



TAHOE FOREST HOSPITAL DISTRICT

2016-06-14 Board Community Benefit Committee

Tuesday, June 14, 2016 at 2:00 p.m.

Eskridge Conference Room - Tahoe Forest Hospital

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2016-06-14 Board Community Benefit Committee

06/14/16 Board Community Benefit Committee

AGENDA

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5. APPROVAL OF MINUTES

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6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

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COMMUNITY BENEFIT COMMITTEE

AGENDA

Tuesday, June 14, 2016 at 2:00 p.m.
Eskridge Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA.

1. **CALL TO ORDER**

2. **ROLL CALL**

Karen Sessler, M.D., Chair; Charles Zipkin, M.D., Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 03/07/2016** ATTACHMENT

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Committee Education**..... ATTACHMENT

Committee will discuss the District’s Prime program initiatives.

6.2. **Community Health Needs Assessment Update** ATTACHMENT

Committee will discuss planning for a Community Health Needs Assessment in the future.

6.3. **HPSA Designation** ATTACHMENT

Committee will discuss whether or not to pursue a HPSA renewal.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

8. **AGENDA INPUT FOR NEXT COMMITTEE MEETING**

9. **NEXT MEETING DATE**

10. **ADJOURN**

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



COMMUNITY BENEFIT COMMITTEE

DRAFT MINUTES

Monday, March 7, 2016 at 3:00 p.m.
Eskridge Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA.

1. CALL TO ORDER

Meeting was called to order at 3:00 p.m.

2. ROLL CALL

Board: Karen Sessler, M.D., Chair; Charles Zipkin, M.D., Board Member

Staff: Harry Weis, CEO; Crystal Betts, CFO; Karen Gancitano, Executive Director of Post Acute Services; Eileen Knudson, Wellness Neighborhood; Ted Owens, Director of Governance and Community Development; Paige Thomason, Director of Marketing and Communications; Martina Rochefort, Clerk of the Board

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 09/09/2015

Director Zipkin moved to approve the minutes of September 9, 2015, seconded by Director Sessler.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. 2016 Committee Goals

Community Benefit Committee discussed the draft goals presented.

Discussion was held on Population Health Management versus Community Benefit. Director Zipkin would like to see Community Benefit defined so that the scope does not cross over.

Discussion was held regarding the definition of “Community Benefit.”

Funding is Medicare funding, waiver specific to chronic pain management.

Eileen Knudson suggested using the triple AIM framework, which is aligned with population health, Wellness Neighborhood, and Care Coordination.

The Committee should remain at the strategic and policy/oversight level.

Policies may need to come to Committee from time to time.

Ted Owens suggested programs should be approved by Community Benefit committee
What work needs to get to done that committee can assist with

Discussion was held about community partners. It is possible for community partner to come to Committee with their ideas. This would create engagement with them. This topic will be explored further.

6.2. Strategic Plan Initiatives

Committee will review Strategic Plan items related to the Community Benefit Committee.

CEO shared that community benefit is a responsible view of people in our community. There are various ways to do it (i.e. health screening).

Care coordination is taking place regardless of where patients are in the system. It is located in the primary care offices and then branches out from there. "Bi-directional" is the term being used to describe this.

Committee is about providing Board oversight and strategy about how we benefit full community. Wellness Neighborhood and case management are only two components.

Karen Gancitano highlighted the Promotores program from Stanford.

Ms. Knudson gave an overview of the Prime program and how it addresses a Medicare grant. Work is being done on a number of programs to start.

Data was received from:

- Community Needs Assessment 2014
- Placer County Health Assessment
- Nevada County Health Assessment

Director Zipkin inquired about the limits of the Committee. Everything the hospital does is a community benefit. Discussion was held on the reach of the Committee.

As population health grows, there is a need for structure in the process.

Discussion was held about how a plan should come from Karen and her team to the Committee.

6.3. Community Benefit Committee Budget

Director Sessler asked CFO about how finances play into Community Benefit.

In the past, CFO was supportive of using property tax dollars for this program as long as they align with the Health System's goals.

Director Zipkin commented that population health will grow. Population health is a metric that may be larger part and become a line item in the budget.

CEO questioned if dollars were being spent too thinly across too many topics which makes results weak.

It was suggested that maybe the Districts needs to do fewer things to make a great difference. Grant writers will want a specific list of deliverables.

Director Sessler would like to see mental health program support brought to the community.

Discussion was held regarding whether there are fund to identify if there is a problem surrounding mental health.

Ms. Gancitano is working with Community Collaborative who puts our quarterly data together to show how we did. This shows the Board how tax funds are impacting the community.

Discussion was held that metrics are key. Committee requested the report be given to the Board on a quarterly basis.

6.4. Wellness Neighborhood Update

Ms. Gancitano reviewed the Wellness Neighborhood and staff that falls under its umbrella.

6.5. Community Benefit Communication Needs

The District needs to a do a better job communicating community value.

Director Zipkin left the meeting at 4:12 p.m.

Director Zipkin returned to the meeting at 4:15 p.m.

Communication can be made simplistic so it is easier for the public to understand.

CEO indicated education and marketing will be bigger part. There is a lot of education that needs to be done with the public.

Ms. Gancitano indicated she has done a lot of benchmarking of other local hospitals.

Mr. Owens commented that communities feel good about seeing their tax dollars at work. This is an opportunity to create that kind of pride.

6.6. 2017 Community Health Needs Assessment Planning

Ms. Gancitano stated the process for 2017 Community Health Needs Assessment has been launched. More discussion will be held about this in the future.

6.7. Community Perceptions Study

Discussion was held regarding community perceptions of TFHS organization.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

No discussion was held.

8. AGENDA INPUT FOR NEXT COMMITTEE MEETING

No discussion was held.

9. NEXT MEETING DATE

The next Board Community Benefit Committee is tentatively scheduled to meet in early June.

10. ADJOURN

Meeting adjourned at 4:31 p.m.

DRAFT

Community Benefits Committee

June 14, 2016

PRIME

Public Hospital Re-design and Incentives in Medi-Cal

The PRIME Program

- ▶ Pay-for Performance - >\$3 Billion in potential federal incentive payments for California's Public Health System over 5 years
- ▶ PRIME directs the Public Health Care System to use evidence based quality improvement methods to achieve year-over-year performance targets
- ▶ PRIME is organized into 3 domains
 - ▶ Outpatient Delivery System Transformation and Prevention
 - ▶ Targeted High-Risk or High-Cost Populations
 - ▶ Resource Utilization Efficiency

TFHD PRIME Application

- ▶ TFHD applied for the PRIME program on March 31, 2016
- ▶ TFHD application was accepted on May 27, 2016
 - ▶ PRIME PROJECTS CHOSEN BY THE DISTRICT
 - ▶ Chronic Non-Malignant Pain Management
 - ▶ Million Hearts

PRIME GOALS

- ▶ Align and integrate Physician Practices for sustainability and “Best Practice” models.
- ▶ Choose and implement an Electronic Health Record system that spans all physician practices and services.
- ▶ Develop and implement a comprehensive Care Coordination plan coupled with Patient Navigation.
- ▶ Show measureable annual improvements in Quality, Patient Satisfaction and Financial Performance.

PRIME project objectives that will contribute to the overall transformation of our health care system are to:

- ▶ Implement a patient care model to improve the quality of care and enhance organizational performance through evidenced-based care, quality and clinical data management that will provide for better outcomes of those served.
- ▶ Enhance community partnerships to achieve a well coordinated, more accessible, more affordable and accountable system for delivering health care and improving population health in our community through care coordination and ongoing community engagement. This includes disease specific outreach and defined prevention and screening programs.

What transformation will look like...

▶ Clinical:

- ▶ Patients served will receive evidenced-based, timely clinical and support services for specific disease management.

▶ Financial:

- ▶ Data-driven care will be provided and coordinated in the appropriate healthcare setting that will create new payment strategies.
- ▶ Cost reduction through decreased utilization of the Emergency Room through high-quality coordinated care.

▶ Population Health Management:

- ▶ Increased patient/family engagement and improved health outcomes while reducing unnecessary and/or redundant healthcare utilization.
- ▶ Increasing reliance on community-based services including primary care to improve overall health and wellness.

Community Benefits Committee Role

- ▶ TFHD organizational infrastructure aligns with PRIME specifically around developing equitable, sustainable programs and partnerships that respond to local health priorities.
- ▶ The publicly elected TFHD Board of Directors has demonstrated a commitment to the health and wellness of our community through the creation of the Community Benefits Subcommittee (CBS). This committee will have ultimate responsibility and oversight of these PRIME projects.
- ▶ To coordinate the PRIME effort and drive transformation, TFHD will develop a PRIME Steering Committee including project leaders, executive leadership, performance improvement, community outreach staff, and data measurement and reporting staff.

Community Health Needs Assessment

Continuing with Community Health Needs Assessment

- In 2011 and 2014 the District engaged in the completion of a Community Health Needs Assessment.
- The CHNA would be completed in the fall of 2017.
- The Community Health Needs Assessment will:
 - Update the community-based assessment of health care needs in the medical service area of Tahoe Forest Hospital District.
 - Continue to assess the community's perspective of health care needs
 - Analysis of data and information from public health, data sources, survey results and other community organizations.

Value of the Triennial CHNA

- ▶ **Accountability to the Community**
 - ▶ School District
 - ▶ Community Collaborative
 - ▶ Suicide/Crisis Coalition
 - ▶ Tahoe Truckee Future Without Drug Dependence
 - ▶ Placer and Nevada County Public Health
- ▶ **Cancer Committee**
 - ▶ American College of Surgeon Requirement for accreditation
- ▶ **Consistent Data Resource**
 - ▶ Supports evidence based TFHD Strategic Planning
 - ▶ Supports grants and funding resources such as PRIME
- ▶ **Trending information (3 surveys)**
 - ▶ Helps validate the data
 - ▶ Benchmark for progress
 - ▶ Action plans to address healthcare deficiencies/in-efficiencies

CHNA Expense

	2011	2014	FY/18 (June 2017)
Consultant (Maia Schneider)		\$91,240	
UNR/John Pack Packham)		\$17,000	
UNR/WEI (Principal Investigator)		\$39,889	
True North Research (actual phone Calling)		\$29,253	
Holleran	\$45,472		
Total	\$45,472	\$218,303	

CHNA Board Initiatives

- ▶ **INITIATIVE ONE: OPTIMIZE HEALTH / PRIMARY AND PREVENTIVE HEALTH**
- ▶ **INITIATIVE TWO: MENTAL AND BEHAVIORAL HEALTH**
- ▶ **INITIATIVE THREE: SUBSTANCE USE AND ABUSE**
- ▶ **INITIATIVE FOUR: ACCESS TO CARE AND CARE COORDINATION**

HPSA

Health Professional Shortage Area

The federal PCHPSA designation identifies areas as having a shortage of health care providers on the basis of availability of primary care physicians.

Criteria

- ▶ Population to primary care physician ratio:
 - ▶ 3,500:1 or 3,000:1 plus population features demonstrating "unusually high need;" and
- ▶ Lack of access to health care in surrounding areas because of excessive distance, overutilization, or access barriers.
- ▶ Can add Tourists: $.25 \times [\text{fraction of year present}] \times \text{average daily number of tourists}$
- ▶ Seasonal Residents inhabit 2-8 months

Benefits and Value

- ▶ Physicians are automatically eligible for a 10% increase in Medicare reimbursement;
- ▶ Education loan repayment
- ▶ Eligibility for Rural Health Clinic Certification (a prospective payment method designed to enhance access to primary health care in rural underserved areas);
- ▶ Eligibility for the NHSC/State Loan Repayment Program;
- ▶ Enhanced federal grant eligibility; and
- ▶ Funding preference for primary care physician, physician assistant, nurse practitioner, and nurse midwife programs that provide substantial training experience in HPSAs.

Value of Maintaining: Health Professional Shortage Area

- ▶ HPSA designation for:
 - ▶ Primary Care score 7 (Ratio: 3500 to 1)
 - ▶ Mental Health (Nevada County) score 10 (Ratio 30,000 to 1)
 - ▶ Tele-health is not counted
- ▶ Update NPI Status by end of June 2016
 - ▶ General hours for direct outpatient care
- ▶ MSS 114 and 117
- ▶ Subtract hours for specialty
- ▶ Includes: OB GYN, Pediatrician, Family Practice, General Practice, Internal Medicine
- ▶ 10% Bonus payment for Medicare for Primary care/ Surgeons/Psychiatrists

Additional Programs Include:

- ▶ Affordable Labs
- ▶ BFit
- ▶ PeriNatal Education
- ▶ Dental Coalition
- ▶ Immunization Coalition
- ▶ Health Promotora Program
- ▶ Stress Relief Programming
- ▶ Suicide Prevention Coalition
- ▶ Employee Produce Program
- ▶ Harvest of the Month
- ▶ Community Health Education