

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, May 9, 2011 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Jesse Arnold, Tracy Del Rio, Lynn Enns, Anne Quinn, Jean Raymond, Mary Jean Sage, Susan Warren

Members Absent: Gina Kirk, David Odell, James Pope

Staff Present: Jeff Hamm, Health Agency Director, Penny Borenstein, MD, Health Officer, Jean White

Speakers: Ann McDowell, MPH, Epidemiologist, County of SLO Public Health Department

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Guerena at 6:00 p.m.	<i>Call to order</i>	<i>Chair Guerena</i>
2. Introduction of new Commissioner	Chair Guerena welcomed Tracy Del Rio, new consumer representative on the Health Commission.		
3. Approval of Minutes	Minutes of the April 11, 2011 meeting were approved as written.	<i>April 11, 2011 minutes approved</i>	<i>Arnold/Enns/All</i>
4. Public Comment	No public comment at this time.		
5. Review of Community Health Status Report for SLO County	<p>Ann McDowell, MPH, Epidemiologist, SLO County Public Health Department, provided a Power Point overview of the 2010 Health Status Report. This report is produced annually and provides an overview of some of the key community health trends in San Luis Obispo County, comparing local health status with that of the state, and when available, to the national Healthy People 2010 objectives. She explained the four major components of the report (1) Community Overview, (2) Maternal, Child, and Adolescent Health, (3) Communicable and Infectious Diseases, and (4) Leading Causes of Illnesses, Injury or Death, showing graphs and tables on how San Luis Obispo County compared to state and national stats, and identifying areas where San Luis Obispo County met or did not meet the Healthy People 2010 objectives.</p> <p>Ms. McDowell noted that there are 80 diseases in California that are legally required to be reported by health care providers to the Public Health Department and are in turn reported to the state. Of these diseases, the most frequently reported disease in SLO County is chronic Hepatitis C, with the majority of these cases in the incarcerated population. Ms. McDowell showed a table of leading causes of death by numbers in our County, with cancer being the number 1 cause of death from chronic disease. She explained that cancer is a reportable disease to the California Cancer Registry and recommended the California Cancer Registry website as an excellent resource for data on specific types of cancer for counties. Ms. McDowell explained why it is necessary to “age adjust” the rates for our County in order to make comparable comparisons. She concluded her presentation talking about obesity and physical inactivity, noting that more than 24% of adults in California are obese. No state met the HP2010 target of reducing the proportion of obese adults to 15%. As compared to state, SLO County has a higher percentage of people who are overweight, but a lower percentage of people who are obese.</p> <p>The Community Health Status Report is available on the Health Agency website by googling “slo epi data.”</p>		

Commission Discussion/Questions

Commissioner Warren asked for more info on how Hepatitis C cases were reported and if persons are tested for Hepatitis C at the County Jail. *(Ms. McDowell explained that only newly diagnosed chronic Hepatitis C cases are reported. These cases are reported when they are detected and can be detected for a number of reasons. Persons at County Jail are not routinely tested and would be included in the community population and not the incarcerated population.)*

Chair Guerena asked how they ensure complete curative therapy for Tuberculosis (TB). *(Ms. McDowell explained that SLO County TB rates are much lower than California, with 3 cases in 2009. She explained that TB is tracked very closely and TB control is very intensive, using daily observed therapy and follow up. If the patient moves to another county, the case file is delivered to that county to take over immediately.)*

Commissioner Arnold asked about a link between Pneumonia & Influenza. *(Ms. McDowell explained that Pneumonia and Influenza (P&I) are linked, especially in the elderly populations. She explained that 3% of all hospitalizations in SLO County are due to P&I; with about 44 deaths each year. Death certificates don't always say whether bacterial, viral or fungal pneumonia. 53% of all P&I deaths occur to those over 85 years of age; with an additional 26% occurring to those ages 75-84.)*

Commissioner Arnold asked why the California Cancer Registry doesn't report data directly back to each county. *(Ms. McDowell explained that there used to be a Tri-Counties Registry, that included SLO, Santa Barbara & Ventura Counties, who sent out a comprehensive report for the region, but once the collection of data was centralized through the California Cancer Registry, they discontinued that report. Now, counties are able to gather data from the California Cancer Registry website.)*

Commissioner Arnold asked if there were other conditions or diseases that weren't reported back to the County. *(Ms. McDowell explained that only communicable diseases are reportable to the Public Health Department.)*

Commissioner Raymond asked if some counties were better at reporting. *(Ms. McDowell explained that all counties are reporting cancer data to the state. But some physicians are better at reporting communicable diseases to the Public Health Department than others. Communicable diseases of high public impact and visibility are 99% reported. Ms. McDowell explained a new disease reporting system where lab data will automatically be fed into an electronic system which will allow better tracking of diseases that are lab reportable.)*

Commissioner Quinn referred to the higher rates of breast cancer and prostate cancer in SLO County and asked about the relationship to environmental factors. *(Ms. McDowell explained that cancer is a multi-factorial disease with three main causes – environmental, genetic and lifestyle - and explained why environmental factors are very difficult to “feed out.”)*

Commissioner Arnold asked if there were any known links between certain substances and specific cancers (such as Methyl Iodide known to cause cancer in the thyroid). *(Ms. McDowell answered that there are a host of chemicals that have a propensity for different organs. She mentioned a scientific study where they discovered that there was a viral component to cervical cancer, noting that the field of cancer research is still wide open for cause and effect.)*

Chair Guerena referred to the data showing the number of uninsured children in San Luis Obispo County and noted that it doesn't correlate with the total percent of uninsured.

Chair Guerena asked if there was a correlation between low vaccination rates and high preventable disease rates *(Ms. McDowell answered that there usually is a correlation, noting that you are more likely to see an outbreak of measles in areas that have low measles vaccination rates. She also noted that the CDC has been visiting counties and physician offices throughout California to collect data on immunization rates, specifically due to the Pertussis, outbreak.)*

Chair Guerena asked if any counties were doing environmental toxin inventories. *(Dr. Borenstein noted that the Environmental Health Division keeps an inventory of chemical hazardous materials and that vendors are required to report their stock of these chemicals. She also noted that California has invested in an environmental health*

	<p><i>tracking program in an attempt to look at correlation between exposure to environmental toxins to rates of illness, but again noting the difficulties in making a cause and effect correlation.)</i></p> <p>Commissioner Warren asked if Cal Poly students are included in the age related statistics. <i>(Ms. McDowell explained that they are only included if they are registered as living in SLO County. Some students are probably still considered residents of their parent’s household.)</i></p> <p>Commissioner Warren asked if there were any statistics comparing SLO County to New York and San Francisco for low income housing availability. <i>(Ms. McDowell not aware of any.)</i></p> <p>Commissioner Warren asked what is meant by “adequacy of prenatal care.” <i>(Ms. McDowell explained that adequacy of care is measured by initiation (when you start your prenatal care) and whether you continue your prenatal care through your entire pregnancy.)</i></p> <p>Commissioner Warren asked if Dr. Borenstein was aware of any new testing for Hepatitis C that would be less expensive. <i>(Dr. Borenstein is aware of new treatment regimens that have recently come on the market, but unaware of any new testing methodologies.)</i></p> <p>Commissioner Arnold referred to the #'s on <i>Leading Causes of Death</i> and asked for more of a breakdown on the #'s for “unintentional injury deaths” and “all other causes of death.” <i>(Ms. McDowell will gather more detail for those categories.)</i></p>		
<p>6. Overview of Medical Board Physician Survey Data for SLO County</p>	<p>Ann McDowell, MPH, Epidemiologist, County of SLO Public Health Department, provided a Power Point overview showing data on the number and locations of primary care physicians in San Luis Obispo County. Ms. McDowell requested this data from the California Medical Board who collects information from a survey that physicians are required to fill out when they apply for medical re-licensure every two years. She provided an example of the survey, explaining the categories that she requested information from to gather the data presented: 1) Physician Activity in Medicine, 2) Practice Location by zip code, and 3) Medical Practice Specialty. She explained that general internists, family practice, pediatricians and geriatricians were included as Primary Care Providers (PCPs). Data showed that 246 of 738 physicians in SLO County are PCPs (33%). She noted that the Commission of Graduate Medical Education estimates 60-80 PCPs per 100,000 people are needed. The areas with the largest majority of our population have over 80 PCPs per 100,000 people. Paso Robles has 250+ and Templeton has the highest rate of PCPs. Ms. McDowell offered to gather more data on specialties, if the commission desired.</p> <p><u>Commission Discussion/Questions:</u></p> <p>Commissioner Warren referred to the Physician Application Survey and asked why “addiction” was not included under <i>Medical Practice Specialty</i> or <i>Medical Education Hours</i>. <i>(Commissioner Sage explained that “addiction” is not a recognized specialty and that only in the past two years, has pain management become recognized as a specialty. Dr. Borenstein explained that the American College of Graduate Medical Education is responsible for the accreditation of specialties and sub-specialties requiring board exams. She explained that there are other national professional associations who provide certifications.)</i></p> <p>Commissioner Sage asked if Primary Care Physician data included DOs. <i>(Ms. McDowell explained that MDs & DOs were included, but not Doctors of Optometry, Chiropractics, or Podiatry.)</i></p> <p>Commissioner Quinn asked if specialists still come to French Hospital to provide specialty services that aren’t provided here (referring to a time 10 years ago when they did). <i>(Ms. McDowell believes some specialists still travel to SLO, but less frequently.)</i></p> <p>Commissioner Guereña asked about OB/GYNs as primary care providers. <i>(Ms. McDowell explained that although sometimes OB/GYNs are primary care providers of women, they were not included in this data.)</i></p>		

<p>7. Discussion of Health Agency Budget Service Level Reductions for FY 2011-12</p>	<p>Jeff Hamm, Health Agency Director, reported that the recommended budget for the Health Agency is the same as reported last month and that the FY 2011-12 Proposed Budget is now available on the County’s website or from the County Administrative Office. He offered to take questions.</p> <p><u>Commission Discussion/Questions:</u></p> <p>Commissioner Enns advised that this item was brought back this month to see if there was interest among commissioners to take any formal action.</p> <p>Commissioner Quinn asked about the impacts of reduction #29, loss of a Patient Services Representative in the Immunization Program. <i>(Dr. Borenstein explained that California has been slowly moving towards building regional systems into a statewide registry. The ability to maintain the technical outreach and educational support for the private sector will be eliminated with this reduction and the completeness and accuracy of records that have been obtained may well degrade, although the Pediatrician offices that have already adopted the use of this technology will mostly likely continue.)</i></p> <p>Commissioner Warren asked if school districts maintain records. <i>(Dr. Borenstein explained that schools are required to note vaccinations that have been administered at the time of entry (usually kindergarten). She explained the value of the registry as a clinical tool for physicians to keep track of vaccinations, doses given & due dates. She explained that all healthcare providers are required to maintain immunization records in their practice, but that can be on paper, through their own database not shared with others, or in a registry.)</i></p> <p>Commissioner Raymond asked if Cal Redie was a part of this registry. <i>(Dr. Borenstein explained that Cal Redie is a new statewide database for collection of all disease reports, which is separate from the California Immunization Registry.)</i></p> <p>Commissioner Arnold asked about the status of the pharmacy contract with CHC. <i>(Mr. Hamm explained that both parties are in active communications and hope to have an agreement on pharmacy and other questions before the end of the current fiscal year.)</i></p> <p>Commissioner Raymond asked how the San Luis Obispo Coverage Initiative Planning Project will interface with the budget issues. <i>(Mr. Hamm explained that this coverage initiative is now referred to as the Low Income Health Program (LIHP). He explained how this money could be used to draw down matching federal dollars to help offset the cost of the provision of medical services to medically indigent adults of our County (currently provided through the CMSP program). He also explained the down side being the terms and conditions placed on the LIHPs and how this could result in increased enrollment, utilization and cost, turning what is currently a 7 million dollar program into what could become a 20-40 million dollar program, which may preclude San Luis Obispo County from participating (as SLO County wouldn’t have enough money to come up with ½ of 20 million). But, they are still reviewing and looking at the possibility of a two-part system that would limit eligibility for the portion that would be subject to drawing down the federal financial participation to a lower percentage of the federal poverty level (FPL) and others would continue to be eligible for the current CMSP program. (CMSP currently addresses low income individuals up to 250% of the FPL).</i></p> <p>Commissioner Warren asked if there were any changes regarding the proposed reductions to Martha’s Place. <i>(Remains the same as reported last month.)</i></p> <p>Commissioner Guerena referred to the Health Status Report and asked about the increase in uninsured children aged 0-17 at 13.4%. <i>(Dr. Borenstein thought that percentage high and would like to review data.)</i></p> <p><u>Public Comment:</u></p> <p>Mary Bianchi, resident of Atascadero, Chair of the Model of Care Partners Oversight Community Group and a member of Friends of Martha’s Place spoke last month and came back this month to provide more detail about the proposed reductions to Martha’s Place. Ms. Bianchi emphasized their concerns about reductions to the service levels at Martha’s Place, specifically noting the reduction in onsite coordination, the reduction of a Public Health Nurse from 1.0 FTE to .75 FTE and the potential reduction in the intern and trainee positions. She</p>	
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	<p>explained how critical these positions are to Martha's Place in order to maintain effective triage & assessment; and getting these children the care they need immediately.</p> <p>Chair Guerena brought this back to the commission for further discussion or possible action.</p> <p>Commissioner Quinn asked if the Mental Health Board has taken a position on Martha's Place. <i>(No action has been taken to date.)</i></p> <p>Commissioner Arnold suggested the commission "back up" the Board of Supervisors' support for retaining the temporary vehicle license fees and taxes. <i>(It was noted that the Commission is advisory to the Board of Supervisors and that the Board has already made clear their support of extending those taxes.)</i></p> <p>Commissioner Enns asked if the Health Agency would receive more funding if the fees & taxes remain in effect. <i>(Mr. Hamm explained that it wouldn't be more funding, but there are 3 programs operated by Mental Health that are contingent upon the continuation of these taxes. These programs have been a state general fund obligation; two of them a federal mandate in the form of the services to children in the education system.)</i></p>		
<p>8. Health Agency / Public Health Report</p>	<p>Dr. Borenstein provided highlights of some of the provisions of Federal Healthcare Reform that went into effect into 2010-2011 and others that will go into effect in 2012-2015.</p> <p><u>2010:</u></p> <ul style="list-style-type: none"> ▪ Insurers have to justify unreasonable premium increases ▪ Establishes a non-profit Patient-Centered Outcomes Research Institute ▪ Increases funding to support prevention and public health programs (House has voted to remove this funding in the federal 2012 budget – has not yet gone to Senate) ▪ Provides a \$250 rebate to Medicare beneficiaries who reach the Part D coverage gap ▪ Provides tax credits to small employers with no more than 25 employees that provide health insurance for employees ▪ Creates a state option to provide Medicaid coverage to childless adults with incomes up to 133% of the federal poverty level (low income health program) ▪ Creates a temporary program to provide health coverage to individuals with pre-existing medical conditions who have been uninsured for at least 6 months ▪ Imposes a 10% tax on indoor tanning services ▪ Extends dependent coverage for adult children to age 26 for individual and group policies ▪ Prohibits health plans from placing lifetime limits on the dollar value of coverage ▪ Requires new health plans to provide at a minimum coverage without cost-sharing for preventive services ▪ Increases funding for FQHCs (slated to increase ongoing, but there has been congressional action to try to eliminate that provision). ▪ Establishes a Health Care Workforce Commission <p><u>2011:</u></p> <ul style="list-style-type: none"> ▪ Requires health plans to report proportion of premium dollars spent on clinical services ▪ Provides a 10% Medicare bonus payment for primary care services ▪ Eliminates cost-sharing for Medicare-covered preventive services that are recommended by the US Preventive Services Task Force ▪ Excludes costs for over-the-counter drugs from being reimbursed through a Flexible Spending Account ▪ Demonstration funding to evaluate alternatives to current tort litigations ▪ Provides funding to states for health insurance exchanges ▪ Requires disclosure of nutritional content of standard menu items at chain restaurants and food sold from vending machines <p><u>2012:</u></p> <ul style="list-style-type: none"> ▪ Accountable Care Organizations in Medicare – allows providers who meet quality thresholds to share in the 		

	<p>cost of savings they achieve</p> <ul style="list-style-type: none"> ▪ Establishes procedures for screening, oversight and reporting for providers participating in Medicare, Medicaid and CHIP related to fraud and abuse ▪ Imposes new annual fees on the pharmaceutical manufacturing sector <p><u>2013:</u></p> <ul style="list-style-type: none"> ▪ States required to notify Secretary of HHS whether they will operate in an American Health Benefit Exchange ▪ Medicaid must comply with same provisions of no cost sharing for preventive services ▪ Increases Medicaid payments for primary care services to 100% of Medicare payment rate <p><u>2014:</u></p> <ul style="list-style-type: none"> ▪ Expands Medicaid to all adults ages 19-65 who have incomes up to 133% of the federal poverty level. ▪ Requires U.S. citizens and legal residents to have health insurance ▪ Creates state-based American Health Benefit Exchanges and Small Business Health Options Program Exchanges ▪ Provides tax credits and cost sharing subsidies to eligible individuals ▪ Prohibits annual limits on the dollar value of coverage ▪ Creates an essential health benefits package ▪ Assesses a fee on employers with more than 50 employees that do not offer coverage ▪ Reduces Medicare payments to hospitals for hospital-acquired conditions by 1% <p><u>2015:</u></p> <ul style="list-style-type: none"> ▪ Provides a federal match increase of 23% for the Children’s Health Insurance Program ▪ Imposes an excise tax on high cost insurance 		
9. Health Commissioner Updates	<p>Chair Guereña: No report. Commissioner Arnold: No report. Commissioner Quinn: No report. Commissioner Warren: Announced an upcoming event “<i>Rethinking Drinking</i>” (addressing the medical, societal and economic consequences of alcohol use and abuse) on Saturday, May 21st, 9:00-4:30, at the SLO Vets Hall. Continuing education credits are available to LVNs, RNs, LPTs, MFTs, LCSWs. More info at www.soberingtruth.com. Free to the public. Commissioner Enns: No report. Commissioner Del Rio: No report. Commissioner Sage: No report. Commissioner Raymond: Attended the Adult Services Policy Council on May 6 where there was a presentation on tobacco use, how we are reducing, and how we can do even better. There was also information presented on the work that is being done for a “Safe Parking Program” for the homeless, and a Proclamation recognizing older adults and their contributions to the community. Commissioner Raymond referred to the ASPC website for the report that has been written on the Safe Parking Program, which would allow safe parking areas for homeless.</p>		
10. Committee Reports	<p>No committee reports. Commissioner Enns asked that commissioners forward her any legislative bills of interest for review by the Legislative Committee.</p>		
11. Prospective Future Items	<p>Commissioner Arnold suggested having a discussion at the July 2011 Retreat/Planning meeting on the protocol for selecting speakers for Commission meetings.</p>		
12. Adjournment	<p>Motion to adjourn at 8:05.</p>	<i>Meeting adjourned</i>	