

**Healthcare Sustainability Project Subcommittee and HMS  
PUBLIC INPUT MEETING  
April 25, 2019 @ 5:30pm  
Grand Encampment Opera House**

**For more information please visit: [www.plattevalleyhealthcare.org](http://www.plattevalleyhealthcare.org)**

Discussion Topics

1.) Introduction to members of HSPS and HMS

Introductions from Leslie, Teense, Mark and Karl (explained his background and connection to healthcare)

\*\*\*Survey will go until Sunday 4/28. Up to 460 responses.

2.) How did we get here?

We've been lucky to get this far without having to shut the doors.

- a. HMS facility management progress (short/long term)  
Saratoga Care Center was given 4 years ago after last failed. Then HMS took over. HMS had to assess it for what it is and what it can be. HMS knew in the long run there is a chance for it all to become a hospital. The quality of care is there but there are not enough residents to continue operating as is. The Clinic had struggles with old Dr. and HMS assumed management of clinic and has worked hard to staff and stabilize.  
Between the 2 entities they hoped to be able to break even. (it is proven that currently the current arrangement is financially impossible)
- b. Define the reason to build a Critical Access Hospital
  - i. Government program through Medicare is designated to rural communities. Being able to combine nursing home and hospital allows us to qualify for reimbursement for senior care and CAH.
  - ii. Leslie explained we have had a difficult time describing the look and feel of a critical access hospital to the community but it is gaining acceptance through facts and education. Examples of the services are: ER, lab services, radiology, PT, dietary services, visiting specialists
- c. Role of HSPS and non-profit organization development
  - i. We are here to measure the economic sustainability of operating a hospital and offering the services needed.
  - ii. If we can free up the costs absorbed by Corbett Medical (500K last year), that gives CMF a lot more capacity to put that money towards other needs and specialty services
- d. Recap of Research and Developments to date  
The relationship of all entities involved and their roles moving forward was nicely presented in Saratoga Sun graphic in March 24<sup>th</sup> newspaper. (special thanks to K.McLendon)

3.) BKD Timeline (Sustainability Study Company)

- a. They will prove us right or wrong, but will prove it with factual demographic and financial data. This is a mechanism implemented so that we can all recognize that it works.

- Phase I outcome

- Phase II engagement and what are our goals?

Phase I proved we should move forward. Phase II will present more detailed financial forecast modeling.

#### 4.) Senior Care Center Update

- Current Financial Status / Sustainability

The financial status is poor and unsustainable. Senior Care Center was in serious jeopardy of closing a year ago. Karl and HMS has been floating the facility costs.

- Future Integration with CAH

The only way to keep senior care in Saratoga is to qualify for Medicare reimbursement under the CAH designation. We have been given the green light to qualify and now must include both facilities in our financial forecast modeling with BKD.

#### 5.) Healthcare Survey Hot Topics - **OPEN DISCUSSION**

- Services available with a Critical Access Hospital

- Affordability of Critical Access Hospital

- Full-Time Physician needs

- Challenges of Staffing a larger facility

- Alternative Planning

#### **Questions:**

501c3 is said to run the hospital.....will there be elected positions?

We have not discussed it very much. We operate more as a development board and there will eventually be a formal "operating board". The process of establishing a qualified board will continue for at least 3 months.

If community owned, the community should get a voice in who fills the positions.

One entity should not be appointing all the board members.

Mike: Did you research other hospitals and how their boards were run? Like Douglas?

Yes. We asked all the southern MT hospitals and each hospital operated with similar board structure. Ruby Valley Medical is a good example.

We've talked to the CEO of Ivinson Memorial and they are supporting our goals.

Group shared entity relationship and cash flow chart explanation to group.

What about average Medicare patient coming in? Co-Pay and 20% contribution from patient.

That 20% can get really big if not properly cared for.

Tell us more about Ruby Valley Hospital?

First facility in 1960's. 15 beds was oversized for community. They had an option to close or build a new facility. Is it sustainable? It is now. Their tax subsidy goes only to the senior care facility operational costs. (It is undetermined if our project will need tax subsidy)

What is our total project timeframe?

If everything goes perfect (including financial modeling) the road map shows us in a potential hospital groundbreaking in 2020. Realistically we are probably shooting for a 3-year time line.

Have you found a CAH location yet?

1. Kathy Glode Park location is being researched. It's great because its right by other medical bldgs., has the water/sewer/electrical infrastructure available and it's close to airport. The park could potentially be moved to a new location.
2. Water tower between school and library. Utilities are there already. You could build in that lot and not ruin people's views. Ambulance responses would have to drive by residential.
3. Airport land behind the hangers. We would have to develop the sewer system. There are private land areas to navigate around there too.
4. Community Garden area all the way to hotpool. This would be a long narrow lot.

If report comes back negative, what do you do? What they come back will be not a NO WAY but "here's what you would need financially to make it happen?" For example, the study could come back and say you would lose \$100,000 per year.

Does the community feel if there are no nursing care services, would you still want to build CAH. What have you been hearing? 24hr. care, the right services, nursing home, keep healthcare with local control. There are a lot of generations here that want to remain here. TeleMed machine is here to offer remote care. One main goal is to expand services available.

How are we going to get doctors here? How do we find the hunting/fishing/outdoorsy types? This area will be difficult. (Karl told story of finding Brad Ferguson, he was elated to work here because of all the recreation opportunities) We could spend all of our money on a doctor right now but that money wouldn't last very long at all.

Corbett is still standing behind making sure our staffing expenses are covered to the tune of \$205,000 per year.

Ruby Valley example. People want to work somewhere nice and new, with updated technology and infrastructure and safety. When Ruby Valley became serious about a new hospital and plans were drawn there was staff offering their employment before they even broke ground.

What about bringing in residents? Lab techs, Nurses?

New NP Emma Bjore from Laramie is a good example. We had a group from Washington DC that toured our clinic. They took notice about staff and patient friendliness. They were impressed at how much we can already do in our clinic. Most medical residents are required to

serve rural communities early in their careers. Example, Whammy in Wyoming. (remember when we opened a temporary clinic in the community center?)  
Nathan Houg (Sundance, WY Hospital) works for HMS and is approaching these types of programs.

What are Encampment residents hearing about the Healthcare project?

-What's going on with Will Faust trying to raise our taxes?

-What's biggest fear?

-That it doesn't happen or it fails. Then we'd lose ALL healthcare in valley.

-Elderly and Emergency medicine needs. **NOTE:** this year there were 70 dangerous (or impossible) travel days on I-80.

-There is a hospital in Rawlins, why do we need one here, will this create competition?

-There is not a lot of traffic to Rawlins actually, especially Emergency care. We will always continue a good relationship with CCM. We need their support of course.

So... we fit the model and we are doing the financial study, there is a forming of the non-profit.... What is our time frame here? **We are raring to go. But we would be a fool to jump in.**  
Could we see things happening in a year? **Yes.**

Will there be a component for Hospice Care? **Yes! Maybe even sooner than hospital. Sharon's Home Health, Wyoming Home health Sheridan / Buffalo area. Karl's new Home Health company is about ready to go....maybe here in Platte Valley soon.**

Will there be a full-time EMS crew? **Yes, SCWEMS was approached to come on with HMS. There are still a lot of negotiations to be had. Ambulance services are an allowable cost in Medicare reimbursement.**

Susan Foley: "Don't underestimate security when it comes to recruiting staff. Job security for paramedics, nurses, lab techs, they all want to know they have job security.  
Thank you all for coming and sharing your questions and concerns. Please encourage people to come."

**Moving forward every 4<sup>th</sup> meeting will be here in Encampment.**