

Citizen’s HealthCare Oversight Committee Meeting

March 18, 2016	8:30 – 10:30 a.m.	Neil Combee Administration Building - Boardroom
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Chairman	Dr. Thomas E. McMicken
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Attendees	T. Aman, L. Anastacio, K. Andrews, A. Haywood, Dr. McMicken, W. Murrell, P. Rust, T. Saunders, H. Vida, Dr. Young, Dr. Jackson, J. Johnson, L. Thomas, J. Marchi, Dr. Wills, and S. Craver
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Initial Business

Approval of Minutes: February 19, 2016	<ul style="list-style-type: none"> ▪ Motion to Approve: W. Murrell ▪ Second: L. Anastacio ▪ Minutes unanimously approved.
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Announcements

Updates	<ul style="list-style-type: none"> ▪ No public comments.
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Presentations

Hope Now to New Beginning Transition Program	Joy Johnson, IHC Director
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Discussion	<ul style="list-style-type: none"> ▪ Joy Johnson provided an update on the status of the New Beginning contract. The contract for Hope Now Transition Centers will be terming as of the 1st of April. Indigent Health Care has been in discussions with some of their behavioral health partners, preparing a contract to bring in front of the board on April 5th with Tri-County Human Services to take over that program and be entitled to the New Beginning Transition Center. They will have partnerships in place with many local agencies ranging from mental health to substance abuse and other types of wraparound support services. They will have a four face program approach in which clients, capacity for about 30 clients, will be served into that program, and it would be about 60 days per phase. There will be many services provided and the remaining pieces of those contract negotiations are getting worked out and planned to have before the board on April 5th. ▪ Dr. McMicken – Did the previous program serve 100 people? ▪ J. Johnson – Last year, I believe we served about 100 people throughout the year. That means some coming in new, some graduating, and some not continuing with the program, but through the course of a year it was slightly over 100 clients. ▪ T. Saunders – Does the program still have the housing component to it? ▪ J. Johnson – Yes, they would be housed in the center off of Gunn Hwy.
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IHC Financial Update	Kelvin Almestica, IHC Fiscal Analyst
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Discussion	<ul style="list-style-type: none"> ▪ Presentation given by Kelvin Almestica. ▪ No following discussion.
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Medical Director Update	<ul style="list-style-type: none"> ▪ Dr. Todd Wills, IHC Medical Director
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Discussion	<ul style="list-style-type: none"> ▪ Presentation given by Dr. Todd Wills. ▪ Dr. McMicken – Do you have any idea what percentage of the diabetics have a hemoglobin A1C of 7 or less? ▪ Dr. Wills – Under case management we have about 20% of that group that are below 9 are 7 or less, but most of them are still in the 8 range. ▪ Dr. McMicken – That really should be our goal. ▪ Dr. Wills – Yes. ▪ W. Murrell – Of the 258 under management, how many of those are type 2? ▪ Dr. Wills – The majority are type 2. ▪ W. Murrell – Coming from an A1C of 9 or greater with a graduation of A1C of 6, that being an ongoing challenge, is there a reentry to the program once we’ve done all that we can do for them? ▪ Dr. Wills – There’s always the ability to reenter the program. If someone graduated at 6 and then regained criteria for reentry because they moved back to a 9, they would reenter the case management program. Or, if someone got to a 6 and their primary care doctor said this has been very important for that patient and we need to continue that, then we would continue.
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<p>Lakeland Regional Health's Family Health Center</p>	<ul style="list-style-type: none"> Dr. Daniel Haight, VP Community Health/Medical Director, LRH Physicians Group
<p>Discussion</p>	<ul style="list-style-type: none"> Presentation given by Dr. Daniel Haight. Dr. Haight provided an additional page presenting the Polk County 2015/16 LIP Grant measures. W. Murrell – First off, excellent presentation. I visited your clinic shortly after it opened to look and see, at that time, how it was coordinating with your emergency department and everybody there was really high on what was happening. There's been conversation on that since. I would assume since the opening of your clinic to date, looking at an overall improved patient care, acuity and setting etc., that it be more efficient and certainly more effective providing a family home. I would say that you would characterize this so far as something on the order of a huge success, in that regard? Dr. Haight – Absolutely, part of the reason we created this was because we felt that our emergency room was getting busier and we have to take care of those car accidents, heart attacks, family emergencies and to have so many non-emergencies there to where you can't get your lupus or diabetes cared for in an emergency department, it's impossible. The emergency department is not the place to get your care. So that's been a success. At the same time, our emergency room became more efficient, the wait times went down to 2 to 3 hours or less and it's become even busier. We've noticed that this was definitely needed. When we're seeing about 240,000, approximately, visits per year, having the Family Health Center there is important for the community as a whole. The half-cent sales tax is helping make this possible and our commitment, that's a big plus for the community. We get letters from 60 to 70 year old parents that are saying this is the first time that their son has got care for his diabetes, at age 30, is very touching. I can see where patients love us. It's sad when they do graduate, they get a job, they get insurance or they go on to Medicare, they don't want to leave. We want to make sure that it is a good transition and has been a huge success. That's our role, if you're down and having struggles this is a place you can get health care for those that are eligible, that's what it's there for. I appreciate your visit and please anytime you want to stop by, do. It's a very nice facility with spacious exam rooms, a very nice waiting area, the onsite point of care lab tests and being right across from the hospital it has been helpful. Then of course, our doctors meet with the doctors in the hospital if we do have an admission, then there's that open communication. W. Murrell – Do you think that the proximity has been critically important in the clinic's success? Having that location right there on hospital property is that proven to be critical or could you be within a few blocks? Dr. Haight – I think it's key that it's on a bus route, even though it is very difficult to make it there from some parts of town through the bus routes, and knowing that it is a hub and central location. The pharmacies are nearby and we have a Publix pharmacy in the hospital. When patients are at the clinic and have prescriptions they can go across the street to the Publix pharmacy in our facility and get their medications for free. That proximity has helped, on the other hand, when we have a patient that does go to the emergency room for a non-emergency and they were already our patient then we need to have that talk with the patient to say we were here 7 days a week we can see you just as quickly. So it is good but we saw that drawback where there is an emergency room just across the street. I feel that it's an academic setting, our clinicians are always trying to educate themselves and we're helping to improve quality with our standard meetings. That's been a big plus to be that close to the hospital, that has been beneficial. We're encouraging that patients go to the Family Health Center instead of the emergency room. At this current point, patients have to be referred by the emergency room, the hospital or from the Polk HealthCare Plan to be seen for the first time. After that, the patient and their family, if the family members are eligible, can be seen at the clinic. T. Aman – Dr. Haight thank you, your presentation and data are really impressive. Do you see pediatrics in this clinic and if so what is the start of the ages? Dr. Haight – We can see pediatrics it's just very rare because most of the pediatric patients seeking medical care are already eligible for Medicaid and have assigned providers through the Medicaid system. I think we have a handful that are generally older that are hooked up with our family practitioner. Dr. McMicken – I understand that you have 4 providers a day on week days? Dr. Haight – Yes. Dr. McMicken – You've got more room for access, if you need them? Can you provide the care for access that's necessary?

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Discussion	<ul style="list-style-type: none"> ▪ Dr. Haight – We did undertake a construction project just over a year ago that added extra exam rooms but that is one our capacity issues is the number of rooms. We’ve had 2 or 3 other physicians that were moving to other cities within our hospital group that was when we brought on those extra physicians, but I’m pretty sure that was pretty tight. Again, that we had a limitation of rooms but we’re pretty much at capacity. ▪ Dr. Haight –We have 13 exam rooms. Monday through Friday, we have 3 physicians and generally 2-3 nurse practitioners, for most days, 5-6 providers. They work varying shifts between 8 to 12 hours. To answer your question, we are at capacity because of the number of rooms we have in that building. ▪ Dr. McMicken – Are they all there for 12 hours? ▪ Dr. Haight – The physicians are there for 8 hours and the nurse practitioners for 12 hours. ▪ Dr. McMicken – Do they see somewhere between 20-25 patients per day? ▪ Dr. Haight – Yes, and we do keep it open because if you’re a hospital discharge your risk for readmission goes up if you can’t get to your clinic. We want to make sure we’re open for those recent discharges; we always want to follow readmission rates. Admissions are relatively rare compared to a clinic that sees Medicare patients but we’re also concerned about readmissions. ▪ Dr. McMicken – Do you see them within 2-3 days after discharge? ▪ Dr. Haight – That is our goal. The patient may feel that they can come in a week, but our goal is to get them in within 2-3 days exactly, so that patients will know the red flags for their symptoms and education about their condition, have their medicines, and to know what to look out for and don’t end up needing to go back to the emergency room. ▪ Dr. McMicken – Does Lakeland Regional have a fast track that they can take care of their initial problem that’s not an emergency and then refer them to you? ▪ Dr. Haight – Yes, when the patient comes in our front door they are initially assessed and if they’re not requiring that urgent or traumatic care then there is a fast track that sees the clients there and that’s where the screening takes place to see if the patient is a candidate. The Family Health Center is just across the street and during open hours they walk right across the street and they can usually be seen within 30 minute to an hour, it varies depending on time of day. ▪ Dr. McMicken – They can do the initial care, then the fast track and make sure they get an appointment to see you guys and they’ve already been triaged and examined it doesn’t take much more than a couple of minutes to do the treatment for that type of patient. ▪ Dr. Haight – Especially at night when we are closed, the care will be given in the emergency room but the follow up would be across the street.
FDOH Primary & Dental	<ul style="list-style-type: none"> ▪ Dr. Joy Jackson, Florida Department of Health Director
Discussion	<ul style="list-style-type: none"> ▪ Presentation given by Dr. Joy Jackson. ▪ Dr. McMicken – Does Polk County Halfway House, Bartow Youth Academy, The Detention Center and Polk County use your dental services? ▪ Dr. Jackson – At this point, we do not have agreements with them, I would say no.
Angels Care Center of Eloise	<ul style="list-style-type: none"> ▪ Janey Powell, Co-Founder
Discussion	<ul style="list-style-type: none"> ▪ Presentation given by Janey Powell. ▪ Dr. McMicken – I’d like to make a comment that Dr. Honer, I think it was a year or so ago, got the Golden Garland in the Lakeland Ledger for his community service for your clinic and also for his mission work. He’s a fine physician and a great colleague. ▪ J. Powell – Yes, he is. Larry Powell received the Golden Garland the same night for community service. Between Dr. Honer and Larry we had 2 of the 7 awards for Angel’s Care Center. ▪ W. Murrell – I also want to say thank you.
FDOH Update	<ul style="list-style-type: none"> ▪ Dr. Joy Jackson, Florida Department of Health Director
Discussion	<ul style="list-style-type: none"> ▪ Dr. Jackson gave a public health update regarding the influenza activity in Polk County, reporting that they’re seeing an increase in flu activity. ▪ Dr. McMicken – There have been 12 confirmed cases of the flu, in the last 10 days. ▪ Dr. Jackson - We are now at near peak levels, it’s out there. There is also a fair amount of Norovirus, vomiting is going around. My message to the Public is stay home if you’re sick, wash

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Discussion (Cont.)	<ul style="list-style-type: none">▪ Dr. Jackson (cont.) - your hands, sneeze into your elbow and let us protect everybody else in the community. One last thing about Zika, Polk County has had their first 2 Zika cases, just a couple of things I want the community to be aware of is that Zika is not locally established anywhere in the United States. Virtually all cases of Zika in the United States that have been diagnosed have been brought by travelers, except one case of sexual transmission, which occurred in Polk County, Florida. Symptoms of Zika for 80% of people are totally asymptomatic and those that do have it, the symptoms are usually mild fever, rash, joint aches, red eyes, or conjunctivitis. The risk is not usually to that person, unless that person develops Guillain-Barre which is unusual but possible. The risk is to the fetus of a pregnant woman. There are a lot of efforts going on now in the County and State to prevent Zika from becoming locally established. Drain or dump any standing water around your home once a week. The mosquito that spreads Zika is a daytime biter and lives where water collects.
Final Comments	
	<ul style="list-style-type: none">▪ No final comments.
	<ul style="list-style-type: none">▪ Motion to adjourn meeting: W. Murrell▪ Second: H. Vida▪ Meeting adjourned.
Transcribed by	<ul style="list-style-type: none">▪ Indigent Health Care Division – Stacy Craver
Special Notes	Next COC Meeting: April 15, 2016