

AGENDA ITEM SUMMARY

SPECIAL MEETING DATE: February 9, 2010

AGENDA ITEM TITLE: Public and Environmental Health Quarterly Update with the Board of Health

STAFF RESPONSIBLE: Nan Sundeen

ISSUE STATEMENT:

This is the first Quarterly Update for 2010 between the Board of Health, Community Health Services, Inc. (CHS) and Pitkin County Environmental Health. CHS receives \$271,205 from the Pitkin County Healthy Community Fund. This amount reflects a 19% increase from 2009 to cover increased costs of doing business as well as an additional .5 RN position.

Today Community Health Services would like to focus the Board of Health's attention on the request from Eagle County Public Health for CHS to pick up all of Eagle's low income, emergency medicaid prenatal clients (approximately 80 in 2009). CHS is seriously considering a contract to provide this service, however it will increase their existing Pitkin prenatal program from 22 cases annually to about 100 cases annually. The CHS board is anxious about this expansion and would like the Board of Health to weigh in on the subject.

Liz Stark's memo (Attachment A) has thoroughly outlined the background of low income prenatal care in the Roaring Fork Valley and the issues/concerns her board of directors has in taking on Eagle County's caseload. In addition, she has submitted a copy of the CHS financial proposal to Eagle County for prenatal care (Attachment B). Today she is specifically looking for feedback from the Board of Health on the pro's and cons of regionalizing health services, CHS's capacity to take on this at-risk population and which entity (Board of Health or CHS Board of Directors) makes the final decision on this issue.

During the 2009 4th quarter Board of Health update, it was suggested that CHS would use the first 2010 meeting to present a draft action plan outlining how to comply with components identified in the state public health improvement plan. Because of the urgency of the prenatal discussion we will postpone the discussion about the state improvement plan to later in the year. For your convenience, Liz Stark has provided a link to the state website on the state improvement plan in her memo (Attachment A).

BACKGROUND:

CHS, a non-profit organization, has just entered a new three year grant partnership with Pitkin County to provide public health services for the residents and workers of Pitkin County. The Board of Health meets quarterly with Liz Stark, Pitkin County Public Health Director, Tom Dunlop- the Pitkin County Environmental Public Health Advocate- and Carla Ostberg-Pitkin County Environmental Health. We continue to incorporate environmental health updates as part of the overall public health quarterly report to

reflect the intention of SB 08-194 (the Public Health Act) specifically integrating public and environmental health on the local level.

Dr. Morris Cohen, a member of CHS's Board of Directors, was appointed to the Board of Health as the Local Health Officer on November 28, 2006, and continues to serve in that capacity. He has provided several recent articles for your review (in BOCC read boxes) on issues including human papillomavirus (HPV) vaccines, cervical cancer screening and mammography.

Since spring 2007, Eagle and Pitkin County Health and Human Services (HHS) have worked successfully to forge a partnership to provide shared public assistance services (managed by Eagle County). In the past two years our public assistance caseload has almost tripled due to a combination of the economic decline and the enhanced services provided by Eagle. We are currently talking with Eagle County HHS to absorb their Roaring Fork Valley child welfare workload as their caseload is not significant enough to warrant full time staff in El Jebel. We have found that regionalizing public assistance has greatly benefited Pitkin County residents because Eagle County HHS staff have a depth of knowledge (8 staff people), responsiveness, consistency, timeliness, redundancy accountability and strategic direction that we struggled to achieve with one staff person. While the provision of public assistance costs Pitkin County a little more, we are pleased with the quality and depth of services we are now able to provide our most vulnerable residents.

It is not surprising that Eagle HHS now looks to a similar regional model for the provision of prenatal care. Eagle County Public Health lost one nurse due to their 2009 reductions in force. Their nurses don't have the prenatal expertise that CHS nurses have and they don't have the capacity to manage or staff a satellite office in the Roaring Fork Valley. On the I-70 side, Eagle HHS outsource prenatal care to Eagle Care, which is subsidized in part by Vail Valley Medical Center. Their need to reorganize how all Eagle County public health services are provided (including immunizations, communicable disease, emergency response, etc) in the Roaring Fork Valley is an opportunity for us to consider how we might be able to enhance services to Pitkin County residents if we share services. The key, however, is to make sure the Community Health Services has the capacity and is reimbursed adequately for their efforts so Pitkin County is not left having to subsidize the expansion of services to Eagle residents.

Other Public Health Updates

Liz Stark's memo outlines updated information on projects she is working on including emergency preparedness/H1N1 planning, the regional dental initiative and the Public Health Act. Carla Ostberg and Tom Dunlop both submitted updates that Liz Stark included in her memo. Unfortunately both are unable to attend to meeting today.

LINK TO STRATEGIC PLAN: Goal 1: Pitkin County residents, employees and visitors will live in a safe, secure and healthy environment; Goal 5: Pitkin County health and safety staff will successfully partner with other public, private and non-profit entities (locally, regionally and nationally); Goal 7: Pitkin County residents will have access to quality health services.

KEY DISCUSSION ITEMS:

1. Clarify the Board of Health's position on regionalizing health services in general.
2. Clarify the Board of Health's position on accepting a one year pilot program to take on Eagle County's prenatal cases
3. Identify any Board of Health issues or concerns with Eagle County's reduction in nursing services in the Roaring Fork Valley.
4. Confirm the assumption staff is making that the CHS Board of Director's has the responsibility to make final operational decisions about CHS's capacity to take on this or other regional services.
5. Dr. Cohen has submitted several articles for your review. Copies can be found in the BOCC Read box.

BUDGETARY IMPACT: None at this time

RECOMMENDED BOCC ACTION:

1. Give feedback on key discussion items.

ATTACHMENTS:

- A) Memo from Liz Stark, Carla Ostberg and Tom Dunlop
- B) Proposed Cost of CHS Prenatal Care (presented to Eagle County)

(Attachment A)

To: Pitkin County Board of Health
From: Liz Stark RN, Pitkin County Public Health Director; Director, Community Health Services, Inc.;
Carla Ostberg, Pitkin County Environment Health
Tom Dunlop, Pitkin County Public Health Advocate.
Date: February 2, 2010
Re: Quarterly Board of Health (BOH) meeting on February 9, 2010

The topic of low income and indigent prenatal care in the valley has been one of concern for many non-profit agencies, public health agencies and private entities for some time. The issue has many facets and has required constant attention from Community Health Services (CHS) over the last several years due to changes in providers up and down the valley, the lack of Medicaid providers at this end of the valley and the challenges of caring for this high-risk population.

The current changes occurring in Eagle County and their prenatal program, described below, are a symptom of the challenging nature of providing care to this group and have culminated in a regional look at indigent care, which is good. CHS is willing to be part of the solution for this part of the indigent care problem but wants to ensure that all the appropriate parties are at the table and that all possible solutions have been considered. The idea of regionalization is one that should be considered at every opportunity. This is fresh in our minds since the implementation of the Public Health Act and we find ourselves evaluating the financial impacts, staffing implications, quality of care issues and possible efficiencies that could be gained by taking this on.

The CHS Board of Directors has concerns which are outlined below. The Board wants to ensure that the Board of Health is aware of all the issues and has an opportunity to express any concerns early in the process. We are faced with a bit of urgency as Eagle County is collecting names of women who are pregnant, seeking care and waiting for a place to go.

Below I have provided some background information that I hope will prepare you for this discussion. The other topics in the memo are provided for your information and do not require further discussion, unless you have specific questions.

PRENATAL:

In November 2009, CHS was notified that Eagle County Public Health planned to terminate their agreement with All Valley Women's Care (AVWC- Dr. Mindy Nagle's practice) to provide prenatal services to Emergency Medicaid eligible women in the El Jebel/Basalt area of Eagle County at the end of 2009. Eagle County has run a prenatal program similar to Community Health Services with AVWC contracting to provide these services. In 2009, Eagle County saw approximately 80 women in this program. CHS saw 22 women in 2009. Up until July 2009, Eagle County employed a full-time RN in the El Jebel office, who provided a similar model of prenatal case management support to AVWC. Due to budget cuts, Eagle County lost that full-time RN position in the El Jebel

office. In their efforts to find an alternative solution for this population, they pursued an agreement with A Woman's Place, a nurse midwifery clinic affiliated with Valley View Hospital (VVH) in Glenwood Springs. The agreement included a \$550/client subsidy from Eagle County for 80 clients per year. The contract with VVH was scheduled to go into effect January 1, 2010. They would assume care of the women who had started care with AVWC and take all new Eagle County emergency Medicaid prenatal clients.

In December 2009, Dr. Nagle approached CHS with her concerns about this arrangement. Her concerns stemmed from the fact that these women live closer to Aspen Valley Hospital and will inevitably end up delivering at AVH due to proximity. The other concern was that the client fees at A Woman's Place would make it unaffordable for this population and therefore there was a concern they would go without care all together. This would ultimately place the burden of these high-risk deliveries on Aspen Valley Hospital, AVWC and the community. Dr. Nagle asked us to consider taking on part or the entire Eagle county prenatal program.

During the first week of January, CHS was again notified by Eagle County Public Health that VVH declined to sign the contract. VVH wanted a discussion with all entities involved including Pitkin, Garfield and Eagle County Public Health agencies, Pitkin and Eagle County Human Services and Aspen Valley Hospital to discuss the greater issue of indigent care in the Roaring Fork Valley. This meeting took place on January 18th. VVH raised its concerns regarding the increased burden they have seen in the last two years related to indigent care for residents of the valley, including Eagle and Pitkin County residents. The prenatal issue added to this burden and they were reluctant to take it on. It was acknowledged that the indigent care issue needed to be addressed in a more global forum but the prenatal issue was urgent and specific enough to require immediate resolution. Eagle County needed to find an immediate solution for providing care to 11 women who had started care with AVWC/Eagle County and needed to be seen in the month of January. CHS offered to take in these 11 women and an agreement was reached between Eagle County and CHS for the provision of care for these women starting January 28th. Due to the concerns of Dr. Nagle and the apparent lack of other suitable solutions, CHS offered to consider a long- term solution with other community partners at the table.

Many discussions ensued between CHS staff, Dr. Nagle and the CHS Board of Directors about the feasibility of taking an additional 80 clients into our program with consideration given to CHS staffing, physical space limitations and cost of providing care.

1. The prenatal clinic would need additional RN staffing.
2. The clinic hours would need to be expanded from 1.5 hours to 3-4 hours per week.
3. The expansion of the prenatal clinic hours would displace other program activity (specifically, Women Infant and Children nutrition program – WIC), so physical space is a consideration.
4. Cost per client was calculated including client fees, labs, AVWC fees and CHS staff time in direct case management and administrative time for billing, scheduling and supervision.

CHS Board of Directors met on January 27th and discussed their concerns about Eagle County's obligation to its citizens on this side of Eagle County. Other concerns included CHS's capacity and the implications of adding this kind of volume to a staff that is already stretched thin by its other program responsibilities. The Board felt that other solutions needed to be thoroughly explored before they could approve this proposal.

On January 28th, CHS, including a CHS Board member, AVH, Eagle County Public Health, Dr. Mindy Nagle and Nan Sundeen met to discuss all potential options. CHS's cost per client was calculated and adjustments were made to lessen the financial burden on Eagle County (see attachment). Dr. Nagle offered to provide her electronic medical record system to CHS to streamline documentation. She offered a part-time RN to assist with case management, which would lessen the workload on CHS's prenatal RN case manager. Options for additional office space in the HHS building were offered as a possibility. A recommendation was also made to consider this as a one year pilot project with quarterly monitoring with the stipulation that if things are not working well, we have the option to consider other options anytime during the year.

Eagle County Public Health has taken this proposal to their Board of County Commissioners/Board of Health and has had additional conversations with VVH and AVH since our meeting on the 28th. The CHS Board of Directors is awaiting the outcome of these conversations to re-convene and reconsider their recommendation. This meeting should take place prior to our meeting on the 9th. I will update you at that time.

PUBLIC HEALTH ACT:

At the end of December, The Colorado Department of Public Health and Environment (CDPHE) released the 2009 Colorado Public Health Improvement Plan. This document can be found at http://www.cophip.org/Resources/FINALDRAFT_COPHIP.pdf. The Plan gives a brief history of Public Health initiatives over the last 20 years including the Public Health Act of 2008. It also provides an overview of the Public Health system and its history, Colorado's health status and current recommendations for improving Colorado's public health system. There is also a draft of the proposed core public health services.

As anticipated, it appears that the next phase for local public health agencies will be to conduct a community health assessment and complete a public health improvement plan. All local public health agencies were recently asked to complete a survey that will help the state learn about resource and technical assistance needs, determine a time frame for completion and identify additional funding needs to carry out the activities of the assessment and planning. I completed this survey indicating that CHS does not have full capacity in house to complete this process and will rely on state and contractual support. The survey offered five different timeframes to begin work on the community health assessment and the development of a local public health improvement plan and I indicated that CHS would prefer the spring of either 2011 or 2012. Completion of the survey was conducted in collaboration with the City of Aspen Environmental Health Department.

The CDPHE draft core public health services include:

1. Assessment and Planning
2. Vital Records and Statistics
3. Investigate and control communicable diseases
4. Prevention and Population Health Promotion
5. Emergency Preparedness and Response
6. Environmental Health
7. Administration and Governance

Per the State Improvement Plan, this draft of core public health services was developed by focus groups of public health professionals during the summer of 2009. Local Public Health staff participated in these focus groups. Following the input from local boards of health and boards of county commissioners, a rule making process will begin in 2010 for core public health services to be adopted by the Colorado Board of Health.

Also, for your information, below is an email from Lee Thielen, the Public Health Alliance and the Colorado Association of Local Public Health Officials (CALPHO) Director, announcing a first step in addressing one of the strategic goals of improving public health system roles and relationships:

“Over 20 people met yesterday at 800 Grant under the chairmanship of Commissioner Jeanne Nicholson to discuss planning a Colorado Association of Local Boards of Health. The group, which was mostly county commissioners, voted unanimously to proceed to plan such an association. The first meeting is likely to be at the CCI meeting in June. The group was very positive about creating a low cost way to share information and improve the knowledge about public health.”

EMERGENCY PREPAREDNESS and RESPONSE/ H1N1 PLANNING:

Activities around H1N1 flu planning and response have declined dramatically since December with the obvious decline of flu illness in the United States. The CDC reports that for the week ending January 23rd, the percentage of visits for influenza-like illness are below the national baseline, hospitalization rates have leveled off and 9 states are reporting only local influenza activity while the majority of states, including Colorado, are seeing sporadic influenza activity. The majority of specimens tested by the CDC are still testing positive for H1N1 with very little to no seasonal flu being seen.

Local school surveillance data that monitors absenteeism related to influenza-like illness and anecdotal reports from primary care providers shows similar trends locally.

The Emergency Support Function #8 (ESF8-Public Health and Medical response) continues to meet to discuss alternate care facility planning and volunteer recruitment.

CHS has an abundance of H1N1 vaccine. We received approximately 1200 doses of H1N1 vaccine during the first week of January. This is the largest shipment we have received to date. We held several flu clinics in the month of January, including one in El Jebel. This clinic was a collaborative effort between Eagle, Garfield and Pitkin Counties. Pitkin County has received a total of 6,600 doses of H1N1 vaccine. CHS has

administered approximately 2000 of those and facilitated the distribution to local health care providers for the remainder. We currently have approximately 200 doses of seasonal flu vaccine in stock. CHS has given 1,721 doses of seasonal flu vaccine since September. We are still taking appointments for both seasonal and H1N1 flu shots and expect to have a large amount of vaccine available throughout the winter and early spring.

The Project Public Health Ready (PPHR) application process has begun. This is Public Health's emergency preparedness and response (EPR) scope of work for the current year. You may recall our discussions last fall regarding our capacity to fulfill this obligation and the self-assessment we performed for the state. We are currently working on the Pitkin County Public Health - Public Health Emergency Operations Plan (PHEOP). Tazi Lutgring and myself are the primary contacts for this process and are meeting weekly (teleconferencing) with Mesa County EPR staff to complete this application. I have called upon some county resources for assistance. Ellen Anderson has provided many useful county documents that are components of the PHEOP and Pat Bingham has provided descriptions of PIO procedures and how she supports Public Health in those functions. We are scheduled to submit the application to CDPHE in March for further review. Then the application goes to NACCHO (National Association of County and City Health Officials) for final review and determination and recognition of Pitkin County's Public Health readiness. Any identified gaps will be part of an improvement plan that will be on-going over the next several years.

DENTAL INITIATIVE:

The Regional Dental Health Coalition has accepted a proposal from the CDPHE Oral Health unit to hire a Regional Oral Health Consultant for the Aspen to Parachute region. This is 2-year pilot program offered by the State and funded at \$20,000/ year. This position will coordinate the local oral health initiatives that have been started by the Coalition and be a liaison between Western Colorado and the State Oral Health unit. Currently, the Coalition is working on the details of the Scope of Work and the fiscal management of the funds. The four components of the scope of work include: administration, planning and consultation; school dental health programs; community dental health programs and access to dental care. The Coalition also presented a formal request for funding to the Garfield County Board of County Commissioners on January 18th. Garfield County granted \$30,000 in matching funds to the Pitkin County Healthy Community Fund grant (\$30,000) for the work of the Oral Health Consultant and the planning and development of a Dental Clinic. The Coalition hopes to have the Oral Health Consultant position filled by the end of March.

ENVIRONMENTAL HEALTH DEPARTMENT UPDATE:

Submitted by Carla Ostberg.

The Environmental Health Department has participated in several public-health related activities in the last few months and has several updates from this timeframe.

- Responded to the Redstone Water Incident, working with affected restaurants to assist with operations in the case of a water outage.

- A Food Safety Training, sponsored by Pitkin County and the City of Aspen, was offered in both English and Spanish on January 7, 2010. 41 food handlers and managers were in attendance.
- Completed the “Environmental Surety” section of the Project Public Health Ready (PPHR) application that Liz is putting together;
- Distributed over 100 radon test kits to Pitkin County residents (and some residents outside of Pitkin County) in January, Radon Action Month, through a partnership with the City of Aspen.
- Continued participation in the Colorado Department of Public Health and Environment (CDPHE) stakeholder process concerning revisions to the current Individual Sewage Disposal System (ISDS) Guidelines.
- Continued participation in the Public Health Act of 2008 process. 2010 appears to give priority to the establishment of “core services.”
- Pitkin County is not anticipating any grant funding for West Nile Virus surveillance efforts in 2010.

PITKIN COUNTY ENVIRONMENTAL PUBLIC HEALTH ADVOCATE

UPDATE: Submitted by Tom Dunlop.

1) At the November 2009 quarterly update I mentioned to the Board of Health that I had been appointed to the Colorado Environmental Public Health Tracking (COEPHT) technical advisory board. It is ironic that the first meeting of this important assignment is February 9th at the Colorado Dept of Public Health and Environment in Denver. This is the reason I will be absent at the BOH quarterly meeting.

The importance of having Pitkin County represented on the COEPHT advisory board is to continue to identify the inseparable link between public health and environmental health. Any surveillance programs that will evolve from the federally funded COEPHT program will have the great potential to help rural as well as urban populations of Colorado identify various human illnesses and diseases with environmental exposures. This link has been clearly identified by other states I have worked with since 2001.

My intent is to update the BOH at future quarterly meetings of activities I will be engaged with by this State assignment, especially as they pertain to counties like Pitkin. It is my goal to assist the BOH by being able to define examples of how important the environmental health and public health connection has become.

2) I routinely receive information from national non-profit environmental and public health organizations offering advanced training for staff in many areas of the disciplines practiced by Liz Stark and her staff in Community Health Service and Carla Ostberg and her staff in the Pitkin County Environmental Health Department. The Centers for Disease Control and Prevention also sends me similar opportunities. While it would be ideal to attend these trainings, many with expenses paid, the reality of daily work load for both departments presents a barrier. I will continue to send this information to Nan Sundeen, Carla and Liz and to remain hopeful that we can take advantage of these opportunities in the future.

3) My immediate duties, more palpable to Pitkin County, evolve around my assistance to the Environmental Health Department during Carla’s absence to have her baby. I will be

meeting with Bryan Daugherty, Environmental Health Specialist, on a weekly basis until Carla's return in the spring. I will be available to Bryan at a granular level and to Pitkin County on a more global level to assist in being responsive to citizens and visitors seeking services from the Environmental Health Department. It is envisioned that I will be available to help with emergency responses (fuel spills, food-borne illness outbreaks, septic system failures, complaints, noise investigations, etc); review weekly work load assignments with Env Health staff; review the next weeks work assignments; and be available to help Bryan develop a response strategy should a difficult situation arise.

I will also be available to Cindy Houben should she have questions since the Environmental Health Department is under her organizational structure. My involvement in environmental public health emergency situations involving Nan's departments, Liz Stark's organization and other cross disciplinary events will be on an "as-needed" or "on-call" basis.

I am looking forward to this assignment as it will allow me to continue to share knowledge and hopefully wisdom to the Environmental Health Department during Carla's absence.

4) We continue to receive updates from the Colorado Department of Public Health and Environment on the Public Health Act. It has been declared by Kathleen Matthews, Director of Office of Planning and Partnerships, in an email dated January 27, 2010 that; *"With the completion of the State Public Health Improvement Plan, our [her] office is moving into the next phase of implementing the Public Health Act. This includes assisting local public health agencies over the next 1-3 years in completing local community health assessments and public health improvement plans, as required by the Act."*

We are at a critical time in the public health revitalization process and one that will require local resources to respond appropriately. I will defer to Liz for a detailed description of next steps. My commitment to assist Pitkin County in this effort remains a priority.

This concludes this quarterly update. Thank you.

Respectfully submitted,
Liz Stark RN
Pitkin County Public Health Director
Director, Community Health Services, Inc.



COMMUNITY HEALTH SERVICES, INC.

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(Attachment B)

Cost of Prenatal Care in Pitkin County /Community Health Services, Inc. (CHS Proposal to Eagle County)

CHS cost/client:

AVWC:	\$500
UTZ X1:	\$125
LABS:	0 (Comp by AVH)
CHS Case management/admin time:	<u>\$1500</u>
	\$2125/client x 70 clients = \$148,750

Clinical OB RN provided by AVWC:

\$30/hr x 8hrs/week x 52 weeks	+ <u>\$ 12,480/year</u>
(\$178/client)	\$161,230

<i>Minus client fees of \$1200/client</i>	- <u>\$84,000</u>
<i>(An increase of \$200)</i>	

<u>Total Reimbursement from Eagle County</u>	<u>\$77,230</u>
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- CHS Case management includes Nurse Case Management time for intakes, social service referrals and coordination of care and CHS admin time for scheduling, billing, and administrative oversight.
- Clinical OB Nurse provided by AVWC includes RN support for clinical/lab management.
- CHS client fees will be increased from \$1000 to \$1200 (additional revenue of\$14,000)
- AVWC charges for only one ultrasound (savings of \$8,750)
- AVH will comp lab fees (\$230/client – a savings of \$16,100)
- Propose pilot program of 1 year with plan to reevaluate costs and efficiencies quarterly.
- Eagle County will provide WIC enrollment and MCD eligibility services for all Eagle County prenatal clients.
- Work with Eagle County Public Assistance to direct all prenatal women to appropriate county for WIC services.