

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Community Forum
Thursday, April 18, 2017
Northwest Maritime Center
431 Water St, Port Townsend, WA 98368**

Commissioner Buhler called the meeting to order at 5:00pm. Commissioner Buhler, De Leo, Kolff, and Ready were present. Also present was Katie Holmes, facilitator, Mike Glenn, CEO, Lisa Holt, CAO, Brandie Manuel, Executive Director of Quality and Pt. Safety, Randy Holeman, Director of Radiology, Christine Curtis, Process Improvement Specialist, and Alyssa Rodrigues, Administrative Assistant. Commissioner Dressler was excused.

Community Forum:

The purpose of this special session is to hold a community forum at the Northwest Maritime Center, 431 Water St, Port Townsend, WA 98368 on the Jefferson Healthcare 2017-2020 Strategic Plan.

Commissioner Buhler, Mike Glenn, and Katie Holmes gave an introduction to the meeting. Introductions were made from Commissioners, Lisa Holt, CAO, Brandie Manuel, Executive Director Quality, Randy Holeman, Director of Radiology, and Christine Curtis, Process Improvement Specialist.

Public Comment:

Public commented that they had heard from others that lab costs and services are higher than Poulsbo and Silverdale, and this is where they end up going. Public wondered if this is something that Jefferson Healthcare can fix.

Mike Glenn commented that Jefferson Healthcare is very sensitive to hospital charges and routinely performs market assessments to make sure pricing is competitive. It is difficult compare hospital prices for services offered 24/7 with outpatient imaging centers offering services M-F, 9-5. Because of the increased emergency availability (nights and week-ends) hospital costs are higher and therefore prices will be higher. We do everything we can to keep our costs and prices low.

Public commented that their surgeon elsewhere agreed that they can have their scan done at Jefferson Healthcare. Is Jefferson Healthcare able to communicate with these other organization so they can refer back to Jefferson Healthcare? My providers have been very happy with the work done at Jefferson Healthcare.

Randy Holeman commented that Jefferson Healthcare can facilitate the result, do the imaging, and communicate with Swedish.

Mike Glenn commented that Jefferson Healthcare is extremely cost and price sensitive and understand how important this is to our patients. Jefferson Healthcare is constantly looking for ways to reduce both.

Public commented why routine services and the serious services cannot be separated in regards to costs. The public that have cars will travel elsewhere for lower costs.

Mike Glenn commented that you can only have one price and the pricing rules are dictated by regulatory and major payers, Jefferson Healthcare does not have a lot of flexibility.

Public asked if Jefferson Healthcare was classified as a Rural Hospital or Critical Access Hospital and if Jefferson Healthcare receives extra income with that designation.

Mike Glenn commented that Rural Health Clinics are similar to Critical Access hospitals. The structure is more cost based reimbursement for clinic care. The reimbursement Jefferson Healthcare receives is higher than a private clinic, but still below the cost of the services provided.

Public commented that they read that rural health care clinics are reimbursed 125% of costs.

Mike Glenn commented that Jefferson Healthcare does not receive that reimbursement for our clinics.

The public asked if they were to go to the Emergency Department and have a series of x-rays or go to Orthopedics and have a series of x-rays would the costs be the same or billed similarly?

Mike Glenn commented that we have one charge for imaging services regardless of where they are provided.

Katie Holmes commented that if the patient were to go to the ER that they would have the ER costs on top of the x-ray.

Mike Glenn commented that it may not surprise you to learn that the pricing component of healthcare is broken. The system we have now is fee for service. It is difficult to defend certain prices on the charge master. However, it costs a certain amount for a community hospital like Jefferson to meet the needs of our community. Jefferson Healthcare looks at what a cohort of similar costs looks like and what scope of service does our community need and what will it cost. There is a movement now for healthcare providers to be reimbursed differently. The payment model used to be capitation, now it's called population health. Jefferson Healthcare is heading in the right direction.

Public commented that in relation to service it is important to be accessible financially to patients. Location access is important and being able to stay in the community for the care you need most. What is the definition of the community and how do you define the

care that is needed most? I love this system and would love to get my care entirely here.

Mike Glenn asked the board how they would define the community served.

Commissioner Buhler commented that we serve Eastern Jefferson County. We are responsible for Brinnon, Quilcene, Port Ludlow, Port Townsend, Gardiner, Chimacum.

Commissioner Kolff commented that in Port Ludlow there were certain services that they would like close to home. In Quilcene we afford to provide an ARNP that does primary care. Jefferson Healthcare is unable to provide much more than that in a small community to make it efficient care. In Port Ludlow we can provide more services, there will be an x-ray machine, mostly primary care, and any specialty care will be referred to our center. There are limits to what we can provide. It's an ongoing process where it's decided what the highest needs are and how does Jefferson Healthcare balance these needs with what we can afford. Technology and community needs change over time.

Commissioner Buhler commented that we need to make sure our providers have enough work to stay proficient at providing these services. We need to know how much volume to keep providers proficient.

Public commented that to a certain degree you are making assumptions on aging population and you are projecting an assumption on this community in ten years.

Katie Holmes asked the public what else they would like to hear.

Public commented that they don't want to be shipped off to Harborview and that it would be nice to get care here instead.

Mike Glenn commented that people like Katie Holmes take a look at the 25000 people population of Port Townsend and age adjust it and run analysis to predict disease prevalence and service utilization. We live in an aging community, and typically more services are used in an aging community. Jefferson Healthcare has a busy medical oncology because more patients are staying home for chemotherapy. Most patients that get chemotherapy will also have radiation therapy, so a case can be made for a linear accelerator so we can provide this care locally. A linear accelerator doesn't pay for itself so that means we have to charge more elsewhere in order to pay for a service that provides tremendous value to a small group of people. What is right for our community?

Public questioned how our thoughts are being captured and asked if this meeting is being recorded.

Katie Holmes commented that there is a minute taker.

Public commented that they have lived in Port Townsend for 14 years and loved it. They had been to Internal Medicine recently and saw a PA, and thought it probably wasn't the best option to see a PA instead of an MD. If they leave Port Townsend it will be because of the healthcare, the community needs basic care. The community needs

internist, geriatrics, and teen health. A lot of people feel this way and have been patients of doctors that left.

Mike Glenn commented that there are many different ways for community members to access care. In Jefferson Healthcare's view the number one way to access care is to have a doctor available to see patients, and this is a huge problem throughout the country. The aging population is growing faster than available providers. Jefferson Healthcare had a retreat with leaders from our facility to ask their input on what they would like to see on the strategic plan. One topic that kept coming up was access to care. The ability to increase primary care is increasing but not at the pace the community needs. We are in the process of recruiting.

Public commented that we get the providers but can't seem to retain them due to providers moving because of their children, because the schools in the area are not where they think they need to be. I know two doctors that it happened to. Someone will get a physician and two years later are trying to find a new provider and there is a three month wait. Jefferson Healthcare needs to work on retention.

Mike Glenn commented that Jefferson Healthcare has had a few people leave the community Parkman, Meadows, Day. When I look back over the past two years most providers have stayed. Your point however is a good one and it's a challenge we face.

Public commented that they feel providers are rushed because they see so many patients and this causes stress on them. The quality of care has gone down.

Public commented that they went to the ER last week and was there for two hours. They mentioned how crowded it was and how rushed everyone was. There was only one provider and every room was full.

Katie Holmes commented that it is a huge interest for Jefferson Healthcare leadership to retain providers, especially primary care providers.

Public commented that they had seen the last strategic plan but didn't see how it was measured or a conclusion of how it went.

Mike Glenn commented that the board puts together a document with metrics from the Strategic Plan handouts, and questions how we are doing and evaluates the leadership team.

Commissioner Kolff commented that the majority of the issues in the previous strategic plan, leadership has done a wonderful job implementing. Some of the topics are long term, such as recruiting and retaining, which continue to be important issues. Some of these topics never end and Jefferson Healthcare continues to focus on them. We use the strategic plan to evaluate Mike Glenn, who is responsible for following it through.

Public commented that it is unclear what has been accomplished and what is still in the works.

Commissioner Kolff commented that there is still a lot of ongoing work but it's functional and Jefferson Healthcare received great reviews from the DNV.

Public commented that in regards to food Arran Stark's is the best hospital food he had ever experienced and how great it is that he is able to contract with local farmers. A couple of his friends have asked him if they should receive treatment in Seattle or at Jefferson Healthcare and he suggested Jefferson Healthcare. In both cases, they received excellent care. Dr. Norman is a very nice and personable doctor. He said it would be beneficial to have someone study a certain area and present it to the physicians and this could really elevate the level of care.

Public commented that updating the signs to the Emergency Room would be helpful and maybe putting up signs on Sims Way could also be helpful.

Public commented that the hospital took their insurance but the anesthesiologist didn't and wondered why it couldn't be on one bill.

Mike Glenn commented that there has been improvement at Jefferson Healthcare. The CRNA's are now employees and RADIA (who interprets our scans) accept the same insurances. Since it is a closed system it is not a big problem but it becomes a huge problem when separate services are offered. Every once in a while we are informed there is an out of network issue.

Public commented on Grand Rounds and if there is intensive individual learning experience within a group and when this happens the whole group is raised enormously.

Mike Glenn commented that we contract with Swedish and do Grand Rounds once a month.

Public commented that this is a passive way of doing things.

Public commented that they have not had any complaints with Jefferson Healthcare and that the DASH members like the new map. They mentioned that DASH is collaborating with other agencies to do programs such as a Walk and Roll, and the Rhody Run. Also talked about dental services in the community.

Commissioner Kolff commented that the CHIP, which many people in the community helped develop, has access to care as one of the top priorities. One of the goals in access is that Jefferson County residents who seek dental care can receive it. This is an example of how we identify needs and what we are doing about it.

Mike Glenn commented that in some clinic structures dental care can be provided to Medicaid patients at a cost based reimbursement level. Right now our clinics are rural health care clinics. We worked with Rep. Tharinger, Sen. Van de Wege, and Rep. Chapman and spoke about expanding dental services if grant money was made available. We hope to be a one million dollar grant recipient and for that purpose we are

well positioned to have funds to convert and afford a 4-6 chair dental suite and a business model to provide that service at not a huge subsidy.

Public asked what the timeline is for that.

Mike Glenn commented when session ends in June we will know. We will have to make space available and begin working. Maybe this time next year.

Public commented if this dental clinic will provide services to children.

Mike Glenn commented yes it will, and interestingly access to dental care for the Medicaid population in Jefferson County is the worst in the state at the adult and child level.

Commissioner Kolff commented that we need to recruit for dental providers now.

Public commented that they read results that small rural hospitals have a higher mortality rate with joint replacements than larger facilities and that she doesn't not want to be practiced or experimented on. Public asked how do we prove that our surgeons are good.

Mike Glenn commented that our surgeons have read similar studies and disagree with it. They, along with many other clinicians believe that some of the data collections, assumptions, and associations are flawed. The challenge with orthopedics is in order to have an orthopedic surgeon at 3 am there has to be cases for him at 3 pm. You have to have 3 surgeons to have 24/7 coverage, we estimate that over 250 people leave our community for joint procedures, our thinking is that if we maintain the majority of those joints we can provide that service on the same quality and safety par as any organization. I think it is true that small organizations have to be more diligent with patient safety, infection rates, and we are at Jefferson Healthcare.

Commissioner Kolff commented that Jefferson Healthcare did hire very experienced surgeons that have already worked together previously.

Public commented that they will wait until they are a little more experienced, also commented on it being a money losing operation.

Mike Glenn commented that orthopedics provides investment for a positive bottom line and growing this program truly allows it to be a community based program.

Public commented that this could be a huge enormous cost if Jefferson Healthcare is out of line.

Mike Glenn commented that he doesn't think we are and that he agrees they need to be cautious.

Public commented that their husband had excellent care but had to go to a different hospital to see a cardiologist, without having a cardiologist at Jefferson Healthcare people will leave.

Mike Glenn commented that Jefferson Healthcare now has a cardiologist. He mentioned that a challenge for rural organizations is providing high risk care. In our OB department the patient may have issues due to their pregnancy we can't address or we don't have a cath lab available or even open heart surgery options in the event there is a very scary outcome. This is a challenge of a rural community, we ask what services we can provide safely at a high quality if something goes to a bad place and we don't have the next layer of specialty services.

Public asked if there are a lot of cardiology patients.

Mike Glenn commented that there are not a lot of people that have cardiology disorders that our orthopedics team would be concerned about.

Commissioner Kolff commented that Jefferson Healthcare has heard of particular patients or situations like the one the public is commenting about and it is very real. When you look at population data this is one of the issues we look at in terms of what percent of patients that have orthopedic surgery and need a cardiologist on site or how many need a cardiologist visit and come back and have surgery. Our guess is that there are very few that can't get surgery here because of their cardiac condition.

Commissioner Buhler commented that Jefferson Healthcare is very centered on patient safety and it is our number one priority. Jefferson Healthcare wants to make sure every service is as safe as possible.

Public commented on safety being the number one priority but how does leadership and the board pick top priorities over others. How does the board and leadership know which is most important and is this part of the process.

Katie Holmes commented that it depends on the situation at the time and this is what the Commissioners think fits best now.

Public commended on whether they get this consensus through conversation.

Public commented where dental would land when prioritizing.

Commissioner Kolff commented that that as a board they set big goals. Mike Glenn and the leadership team add sub goals and strategies which then comes back to board. Each year we rely on Mike Glenn and his leadership team to tell us what they want to work towards and how to allocate those resources and what we can live without.

Public commented on it seems Jefferson Healthcare is picking low hanging fruit.

Commissioner Ready commented that our purpose is to help the community be healthy and we have collective wisdom from every member of the organization channeled up to our Leadership team. It is a messed up healthcare system.

Public commented that in order to make a three year strategic plan Jefferson Healthcare must be making assumptions about the future. Some of us use WebMD there may be technology expertise available to Jefferson Healthcare, are you seeing this in the next three years.

Mike Glenn commented about tele primary care visits and advanced technology.

Commissioner Kolff commented that technology will expand in the future and that is why we look at a three plan rather than a ten year plan.

Public commented about a fifty year plan.

Mike Glenn commented that about a month ago our entire healthcare financing system was being lobbied to change. Not knowing how you will be paid impacts your ability to plan. There is wisdom in a 10-20 year lookout but as far as the demand side, part of the madness is that your whole payment system that drives your delivery system can change.

Commissioner Kolff commented that we weren't sure what we were going to do about dental and now we are a recipient of a million dollar grant.

Public commented on what percentage of care goes to people under 65 and how do you pay for it. What would have happened if the ACA had been appealed and a new plan were to get passed.

Mike Glenn commented that about 60 percent of services are Medicare and 15 percent is Medicaid, with 25 percent commercial insurance. The ACA is no means perfect but it was successful in our county in regards to bringing in people who didn't qualify for old Medicaid now do qualify for Medicaid expansion which is a great thing for their families and we started receiving revenue. Jefferson Healthcare starts to think about what systems we would have to put in place and who would qualify now and not the next day, also how would this be paid for. We want to provide the care easy, how to do this and not go broke.

Public commented that sometimes the same goals get repeated in several goals, has there been a process for scenario planning. Is there a contingency plan in case the world switches.

Mike Glenn commented that Jefferson Healthcare has not gone through a robust contingency/sensitivity plan.

Public commented if there has been scenario planning.

Mike Glenn commented not to the extent that we could. For Jefferson Healthcare if the scenario is Medicaid or Medicare gets reduced or the mill leaves town, this will be fewer resources so Jefferson Healthcare gets smaller. We would then have to go through the painful process of what our community's core services are.

Public commented that it's important to plan for growth also.

Mike Glenn commented that costs are growing so we have to grow just to keep ahead. It is fun to plan for what you can do with more resources, we tend to do more of that.

Public commented that physicians occasionally look at the patient but are very distracted by the computer. When they went to the doctor there was a medical scribe and this was an enormous improvement. There needs to be more direct interaction.

Mike Glenn commented that this was a pilot project after Jefferson Healthcare was experiencing provider dissatisfaction and finding that providers wanted to focus more on the patient.

Public commented that patients are very concerned about not having interaction with doctors and this could have a powerful effect on what the doctor is prescribing.

Public commented that he noticed we have a problem with recruiting and retaining doctors and was notice we have a very low percentage of foreign or minority providers in comparison to other hospitals.

Mike Glenn commented that it is shocking to hear that and it is not by design.

Commissioner Kolff commented that many foreign born may not want to come to a town that's mostly a white population. There are many things that draw a family to the big city. There is a growing interest to grow providers in rural communities so they are used to rural communities. We are looking at that possibility.

Public commented if we are using our nurse practitioners to a higher extent.

Mike Glenn commented that as a rural hospital Jefferson Healthcare is required to have an ARNP or PA on site at least 50 percent of the time. Yes, we do use them and we can and should use them more.

Public commented that UW Japan just came recently to see how our PA's work in a rural health care setting.

Public commented that they do not see where the Community Health Improvement Plan fits in the strategic plan.

Mike Glenn commented that it would fit under Growth and Innovation with collaborations.

Public commented that Jefferson Healthcare said they would get a committee together regarding collections and this never happened.

Mike Glenn commented that they are standing that committee up, it has to do with the administrative bandwidth and the small team we have. In order to do all the things we want to, we need to do them well and as quickly as we can. Jefferson Healthcare has made a huge commitment to CHIP and funded half of it and is also hosting the executive director. Jefferson Healthcare is thrilled and along with the county, city, and health department we can ensure that CHIP is a huge part of the health and wellness of this community. I am quite certain that you will see CHIP on strategic plan.

Public commented that they had recommended sending the board each month a list of people that were sent to collections and it should be a big deal. It has not been done.

Public commented on having an update on having mental health services.

Mike Glenn commented that Jefferson Healthcare is in the affiliation process with Discovery Behavioral Health and the next meeting is this Thursday. We are marching through process, clinic, operational, and financial issues. We are developing a co management committee to make sure Jefferson Healthcare understands all we need to know about the services they provide. We are deciding if this is a service line we are comfortable with and can provide it with the same quality that DBH does.

Conclude:

Commissioner Buhler thanked everyone in attendance for coming.

Commissioner Buhler made a motion to conclude. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 6:37 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____