

RURAL HOSPITAL FLEXIBILITY PROGRAM ADVISORY COMMITTEE MEETING MINUTES

**May 12, 2010
10 a.m.-12 p.m.
Via Webex**

Members Present: Stacy Barstad, Sanford Tracy/Westbrook; Judy Bird, Congressman Walz's office; Brian Carlson, Lake View Memorial Hospital; Ray Christenson, University of Minnesota/Duluth; Jessica Faust, Rep. Bachman's office; Ann Gibson, Minnesota Hospital Association; Mike Hagen, Riverwood Healthcare Center; Mike Hedrix, Essentia Health; Sue Klabo, Mahnommen Health Center; Ben Koppelman, St. Joseph's Area Health Services; Frank Lawatsch, Swift County-Benson Hospital; Peggy Lien, MDH/Provider Compliance; Lori Sisk, Sanford Canby; Colleen Spike, River's Edge Hospital; Mick Stokes, Lakewood Health System; Karla Weng, Stratis Health.

ORHPC Staff: Judy Bergh, Doug Benson, Cindy LaMere, Mark Schoenbaum, Anne Schloegel, Karen Welle.

Guest: Gary Sabart, TSP Architectural Engineering.

Chair Mike Hagen called the meeting to order.

Approval of nominees to fill vacancies.

Judy Bergh presented the suggestions of the nominating committee to fill vacancies for CAH CEOs representing Regions 1, 3 and 6, and the vacancy for financial services representative. By unanimous voice vote, the committee approved the nominations of Rick Failing, CEO of Kittson Memorial Hospital in Hallock; Joe Schindler, Minnesota Hospital Association; Bobbe Teigen, CEO of Paynesville Area Health Care System in Paynesville; and Trish Townsdin, CEO of Minnesota Valley Health Center in LeSueur.

Member updates

- Ann Gibson, Minnesota Hospital Association

MHA is working on health care reform implementation and review. Ann was recently in Washington D.C., and reported discussions on these top issues:

1. The OPPS Final Rule on physician supervision in CAHs. The entire Minnesota delegation has agreed to request a blocking of the implementation of this rule. It will not be enforced during calendar year 2010.
2. Implementation of meaningful use.

- Ben Koppelman, St. Joseph's Area Health Services, Park Rapids

1. They are watching the development of GAMC coverage, noting that they are seeing high numbers of GAMC patients.
2. St. Joseph's has started a hospitalist program.
3. Ben expressed concern about the stability of rural health clinics. He noted

that St. Joseph's owns a dental clinic because it's a needed service, but it does not make money. It serves GAMC and uninsured clientele. Other dental clinics are closing. *(Mark Schoenbaum noted that the HHS Conference Committee was considering restoration of state operated dental clinics and restoration of the CAH dental payment program. However, the fate of that bill was in doubt.)*

- Brian Carlson, Lake View Memorial Hospital, Two Harbors
 1. In 2006, Lake View launched a relationship between a dental hygienist and a dentist in Silver Bay. This grant funded project supports the hygienist's work with children.
 2. Lake View, like others, is struggling with meaningful use.
 3. On January 1, 2010, Lake View became a wholly owned subsidiary of St. Luke's in Duluth.
 4. Brian announced that Diane Pearson, CEO at Cook County Hospital in Grand Marais, is planning on retiring. The hospital has asked St. Luke's to manage it, and they are interviewing for a CEO.

- Colleen Spike, River's Edge Hospital, St. Peter
River's Edge is opening a clinic in Le Center in July of this year.

- Jessica Faust, Rep. Bachman's office
Jessica is replacing Tara Westby, who formerly represented Rep. Bachman's office on this committee. Tara has joined the reserves. Jessica is working out of the Woodbury office.

- Karla Weng, Stratis Health
 1. Stratis recently held a Palliative Care Congress in which the 10 communities involved in the Rural Palliative Community Development Care Project shared their progress. Five have started palliative care services. UCare will work with those communities to develop a contract for reimbursement of palliative care. Flex funds were contributed in support of the palliative care project.
 2. Stratis and MHA have completed regional patient safety meetings.
 3. Along with The College of St. Scholastica and the Rural Health Resource Center, Stratis is part of the Key Health Alliance selected as a regional extension center for health information technology for Minnesota and North Dakota.
 4. Stratis has signed a new grant agreement with the Minnesota Flex Program for 2010 activity, including:
 - Quarterly CAH conference calls focused on the basics of data collection, validation, types of data and public reporting in the context of CMS Value Based Purchasing and Minnesota's Health Reform Initiative
 - Technical assistance provision to CAHs as needed to ensure CAH participation in reporting activities

- Assistance to rural communities around the development of palliative care services
 - Provision of technical assistance for up to 40 CAHs focusing on the effective use of EHRs.

- Lori Sisk, Sanford-Canby
 1. Canby is in the midst of a construction project, moving administration and expanding outreach space.
 2. Canby is going live with the clinical EMR in September.

- Mike Hedrix, Essentia Health
 1. White Community Hospital in Aurora is joining SMDC July 1.
 2. SMDC/Innovis/Essentia will become one operating entity under Epic Care.
 3. Northeastern Minnesota CAHs with nursing homes have been meeting to continue focusing on the issue of loss of revenue from attached nursing homes.

- Peggy Lien, MDH Provider Compliance

MDH must do 37 CAH surveys by September 30. They are training six new surveyors. So far six surveys are completed, with the seventh in process.

- Ray Christianson, University of Minnesota, Duluth
 1. UMD graduation was last week. They're seeing fewer students interested in primary care.
 2. Forty students are enrolled in RPAP for next year.
 3. They have 118 applications for summer internships, and are looking for sites.
 4. Changes in the curriculum mean that they need 60 rural sites per year. Being a rural site involves an MD preceptor for the community and the ability to provide housing for the students.
 5. UMD is looking closely at rural general surgery from a state and national perspective. Surgery helps CAHs, and surgeons are needed for trauma. It's hard to get rural rotations in general surgery.
 6. Changes are being seen in family medicine practice, with a greater emphasis on hospitalists, midwifery, etc.

- Stacy Barstad, Sanford Tracy/Westbrook
 1. Tracy is trying to recruit physicians. They have one MD plus locums. The entire southwest part of Minnesota is short on surgeons.
 2. Sanford has merged with Merit Care.
 3. Their clinical EMR will go live in November.

- Frank Lawatsch, Swift County-Benson Hospital
 1. The building project is completed.
 2. They're working with SISU on the EMR

3. Frank asked whether others have received a call from something called Insight Public TV, wanting their reaction to health reform. He doesn't know who this is. Ann Gibson offered to follow up to see what she could learn.
- Sue Klabo, Mahnommen Health Center
 1. Mahnommen is losing its mobile dental clinic
 2. Mahnommen received a grant from the Susan G. Komen foundation for increasing breast cancer awareness. They're working with local clergy on the project.
 3. Two new physicians will be starting work in Mahnommen on July 1.
 - Mike Hagen, Riverwood Health Care Center, Aitkin
 1. Aitkin brought on four new providers within the last year.
 2. Aitkin has one RPAP student and another is coming.
 3. They're working on a facility redesign, moving to more private rooms.
 4. Aitkin's doctors are working with ICSI on quality initiatives.
 - Judy Bird, Congressman Walz's office
 1. The office is doing outreach to seniors to help explain Medicare changes.
 2. The office is receiving many requests for health care case work, asking for advocacy with insurance companies.
 - Mark Schoenbaum, ORHPC
 1. 2010 funds for the Rural Hospital Capital Improvement grant program are being cut. Funds for FY 2011 will be available July 1.
 2. The Legislature is poised to pass authorization for the state HIE. This should make it affordable to meet the sharing requirement for meaningful use.
 3. Trauma system legislative changes are unknown (*Trauma system legislation subsequently passed.*).
 4. Federal health reform resulted in significant changes to the SHIP and Flex programs.
 5. Mark demonstrated how ORHPC staff are using CATS, the Center Activity Tracking System that the office is using to track staff activity, including technical assistance, meeting attendance, grants activity, etc. This system will make it easier for the office to generate reports on activity and track trends.
 - Judy Bergh, ORHPC

Judy presented a brief update on the 2011 federal Flex Grant Application, which was submitted recently. The budgeted amount has increased from \$650,000 to \$750,000 and the objectives have changed from previous years. The ORHPC expects to hear sometime in August about funding, so we will spend more time at the September meeting looking at the Flex work plan and budget in more detail.

Presentations

- **Terry Hill, Rural Health Resource Center**
Key Health Alliance/REACH [presentation](#)

- **Karla Weng, Stratis Health**
Update on Avoidable Readmissions

Karla led a discussion focused on concerns about the rule disallowing reimbursement for readmissions. As of now, the rule does not apply to CAHs; however, it could be expanded to include CAHs. The understanding of both Stratis Health and MHA is that these readmissions are for any diagnosis, not necessarily the same diagnosis, and their stance is that it should be revised to include preventable and related diagnoses. According to Ann Gibson, MHA is in the process of making a list of “fixits.”

Stratis is working on resources for decreasing readmissions. She presented [an HRET article](#). Focus areas include:

- Insurance companies providing bonuses for follow up within five days of discharge
- Fourteen QIOs nationwide (not including Stratis) are working on a national initiative related to this issue
- Creation of Care Transition Coaches
- Work on discharge planning and teach-back
- Making appropriate referrals.

Karla noted that there may be something related to this issue in the 10th Scope of Work for QIOs.

Karen Welle encouraged CAHs to study the causes of readmissions in their area.

Adjournment

The next Flex Advisory Committee Meeting is scheduled for September 30, 2010, at the Snelling Office Park Building in St. Paul, 10 a.m.-2 p.m.