

**BOARD OF COMMISSIONERS
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY**

March 25, 2021

Due to CoVid-19 protocols, this meeting was offered via tele-conference. Those in attendance: Commissioners: Robert Rosencrantz, Lois Robertson, Terry Zakar, and Susan Johnson. Lynnette Elswick was excused. Executive Officers: Tom Wilbur, Kim Manus, and Joseph Clouse. Others: Michelle Nedved, Newport Miner; Linda Miller and Gina Harris, Providence Health Systems; Casi Densley, John Stuiwenga, Jane Tilley; Casey Scott, Jen Allbee, Jennifer Johnston, Becky Dana, Jan Steinbach, Regan Ireland, Jenny Smith, Doris Hiebert, and Nancy Shaw.

CALL TO ORDER:

Terry Zakar, Chairperson, called the meeting to order at 10:03 a.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA / CONSENT ITEMS:

Included in the consent packet: Meeting Agenda, Auditors Report and Uncompensated Report.

Two action items were added to the agenda for review: 1) Extension of the Families First Coronavirus Relief Act (FFCRA); and 2) Engage with Trinity:NAC for an “order of magnitude” project cost estimate necessary to proceed with 2021 capital/facility pre-planning.

APPROVAL OF PREVIOUS MEETING MINUTES

After noting the misspelling of “Oreille” in the header of the minutes (to be corrected) and a brief discussion concerning whether January minutes reflected a comment or a question regarding executive incentive compensation was clarified as correct, the meeting minutes of January 28, 2021 and February 25, 2021 were approved via motion made, seconded and unanimously passed.

The following consent agenda items were approved as presented by motion made, seconded and passed.

Auditors Report – February:

Warrants disbursed: #219673 through #219711	22,775.64
Premier Warrants #300348 through 300630	1,130,433.43
Premier Electronic warrants: #400026 through #400044	345,357.78
Mountain West, Loan payment, disbursed 01/11/21	<u>40,000.00</u>
Total, warrants and disbursements	\$ 1,538,566.85
<u>Bad Debt/Charity:</u> February, 2021, inclusive District Write-off	\$ 102,798.58

BUSINESS FROM THE AUDIENCE

EPIC Conversion: Regan Ireland presented an Epic update, noting we are near the end of the second week of our Epic EHR transition. She indicated that implementation was going as planned and there have not been any major issues to date. In fact, as compared to other implementations, there has been relatively few trouble tickets submitted at all. She specifically recognized Dr. Aaron Reinke and Candace Abraham as key members contributing to the success of the rollout on the clinical end. Regan and the entire NHHS/PHS/Epic team were thanked by the Board and Tom for their tremendous efforts.

Regan welcomed from Providence Health Systems Linda Miller, our NHHS Project/Site Lead and Gina Harris, Executive Director of Nursing Clinical Informatics for Community Technologies. Gina, whose background is in ER nursing, noted she has participated in more than 25 “go live” events. She complimented Regan’s commitment to the success of the project and noted that with her leadership, NHHS was as prepared as any site they have ever worked with; Dr. Reinke as well as the entire NHHS staff has also provided great support and assistance to the transition.

Linda Miller noted that there have been approximately 80 sites that have converted to the PHS Epic System (totaling 119 hospitals/800+ clinics) and explained that NHHS’ conversion was the first to occur during a pandemic. She noted there were a total of 264 trouble tickets submitted during implementation; of those only 30 remain open. Typically, the Command Center’s target is to have an 85% closure rate before they leave (which will be Friday, Mar. 26th). Gina added there were two unplanned downtimes – issues stemming from Providence network/server upgrades. However, there is a Business Continuity binder located in each department in the event of a downtime. Overall, there were only minor issues, which have been corrected. An informatics page has been created on the District’s intranet site that includes specific information related to downtimes and forms. Planned downtimes occur during the least peak hours – usually on a Saturday at 2:00 am. Details of managing care and records during downtimes were discussed.

Commissioner Rosencrantz commented that he was impressed with the organization’s robustness during times of high stress; he extended his compliments to Regan and all other staff members who rose to the challenge and truly worked as a strong team. Tom noted that the entire front line leadership (managers/leads/staff) were ready to get the ball rolling; they all wanted to just get Epic up and running when “go live” hit. Linda noted that NHHS line managers were very engaged and took total ownership in their operating areas and systems – she was very impressed with everyone’s attitude and efforts.

In early May, the Providence team members will check back in to gather information and provide assistance where needed. Gina and Linda thanked the staff members at NHHS for their cooperation and kindness. Of note, they complimented the EVS team for keeping everything exceptionally clean and the Dietary service was outstanding. The Commissioners and audience thanked them for their assistance and on a successful Epic launch.

For discussion continuity: Doris Hiebert, RN, joined the meeting much later to comment on the Epic conversion from an ED front-line user perspective. She noted that earlier medication reconciliation training would have been helpful, but strongly commended the nursing staff for their time commitment and efforts on the Epic conversion. Tom pointed out that the pandemic caused remote training challenges and seconded the collective efforts of all the staff who work through all of those challenges.

COMMITTEE REPORTS:

Joint Conference: Tom Wilbur indicated that Dr. Aaron Reinke, Chief of Medical Staff was on break this week and not in attendance, but he had visited with the providers earlier in the week and noted the medical staff was generally pleased with the conversion; it’s still an EHR, but things were going as good (or better) than they expected. They said the PHS/Epic conversion support has been excellent.

Epic Revenue Cycle: Kim reported that department managers were also fully engaged on Epic revenue cycle, ensuring accurate recording of charges, etc., especially after adapting to the structural changes between Meditech and Epic within the charge master system; which Epic affords managers an opportunity to better assess the financial aspects of their departments.

Kim explained some of the impacts related to adjustments in volumes/charging as compared to old systems. She also would be checking into the first round of claims processing to be sent out since conversion. Tom noted the revenue cycle conversion/training essentially occurs in real time; as pre-training on the new system is almost impossible.

Commissioner Zakar commented that she was impressed with the Epic "My Chart" feature, noting it was efficient and saved time.

Finance: Casi Densley, Controller, presented the February financial statements noting the new system reports now include statistical information. She indicated an additional \$411K in CARES funds was received from WSHA in February; but it is considered deferred revenue at this time. Casi reported a \$621K loss in February; this is due to decrease in revenues attributed to a shorter month, lower volumes, and EPIC go-live.

Casi continues to work on year-end closing and will provide updates over the next few months. The process has taken longer than usual due to the many changes with the system and reconciliations. She noted net income as of December 2020 was a loss of \$167K, after posting a \$542K cost report settlement payable; \$130K was for 2019 and there was an interim rate adjustment of \$412K for 2020. Casi explained Noridian entered the adjustment in error, dating the settlement back to 2002 vs. 2020; which charged the District \$200K in interest, but that was ultimately refunded back in February.

Commissioner Johnson asked if anyone had noticed the error in overpayment. Kim explained that Noridian was contacted immediately upon receipt of the notice and asked to explain the discrepancy; however, it took over a month before we received an answer and the refund.

On a positive note, Casi explained that the business office and financial team set a goal last year to reduce Days in AR to 45 prior to the Go Live date; she noted one year ago Days in AR was 53; during March the Days in AR were 44.6, with 183 days unencumbered cash expenses-on-hand.

Tom clarified that December financials reflect impacts from CoVid, EPIC transition, and the cost report settlement error. The District's 2020 cost report will likely be filed in July following our financial audit, but he would expect a significant cost settlement due, particularly after the interim rate adjustment factored for 2020.

HR Update: Joseph Clouse, HR Director, referred to the Current Open Positions report as of March, noting a UR Case manager position remains open and two candidates interviewed for the Compliance Officer position; though both had salary expectations higher than our District salary scale. He did note we had received another promising resume and that a LiCSW was also interested and in the queue. There are currently 307 FTE's; somewhat higher than our goal; Joseph attributed this to continuing employment of temporary greeters at the hospital and clinic, and additional EVS help due to CoVid.

Joseph continues to search for a rehabilitation aide (a per-diem position); we hired 2 NA-C's this week and a NA-C class is planned in April; he noted a minimum of 4 of 6 graduates will likely be considered for potential hire at RMAC. The NA-C class may be offered more frequently, depending upon interest.

There are several candidates in the queue for RN positions and Patient Acct. Representative. A promising interview is scheduled next week with a candidate with 20+ years of experience as an IT hospital system director. She has recently relocated to Cusick, WA, and desires to work closer to home.

Joseph reviewed an action item regarding the American Rescue Plan Act which extended FFCRA [Families First Coronavirus Response Act] thru Sept. 30, 2021. The program offers Covid related paid sick leave for up to 2 weeks. In October, we had extended this benefit to all clinical staff, (previously excluded) and then extended coverage to March 31, 2021 – it was scheduled to expire December 31st. Under the new extension, if we participate, we will follow new rules effective as of April 1; which mandate the full plan must be offered to all staff members and that any previous time taken be reset to zero. Joseph explained that previously sick pay was offered only due to coronavirus (up to 2 weeks); however, the new program also covers clinical staff time off for school or daycare closures.

After group discussion of the program and given the uncertainty of CoVid variants, Joseph recommended approving extension of the benefit through June 30th, (90 days). Commissioner Johnson asked if the option would remain open to extend this past June; Joseph indicated that we would be able to extend it past June, if that is determined.

A motion to extend the FFCRA employee benefit to all staff until June 30, 2021 was made, seconded and unanimously approved.

Quality/PI: Jen Allbee, Quality Manager reported she has been busy reporting Collaborative benchmarks, the EPIC transition, and joining CoMagine. She noted that PI projects will start up in April and she plans to share dashboards and productivity reports for the hospital departments in the near future. She noted that the ACU been fall-free for 133 days and counting. In addition, our community Paramedicine Program trial is underway; we have identified 17 potential candidates since January and POEMS has performed nine in-home visits.

CoVid Update: Tom W. reported the latest CoVid update information, noting we have discontinued running 1st dose vaccination clinics (we will continue our remaining 2nd dose clinics) and instead work with NE Tri-County Health District to coordinate joint clinics at the rodeo grounds; NHHS will provide staff support. Tom extended kudos to the health district, fire districts, and other volunteers who have jumped in to continue the vaccination programs within the community.

Tom noted that general case counts and admission numbers have declined and our staff vaccination rate remains relatively low (at 40%). Commissioner Johnson suggested looking in to offering payment to employees to receive the vaccine? She also recommended an advertising campaign (provider driven) to educate people that the vaccine is safe; Commissioner Robertson agreed, noting however, that those that have made the decision not to receive the shot likely won't. Tom speculates that all of those who wish to receive the vaccination will have the opportunity by the end of May.

Superintendent's Report

Premera-AIMS Grant Application: Tom W. explained that we are working on developing an integrated BH-SUD program under our clinics and will be filing an application for a Premera/AIMS grant (\$240K) whereby UW assists clinics to develop a CMS coordinated care management (CoCM) model. A packet of information was provided to the board members on the program. Tom noted we will continue to work with POCCS to enhance/coordinate services, but we also want to develop our own programs and will enlist the services of a psychiatrist, a licensed clinical social worker, and ARNP's (licensed/billable staff) to build our service line. The intent/goal of the program is to provide accessible care and access to a Psychiatrist for our front line and provider staff; all will have the opportunity to learn, gain medication management support, and develop wrap-around counseling services.

Tom provided the two core job descriptions under the program [BH_SUD Program Manager and Behavioral Health Provider], noting our initial hire will cover both jobs. A licensed clinical social worker (LiCSW) will oversee all aspects of behavioral health/chemical dependency with Psychiatrist support (approx. 10 hrs./mos.) under a population health management model. There was further discussion around the role of care coordinators, client ratios, wrap-around care and support services and the support from our MD's for the service.

General 2021-22' Planning – Tom noted that Theresa Hollinger, CNO, starts April 12th, and our leadership group (managers, leads, directors) will meet off-site at the end of April to reset our planning goals for 2021-2022 and reconnect following the long (Covid/Epic) pause. He noted that all of our provider/operators are vested and optimistic that the capabilities/features of the Epic system will assist us to develop operating efficiencies and better population management tools. People are tired, but excited about the prospects.

Commissioner Zakar commented that she has been frustrated with long wait times when calling the clinic. She suggested changing the phone messaging and sending a mailer to our patients to inform them of the new portal availability. Jenny Smith responded, stating she is publishing brochures, posters and flyers. Also, advertisements have been placed in the local media and potentially information will be placed in patient billing statements. Patients will also be informed at the time of their medical appointments with potentially an assister to enroll them in the online portal.

2021-22 Facilities Planning. Tom noted that we have officially come full loop; our capital planning in 2005-07' involved the services of Optim (owner rep) and Trinity (A&E). As we have reviewed our capital planning in subsequent years, it became readily apparent that NAC (A&E) is the healthcare provider of choice for our region (particularly with large/complex) projects. Last year NAC and Trinity officially joined together to become Trinity/NAC. That noted, Tom invited Jeannie Natwick to tour our campus with Doug Hammond (Hammond Consulting) and discuss options/costs solely for the purpose of exploring an "order of magnitude" cost analysis of our project – replacing the circa-58' building with something new. The project goal would be to identify if our needs/desires (ED, OR, therapies, lab, specialty services, etc.) and the required remodels, moves, razing, reconstruction is financially feasible. Doug Hammond had formulated a preliminary estimate, but Trinity/NAC is the only reliable source with the institutional size/wherewithal to give us a reliable set of cost estimates. They will not conduct any A&E services other than to gather the scope of the potential projects and an analysis of the existing spaces and logistics (lay-outs, estimated needs, boiler chiller capacity, etc.).

Commissioner Johnson asked whether we are expecting to maintain financial stability, and, is there anticipated growth to sustain the District should we fund an expansion/remodel project?

Tom responded, noting we will simultaneously perform an internal financial analysis over the next three months (2020 Cost Report filing/settlement, PPE loan/grant filing, and final CARES Act accounting). Only after the combined data is obtained (financial standing and order of magnitude costing) will anyone feel comfortable making an informed decision. He also noted that we should also have a clearer picture of federal and State budget implications by then. However our realities remain: rural healthcare finance is a forever uncertainty, but we also need larger/better designed and more functional spaces.

After much discussion on various scenarios and options, Tom requested authorization to enlist the services of Trinity-NAC to determine a preliminary facility expansion cost study. Commissioner Rosencrantz concurred that the information will allow for a clearer indication of project scope and assist with the District's physical and financial determinations.

Authorize Facility Cost Estimating Proposal – a motion made, seconded and unanimously approved engagement for facility “order of magnitude” costing services by Trinity:NAC in an amount not to exceed \$25,000 (plus sales tax).

Legislative Updates – Tom indicated that there is nothing he has seen in the federal/State queue that he believes will significantly affect our CAH/RHC financial status; and, procedurally, there is nothing that would have any significant impacts on District functionality on the whole. He noted that WSHA is deeply involved and does a great job for rural healthcare on the legislative front.

The State of Reform virtual conference is scheduled for April 7-8. There are great break-out sessions on the State and Federal policy/legislative fronts.

2021-22 Medicare ACO: Tom provided a packet of information regarding ACO performance history and options, noting that seven of our Rural Collaborative member hospitals have joined under a NextGen ACO [2021 iteration] and another three members are expected to join in 2022. Tom noted his goal was to expand our ACO group with like-minded rural partners who are vested in preparing for and managing under population health (value based payment-VBP) care models. He firmly believes that VBP models will be essential for rural providers and overviewed four years of results for the Next Generation ACO’s and compared those to our actual performance history under the RMACO in 2016-18, an MSSP ACO model.

Key notes/observations: ACO past performance will be no indicator of future results – focus on the work/outcomes will always be imperative to achieve results; in 2019 (the latest reporting year) 37 of 39 NextGen ACO’s saw a positive financial impact; there are huge disparities across regions of the country for ACO “benchmark” vs. “actual” results; there are many, many more ACO’s reporting gains vs. losses. Tom reviewed the statistical data, benchmarks and comparisons which showed average annual savings rates of 1% - 2%. However, he emphasized to key takeaways for the Board:

- NHHS Benchmark (2021 est.) = \$23M [2,300 lives @ \$10K/PMPY spend] @ 1% = +/- \$230K. ACO’s generally float +/- 4% (w/50% split w/NWMHP) = +/- \$460K annual result.
- The larger the ACO the lesser the variance from benchmark; so the goal is to get our rural pod (under the NWMHP ACO) in the 25-30K attributed lives range.

Our final Benchmark will be determined by July 21,’ although we have already begun our work reviewing program structure (w/2,275 attributed clients), developing gap analysis, reviewing annual wellness visits, and will be looking to see how the Epic tools fit with our VBP work. Tom noted that claims tracking will begin in January ’21, but meaningful (quantity) data won’t be available until Q3, and final results for 2021 will not be available until July ’22.

As for increasing rural ACO lives, Tom has already met with seven Columbia Basin hospitals (many in MSSP ACO models over the last three years), Mason and Jefferson (and other Collaborative members), and will meet with Tri-State hospital next week. The goal will be to get commitments to join under the NextGen ACO model with NW Momentum Health Partners in July for 2022 ACO start.

Finally, Tom indicated the Collaborative’s next steps will be to develop VBP contract outlines/details for our MCO partners (Medicaid lives), noting that we recently received a 2019 cost share settlement from Amerigroup under VBP. He noted, on 900 lives (\$4K PMPY spend, we saved 2%, \$80 PMPY) for a shared savings of \$70K. He noted that a similar savings on our Medicare lives (above) would return a potential \$400K.

Board Education: Commissioner Zakar commented that she has been participating in the AWPFD online educational program. Terry encouraged the members of the Board to enroll in the program, noting the sessions are worthwhile. Tom agreed, noting we could offer “wrap-around” sessions. He also handed out a Commissioner Guide containing: the AWPFD

ACTION ITEM AGENDA

Authorize Extension of the Families First Coronavirus Relief Act (FFCRA) – As discussed previously, approved.

Resolution No. 2021-001 was unanimously approved to surplus property no longer needed for District purposes – specifically, a timeclock.

Facility Planning Services - approved, as previously discussed.

EXECUTIVE SESSION

There was no Executive Session.

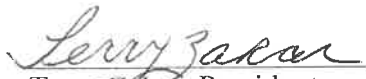
NEXT MEETING DATE

The next regular Board of Commissioner meeting will occur 10:00 a.m., Thursday, April 22, 2021, in the Sandifur meeting room. The meeting will be available via ZOOM.

ADJOURNMENT

There being no further business, the meeting adjourned at approximately 12:40 pm.

Minutes recorded by Nancy J. Shaw, Executive Administrative Assistant and Tom Wilbur, CEO.


Terry Zakar, President
Board of Commissioners


Lois Robertson, Secretary
Board of Commissioners