

Cascade Medical Center Board Minutes

April 23, 2024

CMC Conference Room/Zoom

12:00 pm – 2:00 pm

Trustees present in person: David Gough, David Croshaw and Rachel Smith

Trustees attending remotely via Zoom: Lesa Becker, George Greenfield, and Jacque Zemlicka.

Members absent and excused: Michael Drury

Others present: Tom Reinhardt, Randy Kyrias, Sarah Hasbrouck, Teri Coombs, Ronald Ellsworth, Brianna Haderlie, and Katie Camarata.

Call to Order: Meeting called to order by Rachel Smith at 12:02PM.

Mission Moment:

Tom shared a recent experience with the family members of a recent patient, who were so overwhelmed with the care their mother received, they were in tears when discussing with Tom, their gratitude for all that we do here at CMC to help our patients.

1. Approval of Agenda:

Rachel Smith asked if there were any updates to the agenda. Hearing none, she requested a motion to accept the agenda as posted. David Gough made a motion to approve the agenda as posted, David Croshaw seconded. All members were in favor; motion passes.

2. Consent Agenda:

- a) Approval of Minutes from the March 2024 BOT meeting.
- b) April Medical Staff Minutes & Utilization Report

The members of the board reviewed the Consent Agenda items for additional discussion. Hearing no items needing to be discussed, Rachel Smith adopted the Consent Agenda.

3. Leadership Updates:

Q2 Financial Review

Randy Kyrias shared a brief overview of Q2 financials, stressing the impact that decreased volumes has had on the financial summary for Q2. Rachel Smith did appreciate the emailed narrative that was sent out. It was noted that the Finance Committee will work with Randy on how they would like to see Quarterly Financials reviewed in the future, specific to the Executive Summary. Tom also gave a brief narrative on non-operating revenue (grants, interest, taxes) helping offset the decrease in operating revenue. He did share within the slides, the weekly volume trends compared to the previous 4 fiscal years showing overall, that volumes have been trending behind budget most of this current fiscal year. David Gough shared that this topic has been observed and discussed at the Idaho Hospital Association meetings and is not unique to CMC.

Rural Emergency Hospital Update

Tom provided some community feedback with the members of the Board, sharing that there have not been many questions and/or comments relating to CMC's consideration in changing its designation to a Rural Emergency Hospital. Tom, Dr. Camarata and Dr. Ellsworth are submitting a Viewpoint letter to the Star-News to provide the public with an explanation of conversion from CAH to REH. David Gough asked that Tom reach out to other organizations who have already converted from a CAH to an REH for their viewpoint of the conversion process and if they felt the result was as intended. Rachel Smith also suggested posting information on CMC's Facebook page. It was also noted that somewhere in this information, it should be pointed out this conversion does not reduce the need for the current property tax levy support for CMC, nor does it negate the need for taxpayer assistance (e.g., bond support) in funding a new Hospital facility.

Proposal to convert EMRs to Epic

Jonathan Lanctot with C-WHO, provided a summary of the work done by his team to assist CMC in evaluating an EMR conversion. David Gough asked Jonathan to speak to how Epic will improve CMC's capability for data reporting and driving QAPI initiatives.

Jonathan presented some OCHIN Epic highlights, including that it would be a full Epic Application Suite, with other additional packages such as Surgery and OB available if needed in the future. He also shared that with this, CMC would also have access to the full suite of Reporting Dashboards, Operating Dashboards and Quality Dashboards with workflows and analytics already existing within the Epic product.

Jonathan shared the other options CMC and C-WHO had considered outside of OCHIN Epic, showing the pros and cons of each option. He shared what work flows would look like during implementation, at Go-Live and during the stabilization period. Dr. Ellsworth and Dr. Camarata both shared their concerns with the current Athena system, and how those would change if we were to convert to Epic. One of the most impactful for both the staff and the patients would be the Care Everywhere network, giving all providers instant insight into any patient care done at any other Epic facility.

Lastly, Jonathan shared the OCHIN Epic's estimated cost both for implementation, as well as ongoing maintenance. The estimated baseline is around \$1.3M for implementation and about \$371K/year for maintenance. CMS's cost for all currently utilized EMR products: Athena, Orchard and WebPT are about \$292K/year. A breakdown of OCHIN Epic's Pricing versus Athena's percentage of net collections was discussed as well. Jonathan also spoke about contract negotiation with OCHIN Epic that C-WHO could assist with, with focus on tying financial outcomes to a return to operational performance baseline measure.

The Members of the Board asked if the Finance Committee had reviewed this proposal. Jacque Zemlicka spoke on behalf of the members of the Finance Committee, stating that the committee would like to hold off on making a recommendation until they had a better view of the year's financial performance given the below-budget results in the first six months. She cited the decrease in volumes, expense of the Donnelly clinic and pending considerations for conversion to the Rural Emergency Hospital are all factors in wanting to hold off making a recommendation. David Gough also asked if the Finance Committee had a plan on how to finance this project and with what funds. David Croshaw shared that the Finance Committee spoke about sources of funding to include grants, CMC Foundation donations and use of CMC reserves. George Greenfield stated it would be beneficial to see an itemized list of funding sources for the initial investment when this topic is discussed in the future. Lesa Becker also suggested that the timing of this project be part of the consideration and that the staff, especially Provider staff, be included

on the decision of when would be best to Go-Live. David Croshaw also seconded George's suggestion that the Finance Committee work with the CFO to come up with a list of potential investment sources.

David Gough made a motion to table this decision to convert to Epic to a later, undetermined date. David Croshaw seconded this motion. All members were in favor; motion passes.

(Virtual) Department Tour: Community Health Improvement Work

Rachel Huckaby gave a brief overview of the work she has been doing over the last year as CMC's Community Health Worker. She shared both her outreach at annual events like Huckleberry Festival, as well as her monthly connections with the Food Banks in Cascade and now Donnelly. She provides education, such as cooking with canned foods and healthy recipes, as well as other relevant materials on behalf of CMC. Rachel also is the liaison for the Remote Patient Monitoring, connecting the patients with their devices.

4. Committee Reports:

Quality Assurance, Performance Improvement and Compliance Committee:

Members:

Lesa Becker, Chairperson
David Gough
George Greenfield
Aline Lee
Tom Reinhardt
Teri Coombs
Sarah Hasbrouck
Dr. Katie Camarata

The Quality Assurance, Performance Improvement and Compliance Committee did meet. Lesa wanted to share that the clinic is setting up group diabetic visits in an attempt to help those non-compliant patients find common ground to be successful. David Gough stressed the importance of reviewing HIPAA requirements with all provider involved, as well as the patients.

Finance Committee:

Members:

Michael Drury, Chairperson
David Croshaw
Jacque Zemlicka
Randy Kyrias
Tom Reinhardt

The Finance Committee did meet, but had no further updates other than what was provided previously during the Q2 Financials and the Epic Conversion topic.

Strategic Planning Committee:

The Strategic Planning Committee did not meet.

5. Executive Session:

An Executive Session was held during this April meeting of the Board pursuant to Idaho Code 74-201(1)(b) to consider personnel matters. David Croshaw made a motion to enter into Executive Session to discuss personnel matters, David Gough seconded this motion. The members of the Board were polled by roll call to convene an Executive Session. All members responded affirmatively. Executive Session began at 2:06PM.

The members of the Board adjourned the Executive Session at 2:11 pm. **Upon exiting**, the Board considered proposed performance metrics and goals related to the CEO's incentive plan. David Croshaw made a motion to approve the proposed plan, Jacque Zemlicka seconded, all voted in favor of the plan, motion passes.

6. Other/Next Steps:

Agenda Topics for Next Meeting:

- Rural Emergency Hospital – further discussion, decision.
- EMR Financing – details on how CMC would pay for the \$1.3 million implementation expense.
- Donnelly clinic performance
- Physical Therapy department review/update

Meeting Evaluation: Board members agree the meeting was productive, and that the presentation on Epic EMR was very informative.

Adjournment: David Gough made a motion to adjourn the meeting, David Croshaw seconded this motion. All members are in favor, motion passes. Rachel Smith adjourned the meeting at 2:25pm.