Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, August 2, 2017
Victor J. Dirksen Conference Room

Call to Order:
The meeting was called to order at 3:30 by Commissioner Buhler. Present were Commissioners Buhler, Dressler, De Leo, and Ready. Also present were Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, and Alyssa Rodrigues, Administrative Assistant. Commissioner Kolff was excused. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:
Commissioner De Leo made a motion to approve the agenda. Commissioner Dressler seconded.

Commissioner Buhler requested an addition be made to add Administrative Report after OCH update and before Board Reports. Commissioner Buhler requested patient story be removed due to Brandie Manuel, Chief Patient Care Officer being excused.

Commissioner De Leo made a motion to add Administrative Report after OCH update and before Board Reports and removing Patient Story from the agenda due to Brandie Manuel, Chief Patient Care Officer, being excused. Commissioner Ready seconded.
Action: Motion passed unanimously.

Patient Story:
Brandie Manuel, Chief Patient Care Officer, was excused. No patient story.

Minutes:
- July 19 Regular Session minutes

Commissioner Ready made a motion to approve the July 19 Regular Session minutes. Commissioner De Leo seconded.
Action: Motion passed unanimously.

Required Approvals:
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Discussion ensued.

Commissioner Dressler made a motion to approve Medical Staff Credentials/Appointments/Reappointments as presented. Commissioner Ready seconded.
Action: Motion passed unanimously

Commissioner De Leo requested to table the Medical Staff Autopsy Policy until reviewed by risk management. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Discussion ensued.

Olympic Community of Health Update:
Elya Moore, PhD, Executive Director, Olympic Community of Health gave an update.

Discussion ensued.

Administrative Report:
Mike Glenn, CEO gave an Administrative Report.

Discussion ensued.

Board Reports:
Commissioner De Leo expressed his concern about an email correspondence between Commissioners that resulted in a serial meeting. He read the email aloud publicly to stay compliant with the Open Public Meetings Act.

Commissioner Buhler explained she asked MRSC about the email correspondence serial meeting and explained the response she received.

Commissioner Buhler read her reply aloud in regards to the email correspondence since she was unable to do so over email due to the serial meeting.

Commissioner De Leo requested to have the email correspondence attached to minutes.

Discussion ensued.

Conclude:
Commissioner Dressler made a motion to conclude the meeting. Commissioner De Leo seconded the motion.
Action: Motion passed unanimously.

Meeting concluded at 4:54pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

Olympic COMMUNITY of HEALTH

Jefferson Healthcare

Board of Commissioners

August 2, 2017

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What is the Olympic Community of Health?

purpose	vision	mission
to tackle health issues that no single sector or Tribe can tackle alone	a healthier, more equitable three-county region	to solve health problems through collaborative action

Health is local.

Health care is local.

Health care is changing.

It is up to us to find solutions.

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Olympic Community of Health Region Background

	Clallam	Jefferson	Kitsap
Total Population[1]	73,410	31,090	262,590
Median Age[2]	50.1	55.6	39.3
# and % with Medicaid Insurance[3]	20,634 (28%)	7,685 (25%)	53,530 (21%)

1 WA State Office of Financial Management, April 1, 2016
2 US Census American Community Survey, DP05, 2011-2015
3 WA State Health Care Authority, Core Dashboard, CY 2015

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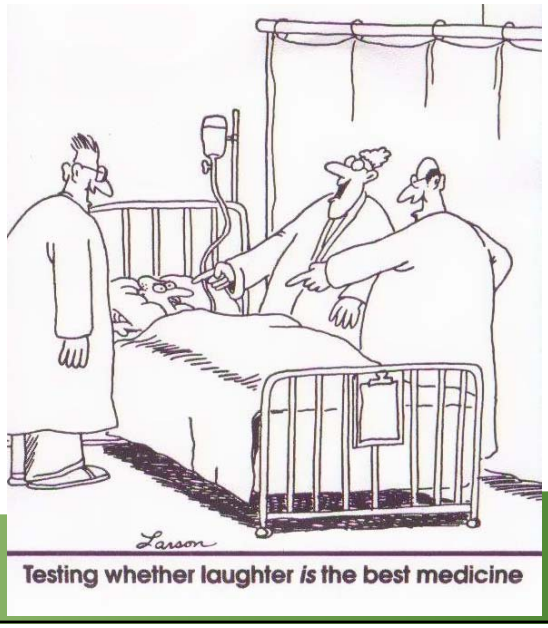
What is the Medicaid Demonstration?



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Reasons for Hospital Engagement

Hospitals have agreed to work together to achieve best possible outcomes for our communities and health care delivery systems

- Strong desire to make health care delivery system improvements
- Goal of hospitals working together in regional planning
- Fear of bad things happening!
- Focus on primary care access and integration with mental health and dental health
- Large Medicaid funding each Hospital currently receives

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Hospitals in Olympic Community of Health

	CHI Harrison	Forks Community Hospital	Jefferson Health Care	Olympic Medical Center
Class	Nonprofit hospital	Critical access hospital	Critical access hospital	Rural hospital
Type	Private	Public hospital district 1	Public hospital district 2	Public hospital district 2
Acute Beds	254 beds	15 beds	25 beds	68 beds
Trauma Center	Level 3	Level 4	Level 4	Level 3
Medicaid Hospitalizations, 2016	1,997	291	252	844

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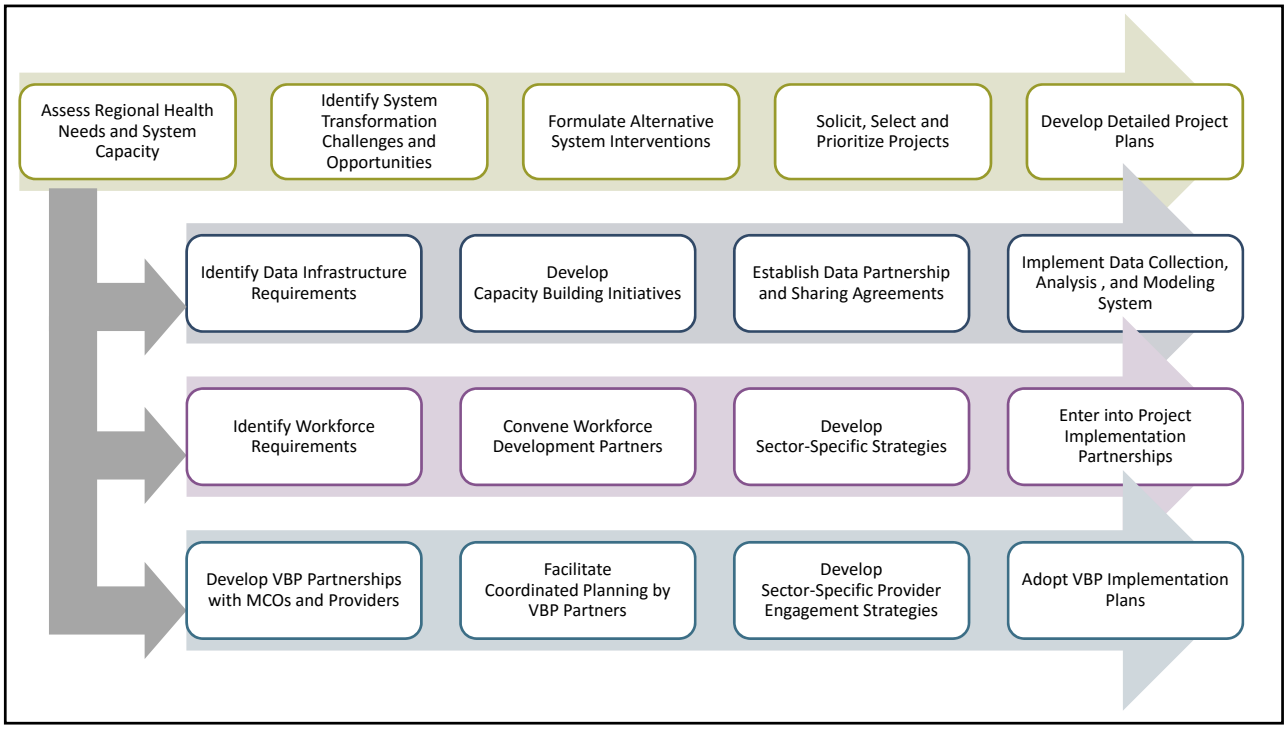

Flagship Projects

- Bi-Directional Integration of Care and Primary Care Transformation
- Addressing the Opioid Crisis
- Chronic Disease Prevention and Control
- Emergency Room Diversion

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Projects still under consideration

- Transitions from jail to care
- Support for low income mothers and babies
- Expansion and integration of oral health services

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Projects requiring more information

- Community paramedicine
- Diversions from jail

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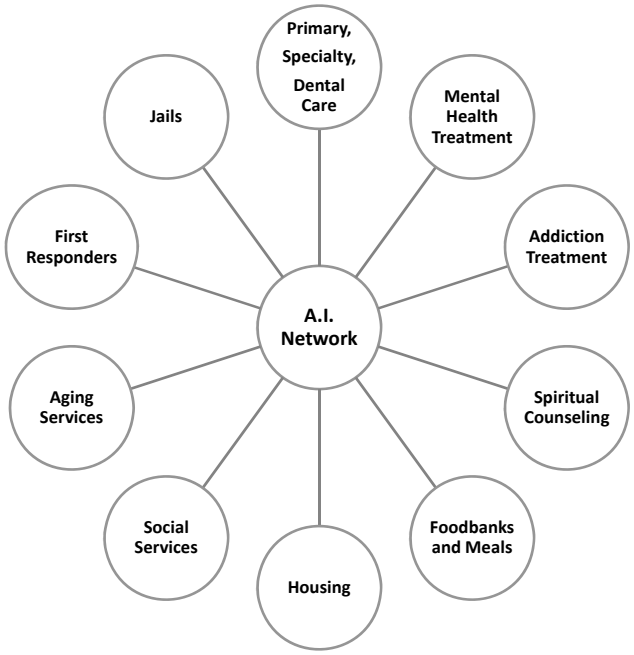
Apple Integrator

- *Integrator*– a coordinating entity at the community level – will ensure coordination and communication across services by engaging partners, recommending policy and practice changes, promoting information exchange, and analyzing data.
- *Network* – an IT care referral system and compliant *cloud network* – such as Amazon AWS or Microsoft Azure - with roles-based access control enabling easy and reliable service and connectivity for all involved.
- A *sentinel* in each partner organization will onboard and route referrals and act as the primary point-of-contact for the integrator.



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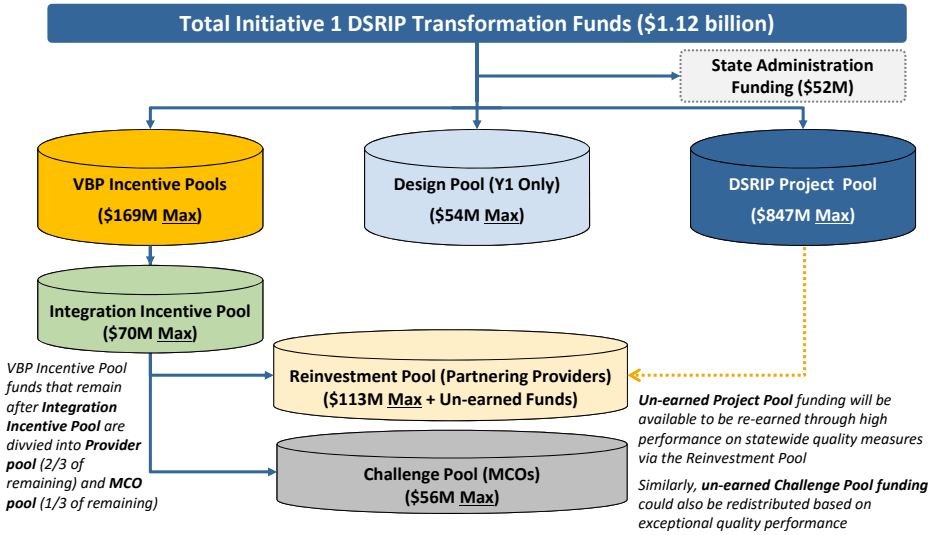
Initiative 1 Funds Will Flow to Participants through Several Distinct "Pools"

12



Source: Working DSRIP Funding and Mechanics Protocol; Special Terms and Conditions; Working HCA and PCG Modeling

Subject to Change: Under Negotiation with CMS

manatt

OCH Maximum Project Funding

Project Weighting	Example OCH Project Funding *					
Project Name	TOTAL	Y1	Y2	Y3	Y4	Y5
Bi-Directional Integration of Care and Primary Care Transformation	**$15,692,308**	$2,547,692	$3,563,077	$3,507,692	$3,249,231	$2,824,615
Transitional Care	**$6,375,000**	$1,035,000	$1,447,500	$1,425,000	$1,320,000	$1,147,500
Diversions Interventions	**$6,375,000**	$1,035,000	$1,447,500	$1,425,000	$1,320,000	$1,147,500
Addressing the Opioid Use Crisis	**$1,961,538**	$318,462	$445,385	$438,462	$406,154	$353,077
Maternal and Child Health	**$2,451,923**	$398,077	$556,731	$548,077	$507,692	$441,346
Access to Oral Health Services	**$1,471,154**	$238,846	$334,038	$328,846	$304,615	$264,808
Chronic Disease Prevention / Control	**$3,923,077**	$636,923	$890,769	$876,923	$812,308	$706,154
STATEWIDE PROJECT POOL FUNDS	**$38,250,000**	**$6,210,000**	**$8,685,000**	**$8,550,000**	**$7,920,000**	**$6,885,000**

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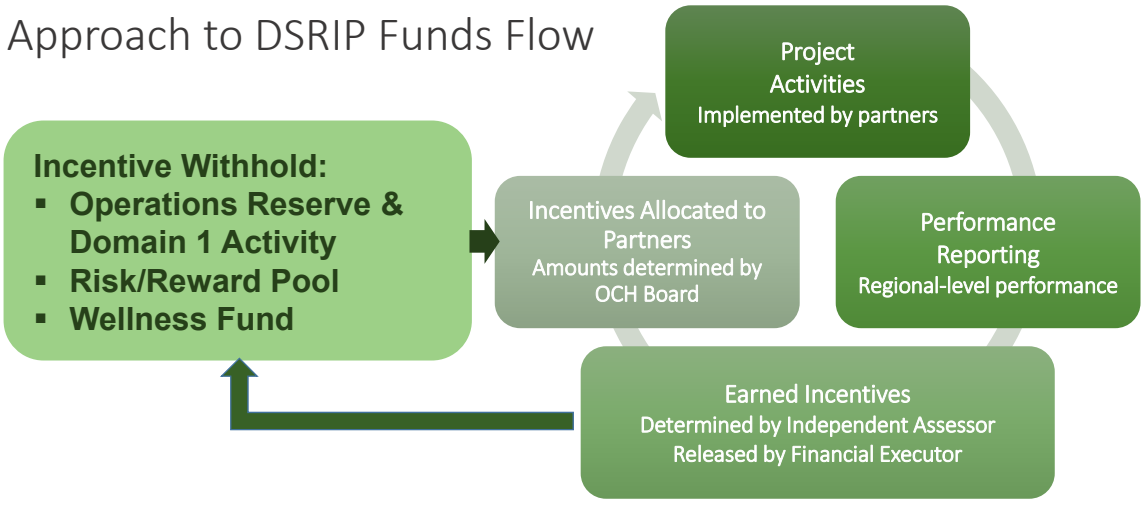
Approach to DSRIP Funds Flow



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Questions

Elya Moore, Executive Director
Mobile: (360) 633-9241
Email: elya@olympicCH.org

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Administrative Report

August 2, 2017

1) Advocacy
2) 340b Program
3) Washington D.C.
4) Olympia
5) Behavioral Health

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Jefferson Healthcare Advocacy Issues/ Concerns Presented to Representative Kilmer

On June 2, 2017

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So we're against AHCA, what are we for?

- Healthcare coverage for all residents of Washington.
- Preserving coverage for individuals, children, and families.
- Funding levels from CMS that maintain coverage, access to care, and does not harm our state's operating budget… and ideally, reward our state (and our county's) efficiencies and lower utilization of healthcare services.
- Maintaining a stable commercial market.
- A slightly tweaked ACA.

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The Usual Suspect Issues

- **Oppose efforts to restrict the 340b drug discount program, support legislation to include orphan drugs and monitor efforts to control high costs for prescription drugs.**
- Enact policies that expand access to high quality medical treatment through telehealth and telemedicine capabilities.
- Oppose reductions to payments to critical access hospitals.
- Remove the 96-hour physician certification requirement as a Medicare condition of payment for critical access hospitals.
- Expand rules allowing Medicare beneficiaries who are seen by mid level practitioners to be attributed to rural accountable care organizations.

340b Program

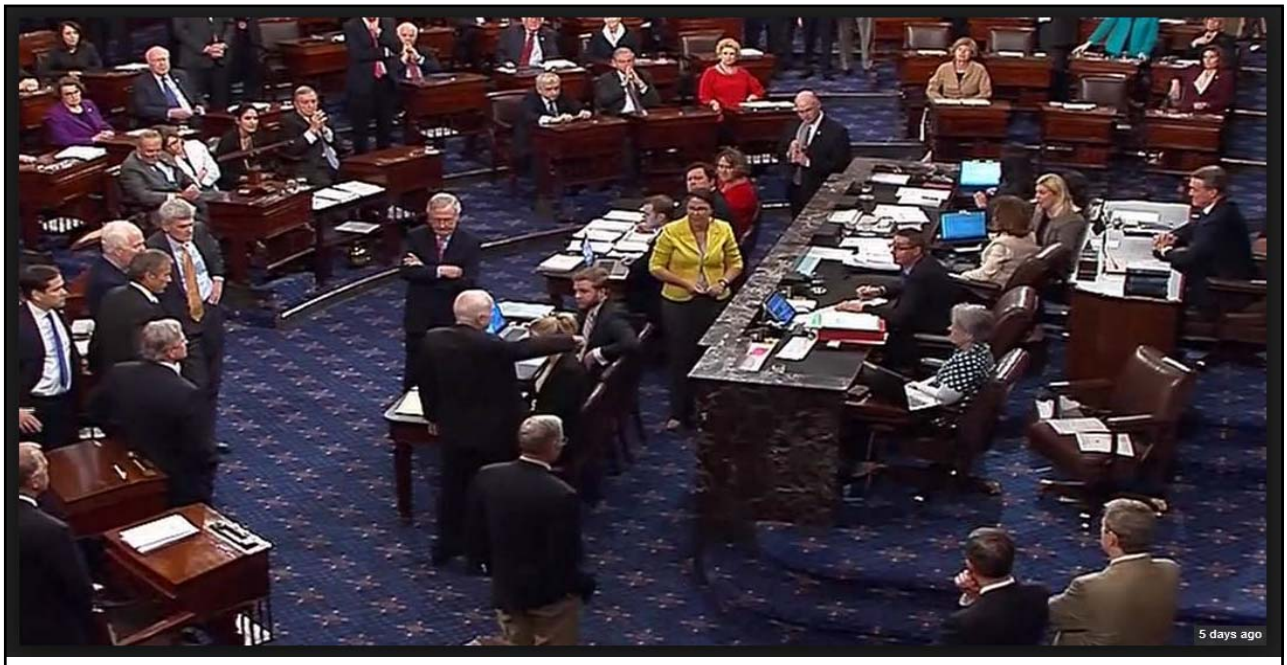
- Current Reimbursement Methodology:

  Average Sales Price + 6%

- Proposed Reimbursement Methodology:

  Average Sales Price – 22.5%

- Effectively stops the benefits/margin from the 340b Program.

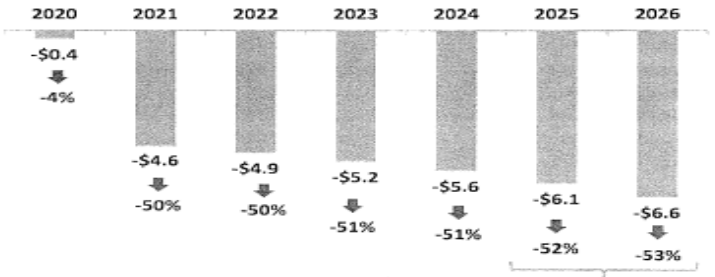


Senator McCain's 33.5 Billion Dollar Vote

Estimated Impact of Expansion *and* Per Capita Cap

The combined impact of elimination of funding for expansion *and* the per capita cap would result in a loss of ***more than half*** of Washington's federal Medicaid funding relative to baseline by FY 2026

Reduction in Federal Funding Due to Expansion Changes *and* Per Capita Cap, FY 2020-2026 (billions and share of baseline)



Total Federal Cut Due to Expansion Changes *and* the Per Capita Cap (FY 2020-2026)

$33.5 billion

The switch to CPI trend rate in 2025 will ***substantially deepen the magnitude of cuts beyond 2026***

Source: Month Medicaid Financing Model

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Update on the Dental Clinic Grant

- According to WSHA insiders, capital budget has been agreed to by all parties.
- Our dental grant is not in jeopardy.
- Governor likely to reconvene legislature in November to force a vote on the capital budget.
- We continue to preliminary plan but will wait until budget is finalized before significant dental planning work begins.

Update on Discovery Behavioral Health

- Exciting progress being made.
- Meeting with DBH board and operations leaders tomorrow.
- Working on finalizing framework of an agreement.
- Will provide detailed update at 8/16 meeting.

Questions & Comments

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