

Summary of Board Work Session  
August 20, 2009

Participates: Gretchen Fitzgerald, Loren Solberg, Justin Lee, Marsha Hinch, Caralynn Moore, Susan Murphy, Rick Palagi, Ray Gibbons, Brian Chandler, John Kinna, and Facility Larry White.

Public Attending: MarSue Jensen, Darlene Yeager, Marge Cannon, Jackie Weist, Debbie Saylor, Mary Grasky, Kathy Thorsen, Genny Barhaugh, Shirley Johnson, Kaylene Larson, and Leona Haurer.

Nancy Thornton, Choteau Acantha. Joyce Lindgren, Board Secretary

**PURPOSE OF WORK SESSION:**

"To determine if a single, hospital-based RHC can be achieved by identifying and addressing essential requirements of regulations and the parties."

(This was agreed upon by all participants above)

*TMC:*

1. CMS Regulations
  - a. RHC must be within 250 yards of hospital
  - b. Mid-level must be employed by RHC in order to receive reimbursement for services provided.
  - c. M.D.s may be contracted or employed.
  - d. Advantage of no cap of cost based per diem reimbursement.

*GFC Essential Requirements:*

1. Long-term lease on downtown building (10 years)  
Lease holder improvements to building – "Would like to be made whole" (John Kinna)
2. GFC Staff – 2.5 FTE providers, 4.0 FTE nursing staff, 3.5 FTE Administrative staff
3. Fairfield building.
4. Preserve current GFC visiting specialist's practices in Choteau

*Moore Medical:*

1. Owns building.
2. Employees 2 full-time staff

*Questions:*

1. GFC building utilized for speciality clinics
  - a. Need to investigate cost report impact and
  - b. Regulatory requirements
2. Speciality Services – What is the number of providers who will be rotating in? How many days a month?  
Participants agreed that expand/explore the use of speciality services is a win/win for the community.  
Chemotherapy administration another area to explore
3. Optimum number of staff in single clinic model
4. Can attrition approach be sustained?

*Ideal Specialty Services:*

1. GFC specialists stay – John Kinna
2. GFC part of new service evaluation/provision process – John Kinna
3. Preserve as many local GFC jobs as possible – John Kinna
4. Program location determined by – Ray Gibbons
  - a. Cost analysis
  - b. Financially beneficial site for community and facility
5. Expand program – Ray Gibbons
  - a. Determine staffing

- b. Maximize specialist numbers
6. Explore additional services
  - a. Chemotherapy program

*Opportunities / Possibilities:*

1. Hutterite colonies
2. Augusta market
3. More speciality programs
4. Examine "action items"
  - a. New services

*Questions / Challenges:*

1. How to get positive / collaborative message to community now?
2. Financial challenges during transition phase?
3. Analyze projected costs by October, 2009
4. Community recruitment of physician – coalition effort.

*Next Steps:*

1. Cost report impact (of changes discussed) – November 2009 - TMC
2. Attrition staffing plan – mid September, 2009 – GFC and TMC
3. New Services Plan – mid September, 2009 – GFC and TMC
4. Target date of implement merger hospital based RHC – February, 2010
5. Draft GFC facilities agreement – October 1, 2009 – GFC (Brian Chandler) and TMC (Loren Solberg)
6. Public message about "NEW" partnership – September 3<sup>rd</sup> Acantha issue – GFC (marketing/public relation staff) and TMC (Genny Barhaugh)
7. Physician recruitment – coordinate – GFC and TMC
8. Mill levy decision – January 2010 - Board