

## MEETING MINUTES

### Westside Healthcare Advisory Task Force

#### Kick Off Meeting v.1

April 26, 2007

7PM – 9PM

Newman City Council Chambers

The meeting came to order and commenced at 7:06pm.

Stanislaus County Supervisor Jim DeMartini (District 5) opened the discussion with brief comments and purpose statement.

All advisory members self introduced.

[See sign in sheet for attendee reference]

Supervisor DeMartini gave a brief presentation (see attachment #2) outlining the purpose and intention of this discussion. DeMartini recognizes that this is a major and significant long term project and one that will take cooperation by and between all participant authorities and jurisdictions.

During and after the presentation – Supervisor DeMartini shared a westside healthcare advisory geographic recommendation. This recommendation includes the entire westside of Stanislaus County and only the City of Gustine as part of Merced County - using the river and highway 140 as natural framing boundary.

After Supervisor DeMartini's opening comments and presentation the meeting was opened for group discussion and comment. Three primary/basic questions were posed to the group:

- Is this concept worthwhile?
- If so, are there representatives missing? Others that should be at this table?
- Is the geographic footprint appropriate?

The advisory addressed via multiple comments that the process was valid and worth pursuing. Several reminded the group that the process had been entertained in the past with no real results.

One member commented on the geographic footprint suggested as starting point – stating that Santa Nella may need to be represented as part of a westside healthcare consortium. The question raised was “Why are we leaving Santa Nella out of the identified area?” There was no further comment on this statement – the statement either did not resonate with the group or was over looked in this early part of the discussion.

- **ACTION ITEM:** Need to affirm with the advisory – what the geographic area for this project/service area.

Comments from several members focused on additional participants. Additional healthcare professionals need to be at this table and part of this discussion. “We need to build a professional relationship with the healthcare profession”

These comments lead to a discussion of policy vs. process.

The general consensus of the workgroup was to begin with a policy stance – set some general parameters for discussion – and then move toward a more specific healthcare process dialogue.

A general comment was made that this workgroup needs to “think forward.” The essence of this statement was that population growth on the westside is an inevitable part of our future and we must project for a future population – not a “today based” population.

The Del Puerto Healthcare District [DPHD] stated that they had completed a strategic planning document/process in 2002 but have experienced difficulty delivering the plan due to funding limitations.

DPHD also stated that early deliverables should be identifying those services that are high priority – then discuss timing and delivery and then phasing and longer-term strategies.

Several commented on the MANY variables at work with this process:

- Cooperation
- Defining westside area/scope
- Identifying phase I / high priority services
- Cost of services and funding strategies
- Business plan for sustainability
- Not to over step ourselves

Comments that followed:

- o Need to take advantage of population base – proximity is key – location will be important
- o The right location will make it easier on physician pool
- o Location needs to allow for seeing out patients
- o Must have client base to support facilities

A major concern discussed was that former facilities have closed due to patient out-migrations. This spurred a very interesting discussion inspired by Dr. Ramos regarding community outreach and perception.

Dr. Ramos suggests a major focus on building perception in the communities. To do this – he suggested offering services – specialists in the community. [The X-Ray example at DPHD – where some imaging is now being offered at DPHD and has been very well received by communities]

Dr. R continued to discuss a non-traditional model of healthcare that is needed on the westside – contrary to the traditional model – where patient gets sick – is seen/treated – improves – this new model is based upon prevention and education. The conversation then went full circle back to the necessity of relationship building as a key component to the preventative healthcare process.

Again – incremental steps were encouraged. Offering clinical services not currently provided in the interim to more advanced future services.

Some conversation of approaching (at some juncture) the Independent Physicians Associations as service model expansion is realized.

Need to find a niche

By doing so – westside will develop a patient/client base.

A sidebar statement about reimbursement then ensued.

There are concerns about cost and loss with WSHCD and ambulance services.

Cities/Jurisdictions need to ultimately assist with leveraging choice with healthcare insurance providers – so that westside employees and clients are not forced by insurance limitations to travel to urban areas for services.

[Facilitator reminded group of primary questions – see above]

One comment regarding nursing programs and nursing practitioners being represented at this forum. Several suggestions that MJC nursing should be asked to participate at some juncture forward.

Another comment about incremental growth – process needs to be small steps forward.

[Facilitator asked how?]

1. Needs assessment in communities  
Need to ask where our efforts should start?  
Building relationships tieback

Comment: “A hospital should be our last step” We need to build a services base and a physician base before we even begin to think about a hospital”

Conversation turned to Crows Landing Air Facility as potential location for 24-hour clinic facilities.

- Positive comments about equi-distance between major westside communities.
- Positive comment about possible county land contribution as financing leverage for early services and clinical support
- Concern about water and on-site water contamination issues
- Positive comments made about general aviation and medi-flight possibilities
- Positive comments made about proximity to I-5
- Concern that businesses at the Crows location will/would need to participate in facilities development

Conversation then focused for some time on first steps of what a westside effort might look like. Many were in agreement that a major first deliverable would be realizing a 24 hour Urgent Care facility on the westside that could serve all the communities discussed in the advisory footprint.

Some discussion and clarification of terms:

Critical care = intensive care services

Acute care = hospital setting 23+ hours of care

Urgent care = clinic/specialty services/in house labs

Comment was made that by providing such a service (urgent care 24 hour facility) that perhaps up to 60% of emergency room visitations would be eliminated – at least those generated toward Emanuel by westside clients.

Sidebar discussion regarding possible pilot programs for allowing ambulance services to be billable (recognized) by insurance carriers when transporting to urgent care facilities in rural/remote areas. [Facilitator unsure if this is an actual pilot program or if this was a suggestion for such a pilot]

- **ACTION ITEM:** Need for clarification on pilot program for ambulance cost recovery to urgent care facilities – ambulance services providers/representatives
- **ACTION ITEM:** DPHD agreed to bring back to the group those numbers of uncompensated care clients that are utilizing the County facilities at Doctor's medical center. These numbers would be very helpful for building a development case and perhaps opening conversations with Doctors regarding 24-hour urgent care on the westside.

Workgroup agreed that the population exists today on the westside to justify a 24-hour urgent care facility. Discussion regarding hospital development reflected a need for private sector value and an approximate 70,000 minimum population base to justify development.

Brief conversation ensued about bond financing and community/public interest in healthcare investment. Councilwoman from Patterson suggested that a “willingness to pay forward for facilities and healthcare services exists” in the community.

Conversation then returned to needs assessment process.

What services are being utilized?

According to DPHD there are data sets available (OSHPD) by zip code and district that can help this workgroup to identify what services are being utilized by westside residents and how often. This information can assist with identifying what services and specialties ought to be sought first and foremost.

- Look at the market – who needs what? [See action item above]
- **ACTION ITEM:** Recommendation to look to other communities/regions that have successfully achieved what we are discussing. County staff to look into other successful regional models. Group would prefer both written and presentation materials – if possible.
- **FUTURE ACTION ITEM:** Develop a survey process:
  1. Inquire to local doctors – What are the prevailing local medical issues?
  2. What specialty services are we lacking that would be utilized locally?
  3. Prioritize those services
  4. Inquire to local ambulance services
  5. Cross reference with DPHD data collection

Other sources of information and best practice may be:

- Northern California Hospital Council
- Rural Association of Hospitals

Comment made that State Senator Denham is very supportive of westside healthcare issues and improvements. Recommendation was made that Supervisor DeMartini schedule a meeting with Senator Denham to discuss the westside healthcare advisory and the task force agenda.

- **ACTION ITEM:** DeMartini to meet with State Senator Denham and staff to discuss the westside healthcare advisory taskforce – vision and process.

Workgroup agreed that next meeting should occur in Patterson.  
The location will be the Patterson Library  
46 N. Salado Ave.,  
Patterson 95363

Meeting date is **Thursday May 31<sup>st</sup> from 7pm – 9pm.**

Meeting reminder and agenda will be distributed one week prior to this meeting.

Meeting was formally adjourned at 9:05 pm