶ Harm reduction services (SEP, Narcan)
- ▶ Infectious disease testing
- ▶ Medication-assisted treatment = suboxone, methadone, naltrexone
- ▶ HCV treatment
- ▶ Substance abuse and MH counseling
- ▶ Case management re housing, jobs, education

Slide 11

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D1 Hypertension treatment center  
David, 6/1/2008

