

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, November 19, 2012 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Gill Blonsley, David Clous, Tracy Del Rio, Anne Quinn, Jean Raymond, Mary Jean Sage, Susan Warren

Members Absent: Lynn Enns, James Pope, Scott Smith-Cooke

Staff Present: Penny Borenstein, MD, Health Officer, Jean White

Speakers: Dr. WinklerPrins (Institute for Palliative Medicine); Tina McEvoy (Director, Dignity Health Hospice)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Guerena at 6:02 pm.	<i>Call to order</i>	<i>Chair Guerena</i>
2. Approval of Minutes	Minutes of October 15, 2012 were approved as written.	<i>October minutes approved</i>	<i>Clous/Sage/All</i>
3. Public Comment	Chair Guerena opened the floor to public comment with no response.		
4. Presentation: Hospice & Palliative Care	<p>Minke WinklerPrins, MD, Institute for Palliative Medicine, San Diego, explained that palliative care is specialized medical care for people facing serious and chronic illness. Palliative care focuses on relief of symptoms, pain, and emotional distress; and provides care, comfort and relief of suffering with a goal to improve the quality of life for both the patient and family. It is appropriate at any age and at any stage of serious illness and is not dependent on prognosis. Care is provided by a team that includes physicians, nurses, social workers and specialists to work together with the patient's doctor.</p> <p>Dr. WinklerPrins explained how palliative care came about in response to a shift in healthcare for cure, rather than care, and talked about some of the barriers to providing quality palliative care in our community. Many of our local hospitals have established palliative care programs, but programs are limited in scope and depth and would benefit from greater institutional financial investment. There is a lack of physicians with formal training and inadequate reimbursement for this layer of care. Palliative care is labor and time intensive and until it is appropriately valued and reimbursed, it will remain a limited resource. Dr. WinklerPrins referred to an excellent website at www.getpalliativecare.org.</p> <p>Tina McEvoy, Director, Dignity Health Hospice, provided a Power Point overview of hospice and the services, support, and care they provide to patients and their families in the last phases of a life-limiting illness. Hospice is a program of care, using a professional interdisciplinary care management team, under the direction of the patient's physician, to manage pain & symptoms and to attend to the emotional, psychosocial & spiritual aspects of dying. Their hospice team consists of nurses, home health aides, social workers, dieticians and trained volunteers. They are available 24 hours a day, 7 days a week and provide medication, supplies, and equipment related to the patient's hospice diagnosis. They also provide bereavement support. Most care is provided in the home, but can also be provided in nursing facilities, assisted living facilities or in the hospital. Hospice care is covered by Medicare and MediCal.</p> <p>Ms. McEvoy explained how a treatment plan is developed to meet the needs of the patient and their family or caregivers, and emphasized that their primary goal is to fulfill the patient's wishes and to support their families and caregivers. She talked about some of the barriers to hospice care that include</p>		

fear, lack of knowledge, lack of caregiver, access to expensive medications and treatments, reimbursement issues, physicians not being comfortable certifying patients as terminally ill, and physicians not being able to see patients who can no longer come to the office. They continually work to educate the community and physicians about hospice. There are three local hospice agencies: Dignity Health Hospice, Hospice Partners and Central Coast Hospice.

Commissioner Questions/Comments:

Commissioner Blonsley asked what was being done to educate local physicians on palliative care. *(Ms. McEvoy informed that they have made presentations to local physicians, but attendance was low. She advised that new medical students are being trained about hospice, palliative care and pain management. Dr. WinklerPrins explained that the current reimbursement system does not adequately reimburse for this care and emphasized the necessity for hospital corporations to make a major investment in subsidizing this type of care. Ms. McEvoy advised that Dignity Health in Santa Maria has a palliative care program with one full-time nurse and social worker. Arroyo Grande Hospital has a part-time palliative care nurse and a social worker as needed. French Medical Center has a palliative care coordinator and a social worker as needed. The Joint Commission will be offering a separate accreditation for palliative care, which should help.)*

Commissioner Blonsley suggested that one of the limiting factors to expanding palliative care programs at some of our local hospitals might be the lower volume. He asked if Sierra Vista Regional Medical Center (SVRMC) has a palliative care program. *(Ms. McEvoy agreed that volume is a problem at the smaller hospitals. SVRMC has a committee dedicated to comfort and end of life care and she believes plans to expand that focus toward palliative care.)*

Commissioner Clous asked if palliative care is typically associated with older patients and if cost associated with palliative care limits the advancement of the program. *(Dr. WinklerPrins explained that palliative care expertise is used in seriously ill children and that care for children is included in palliative care training. Cost is a limiting factor especially in smaller communities.)*

Commissioner Quinn asked if there are changes forthcoming with the Affordable Care Act. *(Dr. WinklerPrins explained there are some maybes & possibilities, but nothing significant. Physicians and specialists have told her if palliative care consultation was available, they would use it.)*

Commissioner Guerena asked about community education efforts. *(Ms. McEvoy advised they do a lot of community outreach to community groups, assisted living facilities, churches, etc. Dr. WinklerPrins added that Hospice SLO, the volunteer hospice in our County, has a new director who is writing a grant for a program for caregivers.)*

Commissioner Sage advised that there are a couple of things “on the horizon” related to reimbursements. She explained that there is a new set of billing codes this year that will allow physicians to get paid for some of their post hospital work. And, commented that only recently has palliative care been recognized as a specialty, which should help drive the reimbursement up. Larger organizations, such as our hospitals, need to take part in assuming some of the responsibility for reimbursements, through grants, etc., until these costs are covered by the health insurance industry.

Commissioner Blonsley commented that many people in the community think of “hospice” as what is provided by SLO Hospice, a volunteer social service. He explained that SLO Hospice and one other organization in the state were “grandfathered in” allowing them to use the name “Hospice,” even though

	<p>they do not provided clinical services and medications. SLO Hospice provides a lot of value in the community, but may have negated greater use of hospice services, because many people confuse the two. Commissioner Del Rio asked about the process for development of the treatment plan and if they are always welcome in a patient’s home. <i>(Ms. McEvoy explained the steps: referral, evaluation, approval, physician orders, and the initial plan. Once they are in the home, they validate that the services and medications are what the patient wants and what kind of care they will be providing. It takes a few visits to get everyone organized and for their teams to meet. The plan can change daily to meet the patient’s needs. Ms. McEvoy explained that they are guests in the home and usually welcomed, although there have been rare situations where family members haven’t been receptive.)</i></p> <p>Commissioner Del Rio asked if Dignity Health Hospice has Spanish speaking teams. <i>(yes)</i></p> <p>Commissioner Warren: Referred to the upcoming changes through the Affordable Healthcare Act, and asked about the Behavioral Health component of palliative care. <i>(Dr. WinklerPrins didn’t have any specific information on the behavioral health component, but explained the concept of palliative care as a “team sport,” trying to address all of the needs.)</i></p>		
<p>5. Health Agency Report</p>	<p>Dr. Borenstein provided a brief report on the following:</p> <p><u>Affordable Care Act (ACA):</u> They are currently looking at the proportion of CMSP patients who are legal immigrants and the complexities around that population in relation to the ACA.</p> <p><u>Electronic Health Records (EHR):</u> Public Health received a small grant to begin to assess their needs for EHR. EHR is a big challenge for small to medium sized health departments and at some point there will be a penalty for not having an EHR.</p> <p><u>AB 1616 - Cottage Food Bill:</u> This bill will become effective Jan 2013 and will allow persons to prepare and sell “non-potentially hazardous foods” from their homes. This bill was a point of contention by Environmental Health (EH) Directors and Health Officers, but passed without the requested language “to tighten it up.” EH is beginning to develop guidelines and inspection criteria to implement this.</p> <p><u>Commissioner Questions/Comments:</u></p> <p>Commissioner Blonsley asked how they will assure cleanliness and sanitary conditions in the home, <i>(Dr. Borenstein suggested inviting Environmental Health staff to speak to this in more detailed terms.)</i></p> <p>Commissioner Guerena asked about the County’s role in inspections. <i>(Dr. Borenstein explained that there will be some limited oversight, but again referred to Environmental Health for more detail.)</i></p> <p>Commissioner Raymond asked if an outbreak were identified, if Public Health would have the ability to close the vendor down. <i>(Dr. Borenstein advised they would have the right to do a comprehensive investigation; but it is unknown what the post-outbreak situation would be.)</i></p>		
<p>6. Health Commissioner Updates</p>	<p>Chair Guerena: Read HEAL-SLO’s responses to two Planning Department projects that were referred to HEAL SLO for healthy community’s perspective review:</p> <ol style="list-style-type: none"> 1. HR Holdings: <i>“We do not have any significant health concerns with this development. Our only comment would be that there doesn’t seem to be any recreational facilities for adjacent housing. We would want to ensure that the \$10,000 per lot fee for recreational facilities does go to the Heritage Ranch Home Owners Association, per the requirements of the Quimby Ordinance.”</i> <i>(Commissioner Warren referred to the “Quimby Ordinance” and questioned whether the Heritage Ranch Association, a private homeowner’s association, has recreational facilities open to the public.)</i> 2. Kingston Minor Use Permit: <i>“We do not have any significant concerns with this development. Our</i> 		

	<p><i>only question would be to clarify how walkable the area is. While the seniors in the memory care unit probably wouldn't be going out on their own, some of the assisted living residents might want to walk to shopping or the park."</i></p> <p>(Commissioner Warren commented that there isn't any shopping close to this development, but that there are walking trails along Moonstone Beach that are handicapped accessible and also buses serving the seniors in the community, providing opportunities for seniors to recreate.)</p> <p>Chair Guereña will take these comments back to HEAL SLO.</p> <p>Commissioner Quinn: Attended last month's First 5 meeting where it was announced that First 5 will be launching their Children's Bill of Rights on April 19, 2013. She emailed Susan Hughes to ask about timeline for bringing the Children's Bill of Rights "draft" to the Health Commission for input.</p> <p>Commissioner Clous: No report.</p> <p>Commissioner Warren: Reported that the Drug & Alcohol Advisory Board will become a part of the Mental Health Board beginning January 2013. Commissioner Warren also announced that the Mental Health Services Oversight & Accountability Committee will be presenting a community forum on "The Impact and Progress of the Mental Health Services Act (Prop 63)" on 11/29, 3:30 PM, at the Embassy Suites in San Luis Obispo. The public is welcome to attend and should RSVP to mhsoac@mhsoac.ca.gov or (916) 445-8696.</p> <p>Commissioner Sage: No report.</p> <p>Commissioner Raymond: Attended the Adult Services Policy Council meeting where there were two speakers, one from AmeriCorps, who talked about what they do to support non-profit corporations, and the other from HiCap, who talked about Medicare open enrollment.</p> <p>Commissioner Blonsley: No report.</p> <p>Commissioner Del Rio: Attended the HEAL SLO Summit "Building Healthy Communities" in October and complimented the Public Health Department and HEAL SLO for the great conference.</p>		
7. Committee Reports	No committee reports.		
8. Prospective Future Items	<p><u>December 10, 2012</u> <i>Spotlight on Non-Profit Organizations. Invite:</i></p> <ul style="list-style-type: none"> • SLO Community Foundation – Barry VanderKelen • Food Bank – Carl Hansen • Spokes – Lesley Dierks • United Way – Rick London • Womenade – Sandy Richardson <p><u>Future Agenda Items</u></p> <ul style="list-style-type: none"> • Status of homeless in the community –Homeless Oversight Committee • AB 1616 –Environmental Health 		
9. Adjournment	Motion to adjourn at 7:30.	<i>Meeting adjourned.</i>	<i>All</i>