

**County of San Luis Obispo
HEALTH COMMISSION**

Minutes of Meeting

Monday, March 12, 2007 (Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Penny Chamousis, Ed Guereña, Pam Heatherington, Jan Hicks, Sara Horne, James Mase, M.D., David Odell, Robert Thielscher, Susan Warren

Members Absent: Deborah Donnelly (excused)

Staff Present: Greg Thomas, M.D., Jean White (recorder)

Speakers: Robert O’Keefe, CEO, Coastal Communities Physician Network; Barbara Cheever, CEO, SLO Select IPA

Agenda Item	Discussion	Action	Who/When
1. CALL TO ORDER	Meeting called to order by Chair Enns at 6:03 p.m.		
2. APPROVAL OF MINUTES	Minutes of January 8, 2007 approved as written.	Minutes approved	All
3. PUBLIC COMMENT	<p>Jesse Arnold, Cambria, announced that in a decision broadly affecting field trials of GE crops, a federal district judge ruled in favor of the Center for Food Safety in Washington DC, that the US Department of Agriculture (USDA) must halt approval of all new field trials until more rigorous environmental reviews are conducted, citing potential threats to the environment. The Judge found in favor that USDA’s past approvals of field trials of herbicide tolerant GE grass were illegal. The court was clearly concerned that the Agency put the nation’s environment at risk by exempting many of these field trials from environmental review. <i>(Commissioner Heatherington asked if this decision applies to grass only or if it includes food trials. Mr. Arnold responded that it applies to all field trials.)</i></p> <p>Eric Greening, asked the commission to include incidence and exposure patterns of Valley Fever in SLO County on a future agenda. He further suggested that if the information warrants, that it be passed on to the Board of Supervisors with instructions to involve the Planning Department and other land use type agencies. Mr. Greening expressed his concern with insurance issues and hopes the commission will stand firm in support of Shiela Kuehl’s bill, and not be dissuaded by the Governor’s proposal, where most of the funding goes to the insurance companies rather than direct provision of services.</p> <p>Elizabeth Johnson, San Luis Obispo, referred to Dr. Thomas’ statement that there is no evidence of any Brown Act violations. Ms. Johnson counters Dr. Thomas’ statement and re-submitted her list of 15 Brown Act violations to the commission. She believes “the casual disregard of public notice and minutes for a study group on a contentious topic is a great offense and the lack of conflict of interest disclosures and general absence of standard government ethics is a greater offense. The lack of response to the year-long request concerning task force selection is a greater offense.” She notes “any normal citizen should expect those of you responsible to step down from your posts.” Ms. Johnson congratulated Commissioner Odell and states he has been elected to serve as Ag Advisor alternate to Michael Broadhurst on the North Coast Advisory Council. (She adds that Dr. Broadhurst was a major pro-GMO Task Force member.). <i>She submitted a copy of her public comment.</i></p>	<p><i>Ms. Johnson submitted a written copy of her public comment to be filed with the minutes of this meeting</i></p>	

**4. HEALTH
INSURANCE
PROVIDER
PARTICIPATION
AND ACCESS
ISSUES**

Robert O’Keefe, CEO, Coastal Communities Physician Network (also CEO of Bakersfield Family Medical Center/Heritage Physician Network, and Corporate Senior Vice President of Heritage Provider Network) states that Coastal Communities Physician Network is a full-risk bearing entity, which allows them to take full risk for the professional side of the provider groups, as well as the hospital side. He believes this is one reason, in addition to the relationships they have established in other markets, that Blue Cross elected to contract directly with them. They have been in business for 20 years. Their founding group was the Bakersfield Family Medical Center and their parent company is Heritage Provider Network. They are very committed to the San Luis Obispo County market, and are committed to introducing senior products to the market and bringing physicians into the market. They are working with one of the local hospitals to help recruit physicians into the market and will also bring in physicians that are employees of theirs. He states that they are committed to bringing 24-hour, 7 day per week case management to the community and will bring a “vial of choice” to the table. Communities are not served well when choice is eliminated. Mr. O’Keefe offered to answer questions from the commission and public.

Commissioner Questions / Comments:

Commissioner Guerena asks about the percentage of patients they have through employer groups (30% PPO, 70% HMO. They have 20,000 commercial patients, with the majority of those through employer groups.)

Commissioner Guerena asks about member turnover rates (Exceeds 7 years for senior members; 2 years or under for commercial members, which is consistent throughout the country. Two year turnover is on the commercial side only; they are extremely committed to partnering with health plans in SLO to introduce several senior products as early as January 08.)

Commissioner Chamousis asks about the process for authorization of specialty care (they require referrals and authorizations; primary care physicians designate referrals; they have case management intervention to make sure the patient gets everything they need, and will do everything they can to enter into a letter of agreement with a patient’s specialty care provider for transition of care cases.)

Mr. O’Keefe wanted to say publicly that they are offering physician raises. If a physician doesn’t want to contract with them because they represent competition, they have to accept that, but it is not because they are unwilling to pay.

Commissioner Chamousis asks how they are dealing with issues regarding access to care, waiting lists, practices not accepting new patients (no magic fix; this is an underserved community, there are not enough primary care physicians – they are offering contracts to every primary care physician.)

Commissioner Horne asked about physician retention/turnover rates (Mr. O’Keefe would be happy to provide the commission with specific data relative to turnover; a lot of physician change has nothing to do with unhappiness – turnover could be due to a physician leaving to open their own practice after being with them a few years after residency. Many specialists have been with them for a long time.)

Commissioner Heatherington asks if they would entertain single case agreements during transition (*yes, on numerous occasions they have signed letters of agreement paying full bill charges to a physician in order to allow for continuity of care or transition of care. Mr. O’Keefe notes that they would like to shift that burden back to the physician though – why wouldn’t physicians want a contract if they are offered a higher rate of reimbursement - they are not asking for exclusivity.*)

Commissioner Heatherington asks about their “financial pie,” – administrative overhead vs. patient care \$\$s (*They are a privately owned company and there is a proprietary nature to discussing costs. He will report back as to what their position is on discussing administrative costs.*)

Commissioner Hicks asks if under their contracts with physicians, there was a standard protocol about the number of days within a patient must be seen (*they have contractual stipulations, but not enforceable when there are not enough physicians; they will go to specialist if necessary.*)

Commissioner Hicks asks about reimbursement structure to physicians (*95-98% are fee-for-service, with reimbursement rates higher than Medicare. In almost every case, reimbursement rates represent 10-30% raises from what physicians were receiving from Blue Cross.*)

Commissioner Hicks asks about utilization bonuses (*they do not have utilization bonuses in a fee-for-service environment. They have bonuses for access and patient satisfaction, but not significant \$\$s.*)

Commissioner Odell asks where their revenue comes from (*they contract with insurance companies on a per capita basis and are full risk.*)

Commissioner Chamousis asks if they have had conversations with physicians about why they don’t contract with them (*they believe that there is an allegiance to the local IPA.*)

Commissioner Enns asks about the difference between what they do now for the Blue Cross HMO vs. what the Blue Cross HMO was before the changeover. (*Blue Cross actually owned and operated the IPA. They contracted directly with the physicians and hospitals and did, as a health plan, what Coastal Communities Network does as the employer of physicians. Mr. O’Keefe adds that there has been a lot of discussion about them not being a local operation, but they do have a local office here. Mr. O’Keefe notes that they believe they do the physician group piece better than a health plan does.*)

Commissioner Odell asks if it is a stockholder company (*It is a privately owned corporation. The founder of the organization holds all of the shares.*)

Barbara Cheever, CEO, SLO Select IPA, states that SLO Select is a physician organization that is solely owned and operated by the physicians that live in San Luis Obispo County. They have been in business since 1994. They are run locally by their Board of Directors (all physicians) and contract with health plans to take risk, but only take risk for the services they provide. They believe they need to provide care for the community based on the dollars that are available from the insurance companies. The reason they do not take risk for hospital services is that they are not in the hospital business. She noted that it is

	<p>important to understand that the physicians in SLO Select are not required to be exclusive. They have capitated providers and fee for service providers. They have tried over the past few years to make sure they have enough revenue coming in to pay for patient care. Physician organizations are “put in the middle,” with the thinking that they are the ones creating shortnesses and setting reimbursement rates. Physicians are not here to set reimbursement rates, they are here to provide the best care possible to the members in the community. SLO Select is here to keep healthcare here and to make sure patients are getting the care they need.</p> <p><u>Commissioner Questions / Comments:</u></p> <p>Dr. Thomas asks about the past role of SLO Select vs. current role (<i>San Luis IPA has always only represented HMOs. Contracting for PPOs is retained by the physicians directly. Their contract with Blue Shield became effective in January. They have not had a Blue Cross contract in over 10 years. Until recently, they have had contracts with Signa, Aetna, Pacific Care and Secure Horizons.</i>)</p> <p>Ms. Cheever adds that SLO Select has recently recruited 28 new primary care providers.</p> <p>Dr. Thomas asks about specialty referrals (<i>There are pre-established requirements for certain conditions, so physicians can self-refer those patients. Outside of that, referrals are submitted electronically, which are reviewed daily. Physicians will call upon specialists if needed. They do a lot of case management at the physician level</i>)</p> <p>Mr. O’Keefe clarifies that entering into a full risk arena is not something one does casually; it requires licensure and several hundred million dollars in revenue.</p> <p>Ms. Cheever states that most IPAs have pulled away from risk arrangements and would rather be paid the revenue up front – to take care of their members rather than taking the risk and being out of business because the revenue wasn’t there or utilization went up.</p> <p>Commissioner Odell asks about hospitalization (<i>Mr. O’Keefe states that they are in the final stages of negotiating with Tenet and expect to have a contract within 30 days. They expect a 90-day window on the CHW hospitals. Ms. Cheever states SLO Select does not contract with the hospitals, they rely on the health plan to do that. Both use hospitalists.</i>)</p> <p><u>Public Comment</u></p> <p>Dr. Fred Vernoacchia wanted to clarify that 28 physicians have been recruited to the IPA, not to our County. SLO County hasn’t seen 28 physicians enter our county in 20 years.</p>		
<p>5. PUBLIC HEALTH DEPARTMENT REPORT</p>	<p>Greg Thomas, M.D., Health Officer, presented a verbal report:</p> <ul style="list-style-type: none"> Dental Access: USC will be at Clinica de Tolosa on 3/15 and 3/16 to perform dental assessments on children. They will then provide dental treatment throughout the week in their mobile units, which will be placed at the Bauer-Speck School in Paso Robles. Dr. Thomas met with USC staff today to talk about possible ways to have dental students come to SLO and do rotations here. They continue to have overall difficulty getting dental care to all children who need care, particularly those with extensive caries. (<i>Commissioner Mase asked about the possibility of this being more than a “one-time thing.” Dr. Thomas answered that they would like to make it annually. The Managed</i> 		

	<p><i>Risk Medical Insurance Board (MRMIB), who oversees Healthy Families, funded it.)</i></p> <ul style="list-style-type: none"> • Contraceptive Technology Seminar: Dr. Thomas attended this seminar last week. Of interest, family planning science and leaders in the field have de-linked pap smears/pelvic exams as a requirement for receiving birth control, which means that the recommendations (on a national basis) are that a young adult would be allowed to wait up to 3 years for their first pap smear/pelvic exam, after receiving birth control. • Medical Marijuana ID Card Program: On April 1st, the State portion of the Medical Marijuana ID card will go up from \$13.00 to \$66.00. The County portion of \$68.00 will remain the same. Cost is one-half for Medi-Cal recipients. Card is good for 1 year. • Coccidioidomycosis: A notice was sent to physicians in January that the number of cases in the County has risen. The Health Agency is working on mapping the cases on GIS. Most cases have been in North County. <i>(Commissioner Heatherington commented that she heard about soil disruptions in some of the areas where cases have occurred. Dr. Thomas will bring back further information next month. Commissioner Hicks asked about a cocci skin test that used to be performed. This test is no longer available).</i> • Budget: Health Agency turned in their budget on February 9th. • EMSA Agency: There will be discussion at the March 20th Board of Supervisors meeting on whether to bring the EMSA services under the Health Agency, or to continue to contract with EMSA, Inc., a non-profit organization. 		
<p>6. HEALTH COMMISSION UPDATES</p>	<p>Chair Enns: Attended a one-day seminar in Santa Barbara on Obesity, primarily addressing the physiologic aspects of obesity, but also tying into what our Obesity Prevention Task Force is doing. The Childhood Obesity Task Force has met 4 times since the last Health Commission meeting and has developed priorities and recommendations for their plan. Next month, they will present a full report. Chair Enns, along with Obesity Prevention Task Force members, attended a forum on “Promoting Public Health through Community Development,” with guest speaker Dr. Jackson (former State Public Health Officer), followed by a panel discussion. The meeting can be viewed online.</p> <p>Chair Enns reported that the Tobacco Control Coalition has met several times and are in the process of planning their objectives for their 2007-2010 work plan, which will focus on four specific areas. The official work plan will be submitted to the State.</p> <p>Chair Enns attended the SART Advisory Board. Agenda items included the “child abuse information system,” a system that provides a way for children to not have to be in the courtroom. SART provides a gateway to other services, for children who have been victims to get the help they need.. SART is working on getting a pool of volunteers to do translation. SART will be moving in July or August to the old ER room at General Hospital.</p> <p>Commissioner Thielscher: SLO CAP executive committee met in January and February. SLO CAP sent a representative to LA for a 2-day intensive training in child abduction and will be integrating that into some of their programs, including their “Talk About Touching” program. The “Talk About Touching” program (focused toward kindergarten classes) put together a Spanish translation video for educators to use to present to non-English speaking parents, prior to their children going through the educational program. Excellent video – <i>Commissioner Thielscher was the videographer!</i></p>		

	<p>Commissioner Heatherington: reported that she was Commissioner Odell’s alternate on the Public Health CBO grant committee and did two site visits in North County, one at the Women’s Shelter and one at North County Connection.</p> <p>Commissioner Odell: CBO grant committee has completed their report, which will be forwarded to the Board of Supervisors. Any group that did not get funded will have an opportunity to meet with the committee, prior to the Board of Supervisors meeting. (It is too bad they couldn’t fund all of the programs.) Commissioner Odell reported that MH has received another \$900,000 from the State for MHSA and is in the process of determining how to allocate those funds for new programs. Karen Baylor, Mental Health Administrator, is working to bring Drug & Alcohol and Mental Health back together (which got divided many years ago, when funding was separate) to address co-occurring disorders. Also the MH Board and Drug & Alcohol Board have started to work together to address these issues.</p> <p>Commissioner Chamousis: Will be attending the Adult Services Policy Council on Friday and will report next month.</p> <p>Commissioner Hicks: No report, thanked everyone for the flowers.</p> <p>Commissioner Horne: No report.</p> <p>Commissioner Guerena: No report.</p> <p>Commissioner Mase: No report.</p> <p>Commissioner Warren: Was excited to hear that the MH and Drug & Alcohol Boards are working together to better serve the people in SLO County. She wanted to bring attention to the series of articles in <i>The Tribune</i> on <i>Methamphetamines</i>, which is a huge issue in SLO County and throughout the state. She also announced that HBO will have a 14-part series titled <i>Addiction</i> (latest in research and treatments). Program begins on Thursday, 3/15 (HBO free weekend), at 9:00 p.m. DVDs will be available after the series runs. There is also a website: addictionaction.org.</p> <p>Commissioner Donnelly: Absent tonight. Chair Enns provided an update from Commissioner Donnelly, who attended the Bioterrorism Prevention Committee meeting,. There will be a food safety workshop “<i>Principles of Detection and Diagnosis – Strategies and Technologies</i>,” on Wednesday, March 28th at the SLO County Department of Agriculture. Commissioners are invited to attend, space is limited, so register early.</p>	<p>Handout: Flyer on HBO’s 14-part series titled <i>Addiction</i></p> <p>Handout: Flyer announcing food safety workshop on March 28, 2007</p>	
<p>7. COMMITTEE REPORTS</p>	<p>Executive: Chair Enns presented that the Executive Committee met and made recommendations for updating the Bylaws. She presented the new language: <u>Article II – OBJECTIVES AND POWERS, #5 – (Page 3)</u> Provide and encourage coordination, cooperation, and exchange of information by sponsoring an annual forum on health issues for representatives of all health-related organizations– community outreach to assess public opinion about local health care challenges and issues.</p> <p><u>Article III – MEMBERSHIP, Section 11, last paragraph – (Page 7)</u> All meetings of the Health Commission shall be open and accessible to the public. It is recommended that at least one meeting per year shall be held in each of the following areas: coast, north, south. Meetings may be held in varying locations as deemed appropriate.</p> <p><u>Article IV -OFFICERS, Section 3, #3d – (Page 8)</u> The Secretary shall: Delete: d. Serve as a member of the Community Education Committee.</p> <p><u>Article V – STANDING COMMITTEES AND TASK FORCES, Section 2, #5 – (Page 10)</u></p>		

Add c: *Provide programs and materials for public information and education on timely and pertinent health issues affecting the community.*

Action on the proposed changes to the Bylaws will be taken at next month’s meeting, in order to provide 10-day notice of the proposed changes.

Chair Enns asked commissioners to review the *Mission Statement* for discussion at next month’s meeting. (*Commissioner Heatherington would like the mission statement to remain broad and encompass “a healthy environment.” Commissioner Odell commented that the mission of the commission should be broad enough to look at the overall picture of health in the community – no other commission deals with primary care. Commissioner Horne agreed that mission statements should be broad and suggested that the first sentence of the Mission Statement may be sufficient.*)

Legislative: Commissioner Chamousis presented a list of active bills that the Legislative Committee is following. She asked the commissioners to review them and welcomes input. The Legislative Committee will be making more specific recommendations as Senate and House begin taking action on these bills. (*Commissioner Odell noted that the bills on healthcare were not included – Marsha Bollinger is doing a comparative analysis on the healthcare bills and they will be presented. Commissioner Heatherington commented that there is a bill at the state level regarding Genetically Engineered Crops. This bill will be included in the next report. Chair Enns emailed information from the Obesity Prevention Task Force on SB 120, which will be heard in the Senate on the 14th. She wants to make sure the Commission informs representatives of their position on SB 120.*)

Community Education: Commissioner Heatherington reported that the “*Don’t Flush Your Medicine Down the Toilet!*” flyer has been completed and paid for. She thanked Commissioner Guerena for all the work he did on this. They will have 2500 copies printed and will ask commissioners to take a stack to their local pharmacies, introducing themselves as a health commissioner. They will not be delivering to doctor’s offices, but will look into sending copies out with waste management bills. Dr. Thomas suggested including copies in the Public Health Bulletin, which is sent to local physicians, government agencies and media. Commissioner Heatherington also reported that Marsha Bollinger is reviewing a San Jose Ordinance, which allows drop off of medications at police/sheriff/CHP departments, to possibly use as a model for a start up program in SLO County.

Budget: Commissioner Thielscher reported that the committee met on February 2nd and discussed the Health Agency “wish list” and how the commission could support the agency. He had a follow-up meeting with Dr. Thomas to discuss the list in detail. One item that Dr. Thomas would like to see funded is at the “bottom of the list” – a Health Education Specialist to work on obesity prevention (NCC \$51,581). The main issue is the budget is \$4,000,000 over budget, due mainly to realignment reductions and cost of living increases. Jeff Hamm and Dr. Thomas have been asked to review what service level reductions would be necessary to reduce the level of General Fund contributions. (*Lynn Enns asked about specific areas that the Health Commission could support, and asked that a copy of the “wish list” be*

Handout:
Copy of legislation the committee is following.

	<p><i>provided to commissioners, for possible action/letters of support to the Board, County Administrator, and Dr. Thomas at the next meeting. Commissioner Odell suggested that if it reaches the point of a “cut list, the commission may want to have an emergency meeting to act visibly in areas they may want to ”push for.”)</i></p> <p>Nominating: Commissioner Hicks will be sending a letter to each commissioner asking if they plan to continue their term. No terms are expiring in July, but the nominating committee will begin recruitment for alternate members. One application was received this week and there are several alternates already. The nominating committee will meet this month to review the alternate list to ensure there are a sufficient number in each category.</p>		
<p>8. PROSPECTIVE FUTURE ITEMS</p>	<p><u>Next meeting:</u></p> <ul style="list-style-type: none"> • Obesity Prevention Task Force Update – Amy Gilman • Smart Growth – Nancy Orton, Planning Department • Valley Fever incidence in SLO County – Dr. Thomas • Bylaws – recommended changes – <i>action</i> • Budget – <i>possible action</i> <p><u>Suggested future items:</u></p> <ul style="list-style-type: none"> • Transfats – what has been done in other communities, definition of transfats/artificial transfats; legislation that involves transfats. • Water Quality – Possibly May/June -- Invite Curt Batson and RWQCB <p><u>Public Comment:</u></p> <p>Eric Greening thanked the commission for including Valley Fever on next month’s agenda. He also noted that May is “Bike Month.” He suggested the commission may want to participate in some of the County proclamations and invite someone to speak about Bike Month at the May meeting.</p>		
<p>9. ADJOURNMENT</p>	<p>Motion to adjourn at 8:15 pm.</p>		<p>Approved - All</p>