

MINUTES OF THE
SANTA FE COUNTY
INDIGENT HOSPITAL & HEALTH CARE BOARD

June 28, 2011

Commission Chair Virginia Vigil called this meeting of the Indigent Hospital & Health Care Board to order at approximately 9 a.m. in the County Administrative Legal Conference Room.

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

Members Present:
Virginia Vigil, Chair
Liz Stefanics, Vice Chair
Robert Anaya
Kathy Holian
Danny Mayfield

Member(s) Excused:
None



Staff Present:
Kathy Miller, County Manager
Penny Ellis-Green, Deputy County Manager
Rachel Brown, Deputy County Attorney
Joseph Gutierrez, Community Services Director
Steve Shepherd, HHS Director
Greg Smith, Health Care Assistance Program Manager
Chris Barela, Constituent Liaison

Others Present:
Kathy Armijo Etre, Contractor for Christus St. Vincent
Judy Williams, HPPC Chair

III. APPROVAL OF AGENDA

Mr. Smith noted that an amended agenda was distributed and appropriately posted. The change included the deletion of "Stacking of hospital claims" under Executive Session.

Commissioner Holian moved to approve the agenda. Her motion was seconded by Commissioner Mayfield and passed by unanimous [3-0] voice vote. [Commissioners Stefanics and Anaya were not present for this action.]

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
INDIGENT MINU
PAGES: 18
I Hereby Certify That This Instrument Was Filed
Record On The 22ND Day Of August, 2011 at 01:04:
And Was Duly Recorded as Instrument # 1643149
Of The Records Of Santa Fe County
Witness My Hand And Seal Of
Deputy *Marcella [Signature]* Valerie E
County Clerk, Santa Fe

RECORDED 08/22/2011

IV. APPROVAL OF MINUTES

April 26, 2011: Commissioner Holian moved to approve the minutes as published. Her motion was seconded by Commissioner Mayfield and passed by unanimous [3-0] voice vote. [Commissioners Stefanics and Anaya were not present for this action.]

May 31, 2011: Commissioner Holian moved to approve the minutes as published. Her motion was seconded by Commissioner Mayfield and passed by unanimous [3-0] voice vote. [Commissioners Stefanics and Anaya were not present for this action.]

Commissioner Stefanics and Anaya arrived at this time.

V. MATTERS OF PUBLIC CONCERN – NON-ACTION ITEMS

None were presented.

VI. MATTERS FROM THE BOARD

Commissioner Mayfield mentioned the publicized statement made by St. Vincent that layoffs were directly related to the sole community provider funding. He appreciated Commissioner Holian's response and recommended the Commission send a letter to St. Vincent asking for a clarification of their public assertion regarding sole community provider funding.

Ms. Miller said she understood from a conversation she had that St. Vincent has had a 10 percent cut to their overall budget and there were no layoffs related to that budget cut. She said it was important to know when and where the public statement was made.

Commissioner Holian said she attended a forum sponsored by the nurses union and a Christus St. Vincent administrator did make the statement regarding layoffs and reduced SCP funding. Commissioner Stefanics corroborated the statement, adding she read the remark in the newspaper.

Commissioner Stefanics said she had grave concerns about the corporation publicly complaining about SCP funding causing layoffs when the organization is purchasing what had been for-profit medical facilities throughout the County. She noted the County will lose property taxes once these facilities are under the umbrella of non-profit Christus St. Vincent Hospital.

Kathy Armijo Etre said she was present on behalf of Alex Valdez and was unable to respond to the concerns raised by the Commission other than to offer that there have been no layoffs at the hospital.

Stating he wasn't defending hospital merely noting that it wouldn't surprise him if the hospital had to lay off personnel in response to the "magnitude" of the cuts in SCP funding, stated Commissioner Anaya.

Commissioner Stefanics said the corporation showed over \$200 million in terms of

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reserves and assets on their 990 forms. The hospital has to meet JCAHO standards and her concern was that the community's care was being compromised.

Commissioner Anaya said reserves are different from the recurring SCP revenue source. He said this topic merited more investigation.

Commissioner Holian pointed out that SCP funding is for unreimbursed indigent care. The amount the County provided was more than the claims Christus St. Vincent submitted for payment.

Commissioner Stefanics said she attended an Association of Counties forum which revealed that most counties are concerned about the lack of transparency from the hospitals receiving SCP funding.

Chair Vigil directed staff to draft a letter to Mr. Valdez regarding the Commission's concerns and requesting his response.

VII. INFORMATIONAL ITEMS

A. Comparison of FY 2010 to FY 2011 Claims

Mr. Smith noted that compared to last year at this time more claims have been submitted resulting in more money expended.

B. Sole Community Provider Hospital

Mr. Smith noted that the County reimburses the hospitals at the state's Medicaid rate, not the actual billing dollar.

C. Contracted Expenditures for FY 10 and FY 11

Mr. Smith said there was \$56,000 remaining in the current fiscal year allocated budget. He said this is the lowest amount he recalls in his seven years with this department.

Commissioner Stefanics stated staff's outreach to the non-profits regarding billing was a tremendous assistance in using the funds.

D. Christus St. Vincent Regional Medical Center

[Exhibit 1: Christus St. Vincent Report on Community Health]

Kathy Armijo Etre provided a presentation on community health planning. She addressed the leading determinants of health care which included genetics, use of health care, socialization, behavior and environment. She discussed demographics, health throughout one's life span, and early childhood health indicators, with a focus on Christus St. Vincent's accomplishments. The health indicators included use of drugs, alcohol, insufficient food, education level as well as the problems with diabetes. Behavioral health and domestic violence were mentioned and Christus St. Vincent's accomplishments in these fields were noted. She identified programs and reiterated Christus St. Vincent's commitments to the community.

E. HAP Program Client Letters

Mr. Smith said this issue came up in April regarding stacking claims and at that time this Board requested that staff provide those clients in which staff was stacking claims a formal letter verifying that the claim is with Santa Fe County pending approval, that all correspondence should come to the County, and urging them not to turn the issue over to a collection agency. Draft correspondence was provided for the Board’s review and Mr. Smith said staff contact information would be included in the correspondence.

Mr. Smith said he was waiting for review by the Legal Department before releasing the letters.

Mr. Smith explained that Indigent assistance is truly the “payor of last resort” and payment is based on reimbursement rates.

Mr. Smith mentioned that once an applicant has reached the maximum payment allotted to a provider no further assistance can be offered. However, that same individual could be covered for services with another provider.

Commissioner Stefanics asked whether staff was hesitant to forward a letter to a collection agency in this regard. Assistant Attorney Brown said she did not see an issue with a letter stating the County is processing a claim for an individual.

Ms. Miller said she it was important any correspondence is unambiguous in that the County may pay a portion of the claim. She raised concern that the County may incur a liability if the provider is led to understand the County will be paying the bill. Mr. Smith said the reimbursable rate is known and he could add that information.

Commissioner Stefanics asked how long past the fiscal year a contracted provider has to bill for claims in this year. Mr. Smith said the Finance Department has established up through the month of July and August is the absolute cutoff deadline.

VIII. EXECUTIVE SESSION

It was determined an executive session was unnecessary.

IX. ACTION ITEMS

A. Approval of Indigent Hospital and County Health Care Claims

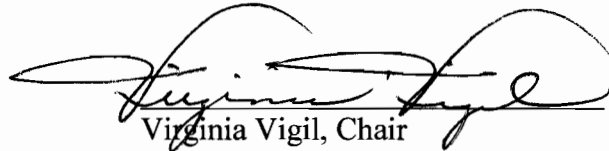
Commissioner Stefanics moved to approve 171 claims totaling \$286,807.58 as recommended by staff, and Commissioner Holian seconded. The motion passed by unanimous [5-0] voice vote.

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X. **ADJOURNMENT**

This meeting adjourned at approximately 10:00 a.m.

Approved by:



Virginia Vigil, Chair
Board of County Commissioners

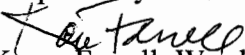
ATTEST TO:



VALERIE ESPINOZA
COUNTY CLERK




Respectfully submitted by:



Karen Farrell, Wordswork

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EXHIBIT
1



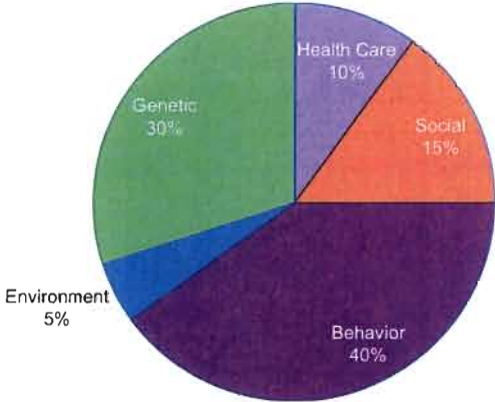
Community Health

SUPPORTING THE HEALTH OF OUR POPULATION


Santa Fe County Commission
May 31, 2011

The Leading Determinants of Health



Determinant	Percentage
Behavior	40%
Genetic	30%
Social	15%
Health Care	10%
Environment	5%



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CSVRCM Community Health Approach

POPULATION HEALTH

What is the health status of our community?

Population Health Status: Standard health indicators, geomapping

CHRISTUS St. Vincent Services:

How does what we do contribute to improved health throughout the community? Are we making a difference in the lives we serve?

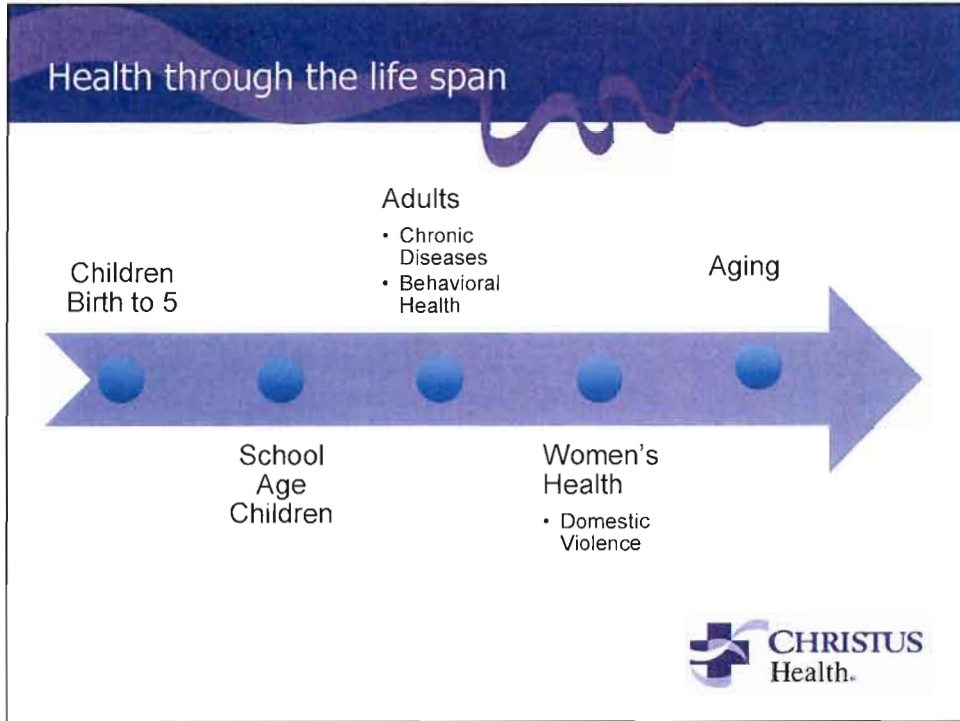
CSV patients: inpatient and outpatient , chronic populations



Santa Fe County Population

Age Groups	Santa Fe
Birth-5	8,376
School age 6-19	26,092
Adult 20-64	90,104
Older 65+	18,929
Total	143,501






Children Birth – 5: Early Childhood Health Indicators

In Santa Fe County:

- 8.1% of babies are born below normal birth weight
- 22% of children are not immunized
- 54% of children are not reading at grade level by 3rd grade



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Early Childhood Community Health Accomplishments

Community:

- CEO, Alex Valdez serves on United Way Board of Directors & Co-Chairs Mobilization for Education Advisory Council
- Facilitating Community Early Childhood strategic planning in partnership with the United Way Children's Project.

CSVPMC:

- First Born Program (home visitation beginning at birth) coordinated through Pediatrics
- Positive Parenting Program (3 Ps) being implemented in pediatric and primary care physician practices. This is a set of tools to help nurses, aides, and physicians to detect child development issues and refer at risk families for support.



Early Childhood Community Funding

Program Type	Provider	Services
Primary Care	La Familia Medical Center	Prenatal & OB/GYN
Early Childhood Development	First Born - Santa Fe Children's Project	Home Visiting beginning at birth
	Las Cumbres	Community Infant Program – Maternal mental health & child development Services to children with developmental disabilities



School Age Child Health Indicators

In Santa Fe County:

- 21% of middle school and 15% high school students report thinking about killing themselves in the past year.
- 24% middle school and 47% high school students are current drinkers.
- 18% middle school and 34% high school students are currently using marijuana.
- 10% of middle school students report having insufficient food.



School-Aged Children Community Health Accomplishments

Community:

- SFPS Safe Schools Core Management Team member. Facilitating selection of indicators and community action planning.


CSVPMC:

- Exploring a youth health screen to be used as a part of youth primary care visits in physician practices.



School Age Child Health Funded Community Funding


Program Type	Provider	Services
Primary Care	Presbyterian Medical Services – Teen Health Services	School health clinics
	Project Ann	Dental Care
Child & Adolescent Behavioral Health	NM Suicide Prevention Project	Crisis intervention & Counseling
	Team Builders Counseling Services	Behavioral health services to children, adolescents and families



Adult Health Status Indicators

Leading Cases of Death	Santa Fe	New Mexico
Cancer	172	166
Heart Disease	181	204
Unintentional Injuries	77	69
Respiratory Diseases	47	55
Stroke	40	46
Diabetes	23	32
Suicide	18	19
Liver Disease & Cirrhosis	14	17
Alzheimer's Disease	33	28
Influenza	19	23

**Deaths per 100,000 population*



Adult Health Care Community Funding

Program Type	Provider	Services
Health Care	SF Project Access	Volunteer physicians to provide specialty care to uninsured 200% below poverty level.
	Villa Therese Catholic Clinic	Primary & dental care
Women's Health	Women's Health Services	Primary care
	Solace Center (Rape Crisis)	Sexual assault & domestic Violence
Behavioral Health	Sangre de Cristo	Screening & brief intervention
Elder Care	Open Hands	Outreach & home safety

Adult Health Status Indicators: Diabetes

Mortality:


- Undiagnosed Diabetics have an 18 fold increase in mortality and morbidity, known diabetics 2.5 fold increase in mortality and morbidity as compared to non-diabetics

Relationship to heart disease:

- Persons with diabetes are 4 times more likely to have heart disease or a stroke.
- Of 18,435 diabetes related hospitalizations in NM, 5,668 were for cardiovascular disease

In Santa Fe County:

- Number of diabetics – 10,465 (9.6% of people)
- Obesity among adults with diabetes – 43%



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Diabetes Center of Excellence

Services:

- Inpatient
- Outpatient
- Gestational Diabetes: Mothers & Babies
- Obesity: Adults & Children
- Nutrition Consultation



Adult Health Accomplishments: Diabetes

CSVPMC:

- Diabetes Center of Excellence: We have a model; we need to grow it. Stabilizing staffing, identifying number of active patients, restructuring job responsibilities of Director.
- Next steps: Electronic Medical Record (Fall 2011), develop model to target other chronic diseases, expand services into San Miguel County followed by others.



Adult Health Diabetes Accomplishments

Diabetes Center of Excellence Outcomes:

- Of 2,847 patients referred 1,150 followed-up and established care at the Diabetes Center
- At initial visit, only 12 were in normal range. At the follow-up visit, 429 patients were at normal A1C
- Improvements in patient ability to manage diabetes: (at follow-up visit)
 - 88% of patients could describe sick day management
 - 96% of patients were able to identify CHO foods and knew the components of a balanced diet
 - 100% of patients were following their daily blood glucose testing schedule and had 2 A1C tests within a year
 - 90% patients could demonstrate the correct use of a glucometer

CSVSMC:Diabetes Center of Excellence, -2009-2010 (n1,150) EpiInfo



Adult Health: Diabetes Community Funding

Program Type	Provider	Services
Health Care	La Familia	Primary Care



Behavioral Health Indicators

- 2,400 persons have serious mental illness in Santa Fe County
- 28,414 engage in binge drinking (5+ drinks in one hour)
- 9,800 people are abusing drugs
- Abuse of prescription drugs resulting in drug addiction (often leading to heroin abuse) is increasing. We are seeing this in the ED, Physician Practices, CARE Connection and Medical Units



Adult Health - Behavioral Health Accomplishments

Community:

- National Alliance for the Mentally Ill health care task force meets monthly.
- Community Action Team conducting community-wide systems of care planning
- Santa Fe Underage Drinking Prevention Alliance

CSVPMC:

- Top 25 most frequent ED users – chronic population
- CSVPMC Organization-Wide:
 - Pain Control Task Force – Prescription Drug Abuse
 - Training – Life Link Training Institute provides training organization wide, coordinated through Organizational Development
- Changed CSVPMC service delivery approach from Inpatient to Outpatient
 - Behavioral Health Unit designated as a crisis stabilization unit (4-5 days)
- Outpatient:
 - CARE Connection is now the Outpatient Behavioral Health program of CSV.
 - Discharge planning, hand-off and tracking of patients
 - Medication Management Clinic



Behavioral Health - Community Funding

Program Type	Provider	Services
Chronic Mental Illness or Addictions	St. Elizabeth's Homeless Shelter	Transition Counseling Medical Respite
	Presbyterian Medical Services	Assertive Community Treatment Crisis Response of Santa Fe



Domestic Violence Health Status Indicators

New Mexico

- 1 in 4 women are abused over the course of their lifetime
- 33% incidents of intimate partner violence involve weapons

CSVSMC Patient Population:

- Referrals by Department: ED-36%, Sobering Ctr-25%, Med Units-25%, Physician Practices-11%
- 100% report verbal, emotional and physical abuse
- 89% of abuse is from an intimate partner
- Abuse is the primary reason for 52% of admissions or played a role in 44% of admissions

(44 referrals)



Domestic Violence Accomplishments

Community:

- Domestic Violence: SF Medical Action Team
- Population indicators: 1. Increase teen safety, 2. Decrease DV related homicide & suicide, 3. Decrease DV related injuries.
- Community training: NM Coalition Against Domestic Violence
- Santa Fe Coordinated Community Response Council
- Service coordination with community providers



Adult Health Accomplishments: Domestic Violence

CSVRC:

- CSVRC has the first hospital based domestic violence program in New Mexico
- The program is based upon a state-of-the-art, best practice model
- Interdisciplinary, cross department team
- Performance Measures: 1. Right response, right time, every time, 2. CSVRC is a safe and supportive place for victims of DV, 3. CSVRC is a partner in the community effort to end DV and keep DV survivors safe
- ED afterhours protocol
- Threat management team to increase safety at CSVRC



Domestic Violence Community Funding

Program Type	Provider	Services
Domestic Violence & Sexual Assault	Solace Crisis Treatment Center	Trauma to resiliency wrap-around services



Adult Health: Women's Health & Elder Care

Women's Health and Elder Care service lines are part of the CSVPMC Integrated Strategic Plan.

- Community Health Department involved in planning in both service lines
- Community Provider funding for women's health: Women's Health Services
- Community provider funding for elder care:
 - Coming Home Connection – volunteer home care
 - Open Hands (home safety)
- Women's Health Community Provider funded: Women's Health Services



