# Primary Healthcare Implementation Advisory Board

## Minutes of the December 8, 2005 Regular Meeting

Members Present:
Commissioner Ed DePuy
Dr. Stockwell
Art Cooper
Art Jusko
Dr. Edward Holifield
Steve Mc Arthur
Kandy Hill
Sharon Roush
Homer Rice
Parwez Alam

Members Absent:
Dr. Edwardo Williams
Bryan Desloge
Mark O'Bryant
Henry Lewis, III
Dr. Trowers

Guests:
Commissioner Proctor
Corey Fleming
Joe O'Shea
Robin McDougall
Gabriel Pendas
Dr. Webster
Noreen Chase and other members of the League of Women Voters
Representatives from TEAM

Staff Present:
Joe Sharp
Frederick Pearson

The meeting was called to order at 6:14 p.m. by Vice-Chairman Art Jusko, presiding.

Vice-Chairman Jusko opened the board meeting with the County Attorney's Advisory regarding the Florida Sunshine Statutes.

**Issue I: Consideration of Minutes from December 8, 2005 Regular Meeting**

**Discussion:** A motion was made to approve of the minutes. The motion was seconded. The minutes were approved unanimously

**Issue II: Capital Area Healthy Start Pregnancy Network**

**Discussion:** Jane McPherson gave a presentation on the capital area Healthy Start Coalition. The mission at the Capital Area Healthy Start Coalition is to end the tragedies of preventable infant mortality, pre-term labor and low birth weights babies. Florida's Healthy Start Coalitions have reduced infant mortality by 22 percent; preventing, by Department of Health estimates, the deaths of more than 2,000 babies.

Each year in Leon and Wakulla counties, nearly 300 babies are born too small, less than 5 pounds, 5 ounces and too soon. They struggle for every breath, at grave risk of dying in their first year. Even if they survive, they are much more prone than normal-weight babies to developmental disabilities and other health problems.

The community and its health care system bear the cost. While the birth of a normal baby costs about $2,500, that of a low-birth-weight baby typically costs $175,000.

In Leon County, the infant mortality rate for African Americans is triple that of whites, Healthy Start is working to educate the public on how to obtain pre-natal care, avoid infections that can cause pre-term labor or low birth weight births, and provide proper nutrition for both mother and child.

**Issue III County Estimates of People without Health Insurance from the 2004 Florida Health Insurance Studies**

**Discussion:** Dr. Holifield questioned the credibility of the County Estimates of People without Health Insurance from the 2004 Florida Health Insurance Studies. The report stated that Leon County has a 7.7% rate of uninsured residents under 65 in Leon County. Dr. Holifield noted that Leon County has the lowest rate of uninsured resident in the State of Florida, but the infant mortality rate is higher than the state average. He also wanted to know what was the statistics relative to class.

Mr. Sharp will forward a copy of the AHCA data relative to class to Dr. Holifield.

**Issue VI: Report of Primary Healthcare Implementation Advisory Board on a Comprehensive Healthcare Plan.**

**Dicussion:** Steve McArthur opened the discussion with the "White Paper". The "White Paper" outlines Leon County's healthcare delivery system's problems and concerns about the uninsured and underinsured. In addition to that the Workgroup was reviewing a model comprehensive delivery system that could be

adopted depending funding availability. On December 1, 2005 the Workgroup finalized and adopted the "White Paper" along with a comprehensive healthcare services model for the uninsured residents of Leon County.

Steve McArthur moved that the Primary Healthcare Implementation Advisory Board recommend that the Board of County Commissioners authorize the County Administrator, to secure the services of a Consultant to develop a comprehensive healthcare plan including preventive services for the low-income and uninsured residents of Leon County; to prepare a cost estimate and examine funding methodologies.

We believe that the workgroup can only go so far with its limited resources and we feel that the independent analysis review is appropriate and necessary to get credibility to the work that has already been done. A lot of the cost of the study is information gathering, so we think that a consultant can clearly benefit from what has already been done and give guidance to what we think the problem is and how the problem should be addressed. It will also allow for time in between now and final action in for other people to make input into the process an allow us to go to the County Commission with a final recommendation that can be creditable.

P.A. seconded the motion

P.A. seconded the motion in order to move on to the next step. The County Administrator cannot hire a consultant. The motion has to be presented to the LCBCC for consideration. The LCBCC will then direct the County Administrator to hire a consultant if approved.

P.A, suggested that once the consultant report is done, it be presented to the PHIAB for review and then to the LCBCC. P.A. identified that staff would make monthly progress report

Kandy Hill amended motion to reflect the County Administrator comments by taking the motion to the LCBCC for a more thorough evaluation of the options presented and to give the PHIAB continuous updates.

**Issue V: Monthly Clinic Report**

**Report** Frederick Pearson reported on the monthly report for Neighborhood Health Services (NHS). Asthma, venereal disease, chronic bronchitis & emphysema, abnormal cervical findings, diabetes mellitus, heart disease, hypertension, and alcohol related disorders are the areas of focus with the highest diagnoses. Overall all areas experienced a decreased in diagnoses. NHS saw a large number of people with Hyperlipidemia (high cholesterol) a total of 86 diagnoses.

P.A. moved that Bond and NHS provide information in a standard format for so

that everyone can understand it. Commissioner DePuy seconded the motion.

**Issue IV: Citizen to be Heard**

Joe O'Shea – Florida State University Student government Association passes a resolution in support of the ½ cent sales tax.

Gabriel Pendas- Florida State University Senate form a committee to gain support and educate the students about healthcare in Leon County.

Dr. Webster - The plan should be very specific in both "intent" and in "design" to insure that provider is defined in accordance with current federal regulations regarding diversity provision as relates to Healthcare Workforce. Such guidelines state unequivocally that "..The providers should reflect the demographic make up of the entity that is in question. The language further states that "underrepresented minorities" are clearly defined and do not include Asians, White females, etc. As such, the providers that are to be involved in Leon County Indigent Health Program that is funded by tax payers or other sources should reflect the demographic make-up of the recipients of the services provided. That is especially true for the physicians and other health professionals. It is to further state that "smoking mirrors math" will not be tolerated. That is - 3 clerical workers of a particular race does not make up for 3 physicians of that same race!

2) DIRECT PATIENT CARE EXPENDITURES

The plan should be very specific in both 'intent" and in "design" to insure that the dollars spent in the "name of indigent health" do indeed go to indigent healthcare services!!

The Florida Tobacco Settlement (and nearly all other states tobacco) are prime examples of dollars being siphoned off" into very remote "services" when intended for other things eg. bridges being built in name of tobacco education and smoking prevention!!

As such, a mathematical "tolerance or variance" should be set as the ceiling above which no dollars will be spent that does not go to direct patient care. If it is the consensus of the PHIAB and the BOCC in review of adequately researched evidence and/or reliable data and projections - that a portion of the dollars raised can be used for educational purposes- then both universities in Tallahassee must be equitably represented in such diversion of funds and with full public disclosure of same.

Robin McDougall - I have read the Proposed Comprehensive Health Care Plan and am concerned that there is an absence of case management in the model. The model includes Nurse Navigators to triage patient's medical services. However, the patients we are targeting are generally those who encounter a

significant number of barriers to care including low income, language barriers, transportation problems, limited access to medication and literacy.

My experience as the Program Coordinator at the We Care Network for the past 10 years has taught me that case management is a key factor in supporting patients who are seeking a primary care home and who are attempting to effectively utilize the health care system.

I urge you to include case management for CareNet patients in this primary care model. The case management should include:

Support patients who need help navigating the clinic setting.

Provide assistance in obtaining medications, transportation and translations services as needed.

Facilitate ineligible patients to obtain services and make payment arrangements.

Assist patients to obtain services from alternative providers (i.e. Medicaid, Division of Blind Services, Vocational Rehabilitation)

Provide information and referral for community social services as needed (i.e. housing assistance, utility assistance, eye glasses, etc.)

Next Meeting is scheduled for January12, 2005

There being no other business, the meeting adjourned at 7:35 P.M.