

Measure A Oversight Committee Meeting Minutes – April 28, 2006 (Revised May 30, 2006)

Attendance:

Appointed members present:

- | | |
|------------------------|---------------------|
| 1. Rich Ambrose | 10. Beth Pollard |
| 2. Ken Ballard | 11. Charlie Ridgell |
| 3. Louis Chicoine | 12. Don Sheppard |
| 4. Brad Cleveland | 13. Ralph Silber |
| 5. Kay Eisenhower | 14. Ronald Tauber |
| 6. Jay Garfinkle, M.D. | 15. Sal Tedesco |
| 7. Arthur Geen | |
| 8. Neil Marks | |
| 9. Larry Platt, M.D. | |

Appointed members absent:

1. Emmett Jones
2. Rachael Kagan
3. Ron Silva

Other attendees:

1. Adimika Arthur, Alameda County Health Care Services Agency
2. Suzanne Barba, League of Women Voters Eden Area
3. Patricia Barrera, Alameda Health Consortium
4. Jennifer Chan, Alameda County Health Care Services Agency
5. Vana Chavez, Alameda County Health Care Services Agency
6. Geoff Dottery, Alameda County Medical Center
7. Ken Gross, Alameda County Administrator's Office
8. Sherry Hirota, Asian Health Services
9. Dave Kears, Alameda County Health Care Services Agency
10. Kathy Lievre, Tri-City Health Center
11. Ophelia Long, Bay Area Consortium for Quality Health Care
12. Steve Manning, Alameda County Auditor Controllers' Office
13. Lara Sim, Supervisor Keith Carson's Officer
14. Patricia Van Hook, Alameda County Medical Center
15. Guest, Daily Planet

II. Review of Minutes (March 24, 2006 Minutes)

- Art Geen motioned to adopt the minutes, motion seconded by Sal Tedesco, motion passed

III. Announcements

- Dave Kears announced that funding recommendations for the Capital RFP were approved by the Board of Supervisors on April 25, 2006. A list of funded agencies will be provided when copies of the Board letter (including the minute order) are distributed to the Committee.

- A presentation summary and feedback form was distributed. Larry Platt, M.D. explained that members could use the form to document their thoughts from the provider presentations (in preparation for compiling the comprehensive report to the Board of Supervisors). Completion of the form is not required. Committee members should submit completed forms to Jennifer Chan to keep them on file.
- Dave Kears announced that Dr. Platt provided the Alameda County Health Committee with an Oversight Committee update on April 10, 2006. Dr. Platt asked the Board if there is a budget for the Committee, including support for the development of the report to the Board of Supervisors. Mr. Kears explained that there is \$200,000 of Measure A funds set aside for administration of the entire fund, including Jennifer Chan's salary. The group decided to discuss report development at a future meeting.
- The committee requested that presenting agencies provide information on the size of their overall budget and the portion of their budget which is Measure A. Jennifer Chan agreed to ask presenting agencies to provide this information.

IV. New Materials

Jennifer Chan presented new binder materials including:

1. Measure A Revenues Received to Date – Section 11
2. Power Point Presentation – Overview of Political Reform Act
3. Spreadsheet – FY 04/05 Distribution of Measure A Funding & Increased Utilization of Community Based Provider Care Network
4. Demographic / Charge / Utilization Analysis
5. Power Point Presentation – Bay Area Consortium for Quality Health Care
6. Power Point Presentation – Alameda Health Consortium

V. Conflict of Interest Code & Political Reform Act – Jason Lauren

Presentation

- Mr. Lauren presented a Power Point presentation on the Political Reform Act
- The Political Reform Act's general rule on conflicts of interest, as applied to the Committee is as follows: If a Measure A Oversight Committee decision would *materially* affect a Member's personal *economic interest* that is *foreseeable* and *distinguishable from the effect on the public generally* then a disqualifying conflict of interest exists. The Member is advised to declare the conflict publicly, have the record reflect the declaration and withdraw from all aspects of the decision in question.
- The Political Reform Act and its implementing regulations are technical. The determination of the existence/non-existence of a disqualifying conflict of interest is very fact specific.
- Each Member is advised to be aware of the Committee's activities while keeping in mind how those activities might affect a personal economic interest.
- It is recommended that technical assistance be sought from the Fair Political Practices Commission and/or personal legal counsel (or affiliated organization's

legal counsel) when a conflict of interest is suspected yet the Member desires to participate rather than disqualify him/herself from participation

- In reference to the “general rule” as stated above, a Committee Member does not have a disqualifying conflict of interest if he/she can establish that the decision will affect him/her in a way that is indistinguishable from the way it affects the public generally. Section 18707 of Title 2 of the California Code of Regulations states the analysis and describes a series of “public generally exceptions.” Among them is Section 18707.4, discussed at the meeting, which provides a “public generally exception” to members of a board or commission who were appointed to represent a specific economic interest. The text of the regulations should be consulted when formulating a conclusion.
- It is common for public officials to exercise caution by withdrawing from participation on matters that in any way affect a personal economic interest even when doing so might not be absolutely necessary.

Other Discussion

- Ralph Silber explained that he submitted his letter of resignation from the Committee to Supervisor Keith Carson due to the potential conflict of interest he may have or appear to have with his association with the Alameda Health Consortium.
- Mr. Lauren apologized to the committee for any confusion his presentations on Conflict of Interest may have caused re: declaration of conflict of interest and personal dismissal from discussions. Mr. Lauren explained that the topic of conflict of interest can very complicated and offered his expertise for any future Oversight Committee meetings.
- Louis Chicoine announced his intention to dismiss himself from discussions that may create or appear to create a conflict of interest as it relates to the Tri City Homeless Coalition
- Jay Garfinkle, M.D. motioned to adopt the Conflict of Interest code and forward it to the Board of Supervisors for formal adoption, motion seconded by Sal Tedesco, Ronald Tauber M.D. abstained from vote, motion passed.

VI. Presentation: Primary Care Clinics

Alameda Health Consortium

Ralph Silber, Executive Director of the Alameda Health Consortium (AHC), gave the presentation for community based health primary care clinics and their 2004-2005 Measure A accomplishments. The following is a summary of that presentation:

AHC, which has a thirty year history, serves as the coordinating body for their member clinics by providing services that include health policy and planning, advocacy, program coordination, training and other forms of technical assistance.

AHC’s member clinics, which are the largest providers of primary care in Alameda County, provide cost-effective services that save money for the health care system, e.g., less visits to the emergency room, serve as a community-based infrastructure prepared to respond to emerging needs, e.g., assisting patients with Medicare Part D

Coverage, exceed national and state benchmarks in the areas of diabetes, asthma and smoking cessation and leverage funds, e.g. for every \$1.00 that the County invests in clinics, an additional \$8.00 dollars are leveraged by clinics. AHC's CBO clinics (8 corporations) operate more than 35 sites in all geographic regions of Alameda County. The clinics together serve nearly 115,000 patients each year (nearly 10% of the population of Alameda County) and provide 490,000 visits per year. The vast majority of patients are low-income and people of color, about half are uninsured and over half speak a language other than English. The clinics' primary goals for Measure A funding are a) maintenance of effort to stabilize clinics and b) expansion of services to the uninsured. The Measure A funding for primary care clinics was allocated directly to the clinics. Key accomplishments include:

- Clinics served 25,400 CMSP patients.
- Clinics provided 70,190 visits to CMSP uninsured patients.
- Clinics saw an increase of 12,527 visits - a 22% increase in CMSP visits - from FY 2003-2004.
- Clinics saw a 17% increase in unduplicated patients in this same time period.
- Clinics exceeded their contractual targets for increased number of visits by 10%.
- Measure A funds have helped with the stabilization of our clinic network by covering financial losses incurred as a result of increased costs of doing business.
- Clinics utilized Measure A Capital funds to enhance/expand clinic facilities.
- Clinics have been able to leverage every dollar of Measure A funds to garner additional funds.

The clinics are on track to exceed the number of new visits they will provide this fiscal year and will work to expand services to more uninsured patients, including specialty care with APMC, while they also work to expand their capacity for primary and preventive care to improve the health of our communities and to reduce the need for more expensive hospital-based services. Mr. Silber concluded his presentation by stating that clinics are ready to use any additional Measure A funds to see more patients and will exceed Alameda County's taxpayers' expectations regarding the measurable benefits of Measure A investments.

Bay Area Consortium for Quality Health Care

Ophelia Long from the Bay Area Consortium for Quality Health Care (BACQHC) presented on the expenditure of FY 04/05 funds. Measure A funds allowed the BACQHC to increase the number of patients served and allowed for the development of a patient follow-up system, which helped to decrease the number of patient no-shows. Measure A funds were also used to purchase software for an electronic medical records system (stage 1 of 3).

The BACQHC objectives for FY 05/06 include:

- continued educational awareness for the un-insured and underinsured through collaboration with Bay Area Black Nurses and 100 Black Men
- continued recruitment of clients with goal to increase new patients by 25%
- completion of the electronic medical records system (stages 2 & 3)

VII. Planning for Presentations at Future Meeting

- The next presentations will be from Non-County Hospitals and Physician Accounts.
- Behavioral Health Care and Public Health will present in June and the Alameda County Medical Center will present in July.
- The Committee would like to add an agenda item to allow time for reflection and discussion of presentations.

VIII. Next Meeting

- May 26, 2006, 9-11:30am
- Art Geen motioned to adjourn the meeting, motion seconded by Louis Chicoine, motion passed