

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, May 12, 2014 (County Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), 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: Penny Borenstein, Jean White

Speakers: Joel Diring (Diring & Associates); Michelle Shoresman, Clint Slaughter, MD (Public Health Emergency Preparedness Program)

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 April 14, 2014 were approved as drafted.	<i>April 2014 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	<p>Joel Diring, Diring & Associates, provided a Power Point presentation titled “<i>Health Care Reform: an update for San Luis Obispo County.</i>” The presentation covered the following topics:</p> <p><u><i>Covered CA update:</i></u> Open enrollment ended 4/15/14; next enrollment starts in the fall. There is a “Special Enrollment” period outside the enrollment period in which persons are still allowed to enroll in Covered CA plans, but it must be due to specific “life” events, including changing residence, losing health coverage, or changes in family composition. Application must be within 60 days of qualifying event.</p> <p><u><i>Statewide Enrollment:</i></u> 1.4 million Californians enrolled in Covered CA plans. 1.9 million Californians enrolled in Medi-Cal through March 31. There are another 800,000 Medi-Cal applications pending.</p> <p><u><i>Local Enrollment:</i></u> In SLO County, 12,256 individuals enrolled in a Covered CA plan; 91% were in subsidized plans. Regionally, 28% of subsidized persons chose Bronze plans; 64% Silver.</p> <p><u><i>Provider Networks:</i></u> The official list of provider networks for each of the health plans is on their websites. Anecdotal reports differ from the plans’ web pages. Public Health has an intern who is currently surveying local providers.</p> <p><u><i>Local Implementation:</i></u> The County Medical Services Program (CMSP) ended December 31, 2013. Nearly all former CMSP patients transitioned to Medi-Cal; some in Covered CA. MISP will cover those legal residents who fall through the cracks.</p> <p><u><i>Medicare Provider Reimbursement:</i></u> New law will transition all Medicare physician payment localities to the same methods as hospital payment. In SLO, increase may be from .5 to 1%.</p> <p><u>Commissioner Questions/Comments:</u></p> <p>Commissioner Quinn asked why some physicians are not taking Covered CA. (<i>Mr. Diring explained that is all about reimbursements.</i>)</p> <p>Commissioner Smith-Cooke expressed some concern about the large number of Medi-Cal applications that haven’t been processed. (<i>Mr. Diring explained it is due to the large number of applications coming in, but noted that anyone with a medical need is moved to the top of the queue.</i>)</p> <p>Commissioner Smith-Cooke asked if an unprocessed Medi-Cal applicant would still be able to get medical services if needed. (<i>Mr. Diring advised that they could go to CHC and would be on fee-for-</i></p>		

	<p><i>service and CenCal will then accept them retroactively. Another way to expedite Medi-Cal approval is through the hospitals. Hospitals can enroll patients up to two months if it appears they are Medi-Cal eligible.)</i></p> <p>Commissioner Smith-Cooke asked if a person who lost their job and was on a Cobra plan could switch to a Covered CA plan under special enrollment. <i>(Mr. Diringler advised that the Cobra plan must lapse before a person would be able to switch to Covered CA.)</i></p> <p>Commissioner Guerena asked if there was any data on the number of employers dropping coverage so their employees can get on a Covered CA plan. <i>(Mr. Diringler hasn't seen any data, but 60-70% of small businesses said this has had either a positive or neutral effect on their business.)</i></p> <p>Commissioner Sage commented that many patients who were in commercial small group policies are now on individual plans in Covered CA, but some are finding that their physician office opted not to take Covered CA, so their physician can no longer see them. <i>(Mr. Diringler reminded everyone of the issue early on about non-compliant plans, but noted if doctors are seeing a drop in patients, they may start looking at signing up for Pathway, which is what Anthem is calling their individual plans.)</i></p> <p>Commissioner Guerena asked if they are seeing saturation in services with so many more persons having health coverage now. <i>(Mr. Diringler noted that there have been physician shortages in the past and those haven't gone away. It is uncertain yet what the demand and utilization will be.)</i></p> <p>Commissioner Raymond asked about reimbursements in Pathway. <i>(Mr. Diringler explained that in the individual market plans, reimbursements are supposed to be the same whether you got coverage through Covered CA or on the private side. But small group plans may very well have different reimbursement schedules.) (Commissioner Sage noted that the payment is about the same for one of the plans that we don't have in our County, but Blue Cross is about 30% less which is why it is difficult to find a provider.)</i></p> <p>Commissioner Warren asked about continued funding for Certified Enrollment Counselors (CECs) when enrollment opens again. <i>(Mr. Diringler explained that funding will continue for CECs. They will continue to receive \$58.00 per completed application.)</i></p> <p>Commissioner Warren commented that some of the low wage employers do not offer employees more than 20 hours per week. <i>(Mr. Diringler noted that if you are only working 20 hours per week from a low wage employer, you are probably Medi-Cal eligible.)</i></p>		
<p>5. Presentation: Family Emergency Planning Tools</p>	<p>Michelle Shoresman, Program Manager, Public Health Emergency Preparedness (PHEP) and Clint Slaughter, MD provided a Power Point overview and demonstration of a Disaster Preparedness App for smart phones that they developed as a tool for persons to create an emergency planning kit and plan for their families. They released the iPhone App in August 2011 and just recently released the Android version of the App on the Google App store. The App is based on and includes some of the same features as a wallet card that PHEP produced in 2009 based on best practices for making a family emergency kit for your house and making a family plan. Because this App is based on smart phone technology, it also incorporates information security with a passcode. The App is free and was developed with grant funds. To date, they have had over 5800 downloads.</p> <p>Dr. Slaughter provided a demonstration of the App showing sections on Disaster Kit Checklists, Family Plans, Alerts, Disaster Basics, Survival Manual, CPR/First Aid Instructions, Emergency Contacts, and Personal Medical Information. There is also a section showing how to use the app with basic instructions. They tried to make the App as full featured as possible – with everything you need to shelter in place or if</p>		

	<p>you had to leave your house in an emergency.</p> <p><u>Commissioner Questions/Comments:</u></p> <p>Commissioner Guerena asked where persons should go to get the App. (Dr. Slaughter referred to Apple App Store at http://itunes.apple.com/us/app/disaster-prep/id431738659?mt=8 and the Google App Store at https://play.google.com/sotre/apps/details?id=com.evolvingmonkeys.disasterprep. When you search in the iPhone store under disaster prep, it is the first App that “pops up,” since this was one of the first disaster prep Apps out there.)</p> <p>Dr. Borenstein asked about techniques for keeping this App at the “top of the queue” when searching for it in stores. (Dr. Slaughter explained that marketing & search engine optimization is costly. He suggested a good way to distribute the App is by placing a link on the County website.)</p> <p>Commissioner Warren asked if there has been any media coverage on the iPhone App and advised that KSBY does a lot of community service announcements. (Ms. Shoresman advised that she publicizes the App any time she is in front of an audience talking about emergency preparedness and will follow up on Commissioner Warren’s suggestion of a media release for the Android App release.)</p> <p>Commissioner Pope asked if a physician would be able to access a patient’s medical information (in an emergency) on the patient’s phone by using an “emergency code.” (Dr. Slaughter explained the difficulties due to privacy concerns, but persons don’t have to password protect the App, so a family member may be able to access the information.)</p> <p>Commissioner Enns asked if this App has been useful in the ERs. (Dr. Slaughter hasn’t seen anyone use this App in the ER, but noted that most people are unprepared for an ER visit. The goal of this App is for persons to start thinking about preparedness.)</p>		
<p>6. Health Agency / Public Health Report</p>	<p>Dr. Penny Borenstein, Health Officer, reported on the following:</p> <ul style="list-style-type: none"> • Covered CA Certified Enrollment Counselors: The Health Department will start the process to become a Certified Enrollment Entity, with some of the health care services staff becoming certified as Enrollment Counselors. Public Health will be an unpaid entity, but this will allow them to be able to help clients within the Health Agency navigate through the enrollment process. • Medical Marijuana Program (MMP): Dr. Borenstein provided a Power Point overview of the SLO County Medical Marijuana Program. The MMP is defined in State Statute that was adopted in 2004, and SLO County began participating in 2006. It is a State and County collaborative program. State statute defines the medical diagnoses that qualify applicants for the MMP. Dr. Borenstein walked through the State, County, Physician and Patient responsibilities, and defined primary caregivers who can also be issued an identification card for each patient they assume responsibility for. <p>The County Board of Supervisors assigned the Public Health Department as the organization within the County to carry out program responsibilities. County responsibilities include: establishing the County fee portion of application charges, providing, receiving & processing applications for medical marijuana identification cards, electronically transmitting a photograph of the applicant to the State, collecting application fees and transmitting state portion to the State, utilizing the web-based system to transmit application information to the State, receiving the state produced ID cards and issuing them to cardholders, & complying with established timeline requirements. The State produces the identification cards and assigns a unique card ID number. The County does not keep applications or a database. State data shows approximately 73,000 cards have been issued to date throughout California;</p>		

	<p>635 in SLO County, with an annual range of 52 to 139.</p> <p><u>Commissioner Questions/Comments:</u> Commissioner Quinn asked if there was a corresponding increase in research on long term effects as they are allowing medicinal use. <i>(Dr. Borenstein noted there is ongoing research on medical effects, but she is uncertain how it compares to the number of studies in 2014 vs. 10 years ago.)</i> Commissioner Warren asked if the Public Health Department was the only entity that issues cards in our County. <i>(Dr. Borenstein answered “yes,” but explained that this is a voluntary program; a person can have a physician recommendation (letter) and not get a card. It would then be up to law enforcement and the judicial system as to what to do with that information. The courts have on occasion required an individual to get a card as part of their “settlement.” There are probably more people using marijuana medicinally than are coming in and getting a card.)</i> Commissioner Warren asked if it is known how many (of the 625 cards issued) were renewals. <i>(Dr. Borenstein explained that the County does not keep individual files or applications. All of the information is sent to the State for processing. The State then sends the ID card to the County to be issued and that is the end of the County’s responsibility.)</i></p>		
7. Health Commissioner Updates	<p>Commissioner Sage reported that the Domestic Violence Task Force met last month. They have formed a subcommittee on “human trafficking,” which is occasionally seen in SLO County. She suggested the commission may want to consider this topic as a future agenda item.</p> <p>Commissioner Pope reported that the AIDS Consortium met in April – he will bring a summary to next month’s meeting to report from.</p> <p>No further updates.</p>		
8. Committee Reports	<p><u>Nominating Committee:</u> Commissioner Sage reported that the Nominating Committee will meet on May 21st to interview applicants for the commission vacancies. Anyone interested in applying should call 781-5520 or visit the Health Commission website at www.slocounty.ca.gov/health for an application.</p>		
9. Prospective Future Items	<p><u>June 2014</u> Syringe Exchange Program (SEP report) Healthy Communities - Community Projects Results for Cayucos/Oceano Recommendations from Nominating Committee for New Officers & New Commissioners</p> <p><u>Future Topics:</u> Health Effects of Fracking (August 2014) Report on problems with drugs in schools /vaporized products / overdoses in the ERs</p>		
10. Adjournment	Meeting adjourned at 7:45 pm.	<i>Adjournment</i>	<i>All</i>