Join the Conversation… Public Forum Questions

On October 5th and 6th, the community was asked to participate in community forums to solicit questions regarding the RHCD's journey toward Critical Access Hospital designation. The questions outlined below were either posted or asked in community forums. The answers provided are based on the information as we know it now. Further information will be available with the release of the Eide Bailly work. This work is anticipated to be completed in November.

Questions concerning the Sublette Center are deferred to them.

Facilities

-How can you remodel a building you don't own? The intent of the RHCD is to seek permission from the County Commissioners for lease holder improvement.

-What is the issue with "mold" or a new building for the Sublette Center?

-Where is the money coming from to build this? What is the actual cost? The RHCD's preferred financial plan is to obtain financial support from the three towns and the county for $4 million dollars for the physical construction. The RHCD will pay about $2 million in design and engineering costs and for the equipment and materials needed to operate the hospital. The RHCD is also working with the RHF in soliciting a WY Business Council grant for newly created jobs as well as a capital campaign to furnish the proposed hospital rooms.

-What is the condition of the Sublette Center and the plan?

-What were the "many" recommendations from the State of WY on the predesign and does it impact the footprint? There were actually only 13 comments from the State of WY which included identification of a: family/visitor waiting area, maintenance engineer office, body holding area, medication management location, identification of system for management of receipt of food delivery, location of changing rooms for Radiology. These were issues readily addressed within the design footprint. See the website for the "red-lined" review sent by the State.

-Is the Marbleton Clinic more conducive to the renovation? No. Both clinics were built to "clinic standard" with some minor structural changes made to the Marbleton Clinic after the Pinedale Clinic was completed. Those include the walling in of the ER, enclosed ambulance bay and set up of the nurse's station. Neither of the clinics currently meet hospital regulation in regards to life safety and specific space requirements. The decision to add the hospital wing to the Pinedale Clinic was based partly on higher population and mostly for the availability of supply services such as laundry, food service, etc. which are already provided at the Sublette Center.

Services

-Colonoscopies- why this service if you can't handle the outcome (polyps)? Shouldn't it be done in a hospital setting? Routine screening colonoscopies is a service currently being provided by St John's Hospital at the Marbleton Clinic. To date, this service has benefited numerous Sublette County residents. Consideration is being given to expand that service to include the possible polyp removal similar to what is done in other outpatient centers.

-What services would the Sublette Center lose if the "income from the swing beds is transferred to the CAH"? It remains the intent of the RHCD to assure that "no harm" occurs to the Sublette Center either through a merger of services or some form of reimbursement of lost service (similar to the subsidy the County currently provides the Center) if the Sublette Center opts to remain a separate entity.

-I would like better understanding of Title 25 funding related to potential stays at the CAH- I would think that most Title 25 clients would be non-paying? The functional plan for the CAH includes a secure, safe room for someone in a crisis. This person may or may not be a Title 25. Title 25 care cost is a county expense and often times a collaborative effort of the Health District, the Sheriff's office and the mental health providers in the community.

-Why can't we go back to the way we used to run the clinics? There are numerous considerations to this question. The first is the call burden that would be placed on a reduced provider team. Secondly, would be the ongoing loss of federal revenue by remaining a free standing physician clinic providing hospital level care in the emergency department, lab and radiology. And thirdly, much of the ongoing legislative changes positively impacting rural health care both at the state and national level are done based on the fact that a system is already a hospital. The RHCD will continue to lose out of these potential sources of revenue.

-If kept 96 hours in the CAH does that affect my Medicare window of 20 days for hospitalization? Without speaking to this person, it is anticipated that they are referencing two different levels of care. One is acute care. In a CAH the average length of stay annually cannot exceed 96 hours. This does not impact the "Medicare Window" which is believed to be referencing the Swing Bed level of care. This is something totally separate from an acute care stay. Medicare recipients are allotted 100% coverage of the first 20 days of a swing bed stay after a qualifying 3-day acute care stay. Day 21 and over is covered by Medicare at 80% with a 20% copay either from an insurance or privately paid.

-How many patients would you anticipate could use the CAH locally vs how many would still need to go to Jackson/UT/ID? It is anticipated that the average daily census for the CAH would include 4 transitional care/swing bed patients, .5 observation status and .5 in-patient care. These numbers were based on historical information from the WY Hospital Association of patients currently receiving services

elsewhere that could be done in the CAH. This is an assumption that will be reviewed by Eide Bailly in their review.

-How can we have a hospital without a kitchen, laundry or maintenance? The District currently has a maintenance department. Kitchen and laundry is a service that can be contracted to an outside provider, most likely the Sublette Center.

-If I need swing bed care more than 96 hours… more like 30 days of rehab- will I get transferred? As answered above this is referencing two different levels of service. There is no need to physically transfer to move from acute care services to swing bed services in the CAH.

-Can we provide home care services? This is a service that will be considered as part of the Provider-Based Rural Health Clinics as nursing home visits are an allowed service.

-Hospice services? A contract to provide inpatient hospice care is a service that could be considered.

-Exactly what procedures will the new designation allow that are not available now? In addition to sustaining the current services available in Marbleton and Pinedale, the assumption is that observation care would be available in both clinics, short stay in-patient care and swing bed/transitional care in Pinedale, Outpatient and infusion services in Marbleton, Digital mammography in Marbleton.

Operations/Sustainability

-What will the staffing patterns be for the 24-hour critical access facility? The nursing staffing plan for the CAH is 2 nurses 24/7 with an additional nursing assistant from 7am-7pm. The nurses will be responsible for both the nursing unit and the Emergency Dept. The review of this staffing plan is being reviewed by Eide Bailly for sustainability.

-How many new positions will be created and what is the cost associated with this increase? At present we have forecasted 7 new employees with Eide Bailly to review and forecast the cost associated with adding these positions.

-Are the doctors on board with the CAH? The concept of having these additional services available is supported. But with any project, concerns arise. To date, the primary concern brought forward by the doctors is “what would our schedules look like?” and “do we have enough doctors?” The doctors have a committee to look at different staffing models. A second concern is regarding actual costs of the project. This is a concern that will be addressed by Eide Bailly.

-Do the staff and RHC board support the CAH? The RHCD Board of Trustees voted unanimously in May to support the CAH designation. Staff have verbalized overall support of the CAH designation and what it will mean to our community and sustaining of health care.

-Privatize ambulance? The RHCD has looked into this option several times and most recently explored about 18 months ago. Sublette County did not have the volume for a for-profit ambulance service. The RHCD is expected to be the recipient of a "State of WY Needs Assessment" to determine the operational sustainability of the service. In addition, with the CAH designation, the ambulance is a department that would see significant change to their revenue.

-Volume or number is so important and Sublette County lacks both for certification of specialists- so will they be brought in?? The RHCD does not intend to certify specialists but does enjoy a collaborative relationship with St John's Medical Center, EIRMC and the U of Utah. In addition, numerous specialists work closely with our family practice doctors and make regular visits to the clinics to see patients. These specialists include: dermatology, OB/GYN, urology, mental health, orthopedics and cardiology.

-Staffing a 24 hour hospital will need more than existing nurses that are now on 24-hour call. Realistically can this be done? It is anticipated that it will require 7-9 nurses to provide 24/7 hospital care in Pinedale. The District currently has 12 nurses on staff with 2 positions that have not been filled for budgetary reasons.

-What is the financial plan for the Sublette Center?

-What is the long term plan and major milestones along the way? The long term plan of the RHCD is to develop a health system that is sustainable without dependence on the mill. The immediate major milestones include 1) approval by the State of WY and Centers for Medicare/Medicaid of the predesign of the plans and the associated functional plan 2) consent from the County Commissioners to allow the RHCD to complete a lease hold improvement 3) secure funding for the project through local support, grants and/or low interest loans 4) design phase which includes securing architectural and engineering plans 5) construction 6) Dept of Health survey 7) license to operate as a hospital obtained 8) submit Critical Access Hospital designation request 9) Dept of Health survey 10) designation to operate as a CAH obtained

-Where is all this money going to come from- what's the economy going to be in 2-3 years? Rural health care can barely make it now. Predicting the future is challenging but what we do know is this: it is anticipated that the tax revenue from the mill is anticipated to be cut in half. This means a 3.5 million loss of revenue to the RHCD. The CAH designation is an avenue to replace that loss without an increase in either patient volume or patient payments in the clinic.

-Can we staff it? Yes, the RHCD currently employs physicians, nurses, lab and radiology staff that are required for operation. Additional services such as social work, dietary, therapy, pharmacy and activities will be contracted services from local entities.

-Who is going to pay for all the extra help it's going to take? That will become part of the RHCD's budgeted expenses.

-Can we afford to keep what we have and add more? The previous financial analysts suggest that the only way to keep what we have might be to add more by becoming a CAH designated facility.
-Can there be a guarantee not to cut existing services? very concerned that after money spent on the CAH and if revenue continue to decline, the first thing to be cut will be BP clinic services. The RHCD is committed to continuing to provide services at both clinics. Of course, the RHCD can't guarantee not to cut existing services if it doesn't have the funds to provide them. The reason behind the CAH approach is to lessen the possibility that services will need to be cut. If services do have to be cut, they will uniform throughout the RHCD.

-Are we getting more than we need and can afford? No. The proposed facilities are the minimum that will meet the needs and requirements for a CAH.

-Is it possible to determine how many might have used this type of care in the past five years? Yes. With the help of the WY Hospital Association, we have researched those numbers and have based our financial analysis on those numbers.

-If money becomes an issue where does 24 hour service in Big Piney fall on the list? The same place that it falls in Pinedale.

-Can we identify how many patients would use this service? Through hospital reports given to the WY Hospital Association, we can identify the number of patients from Sublette County who are in other hospitals receiving treatment that would be available in Sublette County with a CAH designation. The RHCD acknowledges that patients have a choice as to where they would like to receive care. It is our goal be that choice!

-What happens if the RCHD does not get the CAH designation? We look for other sources of increased income as well as continue to find ways to decrease expenses while still providing the essential services.

-What is Plan B for the Sublette Center?

-What considerations are being taken for fluctuations in populations? These have been and continue to be taken into account in the financial analysis. Interestingly in spite of a change in population, the clinics both have experienced a 3% growth this past year in physician visits.

-Is there going to be any work done in regards to the current RHCD expenditures? Yes. The RHCD is continually looking at ways to improve the economy of operations.

Other

-How will this affect the Sublette Center???
-How could the District possibly legally compensate the Sublette Center for swing beds?? Eide Bailly is planning to explore avenues of revenue replacement for the Sublette Center. It is not clear if it can be as simple as the County does it now with their exchange of monies with the Sublette Center or if another mechanism will be used.

-What percentage of residents in Sublette County currently use the clinics for primary care? How will this change with the CAH? How does it look as our population continues to decline? Currently 50% of our residents use the clinics. The RHCD also knows that about 65% of our seniors have established care with the clinics. Eide Bailly will make assumptions for the financial forecast in regards to population and volume of various services based on their market data.

-How many citizens in Sublette County do not have any insurance coverage? 13.3% What would be the projected amounts for uncompensated care at this new facility? Eide Bailly will project. Who covers uncompensated care? the RHCD

-Should a fire board/service paid fire dept that includes EMS services be considered? That is something that the County Commissioners would need to consider and support.

-Long term care is more important than a 96 hour critical care unit to me…will the CAH jeopardize the Sublette Center? No.

-Why is the District trying to change the state laws to avoid engaging the public in the process? The legislative changes the RHCD have requested include: change of our borrowing capability to be similar to Hospital Districts, change the length of time an increased mill is imposed if an additional mill is approved by the voters to be similar to a Hospital District and inclusion of hospital services within a Rural Health Care District. None of these requested legislative changes impacts the current mill the RHCD received. Any changes in mill levy would still require a taxpayer vote.

-What grants are available for funding for CAH vs a non-CAH? The Rural Health Foundation is currently able to receive grants on behalf of the Rural Health Care District as a 501(c)3 and will continue to partner with the RHCD to seek grants that will support the CAH. In addition, the RHCD would not be eligible for the digital mammography, state flex grant or the WY Business Council grant for newly created jobs without the CAH.

-How much has already been spent on the project? As of 9/30/2015, the RHCD has paid $35,822.35 for feasibility studies and predesign services with another anticipated $15,000.00 plus expenses for the Eide Bailly feasibility study. The Sublette Center and the Sublette County Commissioners have each added $12,254.00 with another anticipated $10,000.00 for the Eide Bailly study.
-What is a compilation vs examination in regards to the forecast? Per Doug Montgomery of Eide Bailly, a compilation is a set of numbers simply merged together. An examination is a higher level of accounting that not only looks at those compiled numbers but asks the reasonability questions. An examined forecast would be required for many of the loaning entities including USDA.

-What is the position of the Sublette Center on a merger?

-What is the potential implication to tax payers for mill levy increases associated with the CAH? It is not the intent of the RHCD to request a mill levy increase for the CAH at this time.

-What are the financial implications if the clinics were changed to Urgent Care Centers vs. CAH? The clinics already provide urgent care in addition to routine and emergent care.

-Will salaries be disclosed every year in the paper? The RHCD is not required to publish employee wages in the paper. Have there been market studies to compare wages at the RHCD vs similar sized facilities? The RHCD does market studies on a regular basis. The most recent comparisons have been with Teton Valley Hospital which consists of two rural health clinics and hospital services and the WY Hospital Association Survey.