

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, August 16, 2017
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:30pm by Commissioner Buhler. Present were Commissioners Buhler, Dressler, De Leo, Kolff, and Ready. Also present were Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Brandie Manuel, Chief Patient Care Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Caitlin Harrison, Chief Human Resources Officer, Jackie Mossakowki, Executive Director, Nursing Services, Joe Mattern, MD, Chief Medical Officer, Kent Smith, DO, Medical Staff Director, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Kolff made a motion to approve the agenda. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Employee and Team of the Quarter:

Mike Glenn, CEO and Caitlin Harrison, CHRO introduced Employee of the Quarter, Mike Shaw and Team of the Quarter, Rehab Department.

Patient Story:

Brandie Manuel, Chief Patient Care Officer, explained some of the work that has happened at Jefferson Healthcare to improve access to primary Care and transitions of care since 2015 and shared a positive patient outcome from the work that has derived from the improved processes.

Minutes:

- August 2 Regular Session minutes

Commissioner Dressler made a motion to approve the August 2 Regular Session Minutes. Commissioner Ready seconded.

Action: Motion passed unanimously.

Required Approvals:

- July Warrants and Adjustments
- Resolution 2017-35 Cancel Warrants

Commissioner Dressler made a motion to approve July Warrants and Adjustment and Resolution 2017-35 Cancel Warrants as presented. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

JeffCo Aquatic Coalition: Jean Baldwin and Janis Fidler, JeffCo Aquatic Coalition Board Members presented a thank you from the Second Sunday Adult Swims and explained what they do and the increase of participation that they have seen at the pool. Jean Baldwin explained the health benefits of swimming and shared a story of a swimmer that goes to the pool.

Discussion ensued.

Get with the Guidelines, Stroke Gold Plus Quality Achievement Award:

Elizabeth Peterson, American Heart Association, Regional Director, Quality and Systems Improvement presented the American Heart Association, American Stroke Association, Get with the Guidelines, Stroke Gold Plus Award, and described what the achievement means.

**Jefferson County Proposition 1: Creating the Home Opportunity Fund
Presentation to the Jefferson County Public Hospital District No. 2 Board of
Commissioners:** No Action Requested

Bruce Cowan and Deborah Pederson, Citizens Committee, presented, explained, and asked for the support of the Jefferson County Public Hospital District #2 Commissioners for the Jefferson County Proposition 1: Creating the Home Opportunity Fund through passing Resolution 2017-36.

Discussion ensued.

Public comment:

Public comment was made.

Financial Report: Hilary Whittington, Chief Administrative Officer /Chief Financial Officer, presented the July financial report and Charge Comparison Review.

Discussion ensued.

Administrator's Report: Mike Glenn, Chief Executive Officer, gave his administrator's report regarding a Behavioral Health Update.

Discussion ensued.

Lisa Holt, Chief Ancillary and Specialty Services Officer gave a presentation on the Anti-Coagulation Services Update.

Discussion ensued.

Lisa Holt, Chief Ancillary and Specialty Services Officer announced that Jefferson Healthcare received a three year accreditation with commendation and earned the

highest level of commendation that they can give in the first year of accreditation. She read aloud a few comments from the email received from the Commission on Cancer.

Chief Medical Officer Report: Joe Mattern, MD, Chief Medical Officer gave an update on the Accountable Care Organization Update.

Discussion ensued.

Board Reports:

Commissioner Kolff read aloud an email that Mark Secord sent to Citizens for Healthcare Access Group regarding Delta Dentals network bylaws and the importance of voting no on the bylaw changes that eliminates all funding for Delta Dentals Arcora Foundation. Commissioner Kolff mentioned this foundation does good work for supporting access to dental care and improving oral health statewide. There is a call for the public to contact your dentist and spread the message “Please vote no on the proposed changes to Delta Dentals bylaws by submitting your proxy by August 25, preserve the important charitable work that Deltas foundation does to improve oral healthcare.”

Discussion ensued.

Commissioner Buhler distributed the July 20, 2017 Jefferson County Board of Health Minutes.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded the motion.

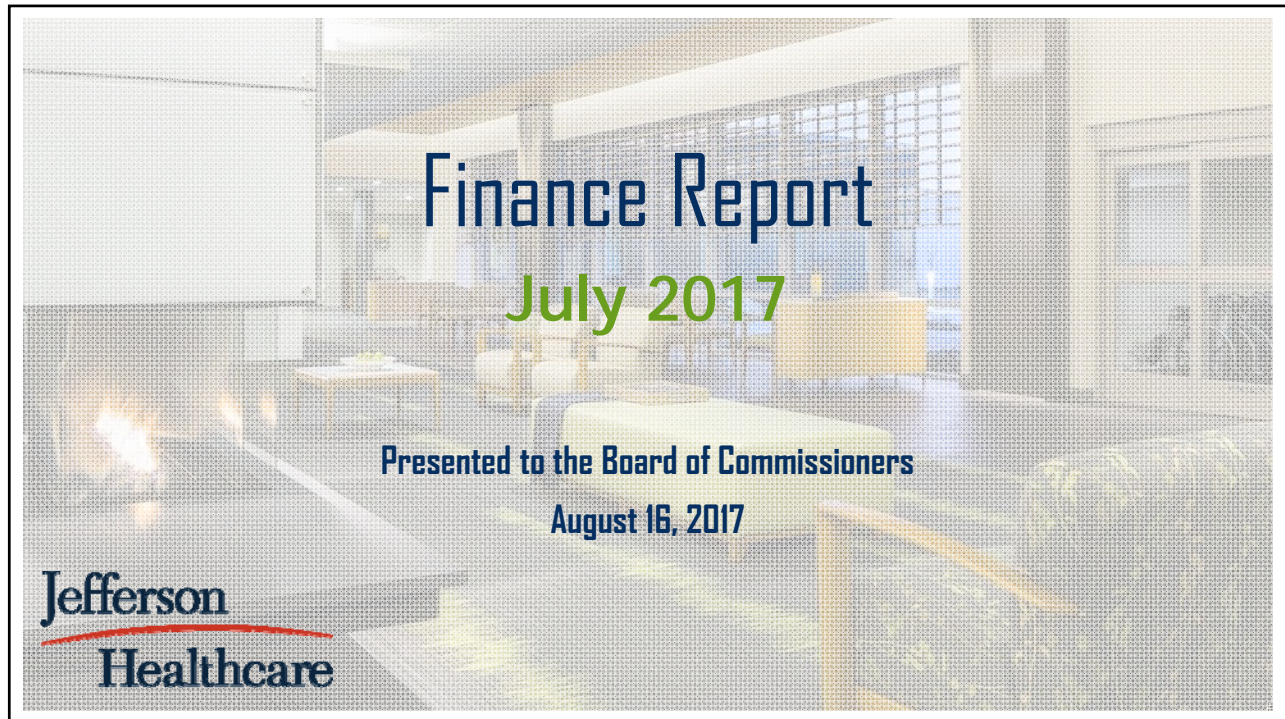
Action: Motion passed unanimously.

Meeting concluded at 6:41pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____



Finance Report: Agenda

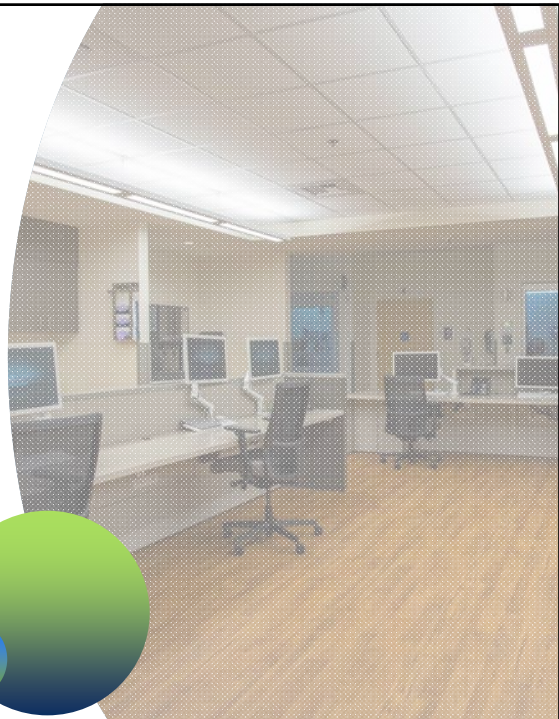
Overview of July

- July's performance
- Monthly Service Line Highlight: Pharmacy
- Cash management

August preview

Knowledge Sharing: Budget Process

Charge comparison review: Process



OVERVIEW OF JULY

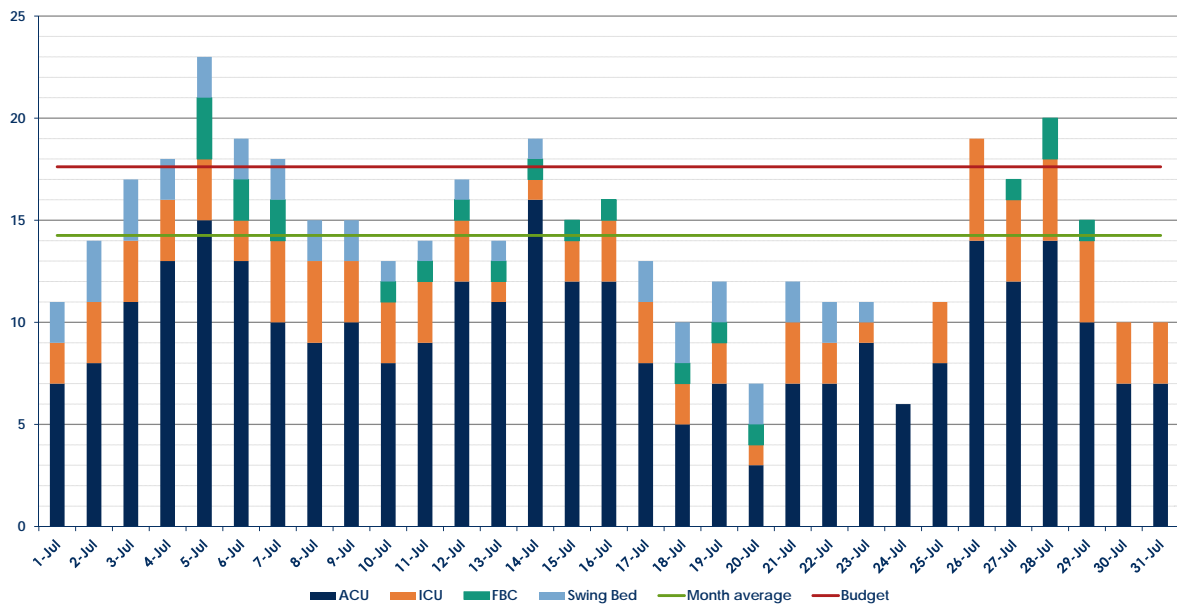
Generally a budget-neutral month for standard operations

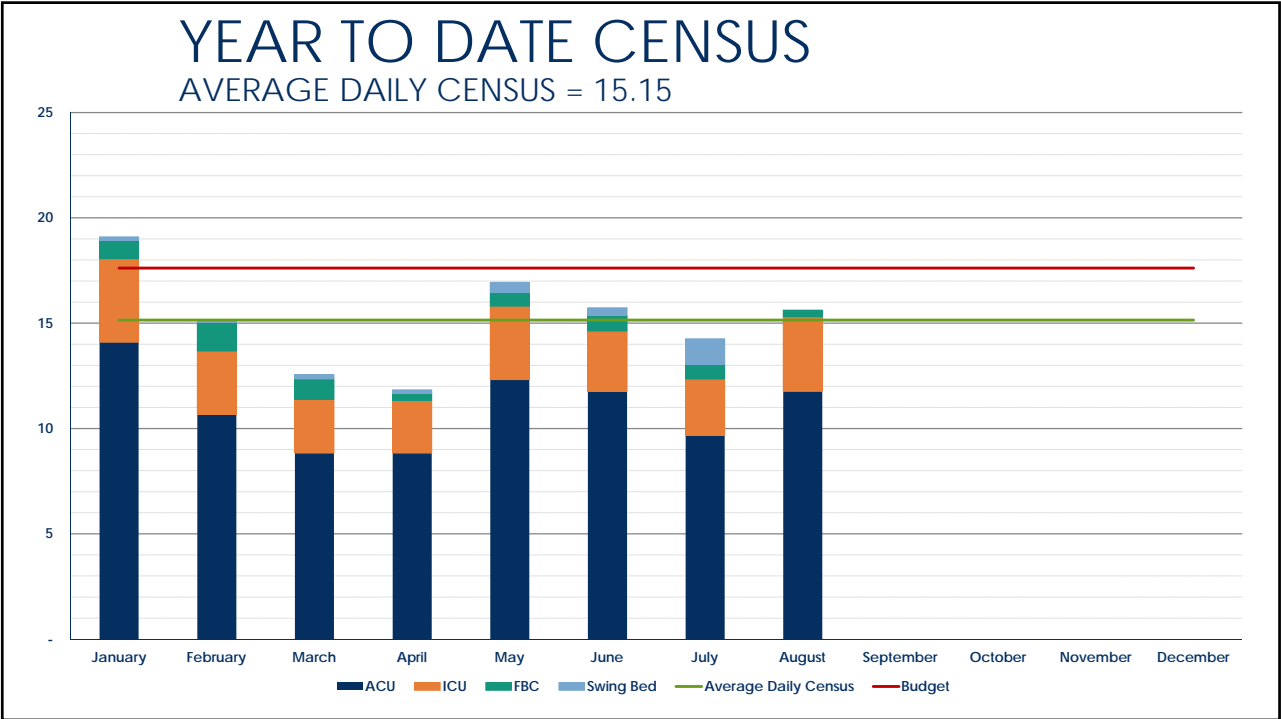
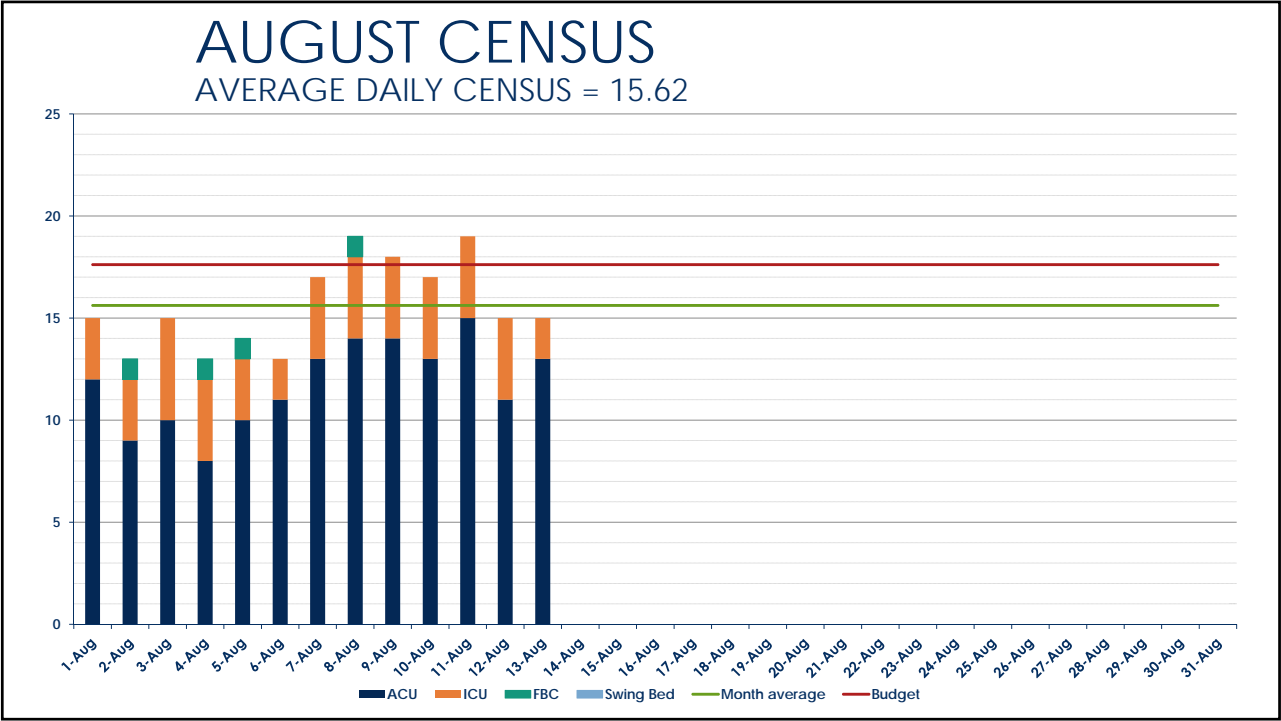
Received meaningful use revenue of \$136k

We continue to close the gap for year to date budgeted change in net position

JULY CENSUS

AVERAGE DAILY CENSUS = 14.26





OPERATING STATISTICS

JULY 2017

STATISTIC DESCRIPTION	JULY BUDGET	JULY ACTUAL	QUANTITY VARIANCE	% VARIANCE
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	82	88	6	7%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	316	327	11	3%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	59	30	(29)	-49%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	458	445	(13)	-3%
BIRTHS	9	15	6	67%
SURGERY MINUTES (IN OR)	8,563	10,230	1,667	19%
SPECIAL PROCEDURE CASES	127	64	(63)	-50%
RECOVERY MINUTES	6,738	3,325	(3,413)	-51%
LAB BILLABLE TESTS	17,306	16,162	(1,144)	-7%
TOTAL BLOOD BANK UNITS MATCHED	47	37	(10)	-21%
TOTAL RADIOLOGY TESTS	1,438	1,247	(191)	-13%
MRIs COMPLETED	165	138	(27)	-16%
CT SCANS COMPLETED	375	388	13	3%
ULTRASOUNDS COMPLETED	261	243	(18)	-7%
NUC MED TESTS	39	15	(24)	-62%
TOTAL DIAGNOSTIC IMAGING TESTS	2,278	2,031	(247)	-11%

OPERATING STATISTICS

JULY 2017

STATISTIC DESCRIPTION	JULY BUDGET	JULY ACTUAL	QUANTITY VARIANCE	% VARIANCE
TOTAL PHARMACY UNITS	11,280	22,439	11,159	99%
TOTAL RESPIRATORY THERAPY PROCEDURES	2,897	2,551	(346)	-12%
ER CENSUS	1,021	1,139	118	12%
SOCO PATIENT VISITS (ENCOUNTERS)	177	110	(67)	-38%
JHPC & JMPG PATIENT VISITS (ENCOUNTERS)	2,564	2,046	(518)	-20%
JHFM PATIENT VISITS (ENCOUNTERS)	1,287	993	(294)	-23%
JHIM PATIENT VISITS (ENCOUNTERS)	607	546	(61)	-10%
TOTAL RURAL HEALTH CLINIC VISITS	4,635	3,695	(940)	-20%
JHPLC PATIENT VISITS (ENCOUNTERS)	475	355	(120)	-25%
GEN SURG PATIENT VISITS	350	243	(107)	-31%
ORTHO PATIENT VISITS	1,042	704	(338)	-32%
INFUSION CENTER VISITS	469	546	77	16%
WOUND CARE VISITS	313	259	(54)	-17%
ONCOLOGY VISITS	395	307	(88)	-22%
ANTI COAG VISITS	552	494	(58)	-11%
SLEEP CLINIC VISITS	212	150	(62)	-29%
CARDIOLOGY CLINIC	205	102	(103)	-50%
WOMENS CLINIC	149	178	29	20%

JULY REVENUES AND ADJUSTMENTS

	July 2017 Actual	July 2017 Budget	Variance Favorable/ (Unfavorable)	%	July 2017 YTD	July 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2016 YTD
Gross Revenue									
Inpatient Revenue	3,793,944	3,440,801	353,143	10%	27,240,752	23,530,633	3,710,119	16%	19,370,974
Outpatient Revenue	13,516,046	14,416,995	(900,949)	-6%	93,081,595	98,593,616	(5,512,021)	-6%	79,910,784
Total Gross Revenue	17,309,990	17,857,796	(547,806)	-3%	120,322,347	122,124,249	(1,801,902)	-1%	99,281,758
Revenue Adjustments									
Cost Adjustment Medicaid	1,614,182	2,191,686	577,504	26%	11,539,334	14,988,299	3,448,965	23%	11,684,521
Cost Adjustment Medicare	5,957,982	5,885,349	(72,633)	-1%	42,761,464	40,248,182	(2,513,282)	-6%	32,230,903
Charity Care	119,320	111,704	(7,616)	-7%	603,626	763,908	160,282	21%	589,548
Contractual Allowances Other	1,220,009	1,251,241	31,232	2%	8,958,924	8,556,871	(402,054)	-5%	6,838,297
Administrative Adjustments	44,948	20,121	(24,827)	-123%	261,338	137,600	(123,738)	-90%	116,393
Adjust Bad Debt	482,614	264,920	(217,694)	-82%	1,947,869	1,811,711	(136,157)	-8%	1,616,424
Total Revenue Adjustments	9,439,055	9,725,020	285,966	3%	66,072,555	66,506,571	434,016	1%	53,076,087
Net Patient Service Revenue	7,870,935	8,132,776	(261,841)	-3%	54,249,792	55,617,678	(1,367,886)	-2%	46,205,672
Other Revenue									
340B Revenue	306,365	260,239	46,126	18%	1,960,870	1,779,696	181,175	10%	1,860,499
Meaningful Use Ehr Incentive	136,000	3,397	132,603	3903%	136,784	23,233	113,551	489%	21,250
Other Operating Revenue	243,245	112,961	130,284	115%	952,260	772,510	179,750	23%	585,560
Total Operating Revenues	8,556,546	8,509,373	47,172	1%	57,299,707	58,193,117	(893,410)	-2%	48,672,981

JULY EXPENSES, NONOPERATING ACTIVITIES, AND CHANGE IN NET POSITION

	July 2017 Actual	July 2017 Budget	Variance Favorable/ (Unfavorable)	%	July 2017 YTD	July 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2016 YTD
Operating Expenses									
Salaries And Wages	4,022,818	4,211,112	188,294	4%	27,973,242	28,798,564	825,322	3%	23,525,393
Employee Benefits	1,055,179	1,040,237	(14,942)	-1%	7,126,842	7,113,873	(12,968)	0%	5,715,103
Professional Fees	445,796	290,474	(155,322)	-53%	2,905,531	1,986,468	(919,063)	-46%	2,189,227
Purchased Services	523,723	539,994	16,271	3%	3,561,726	3,692,859	131,133	4%	3,296,334
Supplies	1,286,206	1,212,418	(73,788)	-6%	8,720,150	8,291,372	(428,778)	-5%	6,901,596
Insurance	46,290	57,753	11,463	20%	338,221	394,959	56,738	14%	384,974
Leases And Rentals	100,914	147,734	46,820	32%	789,860	1,010,310	220,451	22%	813,161
Depreciation And Amortization	355,115	312,906	(42,209)	-13%	2,462,636	2,139,872	(322,764)	-15%	2,287,359
Repairs And Maintenance	55,591	77,228	21,638	28%	327,244	528,141	200,897	38%	369,719
Utilities	68,770	78,128	9,358	12%	561,278	534,292	(26,986)	-5%	449,917
Licenses And Taxes	36,976	46,565	9,589	21%	360,924	318,444	(42,481)	-13%	365,764
Other	92,249	174,830	82,581	47%	895,301	1,195,612	300,312	25%	997,799
Total Operating Expenses	8,089,628	8,189,379	99,751	1%	56,022,956	56,004,767	(18,189)	0%	47,296,347
Operating Income (Loss)	466,918	319,995	146,924	46%	1,276,751	2,188,350	(911,599)	-42%	1,376,634
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	15,333	17,156	(1,824)	-11%	115,660	117,326	(1,666)	-1%	101,149
Taxation For Debt Service	20,280	19,003	1,277	7%	128,758	129,959	(1,201)	-1%	148,003
Investment Income	(8,514)	6,582	(15,096)	-229%	96,422	45,014	51,408	114%	56,419
Interest Expense	(96,233)	(85,615)	(10,618)	-12%	(352,712)	(585,499)	232,787	40%	(317,317)
Bond Issuance Costs	-	(12,740)	12,740	100%	-	(87,123)	87,123	100%	-
Gain or (Loss) on Disposed Asset	(8,316)	-	(8,316)	0%	2,634	0	2,634	0%	46,749
Contributions	12,980	11,890	1,089	9%	328,252	81,315	246,937	304%	15,931
Total Non Operating Revenues (Expenses)	(64,472)	(43,723)	(20,749)	-47%	319,013	(299,009)	618,022	207%	50,935
Change in Net Position (Loss)	402,447	276,272	126,175	46%	1,595,764	1,889,341	(293,577)	-16%	1,427,569

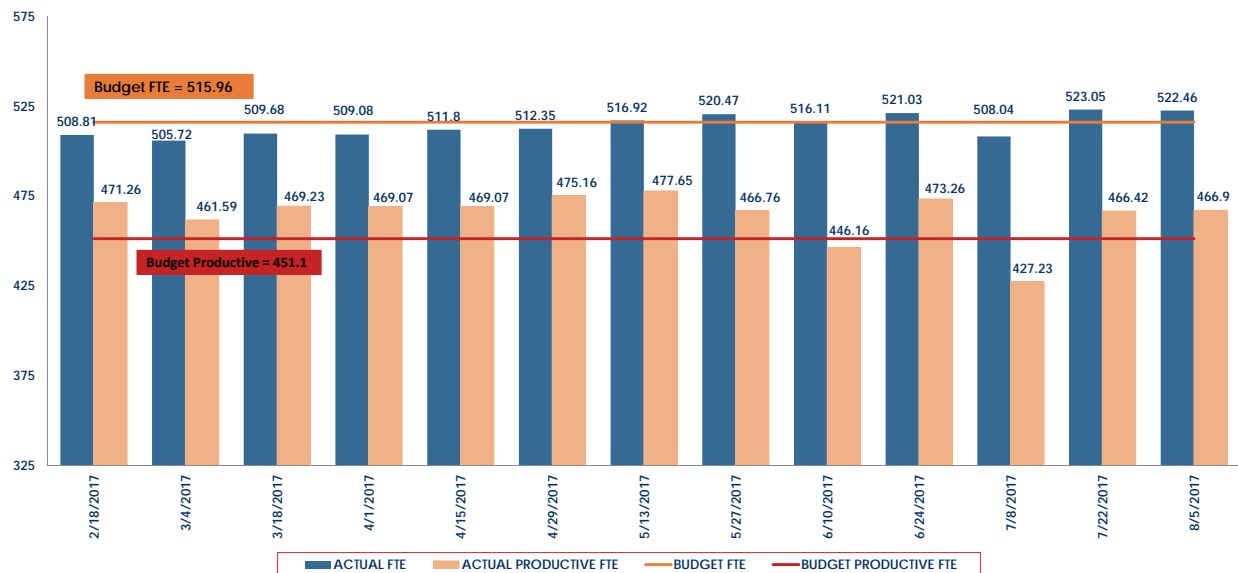
FINANCIAL SNAPSHOT

JULY, MONTH AND YEAR TO DATE

	July 2017 Actual	July 2017 Budget	Variance Favorable/ (Unfavorable)	%	July 2017 YTD	July 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2016 YTD
Operating Margin	5.5%	3.8%	1.7%	45.1%	2.2%	3.8%	-1.53%	-40.7%	2.8%
Total margin	4.7%	3.2%	1.5%	44.9%	2.8%	3.2%	-0.46%	-14.2%	2.9%
Inpatient gross revenue	3,793,944	3,440,801	353,143	10.3%	27,240,752	23,530,633	3,710,119	15.8%	19,370,974
Outpatient gross revenue	13,516,046	14,416,995	(900,949)	-6.2%	93,081,595	98,593,616	(5,512,021)	-5.6%	79,910,784
Net patient revenue	7,870,935	8,132,776	(261,841)	-3.2%	54,249,792	55,617,678	(1,367,886)	-2.5%	46,205,672
Deductions as a % of gross revenue	-54.5%	-54.5%	-0.1%	-0.1%	-54.9%	-54.5%	-0.45%	-0.8%	-53.5%
Charity as a % of gross revenue	-0.7%	-0.6%	-0.1%	-10.2%	-0.5%	-0.6%	0.12%	19.8%	-0.6%
Bad Debt as a % of gross revenue	-2.8%	-1.5%	-1.3%	-87.9%	-1.6%	-1.5%	-0.14%	-9.1%	-1.6%
Salaries & Benefits as a % of net pt. service rev.	-64.5%	-64.6%	0.1%	0.1%	-64.7%	-64.6%	-0.13%	-0.2%	-63.3%

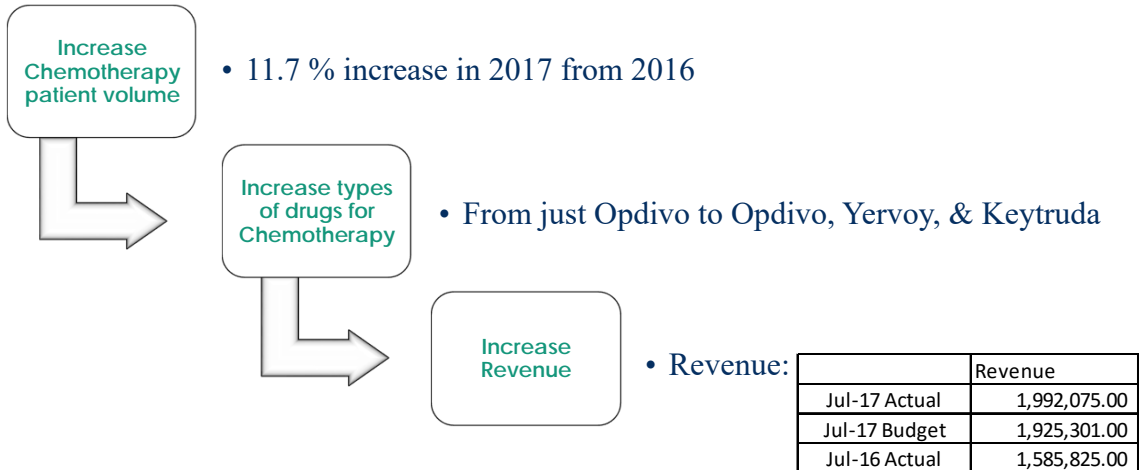
JULY

FTE TRENDS

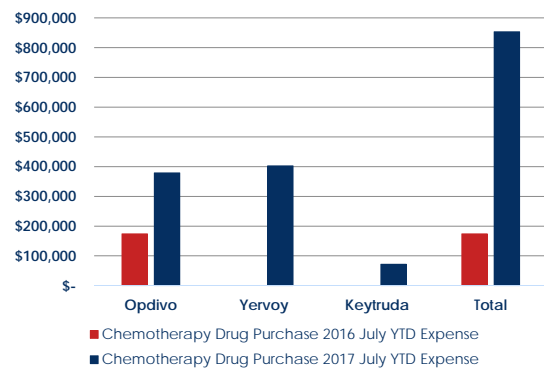
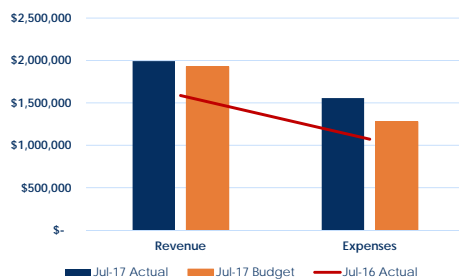


July's Monthly Service Line Highlight

Pharmacy



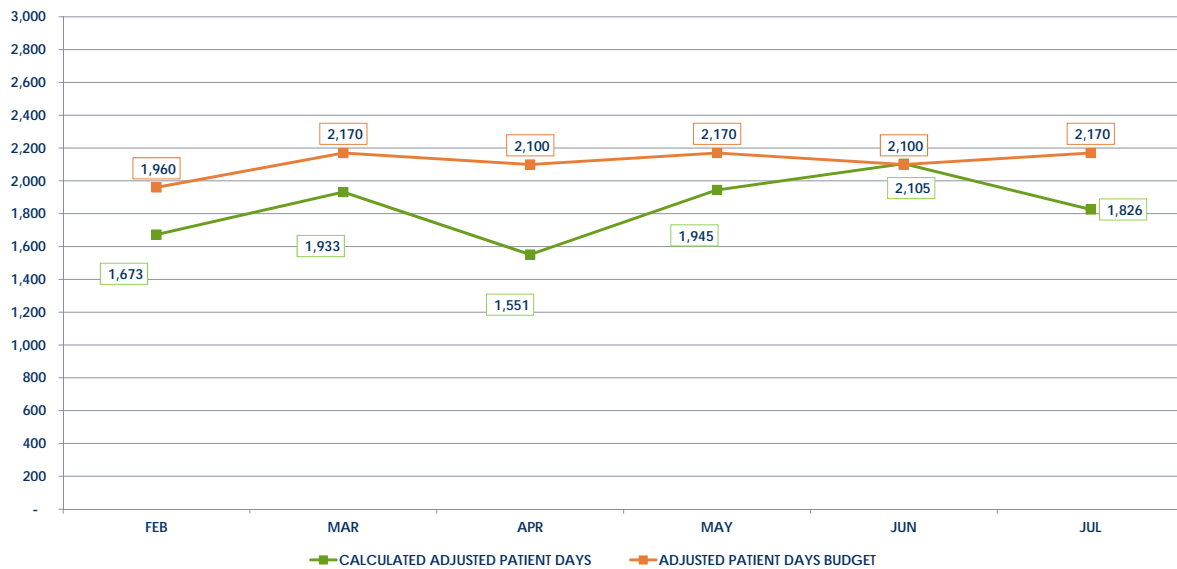
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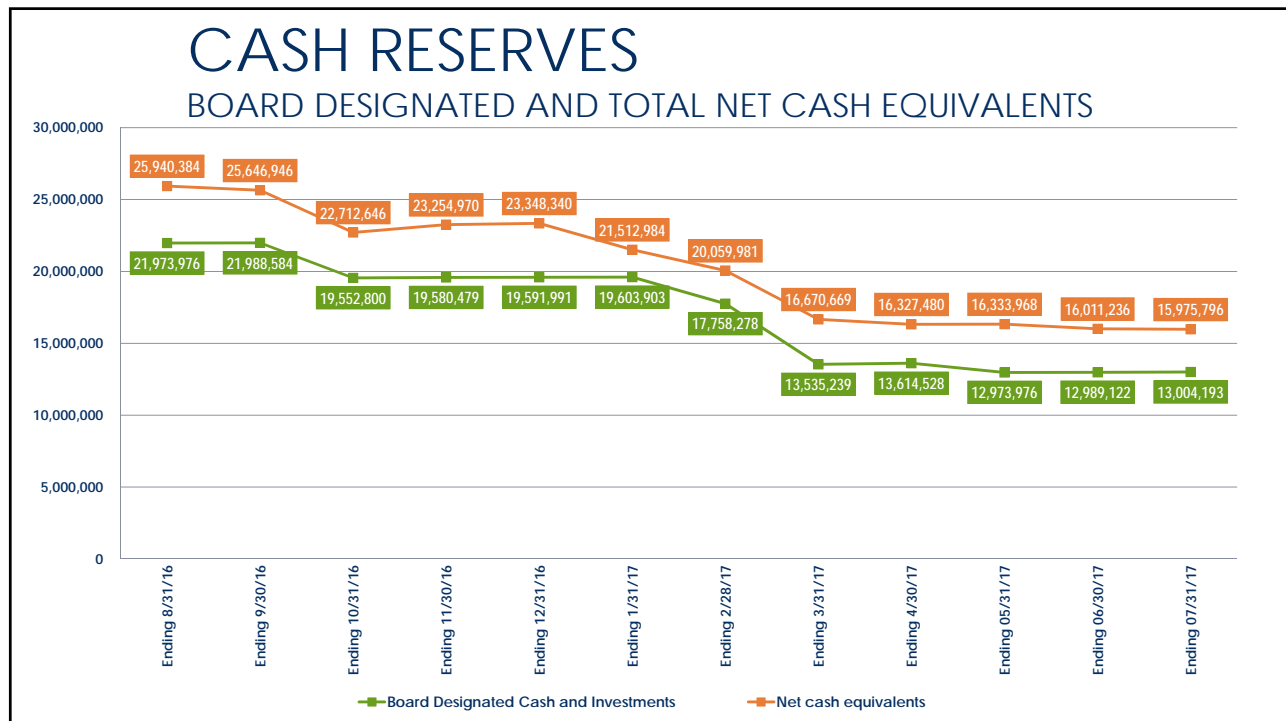
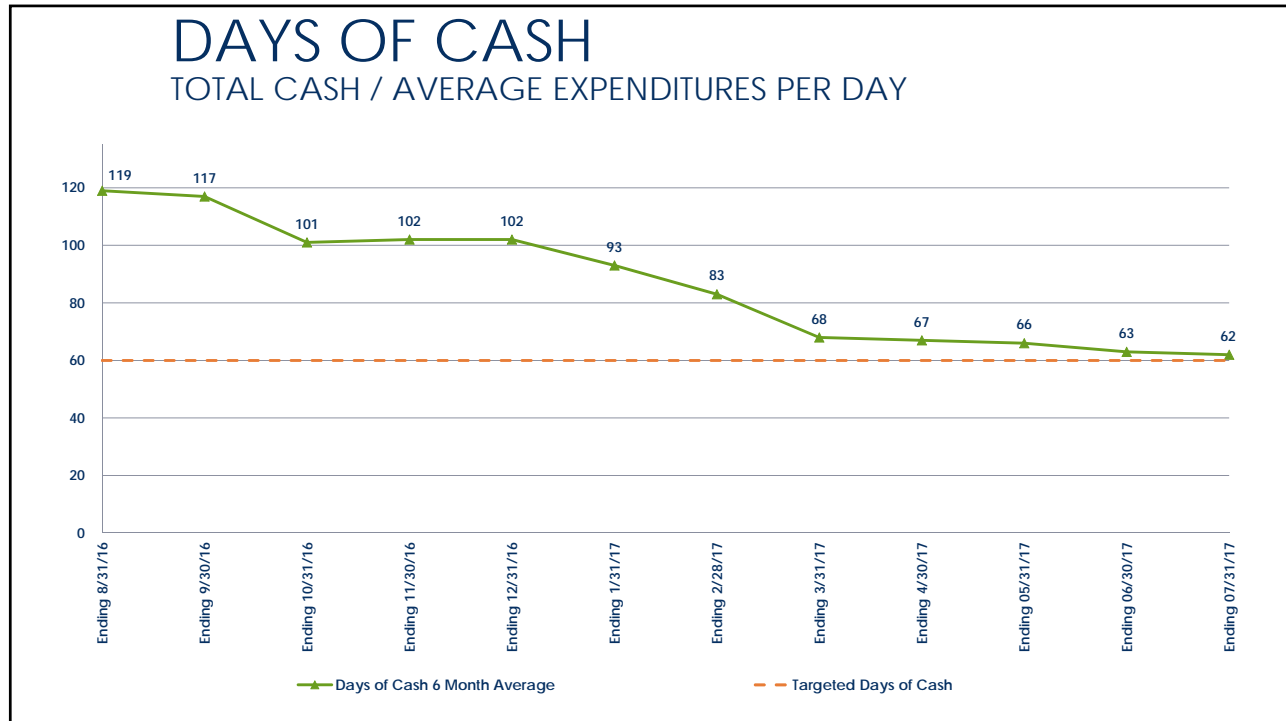


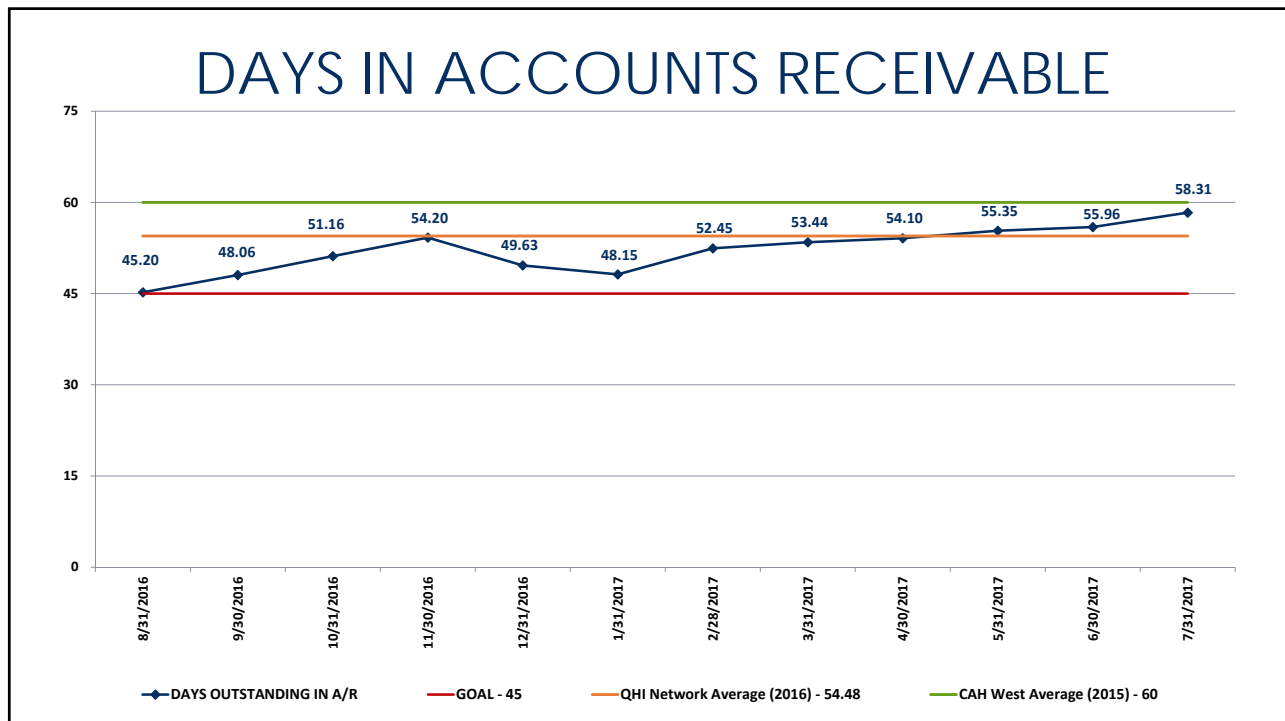
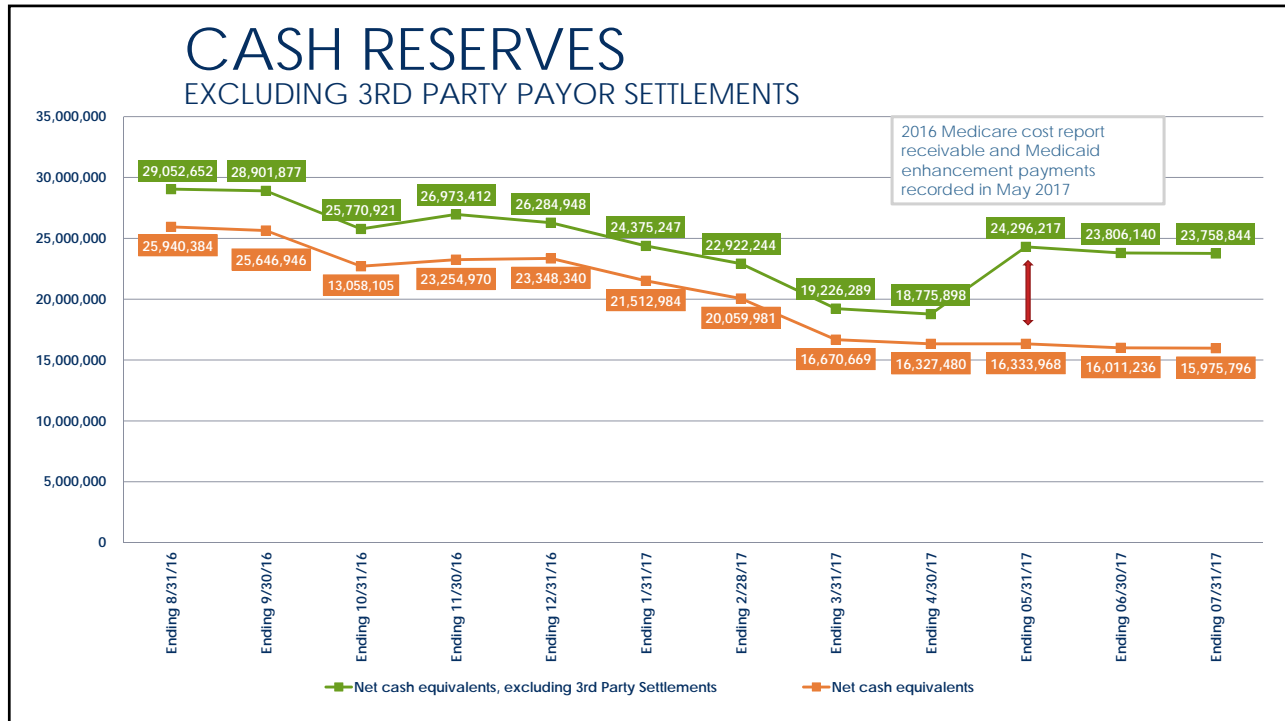
Pharmacy



JULY ADJUSTED PATIENT DAYS







2017 BOARD BUDGET

Department				July				YTD		YTD
Department	Description	Rev/Exp	Account	Account Description	July	Budget	Variance	YTD Actual	Budget	Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	5,940.00	4,647.00	1,293.00	32,845.00	31,783.00	1,062.00
			602300	CONSULT MNGMT FEE	-	-	-	-	-	-
			602500	AUDIT FEES	-	2,973.00	(2,973.00)	30,982.00	20,329.00	10,653.00
			604200	CATERING	65.00	99.00	(34.00)	1,108.00	676.00	432.00
			604500	OFFICE SUPPLIES	-	-	-	128.00	-	128.00
			604800	MINOR EQUIPMENT	-	-	-	-	-	-
			604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
			604900	OTHER NON-MEDICAL SUPPLIES	-	-	-	3.00	-	3.00
			606500	OTHER PURCHASED SERVICES	-	849.00	(849.00)	930.00	5,808.00	(4,878.00)
			608100	LEASES/RENTALS-BUILDINGS	-	-	-	-	-	-
			608200	LEASES/RENTALS - EQUIPMENT	-	-	-	74.00	-	74.00
			609200	LICENSE LICENSES AND TAXES	-	-	-	-	-	-
			609400	TRAVEL/MEETINGS/TRAINING	4,912.00	1,699.00	3,213.00	7,717.00	11,616.00	(3,899.00)
			609900	MISC OTHER EXP	-	-	-	-	-	-
	BOARD Total				10,917.00	10,267.00	650.00	73,787.00	70,212.00	3,575.00
Grand Total					10,917.00	10,267.00	650.00	73,787.00	70,212.00	3,575.00

AUGUST PREVIEW

REVENUES

\$17,690,000 in HB charges

Average: \$571,000/day (HB only)

Budget: \$560,500/day

\$8,020,000 in HB cash collections

Average: \$233,000/day (HB only)

Goal: \$255,000/day

Knowledge sharing: The Budget Process

Week	Task
Week of July 24-28	Finance distributes budget packets to leaders via email Leader meetings about budget workbooks
Between packet delivery and budget meeting	Director/SLG members work together to create a draft budget
August 7-Sept 22:	Budget meetings with directors & supervisors
September 15:	Capital and project packets due to Elaina Harland, including competitive quotes
September 18- Sept 29:	The Equipment Acquisition Team will review all requests and invite leaders to explain the items requested
September 25:	Finance will begin compiling all information into a facility-wide budget. We will be communicating with each department as we see department budgets or expense/revenue line items that need to be reviewed in more detail/adjusted.
October 3:	Capital assets & projects rodeo
Week of October 9:	Finance will review the budget with SLG and communicate with leaders about any suggested changes
Week of October 16:	SLG finalizes operating and capital budget
October 26:	Present budget to the board as a "budget workshop" – special meeting
November 15:	Operating and capital budgets presented at the regularly scheduled board meeting
Early December:	Operating and capital budget packets delivered to leaders

Knowledge Sharing : Budget process... What's new?

- all electronic budget packets
- leader training sessions
- in-depth budget meeting with the board (special meeting) in late October
- budget hearing at 3rd November meeting (typically 1st)



Charge comparison review.



CHARGE COMPARISON REVIEW

Prepared for:

Jefferson Healthcare

June 2017

Contracted with Independent Healthcare Consultants (Mark Hollan) from North Dakota to review our pricing and charges.

The feedback (line by line pricing review) shows just how complex pricing is, state (and nation) wide.

Understanding the environment.

The results are all over the board.

And it is clear that other hospitals struggle to anchor to market based pricing as much as we do (which means the market is always moving.)

Areas of focus:

- Seattle market
- Harrison
- Olympic

RURAL WASHINGTON

ATTACHMENT 3	FACILITY COMPARISONS – SEATTLE
ATTACHMENT 4	FACILITY COMPARISONS – HARRISON MEDICAL CENTER - BREMERTON
ATTACHMENT 5	FACILITY CHARGES – No CPT or HCPCS CODES
ATTACHMENT 6	PROFESSIONAL COMPARISONS – BELLEVUE, KENT AND KIRKLAND
ATTACHMENT 7	PROFESSIONAL COMPARISONS – SEATTLE

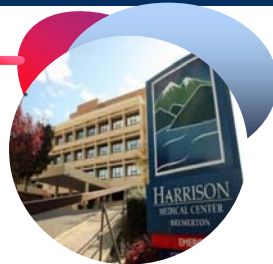
6,793 lines of pricing, in summary:



Rural hospitals

Generally, we are on the higher end of rural hospital charges, though our wages are higher than almost all rural WA hospitals. Seattle is higher too. Harrison is much higher.

The population of hospitals to compare ourselves to on the specialty clinic side since is limited as our service lines are wider than most rural hospitals.



Harrison Medical Center

Charges are generally higher than both the rural WA charges and the Seattle area charges.

We are generally priced below Harrison, with a few exceptions.



Seattle Area

JH pricing is more in line with the Seattle market.

Seattle prices are aggressive for outpatient services and higher for inpatient and less-elective procedures.



Olympic Medical Center

OMC traditionally has low prices, though we are still in the analysis phase to understand how our prices compare, line by line. Their rate increases have fluctuated in the last few years.

How we measure up.

(DMC's comparison is still in the works)

	Current Charges as a % of 50th Percentile Rural Washington Charges	Current Charges as a % of 50th Percentile Seattle Area Charges	Current Charges as a % of Harrison Medical Center Charges
Laboratory	110%	125%	87%
Blood Bank	106%	122%	95%
EKG	96%	83%	56%
MRI	117%	134%	168%
CT Scan	123%	129%	97%
Radiology	131%	123%	113%
Echo	107%	83%	46%
Ultrasound	129%	129%	192%
Mammography	88%	78%	79%
Nuclear Medicine	132%	102%	178%
Respiratory Therapy	145%	123%	107%
Pulmonary Rehab	110%	126%	110%
Physical Therapy	100%	84%	71%
Occupational Therapy	116%	98%	116%
Speech Therapy	99%	80%	66%
Emergency Room (Visits)	144%	85%	61%
Emergency Room (Other)	118%	89%	71%
Sleep Study	59%	59%	34%
Cardiac Rehab	83%	62%	91%
Diabetic Education	139%	91%	87%
Other Outpatient Services	185%	125%	108%
	Green	30	6 of which are in rural Washington
	Red	33	15 of which are in rural Washington

Assumption that Seattle prices have increased 3% from 2016 - this is lower than average.

What happens now?



Hide in a room and crunch numbers.

Analyzing the data, line by line, will take a couple of weeks. We are working to convert OMC's pricing from 2 years ago into current rates.



Review the strategy.

Considering where we want to be closer to Seattle, Harrison, OMC or rural WA.



Rinse and repeat.

Rebalancing pricing is going to be an art. We will know more when we see the analysis.



Develop an implementation plan.

Rebalancing pricing is going to be an art. We will know more when the analysis is complete.

Procedure	Unit	Procedure	Unit	Code	Current	2 Month	3 Month	6 Month	12 Month	24 Month	36 Month	48 Month	60 Month	72 Month	84 Month	96 Month	108 Month	120 Month	132 Month	144 Month	156 Month	168 Month	180 Month	192 Month	204 Month	216 Month	228 Month	240 Month	252 Month	264 Month	276 Month	288 Month	300 Month	312 Month	324 Month	336 Month	348 Month	360 Month	372 Month	384 Month	396 Month	408 Month	420 Month	432 Month	444 Month	456 Month	468 Month	480 Month	492 Month	504 Month	516 Month	528 Month	540 Month	552 Month	564 Month	576 Month	588 Month	600 Month	612 Month	624 Month	636 Month	648 Month	660 Month	672 Month	684 Month	696 Month	708 Month	720 Month	732 Month	744 Month	756 Month	768 Month	780 Month	792 Month	804 Month	816 Month	828 Month	840 Month	852 Month	864 Month	876 Month	888 Month	900 Month	912 Month	924 Month	936 Month	948 Month	960 Month	972 Month	984 Month	996 Month	1008 Month	1020 Month	1032 Month	1044 Month	1056 Month	1068 Month	1080 Month	1092 Month	1104 Month	1116 Month	1128 Month	1140 Month	1152 Month	1164 Month	1176 Month	1188 Month	1200 Month	1212 Month	1224 Month	1236 Month	1248 Month	1260 Month	1272 Month	1284 Month	1296 Month	1308 Month	1320 Month	1332 Month	1344 Month	1356 Month	1368 Month	1380 Month	1392 Month	1404 Month	1416 Month	1428 Month	1440 Month	1452 Month	1464 Month	1476 Month	1488 Month	1500 Month	1512 Month	1524 Month	1536 Month	1548 Month	1560 Month	1572 Month	1584 Month	1596 Month	1608 Month	1620 Month	1632 Month	1644 Month	1656 Month	1668 Month	1680 Month	1692 Month	1704 Month	1716 Month	1728 Month	1740 Month	1752 Month	1764 Month	1776 Month	1788 Month	1800 Month	1812 Month	1824 Month	1836 Month	1848 Month	1860 Month	1872 Month	1884 Month	1896 Month	1908 Month	1920 Month	1932 Month	1944 Month	1956 Month	1968 Month	1980 Month	1992 Month	2004 Month	2016 Month	2028 Month	2040 Month	2052 Month	2064 Month	2076 Month	2088 Month	2100 Month	2112 Month	2124 Month	2136 Month	2148 Month	2160 Month	2172 Month	2184 Month	2196 Month	2208 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Macbook

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Thank you.

Any questions or comments?

Discovery Behavioral Healthcare and Jefferson Healthcare Affiliation: Update

August 16, 2017

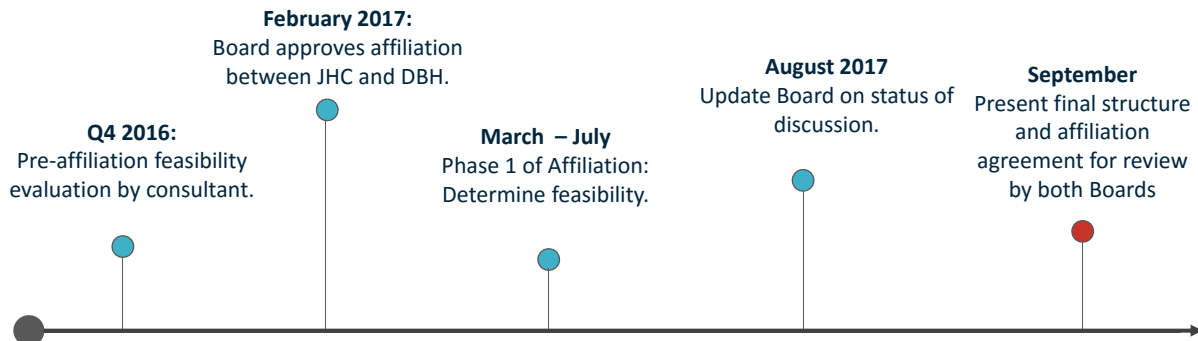
Jefferson
Healthcare

live here. thrive here.

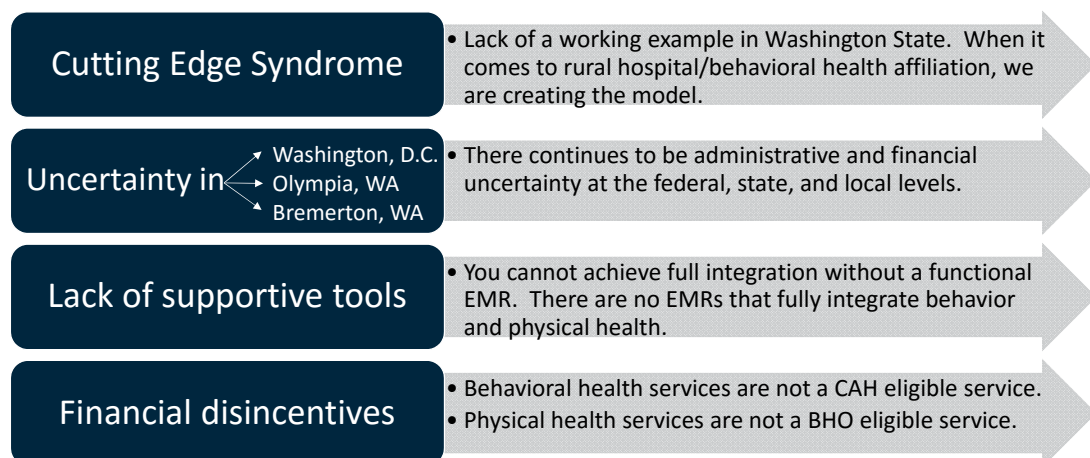
After five months of review and due diligence by staff from Discovery Behavioral Healthcare and Jefferson Healthcare, we have identified and reached consensus on a framework of an agreement.

The agreement framework will allow for integration of both clinical and administrative functions and continue to expand and ultimately improve the quality, scope and scale of behavioral health services in our community.

Behavioral Health Affiliation Timeline



Barriers to Full Acquisition



Dedication to continued integration

What are we doing now, and how will we expand upon this model?

Staffing	Shared psychiatrist position between Jefferson Healthcare and Discovery Behavioral Healthcare (Dr. Sue Ehrlich).
	Shared psychiatric ARNP with substance use expertise (Alethea Fournier).
	Contracted with InSight, a national telepsych provider, to provide 24/7 psychiatric consultation and medical management.
Primary Care Clinics	Integration of LCSWs into our rural health clinics.
	Social workers provide individual therapy and are engaged in case conferences with primary care providers.
Inpatient and Emergency Department	Emergency department safe rooms designed in the ED upgrade.
	Inpatient psychiatric bed developed that meets all requirements for psych inpatient.
EMR	Extended electronic medical record access to key Discovery Behavioral Healthcare staff to improve inter-agency communication.
	Working with partners to understand the behavioral health module that Epic is developing.

*Goals for integration:***Community-Level Service Line for Behavioral Health Care**

- Align administrative structures to integrate strategies across organizations.
- Add new clinical resources in both primary care and the behavioral healthcare clinics.
- Introduce chemical dependency services in Jefferson Healthcare clinics.
- Improve health outcomes with better population health management tools.
- Position for changes in the external environment.

Discussion

ANTI-COAGULATION

THE PATH TO POINT OF CARE



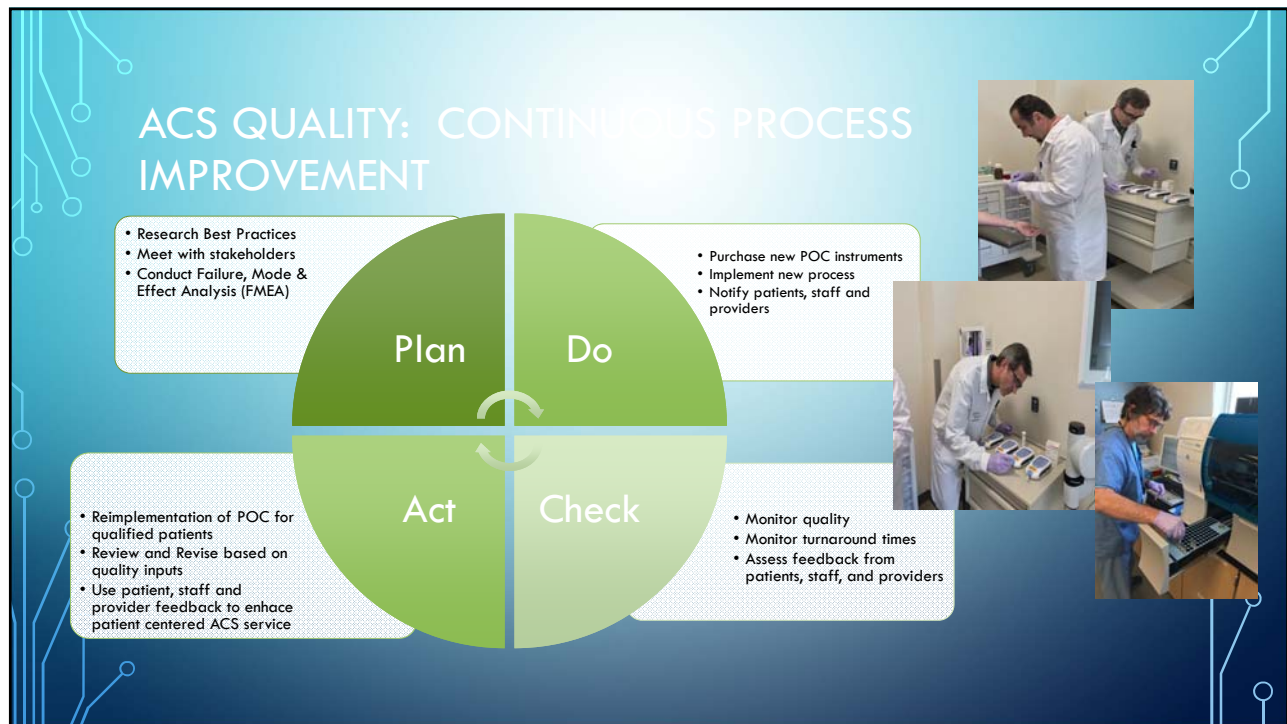
THE PATH TO POINT OF CARE

- Last October we discontinued our point of care/finger stick blood draw option.
- This decision was made out of an abundance of caution when we became aware of potential reliability concerns related to the existing finger stick machines.
- After careful and thoughtful consideration from medical staff leadership and input from ACS patients, we have developed a newly revised system.



WHAT'S NEXT?

- Communicating changes through ACS patient letter and meetings in the community (dates and locations to be finalized this week)
- Beginning validation of the instruments during some patient's regularly scheduled/planned ACS lab draws week of 8/21
- Introduce POC testing for appropriate patients in mid-September (as determined by manufacturer specifications and evidence based practice)



ACO Update

June 2017

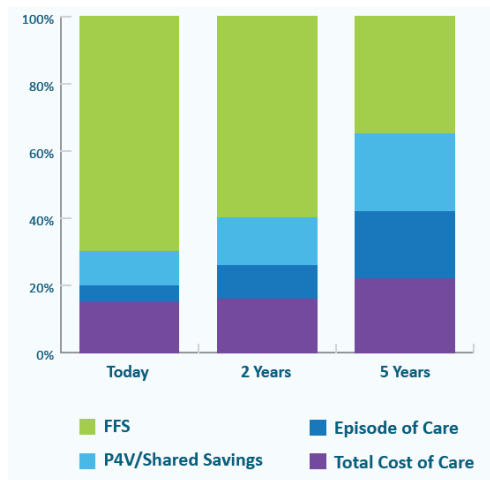


Medicare Shared Savings Program

RockyMountainACO.com

Value-Based is Here to Stay

Projected Source of Revenue



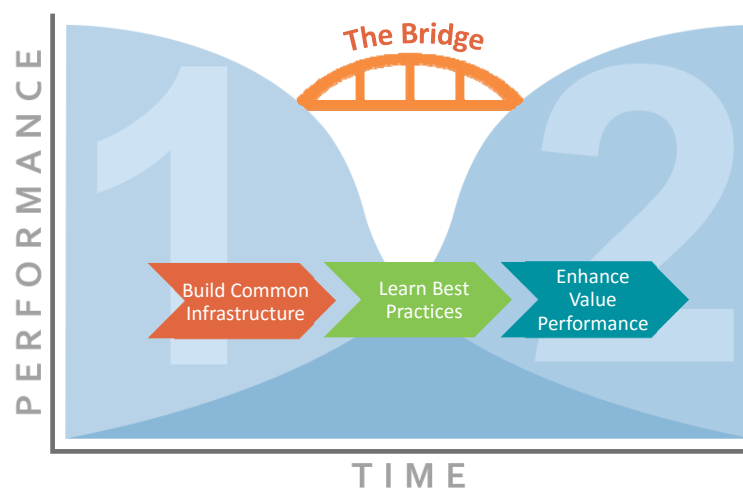
Providers anticipate approximately **70%** of their revenue will come from payments tied to quality or value within 5 years.

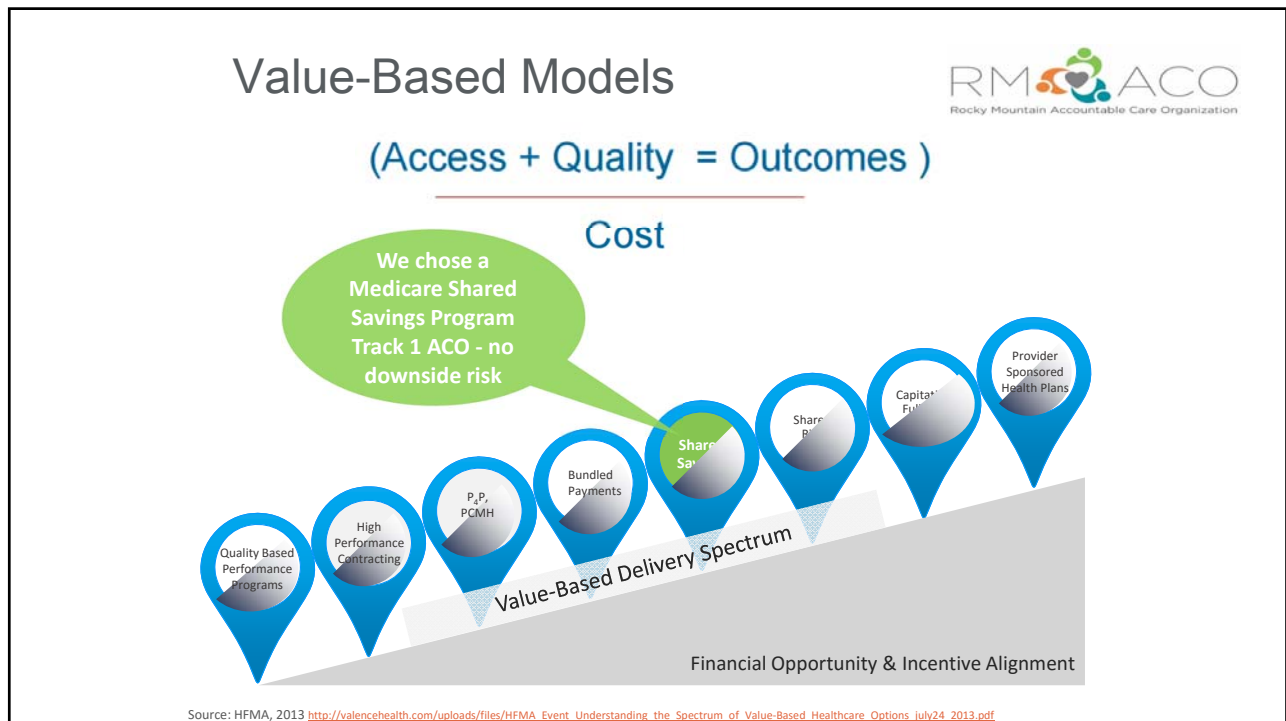
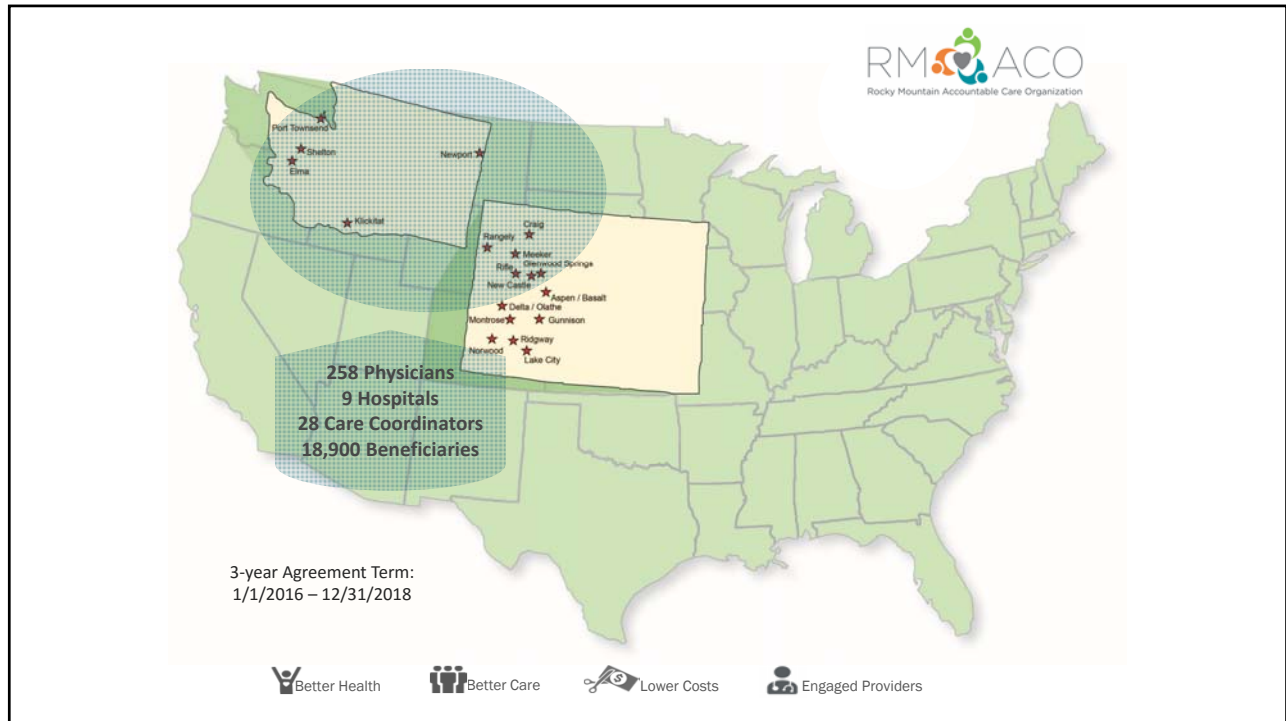
Healthcare CEOs and CFOs in the US expect **half** of payments to be value-based by **2019**.

79% of healthcare investors say the majority of payments will be value-based by **2020**.

Source: © The Advisory Board Company, "Results from the 2013 Accountable Payment Survey." All rights reserved.

Community Care Alliance





MSSP ACO



Group of doctors, hospitals, clinics, and other healthcare providers, who come together voluntarily to give coordinated high-quality care to a population of patients.



MSSP ACOs By the Numbers



438 ACOs currently enrolled in MSSP
Only **9%** are at-risk (Tracks 2 and 3)

9 million attributed beneficiaries
About **16%** of all Medicare beneficiaries

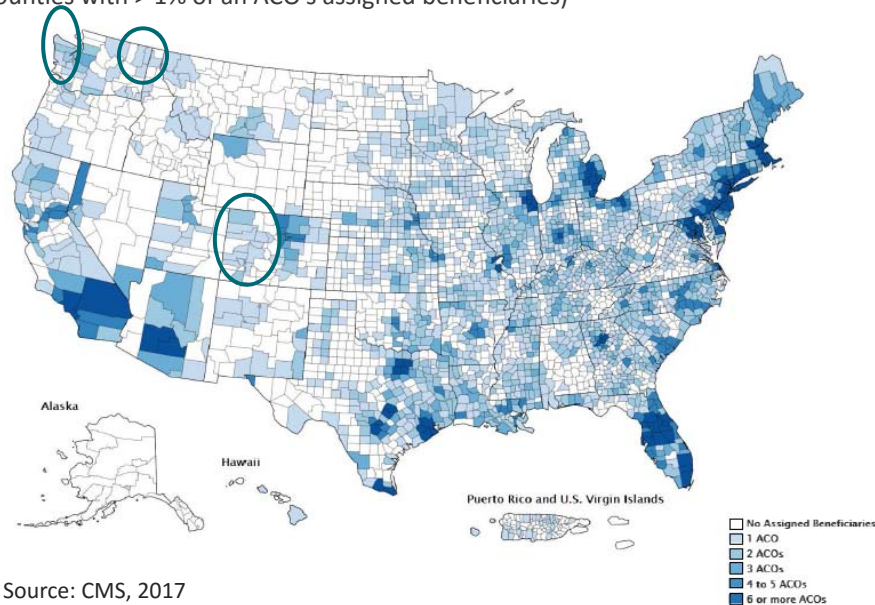
12% of ACOs are located in rural areas
40% of all ACOs include a CAH, RHC, and/or RHC

Limited performance results
42% of 2012-starters earned shared savings in 2015
21% of 2015-starters earned shared savings in 2015
Nearly all improved performance on quality measures



MSSP ACO Assigned Beneficiary Population by ACO by County

(counties with > 1% of an ACO's assigned beneficiaries)



Source: CMS, 2017

ACO Objectives - Year 1



Year 1 Objectives	Measures
All participants are able to report quality measures	<ul style="list-style-type: none"> Successful GPRO report in early 2017 Progressively improved internal quarterly reports
All participants are actively engaged in care coordination (CC) activities	<ul style="list-style-type: none"> All participants have an identified and trained care coordinator in place All practices are able to identify high-risk patients All practices have access to claims data analytics
Every practice is engaged in quality improvement and quality assurance work	<ul style="list-style-type: none"> All participants are performing annual wellness visits All participant have access to toolkits for CCM, TCM, ACP, CQM reporting, and annual wellness visits
All participants have an active and engaged provider staff	<ul style="list-style-type: none"> All participants have a provider champion who is active and engaged, familiar with claims data analytics tool, and able to utilize data in their work Organized provider driven clinical committees (CIC and MLC)



Better Health



Better Care

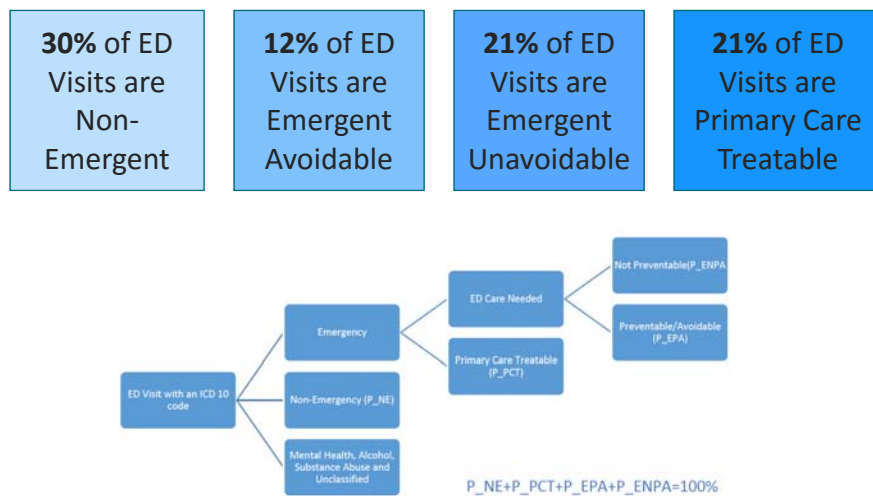


Lower Costs



Engaged Providers

Regional Averages												
	Patients Connected	Avg. Total Expenses	Prob IP next 12 months	Avg. Risk	MWVs Performed	MWV Percentage	CCs per Pt.	IP Avg LOS	SNF LOS Avg	SNF LOS Median	SNF 30-Day Rehospital. Rate	Avg. ER Admits
ACO	18,429	\$8,957.14	15.82%	1.09	3048	16.54 %	3.40	4.19	27.76	21.32	9.30%	0.72
Washington	14,700	\$8,526.23	15.61%	1.07	2638	17.95 %	3.37	4.20	27.38	21.56	9.20%	0.71
Colorado	3,729	\$10,655.65	16.63%	1.16	410	10.99 %	3.52	4.18	29.38	20.27	9.73%	0.77
Jefferson Healthcare	5,633	\$7,413.82	14.55%	1.01	1213	21.53 %	3.01	3.72	26.48	20.74	8.43%	0.57



GPRO Web Interface Performance

Domain	Measure	MACO Performance Rate	CMS Percentile	CMS – Value of 90 th Percentile
Care Coordination/ Patient Safety	Fall Screening	25.45	30	82.30
Preventive Health	Influenza	56.92	40	90.00
	Pneumonia	55.93	50	90.00
	BMI	44.23	60	90.00
	Tobacco Use	82.44	90	90.00
	Depression	25.17	<30	90.00
	Colorectal	46.25	50	90.00
	Mammogram	46.42	60	90.00

CAHPS Performance - Patient/Caregiver Experience

Measure	MACO Performance Rate	CMS Percentile	CMS – Value of 90 th Percentile
Getting Timely Care, Appointments, and Information	43.4	40	90.00
How Well Your Providers Communicate	77.1	70	90.00
Patient's Rating of Provider	70.8	70	90.00
Access to Specialists	59.7	50	90.00
Health Promotion and Education	57.6	40	63.41
Shared Decision Making	69.7	<30	77.66
Health Status/Functional Status		N/A	Unknown
Stewardship of Patient Resources	23.7	<30	33.46

GPRO Web Interface Performance

Domain	Measure	RMACO Performance Rate	CMS Percentile	CMS – Value of 90 th Percentile
Preventive Health	Statin	65.08	N/A	Unknown
At-Risk Population	Mental Health	24.00	N/A	Unknown
	DM: Composite Measure - HbA1C Control and Eye Exam	34.76	40	60.30
	Hypertension	67.79	60	90.00
	IVD: Aspirin or Antithrombotic	70.72	70	90.00
	Heart Failure	95.35	90	90.00

2017 Target Performance Measures

Domain	Measure	Current Performance	Target Performance
Patient/Care Giver Experience	Shared Decision Making	<30 th Percentile	30 th
Care Coordination/ Patient Safety	Medication Reconciliation Post D/C	N/A New in 2017	N/A
	Falls Screening	30 th Percentile	40 th
	Use of Imaging for Lower Back Pain	N/A New in 2017	N/A
Preventive Health	Mammogram	40 th	50 th
	Colorectal	40 th	50 th
	BMI	40 th	50 th
At-Risk Population	BP – Controlling HTN	50 th	60 th

Gaps in Care

- Many time-sensitive screening, preventive care, and health maintenance interventions should be considered as gaps in care (for patients who don't get them). Examples include the following:
 - Outstanding pneumonia and influenza immunizations in the elderly population
 - Pending screening exams for cancer (e.g., breast, colon, prostate) or chronic disease (e.g., diabetes, hypertension, osteoporosis)

RMACO AWW Considerations

- Safety risk screens – ex., falls assessment
- Health risk assessment (HRA)
- Review behavioral health issues
- Review ALL medications
- Establishing expectations with the patient regarding their role in self-management of their health
- Referrals
- Creating a prevention plan and personalized health goals
- Establishing preventive screening and current provider list

ACO Quality Metrics

Falls Screening
Influenza Immunization
Pneumococcal Vaccination
BMI Screening/Follow-Up
Tobacco Use/Cessation
Depression Screen
Colorectal Cancer Screen
Mammography Screen
Hypertension, BP Control
IVD – Aspirin Use
Statin Therapy for Prevention of Cardiovascular Disease

RN Led Visits

	No AWV (n=15,232)	AWV done by MD/NP (n=446)	AWV done by QM nurse (n=2,863)
Men up to date on AAA screen	70.1%	77.7%	83.8%
Women up to date on mammogram	42.2%	61.1%	74.0%
Women up to date on bone density	45.3%	63.5%	75.1%
Up to date on PCV-23 vaccine	33.4%	57.6%	58.4%
Up to date depression screening	1.9%	3.4%	94.9%
Up to date on Health Risk Assessment	1.9%	2.0%	94.3%
Up to date on Fall Risk Screening	1.9%	2.0%	94.3%
Up to date on ADL Assessment	1.9%	2.0%	94.3%
Up to date on Smoking Cessation screen	1.9%	2.0%	94.3%
Up to date on End of Life Plan screen	1.9%	2.0%	93.8%

Source: Hattiesburg Clinic
<http://www.hattiesburgclinic.com/annual-wellness-faq>

Long-term Benefits of an ACO

- New strategies for sustainable revenue generation.
 - **New** and **improved** reimbursement rates for more comprehensive services for screening, prevention education and lifestyle modification.
 - Annual wellness visits, chronic care management, advanced care planning, transitional care management.
 - **New**, expanded reimbursement codes for behavioral health visits in primary care practices.
 - Shared savings (potentially)



Long-term Benefits of an ACO

- Prepares hospitals and providers for success under the new Quality Payment Program.
 - 2017 is first performance year for the Quality Payment Program.
 - 2017 performance determines 2019 payment.
 - Providers and practices who do not adapt to the 4 MIPS performance categories could risk significant negative financial adjustments from 2019 onward.
 - MSSP ACOs qualify as a MIPS-APM = favorable scoring methodology.



Long-term Benefits of an ACO

- Integration of IT platforms for more comprehensive data analysis and reporting.
 - Receive claims data feeds from Medicare (**new**)
 - Predictive analysis
 - More precise risk stratification of the population
 - Better management of high cost/high risk patients
 - Increased communication amongst multiple providers involved in patient care
 - Streamline/simplify quality reporting for providers



Long-term Benefits of an ACO

- Robust care coordination & quality improvement.
 - Utilize data analysis to match care coordination approach with patient population needs.
 - RN care coordinator
 - Behavioral health specialist, social worker
 - Certified Diabetes Educator, registered dietician
 - Community health worker, coordinator of social resources
 - Care team members work at the top of their licenses and embrace team-based approach to patient care.
 - Eliminate waste and variability in workflow processes (standardization and efficiency).



Next Steps



- Complete 3 year term with MSSP Track 1 ACO
 - Possibly convert to **Track 1+ (shared risk)** or **Track 2 (full risk)**
 - Form a broader population health initiative
 - Medicaid
 - Self insured employers
 - Commercial



Next Steps



- Focus on Social Determinants of Health
- **80% - 90%** of health determinants are NOT related to healthcare



Someone is sitting in the shade today
because someone planted a tree a long time
ago.
– Warren Buffett



Sources: Izismile.com; Brainyquote.com