

Sacramento County Public Health Advisory Board

Meeting Minutes

August 1, 2012, 12:00 – 1:30 p.m.

Primary Care Center

4600 Broadway

Sacramento, CA 95820

Conference Room 2020

Chair: Robert Meagher – Chair

Scribe: Michael Monasky

Board Attendees: Morgan Staines, Adam Dougherty, Rosemary Younts, Marty Keale, Peter Simpson, Michael Monasky, Raymond Wilson, Joan Hurlock, Robert Meagher; Sandy Damiano (ex-officio)

Board Members Excused: Olivia Kasirye (ex-officio),

Board Members Absent: Rosemary Younts

Guests: Debra Payne, First Five; Bruce Wagner, Emergency Medical Services.

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Topic	Minutes
Welcome and Introductions	Meeting began with introductions at 12:10 p.m.
Chair's Report	The Chair's Report is not included in these minutes as no notes were taken by the recording secretary. Michael Monasky was asked and agreed to take notes for minutes.
Minutes Review of June, 2012	June 2012 minutes approved unanimously; moved by Morgan and seconded by Adam. Ray Wilson asked that Dr. Kasirye include the public health programs print-out in the minutes.
Presentation	Hunger Hits Home presentation was deferred until a later date since Bob Erlenbusch was not present.
Public Health Division Update	There was no Public Health Division report due to the absence of Dr. Kasirye. Ray Wilson asked about a June 2012 Board Of Supervisor agenda item on public health Sexually Transmitted Diseases. The chair said he will take his question to Dr. Kasirye, as it was meant to be a part of her report to PHAB. Damiano said that a half-FTE position for STD control has been budgeted.
Presentation	<p>Rosemary Younts spoke about Dignity Health's clinic contract with The Effort.</p> <p>It's a three-year, \$2.8 M investment to assist The Effort in opening three new health centers in Rancho Cordova, Folsom, and Carmichael/Citrus Heights. Dignity will cede operational authority to The Effort for Mercy Clinic Folsom and White Rock. Mercy Clinic North Highlands will close and patients sent to The Effort's health center across the street.</p> <p>Healthcare reform will make 167K more Sacramento County residents eligible to Medicaid. Over 227K are enrolled in MediCal managed care, and 85K today have no access to health care resources due to lack of providers. Over 35% of emergency department visitors seek basic medical services.</p> <p>Younts said that it was not feasible for Dignity to establish its own Federally Qualified Health Center (FQHC) for two reasons: first, high cost; and second, over 50% of the FQHC advisory board must be stakeholder-patients served by the FQHC. This transfer of services will require the</p>

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	<p>relocation of about 16 FTE employees within the Dignity organization. Dignity's cost for its three clinics ran about \$2.1M/year.</p> <p>Younts said that The Effort was chosen after “an 18-month due diligence study” because it is the “strongest FQHC with clinic locations in different geographic locations.” Primary care providers receive about \$20-30/visit, while FQHCs are reimbursed about \$140-200/visit. By law, FQHCs must see all visitors to its clinics, including undocumented persons. It's expected that an additional 16M persons will be seen by FQHCs in the US, paid by Medicaid under health care reform.</p> <p>While serving about 6K patients/year, Younts said that Dignity's transfer to The Effort is expected to increase patients served at the three clinics to 35K/year, at about 2-3 visits/year. When asked about Dignity turning away indigent patients at the emergency room, Younts and Damiano cited the Emergency Medical Treatment/Active Labor Act (EMTALA), which requires hospital Emergency Departments to see all patients who present with medical emergencies at their doorsteps. Knox-Keene was not discussed. Younts also mentioned that, according to IRS rules, not-for-profit hospitals such as Dignity must provide “community benefit”---although how much is not specified.</p> <p>Younts closed by saying that Dignity hopes to share future electronic medical records with The Effort.</p>
<p>Primary Health Services Division Update</p>	<p>Sandy Damiano, PhD, Deputy Director, deferred her report time to Emergency Medical Services administrator Bruce Wagner.</p> <p>EMS in Sacramento County covers more than most counties, as it includes medical certification oversight for all California State Park Rangers, Highway Patrol, and Cal Fire Firefighters – about 7K personnel. Wagner said the agency also is responsible for the medical performance of local EMS personnel (3K) as well as three local trauma centers. Sacramento County has designated four trauma centers, including UC Davis, Kaiser South, and Mercy San Juan - which will be audited and inspected by national experts next week. Sutter Roseville has also been designated as it receives major trauma victims from the very north part of the County.</p>

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	<p>Funding of EMS is through a fee structure, and no general funds are used. Advisory bodies include medical, operational, and trauma review committees. The Medical Committee advises EMS on the treatment policies, procedures and protocols that govern all local out-of-hospital emergency care. Membership of the medical oversight committee is limited to physicians representing: each hospital in Sacramento County; the Sacramento-El Dorado Medical Society; and, each designated paramedic service provider. The Operational Committee coordinates logistical and administrative issues and is comprised of liaison officers from: each out-of-hospital service provider, each dispatch agency; and each hospital system in the County. The Trauma Committee is comprised of physicians, surgeons, pathologists, and regulatory personnel that review unexpected trauma survivals and deaths. Surgical specialists from adjacent counties (including Placer, El Dorado, San Joaquin, Yolo) regularly attend its quarterly meetings. In 2011, there were over 3,300 major trauma victims admitted in Sacramento County.</p> <p>There were 127K 911 responses in Sacramento County in 2011. EMS is contemplating a new fee schedule proposal for the BOS. Fire services pay \$134K/year for inspection fees, while private ambulance companies pay no fees. The chair asked Wagner if he wants PHAB support for such fees. The EMS administrator said he will get back to the board.</p> <p>The EMS and Trauma plans are updated annually and every five years, respectively. The plans are not online but public documents available through Wagner's office.</p> <p>The chair asked Wagner about emergency services response times. Wagner said that in 1993, the BOS withdrew from the provision of emergency ambulance services and local cities and districts assumed that responsibility. Local cities and districts report that their response time are much better than the state standards of 90% of all calls, 8 minutes and 20 minutes, urban and rural, respectively. Dougherty asked about pass-through funding to hospitals; Wagner said hospitals receive about \$300K/year. Hurlock asked about Automatic External Defibrillators; Wagner said that he reports on use and success annually. Monasky asked about emergency/disaster planning; Wagner said that \$50K was set aside for this purpose. Wagner said that there has been no contact between him and the Disability Advisory Commission.</p>

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	<p>The Medical and Operational Oversight Committees advise the Agency on the EMS treatment policies, procedures and protocols that govern all local out-of-hospital emergency care. The membership of the Medical Oversight Committee is limited to physicians representing: each hospital in Sacramento County; the Sacramento-El Dorado Medical Society; and, each designated paramedic service provider. The Operational Oversight Committee is comprised of EMS Liaison Officers from: each out-of-hospital service provider, each dispatch agency; and each hospital system in the County. In addition, a multi-disciplinary Trauma Review Committee (TRC) reviews trauma care in the region, including unexpected patient survivals and deaths. The TRC is a regionally-based committee comprised of physicians, surgeons, pathologists, and regulatory personnel. Surgical specialists from adjacent counties (Placer, El Dorado, San Joaquin, Yolo) regularly attend the quarterly meetings. In 2011, the four trauma centers designated by Sacramento County admitted over 3,300 major trauma victims to their trauma services.</p> <p><u>Medi-Cal Managed Care Stakeholders Advisory Committee</u> Damiano said that DHHS has held MediCal Managed Care Stakeholder meetings, and focused on Independent Practice Associations (IPAs) at its last meeting in June.</p> <p>Morgan Staines is the PHAB member who will be leaving his co-chair position at the stakeholder sessions due to a conflict of interest with his new job at CA-MRMIB. No replacement is being discussed, although Monasky mentioned that stakeholder-patients have been missing from the meetings. Damiano said that the disability subcommittee was looking into recruiting patient-members. Staines said that such recruitment is “very difficult”.</p> <ul style="list-style-type: none"> ▪ http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-SMMCS-Advisory-Comm-Agenda-Meeting-Miscellaneous.aspx

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Human Services Coordinating Council Update	Monasky discussed the Human Services Coordinating Council's four goals: first, an oversight function of the HSCC with County Planning for sustainable and walkable communities; second, AB 109 equitable distribution of local jail resources to AOD and Mental Health; third, advocacy of disability rights in emergency services plan; fourth, membership and community outreach to solve quorum problems.
Public Comments and Adjournment	Member Peter Simpson closed the meeting with the public comment complaint and question about “realistic expectations” within the public/county clinic referral system. Other clinics and hospitals have sent indigent patients to his needle/HIV program with disinformation that their needs will be met there by medical students. He said that there is a “GOMER” attitude (Get Out of My Emergency Room) by those who make the referrals, and that these patients are being “turfed” (dispossessed in violation of the Knox-Keene Act and perhaps EMTALA).