



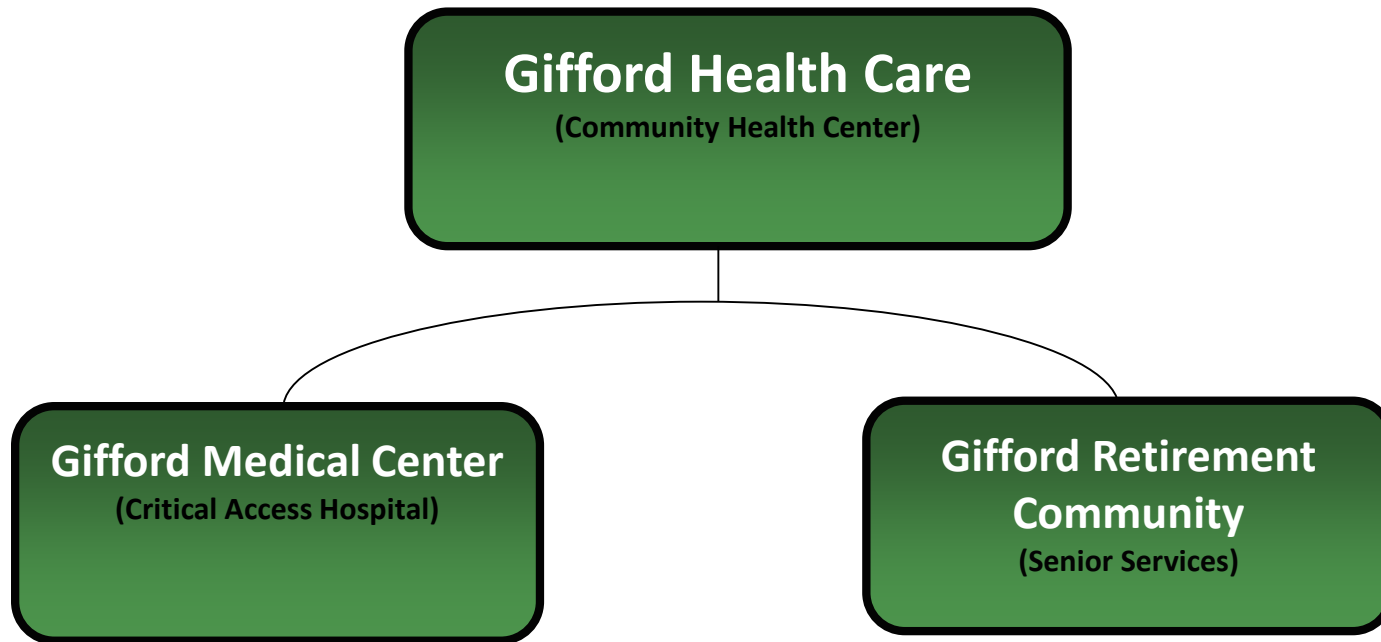
Gifford Medical Center

Making a Difference



Green Mountain Care Board Budget Presentation

August 15, 2018



Gifford Health Care



Is 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 medically underserved and vulnerable populations, including the uninsured and those living in poverty.



7 Practice Locations:

- Gifford Primary Care and OB GYN
- Bethel Health Center
- Chelsea Health Center
- Kingwood 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 offers general and specialty in-patient and out-patient services as well as a Birthing Center.



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 relocated 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.





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



- CHAC member
 - Board member, contract participant
 - Evaluating risk options for future years
- Focus on capacity-building for HCR success
 - Established team-based care, care coordination (internal, external, Blueprint), chronic disease management and outreach programs
 - Integrated mental health, and substance use services. Dental health through community partnerships
 - Implementing new EHR in 2018 – population health module, provider-specific quality reporting

Capital Budget: Building/Building Svcs



Requested Capital

| | 2018 | 2019 | 2020 | 2021 | 2022 |
|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Bldg Svcs | \$ 568,931 | \$ 80,931 | \$ 15,931 | \$ - | \$ - |
| Buildings | \$ 3,177,975 | \$ 7,188,000 | \$ 3,890,000 | \$ 1,850,000 | \$ 3,320,000 |
| Land Improvements | \$ 120,000 | \$ - | \$ - | \$ - | \$ - |
| Major Moveable | \$ 1,525,628 | \$ 1,797,308 | \$ 1,057,734 | \$ 944,000 | \$ 1,662,000 |
| Vehicles | \$ 82,462 | \$ - | \$ - | \$ - | \$ - |
| Total | \$ 5,474,996 | \$ 9,066,240 | \$ 4,963,665 | \$ 2,794,000 | \$ 4,982,000 |

Budget 2018 Detail:

| Dept | Capital | Amount | Dept | Capital | Amount |
|------------|------------------------------------|--------------|---|-------------------------------------|---------------------|
| Plants Ops | Renovate Former Birthing Center | \$ 1,500,000 | Plants Ops | Window Replacement | \$ 37,000 |
| Plants Ops | Electrical Load Distribution | \$ 350,000 | Plants Ops | Clinic Generators Furnish & Install | \$ 35,000 |
| Plants Ops | Clinic Renovations | \$ 250,000 | Plants Ops | Refrigeration Replacement | \$ 35,000 |
| Plants Ops | Underground Fuel Tank Replacement | \$ 200,000 | Plants Ops | Water System Purification System | \$ 35,000 |
| Plants Ops | Fire Protection and Cooling System | \$ 100,000 | Plants Ops | Administration Roof | \$ 27,750 |
| Plants Ops | Security Upgrades - Badge Access | \$ 77,000 | Plants Ops | Boiler Room Pump | \$ 20,948 |
| Plants Ops | Roof Top Units | \$ 75,000 | Plants Ops | In-Celing Lighting | \$ 15,931 |
| Plants Ops | Entrance Canopy Replacement | \$ 75,000 | Other | *Other | \$ 825,277 |
| Plants Ops | Wireless Temperature Monitoring | \$ 65,000 | Total Building/Building Services | | \$ 3,866,906 |
| Plants Ops | Conference Center Renovations | \$ 55,000 | | | |
| Plants Ops | Interior/Exterior Camera | \$ 45,000 | | | |
| Plants Ops | Ceiling Lifts | \$ 43,000 | | | |

*Other – Includes projects under \$10k as well as site work and contingency projects.

Capital Budget: Major Movable



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Budget 2018 Detail:

| Dept | Capital | Amount | Dept | Capital | Amount |
|------------|-------------------------------|------------|-------------|-------------------------------|------------|
| Surgery | Surgical Monitor | \$ 160,000 | Laboratory | Point-of-Care Mgmt Software | \$ 32,000 |
| Laboratory | Hematology Analyzers | \$ 141,500 | Surgery | Ultrasonic Cleaner | \$ 24,000 |
| Surgery | Surgical Cordless Power Tools | \$ 137,000 | Diag Image | PACS Software | \$ 22,500 |
| IT | Evident MU 3 | \$ 111,000 | Plants Ops | Tractor/Sweeper | \$ 22,462 |
| Surgery | OR Bed Replacement | \$ 93,928 | Obstetrical | Electronic Fetal Monitor | \$ 18,234 |
| Laboratory | Molecular Diagnostic System | \$ 90,826 | Obstetrical | Birthing Bed | \$ 16,271 |
| Plants Ops | Truck/Salter/Plow | \$ 60,000 | Surgery | Colonoscope | \$ 16,000 |
| IT | Network Access control | \$ 60,000 | Surgery | Stretcher | \$ 15,400 |
| IT | eClinicalWorks Phase II | \$ 50,000 | ED | Stretcher | \$ 15,260 |
| EKG | Monitoring System | \$ 47,225 | Laboratory | Blood Bank Module | \$ 12,229 |
| Laboratory | Blood Culture Analyzer | \$ 44,100 | IT | Redundant Internet Connection | \$ 12,000 |
| IT | Mobile device management | \$ 40,000 | Other | *Other | \$ 366,154 |

| | |
|-------------------------------------|---------------------|
| Total Major Movable/Vehicles | \$ 1,608,090 |
|-------------------------------------|---------------------|

*Other – Includes projects under \$10k as well as IT computers/licenses etc.



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 | <ol style="list-style-type: none"> 1. Good jobs and healthy economy 2. Access to healthcare 3. Good schools | <ol style="list-style-type: none"> 1. Access to health care 2. Safe neighborhoods / low crime 3. Good jobs and healthy economy |
| 3 most important “health problems” in our community | <ol style="list-style-type: none"> 1. Addictions (drug or alcohol) 2. Obesity 3. Unhealthy life choices | <ol style="list-style-type: none"> 1. Addiction (drug or alcohol) 2. Obesity 3. Diseases associated w/aging |
| 3 most important “risky behaviors” in our community | <ol style="list-style-type: none"> 1. Alcohol abuse 2. Being overweight 3. Drug abuse | <ol style="list-style-type: none"> 1. Drug abuse 2. Being overweight 3. Not enough preventative health care |
| Services patients tried and have been unable to receive in the community | <ol style="list-style-type: none"> 1. Assisted Living 2. Nursing Home 3. Alcohol and drug counseling | <ol style="list-style-type: none"> 1. Dental fillings 2. Dental cleaning 3. Alcohol and drug counseling |

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



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 regulation³ 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.”



- 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 dental health care beyond the required services
- These services include the following:

Oral exams

X-Rays

Cleanings

Fluoride treatments

Fillings

Crowns

Extractions

Root canals

Periodontics



GHC Services:

- 2013/2014 - Awarded FQHC Status
- Expanded Mental Health 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 opening September 2017



Collaborating with Community Partners

- Bethel Health Center shares space with a local clinical psychologist
- 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 prescribe 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



- 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 started on August 24, 2016



Review of Act 53 Pricing Information

A Physician & Hospital Pricing (Chargemaster Review):

Note: both GMC & State averages are weighted based on GMC volume.

- Table 3A: Physician Services, Office Visits and Consultations
 - GMC wtd. avg. = \$157 vs State wtd. Avg. = \$175
- Table 3B: Laboratory Services
 - GMC wtd. avg. = \$114 vs State wtd. avg. = \$91
 - GMC ranks 10th out of the 14 hospitals
- Table 3C: Cardiology Services
 - GMC wtd. avg. = \$127 vs State wtd. avg. = \$113
 - GMC Facility ranks 11th out of the 14 hospitals
 - GMC Professional ranks 9th out of the 14 hospitals
- Table 3D: Emergency Services
 - GMC wtd. avg. = \$980 vs State wtd. avg. = \$970



Review of Act 53 Pricing Information

A Physician & Hospital Pricing (Chargemaster Review):

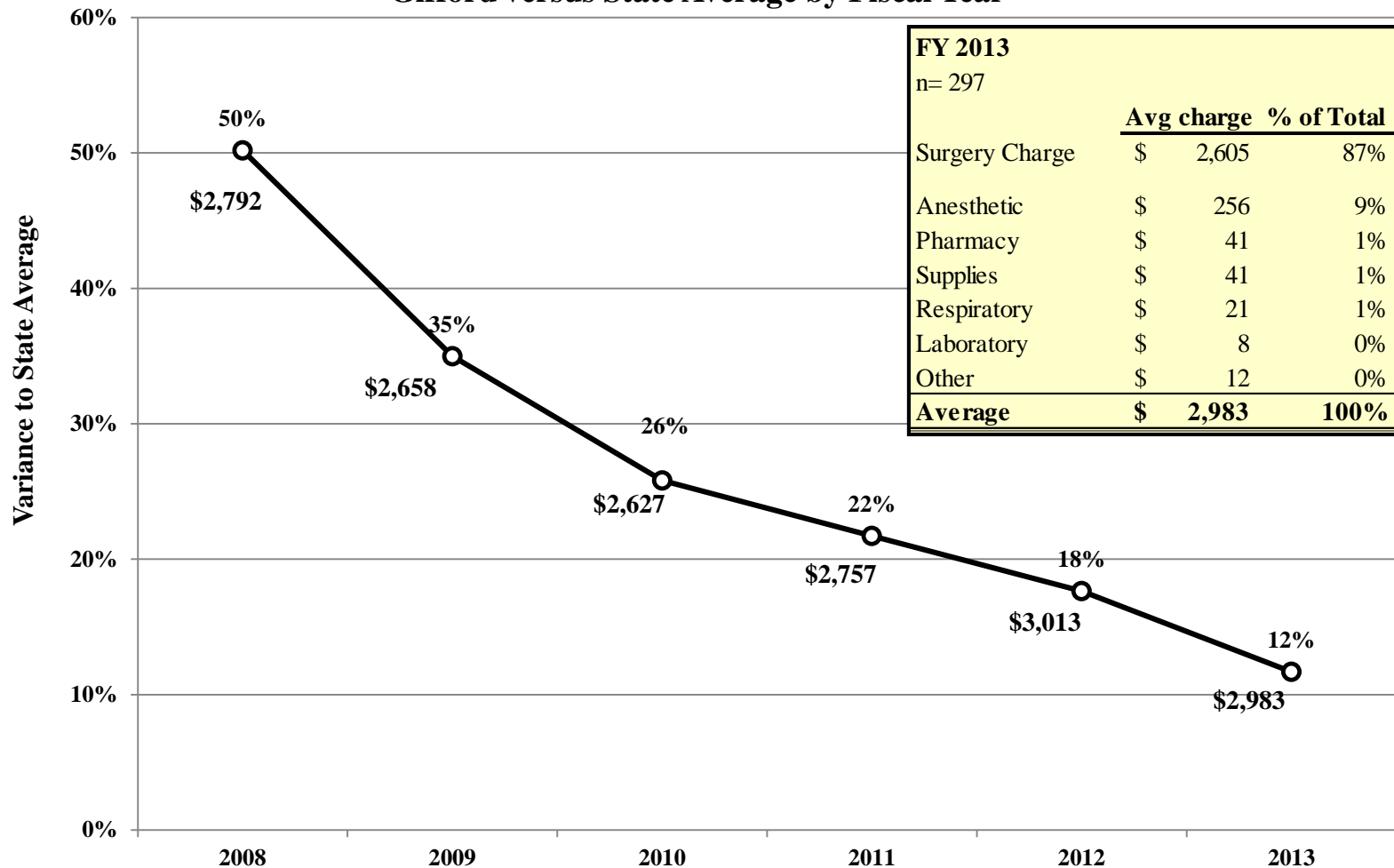
- Table 3E: Radiology Services, CT
 - GMC wt. avg. = \$1,612 vs State wtd. avg. = \$2,095
- Table 3F: Radiology Services, MRI
 - GMC wtd. avg. = \$2,564 vs State wtd. avg. = \$3,476
- Table 3G: Radiology Services, X-Ray
 - GMC wtd. avg. = \$435 vs State wtd. avg. = \$463
- Table 3H: Radiology Services, Mammogram
 - GMC wtd. avg. = \$508 vs State wtd. avg. = \$502
- Table 3I: Other
 - GMC Rehab wtd. avg. = \$324 vs Stage wtd. avg. = \$304
 - GMC Rehab ranks 9th out of the 14 hospitals
 - GMC Fetal Monitor ranks 13th out of the 14 hospitals

Pricing Outpatient Procedures



“45.23 - Visualization of large intestine with an endoscope, via rectum”

Gifford versus State Average by Fiscal Year



Notes:

1. GMC 45.23 Volume for 2013 = 297 (highest volume procedure in study)
2. GMC uses a per minute OR charge for all surgical procedures
3. Study updated through 2013.
4. GMC applied same process for 2014 thru 2017 and will continue until rates are inline.



Review of Act 53 Pricing Information

- C Inpatient Admissions (DRG):**
Inpatient Diagnosis-Related Group (**DRG**) is a system of classifying inpatient stays into groups. The **DRG** system divides possible diagnoses into more than 20 major body systems & subdivides them into almost 500 groups.

(Gifford codes/utilizes ~ 250 unique DRG's yearly)

DRG 774 Normal Birth with complications:

Act 53 2015 Price = \$16,667



Actual 2017 Price = \$13,161

DRG 775 Normal Birth without complications:

Act 53 2015 Price = \$16,532



Actual 2017 Price = \$10,842

DRG 766 Cesarean Section without complications:

Act 53 2015 Price = \$26,419



Actual 2017 Price = \$23,988



Monitoring Quality

Gifford committees

- Clinical Division meetings (bi-monthly)
- Quality Committee (8x / year)
- Board (monthly)

Dashboards updated quarterly

| Hospital Division Dashboard | | | | | |
|---|---------|-------------|-------|-------|-------|
| Measure | Goal | Time period | | | |
| | | CQ216 | CQ316 | CQ416 | CQ117 |
| Overall Hospital Stay (Rating of 9-10) | > 70% | → 65% | ↑ 71% | → 69% | ↑ 73% |
| Patient Would Recommend | > 73% | → 69% | → 66% | → 68% | ↑ 73% |
| 30-day Hospital Readmissions | < 14.8% | ↑ 13% | ↑ 14% | ↑ 7% | ↑ 11% |
| Key: ↑ Green: at or above goal → Yellow: 0-10% below goal ↓ Red: >10% below goal | | | | | |



HCAHPS

| CMS HCAHPS Average | Qtr 2 2016 | Qtr 3 2016 | Qtr 4 2016 | Qtr 1 2017 | Qtr 2 2017 |
|--------------------------|------------|------------|------------|------------|------------|
| Positive | Positive | Positive | Positive | Positive | Positive |



Patient Experience of Care Committee Formed

- Multidisciplinary team
- Created a feedback mechanism to disseminate scores and comments as well as progress on initiatives to all staff
- Aligned with best-practice



Communication about Meds (Q2 16 = 56.4 vs. Q2 17 = 70.9)

- Pharmacy meets with patients / families at admission and discharge to review medications and answer questions

Cleanliness / Quiet (Q2 16 = 60.9 vs. Q2 17 = 71.5)

- Incorporated additional Environmental Service rounds
 - Modified floor cleaning schedule
 - Lubricated wheels on dietary carts
- Patient “quiet kits”
- Noise awareness near nurses station

Communication with Doctors (Q2 16 = 72.1 vs. Q2 17 = 85.7)

Communication with Nurses (Q2 16 = 71.9 vs. Q2 17 = 79.2)

- Use of patient boards by healthcare team
- Coordination of care – Providers, Nursing, Rehab, Ancillary depts



Discharge Information (Q2 16 = 86.7 vs. Q2 17 = 90.8)

- Program for discharge planning by care management
- Consumer friendly condition-specific handouts

Responsiveness of Hospital Staff (Q2 16 = 55.3 vs. Q2 17 = 71.2)

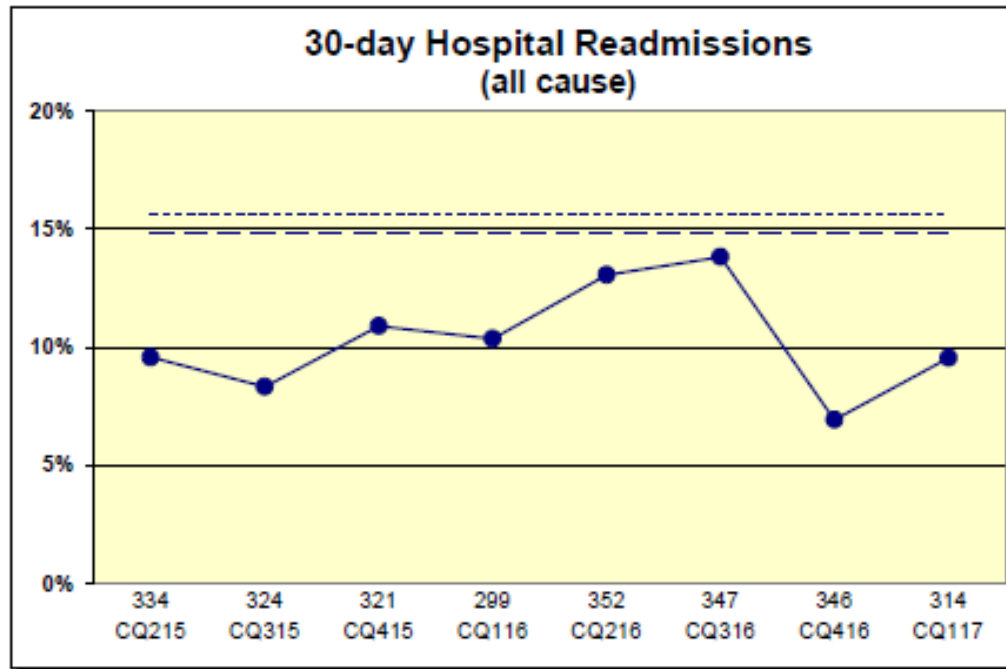
- Hourly rounding by nursing to proactively address patient needs

Pain Management Program (Q2 16 = 63.4 vs. Q2 17 = 77.9)

- Setting pain goals & expectations with patients



30-Day Readmissions



8 qtr avg.: 10% (273 / 2637)

Indicator Definition:

Percentage of patients who were discharged home or to a non-acute setting and were readmitted to Gifford within 30 days.

Readmissions to Gifford are included, regardless of insurance.
Readmissions to other hospitals are not included.

Comments:

Benchmark/Comparative Data:

— — — VT rate = 15% (OneCare VT 2013)

— — — US rate = 15.6% (Hospital Compare 2014-2015)

Goal: < 15%

Data Source: CPSI readmission report

Reporting Requirement: CMS, ACO

- Post-discharge phone calls
- Transitions to Primary Care with post-acute clinic visit