

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

March 4, 2016

Santa Fe, New Mexico

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Reena Szczepanski at approximately 9:00 a.m. on the above-cited date in the Southwest Conference Room of CHRISTUS St. Vincent, 455 St. Michael's Drive, Santa Fe, New Mexico.

Chair Szczepanski thanked those present for attending and asked for a moment of silence in observance of the death of Department of Health Secretary Retta Ward, who was a tremendous asset to the state's health community..

II. The following members were present:

Members Present:

Reena Szczepanski, Chair
Don Reece
Carolyn Roberts
Kim Straus
Anna Voltura

Member(s) Excused:

Judith Williams
John Abrams
AnnaMaria Cardinalli
Bonnie Keene
Vivian Heye
[Three Vacancies]

County Staff Present:

Patricia Boies, Director, Health Services Division
Kyra Ochoa, Health Services Staff
Kati Schwartz, RN, Mobile Health Van
Jennifer Romero, CSD/Teen Court
Michael Spanier, CSD

Others Present:

Mark Boschelli, PMS	Kerry Clear, BCBS NM
Richard DeMella, City of Santa Fe	Kevin Norris, Pecos Valley Med Ctn
Rachel Wexler, NM DOH	Desiree Valdez, NM DOH
Callie Catanach, CSVRMC	Melissa Martinez, CSVRMC
Natalie Aragon, NMHU Student	Ivy Woolfolk, NMHU Student
Susan Mayes, NMAC	Julian E. Duran, BCBSNM

Ron Hale, NMAHC
Kiara Cateriano, St. E's Shelter
Daniel Slavin, SVH Support
Kim Gabaldon, Los Alamos
Veronica Kirby, RN
Lisa Bronowicz, Pecos Valley Med Ctn
Tammy Jaramillo, Taos Valley
Wendy Johnson, La Familia
Jay Jolly, La Familia
Andres Mercado, City of Santa Fe Fire

Kemala Two Bulls, St. E's Shelter
Kathy Armijo Etre, CSV
Lisa Leiding, MSN Student
Patricia Nix, RN
Christina Woods, RN S
Amy Sandoval NM DOH
Nancy Guthrie, Many Mothers
Pamela S. Hyde, Policy & Practice Consult.
Lauren Reichelt, Rio Arriba County

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

V. Approval of Minutes: January 2016

Lacking a quorum, these items were deferred.

VI. Matters of Public Concern

None were presented.

VII. Presentations

A. County Collaboration on Accountable Health Communities Grant

Kyra Ochoa, Health Care Assistance Program Manager, Santa Fe County
Lauren Reichelt, Health & Human Service Director, Rio Arriba County
Kim Gabaldon, Social Services Manager, Los Alamos County
Tammy Jaramillo, Indigent Fund Coordinator, Taos County

Ms. Ochoa welcomed those present and said she too was pleased with the number of people attending. She referred to an opportunity for an Accountable Health Communities grant funded through CMS (Center for Medicare and Medicaid Services). A letter of intent went out for the grant, with the goal to create an accountable health community model for Medicare and Medicaid users. Health providers would screen for social needs such as housing, transportation, and food security and route high utilizers of emergency rooms into navigation to resolve their social needs and determine whether that would save costs to Medicare and Medicaid. CMS required a population that a regional health collaboration could meet. A key and required partner on this grant is the state Medicaid office. At this point there are four New Mexican applicants for this grant, and only one will be chosen.

This morning's second presentation is a demonstration of the use of the Pathways model of care coordination which Ms. Ochoa indicated could be a potential tool for the collaboration.

Lauren Reichelt, Health & Human Service Director, Rio Arriba County, said Rio Arriba has been working on this for 20 years in total, and in this iteration since 2006. Rio Arriba is currently ranked number one in the nation for heroin overdose deaths and ranks very high for

opioid abuse. There are many barriers that prevent an individual from receiving a full course of addiction treatment, which her division is working to resolve. Those barriers include a current TB test, medical clearance, finding a detox facility, arranging for a bed eight days after detox, and having to repeat the TB test and medical clearance for acceptance. Following the 30-90 day stay at Hoy, outpatient treatment is assessed.

Two populations in Rio Arriba have a high potential to go to ER – those suffering from mental health or substance abuse disorders, and seniors. The county runs the jail and the senior centers and is positioned to help these groups. The senior centers provide fall prevention strategies, immunization, and mental health support. The jail provides intensive case management for those suffering from substance abuse. Rio Arriba recently received a grant of \$500,000 annually for a five-year period to create a behavioral health investment zone. The county will be purchasing the Pathways IT system to enhance provider communications among Presbyterian, Española Hospital, the three FQHC/rural clinics, Hoy Recovery, Rio Arriba Health and Human Services, and some ancillary partners.

Pathways is an outcome-based care coordination model which requires a “hub” that will act as the financial agent and pay the agencies based on production of individual health outcomes. Since Rio Arriba does not have a payment source they have modified the Pathways program and their department provides the care coordination services, and judges and tracks the care coordinators based on the outcomes achieved. The county’s health council serves as the evaluator. The first Pathway program was for pregnant substance-abusing women and the chosen outcome was a baby birth weight of 5.8 pounds or greater, and the neonate free of un-prescribed substances. The success rate was over 90 percent for both outcomes during the first few years.

In an effort to expand the success, Rio Arriba wants to target the jail release population and reduce the overdose death rate. With the help of HSD they have placed an enroller in the jail and will be offering overdose prevention classes upon release and provide those at risk with Narcan. Her department will also provide a free ride back to Española, and, if the individual agrees to be included in the Pathway system, a free gift card is issued.

Needing a “hub,” she and Ms. Ochoa began talking, and the notion that if other rural counties within Region 2 participated in the care coordination service, Santa Fe County could serve as the hub.

Ms. Ochoa said Santa Fe County has similar initiatives to that of Rio Arriba – the jail re-entry specialist positions, Narcan training, funding care coordination for individuals released from jail with severe mental illnesses – and participating in funding at CSV for the ER high utilizers program services (HUGS). She noted that Santa Fe County will be funding a program out of the City of Santa Fe’s Fire Department regarding high utilizers of 911 services. Santa Fe County is not the care coordinator; rather the County facilitates different entities.

Santa Fe County is funding a low birth weight initiative and a Mobile Crisis Response Team with Mark Boschelli, PMS. All of these linkages are being made to better coordinate care, and create more efficient and effective pathways for individuals. Lacking an evaluation program makes it difficult to ascertain whether the linkages are working. The notion was that Pathways IT could solve that issue.

Ms. Ochoa said Santa Fe County is well-resourced out of its Health Care Assistance program funding.

Tammy Jaramillo, Indigent Fund Coordinator, Taos County, said they were very committed to and interested in participating with other counties and the Pathways program.

Kim Gabaldon, Social Services Manager, Los Alamos County, said they have coordinated a few contracts for a teen center, youth activity center, senior centers, and prevention programs through the schools. She was eager to learn from her colleagues and become a regional participant. She noted that Los Alamos County residents travel in and out of Rio Arriba, Santa Fe and Los Alamos all the time, and this partnership in health care makes good sense. Working together as a region will reduce a reliance on larger statewide initiatives.

VII. B. Demonstration of Use of Pathways Model of Care Coordination Initiative

Bob Harnach, President of Care Coordination Systems - Pathways, and Sarah Redding, Founder of Pathways, were present telephonically. Mr. Harnach congratulated Rio Arriba's success. A slide show was presented.

Pathways was developed to:

- Support and enhance the national certification initiative for Pathways Community Hubs with leading-edge systems, training, and best business practices for sustainability.
- Rapidly implement nationally certified Pathways Community Hubs through public/private partnerships with states and communities.
- Bridge information and referrals between the community and clinics, hospitals, physicians, insurers, and states.
- Use low cost/high-performance/rapid deployment/mobile first technologies as tools to efficiently empower community care coordination and Hubs.

Care Coordination Systems (CCS) provides comprehensive, turnkey Pathways Community Hub solutions through Pathways, certified CHW training, Pathways mobile and database/systems, Hub patient portal, customizable systems, Hub operations training, risk scoring and stratification, Hub optimization advisory, certification guidance planning and HIPAA-compliant solutions.

Mr. Harnach noted that 85 percent of a population's health is determined by social factors that include neighborhood, occupation, education, race/ethnicity, culture and socio-economic status/income. Clinical and financial elements (insurance, primary care, specialty care, screening, access) make up 15 percent. Pathways is a system for collecting information and making it accessible. The healthy individual incorporates healthy aspects of health care, employment, behavior health, social service and education. Pathways and the Hub work together to reduce risk to the people of the community.

Ms. Redding reviewed results in maternal and child health through Pathways. Mr. Harnach noted that a low birth weight (LBW) can cost an additional \$35,000 the first year of that child's life and Pathways has been successful reducing LBW and postpartum problems. She showed a graph depicting significant drops in per member/per month Medicaid cost in Richland, Ohio where Pathways has been initiated, resulting in tremendous savings.

Pathways provides the opportunity to find the at-risk population, treat that population and measure the success of that treatment.

Pathways provides care coordination facilitation tools that are actionable and accountable and which measures outcomes. At this time there are 20 core pathways that include but are not limited to adult education, employment, housing, insurance, smoking cessation, medical and social service referral, immunization, pregnancy services, etc. Pathways' reporting is robust and the data is available 24/7.

Referring to the Hub, Mr. Harnach said it basically serves as an air traffic controller, coordinating care by administering the pathways. The Hub contracts with funders as well as with community partners to provide care coordination. It develops referral networks with community health care partners with a focus on eliminating duplication and monitoring quality assurance. Another key function of the Hub is to invoice, collect and distribute monies earned for care coordination to the care coordination agencies. There are Hub standards and prerequisites that have to be met.

He highlighted that the system tracks milestones to determine benchmarks for payment. He discussed how data can easily be pulled from the system and put in an informative format.

Pathways has standardized billing with CMS codes and has already been accepted by insurance companies. There are 358 payment lines within the Pathways process to streamline the process for potential payers. Payers are willing to accept risk stratification to identify normal and high risk individuals. The overall goal was to reduce the payment time by streamlining the billing and the coding process.

The idea is that the Hub will remove the silos and fragmentation that exist in community service, use community resources effectively and efficiently, connect information to health care and government, and to standardize metrics to identify best practices and most importantly create sustainable community care coordination.

Mr. Harnach condensed his presentation to allow time for questions and answers.

Q: *How is information pulled into the system?*

A: The system handles over 4,000 data items. Data can be pre-loaded by a care coordinator as well as electronically connected. This can be accomplished through a health information exchange or some other system.

Q: *Is there a fee for the billing? How is the software use billed?*

A: There is a nominal fee for transmitting and approximately \$1 per bill.

Q: *Where was Pathways used in the study that indicated a 50 percent reduction in PMPM? Was the entire Medicaid population within the Pathways program and what is the PMPM cost of implementing this program?*

A: This was the Michigan Pathways to Better Health. The information was provided by CMS regarding the three Michigan Hubs. The cost to implement the program was not known by the speaker. The guidelines were 18 to 65 years of age with two or more chronic conditions.

Q: *Can documents be stored in Pathways – social security cards, birth certificates, etc.? The homeless population in particular needs this type of storage.*

A: Yes, Pathways has a secure document storage area. Community health workers are taking photographs of documents and uploading them into the secure document storage area for access to those on the care team. Videos can also be stored on the system. It was unknown whether scanned documents were acceptable to all agencies. As the communication platforms are expanded secured documents can be attached in direct messaging.

Q: Are domestic violence victims' files treated differently than other files?

A: The Release of Information form provides the authorization as to who the documents can be shared with and that is designated by health policy and personnel. Security measures are being developed in layers.

Q: What are the characteristics of a Hub manager? What are the necessary qualities?

A: A strong business sense is needed because the Hub is responsible for all of the contracts. A Hub director on the business and operations side is someone in quality control overseeing that the data is accurate. The Hub manager depends less on health care knowledge and more on the business of getting the payer contracts in place, agency contracts in place with a well-working referral process. Quality assurance within the clinical side of the care plan is also part of the Hub's responsibility.

Q: What risk is involved in the Hub responsibility in terms of validation of whether the contractor provided the work that Hub is overseeing? What role does Pathways play in validating those checks and balances?

A: The Hub will validate and hold its agencies to high standards, and audits and administers those standards through a process of checks and balances. It is required that supervisors sign every document in the system. Insurance companies conduct annual audits of the Hub.

Q: It sounds daunting for organizations that already have multiple required systems of data collection and quality control to add another layer. What other FQHCs, hospitals and other agencies have implemented Pathways?

A: Pathways can be highly detailed with many pathways generated. It was created to serve as a care team task force to be able to update the attending physician in seconds with snapshot reports of the patient. The system is being connected to major AHR systems and hospitals that have asked for the system.

Q: FQHCs routinely screen, refer and collect data. What is required is better coordination between different agencies and the ability for different agencies to share information. What Pathways offers appears very valuable but at the expense of providers having to do duplicate and parallel input into systems. The data collection part sounds onerous.

A: Most FQHCs do not have access to the social determinants of health information. Pathways would explore what data would be beneficial to capture and how to get valuable information in an existing system to communicate with the Pathways system. Pathways is designed for the community side of care coordination. It was not intended to replace what is already occurring in other systems but rather to integrate with it.

Ms. Reichelt said determining which outcomes each agency is responsible for may be a difficult knot to untangle as well as who gets paid for what. She suggested the counties would conduct actual care coordination. Mr. Harnach said they were currently working on the invoicing for incoming payments and outgoing payments.

Ms. Ochoa said New Mexico lacks mechanisms for accountability in government. The accountability part of Pathways is attractive.

Mr. Harnach said collaboration is what has made Pathways a successful system.

It was mentioned that those collaborating in this arena may want to implement the steps Bernalillo County took with their care collaborative in standardizing assessment tools, job descriptions in terms of patient care coordination, and risk scoring.

Ms. Ochoa asked the participants to turn to their neighbor and talk about what they think of the county playing this role. Comments following the informal talks included:

- The idea of a regional collaboration is a good thing
- The local DOH office with their expertise can serve/train the care coordinators
- The regional health councils will serve a role in this
- Even without the grant, Taos, Rio Arriba and Santa Fe should move forward together
- Other key stakeholders are the MCOs – BCBS is getting more active in the community, especially in the rural regions where they want to bring more resources and providers
- Concern was raised about the number of entities with access to the records
- Standardization was deemed very valuable
- Pathways sounds like a very valuable tool
- Telemedicine and transport will be instrumental in helping the rural counties
- Jails should be considered a health partner in this process

Ms. Ochoa thanked the attending audience and said that County Commissioner Miguel Chavez is considering a health summit in May and she would make sure that is publicized if it is to occur.

VIII. Matters from the Commission and Staff

A. Director's Report

Ms. Boies gave the following updates:

- A meeting of the major funders of health care and related services occurred recently to determine where public, foundation and hospital funds are going. This will provide greater transparency and accountability
- Santa Fe County DWI program has started a pilot with Esperanza Shelter to monitor domestic violence offenders with alcohol abuse problems
- There are over 850 people enrolled in the Imagination Library, which provides free books for children from birth to age five in English and Spanish

B. Other Matters from the Commission

Chair Szczepanski said she serves as Chief of Staff for the House Democrats. She updated the Commission on bills that passed during the session, which, at this point have not been signed:

- Two bills dealing with opioid abuse will greatly expand access to Narcan and how Narcan can be distributed
- A bill requiring physicians to check the prescription drug monitoring database prior to prescribing opioids
- A savings account for those with disabilities that will take advantage of a federal program with tax advantages
- The assisted outpatient treatment bill where a court can order an individual to take medication and attend a treatment program
- A memorial for UNM to reconvene the J. Paul Taylor Early Childhood Task Force, which deals with the health and education of young children; someone from HPPC should be involved in that. Ms. Boies noted that Kim Straus has sat on that task force in the past.

Chair Szczepanski invited additional comments from the public; none were offered.

IX. Future Agenda Items

A. Possible Agenda Items for Future Meetings

The following topics were mentioned:

- Alcohol tax increase initiative group
- DOH epidemiology session – training and education for health council, at the April 1st HPPC meeting

X. Announcements

- A. Next HPPC meeting Friday, April 1, 2016, 9 a.m., Santa Fe County Community Services Department Conference Room, 2052 Galisteo Street, Santa Fe**

XI. Adjournment

This meeting was declared adjourned at approximately 10:55 a.m.

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HEALTH POLICY & PLAN M
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Approved by:

I Hereby Certify That This Instrument Was Filed for
Record On The 5TH Day Of April, 2016 at 10:44:48 AM
And Was Duly Recorded as Instrument # 1790450
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar

Deputy Laura Hernandez County Clerk, Santa Fe, NM

Reena Szczepanski

Reena Szczepanski, Chair
Health Policy & Planning Commission

Respectfully submitted by:

Karen Farrell (Pde)
Karen Farrell, Wordswork



Santa Fe County
HPPC: March 4, 2016