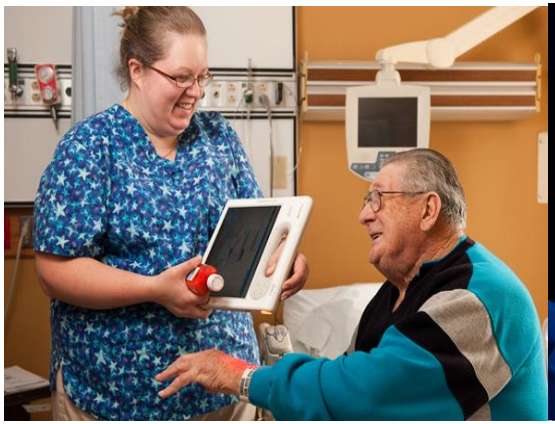
Gifford Medical Center

Making a Difference



Green Mountain Care Board Budget Presentation

August 20, 2018

Agenda

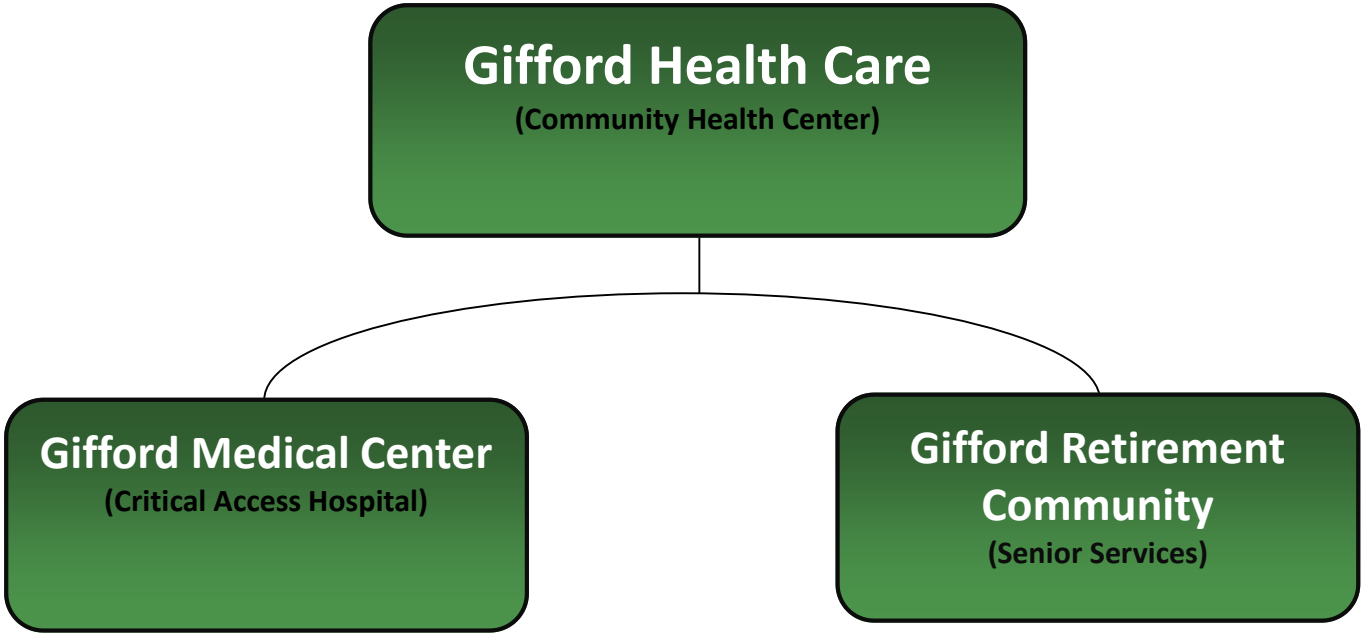
FY 2019 HOSPITAL BUDGET PRESENTATION

1. Introduction Overview
2. Hospital Issues
3. Areas of Risk/Opportunities
4. Access – Wait Times
5. All-Payer Quality Measures
6. Financials
7. Community Health Needs Assessment
8. Health Reform Investment
9. Capital Budget Plans
10. Long Range Financial Outlook
11. Review of Historical Compliance

Introduction

- Dan Bennett, President & CEO
- Jeff Hebert, CFO
- Ashley Lincoln, Director of Development & Public Relations
- Rebecca O’Berry, Vice President of Operations
- Katrina Lumbra, Controller

Introduction – Organization Chart



Introduction - Organizational Structure

Gifford Health Care

A community-based organization that provides comprehensive primary care and preventive care, including health, dental, and mental health and substance use services. We provide necessary care to the medically underserved and vulnerable populations, including the uninsured and those living in poverty.

7 Practice Locations:

- Gifford Primary Care & OB/GYN-Midwifery
- Bethel Health Center
- Chelsea Health Center
- Gifford Heath Center at Berlin
- Kingwood Health Center
- Rochester Health Center
- Twin River Health Center

Gifford Medical Center

Our 25-bed Critical Access Hospital offers general and specialty in-patient and out-patient services, as well as a Birthing Center, 24-hour emergency services, and diagnostic technologies that include a 64-slice CT scanner, a mobile MRI unit, a filmless radiology system, digital mammography and stereotactic breast biopsies.

6 Practice Locations:

- Advance Physical Therapy
- Gifford Health Center at Berlin
- Gifford Medical Center
- Kingwood Health Center
- Twin River Health Center
- Sharon Health Center

Gifford Retirement Community

Provides services for our elder population offering a continuum of care that includes adult day programs, independent living apartments, a future assisted living facility, and our award-winning nursing home.

3 Locations:

- Morgan Orchards Senior Living Community
  - Strode Independent Living
  - Future assisted living
  - Menig Nursing Home
- Gifford Adult Day
- Project Independence

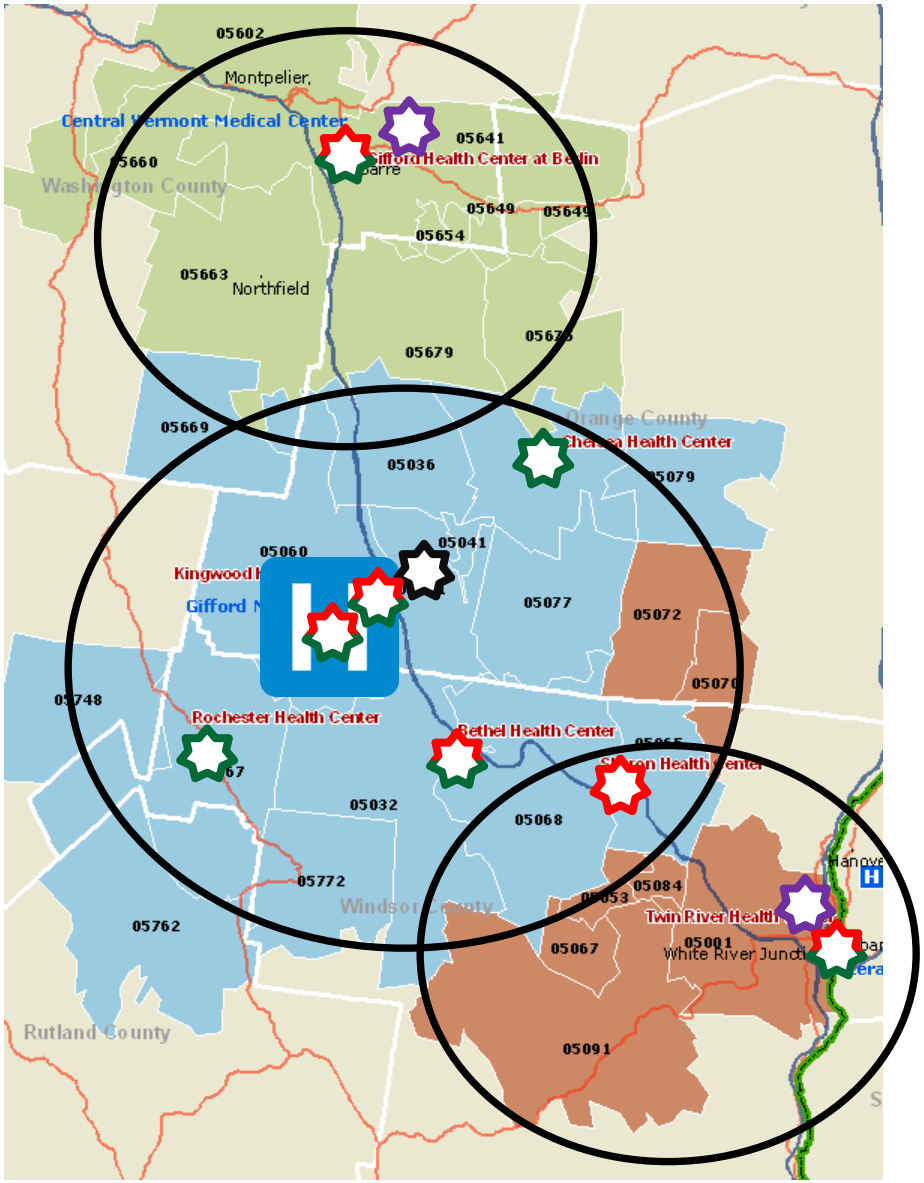
Introduction - Gifford Locations

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)



Hospital Issues

Areas of Risk/Opportunities

Hospital Issues

Workforce

- Provider turnover (general surgery, orthopedics, primary care)
- Utilization of locum physicians (general surgery, primary care)
- Traveling RN staff (OR, Med/Surgical)
- Tight labor market
  - Difficult to find individuals to fill open positions
  - Wage pressures

EMR Implementation

- Went live at the end of April
- Impact on volumes

Health Care Reform

- All Payer Model

Access

- Mental health and substance use services
- Primary Care

Areas of Risk/Opportunity

Risks

- Ability to enter into risk-based reimbursement agreements
  - Maintaining cash reserves in down years
  - Our small size can result in greater year-to-year financial volatility
- Ability to retain staff, maintain competitiveness in compensation, benefits
- Ability to recruit to a rural area

Opportunities

- Connection between primary care and hospital-based services
- Integrated model incorporating traditional medical services with mental health, substance use, and dental services
- Achieving cost savings/efficiencies
- Promising new hires (general surgery, primary care, OR staff)
- Expanded community health programs and outreach

Access – Wait Times

Access - Wait Times

Gifford practices

- Same-day access for urgent or acute patient visits
- Each specialty has a provider on-call for their patient-base

Third next available appointment

- Varies by clinic specialty
- Patients are seen within five days

Outpatient rehabilitation department

- Schedules new patient evaluations within five days
- Schedules follow-up patients within 14 days

All-Payer Quality Measures

All Payer Model Quality Measures

- Percentage of Medicaid adolescents with well-care visits
- Initiation of alcohol and other drug dependence treatment
- Engagement of alcohol and other drug dependence treatment
- 30-day follow-up after discharge for mental health
- 30-day follow-up after discharge for alcohol or other drug dependence
- Diabetes HbA1c poor control
- Controlling high blood pressure
- Appropriate asthma medication management
- Percentage of adults reporting that they have a usual primary care provider
- Prevalence of chronic disease: COPD
- Prevalence of chronic disease: Hypertension
- Prevalence of chronic disease: Diabetes
- 18-64 receiving Medication Assisted Treatment for opioid dependence
- Deaths related to drug overdose
- Rate of growth in number of mental health and substance use-related ED visits

Gifford's Quality Measures

Hospital Division Quality Dashboard

Measure

Overall Hospital Stay (CMS HCAHPS)

Patient Would Recommend (CMS HCAHPS)

Hospital Division Complaints

C. difficile

Inpatient Falls Resulting in Injury

Medication Safety Events

30-day Readmissions

Overall Rating of Emergency Department Care (HCAHPS-ED)

Door to Departure: Discharged Patients

Door to Departure: Admitted Patients

Left Without Being Seen

Time to EKG

Primary C-sections

Birth Complications

Decision to Incision

Surgical Division Quality Dashboard

Measure

OR Visits

Surgical Site Infections

Unexpected Return to OR

Surgical Division Complaints

Overall Patient Experience Rating

Day of Surgery Testing

Day of Surgery Cancellations

Unplanned Transfers or Admissions

Patient Care Navigation

Screening Colonoscopy: Adenomas Detected

All Colonoscopy: Completion Rate

Colonoscopy without biopsy: Exam Time

OR Immediate Use Sterilization Rate

Gifford's Quality Measures

Operations Division Quality Dashboard

Measure

Stat Lab Turn-Around

Troponin Lab Turn-Around

Average Radiology Read Turn-Around (hours)

Screening Mammography Read Turn-Around

Diagnostic Mammography to Biopsy

Rehab: Access to Care

Room Clean: Patient Perception

Facilities Work Order Turn-Around

Facilities Customer Satisfaction

Inpatient Meals: Excellent Flavor

Inpatient Meals: Got All Items Ordered

FQHC Primary Care Division Quality Dashboard

Measure

Pediatric Vaccinations

Pediatric Lead Screening – 1 year

Pediatric Lead Screening – 2 years

Cervical Cancer Screening

Diabetes Care: HbA1c < 8%

Diabetes Care: HbA1c > 9%

Colorectal Cancer Screening

Oral Health: ED visits for Dental

Depression Screening and Follow-up plan

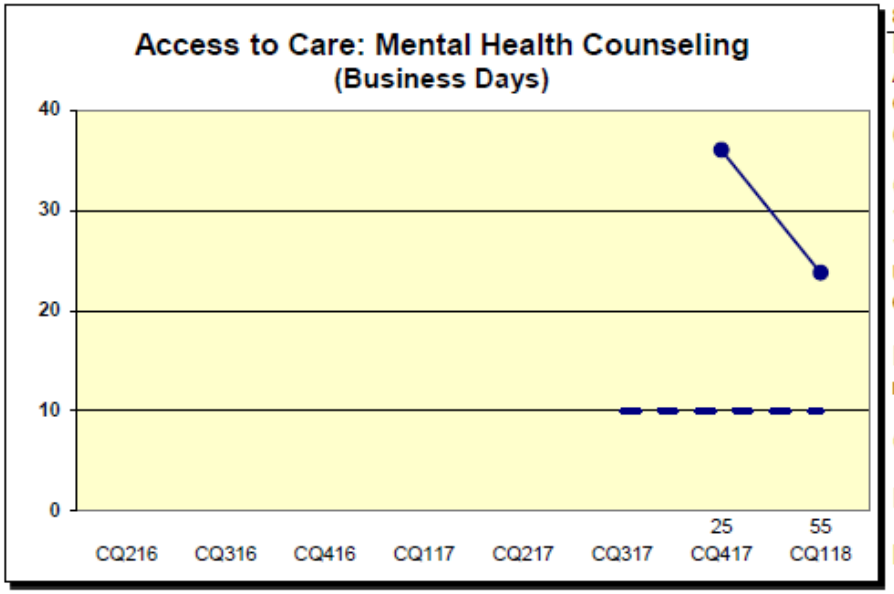
Access to Care: Mental Health Counseling

Access to Care: Psychiatry

Access to Care: Addiction Medicine

Primary Care Division Complaints

Quality of Care Dashboard



8 qtr avg.: 24.0

Indicator Definition:
Average days until first available appointment for mental health counseling
(Lower is better)

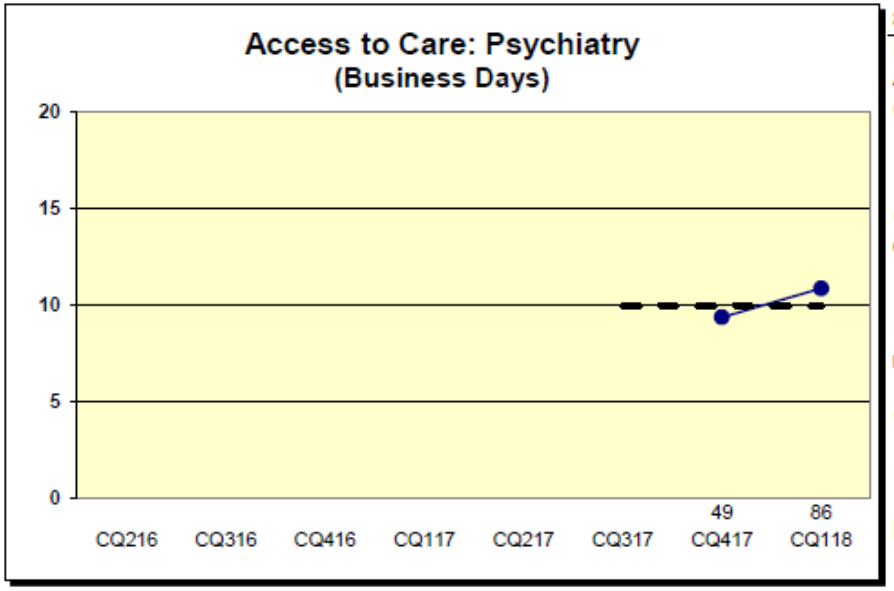
Comments:
18 patients on waitlist (no available appointment) in Q118. Down 1 FTE and recruiting. Once position filled, expect improved access.
Urgent referrals seen (avg = 2.7 days).
Q417 was an incomplete quarter.

Benchmark/Comparative Data:
none available

Goal: < 10 business days

Data Source: Behavioral Health referral tracking spreadsheet

Reporting Requirement: none



8 qtr avg: 10.2

Indicator Definition:
Average days until first available appointment for psychiatry
(Lower is better)

Comments:
Q417 was an incomplete quarter.

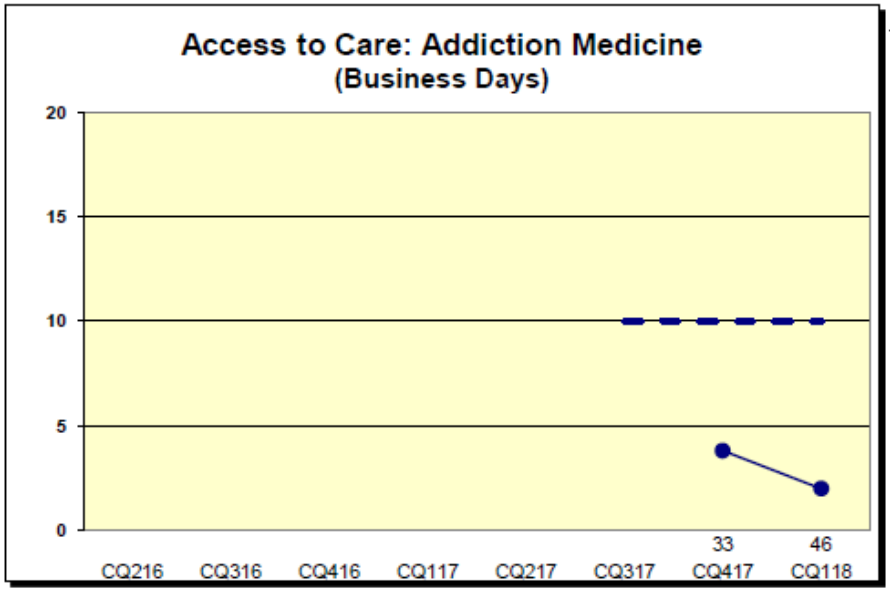
Benchmark/Comparative Data:
none available

Goal: < 10 business days

Data Source: Behavioral Health referral tracking spreadsheet

Reporting Requirement: none

Quality of Care Dashboard



8 qtr avg: 2.9

Indicator Definition:
Average days until first available appointment for addiction medicine. Includes Medication Assisted Treatment (MAT) referrals.
(Lower is better)

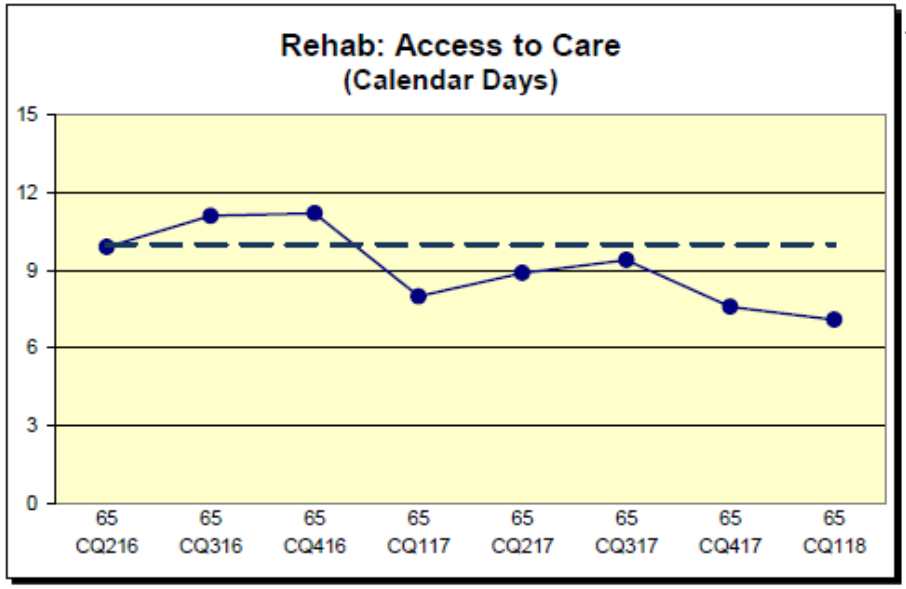
Comments:
Q417 was an incomplete quarter.
Providers are being encouraged to refer patients who would benefit from a consultation to learn about various treatment options (without having to commit to treatment).

Benchmark/Comparative Data:
none available

Goal: < 10 business days

Data Source: Addiction Medicine referral tracking spreadsheet

Reporting Requirement: none



8 qtr avg.: 9

Indicator Definition:
Average days until 3rd available evaluation appointment for outpatient Rehabilitation Services (PT & OT; excludes speech).

Comments:

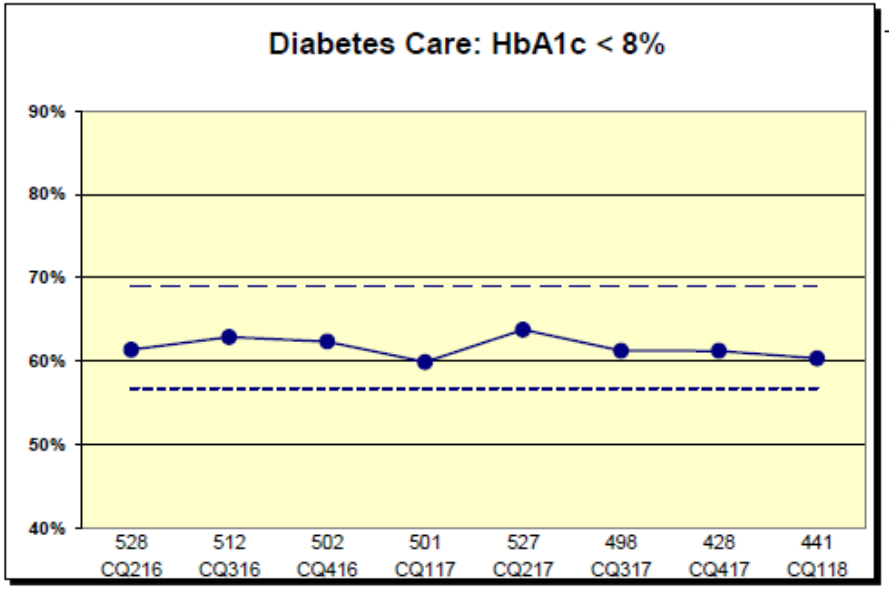
Benchmark/Comparative Data:
none available

Goal: – – – – – < 10 calendar days

Data Source: Rehabilitation Services tracking

Reporting Requirement: none

Quality of Care Dashboard



8 qtr avg: 62% (2428 / 3937)

Indicator Definition:
Percentage of diabetic patients age 18-75 who were seen at least once in the quarter and whose most recent HbA1c level was less than 8% (within the past year).
Excludes gestational diabetes and steroid-induced diabetes.

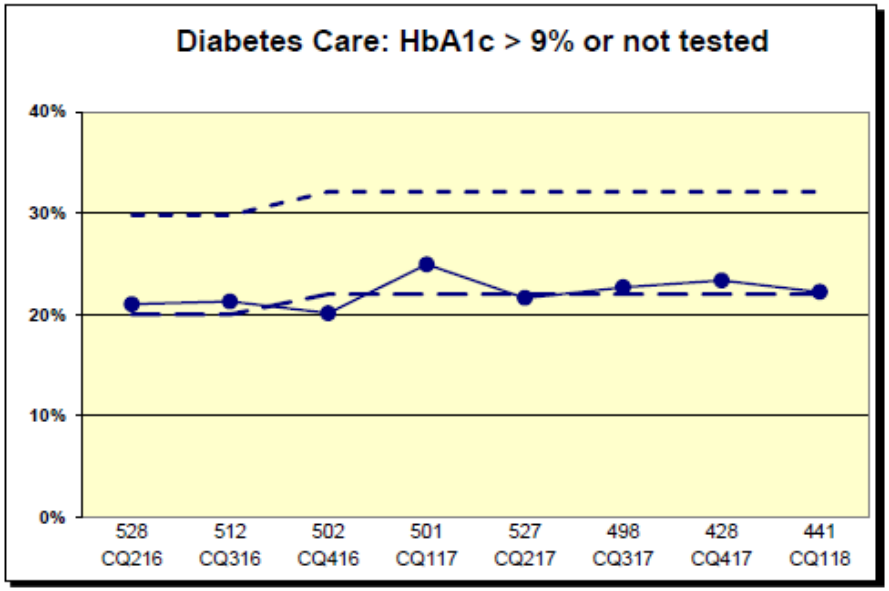
Comments:
Point of care HbA1c analyzers are now in all clinics. New diabetic standing orders allow nurses to order the A1c test, if it is due, even if the patient is being seen for an acute issue.

Benchmark/Comparative Data:
— — — VT rate = 69% (HRSA 2014)
- - - - - - US rate = 57% (HRSA 2014)

Goal: > 69%

Data Source: CPSI

Reporting Requirement: FQHC UDS



8 qtr avg: 22% (871 / 3937)

Indicator Definition:
Percentage of diabetic patients age 18-75 who were seen at least once in the quarter and whose most recent HbA1c level was greater than 9% or not tested (within the past year).
Excludes gestational diabetes and steroid-induced diabetes.
(Lower % is better)

Comments:
Point of care HbA1c analyzers are now in all clinics. New diabetic standing orders allow nurses to order the A1c test, if it is due, even if the patient is being seen for an acute issue.

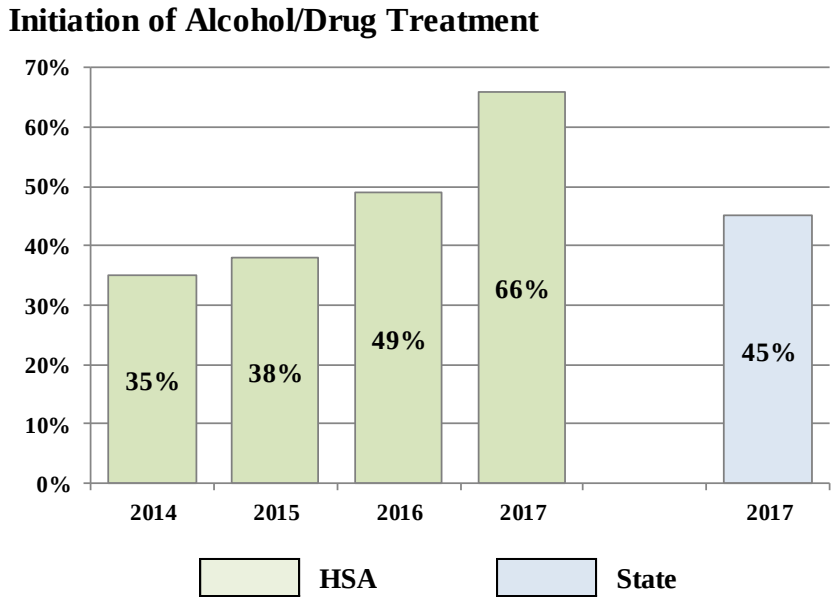
Benchmark/Comparative Data:
— — — VT rate = 22% (HRSA 2016)
- - - - - - US rate = 32% (HRSA 2016)

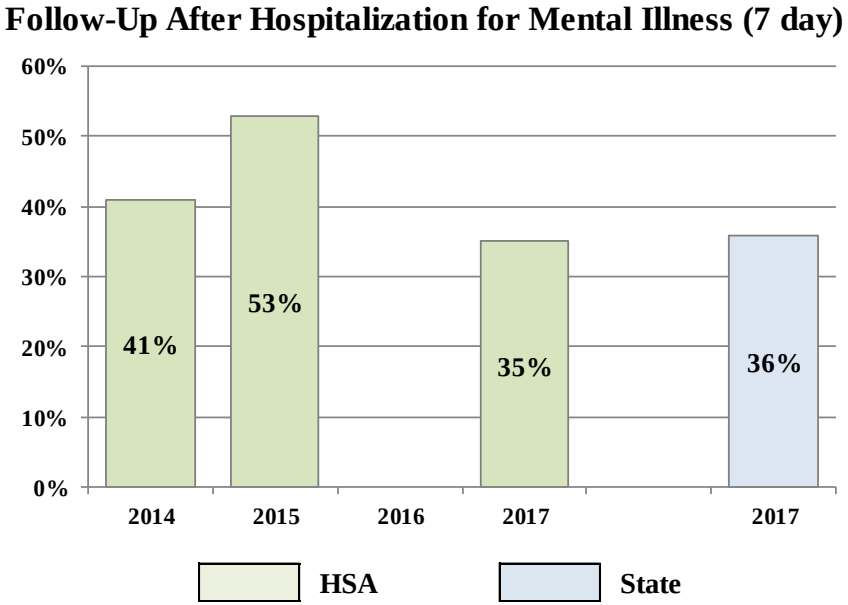
Goal: < 21%

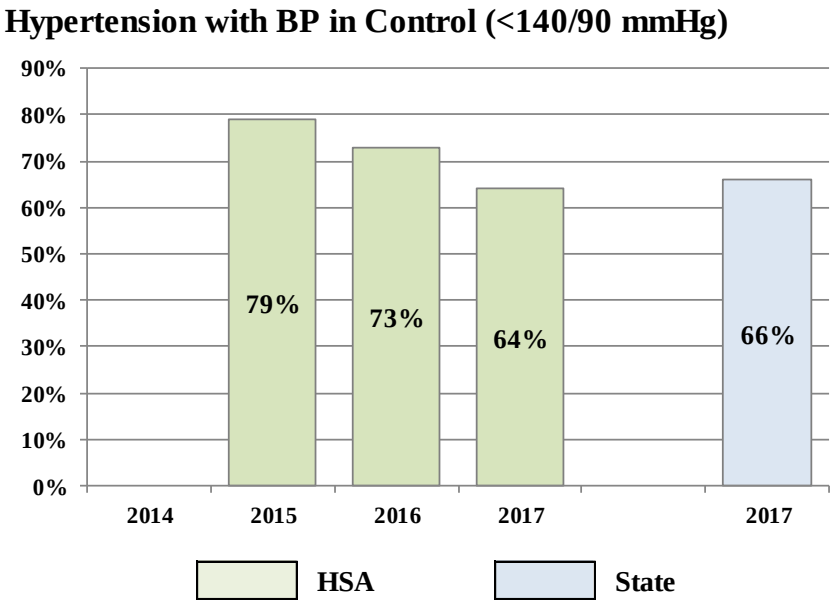
Data Source: CPSI

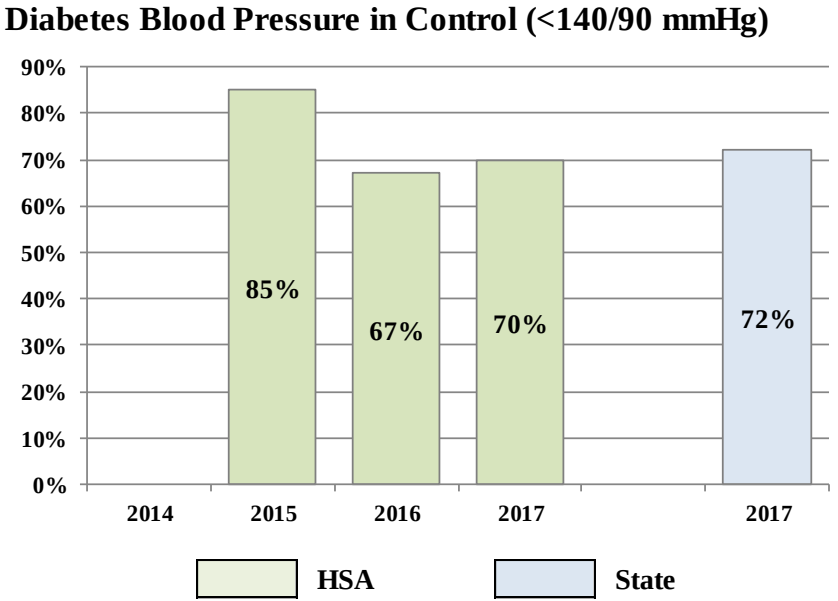
Reporting Requirement: FQHC UDS

All Payer Quality Initiatives









Financials

Profit and Loss Statement – Adaptive Planning

GIFFORD MEDICAL CENTER
REPORT 1
SUMMARY STATEMENT OF REVENUE & EXPENSE

	2017A	2018B	2018P	2019B
REVENUES				
INPATIENT CARE REVENUE	$27,984,211	$32,061,329	$25,623,222	$27,743,361
OUTPATIENT CARE REVENUE	$71,427,886	$77,347,991	$70,913,080	$77,328,503
OUTPATIENT CARE REVENUE - PHYSICIAN	$13,081,148	$13,992,094	$12,012,488	$14,902,225
SWING BEDS PT CARE REVENUE	$1,751,146	$1,806,392	$2,305,018	$2,057,248
GROSS PATIENT CARE REVENUE	$114,244,392	$125,207,806	$110,853,808	$122,031,337
DISPROPORTIONATE SHARE PAYMENTS	$858,641	$645,999	$645,996	$554,798
BAD DEBT	-$2,904,150	-$3,316,988	-$2,481,922	-$2,915,932
FREE CARE	-$383,228	-$558,851	-$423,792	-$480,167
DEDUCTIONS FROM REVENUE	-$57,508,283	-$62,463,956	-$57,695,380	-$63,295,385
OTHER OPERATING REVENUE	$1,516,475	$909,288	$1,092,806	$866,476
TOTAL OPERATING REVENUE	$55,823,847	$60,423,298	$51,991,516	$56,761,128
OPERATING EXPENSE				
SALARIES NON MD	$17,820,045	$18,765,491	$17,492,874	$17,824,017
FRINGE BENEFITS NON MD	$4,939,549	$5,172,627	$5,450,488	$5,444,194
FRINGE BENEFITS MD	$1,485,066	$2,155,729	$1,641,958	$1,601,433
PHYSICIAN FEES SALARIES CONTRACTS & FRINGE	$8,895,542	$7,455,319	$8,834,874	$7,737,667
HEALTH CARE PROVIDER TAX	$3,164,988	$3,186,753	$3,249,372	$3,186,753
DEPRECIATION AMORTIZATION	$3,120,162	$3,091,633	$2,838,740	$2,816,700
INTEREST - LONG TERM	$767,781	$794,710	$756,748	$777,455
OTHER OPERATING EXPENSE	$16,505,007	$18,431,082	$18,020,662	$15,957,897
TOTAL OPERATING EXPENSE	$56,698,140	$59,053,344	$58,285,716	$55,346,116
NET OPERATING INCOME (LOSS)	-$874,293	$1,369,954	-$6,294,200	$1,415,012
NON-OPERATING REVENUE	$1,032,308	$850,000	$2,338,672	$849,996
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	$158,015	$2,219,954	-$3,955,528	$2,265,008

Balance Sheet – Adaptive Planning

GIFFORD MEDICAL CENTER
SCHEDULE 12
BALANCE SHEET - UNRESTRICTED FUNDS

	2017A	2018B	2018P	2019B
ASSETS				
CASH & INVESTMENTS	$3,312,949	$5,455,037	$3,285,250	$2,706,318
PATIENT ACCOUNTS RECEIVABLE, GROSS	$17,316,496	$15,133,436	$14,616,148	$15,052,468
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	-$10,358,670	-$7,470,977	-$9,276,542	-$7,610,504
DUE FROM THIRD PARTIES	$180,446	$0	-$483,550	$0
RISK RESERVE FOR FIXED REFORM PAYMENTS	$0	$0	$0	$0
OTHER CURRENT ASSETS	$3,228,871	$3,007,196	$2,972,747	$2,424,384
TOTAL CURRENT ASSETS	$13,680,092	$16,124,692	$11,114,053	$12,572,666
TOTAL BOARD DESIGNATED ASSETS	$27,361,797	$17,868,278	$26,728,057	$22,843,159
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	$39,329,212	$43,539,875	$37,914,451	$39,066,281
OTHER LONG-TERM ASSETS	$9,027,454	$9,058,000	$9,325,676	$9,161,000
TOTAL ASSETS	$89,398,555	$86,590,845	$85,082,236	$83,643,106
LIABILITIES AND FUND BALANCE				
TOTAL CURRENT LIABILITIES	$7,866,484	$13,707,269	$7,020,037	$7,610,450
TOTAL LONG-TERM DEBT	$19,140,710	$17,407,619	$18,697,061	$17,677,568
OTHER NONCURRENT LIABILITIES	$543,771	$0	$679,242	$108,772
TOTAL LIABILITIES	$27,550,965	$31,114,888	$26,396,341	$25,396,790
FUND BALANCE	$61,847,590	$55,475,957	$58,685,895	$58,246,316
TOTAL LIABILITIES AND FUND BALANCE	$89,398,555	$86,590,845	$85,082,236	$83,643,106

Cash Flows – Adaptive Planning

GIFFORD MEDICAL CENTER
SCHEDULE
CASH FLOWS

	2017A	2018B	2019B
CASH FROM OPERATIONS			
EXCESS REVENUE OVER EXPENSE	$ 158,015	$ 2,219,954	$ 2,265,009
DEPRECIATION/AMORTIZATION	$ 3,120,162	$ 3,091,633	$ 2,816,700
PATIENT A/R	$ (566,207)	$ (704,633)	$ 220,495
OTHER CHANGES	$ 666,980	$ 6,242,906	$ (5,514,007)
TOTAL CASH FROM OPERATIONS	**$ 3,378,950**	**$ 10,849,860**	**$ (211,803)**
CASH FROM INVESTING ACTIVITY			
CHANGE IN ACCUM DEPR LESS DEPRECIATION	$ (243,047)	$ (3,384,061)	$ 5,020,477
CHANGE IN CAPITAL ASSETS	$ (1,742,780)	$ (3,918,235)	$ (3,363,583)
FUNDED DEPRECIATION	$ (2,070,279)	$ 5,460,972	$ (499,881)
OTHER LT ASSETS & ESCROWED BONDS & OTHE	$ (3,708,126)	$ 3,458,230	$ (4,469,228)
TOTAL CASH FROM INVESTING ACTIVITY	**$ (7,764,232)**	**$ 1,616,906**	**$ (3,312,215)**
FINANCING ACTIVITY			
BONDS & MORTGAGES	$ (783,523)	$ (1,651,544)	$ 211,381
CAPITAL LEASE & OTHER LONG TERM DEBT	$ (24,059)	$ (81,547)	$ 58,568
TOTAL FINANCING ACTIVITY	**$ (807,582)**	**$ (1,733,091)**	**$ 269,949**
OTHER CHANGES			
CHANGE IN FUND BALANCE LESS NET INCOME	$ 3,643,402	$ (8,591,587)	$ 505,350
TOTAL OTHER CHANGES	**$ 3,643,402**	**$ (8,591,587)**	**$ 505,350**
BEGINNING CASH	**$ 4,862,410**	**$ 3,312,949**	**$ 5,455,037**
NET INCREASE/(DECREASE) IN CASH	**$ (1,549,462)**	**$ 2,142,088**	**$ (2,748,719)**
ENDING CASH	**$ 3,312,948**	**$ 5,455,038**	**$ 2,706,318**

Payer Mix – In State vs Out of State

In State	**97%**
Out of State	**3%**

	In State (97%)	Out of State (3%)	Total
BC/BS	20%	17%	19%
Commercial	18%	34%	19%
Medicaid	18%	3%	18%
Medicare	42%	42%	42%
Self	2%	4%	2%

Reconciliation of Actual to Budget 18

GIFFORD MEDICAL CENTER
STATEMENT OF OPERATIONS
For the Month Ending June-2018

	Year To Date			
	Actual	Budget	$ Variance	% Var
PATIENT CARE REVENUE				
Hospital - Inpatient	$ 18,051,982	$ 24,123,166	$ (6,071,184)	-25.17%
- Outpatient	$ 51,411,213	$ 56,795,552	$ (5,384,339)	-9.48%
- Swing Bed	$ 1,572,997	$ 1,382,615	$ 190,383	13.77%
Clinic (Non-Primary Care)	$ 10,250,734	$ 12,106,548	$ (1,855,814)	-15.33%
Total Patient Care Revenue	**$ 81,286,926**	**$ 94,407,881**	**$ (13,120,955)**	**-13.90%**
ALLOWANCES				
Affordable Care	$ 437,106	$ 420,267	$ 16,839	4.01%
Contractual Allowances	$ 43,004,541	$ 46,974,132	$ (3,969,590)	-8.45%
Provision for Bad Debt	$ 1,749,938	$ 2,494,440	$ (744,503)	-29.85%
Disproportionate Share	$ (484,499)	$ (472,035)	$ (12,464)	2.64%
Total Allowances	**$ 44,707,086**	**$ 49,416,804**	**$ (4,709,718)**	**-9.53%**
Net Patient Revenue	**$ 36,579,841**	**$ 44,991,077**	**$ (8,411,236)**	**-18.70%**
OTHER REVENUE				
340B Revenue	$ 17,236	$ 90,000	$ (72,764)	-80.85%
Other Grants	$ 55,537	$ -	$ 55,537	0.00%
Misc Revenue	$ 620,230	$ 515,160	$ 105,070	20.40%
Net Assets Released	$ 61,041	$ 76,806	$ (15,765)	-20.53%
Total Other Revenue	**$ 754,044**	**$ 681,966**	**$ 72,078**	**10.57%**
Net Revenues	**$ 37,333,884**	**$ 45,673,043**	**$ (8,339,159)**	**-18.26%**

GIFFORD MEDICAL CENTER
STATEMENT OF OPERATIONS
For the Month Ending June-2018

	Year To Date			
	Actual	Budget	$ Variance	% Var
EXPENSES				
Wages - Non Providers	$ 13,094,635	$ 14,068,758	$ (974,123)	-6.92%
Wages - Providers	$ 5,320,748	$ 5,505,630	$ (184,882)	-3.36%
Benefits	$ 4,975,194	$ 5,460,971	$ (485,777)	-8.90%
Advertising	$ 23,666	$ 73,912	$ (50,246)	-67.98%
Depreciation	$ 1,936,595	$ 2,170,647	$ (234,052)	-10.78%
Insurance	$ 322,845	$ 359,487	$ (36,642)	-10.19%
Interest/Amortization	$ 582,956	$ 615,564	$ (32,608)	-5.30%
Licenses/Taxes	$ 2,442,570	$ 2,440,175	$ 2,395	0.10%
Other	$ 555,890	$ 569,400	$ (13,510)	-2.37%
Purchase Services	$ 8,721,870	$ 7,095,672	$ 1,626,198	22.92%
Supplies - Medical	$ 3,791,959	$ 4,257,521	$ (465,562)	-10.94%
Supplies - Non Medical	$ 438,418	$ 509,798	$ (71,380)	-14.00%
Training	$ 91,452	$ 191,548	$ (100,096)	-52.26%
Utilities	$ 653,442	$ 816,067	$ (162,625)	-19.93%
Total Expenses	**$ 42,952,240**	**$ 44,135,150**	**$ (1,182,910)**	**-2.68%**
Net Gain/Loss	**$ (5,618,356)**	**$ 1,537,893**	**$ (7,156,249)**	**-465.33%**

Reconciliation of Actual to Budget 18

Category	Years	Explanation
REVENUE		
Patient Revenue	Ac 18 - Bud 18	Inpatient - lower than expected surgical and inpatient volumes Outpatient - down do to lack of surgical and primary care providers as well as implementation of a new EMR Clinic - down due to lack of surgical providers as well as implementation of a new EMR
EXPENSES		
Wages - Non Providers	Ac 18 - Bud 18	7% reduction due to use of low census, attrition, productivity expectations
Benefits	Ac 18 - Bud 18	In-line with 2018 actual expectations
Advertising	Ac 18 - Bud 18	Due to cost initiatives expense decreased by 68%: Rework paper reports to be electronic versions only Reduced print ads Held on new intranet site
Depreciation	Ac 18 - Bud 18	Moving to cloud based application which is decreasing expenses by 11%
Other	Ac 18 - Bud 18	Reductions due to cost initiatives: Dues - $41k Network printers/copies - $30k Freight - $20k Postage - $13k Above initiatives were offset by an increase of other direct costs - $91k
Purchase Services	Ac 18 - Bud 18	Utilized locum providers - $662k Moved orthopedist from employed to contracted service - $408k Utilized travelers/contract staff - $800k Moved to cloud based IT applications - $100k
Utilities	Ac 18 - Bud 18	Utilizing Efficiency Vermont Cost initiatives specific to utilization of heat/AC/lights etc.

Community Health Needs Assessment

Community Needs Assessment

Gifford Medical Center

2012
Community Healthcare Needs Assessment

44 South Main Street
Randolph, VT 05060
(802)-728-7000

July 31, 2012

Gifford Medical Center

2015
Community Healthcare Needs Assessment

44 South Main Street
Randolph, VT 05060
(802)-728-7000

August 4, 2015

Gifford Health Care

2018
Community Health Needs Assessment

44 South Main Street
Randolph, VT 05060
(802) 728-7000

June 1, 2018

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)	Community Results (2018)
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**	**1. Good jobs and healthy economy** **2. Good schools** **3. Access to health care**
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	**1. Addiction (drug or alcohol)** 2. Mental health issues **3. Obesity**
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	*Removed this question and incorporated into **Community Health Challenges** question*
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**	1. Support Services for special needs 2. Long-term care (NH, AL) **3. Alcohol and drug counseling**

Areas of focus & priority

Drug Addiction	Mental Health Issues
Overweight and Obesity	Preventative health care

Other areas respondents felt restricted their ability to receive health services

Inconvenient appointment time | Service not available
No dental insurance | Other expenses are priority

CNA: Obesity & Preventative Health

Collaborate with Gifford's established Blueprint Community Health Team to respond to identified needs and coordinate patient's care to include community partners.

- Panel management helps address obesity, preventative healthcare and access to healthcare
- CHT coordinate free self management programs (Diabetes prevention & management, chronic conditions self-management, etc.)
- Outreach to ED patients to establish primary care relationship
- Shared care planning with community partners for patients that are high-risk/high-complexity

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

GHC Services

- **2013/2014** - Awarded FQHC Status
  - Expanded Mental Heath Services
  - Added Psychiatrist, Associate Provider, Counselors 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 expand mental health services throughout the community
  - Service started on August 24, 2016
- **02/2016** – Awarded expansion grant to expand substance use treatment services
  - Berlin open August 24, 2016
  - Randolph clinic open September 2017
- **MAT** provider waiver increase (up to 250 each)
- **09/18 –** State designated Narcan distribution site

Collaborating with Community Partners

- Chelsea Health Center is co-located with Clara Martin Center
- Gifford is working with Clara Martin Center to provide coordinated mental health care for patients, with a focus on substance use disorders

Substance Use Treatment

- Gifford employs 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

CNA: Mental Health

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 mental health services throughout the community, and was awarded $272,950 in September 2015
- Services started on August 24, 2016

Community Health Investments

Gifford has enhanced its Community Outreach initiatives during FY18. The focus was on substance use and we predict our work will continue with this initiative in FY19 as well as other preventative health outreach as noted in Appendix V.

- Drug Kiosk (over 600# since January 2018)
- Dose of Reality Community Forums
- Randolph Area Opiate Response Team
- Foot Screening Clinics
- Skin Cancer Screenings
- Health Coaching
- Chronic Disease Workshops / Self Management Classes
- Diabetes Education
- Regional Prevention Partnership (tobacco, alcohol, drugs)
- Local School Outreach
  - LEAD (Law Enforcement Against Drugs)
  - HELP (Heroin Epidemic Learning Program)
  - Athletic Trainer program (RUHS, VTC, Nighthawks)
- Senior Centers, Rotary, Independent Living, Farm Show, Tunbridge Fair

Health Reform Investment

Health Reform Investments

Gifford remains committed to responding appropriately to health care reform and investments. However last year (FY18) was the first year that Gifford requested the 4 percent health care reform investment.

Total Health Care Reform Investment for 2018: $568,000					Per GMCB budget guidance, indicate which of the health care reform criteria the investment meets			
	Activities, investments, or initiatives within the 0.4% health care reform investment	**Allocation for the investment**	**Was this activity in last year's budget?**	**Is this investment supplanting the previous costs, or are they new?**	**Support for ACO infrastructure or programs**	**Support of community infrastructure related to ACO programs**	**Population health improvement activities**	**Population health measures outlined in APM**
1	ACO dues(CHAC)		No	New	X			
2	IT Initiatives:		No	New/Supplanting	X	X	X	X
3	QM Initiatives		No	New		X	X	X
4	Community Outreach Initiatives		Yes/No	New/Supplanting		X	X	X

Health Reform Investments

- CHAC, the ACO Gifford was a part of, no longer exists and the expenses are not budgeted in FY19.

- e-Clinical Works, Gifford's new EMR, has been successfully implemented in the spring of 2018. Ongoing expenses are noted in Appendix V.

- The QM initiatives noted are ongoing and reflected in the FY19 budgeted expenses.
  - Post Acute Care Clinic
  - Panel Management
  - Increasing practice hours of operations
  - Medicaid Women's Health Initiative
  - VCCI Coordination
  - ED High Utilizer Action Plan
  - ED Discharge Panel
  - Shared Care Planning

Community Health Investments

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Capital Budget Plans

Capital Budget – Building & Building Svcs

2019 Budget = $1,767,379

Lighting Upgrade: $320,000
Scope: Upgrade existing fluorescent lighting throughout main hospital. Gifford is working with Efficiency Vermont on design, layout, and incentives.

Underground Fuel Tank Replacement: $160,000
Scope: Two 6,000-gallon underground fuel-storage tanks will expire in 2019. Per state regulations, these tanks need to be replaced.

Rooftop Unit Replacement: $157,659
Scope: Replace 2nd Floor HVAC rooftop unit in the medical office building.

Gamma Camera Installation: $100,000
Scope: Upgrade physical plant to accommodate Gamma camera installation.

Security Upgrade Badge Access: $78,890
Scope: Install badge access to interior/exterior doors throughout main hospital.

Capital Budget – Building & Building Svcs

2019 Budget = $1,767,379 (cont.)

Interior/Exterior Camera Upgrades: $54,000
Scope: Upgrade cameras throughout main hospital.

Burner Replacement Boiler No. 1: $35,800
Scope: Install energy-efficient boiler burner to replace existing Boiler No. 1, with incentives through Efficiency Vermont.

Refrigerator Upgrades/Wireless Temp-Monitoring: $20,000
Scope: Upgrade vaccination medication refrigerators throughout the organization. Install wireless temperature-monitoring system for vaccination refrigerators

Capital Budget – Major Movable

2019 Budget = $3,681,826

Gamma Camera: $740,636
Scope: Replace 11-year-old unit that has reached end of life.

Endoscopic System: $309,132
Scope: Upgrade the existing endoscopic equipment utilized to perform diagnostic and therapeutic procedures of the upper and lower GI tract. Current equipment soon will not be supported by the company.

PACS System: $225,000
Scope: Replace physical servers. The current contract for this service has expired.

Mobile X-ray System: $160,735
Scope: Replace current unit, an older model, with a system that has updated imaging technology.

EMR Server: $150,000
Scope: Replace data center server.

Capital Budget – Major Movable

2019 Budget = $3,681,826 (cont.)

Phaco System: $134,500

Scope: Upgrade existing equipment utilized during cataract surgery. New equipment will more accurately measures the eye to allow for utilization of specialty intraocular lenses.

Pulmonary Function System: $123,931

Scope: Replace current PFT machine as it has reached end-of-life status and no longer will be supported .

Cardiac Monitor System: $116,237

Scope: Replace cardiac-monitoring equipment throughout nursing units. Current equipment soon will not be supported by the company.

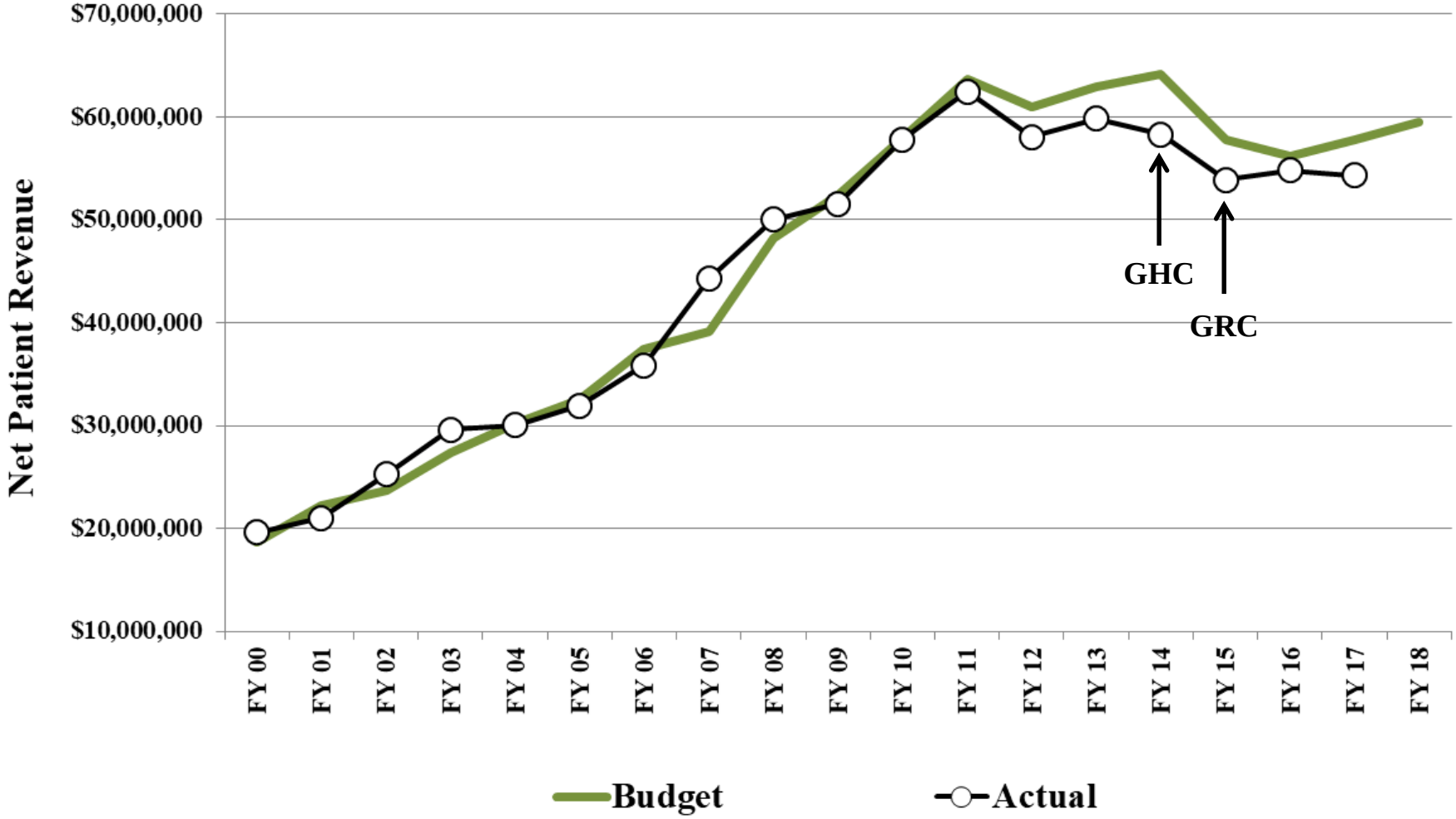
Long Range Financial Outlook

Financial Outlook

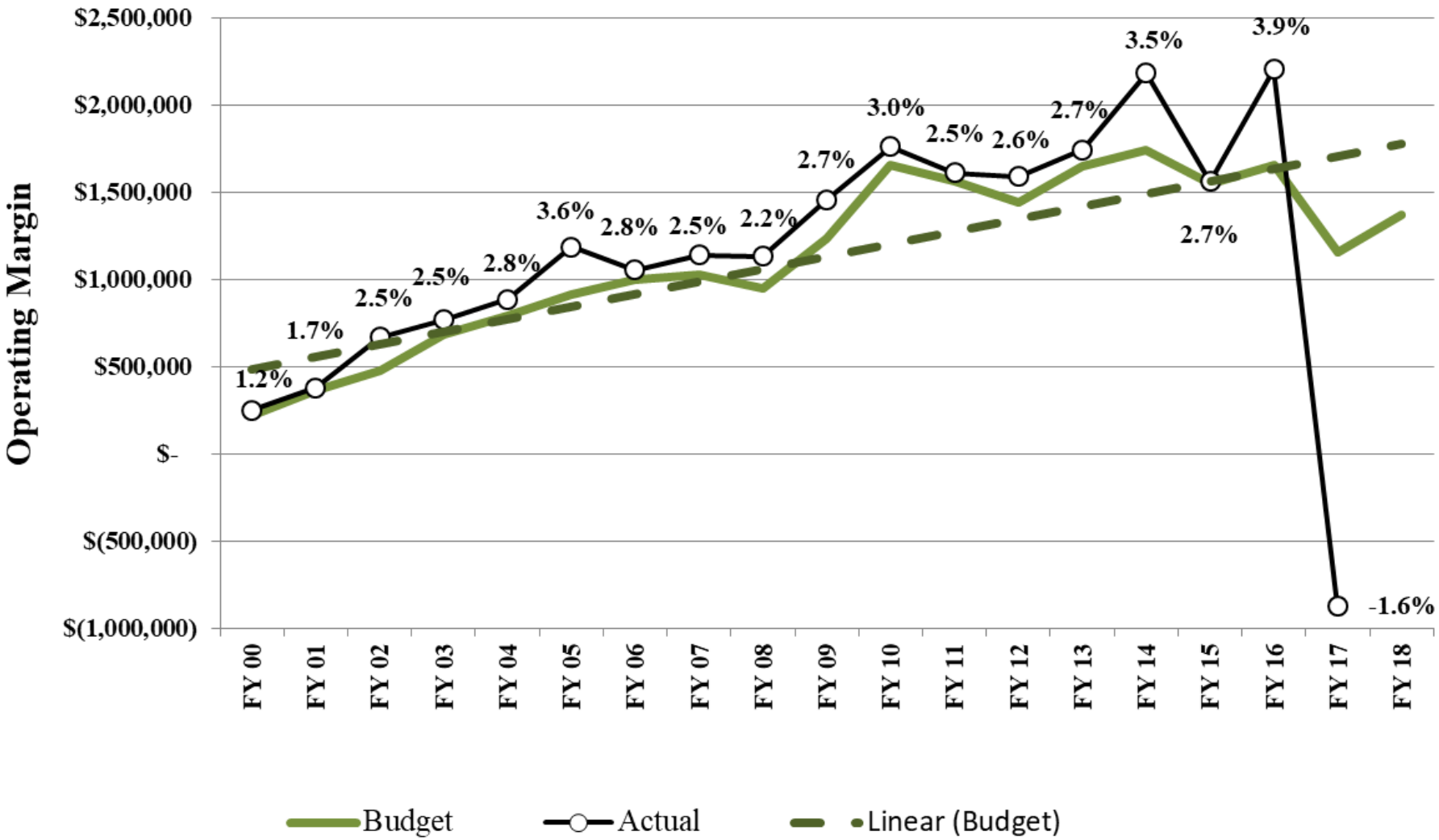
- Gifford is committed to meeting the APM targets for growth
- Focus on primary care, preventive care, and community health
- Integrated care with primary care, mental health, substance use, dental, specialty care, and hospital-based services
- Focus on cost reductions and efficiencies
- Collaborating with local and regional partners to avoid duplication

Review of Historical Compliance

Historical Compliance with Budget Orders



Historical Compliance with Budget Orders



Thank you.