



## MINUTES OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS OF THE EVERGREEN FIRE PROTECTION DISTRICT SEPTEMBER 8, 2015

The regular meeting of the Board of Directors of the Evergreen Fire Protection District was held on September 8, 2015 at the Administration/Training Building, 1802 Bergen Parkway, Evergreen, Colorado.

**MEETING CALLED TO ORDER** Director Kling called the meeting to order at 5:31 pm.

**TIME OF REMEMBRANCE AND REFLECTION:** The pledge of allegiance was recited and a moment of silence was observed.

### **ATTENDANCE**

**DIRECTORS IN ATTENDANCE:** George Kling, David Christensen, Mike Gregory, John Anderson

**DIRECTORS EXCUSED:** Jeff deDisse

**ALSO IN ATTENDANCE:** Connell O'Brien, Mason Duncan, Bill Cronk, Annie Dorchak, Shannon Walters, Bob Walter, Frank Dearborn, Doug Saba, Dave Montesi, John Putt, Mike Weege, and Carol Hucker.

**APPROVAL OF AGENDA:** Accepted as presented.

**PUBLIC COMMENT:** None

### **APPROVAL OF MINUTES:**

- August 11, 2015 Regular Meeting Minutes: Accepted as presented.
- August 21, 2015 Special Board Meeting Minutes: Accepted as presented.

### **PRESENTATIONS:**

- July 2015 Financial Report: Budget is tight as we approach the end of the year. The JCECA reimbursements are being captured. Preliminary budget drafts. The tax projections have been received and show a projected increase of \$320,000. The 2016 budget preparations will be difficult. Director Christensen made a motion to accept and place on file the July 2015 Financial Report; Director Anderson seconded; discussion - Director Christensen thanked Chief Weege for staying under budget; motion carried.

### **DIVISION REPORTS:**

#### **Administration / HR / IT:**

- We are transitioning away from Mountain States Employers Council and their part time Human Resource support. Carol Hucker has accepted the position as HR Generalist/Office Manager. An administrative assistant has been hired and will begin work on September 17<sup>th</sup>.
- The paperwork is underway to allow an additional 20,000 gallons to be installed at the Bear Mountain cistern site. EFR will receive \$62,708 towards this project that would have gone to a separate cistern on that mountain.

#### **Communications:**

- PRO QA – EMD program approved, will begin training late September
- Working with JeffCo to back up power outage for all of our contract communications departments.
- Working with Captain Kleinschmidt to combine EFR evacuation maps with CodeRed evacuation notice system
- MCI training was provided to Indian Hills and an exercise will be held September 19
- Two more part time dispatchers have begun training, Firefighters Gill and Pyburn. Clint Verseman resigned from part time staff.
- August Calls: 2323 = 415; 3411 = 392; 911 = 168

#### **Fire Operations:**

- Four Firefighters were deployed and are back, 3 more have gone out.
- Working on new ground ladders for 6 engines, lighter and more maneuverable.
- Officer Corp Survey underway

#### **Fire Prevention:**

- Health and Safety Day will be Saturday, September 19<sup>th</sup>. Contact Doug or Frank for your volunteer assignment.

- Rezoning proposal for the old Evergreen Academy location into an overnight stay wedding venue for up to 30 people.
- Shelley Hunter has accepted the position of Fire Marshal with Elk Creek Fire. Her last day is Sept. 16<sup>th</sup>. A luncheon will be held at noon on the 16<sup>th</sup>, RSVP to Carol. A letter has been requested from Elk Creek to nullify our contract for prevention services with them.
- 16 School projects completed this summer.

#### **Emergency Medical Services:**

- Atrus has been tested and is up now. Great response. Registering people during recertification.
- Ambulance licensing process
- ICD10 begins October 1<sup>st</sup>: 1,900 codes – 69,000; 3 digit codes – 7; 4 pages of codes 1,500
- Terry recovering from hip replacement/ Jodi returned to duty – thank you for helping out in Admin this summer/ Part time Dave Nieberlien resigned.
- Paramedic Annie Dorchak gave a presentation to the board about Community Health providers under the Affordable Care Act. Please see the attached document detailing the different ways that Medicare will pay entities beginning January 2017. The fee for service method currently in place ends then and we have to transition to a different method. The environment changes to doing what is best for the patient and that may not include transport to a hospital. The new model for EMS will be working to keep patients from returning to the hospital and to not only change the reimbursement model but the care delivery. The future of EMS is nationwide in this model and it fits into the mission/ vision statement of our department for prevention and education of the community. We will need to adopt a model for this district or someone else will come in and do it, pushing us aside and potentially eliminating our ability to collect for Medicaid /Medicare. The goal is the right treatment in the right place with mobile integrated health care. Accountable Care Organizations (ACO) are being formed which share risk by agreements between hospitals, insurance, EMS, hospice, and other health services in the communities. It will take 8 – 15 months to get the planning done and the program in place fully functioning. Insurance companies want to participate because it saves them money to keep people out of the hospital, especially on return visits. A form of this has been in place in Eagle County for 5 years. Director Christensen asked what the next step is. Annie responded that a community health assessment of needs will be compiled in partnership with the community health nurse. Director Christensen asked about a timeline. Bob Walter responded that in January of 2017 we have to be on board with this because that is when all of the funds from Medicare and Medicaid and some of the private insurers will dump into the ACO's and that is how we will get paid. Annie explained that we can't wait to see what happens. We need to position ourselves strategically to participate in ACOs so that we don't get blocked out of the partnerships we need in our district. We need to explore the partnerships available to us and join in several in order to guarantee reimbursement under this new model. Director Christensen asked if they need direction from the board or if this is just informational. Director Kling expressed that we have to decide if we want to go into the Health services district (HSD) business or just run fire call. John Putt offered the perspective that business is volume generated and that we will most likely not have other EMS providers coming in to our district to start CHPs. The conundrum will be where we are going to transport patients under the new model when we are no longer able to just transport to hospitals. Annie noted that Kaiser would be most likely to pick up this service. It was agreed that we need to do a community assessment to determine the need. The Affordable Care Act will dictate what model we have to follow in the near future. The committee reviewing this is meeting multiple times per month to continue researching the topic and will continue to update the board as they gather more information in order for the district to make the choices necessary to be able to budget effectively for this potential change in how health services are provided in Evergreen. (Annie's handout is attached to the minutes.)

#### **Maintenance Division:**

- Apex Pavement Solutions will repave the lot beginning September 15<sup>th</sup>.
- Following an initial pump rebuild, Jefferson Como has committed to using EFR for all their apparatus. As well, North Fork has committed to increasing maintenance due to attrition.
- Contract Maintenance August 2015: 73.25 Hours of labor performed; 49.75 collected

#### **Training/Community Education:**

- A town hall meeting will be held Oct. 20<sup>th</sup> to honor EFR and Sheriff's. All invited.

- Indian Hills will be participating in a live fire training with us this month.
- Fire education for the schools starts in October. Contact Doug to volunteer.
- Training for 2015 through July 31<sup>st</sup> are 5,923.5 hours

**Strategic Planning Implementation:**

- Working on fourth quarter update

**Regionalization Update:**

- Additional funding formulas are being studied for feasibility.
- Shifting focus to build out the first year's budget, organizational chart, an assessment of true costs, revisiting the governance and JCECA funding.
- Schedule a meeting with the JeffCom executive director and the mountain districts board members and chiefs. She will be meeting with John Putt and Chief Weege on September 9<sup>th</sup> and then will do a sit along in our dispatch center.
- New committee formed to start writing Standard Operating Procedures. HR committee meeting twice per month to work through policy recommendations.

**Public News / Announcements:**

- Big Chili September 12th

**SEPTEMBER BOARD MEETING TOPICS:**

Topic	Initiated	Scheduled/ Completed	Recommendations / Actions
Energy Audit	April-14	Sept-15	Update on-going project
Revise Chiefs Review Process	Jun-15	Mar-16	
Budget Committee	Feb-15	TBD	Update quarterly with Financial report from Pinnacle

**UNFINISHED BUSINESS:**

- RFP for Solar Installation update: The RFP was completed and is ready to release for bids. Director Kling asked if it was possible to put all three buildings at Station 2 on one meter. Additional questions were asked about snow weight and coverage in terms of generation. Director Christensen made a motion to approve the RFP for Solar Installation for release; seconded by Director Gregory; motion carried. Director Christensen will continue researching other efficiency measures that can be added to reduce energy usage.
- IGA for Fire Mutual Aid: Director Anderson made a motion to accept the IGA as presented; Director Gregory seconded the motion; the motion carried with 3 votes. Director Christensen was out of the room and not available for the vote.
- 401a Proposal: First Amendment to the 2013 Restatement of the Pension Plan. Dave Montesi presented the amendment for approval by the board. He explained the issues that were raised at the previous meeting. Questions were raised about whether this amendment will be sent to the IRS prior to distribution of the funds. Mr. Montesi and Chief Weege explained the answer from Attorney Kirsten Stewart as she feels confident that it is safe to distribute and that the IRS will be pleased with the resolution that was taken. Director Kling noted that with the distribution it is important to make the employees aware that if the IRS responds unfavorably once they receive the document then the plan will be adjusted to recover the costs to the District. The document has been revised to show that the amount to be distributed has been reduced by the amount of the 2014 forfeitures which the board has requested be returned for application to the 2015 plan expenses and by the anticipated amount of 2015 forfeitures that the Board will request in 2016. Director Anderson questioned a change in the language of section 5.5 regarding break in service and if this is being changed to 500 hours from 750. Dave Montesi will clarify with Attorney Kirsten Stewart. The Board agreed to call a special meeting to finalize this amendment once the question has been answered. (It was determined that the incorrect 401a Pension Plan Bylaws were provided in the packet by the office manager. The current Pension Plan Bylaws state 500 hours. The current Pension Plan has now been provided to the Directors for their future reference.)

**NEW BUSINESS:**

- SDA Manual 2015 Update: The SDA Manual was reviewed in comparison with the 2014 version and changes were passed out to the directors along with a copy of the new manual. No impactful changes to the operation of EFPD were made to the manual. The directors were informed that all email regarding business of the district should be conducted using their district email address as email that is redirected and responded to from personnel email is subject to a public records request.
- IGA for Shared Coverage: This IGA is included under new business for informational purposes tonight. It will be returned at a future meeting for approval.

**BOARD MEMBER COMMENTS:**

Director Christensen: Thrilled to be moving forward with the Solar RFP on a great financial basis.

Director Anderson: Thank you Dave for working on the solar and efficiencies. Thank you to the board and those present for indulging his son this evening as he was working on his merit badge by attending a governmental hearing.

Director Gregory: Thank you firefighters for deploying to other states fires. Requested we keep them in our prayers.

Director Kling: Agreed with Director Gregory. He just drove through areas of this year's fires and that it changes your perspective. He clarified that he asks hard questions in order to drive for the best information.

**MEETING ADJOURNED:** Director Christensen made a motion to adjourn the meeting; seconded by Director Gregory; motion carried. The meeting adjourned at 8:00 pm.

**NEXT MEETING DATES:**

401a Pension Board Meeting October 13, 2015 at 5:00 pm in Training Rooms A & B

Regular District Board Meeting Tuesday, October 13, 2015 at 5:30 pm in Training Rooms A & B

Volunteer Pension Board Meeting Tuesday, October 13, 2015 in Training Rooms A & B immediately following the District Board Meeting.

Respectively Submitted,  
Carol Hucker  
Recording Secretary

## **The Affordable Care Act: Helping Providers Help Patients** *A Menu of Options for Improving Care*

When doctors and other health care providers can work together to coordinate patient care, patients receive higher quality care and we all see lower costs. Thanks to the Affordable Care Act, healthcare providers have a range of ways to partner with the Centers for Medicare & Medicaid Services (CMS) to get new support and resources to do just that. There are options for healthcare providers of all sizes, types, all across the country.

**Partnership for Patients:** CMS has dedicated up to \$1 billion over three years to test care models to reduce hospital-acquired conditions and improve transitions in care. This public-private partnership supports the efforts of physicians, nurses and other clinicians to make care safer and better coordinate patients' transitions from hospitals to other settings. The CMS Innovation Center will aid dissemination of proven methods for dramatically reducing both harm caused in hospitals and preventable hospital readmissions. To date, over 6,000 organizations—including more than 3,000 hospitals—have joined the Partnership for Patients and pledged to support its goals. The partnership has the potential to save 60,000 lives and reduce millions of preventable injuries and complications in patient care over the next three years and save up to \$50 billion over 10 years;

**Bundled Payments for Care Improvement:** The Bundled Payments for Care Improvement initiative seeks to improve patient care by fostering improved coordination through four broadly-defined, patient-centered approaches. Three models involve a retrospective bundled payment arrangement, and one model would pay providers prospectively. Through the Bundled Payments initiative, providers have great flexibility in selecting conditions to bundle, developing the health care delivery structure, and determining how payments will be allocated among participating providers.

**Comprehensive Primary Care Initiative:** This initiative will help primary care practices deliver higher quality, more coordinated and patient-centered care in a handful of selected markets. In addition to regular fee-for-service payments, CMS will pay primary care practices a monthly fee for clinicians to: help patients with serious or chronic diseases follow personalized care plans; give patients 24-hour access to care and health information; deliver preventive care; engage patients and their families in their own care; and to work together with other doctors, including specialists, to provide better coordinated care. Under the initiative, Medicare will work with private and State health insurance plans to offer similar support to primary care practices that better coordinate care for their patients.

### **Federally Qualified Health Center (FQHC) Advanced Primary Care Practice**

**Demonstration:** This demonstration evaluates the impact of advanced primary care practice on improving care, focusing on prevention, and reducing healthcare costs among Medicare beneficiaries served by FQHCs. It will assess the impact that additional support has on FQHCs' ability to transform their practice and become formally recognized as a patient-centered medical home. This demonstration, operated by the CMS Innovation Center in partnership with the Health Resources Services Administration (HRSA), will test the effectiveness of doctors and

other health professionals working in teams to coordinate and improve care for up to 195,000 Medicare patients.

**Medicare Shared Savings Program for Accountable Care Organizations (ACOs):** The Medicare Shared Savings Program will allow providers who voluntarily agree to work together to coordinate care for patients and who meet certain quality standards to share in any savings they achieve for the Medicare program. ACOs which elect to become accountable for shared losses have the opportunity to share in greater savings. ACOs will coordinate and integrate Medicare services, with success being gauged by roughly 30 quality measures organized in four domains. These domains include patient experience, care coordination and patient safety, preventive health and at-risk populations. The higher the quality of care providers deliver, the more shared savings their Accountable Care Organization may earn, provided they also lower growth in health care expenditures.

**Advance Payment Accountable Care Organization Model:** The Advanced Payment model will provide additional support to physician-owned and rural providers participating in the Medicare Shared Savings Program who also would benefit from additional start-up resources to build the necessary infrastructure, such as new staff or information technology systems. The advance payments would be recovered from shared savings achieved by the Accountable Care Organization.

**Pioneer Accountable Care Organization Model:** The Pioneer model is an initiative complementary to the Medicare Shared Savings Program designed for organizations with experience providing integrated care across settings. The Pioneer Model tests a rapid transition to a population-based model of care, and engages other payers in moving toward outcomes-based contracts. The initial group of Pioneer sites, slated to be announced later this year, will be positioned to rapidly demonstrate what can be achieved when we provide highly coordinated care to Medicare fee-for-service beneficiaries.

**Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees:** A longstanding barrier to coordinating care for Medicare-Medicaid enrollees has been the financial misalignment between Medicare and Medicaid. This initiative will test two models – a capitated model and a managed fee-for-service model -- for States to better align the financing of the Medicare and Medicaid programs and integrate primary, acute, behavioral health and long term services and supports for Medicare-Medicaid enrollees. For those States that are interested in testing these two models, CMS is offering streamlined approaches and technical assistance to support necessary planning activities.