Gifford Medical Center

2017

Making a Difference

Agenda:

FY 2017 HOSPITAL BUDGET PRESENTATION

1.Introduction:

- Provide a brief overview of the people who will be testifying

2.Budget Presentation:

- Organizational chart
- Responses to Budget Analysis questions
- Capital Budget
- Community Health Needs Assessment plans

Agenda:

Introductions

- E. Berton Whitaker, Interim CEO
- Ashley Lincoln, Director of Development & Public Relations
- Jeff Hebert, CFO
- Katrina Lumbra, Controller

Special Introduction

- Dan Bennett, Gifford CEO starting October 3, 2016

Agenda:

FY 2017 HOSPITAL BUDGET PRESENTATION

1.Introduction:

- Provide a brief overview of the people who will be testifying

2.Budget Presentation:

- Organizational chart
- Responses to Budget Analysis questions
- Capital Budget
- Community Health Needs Assessment plans

Last Mile Ride '16

Providing comfort at the end of life.

Gifford Health Care:

Is a Community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services. We provide necessary care to medically underserved and vulnerable populations, including the uninsured and those living in poverty.

6 Practice Locations:

- Gifford Primary Care and OB GYN
- Bethel Health Center
- Chelsea Health Center
- Twin River Health Center
- Rochester Health Center
- Gifford Heath Center at Berlin

Gifford Medical Center:

Gifford Medical Center offers 24-hour emergency services, diagnostic technologies that include a 64-slice CT scanner, a mobile MRI unit, a filmless radiology system, digital mammography and stereotactic breast biopsies. Our 25-bed Critical Access Hospital with a rehabilitation unit and Birthing Center provides general and specialty services.

Services:

- Anesthesiology
- Anticoagulation Clinic
- Birthing Center
- Cardiac Rehabilitation
- Cardiology
- Cardiopulmonary Services
- Emergency Department
- Family Medicine
- Food Services
- General Surgery
- Inpatient Care (Hospitalization)
- Laboratory
- Midwifery
- Neurology
- Nuclear Medicine
- Nutrition Counseling
- Obstetrics/Gynecology
- Occupational Therapy
- Oncology
- Orthopedics
- Palliative and End-of-Life Care
- Patient Care Navigator
- Physical Therapy
- Podiatry
- Pre-Operative Clinic
- Pulmonary Rehabilitation
- Radiology
- Rehabilitation
- Speech Therapy
- Sports Medicine
- Travel Clinic
- Urology
- Wound Care Clinic

Gifford Retirement Community:

On June 10, 2015 Gifford officially celebrated the opening of the new Menig Nursing Home, an anchor facility for a new senior living campus on 30-acres in Randolph Center, Vermont. The new Morgan Orchards Senior Living Community has been designed to provide much-needed local living options for area seniors.

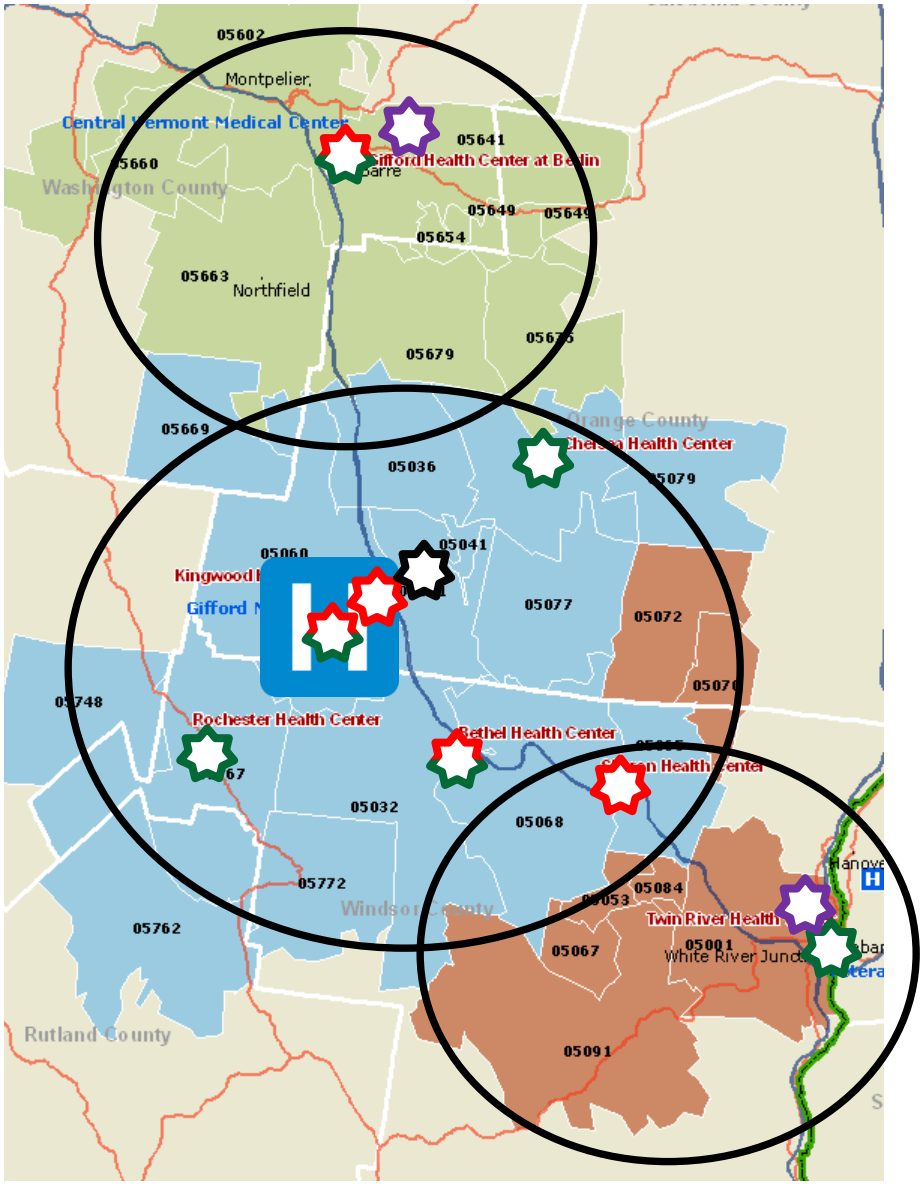
Gifford Locations:

Sites of Service:

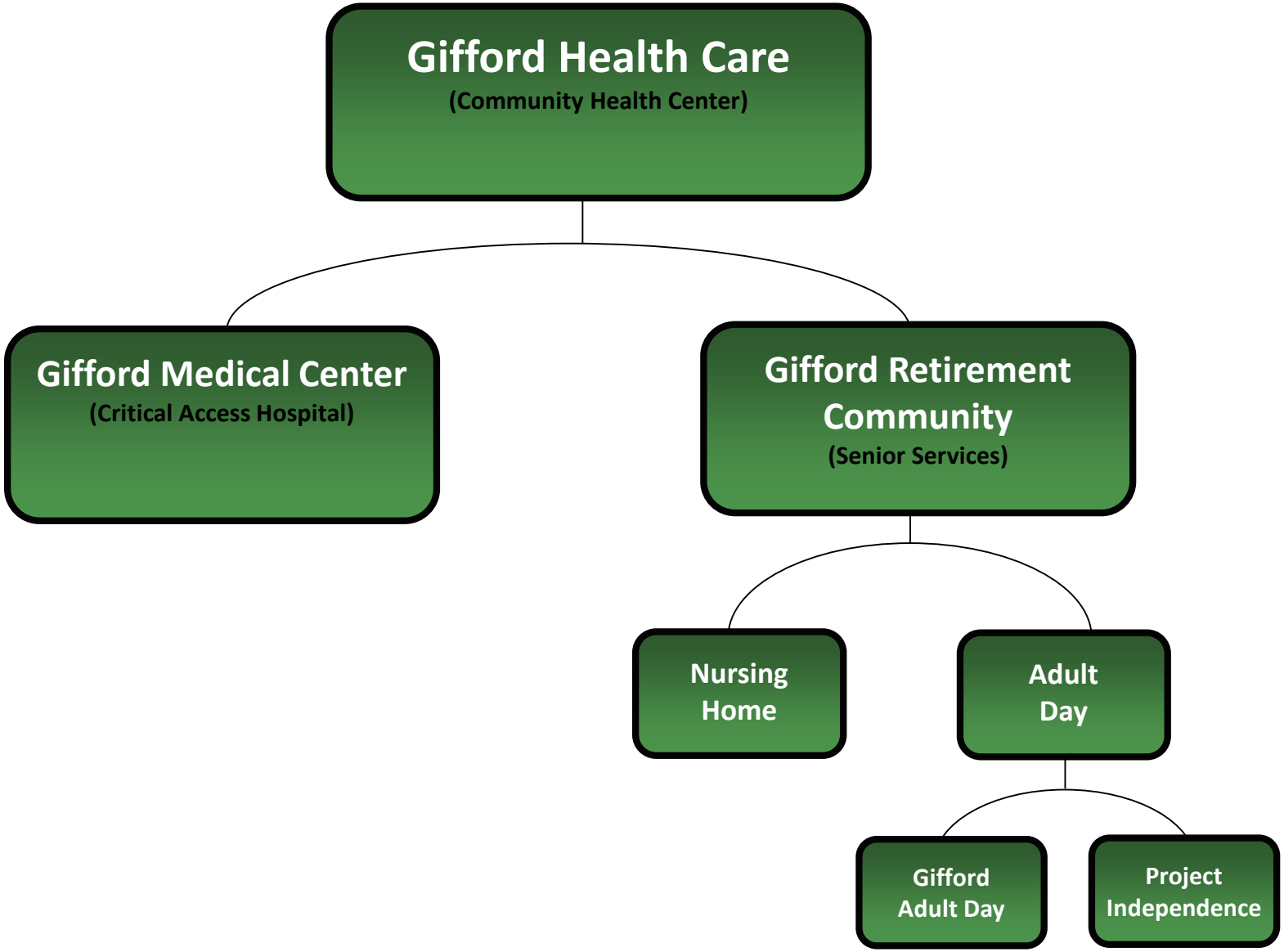
- CHC Site
- Provider Based CAH Site
- Free Standing Site
- Nursing Home
- CAH

Populations:

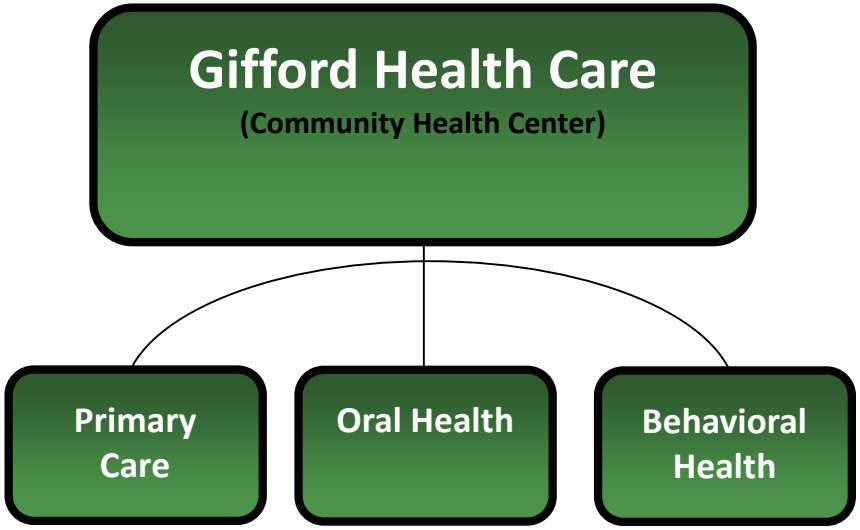
- Service Area – North (~40,000)
- Central Service Area (~20,000)
- Service Area – South (~40,000)



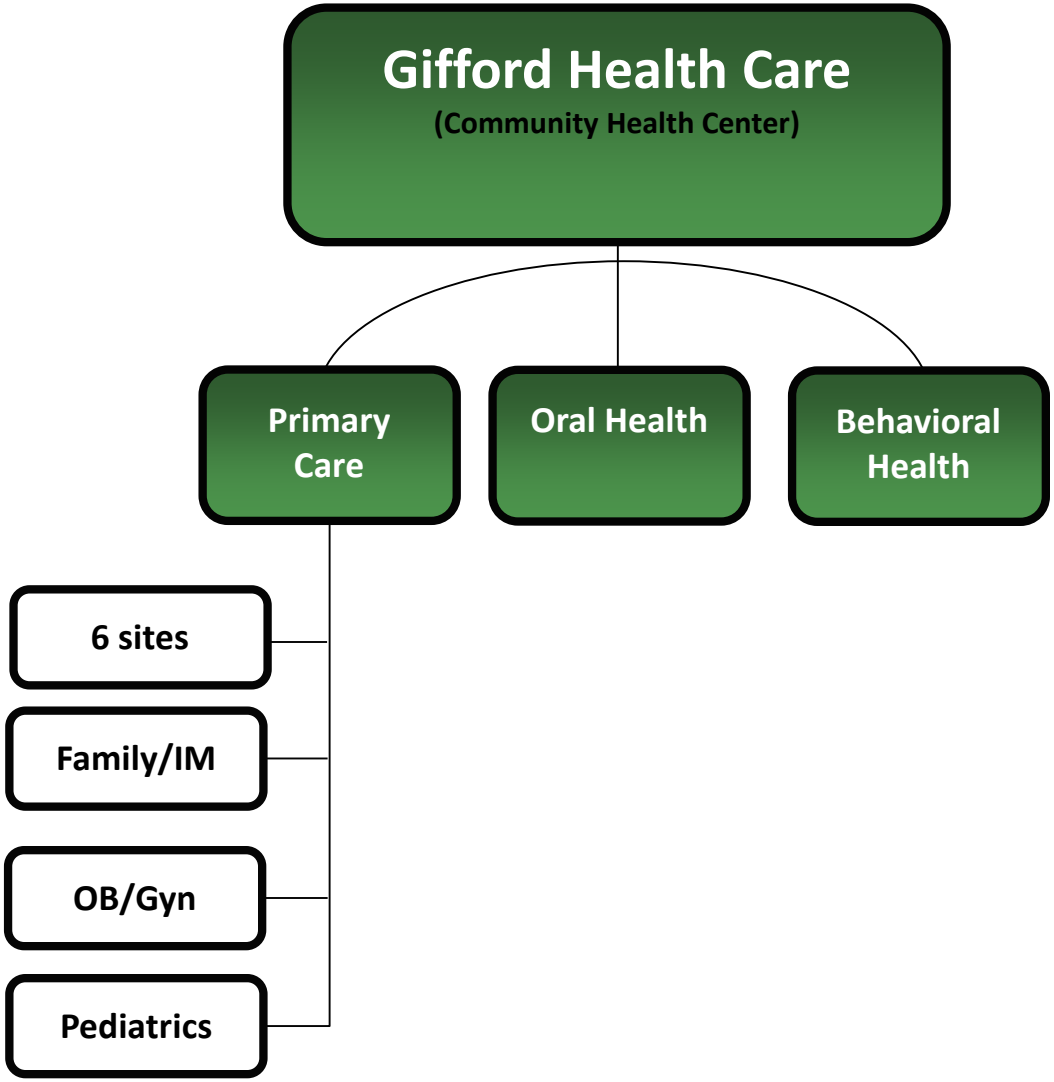
Organizational Structure:



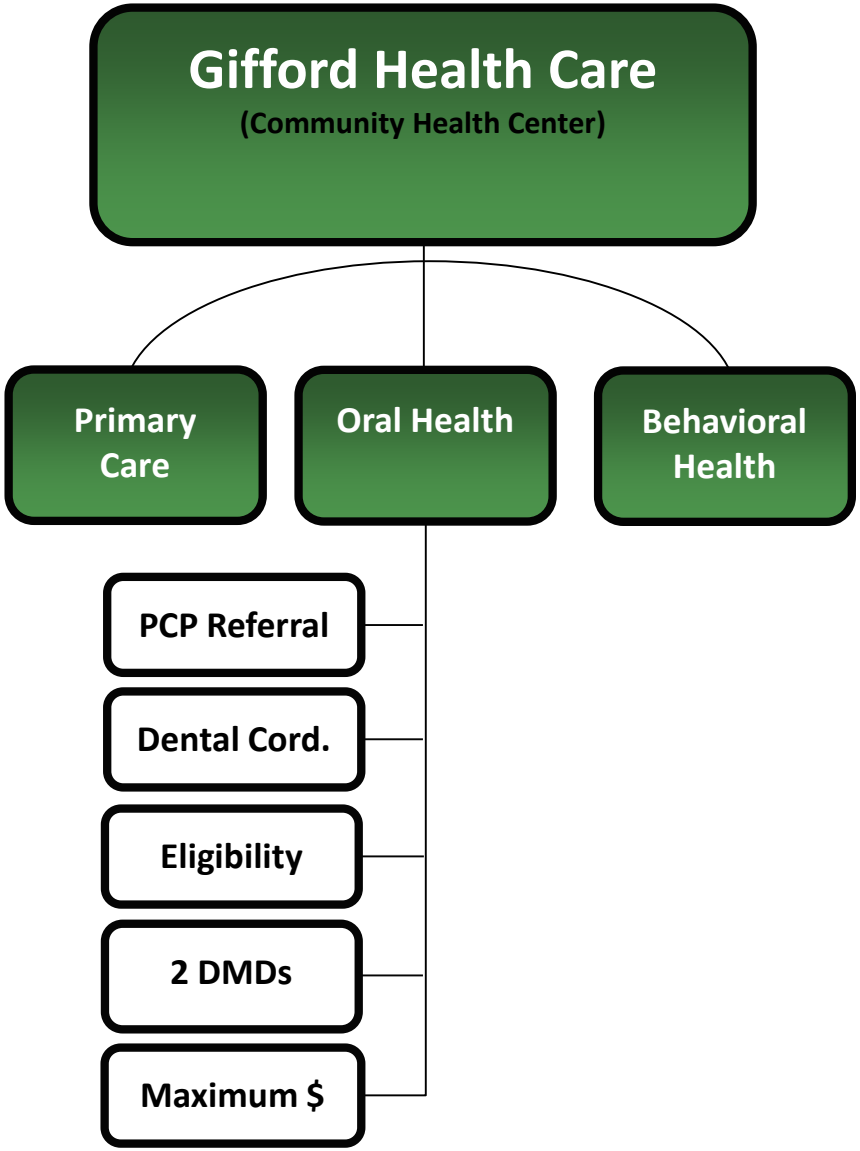
Organizational Structure:



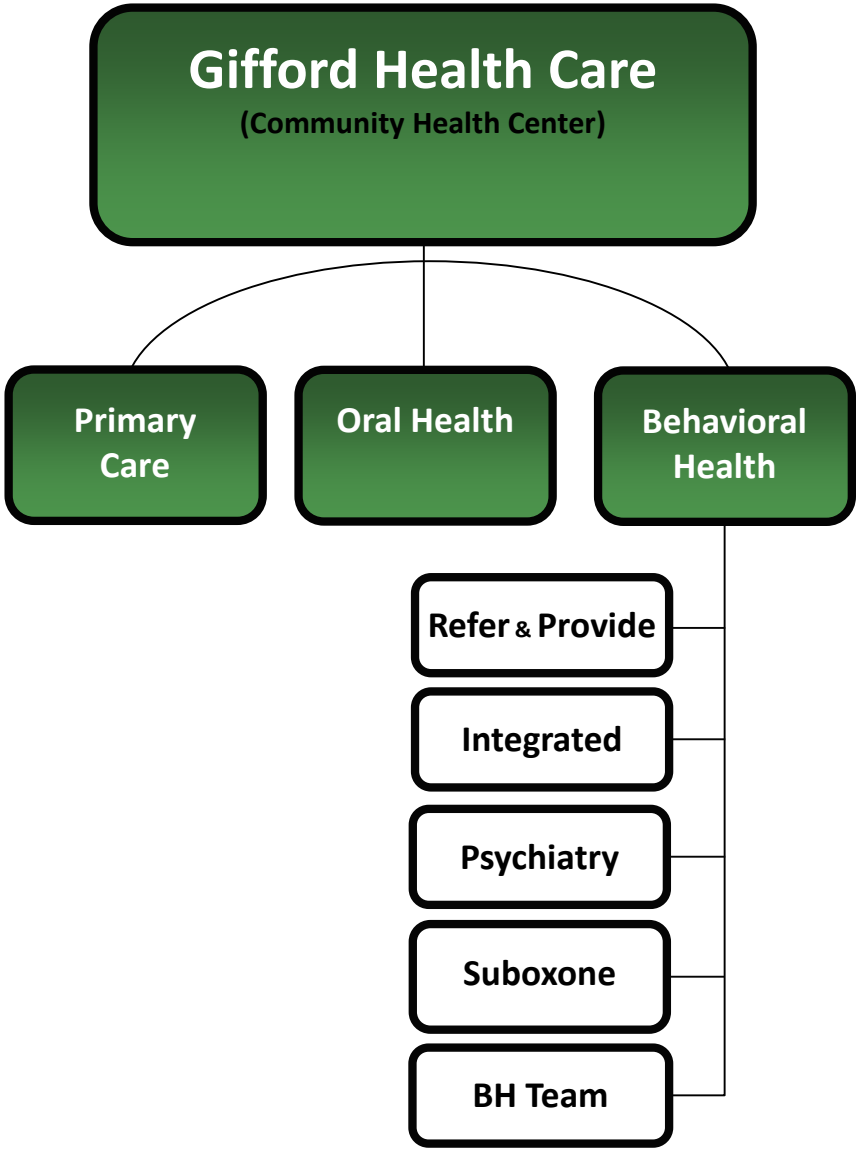
Organizational Structure:



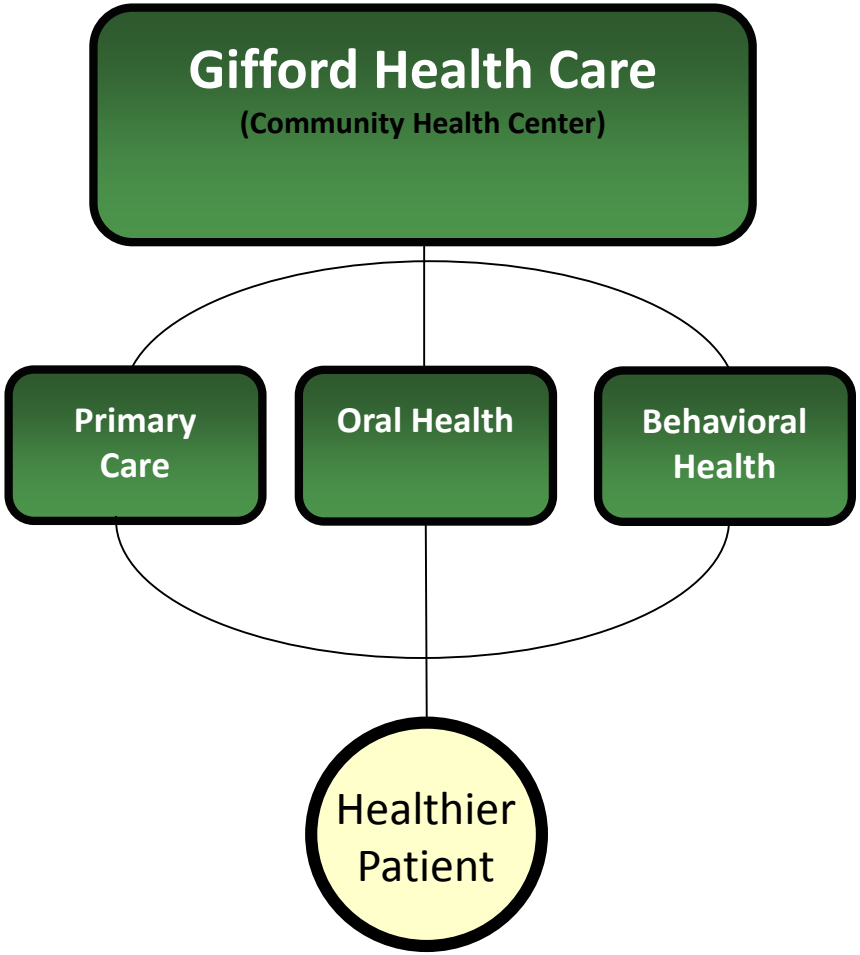
Organizational Structure:



Organizational Structure



Organizational Structure:



Volunteers:

Over 100 active volunteers

In 2015, donated 15,251 hours

= 1,906 eight hour days!

Strategic Plan

2001 – 2003

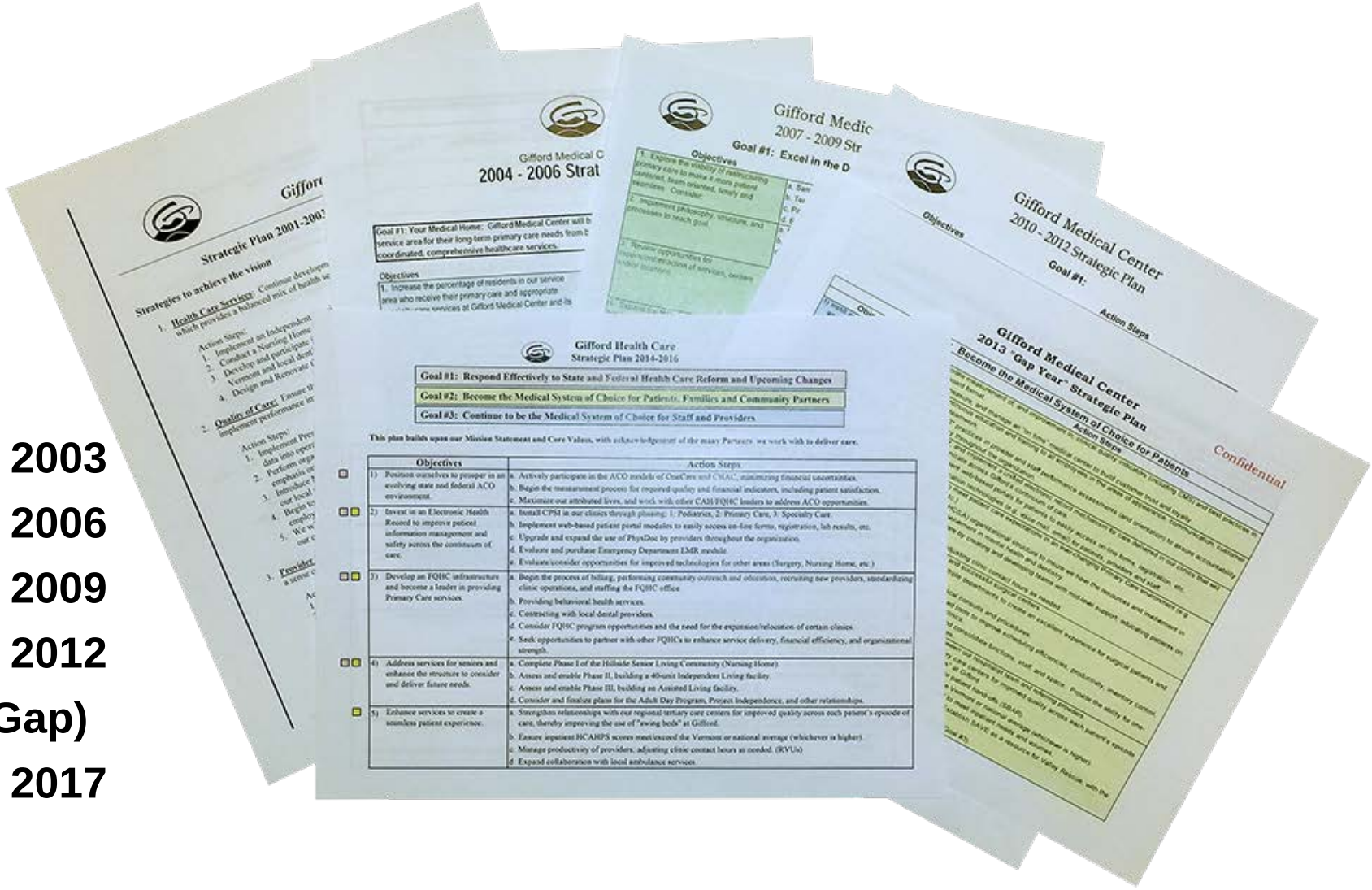
2004 – 2006

2007 – 2009

2010 – 2012

2013 (Gap)

2014 – 2017



Strategic Plan:

Goal #1

Respond effectively to State and Federal health care reform and upcoming changes

Goal #2

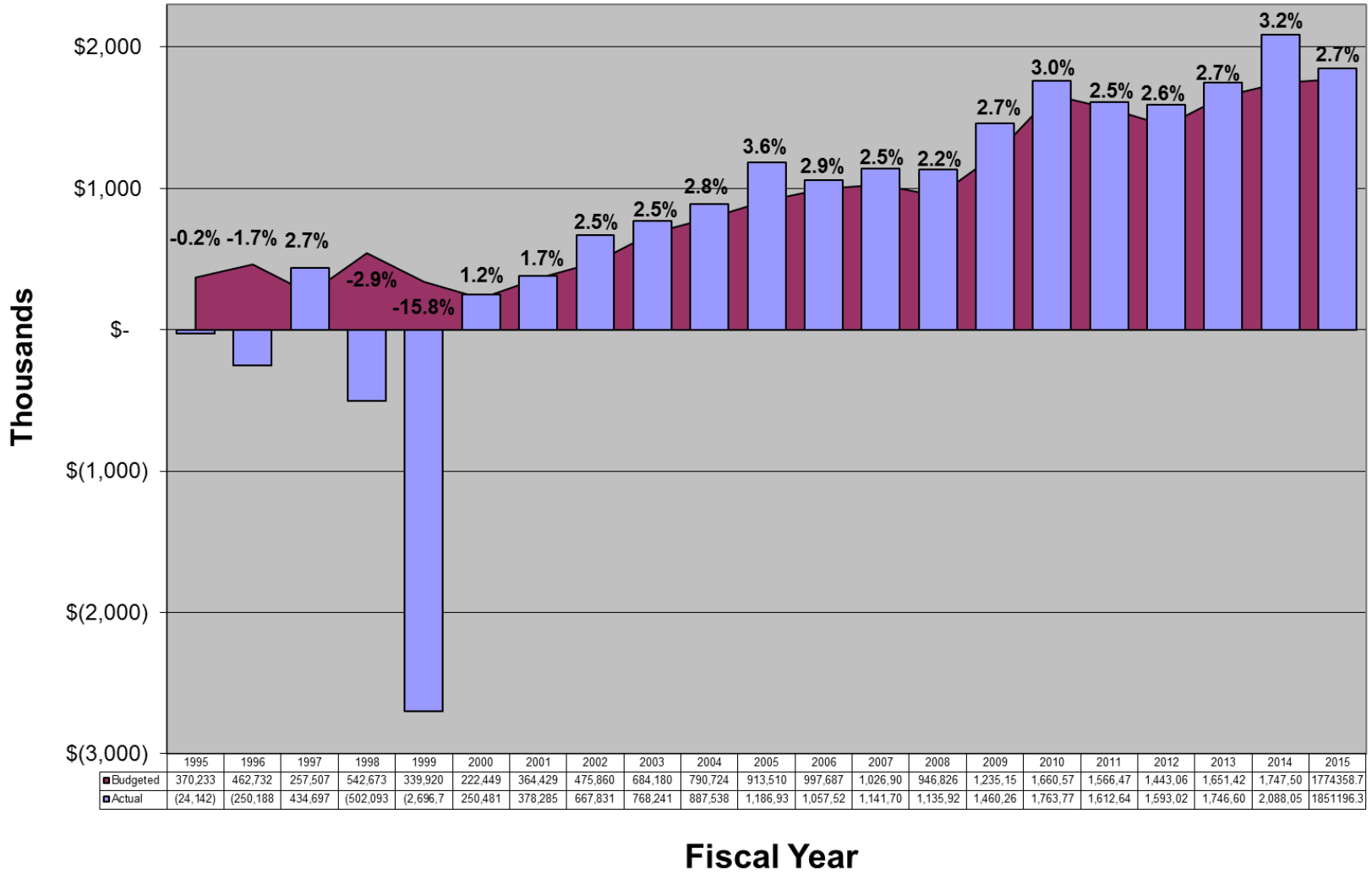
Become the Medical System of choice for patients, families and community partners

Goal #3

Continue to be the Medical System of choice for staff and providers

Budget Performance:

Gifford - Operating Gain/Loss



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Budgeted	370,233	462,732	257,507	542,673	339,920	222,449	364,429	475,860	684,180	790,724	913,510	997,687	1,026,90	946,826	1,235,15	1,660,57	1,566,47	1,443,06	1,651,42	1,747,50	1774358.7
Actual	(24,142)	(250,188	434,697	(502,093	(2,696,7	250,481	378,285	667,831	768,241	887,538	1,186,93	1,057,52	1,141,70	1,135,92	1,460,26	1,763,77	1,612,64	1,593,02	1,746,60	2,088,05	1851196.3

Note 1: Data excludes Gifford Elder Care
Data Source: Audited Financials

Budget Performance:

16 years of financial success (2015)

Staff Questions…

1. **Provide an update on the status of Gifford's hospital – FQHC organizational change – what have you learned and what is working? What needs improvement? Also, provide an update on the nursing home project?**

Response:

Gifford Health Care:

Benefits:

- Qualified for federal funds that provide greater access to primary care.
- Opened up access to alternative insurance coverage for primary care physicians as well as relief from staggering medical-school debt, a powerful recruitment incentive.
- Focused on primary care services, which strategically positions us well given ongoing healthcare reform efforts.

Lessons Learned:

- Shortage of PC providers

Gifford Retirement Community:

Benefits:

- Designed space to support Eden philosophy:
  - Transformed nursing home to a caring community
  - Returns decision making to the residents
  - Higher ratio of one nursing home aid (care partner) for every four residents

Lessons Learned:

- When Menig was part of the GMC campus staffing was easier due to the availability of a larger pool of staff. We feel this will become less of an issue with time as GRC settles in at the new location.

2. **The hospital's net patient revenues (NPR) are increasing 2.8% over 2016 budget. This meets the GMCB's target. Explain your NPR changes at the budget hearing using the payer schedule provided in the staff's analysis. The GMCB is interested in understanding the changes occurring from budget to budget by payer.**

6. **The hospital has stated that the lower bad debt and free care are primarily related to incorrect budget reporting when estimating the 2016 budget. The 2016 budget included the re-organization related to the FQHC. Briefly describe the reporting problem.**

Response:

Gifford's corporate structure has dramatically changed in the last two years. The first change was the creation of Gifford Health Care (GHC), which became the parent corporation for Gifford and required that we move $10 million in primary care net revenue out of Gifford Medical Center (GMC). Last year GMC moved $4 million of hospital-based nursing home net revenue to the newly created Gifford Retirement Community (GRC). This was required because we moved our hospital-based nursing home to a new stand-alone site. Through these changes we have been able to accurately predict GMC's net revenue. However, reflecting these changes in the Adaptive Planning templates has been difficult and has created budget variances. These represent reporting issues only, not changes in actual experience. The 2017 budget represents the first year that we will not be moving any additional net revenues, and the changes are:

Questions 2 & 6 (continued)

Changes in Budgeted 2017 Net Revenue:

Increase/Decreases due to Utilization:

		2017 Budget
Commercial	$	571,551
Self Pay/Other	$	3,930
Medicaid	$	103,708
Medicare	$	209,194
Total	**$**	**888,383**

Notes:

Inpatient services have seen an increase during FY 2016 and we expect this to remain stable for 2017. With the increase in acute patients, Gifford has also seen a reduction in swing bed, which is also reflected in the 2017 numbers. We have budgeted 2017 outpatient volumes to increase slightly. This increase is being caused by our surgical and physical therapy departments. All other outpatient lines of business are averaging little to no change from budget 2016.

Increase/Decreases due to Rate Increase:

		2017 Budget
Commercial	$	858,641
Self Pay/Other	$	7,040
Medicaid	$	-
Medicare	$	366,354
Total	**$**	**1,232,035**

Notes:

- **Commercial:** primarily based on contractual basis, no anticipated changes in rates/collection
- **Self Pay/Other:** no anticipated changes in collection
- **Medicaid:** no increase in rates/collections where incorporated
- **Medicare:** assumes cost based reimbursment

Increase/Decreases Other:

		2017 Budget
Medicaid	$	(251,270)
DSH	$	(122,823)
Free Care	$	(3,502)
Bad Debt	$	(182,129)
Total	**$**	**(559,724)**

Notes:

- **Medicaid:** Due to the elimination of Provider-Based reimbursment, Gifford has reduded it net revenue by $251k per the Department of Vermont Health Access
- **DSH:** With the removal of our primary care clinics net revenue from the DSH calculation, we saw a reduction in payments
- **Free Care:** Utilized actual experience

3. **The hospital is requesting a 3.9% overall rate increase that will be applied to hospital services at 3.8% and physician services at 4.5%. Is this the rate that is negotiated with commercial payers? Describe the strategy and basis for this increase.**

Response:

Gifford's strategy in calculating the rate increase is to understand the expected volumes, necessary services, and patient needs for the area, as well as what it costs to provide these services. As an organization, Gifford has historically targeted an operating margin between 2.0% – 3.0%. This represents the median margin for hospitals with a BBB to A rating.

Gifford utilizes these rates as a basis for discussion with our commercial payers. The rates are used to provide both parties with validity and a sense of fairness, given the oversight from both the Hospital Board and Green Mountain Care Board.

4. **Provide your evidence and assumptions for the utilization numbers. Describe the utilization increases in inpatient admissions that the hospital has seen and explain how the Critical Access Hospital status affects the usage of swing beds. Why do you believe the new inpatient utilization is sustainable?**

Response:

We expect 2017 outpatient volumes to increase slightly over both budgeted and projected 2016 levels. Both surgical and physical therapy is expected to have a slight increase in volume as these services have seen increase in utilization. All other outpatient lines of business are averaging little to no change from budget 2016. Inpatient services have seen an increase during FY 2016 and we expect this to remain stable for FY 2017. With the increase in acute patients Gifford also has experienced a reduction in Swing Bed for FY 2016, which is reflected in FY 2017 budget.

We believe acute patient utilization is both stable and sustainable. Our 24-7 hospitalist program allows our community and primary care providers to have access to acute care service requiring in-patient hospitalization. In addition our pediatricians also admit and care for patients on the inpatient unit. Our Emergency room and multidisciplinary ancillary services encourage patients to seek high quality care close to home.

5. Provide a brief sched of the types (DRG) of acute admissions the hospital typically expects to see.

DRG Volume Ranked by Year

DRG	Description	FY 14 Count	FY 14 Rank	FY 15 Count	FY 15 Rank	June YTD 16 Count	June YTD 16 Rank
795	Normal Newborn	157	1	172	1	101	1
775	Vaginal Delivery W/O Complicating Diagnoses	129	2	113	2	81	2
470	Major Joint Replacement or Reattachment Of Lower Ext W/O MCC	38	4	49	4	42	3
194	Simple Pneumonia & Pleurisy W CC	45	3	55	3	27	5
392	Esophagitis Gastroent & Misc Digest Disorders W/O MCC	32	8	39	5	35	4
690	Kidney & Urinary Tract Infections W/O MCC	31	10	38	6	23	7
897	Alcohol/Drug Abuse or Dependence W/O Rehab Therapy W/O MCC	19	15	38	6	24	6
195	Simple Pneumonia & Pleurisy W/O CC/MCC	32	8	27	11	20	9
766	Cesarean Section W/O CC/MCC	36	6	26	12	17	11
292	Heart Failure & Shock W CC	20	14	36	8	21	8
603	Cellulitis W/O MCC	34	7	28	10	12	17
774	Vaginal Delivery W Complicating Diagnoses	23	11	32	9	17	11
794	Neonate W Other Significant Problems	37	5	14	21	20	9
641	Misc Disorders Of Nutr,Metabolism,Fluids/Electolytes W/O MCC	23	11	19	15	15	13
313	Chest Pain	14	20	22	13	12	17
310	Cardiac Arrhythmia & Conduction Disorders W/O CC/MCC	18	16	20	14	9	26
312	Syncope & Collapse	16	17	16	18	15	13
812	Red Blood Cell Disorders W/O MCC	21	13	14	21	10	20
192	Chronic Obstructive Pulmonary Disease W/O CC/MCC	15	18	16	18	10	20
948	Signs & Symptoms W/O Mcc	14	20	17	17	8	30

7. **Are the FY16 projections for net revenues, expenditures, and surplus as reported still valid? If not, describe any material changes.**

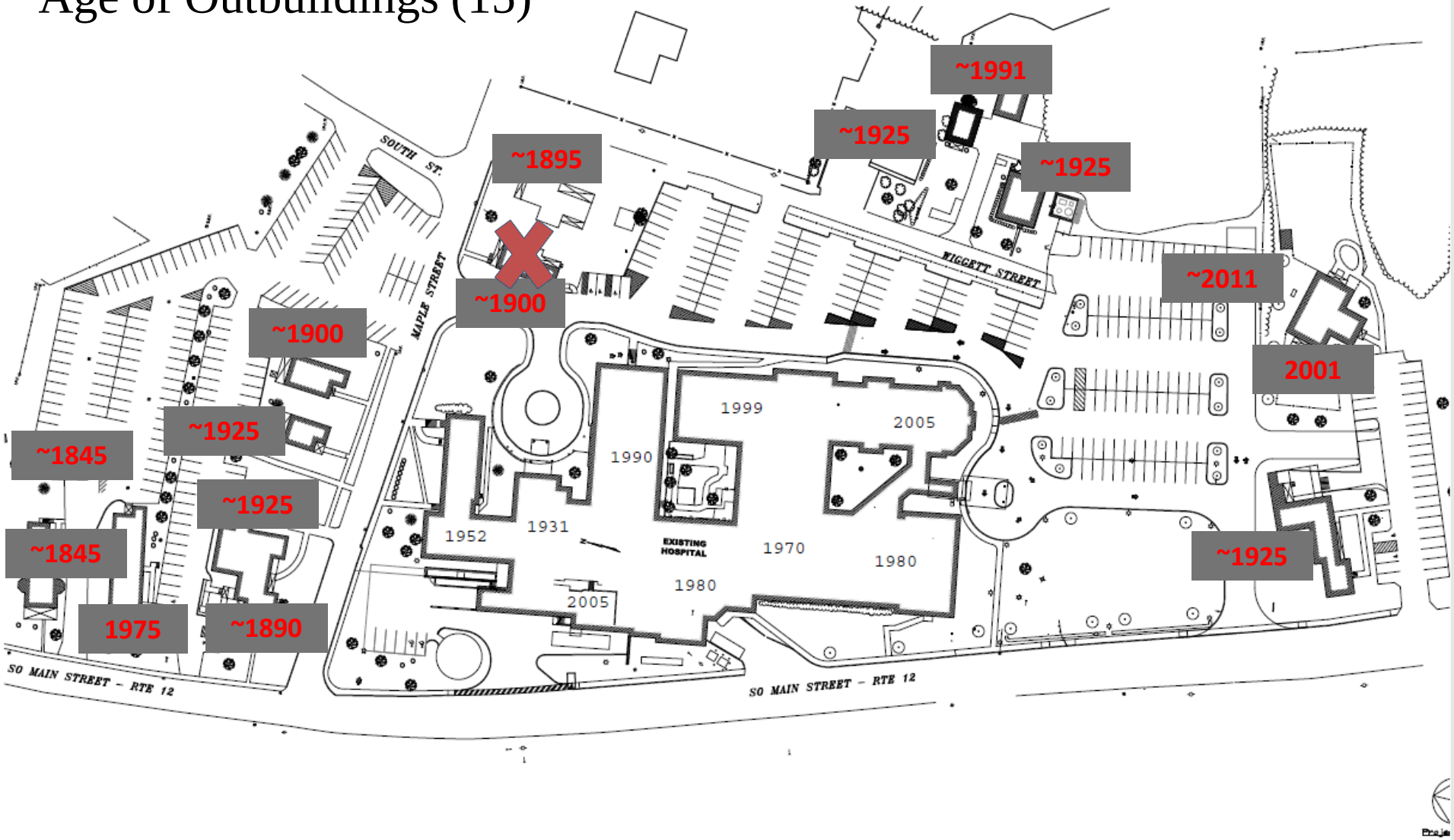
Response:
Yes, the FY16 projections are still valid.

8. Discuss the hospital's plans to spend $9.3 million in capital in FY 2018.

Response:

1. **Administration Building: $2,750,000**
   - **Scope:** Construct a new stand-alone two to three story structure. This building would house Administration, IT, Accounting, and conference space. It would allow the hospital to free up space that would be appropriately used for clinical/ancillary services and allows the organization to discontinue the use of the older inefficient and costly stand-alone structures.

Age of Outbuildings (15)



Gifford Medical Center
44 SOUTH MAIN STREET
RANDOLPH, VT 05060

Project Name and Address: CAMPUS SITE PLAN

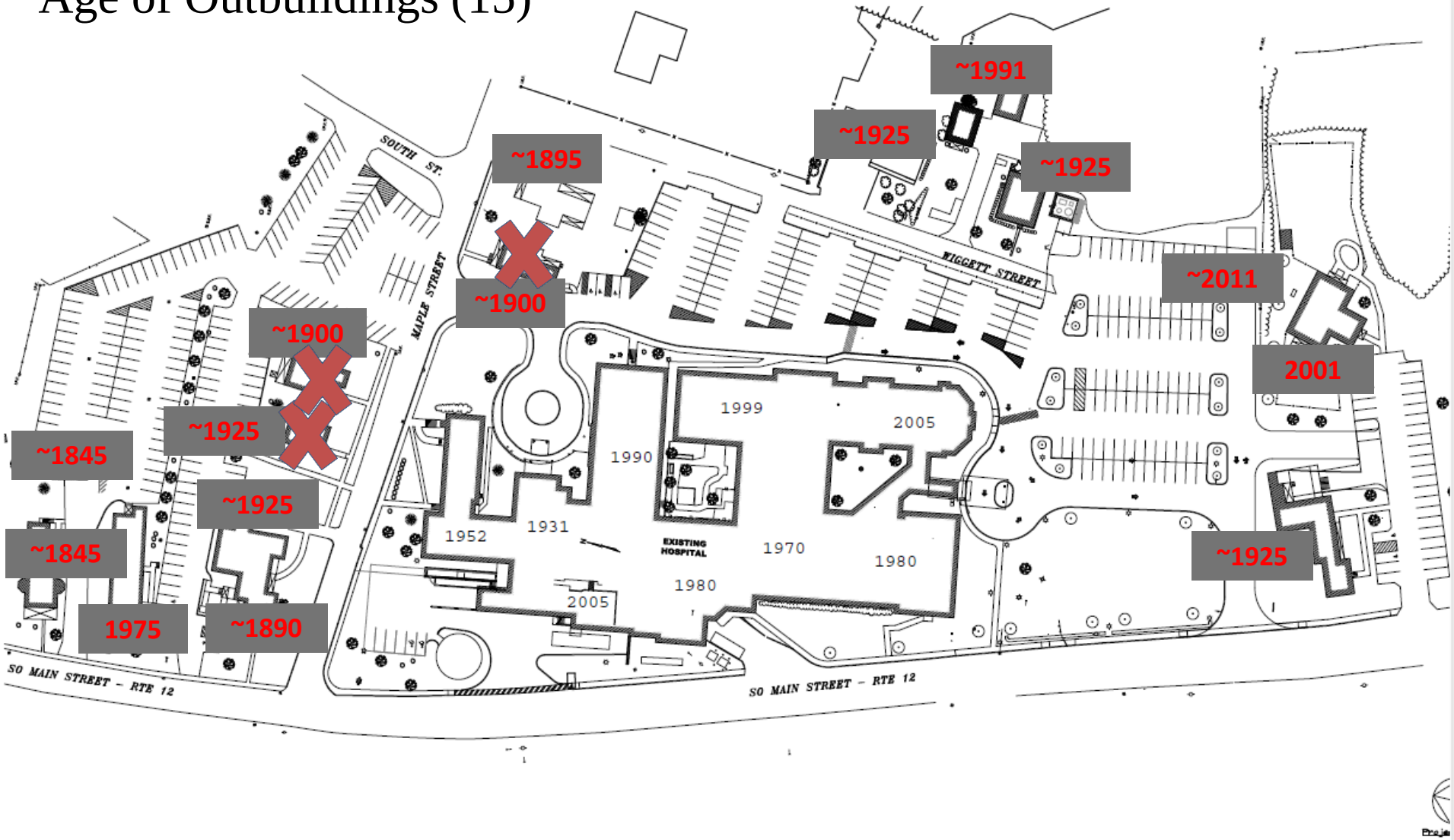
No.	Revision/Issue	Date

Drawing Name: EXISTING SITE PLAN
Scale: 1" = 80'
Date: 07/13/10
Drawn by: JXN&BDC
Checked by: TAM
Sheet: C-1

Accounting and Finance

5 Maple Demolition

Age of Outbuildings (15)



Gifford Medical Center
44 SOUTH MAIN STREET
RANDOLPH, VT 05060

Project Name and Address: CAMPUS SITE PLAN

No.	Revision/Issue	Date

Drawing Name: EXISTING SITE PLAN
Scale: 1" = 80'
Date: 07/13/10
Drawn by: JXN&BDC
Checked by: TAM
Sheet: C-1


XXX

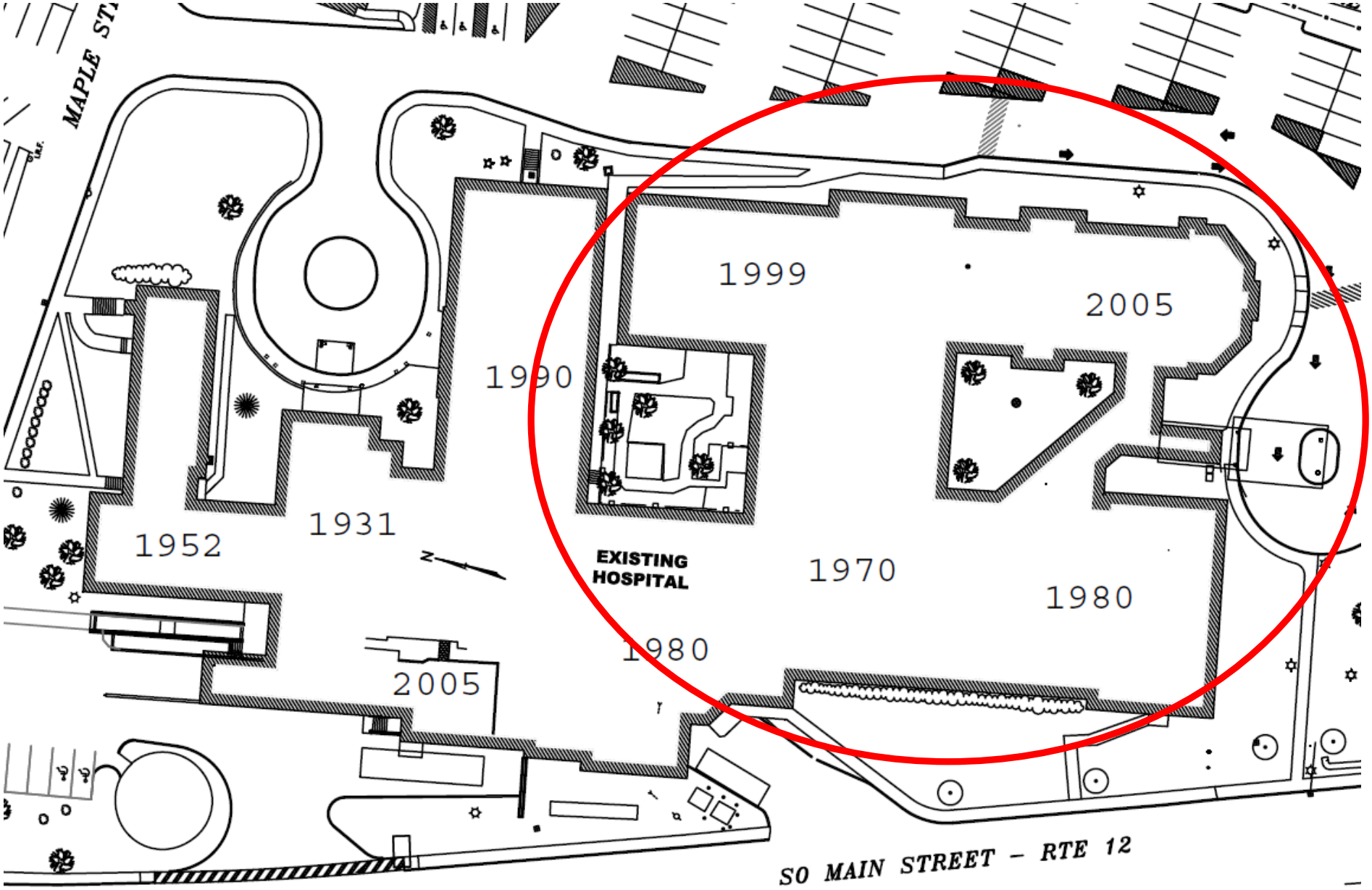
8. Discuss the hospital's plans to spend $9.3 million in capital in FY 2018.

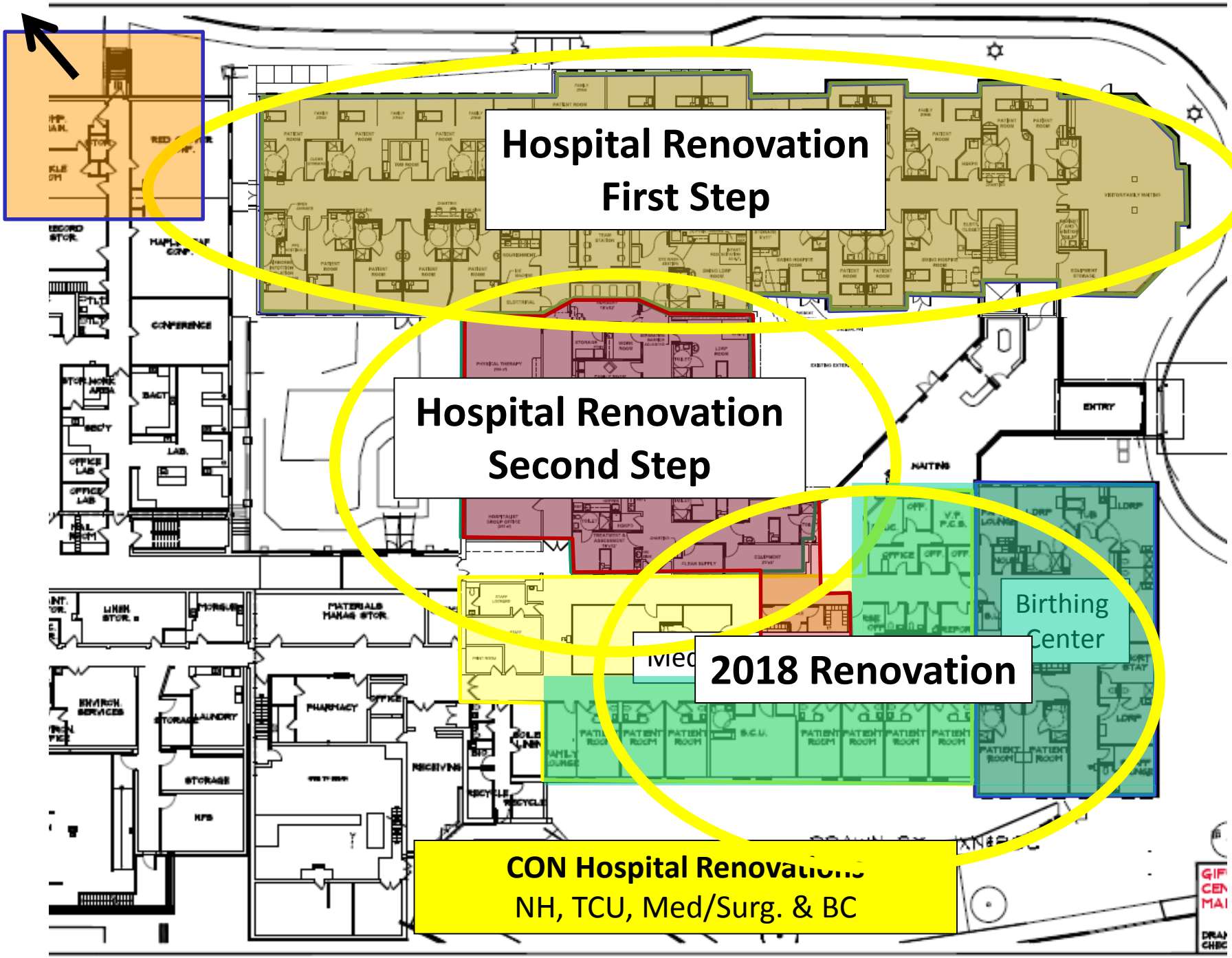
Response:

1. **Administration Building: $2,750,000**
   - **Scope:** Construct a new stand-alone two to three story structure. This building would house Administration, IT, Accounting, and conference space. It would allow the hospital to free up space that would be appropriately used for clinical/ancillary services and allows the organization to discontinue the use of the older inefficient and costly stand-alone structures.

2. **Renovation of 2015/2016 former Inpatient Units: $2,800,000**
   - **Scope:** Renovate the old birthing and medical surgical units that were vacated and moved to the old Menig space (becoming patient private rooms). Potential departments under evaluation include OB/GYN Clinic, ER, and Family Practice/Pediatrics.

Age of Hospital




Hospital Renovation
First Step
Hospital Renovation
Second Step
2018 Renovation
Birthing
Center
CON Hospital Renovations
NH, TCU, Med/Surg. & BC

8. Discuss the hospital's plans to spend $9.3 million in capital in FY 2018.

Response:

1. **Administration Building: $2,750,000**
   - **Scope:** Construct a new stand-alone two to three story structure. This building would house Administration, IT, Accounting, and conference space. It would allow the hospital to free up space that would be appropriately used for clinical/ancillary services and allows the organization to discontinue the use of the older inefficient and costly stand-alone structures.

2. **Renovation of 2015/2016 former Inpatient Units: $2,800,000**
   - **Scope:** Renovate the old birthing and medical surgical units that were vacated and moved to the old Menig space (becoming patient private rooms). Potential departments under evaluation include OB/GYN Clinic, ER, and Family Practice/Pediatrics.

3. **Central Sterile Reprocessing (CSR)/Endoscopy: $780,000**
   - **Scope:** Relocating/renovations of CSR/ENDO. Relocating/renovations are needed to accommodate function/flow and current code requirements.
4. **Anesthesia EMR: $321,000**
   - **Scope:** Move anesthesia documentation from a paper system to an electronic system.
5. **Electrical Load Distribution: $250,000**
   - **Scope:** New electrical high voltage gear replacement, potentially combining our 208 & 480 Volt primary services. Currently maxed out on our 480V service with 600AMPS.

6. **Underground Fuel Tank Replacement: $200,000**
   - **Scope:** Two 6,000 Gallon underground fuel storage tanks are expiring in 2019. By state regulations, these tanks need to be replaced.

8. Discuss the hospital's plans to spend $9.3 million in capital in FY 2018.

Response (continue):

7. **480 Volt Generator: $150,000**
   - **Scope:** With the proposed addition of 480V primary service into the facility, this will increase the need for a designated 480 Volt generator. This transfer of load from our current 208V generator will decrease the allocated capacity and will allow increased load on the current generator.

8. **RTU (Roof Top Unit): $150,000**
   - **Scope:** Needed to increase capacity for the Pharmacy and Emergency Room.

9. **Hematology Analyzer: $136,000**
   - **Scope:** Replacement of unit that will be end of life

9. Your narrative notes that you try to benchmark your financial ratios against a triple BBB rated benchmarks. Provide a brief schedule of the types of benchmarks you are using.

Hospital Median Ratios ($ millions)

	Fitch[1]			Moody's[1]			Standard & Poor's[1]		
	AA	A	BBB	Aa	A	Baa	AA	A	BBB
Profitability									
Net Patient Revenue	$1,945.1	$525.8	$386.7	$1,361.6	$497.7	$351.2	$782.3	$385.0	$192.2
Operating Margin	4.0%	2.8%	1.9%	3.9%	2.9%	2.0%	5.3%	2.8%	1.8%
Excess Margin	5.4%	4.5%	2.9%	7.3%	5.8%	4.0%	7.9%	5.2%	2.9%
Operating Cash Flow Margin	10.6%	9.8%	8.3%	10.4%	10.1%	8.4%	12.4%	10.2%	9.2%
Liquidity									
Cash/Investments	ND	ND	ND	$1,033.6	$276.6	$120.7	ND	ND	ND
Cash on Hand (days)	241.1	191.0	138.9	245.3	189.8	129.2	299.7	209.6	132.6
Cushion Ratio (x)	24.1	16.3	9.4	29.0	18.0	10.6	31.2	18.5	10.1
Cash to Debt	169.4%	116.4%	82.7%	196.1%	140.2%	98.3%	244.8%	146.0%	101.4%
Accounts Receivable (days)	45.4	44.0	45.2	44.3	44.4	40.7	44.9	44.1	45.1
Average Payment Period (days)	68.1	60.8	63.3	66.7	55.8	56.2	ND	ND	ND
Capital Structure									
Total Debt	ND	ND	ND	$571.6	$186.7	$144.3	ND	ND	ND
Debt to Capitalization	33.9%	40.7%	49.1%	31.7%	37.1%	48.6%	25.6%	32.1%	39.0%
Debt to Cash Flow (x)	ND	ND	ND	2.4	3.1	4.2	ND	ND	ND
Max Annual Debt Service Coverage (x)	4.8	4.1	2.8	5.9	4.8	3.4	5.2	4.3	2.9
~~MADS/Total Operating Revenues~~	~~2.5%~~	~~2.8%~~	~~3.3%~~	~~ND~~	~~ND~~	~~ND~~	~~ND~~	~~ND~~	~~ND~~
Operational									
Average Age of Plant (years)	10.0	10.4	10.5	8.9	10.3	10.6	9.0	10.3	11.0
Bad Debt to Revenue	4.6%	5.6%	5.0%	4.6%	6.6%	5.8%	4.5%	5.4%	6.0%
Capital Spending Ratio	146.1%	124.5%	103.1%	140.0%	110.0%	100.0%	119.1%	114.1%	114.2%
Personnel Costs to Revenue	48.4%	50.5%	52.0%	ND	ND	ND	51.1%	50.6%	51.0%

Capital Budgeting

Capital Budget:

Requested Capital

	2017	2018	2019	2020	2021
Bldg Svcs	$ 185,000	$ 675,000	$ 200,000	$ -	$ -
Buildings	$ 1,245,083	$ 6,442,000	$ 3,750,000	$ 1,850,000	$ 2,850,000
Buildings Lease	$ -	$ -	$ -	$ -	$ -
EMR	$ -	$ -	$ -	$ -	$ -
Land	$ -	$ -	$ -	$ -	$ -
Land Improvements	$ 120,000	$ 175,000	$ 120,000	$ 200,000	$ 250,000
Major Moveable	$ 2,574,094	$ 2,007,890	$ 1,596,190	$ 1,009,500	$ 1,566,000
Vehicles	$ 44,000	$ -	$ -	$ -	$ -
Total	**$ 4,168,177**	**$ 9,299,890**	**$ 5,666,190**	**$ 3,059,500**	**$ 4,666,000**

Buildings	Construct Server Room	2017	$	1,008,443
Major Moveable	Ambulatory EMR	2017	$	800,000
Major Moveable	Tomosynthesis 3D Mammogram	2017	$	583,619
Bldg Svcs	Boiler #2 Replacement	2017	$	100,000

Community Needs Assessment:

Purpose

- Fulfill requirements of the Federal Patient Protection and Affordable Care Act
- Aide in fulfillment of Gifford's mission of improving individuals' and community health by providing and assuring access to affordable and high-quality health care

Data Collection Techniques		
Gifford Auxiliary (Survey)	Blueprint's Community Health Team (Survey)	Publications published by relevant government & non-profit agencies

Community Needs Assessment Requirement

To be performed at least once every three years with input from the community and the assistance of individuals with special knowledge or expertise of public health issues, and to be widely publicized. An implementation strategy must be adopted to meet the community needs outlined in the assessment. The assessment may be conducted in conjunction with other organizations. Failure to complete an assessment would result in a penalty of up to $50,000. *(H.R.3590, § 9007)*

Community Needs Assessment:

	Community Results (2012)	Community Results (2015)
3 most important factors for a healthy community	**1. Good jobs and healthy economy** **2. Access to healthcare** 3. Good schools	**1. Access to health care** 2. Safe neighborhoods / low crime **3. Good jobs and healthy economy**
3 most important "health problems" in our community	**1. Addictions (drug or alcohol)** **2. Obesity** 3. Unhealthy life choices	**1. Addiction (drug or alcohol)** **2. Obesity** 3. Diseases associated w/aging
3 most important "risky behaviors" in our community	1. Alcohol abuse **2. Being overweight** **3. Drug abuse**	**1. Drug abuse** **2. Being overweight** 3. Not enough preventative health care
Services patients tried and have been unable to receive in the community	1. Assisted Living 2. Nursing Home **3. Alcohol and drug counseling**	1. Dental fillings 2. Dental cleaning **3. Alcohol and drug counseling**

Community Needs Assessment:

Areas of focus & priority

Obesity	Dental care
Substance abuse & counseling	Preventative health care

Other areas respondents felt restricted their ability to receive health services

Lack of dental insurance | Service not available
No health insurance | Other expenses are priority

Community Needs Assessment (Behavioral):

GHC Services:

- 2013/2014 - Awarded FQHC Status
- Expanded Behavioral Heath Services
    - Added Psychiatrist, Mid-Level and Social Workers
    - Enhance Services for Medication-Assisted Treatment for substance use disorders (MAT)
        - Services available in Randolph, Berlin, and White River Junction locations
- 09/2015 – Awarded expansion grant to expanding behavioral health services throughout the community
    - Services will start on August 24, 2016
- 02/2016 – Awarded expansion grant to expand substance use treatment services
    - Currently recruiting providers and support staff
- Collaborating with Community Partners
    - Bethel Health Center shares space with a local clinical psychologist
    - Chelsea Health Center is located in the same building as Clara Martin Center
    - Gifford is working with Clara Martin Center to provide coordinated behavioral health care for patients, with a focus on substance use disorders

Community Needs Assessment (Dental):

All FQHCs are required by the Section 330 grant to provide "primary health services,"[1] which are defined in the statute to include "preventive dental services."[2] "Preventive dental services" are further defined by regulation[3] to include "services provided by a licensed dentist or other qualified personnel, including:

- Oral hygiene instruction;
- Oral prophylaxis (cleanings), as necessary;
- Topical application of fluorides, and prescription of fluorides for systemic use when not available in the community water supply."

Community Needs Assessment (Dental):

- Contract with offsite private dental clinics to provide a specified range of services using a negotiated fee schedule

- Through these partnerships GHC is expanding access to oral health care beyond the required services

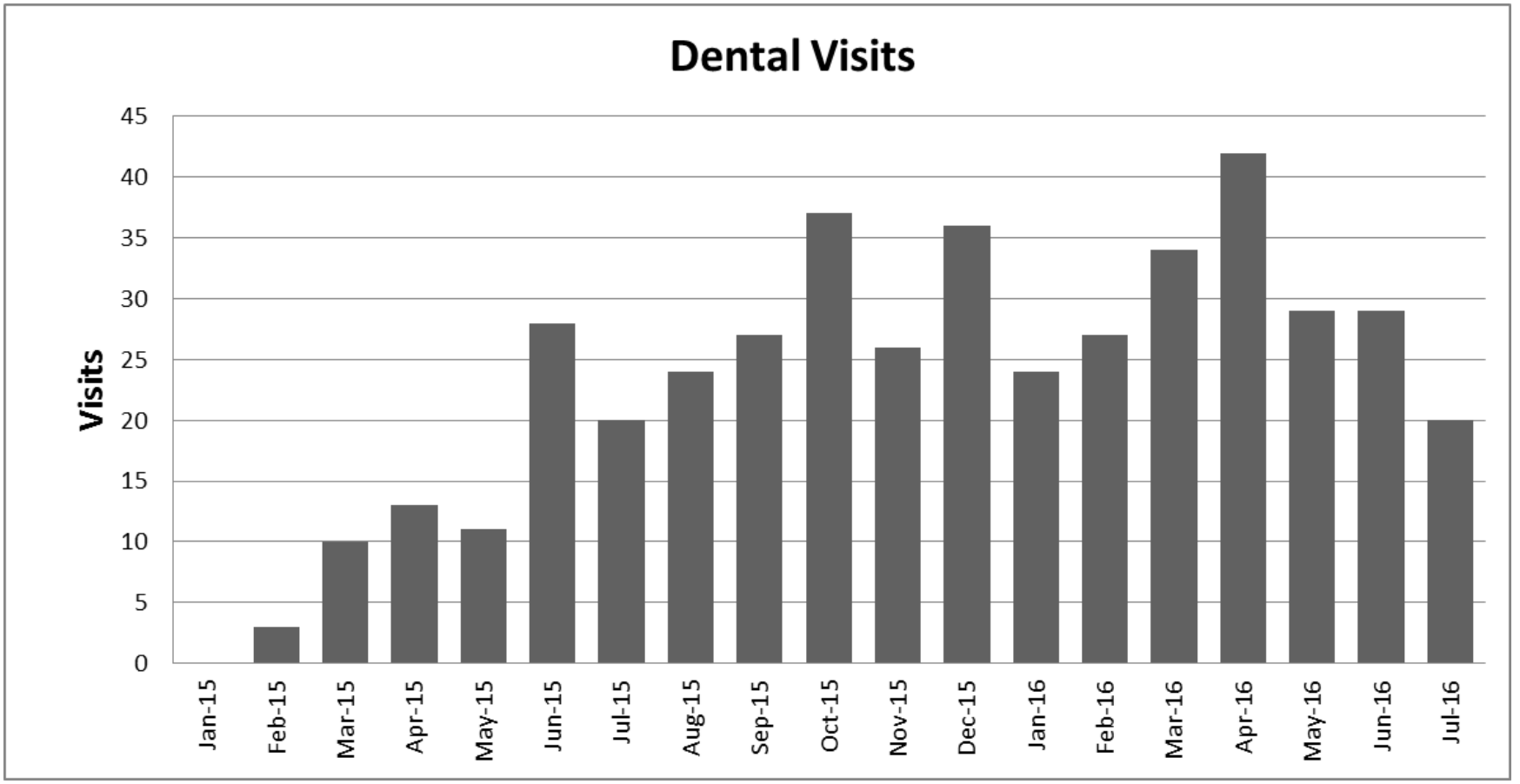
- These services include the following:

Oral exams	X-Rays
Cleanings	Fluoride treatments
Fillings	Crowns
Extractions	Root canals
Periodontics	Partial and full dentures

Community Needs Assessment (Dental):

Dental visits generated by FQHC

2015 - Current



Community Needs Assessment:

Collaborate with Gifford's established Blueprint Community Health Team to respond to identified needs.

The Blueprint coordinates a patient's care to bring together team members as needed.

VERMONT Blueprint for Health

Smart choices. Powerful tools.

Randolph Health Service Area

What services does the Community Health Team offer?

- Help patients identify care issues and goals using patient centered practices
- Address health and human service issues
- Access food and fuel assistance
- Transportation coordination
- Make referrals to community resources and outside agencies
- Health education including:
  - Chronic disease/pain self-management
  - Pre-diabetes prevention
  - Diabetes education
  - Smoking cessation programs
- Helping with transitions of care

To schedule an appointment with a Care Coordinator, Health Coach or Tobacco Cessation Specialist, please call (802) 728-7710 or email vtblueprint@giffordmed.org

Kingwood Health Center
1422 VT Route 66, Randolph, VT 05060
www.giffordhealthcare.org

Community Needs Assessment (Behavioral):

- Collaborating with Community Partners
  - Bethel Health Center shares space with a local clinical psychologist
  - Chelsea Health Center is located in the same building as Clara Martin Center
  - Gifford is working with Clara Martin Center to provide coordinated behavioral health care for patients, with a focus on substance use disorders

- Substance Use Treatment
  - Gifford employees five physicians who are licensed to prescribed Medication-Assisted Treatment for substance use disorders
    - MAT available in Randolph, Berlin, and White River Junction locations
  - Gifford applied for a federal grant to assist in expanding substance use treatment, and was awarded $325,000 in February 2016
    - Currently recruiting for additional providers and support staff so as to continue to increasing availability

Community Needs Assessment (Behavioral):

- Co-located with Gifford Primary Care in Randolph:
  - Increased patient convenience
  - Integrated care, including increased communication between providers and the ability to provide patient visits with the entire care team

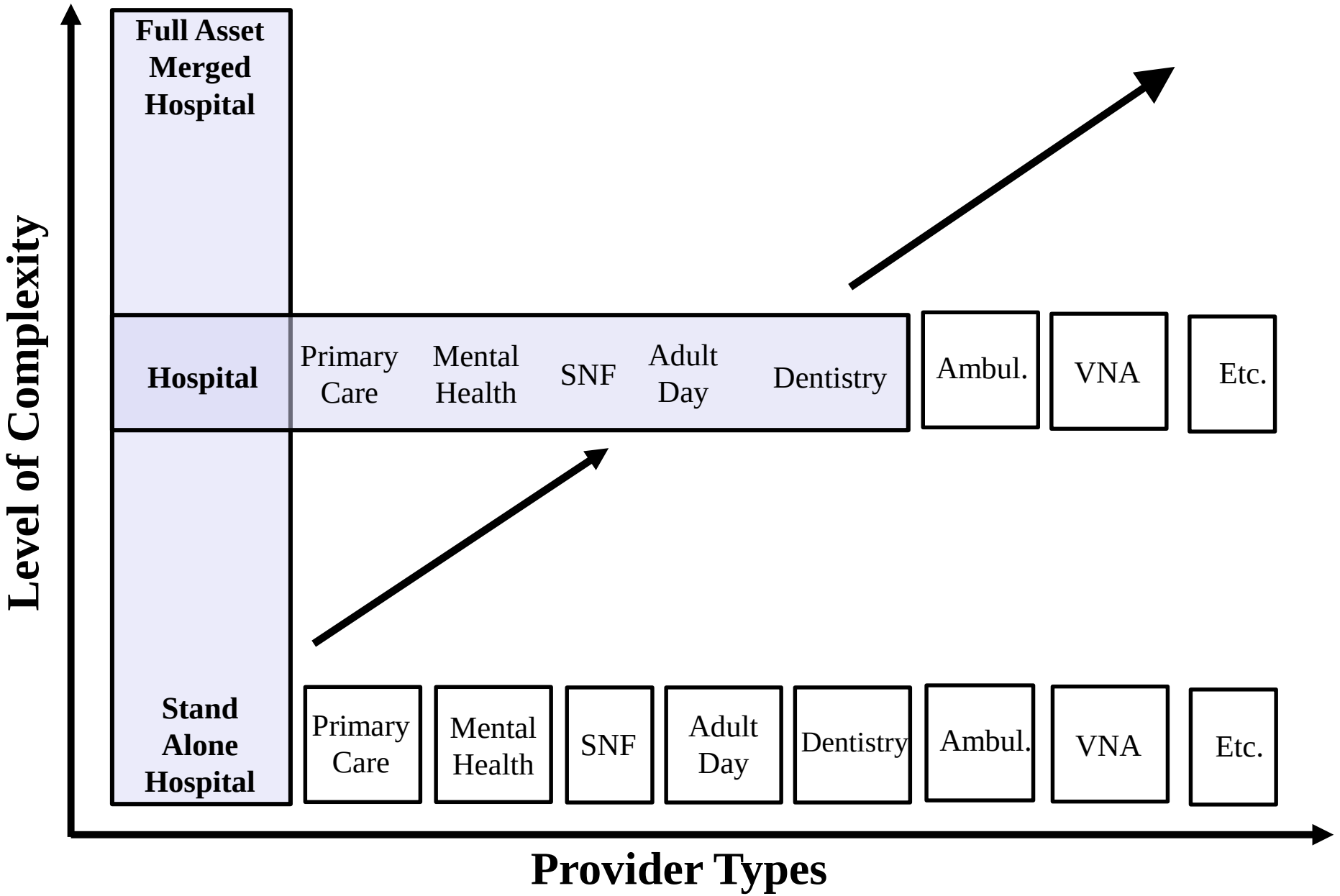
  - Implementing co-location with Gifford Health Center at Berlin
  - Gifford applied for a federal grant to assist with expanding behavioral health services throughout the community, and was awarded $272,950 in September 2015
  - Services will be offered starting on August 24, 2016
    - Patients have already started scheduling in this location

Community Needs Assessment (Behavioral):

- Collaborating with Community Partners
  - Bethel Health Center shares space with a local clinical psychologist
  - Chelsea Health Center is located in the same building as Clara Martin Center
  - Gifford is working with Clara Martin Center to provide coordinated behavioral health care for patients, with a focus on substance use disorders

- Substance Use Treatment
  - Gifford employees five physicians who are licensed to prescribed Medication-Assisted Treatment for substance use disorders
    - MAT available in Randolph, Berlin, and White River Junction locations
  - Gifford applied for a federal grant to assist in expanding substance use treatment, and was awarded $325,000 in February 2016
    - Currently recruiting for additional providers and support staff so as to continue to increasing availability

Horizontal Integration…



SMALL HOSPITALS HAVE A PLAN…

Nick Fury:

"Until such time as the world ends, we will act as though it intends to spin on."

Gifford Locations: