

AT A JOINT WORKSHOP BETWEEN THE GADSDEN
COUNTY BOARD OF COUNTY COMMISSIONERS,
GADSDEN HOSPITAL, INC. AND CAPITAL REGIONAL
MEDICAL CENTER HELD ON MARCH 17, 2016 AT 6:00
P.M., THE FOLLOWING PROCEEDINGS WERE HELD, VIZ:

Present: Brenda A. Holt, Chair, District 4
Eric Hinson, Vice Chair, District 1-arrived late
Dr. Anthony “Dr. V” Viegbesie, District 2
Gene Morgan, District 3
Sherrie Taylor, District 5-arrived late
Robert Presnell, County Administrator
Michael Glazer, County Attorney
Craig McMillan, GHI Chair
Herb Sheheane, GHI Vice-Chair
James Suber, Treasurer
Scott Whitehead
Sam Palmer, Secretary
Sen. Fred Dudley
Arriane Graham
Arrie Battle
Mike Glazer, Assistant County Attorney
Arthur Lawson, Assistant County Administrator
Mark Robinson, CEO, CRMC
Steve Ecenia, CRMC Attorney
Marcella Blocker, Deputy Clerk

CITIZENS REQUESTING TO BE HEARD ON NON-AGENDA ITEMS

Chair Holt called the joint workshop with the Gadsden County Board of County Commissioners, Gadsden Hospital, Inc. and Capital Regional Medical Center (CRMC) to order at 6:00 p.m.

She asked if there were any Citizens requesting to be heard and there were none.

GENERAL BUSINESS

1. Hospital Update

Mark Robinson, CEO, CRMC, appeared before the Board and gave an update. He started with the Mission and Vision of the hospital, “Above all else, We are committed to the care and improvement of human life”. He added this could not be done unless they focused on the quality of what they were producing for the people that chose their hospital and services that they had.

He said they had a 266 bed facility with all private rooms and had 1,188+ employees. He expounded on their accomplishments; they took over the ER in Quincy in 2010; there was a Radiation Center in Tallahassee; joint venture surgery center with Tallahassee Orthopedic Clinic; and had Primary Care Clinics in Chattahoochee, Crawfordville, Southwood and send specialists-OB/GYN, cardiologist, ENT, to as far as Perry and there was the Specialty Clinic in Quincy. He added with the Gadsden Memorial Campus, there were twelve emergency department bays and had thirty employees there. He added in 2013 there were 18,392 visits and in 2015 had 20,000.

He also told everyone they employed 293 employees were from or lived in Gadsden County.

Commissioner Taylor arrived at this juncture of the meeting.

Commissioner Hinson arrived at this juncture of the meeting.

He explained the multi-specialty clinic and explained it was a “timeshare suite” of half-day slots specialists choose and/or rent and said for example cardiologists may come twice a week or month on a half day slot and times would increase as needed. He then introduced (through slides) the specialty doctors that would be coming to Quincy.

Chair Holt asked him for a schedule of the doctors in and outs and he said he would get that for her.

Commissioner Viegbesie asked about the service pool of doctors and asked if the doctors came to Gadsden County to see patients and Mr. Robinson said every one of the physicians have at least a few half day clinics in the Specialty Clinic in Quincy. He explained they drove over and would bring their staff, nurses, etc. with them and saw patients that had been referred to that particular office.

Chair Holt asked who referred them and Mr. Robinson explained it could be a primary care physician or it could be referrals from the Emergency Room.

Chair Holt said she was not aware of the Clinic and asked if it was referral only. Mr. Robinson said that was usually how it worked and they had not opened the offices up as far as walk-ins and said to see a specialist, a person needed to be diagnosed appropriately first so that the primary care doctor or the emergency room physician could appropriately triage where a person needed to be.

Mr. Robinson said direct mailers were sent out to approximately 2,500 households in the Gadsden County area but no-one in the room had seen them. Chair Holt said there was a County website if he felt there was something to be added, it might be able to go on there.

Commissioner Morgan said he had seen the information from the mailers somewhere and it might have been published in the local newspapers. He said he was aware that they were not in the Hospital six years ago and asked if he could speak to five year performance objectives and if they had been met. Mr. Robinson said the way they measure and look at the overall success of Capital Regional and they take most of the entities except the clinics, and look at the volume numbers. He added that most hospitals that start from the ground start around a central local and typically was an ER somewhere and 89% of the patients at any given time came through the Emergency Room and added their business model they had now to methodically grow the ER like they had to 12 bays and then add special services as they could.

Chair Holt said the County passed the ½ cent indigent care tax in order to get a hospital and not an emergency room and wanted to see them move toward that and to stop transferring so many people out and at least start with a smaller hospital because a lot of people were passing by because they could not stay overnight and it was something that the (BOCC) board would have to solve.

Mr. Robinson asked that when they solve it, that they keep quality first. He added that there was

an ER here now that was growing at a rate of ten percent plus a year and he would love nothing more than to come here and add where they could do in-patient beds and bring in qualified, Board certified physicians that would want to live here.

Chair Holt said there was a myth here long ago that at one time the hospital was not working. She added that she worked there along with Dr. Massey and Dr. Reddick and there was an election and the Board decided during that time to change. They wanted to look at management at other places and still find a good director, but the director was not doing what he should be doing. She said people wanted to know where the ½ cent tax was going.

Commissioner Viegbesie said during Mr. Robinson's presentation, he had answered one of the questions he had but the other one he had was people constantly refer to the facility as Gadsden County ER and Mr. Robinson had said the level of service was level three and asked the difference between Level Three and Urgent Care.

Ms. Graham said she would like to piggyback on that question and said Chair Holt was concerned about the Level Three and greater and was also concerned about the Level Three and below. She said if people were coming into the specialty clinic that could not be utilized after hours, if a person had the flu (Level Three), they would be charged an emergency room visit and that versus an urgent care visit was a good amount of money. She asked if it would be beneficial to the residents of the community that at some point when they were expanding the office with specialists, to also have a general care practitioner with after-hour care. She pointed out that with urgent versus emergency, the costs was a big gap on an already poor citizen. She felt they needed to look at accessibility along with affordability. She said her concern was the amount of money a person spent when they walked into the ER with a child that had been coughing all night because they could not wait until the next morning to take the child to the pediatrician.

Steve Ecenia, CRMC legal counsel, responded that most of the urgent care facilities he was familiar with did not provide 24 hour care, that they may have extended hours beyond the normal doctor offices, but typically not open 24 hours as an emergency room would be.

Commissioner Viegbesie said the question he asked was addressed with a response from Mr. Ecenia and then asked how a level three differs from the care of the ER service. Mr. Robinson said the emergency room was not a level three emergency room, but it was a triage level or acuity level of sickness levels of the patients. Commissioner Viegbesie said with removing the levels, how did the Gadsden County ER facility differ from an Urgent Care facility. Mr. Robinson said they could look at a hierarchy of acuity from a facility perspective and said if he felt bad, he would call his primary care doctor; if he had a reoccurring cough he could not seem to kick but was not sick enough to go to the emergency room and wait the one hour, he would go to a CVS Minute Clinic or Urgent Care facility that could give him the basics to get him back home and on the street. He added that what would be found at an urgent care center would not be board certified ER physicians that care for a whole gamut of issues around them and have support structures around them such as scanners, x-ray equipment, ultra-sound equipment, etc. and be able to give narcotics and was a higher level of care.

Chair Holt asked if there were any plan to expand to include beds so people would not have to

keep traveling to Tallahassee and Mr. Robinson said no. She asked how the costs ranked with other hospitals and Mr. Robinson said he did not have that data. Mr. Ecenia said the Governor had a bill to sign regarding transparency in health-care costs that would require the hospitals to link into the Agency for Healthcare Administration database and have a lot of different quality indicators so any consumer could go to that website and understand what the cost of providing care was, what the average cost was for a particular service and be able to make comparisons.

Mr. McMillan said a lot of the costs were dictated by the contractual relationships with insurance companies and as an example said whatever the amount was that CHP would pay for an x-ray that would be what they charged.

Mr. Robinson pointed out that Gadsden County had a very heavy Medicaid population and they paid an x amount regardless of what the charge was.

Commissioner Morgan said the healthcare landscape has changed dramatically over the past five years and reimbursements were going down and health-care cost was going up and deductibles for people with policies were going up dramatically and was all directly related to Federal legislation with the Healthcare Affordable Care Act and will continue to rise and basic services are going to get much more competitive and hard to do particularly in rural areas.

Commissioner Hinson said he had questions from some of his constituents. He asked if there were any mental health professionals on staff and Mr. Robinson said not at the ER. Mr. Robinson said if a Baker Act occurred a person had to be held for seventy-two hours and if a person was Baker Acted, they would go to Apalachee, TMH or their seventh floor and they were all currently located in Tallahassee. He then asked about someone that lived alone and if any transportation was provided. Mr. Robinson said it depended, if the person lived at home and needed transportation; there was nothing to send to pick him up. If he came to the ER, they had a relationship with the EMS system to get folks where they needed to go. He then asked about specialists and said people would like to see more of them in Gadsden County. Mr. Robinson said over time the practice would continue to grow and the amount of time they spent here would increase as the volume and practice grew.

Commissioner Viegbesie asked with the timeshare if there was an endocrinologist with this being a high-diabetic county and Mr. Robinson said no.

Chair Holt asked if there were any more questions before they moved on and there were none.

2. Utilization of Space at the Capital Regional Medical Center

Mr. Glazer reminded them of that currently in the lease there were two provisions in particular regarding the use of empty space and reminded them the hospital building had in excess of 70,000 square feet and approximately 44,000 square feet was leased to CRMC and the remainder of the building was empty and said there was a provision if the County wanted to sell the entire hospital under the right of first refusal for Capital Regional to buy it and there was a second provision dealing with the lease of the space that was currently empty and explained the way the provision now read now was if there was a prospective tenant for that space, the County should first offer it to CRMC and if they were not interested, they could not unreasonably withhold that consent.

Commissioner Viegbesie asked if all physicians have the ability to practice at CRMC and Mr.

Robinson said no. Commissioner Viegbesie then asked the possibility of a physician using space at the hospital that was not currently being used with the possibility that their patients were not be referred to his hospital because of not having a license to practice there.

Mr. Robinson said nothing happened without a discussion and felt they were open to any ideas for the remainder of the space and de sis not have a problem with someone that directly competed with him, but they would need to discuss it.

Mr. Robinson said they had the right of first refusal to the whole hospital and they were open to discussion and he hoped their partnership was strong enough to not have to execute the right of first refusal and was hard to say how they would react without there was a specific "ask" and it all started with an "ask".

Mr. Ecenia pointed out they had tried to accommodate and be responsive, flexible and professional to the County and said they were not here to said no, they wanted to be a good partner and be reasonable to provide medical care to the community.

Commissioner Morgan said to remember when they talk about expanding the services, they did not want to put at risk the reputation of the quality of care at the hospital and Mr. Robinson showed quality of care

Arrie Battle asked Mr. Robinson with the space unoccupied space at the hospital if he would have a problem with renting space to a physician that specialized in diabetes since there was not one there and he responded they would support physician growth.

Chair Holt asked how long the contract was with the hospital and Mr. Glazer said the initial term would end in 2020 and would automatically roll over and there were opt out provisions for both Capital Regional and the County's opt out was twelve months prior to the expiration date and the hospital could opt out at any time.

Commissioner Viegbesie said he was very glad for this workshop and said he was not in the County when the County lost the hospital and understood that Capital Regional came to save the situation and hoped that now they were here and they were working on the modification, he hoped it was in a compromising way that they did not to find themselves in the situation where they were before and it needed to be that the citizens of the county were able to have access to affordable health service that was not something that was so convoluted that they could not come to it. He further stated as long as they were able to work in a compromising way to increase access to medical health services like endocrinologists, etc., he hoped CRMC would not play the fact because they came to save the hospital and they had the right of first refusal, they would stand in the path of everything. He asked that everyone work together and this was work in progress.

Commissioner Taylor asked for clarity on some comments that had previously been said. She said regarding the one cent sales tax, two-thirds of the dollars were for indigent care and not a hospital and only one-third was to go to medical services and two-thirds of the dollars collected and she understood from the Clerk's Office was almost \$1 Million and was to go to people that could not afford health care. She said they had told people if they voted for this, they would get the hospital back but that was not the language on the ballots where people voted. She said she was surprised

after it passed to find out after she was taken to the Library (when it passed she also won her seat as County Commissioner) to go over specifics as a newcomer, she was shocked to find out the provisions for the sales tax was not to open the hospital but to help people who could not afford, be able to go. She said she agreed with some of the comments CRMC said and did not want to see them leave and did not want to start having issues with the provider at this point in time and the quality of services need to be in place and their job should be to focus on quality of service; increase of services and make sure a good percentage of citizens from Gadsden County was employed with the hospital. She added that Ms. Graham brought up a good point because of her employment regarding the cost differences between urgent care and emergency room and challenged CRMC on how costs could be reduced. She also said this meeting was needed and needed clarity and CRMC had been responsive to some of their concerns, but needed to keep their eyes on the quality of care. She also pointed out this was not a transit county and citizens did not have the means to move back and forth and services should come.

Arrie Battle left at this juncture of the meeting.

Commissioner Taylor said she agreed with Chair Holt when this first came up to put beds in the hospital, but their predecessor before them pulled her into one of the empty rooms and informed her the costs of just four beds; opening a kitchen, getting a dietician, along with everything else needed.

Commissioner Taylor said she asked Eugene Lamb to come and said the Governor had appointed him to sit on the hospital board.

Commissioner Hinson said one of the most important things to look into was physicians and how they could get them to come once a week or once every two weeks because there was a huge senior population in Gadsden County that was on a fixed income and could not afford to drive to Tallahassee.

Arrie Battle returned at this juncture of the meeting.

Mr. Presnell thanked the hospital for the work they did together on amending the contract. He then said the facility adjacent to the Emergency Room was a competitor and had six physicians there but to see one would take approximately two months. He said a lot of the patients would like to find an alternative plan, but when a person was on Capital Health Plan, as a lot were in this area, they had to look at who was available and who was taking patients. He said that place seemed to be profitable with six family practice physicians and said with the available space at the hospital, felt they were missing something. He then mentioned lab work and said fifty percent of people in Gadsden County had to have lab work done. Mr. Robinson said they have out-patient services above and beyond the ER and if an e-ray was ordered, a person could go and have an out-patient x-ray done, along with out-patient lab work drawn.

Mr. Robinson said that was why they wanted to recruit and have a full-time primary care director there. Me also said he considered the facility their partner and even though in Tallahassee TMH and CRMC compete, the physicians referred a lot of patients to the specialty clinic, the cardiologist, the OB/GYN, etc. and they had a good relationship.

Mr. McMillan followed up regarding the lab work and said for instance, Florida Blue required that

LabCorp be used so he personally went to TPCA and they would do the draw and then send it to LabCorp. He asked if there was a way for people that used LabCorp or another provider, if they could do the draws at the Gadsden Campus and it then is sent to LabCorp. He said there were needs with Workers' Comp claims, etc. that was not an emergency that there was a need for an urgent care facility to not have to pay the expenses of going through an emergency room. He added that people did not want to go to Tallahassee for lab work and it would be beneficial if it could be worked out to be done here.

3. Discussion of Additional Beds for Overnight Stay

4. Additional Services

5. Use of Indigent Tax

Chair Holt said they had moved on through the agenda and was on the Use of Indigent Care. She said as Commissioner Taylor had mentioned, one-third of the tax dollars went to the hospital and two-thirds went to indigent care. She said when the hospital was run before, the indigent care was done inside the hospital and patients from the nursing home went into the hospital, they had what was known as "swing beds" and were paid for those beds. She asked what kind of progress could be made to get from where they were to where they needed to be. She added this had been a good meeting and a good start and she was not opposed to meeting every month or two months because this was important.

Ms. Battle said the ranking of Gadsden County being 67th was not only health issues, but also law enforcement and school board and when she was a child, there was pride in Gadsden County even through people were separate and not equal, there was pride and until the citizens get together and decide to make a difference, the County would forever be 67th. She added there needed to be something done to bring pride back into the County.

Chair Holt said the Health Council had programs to help with indigent care but the money was now all gone.

Ms. Battle said they were informed there was no more money for indigent care.

Mr. McMillan responded he had the figures and the description for indigent care was a misnomer because CRMC was providing indigent care. He said he had a report from the Clerks' office with what happened in 2015. He said there was a total indigent care tax collected of \$526,861 and of that the first \$227,000 went to pay the debt on the bonds and left a balance of \$299,547 to be split between three agencies. He said the Gadsden Health Department received \$92,779, the Gadsden Health Council received \$27,040 and CRMC \$170,728 for their indigent care.

Commissioner Viegbesie asked if those numbers were restricted to a particular organization and Mr. McMillan said it came from Connie in the Clerks' Office. Commissioner Viegbesie asked Mr. Presnell to request the information from the Clerks' Office.

Ms. Battle said when they were out in the community and the Health Department was getting the indigent care doctors, they could send patients to the Health Department for free and now with the CRMC doctors getting indigent care doctors there, could the patients be sent there for free?

Commissioner Morgan stepped out at this juncture of the meeting.

Mr. Ecenia said the reason the provision was placed into the lease agreement because they were providing charity care to a greater percentage of patients than they were expected to see and the reason for the sales tax proceeds was to help to defray part of the costs of charity care that was being provided in the Emergency Room and said they did not receive more than the charity care they provided and was only part of what the facility provided.

Ms. Battle asked if when doing Out Reach and there was a patient that needed medical attention and the Health Department used to see the person, could she bring this person to their emergency room to be seen because she had no money.

Mr. Robinson said if she was an appropriate person to come to the emergency room, yes and added their obligation at the hospital was if a patient was presented to the ER, they are evaluated, triaged and stabilized. If they needed care from another type of physician, at that point they would be referred to another physician and to resources within the community that would offer care to the patient, whether here in Gadsden County or Tallahassee.

Mr. McMillan said he saw what she was saying about the health department, but they were also funded by the state, county taxes and other things.

Mr. Presnell said the Board transferred \$280,000 accumulated from Indigent Care and the Health Council leveraged the money through a State program and those dollars dried up and the money was depleted. He said the Council was working in the Community and it was working great for about three years and that was the program Ms. Battle was referring to.

Commissioner Holt said the 40,000 square feet belonged to the hospital and she was concerned with the 26,000 square feet and they could get a local facility there and CRMC run it or whoever, it did not matter, but if she needed to see a cardiologist, she needed to see one. She added she was hoping they could get together and figure something out.

Mr. Presnell said Primary care was where it all starts.

Ms. Graham asked about the language of the tax itself, they were almost in a position where there was only one direction they could go and it needed to start with primary care to get people help and from a clinician's point of view, everything started with primary care. She said they were here for the people and it costs much less to go to a primary care physician at an urgent care with extended hours than an ambulance ride or to walk into an emergency room. She then said an ambulance ride was \$300 and she asked Mr. Robinson who absorbed that costs and he told her they did but she said that was not so because a tax was being paid to go to indigent care and she said the money was coming out of there and the hospital was not in the charity business, but a business. She added they were here for the betterment of the people they lived with in the community and they needed to grow and but need a plan with who the partner was going to be to accommodate the citizens.

Commissioner Viegbesie said he did not understand that as being determined by having access to medical care, but was a lifestyle determinant. But if there was access to primary care, it might help the citizen to get the education to have a better lifestyle.

Chair Holt said we have to figure out as leaders how do we get the citizens help.

Commissioner Hinson said they could make this happen and at end of the day after a workshop everybody feels good and they were moving in the right direction just holding a conversation.

Mr. Eugene Lamb said he was a member of Governor's Commission on Healthcare and said Commissioner Morgan was right that the costs were not going down. He said ACHA was aware of CRMC, they had done a good job here and he hoped they negotiated and communicated with one another and continued to have a good relationship. He said they did not want to lose the hospital because they would "be in deep trouble trying to get another one". He told them as they knew, TMH did not want to come over here.

Commissioner Viegbesie stepped out at this juncture of the meeting.

Mr. Whitehead asked if the direction and leadership of the Commission is to open up a primary care with six to ten doctors in the facility and Chair Holt said they were trying to get the best use of the facility. He asked who would pay the doctors to come in and stay here and how would they build out the addition. Chair Holt said that was what they had to look at. Mr. Whitehead said he thought there was a plan and was interested in hearing it.

Mr. Robinson said back to the right of first refusal, he had never been given the opportunity and said for them to throw something out and they could see what happened

Commissioner Viegbesie returned at this juncture of the meeting.

Chair Holt added they had to look at a plan and see if it were feasible.

GENERAL DISCUSSION

BOCC/GHI/CRMC Joint Workshop
March 17, 2016

MOTION TO ADJOURN

THERE BEING NO FURTHER DISCUSSION, CHAIR HOLT DECLARED THE WORKSHOP ADJOURNED AT 7:51 P.M.

GADSDEN COUNTY, FLORIDA

**BRENDA A. HOLT, Chair
Board of County Commissioners**

ATTEST:

NICHOLAS THOMAS, Clerk