# Jefferson County Public Hospital District No.2 Board of Commissioners, Special Session Minutes Wednesday, November 28, 2018 Victor J. Dirksen Conference Room

#### Call to Order:

The meeting was called to order at 2:30pm by Board Chair Rienstra. Also, present were Commissioners Dressler, Ready, Kolff, and McComas, Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/ Chief Financial Officer, Jon French, Chief Legal Officer, Tina Toner, Chief Nursing Officer, Brandie Manuel, Chief Quality Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

#### **Education:**

John Nowak and Lori Fleming, Executive Directors of CHIP gave a presentation on the implementation and Jefferson Healthcare's role in the Community Health Improvement Plan.

Discussion ensued.

#### **Break:**

Commissioners recessed for break at 3:19 pm. Commissioners reconvened from break at 3:31pm.

#### **Budget Hearing for Fiscal Year 2019:**

- 2019 Operations Budget Summary
- 2019 Capital Budget Summary
- Public Comment
- Commission Discussion

Hilary Whittington, CAO/CFO, presented the Operating and Capital Budget Summaries.

Public Comment was made.

Commissioners Discussed.

## **Adopt Resolutions:** Action Requested

- Resolution 2018-18 With Property Tax Increase
- Resolution 2018-19 Adopt Fiscal Year 2019 Budget

Commissioner Kolff made a motion to approve Resolution 2018-18 With Property Tax Increase. Commissioner McComas seconded.

Action: Motion passed unanimously.

Commissioner Dressler made a motion to approve the 2018-19 Adopt Fiscal Year 2019 Budget. Commissioner Ready seconded.

Action: Motion passed unanimously.

#### **Approve Agenda:**

Commissioner McComas made a motion to approve the agenda with the removal of the "Scope of Practice for Medical Students" policy from required approvals. Commissioner Dressler seconded.

Action: Motion passed unanimously.

### **Team and Employee of the Quarter:**

Mike Glenn, CEO, introduced the Employee of the Quarter, Alissa Shockley and the Team of the Quarter, the CNO Selection Interviewing Team.

## **Patient Story:**

Tina Toner, CNO, read aloud a patient letter that involved a women's adult sons' visit to Dr. Claire Haycox at the Dermatology Clinic. Her son suffers from Tuberous Sclerosis Complex (TSC). The mother felt their visit with Dr. Haycox was a refreshing experience because Dr. Haycox was familiar with TSC. She feels that in Dr. Haycox they have an advocate for her son's care.

#### Minutes:

- October 18 Special Session
- October 24 Regular Session

Commissioner Dressler made a motion to approve the October 18 Special Session Minutes and October 24 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

## **Required Approvals**: Action Requested

- October Warrants and Adjustments
- Resolution 2018-17 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve October Warrants and Adjustments, Resolution 2018-17 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies with the removal of the "Scope of Practice for Medical Students" policy. Commissioner Ready seconded. **Action:** Motion passed unanimously.

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#### **Public Comment:**

No public comment was made.

#### **Patient Advocate Report:**

Jackie Levin, Patient Advocate presented the 3<sup>rd</sup> guarter Patient Advocate Report.

Discussion ensued.

#### **Financial Report:**

Hilary Whittington, CFO/CAO presented the October Financial Report.

Discussion ensued.

#### **Quality Report:**

Brandie Manuel, Chief Quality Officer presented the October Quality Report.

Discussion ensued.

## Administrative Report

Mike Glenn, CEO, presented the October Administrative report.

Mike Glenn, CEO, recommended board approval for authorization to sign the Interlocal Agreement for School-Based Health Clinic Services.

Commissioner Dressler made a motion to approve the recommendation from Mike Glenn, CEO, to sign the Interlocal Agreement for School-Based Health Clinic Services. Commissioner Ready seconded.

**Action:** Motion passed unanimously.

Mike Glenn, CEO, asked for a motion authorizing administration to accept the bid to construct a dental clinic at 915 Sheridan submitted by RDH in the amount of \$970,004.00, excluding tax, and to authorize administration to successfully negotiate and upon doing so enter into all agreements and contracts related to the project.

Commissioner Dressler made a motion to approve the recommended authorization by Mike Glenn, CEO. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

Discussion ensued.

#### **Chief Medical Officer Report:**

Dr. Joe Mattern, CMO, presented the Chief Medical Officer report which included an ACO update.

Discussion ensued.

#### **Board Business:**

Commissioner Dressler announced that the Jefferson Healthcare Foundation's, Festival of Wreaths event was very successful and that the extra wreaths will be on the Jefferson Healthcare Foundation website. She explained there was good support from the community artists who made the wreaths, Arran Stark who made a great brunch, 7 cedars casino, Hazelwood motor group and more.

#### **Meeting Evaluation:**

Commissioners evaluated the meeting.

### **Executive Session:** No Action Requested

- Real Estate
- CEO Evaluation

Commissioners recessed for break at 6:03pm.

Commissioners reconvened from break at 6:08pm.

Commissioners went into Executive Session at 6:08pm to discuss Real Estate and CEO Evaluation.

Commissioners came out of Executive Session at 6:30pm. No action was taken. No public was present.

### **Conclude:**

Meeting concluded at 6:30pm.
Approved by the Commission:
Chair of Commission: Jill Rienstra
Secretary of Commission: Marie Dressler

# Jefferson Healthcare Board Update

Community Health Improvement Plan

Implementation

Presented to: the JHC BOARD

# CHIP Overview

- Priority Progress (since last Joint Board Meeting)
- Jefferson Healthcare Contribution to CHIP Plan
- Next Steps in CHIP Process
- Feedback from the Board
- Discussion



Brinnon Community

Vaccination Event
November 14<sup>th</sup>
Brinnon Elementary School





Brinnon Community

## Twenty-six children immunized

- 20 Influenza
- four Meningococcal
- four HPV
- four HepA

- four DTAP
- two Tdap
- two MMRV
- one IPV vaccine



Working with our Community

## Brinnon's Immunization Clinic involved

- Jefferson Healthcare
- Jefferson County Public Health
- State Vaccine Program
- Brinnon Schools
- Brinnon School Nurse
- Brinnon PTA



Working with our Community

## Counseling Services for Brinnon Schools involved

- Jumping Mouse
- The 1/10 of 1% committee

## Brinnon Trails Projects involves

- Schools
- PTA
- PT Trails Coalition



How the CHIP Team adds value

- Connects various and appropriate agencies to each other and the community's improvement opportunity
- Despite marginal resources, CHIP contribute funds when possible. An example is this year's purchase of the freezer, cooler and temperature probes used to transport vaccines.



Access to Care and Chronic Disease Prevention Health Living Subgroups

- Access
  - Affordably and Single Payer
  - Pharmacy
  - Pregnancy and Women's Health
  - Dental
  - Community Awareness and Resources
- Chronic Disease Prevention Health Living
  - Chronic Disease prevention and management
  - Food and Healthy Eating
  - Activity, Exercise and Support System



Chronic Disease Prevention & Healthy Living

## PT Parkways

Planning Continues

- Route has been set
- Date has been set
- PT Police Department is supportive



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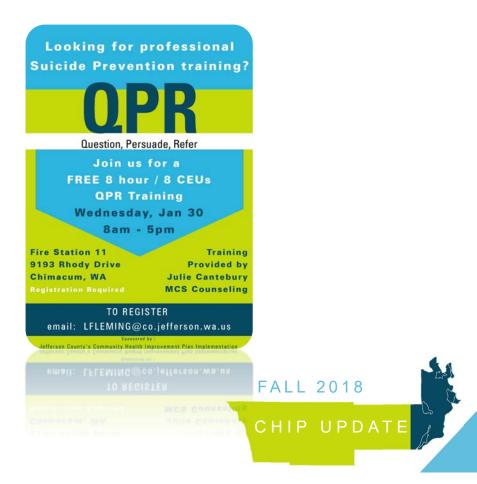
CHIP UPDATE

Mental Health / Chemical Dependency

## Suicide Prevention Targets

- Law Enforcement
- Educators
- Medical service Providers
- All interested community member

40 person classroom capacity



# OVERVIEW CHIP – HRSA GRANT – JRMHDN

CHIP Implementation

HRSA Grant
Rural
Health Network Development
Planning Grant Program









Jefferson Rural Mental Health Development Network (JRMHDN)

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CHIP UPDATE

# OVERVIEW Mental Health Field Response (MHFR) Group



# Mental Health Field Response

Jail & ED Diversion

Short Term: Navigator Services

Long Term: Crisis Stabilization/Triage

- Bricks & Mortar Option Exploration

- Develop Proposal/Request for legislative funding to the January 2020 Session



# CHIP - JRMHD Network - MHFR Group

#### CHIP Implementation

HRSA Grant Rural Health Network Development Planning Grant Program







Jefferson Rural Mental Health Development Network (JRMHDN)

> Mental Health Field Response

Jail & ED Diversion

Long Term: Crisis Stabilization/Triage

- Bricks & Mortar Option Exploration

- Develop Proposal/Request for legislative funding to the January 2020 Session

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CHIP UPDATE

# Next Steps

Long-term Diversion Option Development

- Short Term effort around navigation stays with MHFR, including exploration around hospital space options
- JRMHDN will develop a Subgroup from MHFR group to address Long Term Option Exploration & Proposal Generation
- Will engage in consistent communication effort to inform community on JRMHDN's chosen focus



# What is the Jefferson Healthcare Contribution



Chronic Disease Prevention Healthy Living - Strategies

- Implement Diabetes Prevention Program (DPP)
   (target population adults at risk for diabetes) in Jefferson County
- Support schools to increase student fruit and vegetable intake
- Promote the American Academy of Pediatrics breastfeeding recommendations throughout our community.
- Support continuing education for PCP, WIC, etc. re: best practices for nutrition and weight management in PG and postpartum women

CHIP UPDATE

Chronic Disease Prevention Healthy Living

## Activities

- 14 Total Activities
- 12 Are Green Complete, In Progress or On-going



Access to Care - Strategies

- Increase community awareness of Access to Healthcare resources
- Educate community about proactive patient financial responsibility assistance options (i.e. compare insurance plans or avoid medical debt).
- Investigate methods to reduce people sent to collections for healthcare expenses.
- Provide education re: importance and availability of early prenatal care to Jefferson County's women of childbearing age

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CHIP UPDATE

Access to Care - Strategies Cont'd

- Facilitate early appointments for newly pregnant women
- Provide pre-conception counseling to women (ages 14-49) and men
- Sustain variety of local settings that provide affordable reproductive health services.
- Strengthen systems for increased referrals to of Long-Term Community Based Home Support Services.
- Enhance healthcare transition planning
- Assist people with Insurance market place



Access to Care - Strategies Cont'd

- Utilize current programs that fill gaps in underinsured populations
- Explore creating a new program or enhance existing program to improve access to medications
- Explore the option of adding some preventative dental care best practices in primary care setting
- Explore advocacy for expansion of role of Dental Hygienist



Access to Care

## Activities

- 54 Total Activities
- 39 Are Green Complete, In Progress or On-going



Mental Health and Chemical Dependency - Strategies

- Train providers in Motivational Interviewing
- Improve interagency referral system to drug treatment services
- Promote tobacco cessation resources to women who use tobacco
- Promote the use of appropriate medical interventions to reduce the risk of drug-related deaths



Mental Health and Chemical Dependency

## Activities

- 10 Total Activities
- 7 Are Green Complete, In Progress or On-going



Immunizations - Strategies

- Increase access by reducing barriers to immunizations at JHC & JCPH clinics
- Improve communication between JHC & JCPH immunization clinics and schools
- Develop information campaign for parents and community with the social norm message of, "the majority of families immunize their children."
- Provide "immunization conversation" resources for medical providers to use with parents
- Provide resources for medical providers to give to parents who have questions or concerns



Immunizations - Strategies Cont'd

- Improve clinical staff knowledge
- Standardize JHC information given to public in response to inquiries re:
   immunization resources and access
- Establish routine JHC provider support for (education, time, staff support) to implement these immunization standards
- Use all opportunities to immunize children
- Start immunization conversation between provider and parents during prenatal care visits



Immunizations - Strategies Cont'd

- Ensure all hospital-administered immunizations (i.e. Family Birth Center) are uploaded from Epic into WAIIS
- Provide parents Immunization card at delivery (JHC-Family Birth Center, home births)
- JHC to standardize immunization record provided to parents at clinic visit (immunization cards vs CIS vs MyIR)
- Outreach to schools and parents, include information about immunizations required and recommended for 6th grade

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CHIP UPDATE

Immunizations - Strategies Cont'd

- Improve communication with families re needed vaccines or paperwork
- Use all opportunities to immunize adolescents.
- Promote "Adolescent Immunization and Well Child Check" visit (not just for kids playing sports)
- Ensure all JHC clinic and hospital administered immunizations are uploaded from Epic into WAIIS.



Immunizations - Strategies Cont'd

- Per protocol: Ensure that JHC staff assesses immunization status in WAIIS for each scheduled adult, to discuss at schedule scrub and huddle.
- In light of incomplete WAIIS data for adult pneumococcal vaccination, JHC to optimize internal data for measuring this goal
- JHC Educate/remind patients about pneumonia immunization recommendations
- Standardize and incorporate Tdap immunization into third trimester
   Obstetrical (OB) care
- Capture patients transferring in late in pregnancy



## **Immunizations**

## **Activities**

- 19 Total Activities
- 16 Are Green Complete, In Progress or On-going



# Next Steps: CHA and Plan revision

## Highlights

- New Community Health Assessment (CHA) slated to begin 2019
- The Community Health Improvement Plan (CHIP)
   will be updated following the completion of the CHA



## 2019 Community Health Assessment & Update CHIP





2019 Community Health Assessment & Update CHIP

Description of Services	CHIP Contributes
A. Community Health Data. Analyze data, generate tables and charts, provide written interpretation of findings.	
B. Community Survey. Coordinate survey design, assist with data collection plan and survey distribution. Conduct analysis, generate tables and charts, provide written interpretation of findings.	
C. Community Workshops. Coordinate question design and selection of sites/populations. Conduct analysis, generate tables and charts, provide written interpretation of findings.	Logistics including: space reservation, invites attendees, help formulate questions, facilitate, notetake & transcribe notes
D. Key Informant Interviews. Coordinate question design and selection of interviewees. Conduct analysis, generate tables and charts, provide written interpretation of findings.  E. Report and Topic Sheets. Produce one comprehensive report	Help formulate questions, conduct interviews, notetake and transcribe notes. Submit all data to Siri et al
that combines results from A-D above and up to 5 focused topic sheets.	
F. Presentations. Create summary powerpoint slides and provide four 3-hour in-person presentations (by 2 KPHD staff combined hourly rate).	Meeting logistics; Frame context: CHIP role, why CH, what will we do with plan; Intro Siri
G. Facilitate Prioritization. Facilitate two in person 2-hour meetings to synthesize data findings into community health priorities.	Explain what was monitored. Results & ramifications. Work with stakeholders define recommendations.
H. Develop CHIP. Provide guidance on Plan content, scope, and develop monitoring and evaluation framework.	

Write plan.

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CHIP UPDATE

### Feedback from the Board

- Are the Executive Directors leading CHIP in the direction you want?
- Are the quarterly Joint Board meetings helpful? Are there things you would change?
- Are you getting the value you expected out of the CHIP work?
- Any thoughts about the CHA and plan revisions?
- Any other feedback?



# Next Steps: Grant Potential

# Rural Communities Opioid Response Program - Planning

- Up to \$200k for one year starting 6/01/2019
   Submittal Deadline 1/15/2019
- The purpose of RCORP-Planning grant is to support treatment for, and prevention of substance use disorder, including opioid use disorder (OUD), in rural counties at the highest risk for substance use disorder.



# Discussion





# **2019 BUDGET**

**Operating Budget** 

### **Updates**

What changed between the preview and today

- PRICING we updated pricing in a few categories after the detail review
- WAGES 3.4 inpatient nursing FTE roles added back in
- DEPRECIATION updated for one ACU bed change moved from 2018 to 2019
- EXPENSES added consulting expenses related to a review of our timekeeping and payroll workflows
- TAX REVENUE adjusted to estimate from the assessor
- CONTRACTUAL ADJUSTMENTS updated to align with additional expenses



### BRINGING IT TOGETHER: Income statement [draft]

	2017 Actual	2018 Budget		June 2018 Projected		Jul 2017-Jun 2018		2019 Budget		Difference from 2018 Projected
O4 ID DEVENUE	(45.204.202)	(54,000,336)		(45.646.706)		(44,402,200)		(40.455.044)		(2.500.425)
01_IP REVENUE	(45,304,303)	(51,909,326)		(45,646,786)		(44,493,299)		(49,155,911)		(3,509,125)
02_OP REVENUE	(163,990,002)	(186,762,393)		(183,721,464)		(175,530,665)		(200,065,234)		(16,343,770)
TOTAL PATIENT REVENUES	(209,294,306)	(238,671,719)		(229,368,250)		(220,023,964)		(249,221,145)		(19,852,896)
05_REV DED/MEDICARE	72,192,554	83,280,483	-35%	81,241,101	-35%	75,629,738	-34%	85,257,801	-34%	4,016,701
06_REV DED/MEDICAID	19,464,977	23,890,272	-10%	22,159,835	-10%	20,338,109	-9%	24,145,405	-10%	1,985,570
07_CHARITY CARE	1,437,426	1,471,539	-1%	2,623,378	-1%	2,254,027	-1%	2,850,459	-1%	227,081
08_CONT ADJ OTHER	16,420,918	18,353,377	-8%	17,137,347	-7%	17,177,619	-8%	18,579,546	-7%	1,442,199
09_REV DED/ADMIN	532,961	531,320	0%	1,020,483	0%	809,572	0%	1,108,613	0%	88,129
10_BAD DEBTS	2,778,472	3,465,805	-1%	3,899,950	-2%	3,064,665	-1%	3,237,531	-1%	(662,419)
TOTAL REVENUE ADJUSTMENTS	112,827,308	130,992,796	-54.9%	128,082,094	-55.8%	119,273,731	-54.2%	135,179,355	-54.2%	7,097,261
NET PATIENT SERVICE REVENUE	(96,466,998)	(107,678,923)		(101,286,156)		(100,750,233)		(114,041,790)		(12,755,634)
11_GRANTS	(18,636)	(20,000)		-		(18,636)		(1,303,325)		(1,303,325)
12_OTHER REVENUE	(1,600,225)	(1,491,660)		(1,848,100)		(1,872,788)		(3,992,346)		(2,144,246)
13_REV/MEANINGFUL USE	139,301	-		-		139,301		(40,000)		(40,000)
14_340B REVENUE	(2,955,147)	(3,473,800)		(3,489,253)		(3,031,229)		(3,838,000)		(348,747)
15_PROVIDER A/R COLL	-			-		-		-		
TOTAL OTHER REVENUES	(4,434,708)	(4,985,460)		(5,337,353)		(4,783,353)		(9,173,671)		(3,836,318)
TOTAL OPERATING REVENUES	(100,901,706)	(112,664,383)		(106,623,509)		(105,533,586)		(123,215,461)		(16,591,952)

### BRINGING IT TOGETHER: Income statement [draft] cont'd

	2017 Actual	2018 Budget	June 2018 Projected	Jul 2017-Jun 2018	2019 Budget	Difference from 2018 Projected
20_SALARIES	49,279,446	56,550,859	53,662,983	52,478,151	59,251,519	5,588,536
21_EMPLOYEE BENEFITS	11,814,074	14,245,919	13,307,362	12,341,404	14,823,152	1,515,791
22_PROFESSIONAL FEES	5,475,974	4,515,736	4,808,415	5,714,834	4,159,300	(649,115)
23_PURCHASED SERVICES	6,004,178	6,879,616	6,438,900	6,162,781	8,016,924	1,578,023
24_SUPPLIES	15,499,518	16,705,575	17,916,825	16,991,920	21,381,838	3,465,013
25_INSURANCE	608,885	675,800	698,317	663,243	663,243 640,829	
26_LEASES/RENTALS	1,403,952	1,451,384	1,502,268	1,535,430	1,872,664	370,396
27_DEPRECIATION	4,438,693	4,673,247	4,845,428	4,817,812	4,919,190	73,762
28_REP&MAINT	546,341	957,812	658,473	601,545	1,150,430	491,957
29_UTILITIES	1,020,177	1,035,105	1,138,858	1,096,665	1,261,060	122,202
30_LICENSES/TAXES	662,546	608,331	619,564	653,627	654,849	35,285
31_OTHER	1,632,255	2,327,333	1,726,860	1,754,242	2,435,636	708,776
TOTAL OPERATING EXPENSES	98,386,039	110,626,717	107,324,253	104,811,653	120,567,390	13,243,137
OPERATING (INCOME) LOSS	(2,515,667)	(2,037,666)	700,744	(721,933)	(2,648,071)	(3,348,815)

### BRINGING IT TOGETHER: Income statement [draft] cont'd

	2017 Actual	2018 Budget	June 2018 Projected	Jul 2017-Jun 2018	2019 Budget	Difference from 2018 Projected
40_TAX M&O	(209,528)	(272,000)	(303,604)	(259,755)	(253,500)	50,104
41_TAX DEBT	(224,177)	(195,000)	(223,615)	(229,285)	(228,100)	(4,485)
41.1_TAX REFUNDS	-	-	-	-	-	<u>-</u>
42_INVESTMENT INCOME	(150,092)	(162,500)	(328,695)	(212,817)	(331,800)	(3,105)
43_INTEREST EXPENSE	800,949	1,153,322	1,054,502	998,212	997,181	(57,321)
44_GAIN/LOSS ON SALE	30,218	-	-	30,218	-	-
45_CONTRIBUTIONS	(371,049)	(172,000)	(105,545)	(116,613)	(259,000)	(153,455)
46_EXTRAORDINARY	-	-	-	-	-	-
47_BOND ISSUE COSTS	10,000	-	-	10,000	-	-
TOTAL NONOPERATING (REVENUES) EXPENSES)	(113,681)	351,822	93,043	219,960	(75,219)	(168,262)
CHANGE IN NET POSITION: (POSITIVE)/NEGATIVE	(2,629,348)	(1,685,844)	793,788	(501,973)	(2,723,290)	(3,517,078)

## BRINGING IT TOGETHER: Key operating ratios [draft]

	2017 Actual	2018 Budget	June 2018 Projected	Jul 2017-Jun 2018	2019 Budget	Difference from 2018 Projected
Operating Margin	2.49%	1.81%	-0.66%	0.68%	2.15%	2.81%
Total margin	2.61%	1.50%	-0.74%	0.48%	2.21%	2.95%
Salaries & Benefits as a % of net pt. service rev.	63.33%	65.75%	66.12%	64.34%	64.95%	-1.17%
Salaries & Benefits as a % of total revenue	60.55%	62.84%	62.81%	61.42%	60.12%	-2.69%
Salaries & Benefits as a % of total expenses	62.10%	64.00%	62.40%	61.84%	61.44%	-0.96%
51_ADJUSTED PATIENT DAYS	20,784	25,550	23,192	21,342	26,741	3,549
Gross Patient Revenue / Adjusted Patient Day	10,069.97	9,341.36	9,889.97	10,309.44	9,319.79	(570.18)
Net Patient Service Revenue / Adjusted Patient Day	4,641.41	4,214.44	4,367.29	4,720.75	4,264.67	(102.62)
Wages & Benefits / Adjusted Pt. Day	2,939.45	2,770.91	2,887.65	3,037.18	2,770.07	(117.58)
Total Operating Expense / Adj. Pt. Day	4,733.74	4,329.81	4,627.64	4,911.05	4,508.70	(118.94)
Total Oper. Exp. / Net Pt. Rev	97.51%	98.19%	100.66%	99.32%	97.85%	-2.81%
Labor Hours / Adjusted Patient Day	45.88	42.00	48.67	47.68	47.89	(0.78)
Total Oper. Expense (excl. depreciation) / Adj Pt Day	4,520.18	4,146.91	4,418.71	4,685.31	4,324.74	(93.97)
Labor Hours (excludes providers)	953,514	1,073,197	1,128,844	1,017,598	1,280,614	151,770



LET'S TAKE A PAUSE.

Any questions on the operating budget before we move forward?

# **2019 BUDGET**

Capital Budget

#### **CAPITAL BUDGET: Prioritize into 2019**

Finance Category	<b>▼</b> Department	▼ Project Name	<b>▼</b> Gra	nd Total
<b>□ Capital</b>	□ACU	Bariatric Bed Bart 10-A series	\$	35,021.35
		Copier	\$	7,737.91
	☐ Cardiac Rehab	Cardiopulmonary Rehab Patient Monitoring System	\$	57,438.64
	<b>■ Dental Clinic</b>	Dental Clinic	\$ :	1,200,000.00
		Dental Clinic Grant	\$ (:	1,200,000.00)
	■Dietary	Outdoor Walk In Cooler and Shelving Unit	\$	10,000.00
		Upgrade POS System	\$	16,350.00
	<b>■</b> Echocardiography	ECHO PACS Interpretation System	\$	89,000.00
	<b>□</b> Employee Health	Respiratory Quantitative N95 Fit Testing Machine	\$	9,270.00
	<b>■ EVS</b>	Copier	\$	7,737.91
	∃ Facilities	Medical Gas Oxygen	\$	100,000.00
		Remax Space Project	\$	7,500.00
		Replace/Add Security Cameras and Servers	\$	97,952.05
		Steam Generators and Boilers	\$	465,266.50
	☐ Home Health	HHH - Epic module	\$	78,000.00
	<b>■Infusion Clinic</b>	Copier	\$	7,737.91
	⊟IT	Infor – Improve/Upgrade/Replace	\$	325,000.00
		Network Firewall	\$	14,000.00
		Replacement of Clinic Fiber Optic Loop	\$	200,000.00

#### **CAPITAL BUDGET: Prioritize into 2019**

Finance Category	<b>▼</b> Department	Project Name	▼ Gra	ınd Total
	□Lab	Beckman Coulter Iricell Urine Analyzer	\$	104,274.85
		Cepheid-Genexpert 4 Module	\$	80,420.24
		Microscopes	\$	15,000.00
		Osmometer	\$	12,868.37
	□ Nursing Admin	Upper Floor Refresh	\$	500,000.00
	<b>■ Orthopedic Clinic</b>	Copier	\$	7,737.91
	∃Rehab	Copier	\$	7,737.91
		Senaptec Sensory System	\$	30,193.00
	☐ Respiratory/RT	ABG Machine	\$	23,550.54
		Transport Ventilator	\$	15,500.00
	∃Surgery	Dual Channel Rigid Ureteroscope	\$	9,473.14
		Flexible Cystoscope	\$	8,319.00
<b>□ Project-Capital</b>	☐ Diagnostic Imaging	Remodel Radiologist's Reading Room in ESSB	\$	5,000.00
	<b>□</b> Dietary	Coffee Kiosk	\$	10,000.00
	∃JHSA	Automatic Door Opener	\$	6,500.00
		Double Sink w/Counter Area	\$	8,175.00
	□Lab	Outpatient Lab Automatic Door Opener	\$	6,500.00
	<b>■ Pharmacy</b>	Retail Pharmacy-Phase 2	\$	74,950.00
	□Rehab	Reception Desk Remodel	\$	12,000.00
		Repurpose Shower Room	\$	5,500.00
	∃Surgery	Blanket and Fluid Warmer Cabinet	\$	9,932.63
Grand Total			\$	2,481,644.86

# **CAPITAL BUDGET: Contingent purchases for 2019**

Finance Category -	Department	→ Project Name	▼ Grand Total
☐ Capital - Contingent	□EVS	Advance Auto Scrubber	\$ 8,147.75
	<b>■</b> Facilities	Upgrade Building Automation System	\$ 75,000.00
	⊟IT	Avaya Phone System Upgrade	\$192,000.00
		Network Disk Storage	\$ 25,500.00
		Printer Management System	\$ 28,612.50
	<b>Surgery</b>	Olympus Thunderbeat	\$ 16,348.91
	<b>■ Wound Clinic</b>	Procedure Chair	\$ 15,805.00
Grand Total			\$ 361,414.16

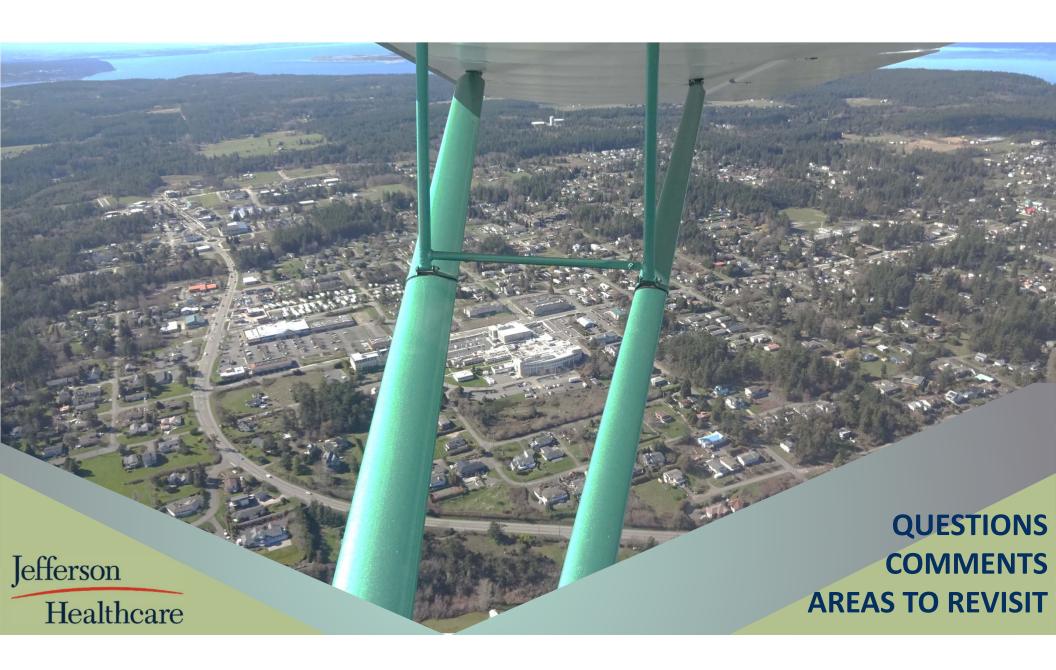
### CAPITAL BUDGET: Planning ahead for 2020-2024

Budget placeholders set, but detail review completed annually Pricing and needs can change significantly, but the roadmap is essential

Finance Category	<b>▼</b> Department	→1 Project Name	¥	2020	2021	2022	2023	2024
<b>□ Capital</b>	∃Biomed	RTLS Asset Tracking	\$	66,000.00				
	<b>□ CI</b>	Imprivata-Phase 1 - Single Sign on	\$	234,300.00				
	□CT	CT Scanner	\$	1,200,000.00				
		CT Scanner Perfusion Software	\$	52,159.30				
	☐ Diagnostic Imaging	Replace X-Ray Room #1 R&F Equipment			\$ 544,000.00			
	<b>■ Employee Health</b>	Employee Health Electronic Medical Record	\$	14,067.00				
	∃EVS	Advance Walk Behind Floor Scrubber	\$	7,000.00				
	<b>■</b> Facilities	Upgrade Building Automation System	\$	95,000.00	\$ 115,000.00	\$ 80,000.00	\$ 70,000.00	\$ 90,000.00
	∃FBC	Guardian Infant Protection System	\$	47,391.59				
		Labor Bed w/Overlay	\$	22,375.06	\$ 20,527.58		\$ 20,527.58	
	∃IT	2018 Network Config and Management - Netbrain	\$	15,500.00				
		Archive Allscripts EHR				\$ 150,000.00		
		Cisco 4500x Spare	\$	18,000.00				
		CyberSOC (ArcticWolf)			\$ 100,000.00			
		Dark Trace	\$	100,000.00				
		Fiber to IDFs	\$	75,000.00				
		Imprivata - phase 2	\$	100,000.00				
		Infor Document Management (Scanning)			\$ 300,000.00			
		Infotainment			\$ 200,000.00			
		Meditech Archive			\$ 15,000.00			
		Mobile Device Management (MDM)	\$	50,000.00				
		Network – Medical Device Segregation	\$	150,000.00				
		Network Diagramming and Configuration Management	\$	15,500.00				
		RedSeal (Cyber Security)			\$ 100,000.00			
		Self Service Password reset			\$ 50,000.00			
		VM SAN				\$ 150,000.00		
		VM Server replacement @ 5 years					\$ 125,000.00	
		Vocera - 2.0 Nurse Call Intergration	\$	200,000.00				
		Vocera – 2.0 Medical Device integration			\$ 100,000.00			
		Vocera – 2.0 User Adds	\$	50,000.00	\$ 50,000.00	\$ 50,000.00		

## CAPITAL BUDGET: Planning ahead for 2020-2024

Finance Category	■ Department	→ <sup>†</sup> Project Name	_	202	<u>:0</u>	2021	2022	2023	2024
	∃Lab	Blood Bank Software			\$	400,000.00			
		CO2 Incubator		\$ 9,000.0	)				
		Midividas		\$ 23,000.0	)				
		New Centrifuges					\$ 9,000.00		
		New Chemistry Instrumentation						\$1,000,000.00	
		New Coagulation Instrumentation							\$ 174,000.00
		New Hematology Instrumentation					\$ 98,000.00		
		New PCR Equipment					\$ 10,000.00		
		Replace Bacti-Alert			\$	108,000.00			
		Replace BB Plasma Helmer - 30 Freezer			\$	10,800.00			
		Replace BB Plasma Quick Thaw			\$	7,000.00			
		Replace Drug Screen Instrument		\$ 12,000.0	)				
	■Mammography	Affirm Breast Biopsy Guidance System		\$ 202,236.0	)				
	■ Respiratory/RT	Comprehensive ECG System					\$ 220,639.00		
	☐ Sterile Processing	Autoclave		\$ 251,155.0	)				
	<b>■ Surgery</b>	Dermatome and Mesher Complete Set		\$ 31,351.9	L				
		Hysteroscopy Fluid Management System		\$ 11,060.2	3				
		Philips MX 500 Monitors x7						\$ 171,760.57	
		Vacuum Curettage System					\$ 7,918.34		
<b>■ Project-Capital</b>	■ Nursing Admin	Upper Floor Refresh		\$ 500,000.0	)				
Grand Total				\$ 3,552,096.0	\$	2,120,327.58	\$ 775,557.34	\$ 1,387,288.15	\$ 264,000.00





# Patient Advocate Report

3<sup>rd</sup> Quarter 2018

November 28, 2018

Board of Commissioners

Jackie Levin MS, RN

# Agenda



# The Highlights

- The average time to close cases was 16.5 days, meeting our target of 30 days or less
- Average receiving concern to acknowledgement letter was 2 days.
- The top reported issue of the last year related to access and service delivery –continues to improve—just 3 concerns in this area in the 3<sup>rd</sup> Q
- Communication continues to be an area of opportunity
  - New provider communication concerns
  - Return phone calls and timely referrals

# Current Year by Quarter 2018 Clinic and ED Concerns/1000 Visits

#### 1st Quarter 2018

	ED	Clinics
1 <sup>st</sup> Q 2018	3.5/1000 visits	1.4/1000 visits
Total	11	18

#### 3rd Quarter 2018

	ED + Ex Clinic	Primary Care Clinics
3 <sup>th</sup> Q 2018	10/1000	2/1000 visits
Total	32 21 ED; 11 EC	28

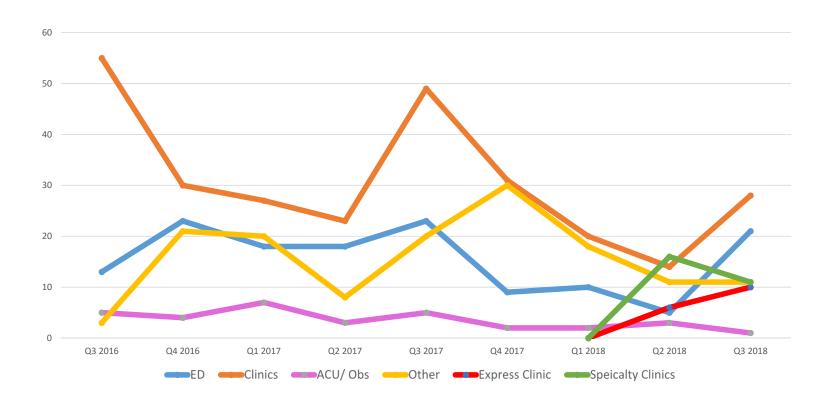
#### 2nd Quarter 2018

	ED + EC	Clinics
2nd Q 2018	1.6/1000 visits	.50/1000 visits
Total	5	14

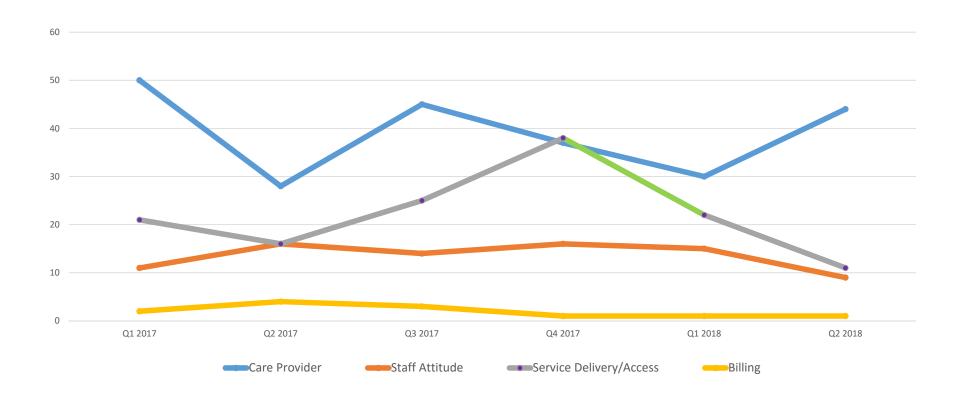
#### 4th Quarter 2018

	ED	Clinics
4 <sup>th</sup> Q 2018		
Total		

# Trends by Area of Concerns



# Trends by <u>Type</u> of Concern



I didn't know you would make changes. Now I have a *good* story to tell my friends.

This restored my faith in Jefferson Healthcare.

You did this because I called?

# Patient Family Advisor Council Activities

- Mission Statement Revision
- Inpatient Service Refresh
- Review of Website –PFAC, Volunteer sections
- Washington State Hospital Association Webinar November 13, 2018
- CMS Webinar: The Person and Family Engagement Journey

# Questions and Thoughts?

# Jefferson Healthcare

October 2018 Finance Report

November 28, 2018 Hilary Whittington, CAO/CFO

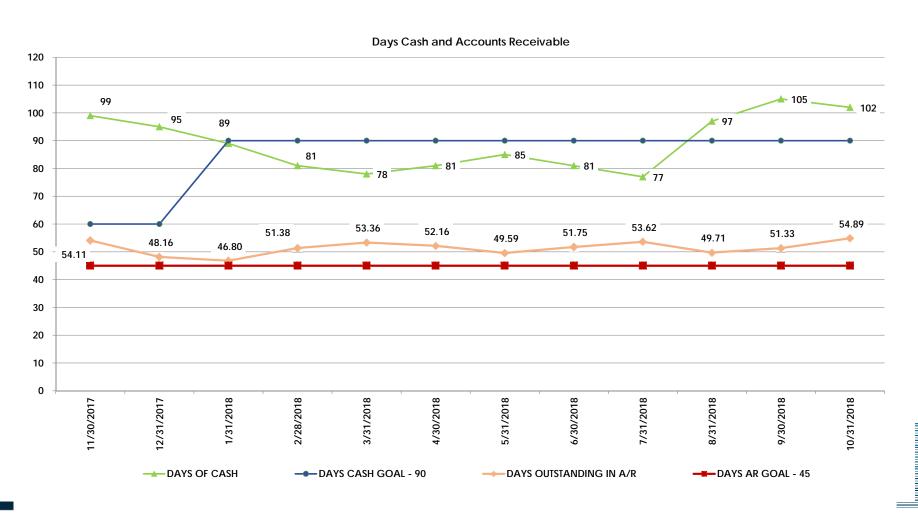
#### **Operating Statistics**

STATISTIC DESCRIPTION	OCT ACTUAL	OCT BUDGET	% VARIANCE	YTD ACTUAL Y	TD BUDGET	% VARIANCE
FTEs - TOTAL (AVG)	548	585	6%	542	585	7%
ADJUSTED PATIENT DAYS	2,081	2,172	-4%	19,764	21,295	-7%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	75	97	-23%	782	955	-18%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	319	362	-12%	3,148	3,554	-11%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	424	475	-11%	4,055	4,670	-13%
SURGERY CASES (IN OR)	126	102	24%	1,005	1,003	0%
SPECIAL PROCEDURE CASES	68	102	-33%	687	1,003	-32%
LAB BILLABLE TESTS	18,436	19,121	-4%	178,086	187,513	-5%
TOTAL DIAGNOSTIC IMAGING TESTS	2,939	3,044	-3%	26,755	29,851	-10%
MEDS DISPENSED	22,668	23,766	-5%	221,754	233,056	-5%
RESPIRATORY THERAPY PROCEDURES	3,178	3,769	-16%	31,210	36,960	-16%
REHAB/PT/OT/ST RVUs	9,460	7,078	34%	88,638	69,403	28%
ER CENSUS	985	1,132	-13%	10,429	11,099	-6%
TOTAL RURAL HEALTH CLINIC VISITS	6,242	7,291	-14%	55,791	71,491	-22%
TOTAL SPECIALTY CLINIC VISITS	3,907	3,454	13%	32,387	33,851	-4%
HOME HEALTH EPISODES	66	68	-3%	636	669	-5%
HOSPICE CENSUS/DAYS	983	894	10%	10,116	8,764	15%

#### Income Statement Summary

Jefferson Healthcare	October 2018 Actual	October 2018 Budget	Variance Favorable/ (Unfavorable)	%	October 2018 YTD	October 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2017 YTD
Operating Revenue									
Gross Patient Service Revenue	20,823,733	20,270,747	552,986	3%	190,462,655	198,784,043	(8,321,388)	-4%	174,395,380
Revenue Adjustments	10,644,999	11,000,435	355,435	3%	101,830,665	107,875,198	6,044,534	6%	94,398,140
Charity Care Adjustments	156,315	124,980	(31,335)	-25%	2,091,571	1,225,610	(865,961)	-71%	945,145
Net Patient Service Revenue	10,022,419	9,145,333	877,086	10%	86,540,419	89,683,234	(3,142,815)	-4%	79,052,095
Other Revenue	420,662	423,423	(2,760)	-1%	4,742,392	4,152,272	590,120	14%	4,281,749
Total Operating Revenue	10,443,081	9,568,755	874,326	9%	91,282,811	93,835,506	(2,552,695)	-3%	83,333,844
Operating Expenses									
Salaries And Wages	4,519,919	4,802,949	283,030	6%	44,474,673	47,099,876	2,625,204	6%	40,787,650
Employee Benefits	1,585,699	1,209,927	(375,772)	-31%	11,263,312	11,865,090	601,778	5%	10,070,282
Other Expenses	4,126,045	3,382,817	(743,228)	-22%	33,946,304	33,173,420	(772,884)	-2%	30,787,476
Total Operating Expenses	10,231,663	9,395,693	(835,970)	-9%	89,684,289	92,138,386	2,454,097	3%	81,645,408
Operating Income (Loss)	211,418	173,062	38,356	22%	1,598,522	1,697,120	(98,598)	-6%	1,688,436
Total Non Operating Revenues (Expenses)	1,035	(29,881)	30,916	103%	(50,987)	(293,024)	242,037	83%	378,372
Change in Net Position (Loss)	212,453	143,181	69,272	48%	1,547,536	1,404,096	143,439	10%	2,066,808

#### Cash and Accounts Receivable



#### **Board Financial Report**

Dept.	Department Description	Rev/Exp	Account	Account Description	October Actual	October Budget	October Variance	2018 to Date Actual	2018 to Date Budget	2018 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	6,363.00	4,647.00	(1,716.00)	50,153.00	45,575.00	(4,578.00)
			602300	CONSULT MNGMT FEE	1,546.00	-	(1,546.00)	23,812.00	-	(23,812.00)
			602500	AUDIT FEES	-	3,397.00	3,397.00	37,239.00	33,315.00	(3,924.00)
			604200	CATERING	53.00	165.00	112.00	1,009.00	1,616.00	607.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	50.00	242.00	192.00
			604800	MINOR EQUIPMENT	-	-	-	591.00	-	(591.00)
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	808.00	808.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	(250.00)	8,329.00	8,579.00
			609400	TRAVEL/MEETINGS/TRAINING	4,431.00	1,699.00	(2,732.00)	21,664.00	16,658.00	(5,006.00)
		Exp Total			12,393.00	10,864.00	(1,529.00)	134,268.00	106,543.00	(27,725.00)
	BOARD Total				12,393.00	10,864.00	(1,529.00)	134,268.00	106,543.00	(27,725.00)

#### November 2018

Preview — (\*as of 11:59pm 11/27/18)

#### • \$18,356,204 in HB charges

• Average: \$617,369/day (HB only)

• Budget: \$642,350/day

#### • \$7,866,141 in HB cash collections

• Average: \$248,985 /day (HB only)

• Goal: \$289,057/day

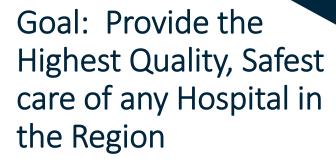
- 54.6 Days in A/R
- Questions



# Jefferson Healthcare

Patient Safety & Quality Report

November 28, 2018
Brandie Manuel, Chief Quality Officer



Initiatives and Strategies









**Outcomes** 



Emergency														
Metric	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Trend	YTD	Goal	Composite
Stroke Care	91.0%	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	93.0%	92.0%	92.0%	\	91.81%	<u>&gt;</u> 90%	
Chest Pain time to EKG	10	10	8.0	7.0	8.0	7.5	7.0	11.0	6.0	8.5	~	7.88	< 7 min	
AMI Care	88.9%	94.1%	94.0%	94.0%	93.0%	94.0%					}	93.0%	<u>&gt;</u> 90%	80.0%
AMA	0.18%	0.32%	0.27%	0.30%	0.37%	0.29%	0.79%	0.48%	1.05%	0.30%		0.44%	<u>&lt; 1</u> %	
LWBS	1.58%	4.09%	1.80%	1.88%	1.39%	0.76%	1.32%	2.29%	1.43%	2.39%	~	1.9%	< 1%	

Inpatient (ACU/ICU)	patient (ACU/ICU)													
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Trend	YTD	Goal	Composite
Stroke Care	91.0%	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	93.0%	92.0%	92.0%	<	91.8%	<u>&gt;</u> 90%	
Inpatient Vaccinations	87.8%	84.8%	89.2%	NC	NC	NC	NC	NC	NC	51.0%		78.2%	<u>&gt;</u> 90%	
Hospital Acquired Infections	0	0	0	1	0	0	1	0	0	ND		0.22	<u>&lt; 1</u>	57.00
Sepsis	20.0%	0.0%	100.0%	14.0%	33.0%	33.0%	0.0%	0.0%	50.0%	ND	\ \ \	27.8%	<u>&gt;</u> 90%	57.0%
Adverse Drug Events	1.8%	0.9%	0.8%	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	\ \	0.5%	< 1.0%	
Pressure Ulcers (HCA)	0	0	0	0	0	0	0	0	0	0		0	0	
Patient Falls with Injury	0	4.2	0	0	2.7	2.7	0	0	0	0		0.960	0.66	

# Acute Care (ED/IP)

- **Highlights:** Continued top performer in Stroke, Inpatient prevention of injury due to falls, Healthcare Acquired Infection prevention, and pressure ulcer prevention
- Opportunities: Influenza vaccinations, ED left without being seen; increasing c/s rates
- Work in progress: Patient Flow Team (RPI), Influenza vaccinations (training, epic documentation, checklist)

<b>Antimicrobial Steward</b>	Antimicrobial Stewardship													
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Trend	YTD	Goal	Composite
Primary Care: Avoidance of antibiotics for URI	100.0%	93.0%	90.0%	93.0%	93.0%	100.0%	100.0%	88.0%	100.0%	92.0%	$\overline{}$	95%	90%	
Primary Care: appropriate testing for pharyngitis (peds)	77.0%	86.0%	80.0%	60.0%	100.0%	83.0%	100.0%	100.0%	50.0%	82.0%	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	82%	90%	33.0%
IP: Days of Therapy	503.9	491.2	638.1	527.3	528.8	744.9	642	592.1	525.3	599		579.3	272	

Surgery														
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Trend	YTD	Goal	Composite
Post Operative Infections	0	0	0	0	0	0	1	0	0			0.1	<u>&lt;</u> 1	
IntraOperative Blood Utilization	0	0	0	2	0	1	1	1	0			0.6	<u>&lt;</u> 1	100.0%
Unanticipated Return to the OR	0.00%	0.43%	0.68%	0.00%	0.33%	0.00%	0.40%	0.38%	0.47%	0.33%		0.3%	<1%	

#### Antimicrobial Stewardship/Surgery

- *Highlights:* 10% overall decrease in antibiotic use for inpatients overall; primary care management/prevention of unnecessary antibiotics for URI; surgical quality/safety
- Opportunities: Antimicrobial stewardship in the ER, surgical glycemic management
- Work in progress: Antimicrobial Stewardship focus in OP settings; recent completion of internal audit

Outpatient (Ancillary, Clinics, Home Health, Hospice)														
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Trend	YTD	Goal	Composite
Pneumonia Vaccine	81.0%	81.0%	81.0%	81.0%	80.0%	80.0%	81.0%	80.0%	80.0%	80.0%		80.5%	60%	
Childhood Immunizations	41.0%	39.0%	34.0%	22.0%	42.0%	33.0%	39.0%	35.0%	37.0%	41.0%	~~~	36.3%	60%	
Hgb A1C > 9 (lower better)	15.6%	13.3%	15.2%	13.6%	11.6%	13.9%	12.4%	14.1%	13.1%	11.1%	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13.4%	≤ 17.04%	60.0%
Hospice: LOS (Mean)	68.5	90.8	119.7	70.0	109.3	58.5	117.9	65.5	65.6		<b>^</b>	85.09	90	·
DI: Safe Imaging Pediatrics	543	NC	525.6	769.7	NC	378.2	367.6	459.4	479.1	432.4		494.4	553.3	

Readmission Rate													
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Trend	YTD	Goal
Known Readmissions in 30 days	2.0%	5.0%	6.0%	6.0%	1.0%	6.0%	3.0%	4.0%	1.0%	1.0%		3.5%	6.00%
Claims based Readmissions		10.8%			10.5%							11%	<12%
Return to the ER within 72 hours	2.11%	1.72%	4.23%	4.65%	2.97%	3.05%	3.26%	3.44%	2.87%	3.49%		3.18%	<3.6%
Home Health Readmissions		11.8%			7.1%			9.1%				9.33%	11.20%

#### Outpatient and Readmission Rates

- *Highlights:* Low readmission rates; outpatient management of diabetic patients; Safe Imaging practices
- *Opportunities:* Childhood immunizations
- Work in progress: Readmission project with PFAC

Health of the Community: Trauma Prevention

- Jefferson Healthcare is a Level IV Trauma Center
- Washington Department of Health provides regulatory oversight
- Trauma designation is reapplied for every three years
- DOH requires that each trauma center participates in an injury prevention program, WAC 246-796-700
  - Jefferson Healthcare has focused on Fall Prevention
  - Collaboration between EMS/ Trauma RN/ Primary Care/ Rehab, Home Health

Injury Type - 2017	Count
Motor Vehicle Collision	39
Fall under 1m (3.3 feet)	15
Fall 1m to 6m (3.3 – 19.7ft)	32
Fall over 6m (19.7 feet)	4
Assault	1
Motorcycle	5
Pedestrian	1
Bicycle	7
Other blunt mechanism	7
Handgun	1
Total	112

Best Practice Care: Patient Outcomes



#### Questions



# Jefferson Healthcare

**Administrative Report** 

November 28, 2018 Mike Glenn, CEO

## Interlocal Agreement for School Based Health Clinics



#### WSU Medical School Institutional Affiliation

- Jefferson Healthcare is now an institutional affiliate of WSU Medical School.
- Our Medical Staff can now join WSU faculty and participate in mentoring medical school students.
- 100% of WSU's first Medical School class born/raised/ directly connected to Washington State.
- The program has greater emphasis on rural healthcare/ communities than other medical schools.
- First class of 60 students began September, 2017.



#### **Construction Update**

- Cardiology remodel
- Dermatology renovation
- Port Ludlow Pharmacy Remodel
- Dental Clinic
  - Bid Opening



#### **Dental Project**

- Board authorized amount \$900,000.00
- Jefferson Healthcare received 3 bids
  - RDH \$970,004.00
  - Hoch Construction- \$1,020,000.00
  - D.P. Wain- \$1,022,000.00
- Administration recommends accepting RDH bid of \$970,004.00.



#### **Master Site Planning Process**

- 7 firms responded to RFQ.
- JH Staff reviewing submittals and scheduling telephone interviews.
- 3-5 firms will be selected for in-person interviews.
- Final selection scheduled for mid January.



#### Discovery Behavioral Health

- Jefferson Healthcare participated in the interview process for their new executive director.
- Mike Glenn, Jenn Wharton, Drs. Mattern and Butterfield interviewed candidate Natalie Gray.
- We concluded Ms. Gray is an outstanding candidate and were delighted to learn she accepted DBH's offer.
- In addition to managing DBH, Ms. Gray will be charged with developing a community wide behavioral health service line and work closely with Jefferson Healthcare as we continue to integrate behavioral health services in our primary care clinics, per the terms of our agreement with DBH.

Partnership opportunity with Olympic Medical Center and Jamestown S'Klallam Tribe.



#### Questions



# Jefferson Healthcare joins an ACO: 3 Year Report

Joe Mattern, MD CMO Dunia Faulx, MPH November 29, 2018

# Agenda

Refresher Course on ACOs (and the RMACO)

Impact in Clinic

Unfulfilled Promises and Big Data

MIPS (and other acronyms)

Next Steps

Questions and Discussion

### Healthcare is Transitioning

Fee for service

Payment Mechanisms

- Shared savings low risk contracts(ACO)
- Capitation

Individual

Subject

**Population** 

WHAT you did

(pay per service)

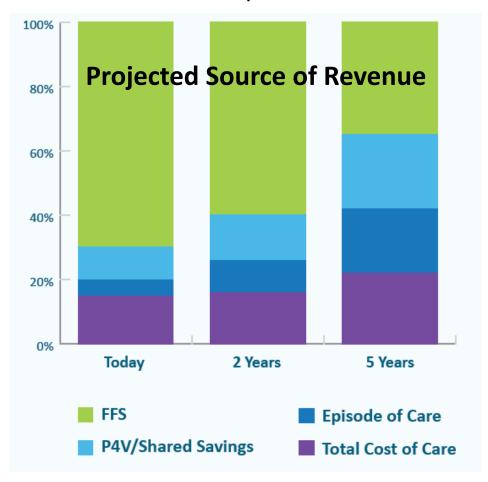
Measurement

HOW you did

(Quality + Total Cost = Value)



#### This isn't a phase.



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

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 valuebased by **2020**.

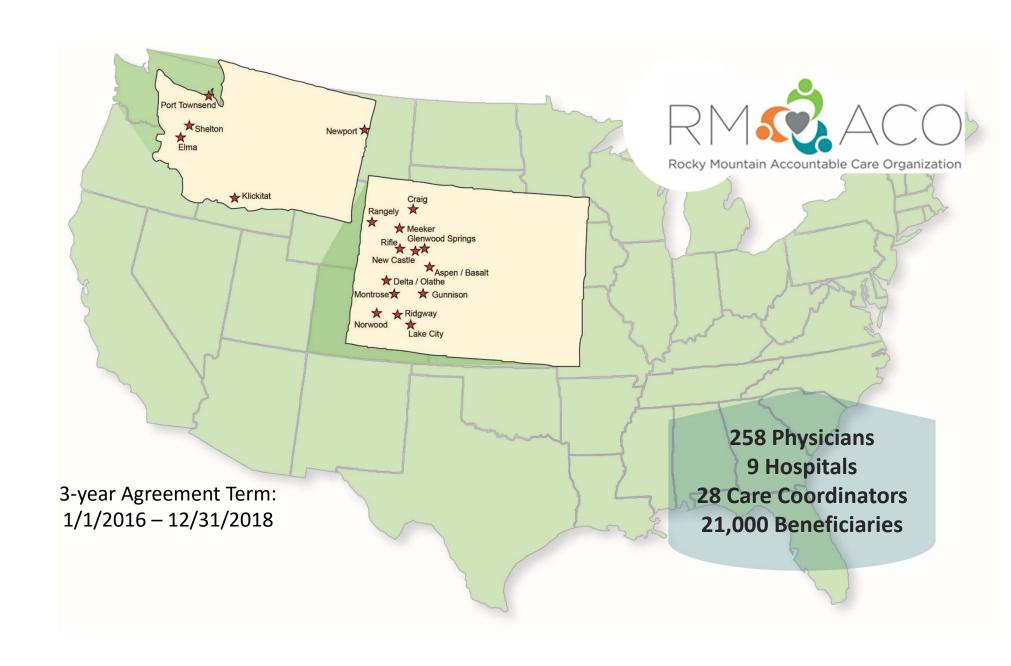
### JEFFERSON HEALTHCARE: TRANSITIONING FROM FEE FOR SERVICE TO VALUE

Fee for service

Community Health Partnerships

Value-Based Care Contracts



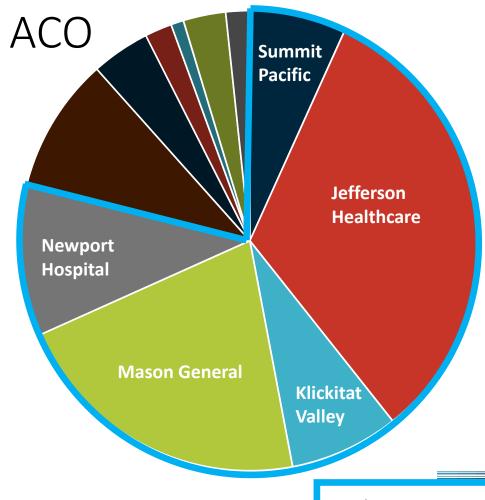


Implementation of a Rural ACO

Beneficiaries

■ Summit Pacific

- Jefferson Healthcare
- Klickitat Valley Health
- Mason General Hospital
- Newport Hospital
- Grand River Health
- Memorial Regional Health
- Mountain Family Health
- New Castle Family Health
- Pioneers Medical Center
- Rangely District Hospital



Washington Hospitals

# Implementation of a Rural ACO: Several Moving Pieces





# Implementation of a Rural ACO: Care Management

Figure. Risk Stratification of Patients Drives Workforce Use in Accountable Care Organizations



Representation of patient mix by risk stratfication

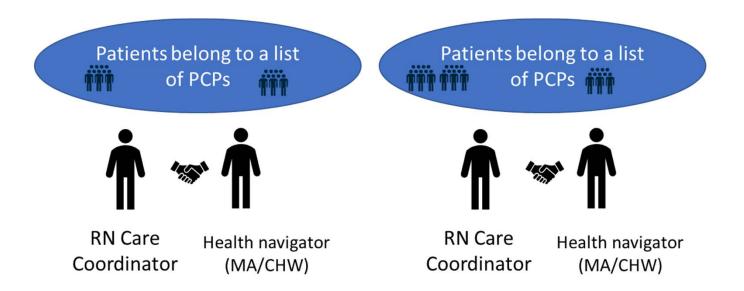
RN Care Coordinators assigned to primary care providers

Responsible for identifying highest risk patients and coordinating care

Also work on wellness visits, care gap closures, transitional care management, and 'other duties as assigned'.



### Care Coordination Staffing Model v. 2.0



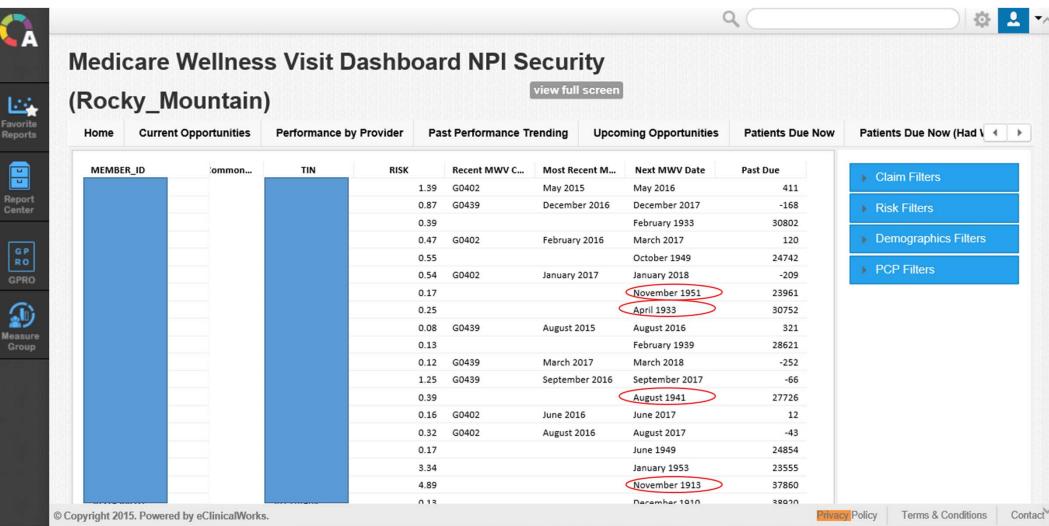
# Implementation of a Rural ACO: Data and Analytics

#### Joe Mattern

#### Top 40 Highest Risk:

			IP	ER	Total	Risk of IP
Epic Name	Age	Risk	Admits	Admits	Expense	(12 M)
Vernon Dursley	68	9.03	4	2	\$196,185	78.08%
Dolores Umbridge	66	7.26	3	3	\$88,400	74.95%
Elphias Doge	91	6.83	2	2	\$118,576	45.81%
Arabella Figg	76	5.98	1	1	\$45,311	15.53%
Marvolo Gaunt	78	5.84	1	2	\$15,821	37.90%
Cuthbert Binns	82	5.31	3	5	\$33,861	62.62%
Dedalus Diggle	92	4.65	1	1	\$52,926	51.55%
Amycus Carrow	75	4.51	1	1	\$88,496	36.23%
Alastor Moody	95	4.46	1	3	\$65,110	61.22%
Sturgis Podmore	75	4.07	0	1	\$9,067	30.98%
Albus Dumbledore	81	3.98	1	1	\$10,963	38.00%

### eCW: Unfulfilled Promises



### RMACO Data Update: Quarterly Snapshots

Representing October 1, 2017 through September 30, 2018

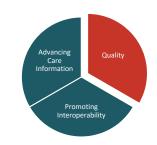
ACO Participant	Patients	Avg. Total Expenses	Avg. Risk	MWV's Performed	MWV Percentage	CCs per Pt.	IP Avg LOS	Avg. ER Admits
Grand River Health	2,006	\$11,399	1.24	258	12.3%	3.45	4.07	0.63
Jefferson Healthcare	6,869	\$8,093	1.08	1703	24.79%	2.96	4.02	0.57
Klickitat Valley Health	1,621	\$9,885	1.04	131	8.08%	3.18	4.57	0.88
Mason General Hospital	4,483	\$9,938	1.18	114	2.54%	3.59	4.36	0.76
Memorial Regional Health	869	\$11,668	1.24	139	16.00%	3.56	4.05	0.87
Mountain Family Health	402	\$9,832	1.25	65	16.17%	3.30	4.14	0.97
New Castle Family Health	189	\$6,484	0.87	103	54.50%	2.88	3.33	0.38
Newport Hospital	2,235	\$8,983	1.06	559	25.01%	3.39	4.15	0.64
Pioneers Medical Center	630	\$14,838	1.22	74	11.75%	3.07	3.56	0.76
Rangely District Hospital	354	\$13,464	1.02	72	20.34%	3.27	3.25	0.90
Summit Pacific	1,423	\$9,971	1.30	255	17.92%	4.04	4.59	0.98
TOTAL	21,081	\$10,414	1.14	3473	16.47%	3.4	3.94	0.76





Measure	2017	National ACO Mean	
Screening for Future Fall Risk	36.70%	64.04%	<b>←</b>
Influenza Immunization	65.14%	68.32%	
Pneumococcal Vaccination	68.68%	69.21%	
BMI Screening and Follow-Up Plan	32.24%	74.45%	<b>←</b>
Tobacco Use: Screening / Cessation	95.26%	90.98%	<b>←</b>
Screening for Depression and Follow-Up	39.89%	53.63%	<b>←</b>
Colorectal Cancer Screening	56.60%	61.52%	
Breast Cancer Screening	64.87%	67.61%	
Controlling High Blood Pressure	67.41%	70.69%	
Ischemic Vascular Disease : Use of Aspirin	92.80%	85.05%	<b>←</b>
Medication Reconciliation Post-Discharge	100.00%	87.54%	<b>—</b>
Depression Remission at 12 Months	4.82%	6.4%	
Statin Therapy for Cardiovascular Disease	80.42%	77.72%	
Diabetes Mellitus Composite	41.82%	39.31%	





Measure	2016	2017
Screening for Future Fall Risk	25.45%	36.70%
Influenza Immunization	56.92%	65.14%
Pneumococcal Vaccination	55.93%	68.68%
BMI Screening and Follow-Up Plan	44.23%	32.24%
Tobacco Use: Screening / Cessation	82.44%	95.26%
Screening for Depression and Follow-Up	25.17%	39.89%
Colorectal Cancer Screening	46.25%	56.60%
Breast Cancer Screening	46.42%	64.87%
Controlling High Blood Pressure	67.04%	67.41%
Ischemic Vascular Disease: Use of Aspirin	70.72%	92.80%
Medication Reconciliation Post-Discharge	76.08%	100.00%
Depression Remission at 12 Months	8.00%	4.82%
Statin Therapy for Cardiovascular Disease	64.69%	80.42%
Diabetes Mellitus Composite	36.55%	41.82%

#### **JH Primary Care Quality Initiatives**

Pneumonia Vaccination	79.7%
Tobacco Screening	99.4%
Colorectal Cancer Screening	62.1%
Poorly Controlled A1C (lower is better)	17.2%



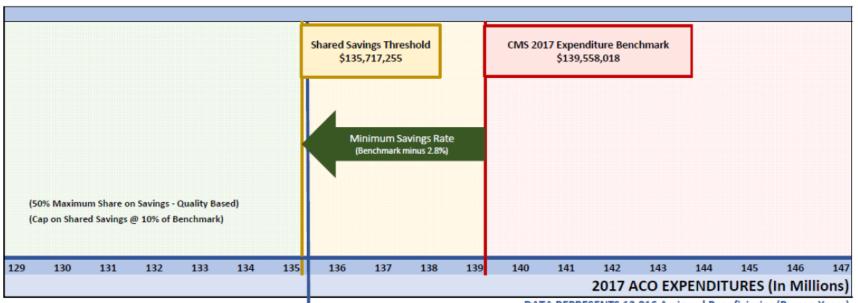


# 2017: Missed Shared Savings by \$16,170



#### 2017 FINAL FINANCIAL PERFORMANCE SUMMARY

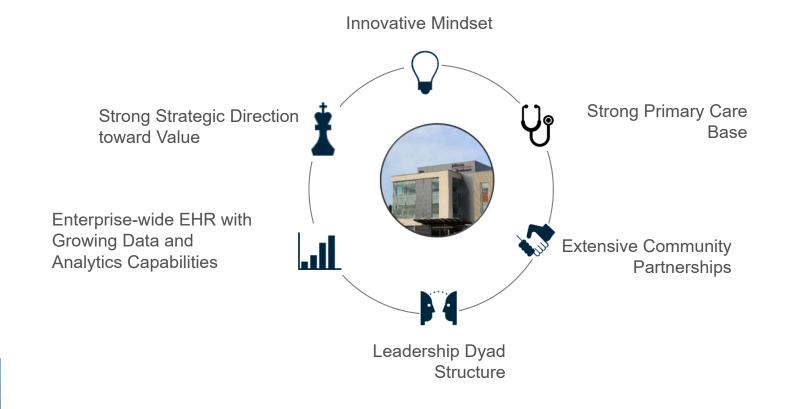
YEARLY EXPENDITURES



DATA REPRESENTS 13,816 Assigned Beneficiaries (Person Years)

RMACO Actual 2017 Expenditures \$135,733,425

# Jefferson Healthcare: Well Positioned for Value



# Federal Administration Push Risk: Taking a Pause

KAISER

# Trump administration wants to overhaul Medicare accountable care organization program

Seema Verma, administrator of the Centers for Medicare & Medicaid Services, said it's wrong to have ACOs that can only make profits but not risk any losses. "We want to put the accountability back into Accountable Care Organizations," she said during a briefing with reporters.

By PHIL GALEWITZ, KAISER HEALTH NEWS



### Rural ACOs: Incorrect Perception

# CMS underestimated Medicare ACOs' savings

By Maria Castellucci | September 11, 2018

The Medicare Shared Savings Program generated \$1.84 billion in savings over three years, which is nearly twice the savings that CMS data show, according to a new study commissioned by the National Association of ACOs. The study, published Tuesday, also found accountable care organizations reduced Medicare spending by \$542 million after accounting for shared savings by the ACOs from 2013 to 2015. This contradicts data from the CMS that ACOs actually increased Medicare spending by \$344 million over the time period. The study is the latest in a series that find Medicare ACOs are saving more money than CMS' methodology shows. Just last week the New England Journal of Medicine published an analysis with similar results. ACO analysts argue the CMS consistently underestimates savings because it's

### Rural ACOs that received loans from the CMS succeeded

By Virgil Dickson | September 4, 2018



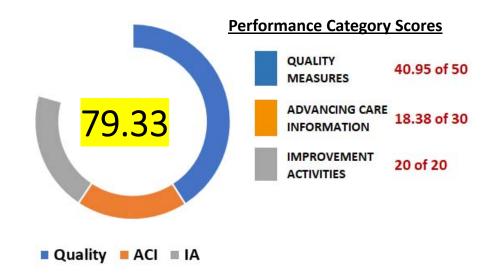
# Medicare Transition to Value: 2 Pathways





#### 2017 MIPS Score

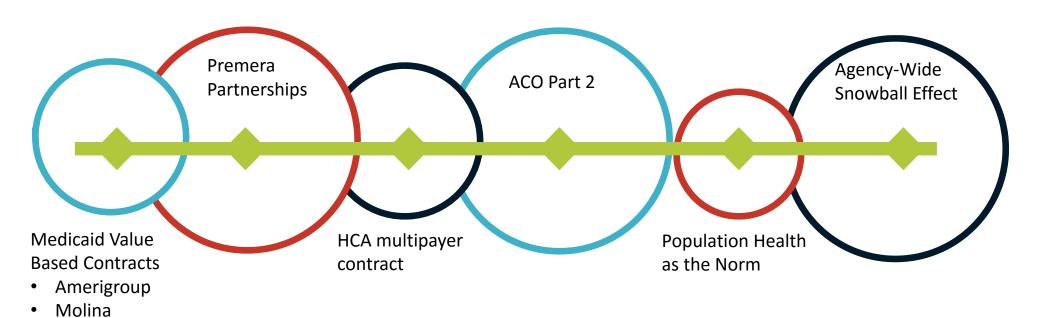
#### 2017 Data Collection Year | 2019 Payment Year







### What Comes Next



# Thanks!

