



**Springfield
Hospital**

Where People Come First

**Green Mountain Care Board
FY 2017 Budget Presentation
August 25, 2016**

Testimony Participants:

Timothy Ford, President and Chief Executive Officer

Scott Whittemore, CPA, Chief Financial Officer

Joshua Dufresne, MBA, Chief of Practice Operations

Bob DeMarco, MA, BSN, RN Chief of Quality & Systems Improvement

Jan Sherer, RN, BSN, MBA, Chief of Patient Care Services

Unique Model

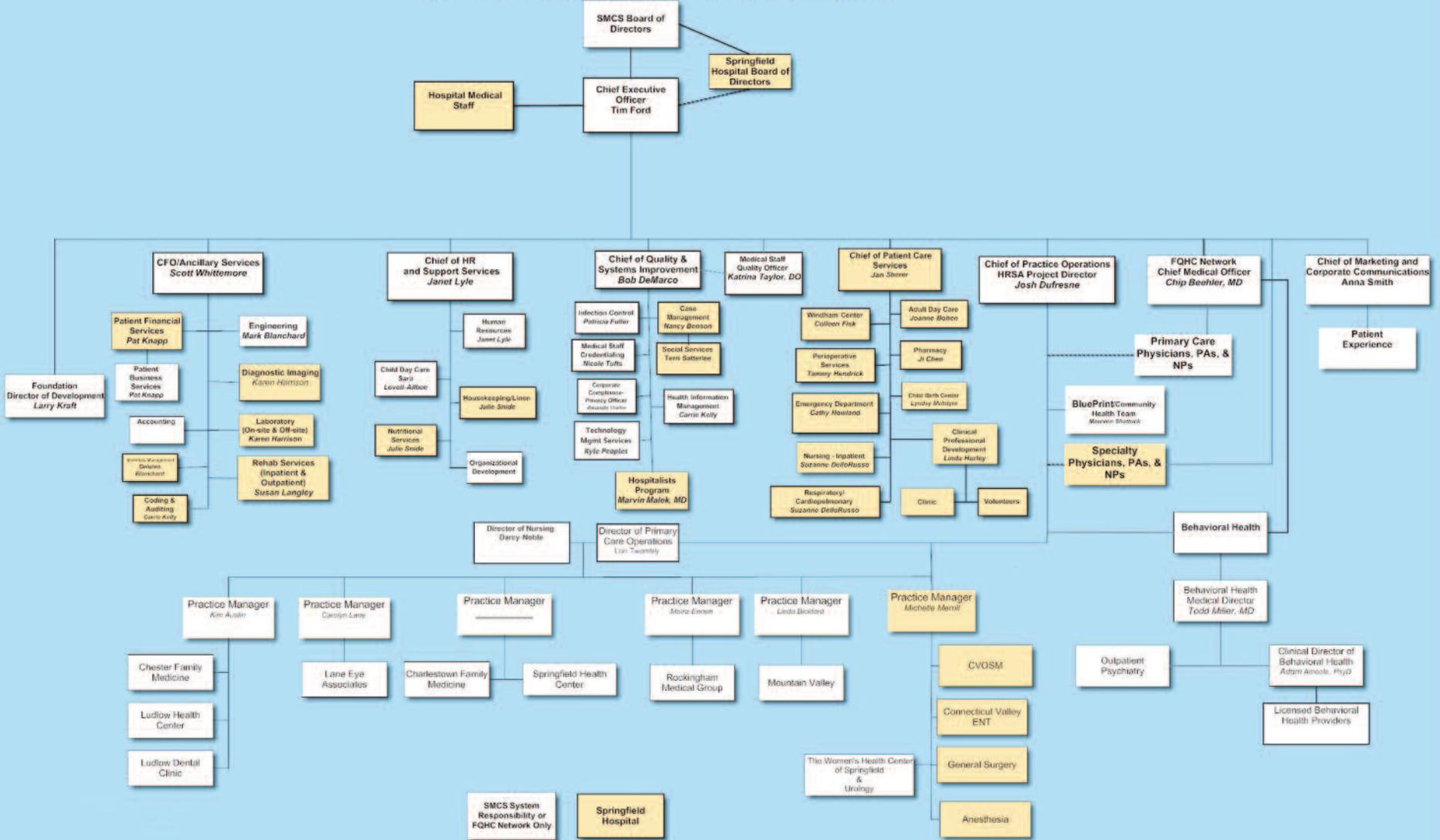


Integration & Transformation

*** Primary care **LEADS** the organization ***
Builds relationships and manages the continuum
Close to Home.

Organizational Chart

SPRINGFIELD MEDICAL CARE SYSTEMS, INC. ORGANIZATIONAL CHART



10 FQHC sites care for 25,000+ patients, 100,000 visits annually



Primary Care

**Mental
Health**

**Same Day
Appointments**

**Walk-in
Care**

Dental

Vision

**340-B
Pharmacy**

Supported by a strong, active Community Health Team



Community Health Team

49 Community/Agency Partners

199 Individual Members

Care Coordination

Transportation
Health Transit - Grant Funded

Outreach

Health Access - Free Consult
Valley Health Connections

Nutrition/Diabetic Counseling

Community Wellness

Housing

Springfield Supportive Housing
Springfield Housing Authority

Tobacco Cessation

RX for Exercise

Community Collaborative Blueprint

The Right Care... the Right Time... the Right Place



**Springfield
Hospital**

Emergency Care
Fast Track Service

Surgical Svcs

Inpatient Care

Childbirth Center

Physical Therapy

Specialty Care

Inpatient Psych

Adult Day Care

**Tertiary Referral
as Needed**



The Benefits

Improved Communication

Integrated Management

(Executive, Finance, Quality, Human Resources, Marketing)

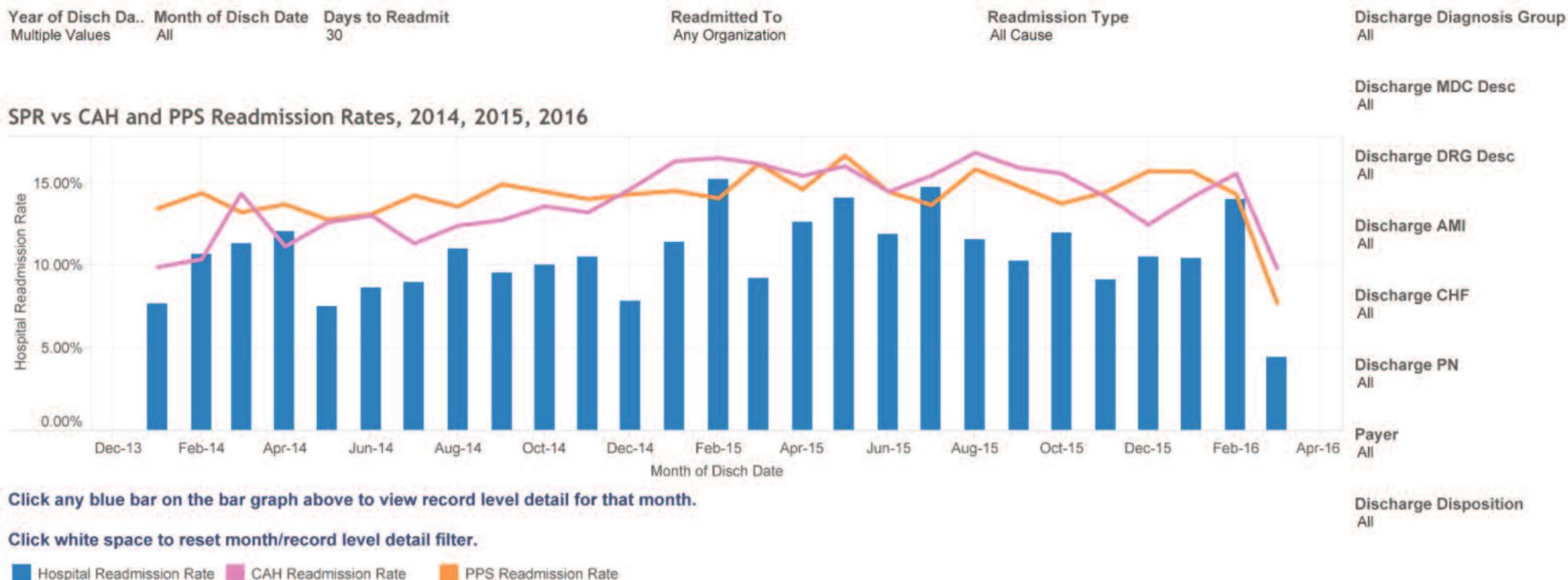
Improved Health Outcomes

Cost Savings

Systemwide Efficiency



Reduced Hospital Readmissions



The result of full integration of services... Great outcomes~!

Hospitalists, Social Workers, Discharge Planners,
ED Staff, PCPs, Care Coordinators, Community Health Team



Improving Health Outcomes

Chronic Disease Management

**Exceeding
State and National**

- **Asthma Pharmacologic Therapy**
- **Cholesterol Treatment**
(lipid treatment for pts with coronary artery disease)
- **Heart Attack/Stroke Treatment**
(aspirin therapy for pts with ischemic vascular disease)
- **Blood Pressure Control**
(hypertensive pts with blood pressure < 140/90)

UDS Health Center Performance Annual Comparison Report - 2015

Access	Health Center			Vermont	USA
	2013	2014	2015	VT 2015	USA 2015
Total Number of Patients Served	24,479	24,875	24,834	155,624	24,295,946
Medical Patients Served	23,836	24,132	24,009	135,232	20,616,149
Dental Patients Served	1152	1,489	1,634	37,718	5,192,846
Mental Health Patients Served	1,785	2,030	2,206	10,329	1,491,926
Substance Abuse Patient Served	246	236	228	710	117,043
Agricultural Worker Patients Served	128	154	182	679	910,172
Homeless Patients Served	99	103	107	2,273	1,191,772

Quality of Care/Health Outcomes	2013	2014	2015	VT 2015	USA 2015
	% of Prenatal Patients Served in 1st Trimester	88.74%	91.57%	87.32%	89.22%
% of Women with Pap Test (24- 46 y.o.)	80.00%	52.09%	61.43%	61.21%	56.03%
% Children Immunized prior to 3rd birthday	84.29%	80.86%	80.00%	81.98%	77.50%
% Children and Adolescents with Documented Counseling and BMI Percentile (3-17 y.o.)	38.57%	25.71%	41.43%	57.84%	57.89%
Percent of Adults who Received Weight Screening and follow up plan (> 17 y.o.)	54.29%	34.62%	57.14%	55.06%	59.14%
% Adult Tobacco Use Screening and Cessation Intervention (18 y.o. and >)	95.71%	78.13%	85.71%	85.27%	82.83%
% Asthmatic Patients Aged 5-40 with persistent asthma have acceptable Pharmacological Therapy treatment plan	90.00%	90.00%	92.86%	87.52%	84.15%
% of Adults on Lipid Lowering Therapy (CAD)(18 y.o. and >)	92.86%	74.29%	91.43%	84.74%	77.88%
% of Adults on Appropriate Screening for Colorectal Ca	85.71%	58.57%	55.71%	59.65%	38.35%
% if Adults with ASA or other appropriate Antithrombotic Therapy (IVD, AMI, CABG, PTCA)	NA	90.00%	87.14%	86.98%	77.98%
% Low and Very Low Birthweight Newborns	0.93%	6.40%	6.80%	4.55%	7.58%
% Diabetic Patients with HbA1c > 9%	NA	NA	20.00%	19.62%	29.80%
% of Hypertensive Patients with BP < 140/90	71.43%	68.00%	67.14%	66.38%	63.76%
%patients diagnosed with HIV, (1st dx and seen for f/u treatment within 90 days)	NA	100%	100%	100.00%	74.73%
% patients 12 y.o. and older screened for depression and if positive then follow up plan	NA	10%	40%	33.59%	50.61%
Children 6-0 years at mod to high risk of caries who rec'd sealant on a permanent first molar	NA	NA	84%	47.02%	42.45%

Financial Cost/Viability	2013	2014	2015	VT 2015	USA 2015
	Total Cost per Total Patient	\$758.04	\$762.14	\$840.52	\$842.63
Medical Cost per Medical Visit	\$573.36	\$595.20	\$624.52	\$629.03	\$553.77
Dental Cost per Dental Patient	\$760.03	\$579.17	\$509.45	\$570.34	\$462.66
Mental Health Cost per Mental Health Patient	\$878.45	\$777.23	\$787.75	\$908.36	\$773.54
Substance Abuse Cost per Sub Abuse Patient	\$1,203.35	\$979.74	\$770.08	\$890.87	\$1,037.39



National Quality Leader Awards

Awarded by HRSA, August 2016 (\$139,251)

Clinical Quality Improvers

Notable improvement in one or more Clinical Quality Measures 2014-2015

Health Center Quality Leaders

Best overall clinical performance among all health centers

National Quality Leaders (only one in NH/VT)

Exceeded national clinical quality benchmarks, including Healthy People 2020 goals for chronic disease management, preventive care, and perinatal/prenatal care

PCMH Recognition

Achieved PCMH recognition



Reducing Cost

Practice LEAN principles in daily operations

**Reference ACT 53 Hospital Report Card
Financial & Pricing Information**

Goal is system-wide cost efficiency

Mental Health Services

OUTPATIENT -

- **LICSWs are now working within each FQHC w/PCPs.**
- **Screening for depression in PCP offices.**
- **Discussing with HCRS (designated MH agency) for an HCRS care coordinator within our Primary Care network.**
- **Outreach Rounding**
 - **Nursing Homes**
(Psychiatrist, Psychologist, Nursing Home Pharmacist, and PCP - Team)
 - **Independent Living**
 - **Homes**
- **Collaborating with area Prevention Coalitions and Recovery Centers through Community Health Team.**
- **We have Medically Assisted Therapy (MAT) and participate in the Hub & Spoke program on an outpatient basis.**



Mental Health Services

INPATIENT -

- **10-bed inpatient psychiatric unit, treats co-occurring disorders (The Windham Center, Bellows Falls, VT)**
- **Coordinate with HCRS for screening**
- **If a psychiatric patient is in our ED long-term, we have daily rounding by Psychiatric APRN**
- **2 rooms provide patient confidentiality and safety when needed - otherwise used for all ED patients**
- **Training contracted security & staff regarding mental health crises**



The 2017 Budget

Major Initiatives

Charlestown Health Center Expansion

Primary Care, Walk-in, Specialty (OB, Psych, Mental Health) and Occupational Health

Dental Expansion

School Systems

Childbirth Center Renovation

Electronic Health Record Upgrade & Implementation

Physician, NP, PA Mentorship

The 2017 Budget

Average Net Patient Service Revenue (NPSR) year-to-year is 3.53%

Average Operating Loss over last four years (\$612,714)

NPSR Change					
FY2013	FY2014	FY2015	FY2016	FY2017	
-4.94%	4.04%	12.47%	0.02%	5.74%	Average increase is 3.53%
Net Operating Income (Loss)					
FY2012	FY2013	FY2014	FY2015		
532,518	-1,464,141	-3,783,385	2,264,152		Average loss over 4 years is (\$612,714)



The 2017 Budget

Changes to NPSR

- **Medicaid Expansion**
- **Increased ED visits**
- **Increase in Medicaid Psychiatric**

Medicare Utilization

- **Demographics - one of oldest & poorest population**
- **Added OB/GYN/Childbirth increases mostly NH Medicaid**

Commercial Utilization

- **Business use of Exchange products & Medicaid expansion**



Charity Care / Bad Debt

Free care declined

Bad debt is increasing

Last two quarters substantially over budget

June 30th - 5% over budget YTD

Anticipate trend to continue

Large deductibles are unaffordable



The 2017 Budget

Rate Increases

4% rate increase needed to cover the increase in DSH payments (\$320,000)



2016 Community Health Needs Assessment

CHNA Research and Committee Work Complete - Recommendations Made
Approved by Strategic Planning Committee
Present to Board of Directors for vote early September, 2016
Published & available to the public by September 30, 2016

Re 2013 Needs Assessment - Access Initiative 2016 CHNA Survey - 755 Responses

94.85% report “able to visit doctor or other health care professional when needed”

2016 Anticipated Focus Areas
Mental Health & Substance Abuse
Obesity
Dental



Springfield
Medical Care Systems, Inc.

Where People Come First

GMCB - Q/A?