

CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

SUMMARY MINUTES

May 16, 2008

Citizens Health Care Oversight Committee meeting was held in the County Commissioner's Chambers, Neil Combee Administration Building, Bartow.

The members present were as follows: Nancy Thompson, Brian Hinton, Misilene Fulse, Stacy Campbell Domineck, John McArthur, Tonja Mosley, Andrea Gordon and Connie Kinnick.

COC Members Absent: Steve Henderson, Ginger McNally and Dr. Nobo.

Other County Staff in attendance were as follows: Ed Smith, Jr., Larry Skidmore, Dr. Saddler, Steve Yaskal, Wilma Daniels, Fran Peek, Gwen Hall, JoAnn Fioravanti, Debi Curry, and Michael Duclos

Other County Staff not in attendance: Joy Johnson and Dr. Haight

The meeting was called to order by Nancy Thompson at 8:27:35 AM.

Brian Hinton led the Pray and the Pledge of Allegiance.

Nancy Thompson: Asked that all of the members introduce themselves and what group they represent.

N. Thompson: Requested a motion for approval of the minutes from April 18, 2008.

Motion: John McArthur made a motion for the approval of the minutes.

Second on the Motion: Connie Kinnick

Additions or corrections: hearing none; all those in favor of accepting the minutes as presented say AYE.

All members stated AYE.

Minutes approved.

Brian Hinton: Stated that it takes staff a long time to type out 40 page minutes; can we go back to summary minutes?

E. Smith: Told the committee that it does take an inordinate amount of time to do these verbatim minutes.

N. Thompson: State that she didn't think that is the best use of staff time.

B. Hinton: Agreed

C. Kinnick: Stated that she thought that at one time that the verbatim minutes were available to anyone that wanted to listen to the tapes, but for the committee purpose a synopsis was only needed.

N. Thompson: She thought they did than they went back the other way. She stated that she would be willing to entertain a motion that we do the summary minutes and make the tapes available to anyone who would like to hear them.

Motion made by Brian Hinton (as stated by Nancy Thompson)

Second: Connie Kinnick

N. Thompson: Comments or questions; all of those in favor of the motion say AYE.

MOTION PASSED: Returning to Summary Minutes

N. Thompson: - **Old Business:** Introduced Central Florida HealthCare to give the Update on the Lakeland Primary Care Clinic; prior to their presentation she made a brief statement for Dr. Nobo who couldn't attend the meeting. Introduced Gaye Williams.

Gaye Williams: Gave the introduction.

Dr. Morsch, Chief Clinical Officer/Medical Director: Continued on with the CFHC Lakeland update.

C. Kinnick: Asked how many physicians are at the Lakeland Clinic and how many practitioners?

Dr. Morsch: 3 family doctors currently, interviews and contracts out and planning on within the next 60 days 2 ARNP's (Full Time) and a Pediatrician. Of the total 4 that are there right now 2 of those are part time.

J. McArthur: The emergency care is available 7 days a week or whatever the hours are?

Dr. Morsch: Not all services are available 74 hours a week, example: X-Ray is available 8-5 Monday – Friday. If a patient is seen in the evening and an X-Ray is needed the patient can return the next morning. Most acute injuries occur during the day, which the broken bones can be handled without an ER visit, with a much quicker turn around time.

J. McArthur: Asked about if they were open on Easter Sunday?

Dr. Morsch: No they were not open; because they must pick certain holidays Federal Holidays, Easter, Christmas and Thanksgiving we were closed on those very important recognized Federal Holidays. There is a total of 7 days that we are closed; the clinic has to by Federal law obey the federally assigned holidays. "Continued the presentation".

B. Hinton: Asked how their referral network worked, if a doctor wanted to become part of that how would they sign up?

Dr. Morsch: They know most everyone in the County because of the large numbers that they see; we know the physicians that will work with us in the community at markedly reduced rates such as imaging (MRI and CAT Scans). We work with Physicians who are willing and are desirable and with that become economy of scale. "Continued the presentation".

G. Williams: Gave the accountability presentation.

Dr. Morsch: "Continued on the update of the clinic".

N. Thompson: If we were to add up all of the sub-sets the 254 are the Polk Healthcare patients that you have seen since the clinic has opened.

Dr. Morsch: That currently have a Polk HealthCare card, there is another slide that will show that there is a vast number that are getting ready to come in.

N. Thompson: They came in and you helped them to become eligible, they weren't eligible the day the showed up.

Dr. Morsch: "Continued on the presentation"

T. Mosley: Are the patients coming into the center are they moving from other centers or do you have any communications with the Lakeland Hospital to see that their ER visits are actually decreasing because the clinic is there.

Dr. Morsch: Stated all of the above; patients are free to do what they want. Vast majority of our patients I don't have a number or data as far as the hospital question, but as one of the 2 full time folks working at the clinic now more than half of my schedule are hospital follow up.

T. Mosley: Stated that her hospital is in the Northern part of the county and there are very few clinics and their ER is still very busy. She would like to see more of an outreach in that part of the County.

Dr. Morsch: "Continued on the presentation"

N. Thompson: Reminded everyone when we started down this road the goal was to have 5 clinics in 5 years, one located close to each hospital. We are not on that schedule we have one and now we are working on two. The next phase would be to work on prioritization; we have Lakeland and Winter Haven on the radar screen, than we would discuss Bartow, Haines City and Lake Wales.

Dr. Morsch: "Continued on the presentation" he stated how the Polk HealthCare Plan reimburse CFHC – only the amount of gross expenses less total revenue collected from all other payees; Medicaid, Medicare, Blue Cross, everyone else; up too and most likely based on the graphs (less than) a total set amount. The higher the volume the less of the tax payer's money, the volume we see the more efficient whatever those monies are will be used.

N. Thompson: Stated you have fixed costs and increase revenue and as that gap closes eventually the Plan won't pay nothing or very, very little into the operation of this clinic.

Dr. Morsch: "Continued on the presentation".

G. Williams: "Continued on the presentation".

Dr. Morsch: "Continued on the presentation".

G. Williams: "Continued on the presentation". She stated that CFHC will have a written report to give to the COC members prior to the June COC meeting. This written report will discuss the physician shortage and other facts regarding the State and the uninsured.

N. Thompson: Questions or comments from the committee members?

S. Campbell-Domineck: She requested that on the Community Outreach List to please consider including distribution of information throughout the Polk Works One Stop Centers.

G. Williams: Stated they will, the new public relations rep. will be calling on you and she will be armed with everything that you have requested.

N. Thompson: Stated since they have a office on Ingram and maybe they will let you put a sign out in the front yard.

G. Williams: Stated that they will be glad to put up a sign anywhere.

C. Kinnick: Asked about a question that was brought up last month and she needed to bring it up again. When we voted to decrease the poverty level to 125% with out new budget recommendations I asked a question by decreasing that poverty level are we, what is going to benefit the people of Polk County more the clinic in Winter Haven or maintaining a higher level of poverty level 150% or 175%, that question hasn't been answered. Everything that you two have presented is wonderful and I agree with everything that you said and I do believe that the Lakeland Clinic will be as busy as you're other clinics in time, no doubt about that and the Winter Haven Clinic will be just as busy. But in this time of economic problems are we doing a disservice to the people of Polk County by not maintaining a higher eligibility level and holding off the Winter Haven Clinic until one year from now when hopefully the sales tax revenue will be better. I see your denied not eligible figures going up and part of that is because we are going to lower the poverty level are we ignoring too many people by pushing a head and opening this Winter Haven Clinic.

Dr. Morsch: made a comment. He felt that the question was too broad and too multi faceted of an equation to have a solid data answer for, it would mean predicting the future too. A huge wild card is the issue of access. You can have 10 thousand or 20 thousand doctors but access not just in Polk County but everywhere. If you can't get in for 2 months to see your doctor no matter who he or she is or they are it doesn't matter how many physicians there are. You must keep in mind that you are serving a specific population as mandated by the referendum and by state law. He continued on his explanation of are you thinking about the population that you are serving; whatever you do with the poverty level rate; with the expended access (which is what a new clinic is). His thought is you must have access for everyone, when ever you show up whatever hour of the day or night (access is the key).

N. Thompson: Commented about the amount that of money given for the clinic verses serving more people in the higher income rate. An investment in the clinic it is going to be there 5, 10, 20 years from now and we will not be paying for it.

E. Smith: Commented that this has been discussed many times; about the purpose of these clinics; it isn't to have another doctor's office, it isn't to compare a physician's office to these clinics. If there were 10 thousand primary care physicians in the County, there would still be a use and a value in having these clinics in terms of what they provide and the arena in which they provide it. The issue is additional access and more importantly emergency room diversion.

B. Hinton: This is really a long term investment; in the future they are the best chance for a partnership anywhere out here as the revenue drops; they are really the only other place other than an ER where those people are going to be able to get healthcare.

T. Mosley: Stated from the hospital perspective it is going to be most effective for the ER if we can definitely get the education out there to the community members that the centers are available to them in regardless in their ability to pay. Because unfortunately with the cuts that we are seeing in health care plan we are starting to see a larger number of uninsured patients in our community show up to the ER. It could be because they don't understand that the minor issues that they are showing up to the ER they could be going to the clinics instead. More education, more visibility, so that more people in the community will know about these clinics.

J. McArthur: Stated that we need the 5 clinics; that we have talked about all this time and we are working on 2 and I think we need to keep working on it.

M. Fulse: Stated that people who lost there jobs will need the clinics to go to, if not; they will go to the ER, when they go to the ER the hospital are not being reimbursed at the rates that they used to and this takes a large toll and when the hospital are saying they are in the red because of the indigent population, we need to get more aggressive about having more clinics. The hospitals are absorbing the indigent and they really can not afford to do it that much longer; we must take the burden off the hospitals.

S. Yaskal: stated from a budget issue going from 150% to 125% has about a 9 million dollars saving to the HealthCare plan, one doesn't have any affect to on the other. We can't say we will not fund the clinic but we can go back to 150%, because there just isn't enough dollars. The decision to drop to 125% had nothing to do with the clinics it had to do with we had to cut some 9 million dollars out of our budget.

E. Smith: Stated that last year we increase the reimbursement to our physicians to 100% of Medicare; which is in the scheme of things and the fact that we are doing an indigent healthcare plan a very, very generous reimbursement rate. We didn't do that with the hospitals; the hospitals are still receiving the Medicaid rate, and there is a big difference between those two rates. Hospitals can not turn patients away, they have to be seen.

Dr. Morsch: Stated that he meets with the Medical Director of Lakeland Regional and the Director of the Emergency Room; and they talk about how they can get more people out of the ER and appropriately routed them to the clinic. He stated that he wished that 100's of doctors were doing the same thing but they are not, the hospital is asking how they can get more patients to go to the clinics.

T. Mosley: Stated that more access is needed in the Northern portion of the County.

S. Daniels: She gave more information about the slide that was presented by CFHC on eligibility since that is being done at the clinic by one of her staff members and she has many staff member doing the same job at a lot of different locations. The numbers of ineligibility number are increasing and she explained that process.

N. Thompson: Next item to be discussed is the Action Items from the April 18th COC meeting.

S. Yaskal: He went over the Action Item HCRA.

G. Hall: Action Item outcome measures and a quarterly report on Lakeland Volunteers in Medicine.

N. Thompson: Asked that we had already approved the budget; this other information was just more detail we had asked for.

E. Smith: These are just follow up questions that we said we would bring back.

N. Thompson: Action was on CHSS Staff not on COC members? We don't need to take any action.

E. Smith: Stated we are not going to call these Action Items any longer, they will be called follow up items; action items looks like there is something that needs to be voted on.

(NOTE: Action Items will no longer be called Action Items they will be called Follow Up Items).

N. Thompson: Thanked staff for the additional information that was compiled. Any questions or comments.

C. Kinnick: Polk HealthCare Alliance Update – met last week; they are continuing to work on the MAPP and the CHIPP Process. They have almost completed the strategies, goals and objectives for the MAPP. She did extend the invitation to the Polk HealthCare Alliance to present to this committee on a future date and they thought it would be a great idea. Someone from the executive board will be making the presenting and when everything is organized this committee will be contacted so the alliance can get on the agenda. One to two months before that happens.

N. Thompson: Appoint a sub-committee to do the Grant Review Process and some of you have done that before and I will try to make it easier on you we have asked Tonya, Stacy and John to serve on the committee, are you willing to do so. I am appointing them to the Grant Review Committee.

Nancy stated that it was also time to talk about the abbreviated summer meeting schedule; we need to talk about what month during the summer since this is May that we would like to cancel our COC meeting. She asked if there was any month that it would be worse not to have a meeting as far as CHSS staff?

E. Smith: All breaks are happily received on our end.

N. Thompson: The vote on the budget is done.

E. Smith: Stated that there may be a jointed meeting with the Board at some point, that is likely to be possibly July, maybe June is a good month.

N. Thompson: Connie suggested August, it doesn't matter to me. Any other preferences, hearing none we will take a break in August. **NO COC MEETING – AUGUST 2008**. She asked for other matters to discuss or public comment, hearing none I will take a **motion for adjournment**.

C. Kinnick: **Motion**

J. McArthur: **Second**

N. Thompson: All those in favor say (AYE – Entire Committee agreed).

Citizens Health Care Oversight
Committee Meeting Minutes

May 16, 2008

Meeting Adjourned at 10:02:51 AM

Transcribed by: Debi Curry; Office Manager, IV
Community Health & Social Services Division