

**MINUTES OF THE**  
**SANTA FE COUNTY**  
**HEALTH POLICY & PLANNING COMMISSION**

**August 3, 2018**

**Santa Fe, New Mexico**

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Kim Straus at approximately 9:00 a.m. on the above-cited date at the Santa Fe County Community Services Department conference Room, 2052 Galisteo Street, Santa Fe.

II. The following members were present:

**Members Present:**

Laurie Glaze, Chair  
Christa Coggins  
Barry Cooney  
Nelsy Dominguez  
Sandy Dransfield  
Bonnie Keene  
Michael Munson  
Carolyn Roberts  
Kim Straus

**Member(s) Absent:**

None

**County Staff Present:**

Patricia Boies, Director, Health Services Division  
Rachel O'Connor, Director, Community Services Department  
Katherine Miller, County Manager  
Julia Valdez, Constituent Liaison  
Teresa Casados, Senior Services

**Others Present:**

Joan Gibson, Conversation Project	Julian Duran, BCBS
Nancy Guinn, Presbyterian Healthcare Services	Bernita Woody, BCBS
Jan Jahner, CVS	Gerry Fairbrother
Dawn Abriel, Bright Heart Health	Tom Massaro, DOH
M. Dominick Armijo, CSV	Alan Marx, LFMC
Helen Brooks, Presbyterian Healthcare Services	Jacalyn Dougherty, DOH
W. Azul la Luz, Tesuque Pueblo	Desiree Valdez, DOH
Jesse Cirolia, CSV	Barak Wollf, MPH

**III. Introductions**

Those present introduced themselves.

**IV. Approval of Agenda**

Commissioner Roberts moved to approve and Commissioner Munson seconded. The motion to approve the agenda passed without opposition.

**V. Approval of Minutes**

**June 1, 2018:** Commissioner Roberts moved to approve the June minutes as published. Commissioner Dransfield seconded and the motion passed without opposition.

**VI. Matters of Public Concern**

None were presented.

**VII. Action Item**

**A. Election of Chair**

Commissioner Roberts nominated Laurie Glaze. Commissioner Keene seconded and there were no further nominations. Commissioner Glaze was elected Chair by acclamation.

**VIII. Presentation on Advance Care Planning**

Patricia Boies said the issue of advance directives has long been of interest to her. She introduced the three presenters, stating they were incredibly knowledgeable in the field.

Joan Gibson, bioethicist, gave an overview of advance care planning historically and currently, with suggestions for the future. Since 1977 New Mexico has been a leader in the field, instituting a Right to Die Act that was much simpler than those that went before. Since that time New Mexico has followed the national trajectory with durable powers of attorney authorizing surrogate decision-makers and developing a values-based approach to planning. This aims to document the wishes of the elderly and terminally ill.

Ms. Gibson spoke of New Mexico’s adoption of the Uniform Healthcare Decisions Act which combined living will laws and surrogate decision-making. The Physician Aid in Dying initiative focuses on how to help people express their wishes, while avoiding over-bureaucratizing the process. The trend is toward simplification. Ms. Gibson is now involved in the Conversation Project, a non-profit resource center to encourage discussion among people about what matters to them. She gave personal examples stressing the importance of speaking to loved ones, naming a healthcare companion/advocate, and letting them know personal goals and fears.

The goal is to increase the number of people in Santa Fe who have named, engaged and documented who their healthcare companion is. This goes beyond DNR – do not resuscitate.

Nancy Guinn, MD, said she is a family and hospice/palliative physician and currently the medical director of Presbyterian Healthcare Home and Transition Services, which cares for high-need, vulnerable people in their homes. There are in- and out-patient palliative care services, and there is a division devoted to training in advance care planning.

She distributed documents currently being used. Dr. Guinn said everyone, including healthy people, should make use of the forms that incorporate values-based questions. The new language reads: “If I reach a point where it is likely I will not recover my ability to interact meaningfully with my family, friends and environment, I want to stop or withhold all treatments other than comfort care that might be used to prolong my existence.”

In addition there is a Medical Orders for Scope of Treatment form, also known as a MOST document, which can be understood by medical professionals. This is generally used by people who need to make decisions in a timely manner.

Jan Jahner, RN, stated she is part of the clinician directed performance improvement program at Christus St. Vincent. Her goal is to promote the kind of conversations advocated by Ms. Gibson. With her team, they have launched a pilot program to acquaint the nurses with online resources and familiarize them with better ways to initiate the conversation about advance directives. She mentioned the Respecting Choices program out of Wisconsin, with a “phases of life” approach. She distributed material and explained that the forms were designed with an eye to simplicity and eliminating barriers.

Ms. Jahner indicated there are now billing codes whereby physicians can be compensated for consults. There are considerable cost savings to communities that have strong advanced care planning initiatives.

Commissioner Dransfield pointed out that in the past it was difficult to get a DNR put on the record. Dr. Guinn said it is much easier now with directives accepted from multiple sources scanned into the electronic records. Optimally, there would be a statewide registry as there is in Oregon. She outlined the three options: comfort, limited additional intervention, and do everything. Ms. Jahner agreed that the situation had improved considerably and the physicians at CHRISTUS St. Vincent were well acquainted with where to look for directives.

Commissioner Cooney noted that many people in New Mexico are within the low socio-economic categories with limited education. He asked how effective these programs are for them. Ms. Gibson said “demedicalizing” the process helps, along with putting emphasis on asking people who do you trust and what is important to you. Ms. Cirolia noted that many of the high utilizers don’t have an advocate. However, they are familiar with hospital services and know the jargon. On occasion, an ER nurse is named as the advocate/decision-maker.

Commissioner Dominguez suggested getting promotoras involved.

Commissioner Straus asked if there was a role in this for insurance carriers. Ms. Jahner said they are motivated to get involved due to potential savings. Dr. Guinn said Presbyterian sent out 33,000 copies of the advanced directive forms to all the Medicare customers. Mr. Duran

from Blue Cross/Blue Shield stated those questions are asked when doing assessments and additional information is offered.

Ms. Jahner pointed out many patients are sick of being asked repeatedly at the time they are in the hospital, so it behooves providers to begin the conversation in a different way.

Commissioner Keene brought up the subject of life ending and mentioned a case from years past where a spouse was arrested for overmedicating a dying husband. Dr. Guinn said a bill will be introduced again in the upcoming legislative session entitled Medical Aid in Dying, which is akin to death with dignity initiatives. These are generally strict and onerous in order to avoid abuse. The proposed bill would only apply to those with the mental capacity to make the decision themselves.

County Manager Miller noted as people's faculties diminish their wishes change. Dr. Guinn agreed this was a thorny problem and as dementia progresses, a past decision and expression may become the guiding principle. Ms. Jahner said a psychiatric consultation regarding competency may be called for at some point. Ms. Gibson suggested going to the Conversation website and reviewing the standards regarding quality of life with time. There is a constant recalibration. She read the "Don't panic" admonitions.

**IX. Matters from the Commission and Staff**

**A. Director's Report**

Rachel O'Connor spoke about the Health Tracks project, which, in conjunction with the Fire Department and Senior Services, identifies at-risk people in the community and has hired a navigator, Ian Donnelly. There are currently four clients. This is a pilot project encompassing one zip code at present. Commissioner Dominguez said there is a non-profit called Mesa to Mesa that might help with issues that arise during home safety checks. Ms. O'Connor said the priority is to keep people in their homes, but this is not always possible.

Teresa Casados stated the pilot project does not have independent funding but Mr. Donnelly is building a network of contacts.

Ms. O'Connor gave the following updates:

- The Crisis Center has full funding and a location has been chosen. They are now waiting on DOH regulations, anticipated for September
- HHS has asked Community Services and the Fire Department about participating in a SAMSHA grant to do follow-up on drug overdoses
- Hyde and Associates has been hired to work on a behavioral health strategic plan. A draft is planned for the fall. Additionally, an adolescent strategic plan for behavioral health is needed to elucidate gaps

Mr. Massaro said adolescent behavioral health is scheduled to be on the DOH priority list in 2019.

Ms. Boies reported:

- The dental therapy legislation to create licensure for mid-level therapists will be coming up again in the next session. The New Mexico Association of Counties voted to support this legislation. HPPC recommended and BCC supported similar legislation in 2017
- Proponents of the Health Security Act are scheduled to present to the HPPC in December
- State Senator Ortiz y Pino has agreed to speak about the Medicaid Buy-in legislation, also scheduled for December
- The new Youth Risk and Resiliency Survey is out and a presentation to the HPPC by the epidemiologist is planned for October

**C. Other Matters from the Commission**

Commissioner Dominguez asked what was going on regarding the recent flooding. Manager Miller stated the Red Cross, Baptist relief groups and FEMA are on board in La Cienega. She viewed the neighborhood the day before and noted there is massive erosion and debris, including environmental hazards and dead animals. Logistical problems remain for the cleanup since many areas are of difficult access. Dumpsters will be made available and fees waived at the landfills. In response to a question from Commissioner Roberts, Ms. Miller said the Army Corps of Engineers is in charge of what can and cannot be done with arroyos. The County can help with community wells but not individual wells.

Julia Valdez gave an update on ongoing efforts to involve all segments of the community in getting a complete census count. Santa Fe County has a 68 percent response rate, which is excellent. The BCC passed a resolution that is to serve as a model for the rest of the country.

**X. Future Agenda Items**

- CHRISTUS St. Vincent behavioral health update in September
- Health Tracks presentation
- Health Security Act and Medicaid Buy-in legislation
- Legislative Matters/Reena Szczepanski

**XI. Announcements**

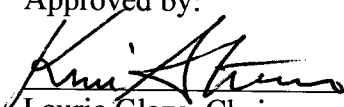
**A. Next HPPC meeting Friday, September 7, 2018, 9 a.m., Santa Fe County Community Services Department Conference Room, 2052 Galisteo Street**

**XII. Adjournment**

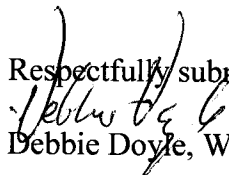
This meeting was declared adjourned at approximately 11:15 a.m.

Approved by:

Kim Strans

  
 Laurie Glaze, Chair  
 Health Policy & Planning Commission

Respectfully submitted by:


  
 Debbie Doyle, Wordswork

COUNTY OF SANTA FE )  
 STATE OF NEW MEXICO ) ss

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I Hereby Certify That This Instrument Was Filed for  
 Record On The 13TH Day Of September, 2018 at 03:47:38 PM  
 And Was Duly Recorded as Instrument # **1867427**  
 Of The Records Of Santa Fe County

Santa Fe County  
 HPPC: August 3, 2018

  
 Deputy \_\_\_\_\_ Witness My Hand And Seal Of Office  
 Geraldine Salazar  
 County Clerk, Santa Fe, NM

