

**Healthcare Sustainability Project Subcommittee and HMS  
PUBLIC INPUT MEETING  
April 17, 2019 @ 5:30pm  
Platte Valley Community Center Great Hall**

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

Committee Members:

George Haigh, Will Faust, Teense Willford, Sonja Collamer, Leslie McInsky  
CMF Participants: Mike Glode, Laura Bucholz, Dulcie Schalk  
HMS: Karl Rude, Mark Pesognelli

- 1.) HSPS New Social Media Outlets and Healthcare Survey Update
- Website, Facebook **The group will be using a new email address and sending out correspondence and meeting reminders from: [plattevalleyhealthcare@gmail.com](mailto:plattevalleyhealthcare@gmail.com)**
  - Survey Reminder **441 responses so far. There are still hard copy surveys available around town. Survey will end next Friday 4-26. Results will be on group website and presented at May 8<sup>th</sup> public meeting.**
- Facebook survey results went around 1200 different Facebook accounts.  
Thank you to Mark P and local American Legion has been a great proponent of increasing survey results thanks to their hand delivering efforts.**
- **Sonja Collamer put in extra time entering hand written surveys (over 70)**
  - **A lot of feedback showed many residents don't even know what services are available now.**

- 2.) HSPS non-profit organization development **(we are volunteer community vision casters)**
- What will be their role moving forward?
    - **Owning the physical plant **Contract relationship with HMS****
    - **Hiring/firing the management company (HMS) / entering into contracts w/mgmt company**
    - **Employing operational staff (mgmt company will staff upper mgmt)**
    - **Applying for grants and loans**
    - **Own furniture fixtures & equipment**
    - **Accept contributions from Corbett Medical Foundation**

**HSPS has been working with Wyoming attorney to build non-profit structure and organizational ByLaws.**

**Explanation of the new balance:** Karl brings expertise and experience managing staff. Operational staff would be paid by hospital and hospital board. Karl admitted that him managing all the staff would put the hospital at risk of losing staff should HMS not stay manager. Karl said, "Don't give me that much leverage, the hospital staff needs to be managed by medical board."

**Future hospital board will want physician's experience, legal and business professionals and medical industry professionals. Retired and/or out of state board members could be recruited.**

- The community will own the physical plant.
- Organization outline from attorney to make it onto the website ASAP.

Public comment: Idea about adding a chief nursing officer?

### 3.) BKD Timeline (Sustainability Study Company)

- Phase I outcome data was enough to show ample patient throughput and high rate of Medicare patients.

- Phase II engagement and what are our goals?

\*\*\*Remember we hired BKD to protect the community from getting in over our heads.

BKD has been notified that modeling should include: Clinic, Pharmacy, CAH, Senior Care all on one campus (Medical Center). Area to include 6-9 acres and facility to measure roughly 44,000 sq ft.

- Therefore, the contract price with BKD is increased. Karl and HMS will pick up additional costs for adding Senior Care to BKD study

Phase II invoice to Corbett Medical is \$31,000 (\$44K total).

The decision to move forward with Phase II financial modeling is getting approved by CMF and the forecast models will be rolling out soon.

- Staffing cost estimates are part of financial modeling in Phase II.
- Phase II include discussions with Mike Burke and John Semingson from Ruby Valley.  
-Karl to approach Semingson about getting involved with our project/community.

BKD will soon need to know:

- What Core Services will be offered?
- Any new financial opportunities?
- More detail regarding our planning timelines?

### 4.) Senior Care Center Update

- Current Financial Status / Sustainability

On a positive note: Karl said, Senior Care Center was profitable last month. Long term strategies are taking shape and showing results.

Q: A: Karl explained, being profitable is what makes hospitals run. Saratoga Care Center has been a struggle to be profitable. This created inspiration and focus to be as minimal and profitable as possible

### Other healthcare notes:

- Karl stated to community that he will not be on the healthcare board and the decisions are the community's....supported by the community for the benefit of the community.
- Reminder to the public that a Critical Access Hospital designation allows all of our facilities to be able to qualify for federal Government reimbursement.

- Susan Foley has been pulled off of Corbett Medical payroll support.

#### - Future Integration of Senior Care with CAH

Karl (HMS) had many discussions with the State of Wyoming and it was recently approved that a Senior Care facility could operate in conjunction with a CAH and both facilities (under one roof) would qualify for federal Medicare reimbursement programs.

“Extended Care Facility” will be the proper term moving forward.

25 BEDS total. 5 will be dedicated to Urgent Care

Intermediate Swing Beds (Medicaid reimbursement is 60%) They will be all PRIVATE rooms.

**Note:** This is excellent news and will allow us to use space in the hospital to keep nursing home beds in the community. Medicaid will pay for those people to be there.

Q: Keith - Given the state of the Valley will there be room for expansion?

A: Unfortunately, 25 beds is a hard stop number. Home Health could cover overflow. While we build a more mature landscape in the community we can continue to grow services.

Q: Who gave approval to integrate?

A: State of Wyoming. Karl was able to give names. It has been a combined effort to hold everything together.

#### 5.) Ambulance Services

- There have been planning discussions with Mayor Zieger and those will continue.
- Karl and Mark attended SCWEMS meeting and had very positive discussions with Karran Bidwell. (she is SCWEMS board member and helped setup CAH designation for Carbon County Memorial Hospital. A potential work agreement is in progress.

Q: Is an ambulance addition going to be a part of the hospital?

A: Yes, it could be put on a cost report for what the government can reimburse.

- An allowable cost on CAH for ambulance (70%) The rest will come from private pay.
- Current SCHWEMS 24% gets covered.

*Example:* If we did 1M to service healthcare need and 70% of patients are on Medicare. The government will pay \$700,000.

Q: Will there be an ambulance bay on the hospital?

A: Hopefully, but if not, we can certainly use the existing ambulance bay.

#### 6.) Healthcare Survey Hot Topics - OPEN DISCUSSION (Q&A)

- Services available with a Critical Access Hospital

The service lines include: ER Care, Inpatient Acute Care, Transitional Swing Bed Care, Post-Acute Care, Endoscopy, Diagnostic Radiology, CT & Ultrasound, Mammography, Hospice and Home Care, Lab (Walk-In) Services, PT, OT, Speech, Cardiac Rehab, Outpatient Nutrition, Public Health Services (Immunizations, Disaster Preparedness, Maternal / Child Health

- Affordability of Critical Access Hospital

Q: If we can't afford what we have how do we do this?

A: Stop looking at it like a business and look more like a government program (Medicare).

- Full-Time Physician needs

Q: Why do we still not have a full time Doctor?

A: On the grand scheme when a facility is in the works the doctors fall into place.

- We just don't have the affordability until we have a CAH.
- It is estimated a full-time physician salary is: \$330,000 salary.
- To get a full-time in town it will not be possible until we have a CAH.

Recruiting update from Karl: We are looking at a Dr. of Osteopathy (Dr. Connolly from Fort Collins) has offered to be available via TeleMed.

Q: What is a D.O.?

A: Same licensing, Different training.

- Challenges of Staffing a larger facility

Q: How can you do it Karl?

A: We work in many small communities and I've learned staff wants new facilities. The patients and residents want to be there.

Q: Have you worked with Universities or community colleges? A: Yes.

Nancy J. commented: Bringing back healthcare is going to be a big help on the nursing home. Once nursing home is improved and our residents will be more encouraged to stay here.

Q: Will there be Government qualifiers down the road that we will have to adhere to?

A: Yes, the Government has compliance measures we will have to follow to accept reimbursement. As does the USDA

-operational reports will be required to stay qualified for loan.

- If we don't take advantage of these programs another community will.

**Note:** This project will be bringing skilled workers to our town. For every 1 job a hospital creates 1.3 jobs in the community.

Q: If we have a CAH will medical bills go up?

A: Fee for service metrics will show what CAH needs to be charging.

Q: Are you using In-Network doctors? If your surgeon is not In-Network how are you protected?

A: For the most part, we will not be doing any surgeries. All staff will be credentialed together to work within the insurance company.

Q: Will you do dialysis (testing kidney function)?

A: No. We wish.

Q: What happens if the feasibility study comes back a no-go?

A: We would have to close the nursing home and the clinic will live on. The clinic was built in '96 and made it this far thanks to private support. The community will have to continue to find a way to pay for it.

**Q: How can we grow attendance at these meetings?**

Suggestions from community: Let's get an image of what is happening so that attendees can see the big picture. Maybe these graphics are sent around town. Seeing the potential could help gather support. Open discussion on how can we make this a simpler process to see?

How do we brand this facility?

\*\*\*It would be beneficial to Highlight all this information for the senior care residents right now.