

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, November 18, 2013 (County Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Gill Blonsley, David Clous, Tracy Del Rio, Ed Guerena, James Pope, Anne Quinn, Jean Raymond, Mary Jean Sage, Scott Smith-Cooke, Susan Warren

Members Absent: None

Staff Present: Dr. Penny Borenstein, Jean White

Speakers: Steve Mahr (CHC); John Lee, Bryan Gingg, Beverly Gingg, Paul Wolff (Access for All Health Care Committee)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Enns at 6:00 pm.	<i>Call to order</i>	<i>Chair Enns</i>
2. Approval of Minutes	Minutes of October 21, 2013 were approved as drafted.	<i>Oct. minutes approved.</i>	<i>All</i>
3. Public Comment	Chair Enns opened the floor to public comment with no response.		
4. Affordable Care Act Update from CHC	<p>Steve Mahr, Communications Manager, Community Health Centers of the Central Coast (CHC), provided a Power Point overview titled “<i>Affordable Care Act (ACA) Progress Report.</i>” He talked about CHC’s programs and services, locations w/26 licensed health centers, current number of CHC patients (80,000; w/35,000 of those Medi-Cal patients), ACA enrollment in-reach goals and their ACA outreach efforts. Approximately 10,000 of their existing patients will now qualify with the expansion of MAGI Medi-Cal. They have been granted to hire 6 certified enrollment counselors and are a certified enrollment entity. As of October 1st, they have successfully assisted with enrollment for 572 patients.</p> <p>Mr. Mahr explained that CHC will have many new users as of January 1, 2014 and talked about three things that will help with capacity: 1) the roll-out of Electronic Health Records (EHR) in 2010; 2) the introduction of a call center in July 2013, with two of their largest health centers taking all of the inbound calls and making appointments for all of their health centers; and 3) moving toward the concept of “Super Centers.” Mr. Mahr showed a picture of their new Nipomo Community Medical Center, with all services under one roof. Mr. Mahr noted that there are 5.3 million uninsured Californians and that the ACA has been a good opportunity for all of the agencies in SLO and SB Counties to work together.</p> <p><u>Commissioner Questions/Discussion:</u></p> <p>Commissioner Pope asked about CHC’s outreach efforts. (<i>Mr. Mahr advised that they alternate between two radio stations – 1st & 3rd Wed, Sunny Country 102.5 and 2nd & 4th Wed, KVEC News 920. He noted that Covered CA, along with their local partners, is doing an excellent job of raising awareness on a general level and there will be continuing follow up stories in the local newspapers.</i>)</p> <p>Commissioner Warren asked how CHC is ramping up for the integration of behavioral health into primary care. (<i>Mr. Mahr advised they are looking at ways to increase capacity, potentially increasing the hours for psychiatry and licensed clinical workers. Integration is happening and they will have to continue to work smart to be able to accommodate the influx of patients. He will provide an update in the future as things being to unroll.</i>)</p> <p>Commissioner Smith-Cooke asked if CHC will have a network of providers for individuals with one of</p>		

	<p>the “silver plans.” <i>(Mr. Mahr advised that the plans are still in development as far as who the network providers will be. Currently, CHC takes private insurance, PPO insurance (Blue Cross & Blue Shield), but has not been a part of an HMO plan. He will provide an update in the future when more is known.)</i></p> <p>Commissioner Warren asked Mr. Mahr to remind folks of the enrollment windows. <i>(Persons must sign up by December 15th to have coverage in place by January 1st. The window will end on March 31, 2013. The enrollment window applies to the insurance marketplace (persons at 139% and above who will not qualify for MediCal. MediCal is a rolling enrollment.)</i></p>		
<p>5. Presentation: SLO County Access For All (AFA) Healthcare Accessibility</p>	<p>Paul Wolff, Member, Access for All (AFA) Health Care Committee, explained that SLO AFA is a local volunteer group, functioning under the umbrella of the SLO Community Foundation since 2001 and through a grant from the Central Coast Wine Classic. The goal of their health care committee is to improve the quality and accessibility of health care for people with disabilities within SLO County through advocacy and to eliminate the three main types of barriers that people with disabilities encounter: communication barriers, physical barriers and attitudinal barriers. Mr. Lee advised that some of the biggest barriers those with disabilities experience are while in health care settings (hospitals, clinics, physician offices). He provided some examples of a nurse who may not be aware of the vast difference in dealing with high and low spinal cord injuries or a health care provider who may not know where to locate a specific piece of equipment that may be needed for someone in a wheelchair. Persons with disabilities often have very specific needs that can have a serious impact on them during very stressful times (such as while in an ER). Mr. Lee asked for the Commission’s endorsement in working with our local hospitals and clinics to provide short educational and sensitivity training modules (which are readily available and have been shown to make a big difference).</p> <p>John Lee, Chair of the AFA Health Care Committee, and an Occupational Therapist showed a video clip sample of some of the training tools that are readily available and being used across the country in different health care settings either for new practitioners and/or continuing education opportunities. The video included clips from three different training modules: “<i>Access to Medical Care for People with Physical Disabilities,</i>” “<i>Access to Medical Care for People with Developmental Disabilities,</i>” and a “<i>toolkit developed for nurse practitioners.</i>” Each of the three clips described the barriers that are occasionally encountered by persons with disabilities and what can be done about them. With the Affordable Care Act, there are now accessibility standards for medical diagnostic equipment. Training modules would help to ensure these standards are being implemented properly.</p> <p>Bryan Gingg, Member, AFA Health Care Committee, provided a personal perspective on his experience with the health care system locally. Mr. Gingg has been using a wheelchair for over 30 years and talked about a problem he experienced while in the hospital emergency room related to his disability.</p> <p>Beverly Gingg, Member, AFA Health Care Committee, continued with personal testimony about a time when things went badly for her husband while in the emergency room, but how good came out of it when the physician later put together an in-service training so other physicians and nurses dealing in a similar situation would know what to expect. Mrs. Gingg commented that hospitals and health care facilities have a lot of turnover and emphasized the need for consistent training. She noted that there are many training modules & materials available from universities across the nation. She asked for the Health Commission’s endorsement by sending a message to our health care providers on how important this is</p>		

	<p>and encouraging them to have at least a once a year in-service training.</p> <p><u>Commissioner Questions/Discussion:</u></p> <p>Commissioner Clous asked if health care facilities have the proper equipment to treat persons with disabilities. <i>(Mrs. Gingg answered that many health care facilities have some of the equipment, but since it is not used all of the time, they may not know where it is located or how to properly use it. There is also a huge need for knowing how to access interpreter services for persons with communication disabilities.)</i></p> <p>Commissioner Clous asked if some of the reluctance from hospitals and physician offices to “get onboard” is because of the volume of people they see with disabilities. <i>(Mrs. Gingg advised that our local health care providers do not see persons with very specialized needs frequently, but people with disabilities are living longer lives and this is a time of tremendous change for the medical community.)</i></p> <p>Susan Chandler, Californians for Disability Rights, added that one of the things she would like to see everyone working towards is to have one center or designate one of the hospitals as a place where persons with disabilities could go for services.</p> <p>Mr. Lee referred to a recent two-day conference at USC, where they brought in speakers from all over the country (physicians, nurses, therapists) to speak on issues related to spinal cord injury treatment. These conferences are often sponsored by equipment vendors with no cost to anyone and another form of training that could be available.</p> <p>Commissioner Warren commented on how “telemedicine” might be another opportunity now (as part of the ACA) providing the ability to hook up with physicians in SF or LA for their expertise.</p> <p>Commissioner Guerena asked if there was a checklist of supplies or skills that are needed for treatment. <i>(Mr. Lee explained that there are documents, guidelines and checklists for ADA requirements for physical access and communication needs, but these are not aligned with accreditation.)</i></p> <p>Commissioner Smith-Cooke asked if they have approached the hospitals with their desire to provide trainings. <i>(Mrs. Gingg advised that they have not been able to get into the hospitals to provide trainings and are asking the Health Commission to help advocate for the importance of trainings.)</i></p> <p>There was further discussion amongst the commissioners about ways the Commission could endorse the concept of education. It was suggested and agreed by all commissioners that this be referred to the Community Education Committee for a more specific study of checklists, what needs to be prioritized and what can be done. Commissioner Raymond, Chair of the Community Education Committee, will call a meeting. Mr. Lee asked if the Commission might also help them identify folks who would like to be part of an advisory committee to their group and other health care professionals in the community.</p>		
<p>6. Healthy Communities: Health Commission’s Role</p>	<p>Commissioner Del Rio, Legislative Committee Chair, reported that the Legislative Committee met on October 30th and talked about ways the Health Commission could become involved (on the heels of the Healthy Communities workshop) by taking a position in support of the “movement” toward health being part of the dialogue when making planning decisions in our communities, and working ultimately toward a health element (either a stand-alone chapter or within each chapter) in the County’s General Plan. She provided copies of sample resolutions that have been adopted promoting healthy communities and a list of the 8 counties and 38 cities that have (or are in various stages of having) separate health elements included in their General Plans. Kathleen Karle explained how health has been absent from the planning dialogue and is now re-emerging. Getting a health chapter in the General Plan is a long term process (3-5 years),</p>	<p><i>Motion made that the Chair direct the Legislative Committee to prepare a resolution that supports the overall concept that health be considered in</i></p>	<p>Blonsley/Smith-Cooke/All</p>

	<p>but they are starting locally with two Cal Poly students who will be working with advisory councils in Oceano and Cayucos to assess health issues in those communities through surveys, interviews, and workshops. This will become the basis of what a health element should look like. Ms. Karle noted that the State is also working toward introducing a health element into the State General Plan.</p> <p>Commissioner Del Rio brought forward the recommendation from the Legislative Committee that the Health Commission begin by taking a position in support of the overall “concept” that health be considered in planning decisions and part of the dialogue in the General Plan. A first step would be for the Legislative Committee to draft a resolution in support of the concept to be reviewed and approved by the Commission and presented to the Board of Supervisors.</p> <p><i>Commissioner Blonsley moved that the Chair direct the Legislative Committee to prepare a resolution that supports the concept to be voted on next quarter (Feb or Mar) for forwarding to the Board of Supervisors. Motion seconded by Commissioner Smith-Cooke. All in favor.</i></p>	<p><i>planning decisions.</i></p>	
<p>7. Health Agency / Public Health Report</p>	<p>Dr. Penny Borenstein, Health Officer, reported on the following topics:</p> <ul style="list-style-type: none"> • Environmental Health recently received a <i>Leadership in Innovation</i> award from Decade Software Company for their investment in computer technology and doing more to better their business practices, particularly for development of portals used in the field by first responders for HAZMAT. • The first seasonal case of influenza has been reported in SLO County. • The CMSP office has enrolled 156 individuals into MediCal and 16 into Covered CA. Momentum is building and between DSS, CHC and CMSP, they are nearing the first 1,000. The goal was stated to be approximately 10,000 enrollments in the first year. • Effective October 28, 2013, the Public Health Laboratory began testing for lead poisoning (testing blood for blood lead levels). It is nationally recommended that children get tested at 1 year and 2 years of age regardless of their risk situation, to have a baseline. • In follow up to questions from last month’s meeting, Dr. Borenstein talked about Shingles, a painful, localized rash that is the same virus as chicken pox. The chicken pox virus does not go away and as many as 1/3 of the elderly population will develop a reoccurrence of the virus in the form of shingles. A vaccine was developed in 2006 and the American Committee on Immunization Practices recommends that everyone above the age of 60 (whether or not they think they’ve had chicken pox) receive a one-time dose of the vaccine. The FDA has licensed the product for ages 50 & above, but CDC has not yet gone there. This is a live vaccine, so is not recommended for persons who are immune compromised, pregnant, receiving cancer treatments, or HIV positive. The disease is not passed from person to person, but someone who has it can transmit chicken pox to someone who has never had it. The vast majority of people who get shingles do not have a reoccurrence, but whether or not you’ve had shingles, it is recommended to get a vaccine to prevent a first time or a reoccurrence of the disease. The recommendation is for a one-time only dose; there is no formal recommendation for a booster dose of the vaccine at this time. <p>Commissioner Del Rio asked about cost. (<i>Cost is \$150-\$200; some insurance companies will cover for age 50 and above. If you go to a pharmacy, insurance is more likely to pay if you have a prescription.</i>)</p> <p>Commissioner Sage asked if children who are now getting varicella vaccine will need to later get a</p>		

	shingles vaccine. (<i>Dr. Borenstein advised that more information will evolve after looking at community prevalence, but anyone who has a documented case of chicken pox should get the vaccine.</i>)		
8. Health Commissioner Updates	Commissioner Warren: Attended the Behavioral Health Board meeting where it was announced that Anne Robin from Butte County will begin in December as the new Behavioral Health Department Administrator. It was also reported that the State conducted a site visit at Behavioral Health to approve certification for Medi-Cal, which will help open the doors to more people. The next meeting will be on Wednesday, 11/20/13, 3-5pm, at the Health Campus. There will be a presentation by a veteran's outreach therapist and a presentation on inpatient and psychiatric services by Dr. Daisy Illano. No further updates.		
9. Committee Reports	Legislative Committee: Report - Item # 6 above. No further committee reports.		
10. Prospective Future Items	No regular meeting December 2013. The Community Education Committee will be meeting to review agenda items for the next 6 months.		
11. Adjournment	Meeting adjourned at 8:15 pm.	<i>Adjournment</i>	<i>All</i>