

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY

MINUTES OF THE AUGUST 11, 2016 MEETING

(Open Session)

Attendees:

Attending Authority Board Members: Dr. Charles Lingle; Fred Ghiglieri; Dr. Michael N. Laslie; Dr. Edward Vance; Joel Callins; John Hayes; Lamar Reese; Ferrell Moultrie; and, Pastor Charlene Glover, as well as Authority legal counsel, James E. Reynolds, Jr. Also those present on behalf of Phoebe Putney Memorial Hospital, Inc. included: Joel Wernick; Brian Church; Joe Austin; Dawn Benson; Laura Shearer; Felicia Lewis; Lori Jenkins; and, David Paul. Recorder, Faye Apperson.

Absent Authority Members: None

Open Meeting and Establish a Quorum:

Chairman Lingle called the meeting to order at 7:30 A.M. in the Willson Board Room of Phoebe's Main Campus. Dr. Lingle thanked all Members for their attendance and participation and he observed that a quorum was present with all nine Authority Members being in attendance.

Approval of the Agenda:

The proposed Agenda had been previously provided to the Authority Members and a motion to adopt the proposed Agenda for the meeting was made by Fred Ghiglieri and seconded by John Hayes, which motion was approved by all Authority Members. A copy of the Agenda as adopted is attached.

Approval of Minutes:

The proposed Minutes of the May 19, 2016 open session meeting of the Authority had likewise been provided to Members prior to this meeting and the same were considered for approval. Lamar Reese made a motion and Fred Ghiglieri seconded the motion, to approve the Minutes as previously provided. The motion passed unanimously by vote of all Members.

Financial Reports:

Brian Church, CFO of PPMH, Inc., presented and reviewed an internally prepared financial report covering the Authority's current fiscal year through June 30, 2016 and a Proposed 2017 Budget for the Authority. Copies of the Authority's internally prepared interim financial statement presented by Mr. Church and the 2017 Proposed Budget are attached. Mr. Church presented the FY 2017 Operating and Capital Budget for the Hospital and in doing so observed how negatively the Hospital is impacted due to Georgia's lack of Medicaid expansion.

Hospital CEO and Operational Reports:

Lori Jenkins, director of strategy and planning at Phoebe, gave a report on the Hospital's current Community Needs Assessment and expected steps to implement how especially the three top priorities will be addressed. A copy of the report is attached.

Next, Laura Shearer, Senior Vice President, provided a current update on the Community Care Clinic that opened earlier this year and the benefits resulting from this new Clinic. A copy of the report is attached.

Mr. Wernick followed with an update on the medical student housing and the impact philanthropy has had on this project as well as the resulting benefits to our community anticipated to result from it.

Joe Austin, chief operating officer of Phoebe, provided a facilities update, including reports concerning completion of renovations on the seventh floor, replacement of the LINAC equipment at the Phoebe Cancer Center and ground breaking for the primary care center in Camilla. A copy of Mr. Austin's report is attached.

David Paul, director of construction and facilities at Phoebe, reported on efforts and steps that have been taken to reduce energy (electricity and gas) requirements, consumption and costs. A number of questions and comments ensued. A copy of his report is attached.

Closing of the Meeting:

A motion was made by Dr. Laslie, seconded by Joel Collins to close the meeting for the purposes of: (i) engaging in privileged consultation with legal counsel; (ii) to discuss potentially valuable commercial plans, proposals or strategies that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities, or (iii) to discuss confidential matters or information pertaining to peer review or provided by a peer review organization as defined in O.C.G.A §31-7-131.

Chairman Lingle polled each individual Authority Member present with respect to his or her vote on the motion and the vote of each of the Members is shown below, with no Member opposing:

Fred Ghiglieri	Yes
Dr. Michael Laslie	Yes
Joel Callins	Yes
Dr. Edward Vance	Yes
Dr. Charles Lingle	Yes
John Hayes	Yes
Lamar Reese	Yes
Ferrell Moultrie	Yes
Pastor Charlene Glover	Yes

The motion having passed, the meeting closed.

Open Session Reconvened:

Following unanimous vote of all Members in attendance at the conclusion of the Closed Session, the meeting reopened, Dr. Vance having left for his medical practice and patients during the Closed Session.

Final approval of Real Estate Sale:

Following an earlier update by Joe Austin and Joel Wernick concerning the Hospital's recommendation as to the sale of the Medical Office Building located at 1912 Arlington Lane (the "Property") to Dr. Paul Payne, Jay Reynolds provided a further description of the proposed sale in which it was noted that the Property is included in the real property leased to Phoebe Putney under its long term lease and that Phoebe Putney will necessarily be required to relinquish its rights as lessee of the property in any such sale. Following discussion, upon motion by Fred Ghiglieri and seconded by Dr. Michael Laslie, the following Resolution passed unanimously (Dr. Vance having previously departed): Resolved that the Chairman, or in his absence the Vice-Chairman, is authorized and directed to enter into a contract approved by such officer and Authority counsel, for the Authority to sell the Property for the appraised value of the Property (\$456,000) as covered in the presentation, provided the current deed restrictions applicable to the Property, including the right of first refusal, are retained, and upon consummation of the sale, paying to Phoebe the net sales proceeds from such sale over and above the amount needed to fund the \$100,000 minimum amount Phoebe is required to keep in the Authority checking account.

Adjournment:

There being no further business the meeting was adjourned.


Faye Apperson, Recorder

AGENDA

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA

(OPEN SESSION)
Meeting of August 11, 2016
(Willson Board Room)

- | | | |
|-------|--|------------------------------|
| I. | Open meeting and establish quorum | Chairman |
| II. | Consider Approval of Agenda (draft previously provided to Members) | Chairman |
| III. | Consideration of Open Session Minutes of May 18, 2016 meeting (draft previously provided to Members) | Chairman |
| IV. | Financial Reports | Brian Church |
| | a. Hospital Authority Financial Update | |
| | b. PPMH 2017 Budget Presentation | |
| | c. Hospital Authority Budget Presentation for 2017 | |
| V. | Phoebe Putney Memorial Hospital, Inc. CEO and Operational Reports | |
| | a. Community Health Needs Assessment | Lori Jenkins |
| | b. Student Housing Update / Fundraising Summary | Joel Wernick |
| | c. Community Care Clinic Update / Attendant Quantitative Savings / Qualitative Customer Service Opinions | Joel Wernick / Laura Shearer |
| | d. Facilities Update | Joe Austin |
| | e. Efforts to Reduce Electric/Gas Cost | Joe Austin / David Paul |
| VI. | Consideration of vote to close meeting for Executive Session | Chairman |
| VII. | Additional Business | |
| | a. Final Approval of Real Estate Sale | Jay Reynolds |
| VIII. | Adjournment | |

IV

**HOSPITAL AUTHORITY OF ALBANY-
DOUGHERTY COUNTY, GEORGIA**

Financial Statement Update

June-2016 YTD

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA
BALANCE SHEET
6/30/2016

ASSETS

Unaudited
June 30, 2016

Current Assets:	
Cash and cash equivalents	\$ 100,306
Assets limited as to use - current	-
Patient accounts receivable, net of allowance for doubtful accounts	-
Supplies, at lower of cost (first in, first out) or market	-
Other current assets	-
Total current assets	100,306

Property and Equipment, net

	-
	-

Other Assets:

Goodwill

Total other assets

	-
	-
Total Assets	\$ 100,306

LIABILITIES AND NET ASSETS

Current Liabilities:

- Accounts payable
- Accrued expenses
- Estimated third-party payor settlements
- Deferred revenue
- Short-term obligations
- Total current liabilities

Total liabilities

Net assets:

Unrestricted

Total net assets

Total liabilities and net assets

	-
	-
Total liabilities	-
	-
	-
Net assets:	100,306
Unrestricted	100,306
Total net assets	100,306
Total liabilities and net assets	\$ 100,306

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA
STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN UNRESTRICTED NET ASSETS
6/30/2016

Unaudited
June 30, 2016

OPERATING REVENUE:

Net patient service revenue (net of provision for bad debt)
Lease Consideration
Total Operating Revenue

65,967
65,967

OPERATING EXPENSES:

Salaries and Wages
Employee health and welfare
Medical supplies and other
Professional services
Purchased services
Depreciation and amortization

4,997
265

Total Operating Expenses

5,262

Operating Loss

60,706

NONOPERATING INCOME (EXPENSES):

Gain in Long Term Lease
Interest Expense

-
-

Total Nonoperating Income

-

EXCESS OF REVENUE OVER EXPENSE

60,706

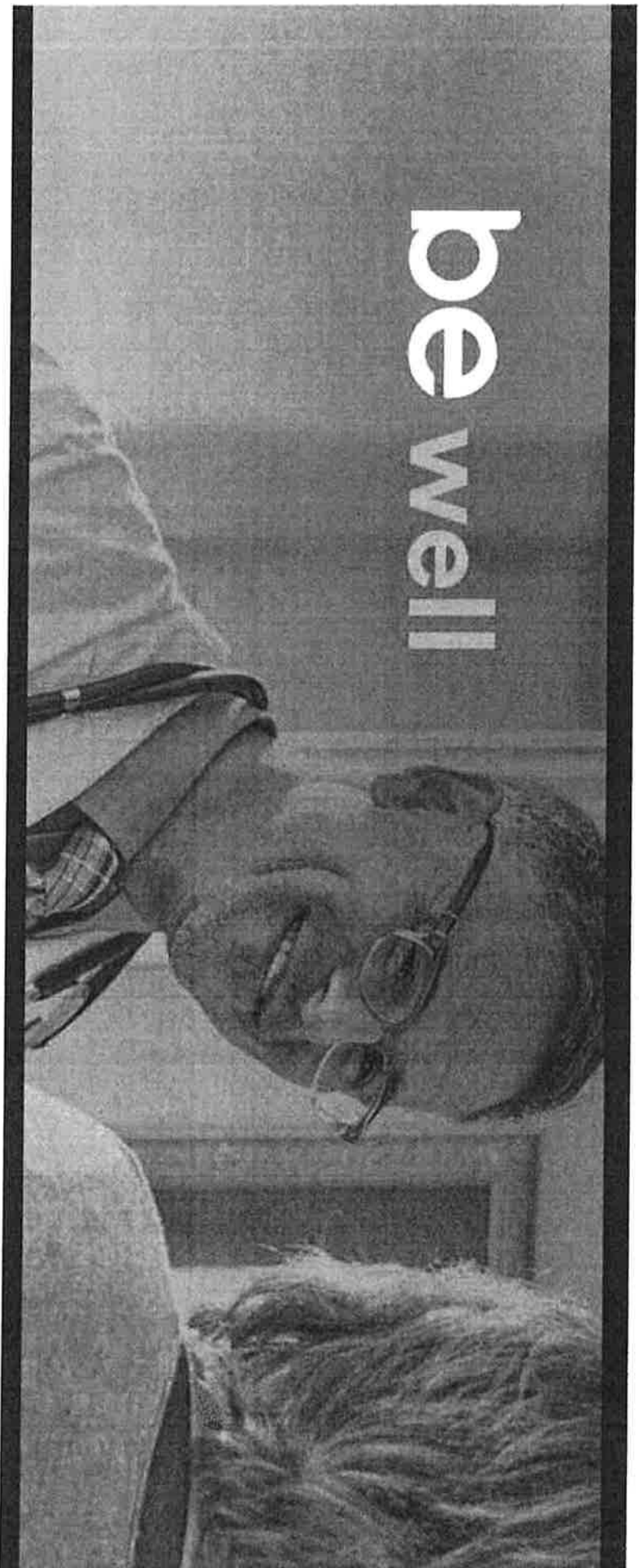
HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA

Proposed Operating Budget

Fiscal year Ending July 31, 2017

**BUDGET
FY 2017**

50,000	Lease Consideration	OPERATING REVENUE:
50,000	Total Operating Revenue	
OPERATING EXPENSES:		
50,000	Purchased services and other	
50,000	Total Operating Expenses	
-	Operating Income (loss)	



be well



FY2017 OPERATING AND CAPITAL BUDGET
Phoebe Putney Memorial Hospital

Healthcare Trends To Watch in FY2017

- Consolidation Continues
 - Payers (Some new DOJ **roadblocks** ahead for Anthem/Cigna and Aetna/Humana ???)
 - Hospitals (Columbus seeking partner, Athens-Piedmont, ATL/Tenet-WellStar, Memorial/Savannah – Novant)
 - Drug Companies (Pfizer and Allergan **would have been** “Biggest Drug Merger Ever”)
- Hospital Outpatient Services moving to free-standing outpatient sites of service
- Integrating Services
 - EHR’s, Data Exchanges (GRACHIE), Connectivity, Tele-Health (Phoebe Tele-Stroke)
- Changing Demographics
 - Every Day 10,000 baby boomers turn 65
 - Largest growing population group in our primary service area
- New Competencies Required
 - Risk-Bearing Payment Models (MACRA- MIPS/APM)
 - Population Health Management (Community Needs Assessment)
 - Physician employment never higher than today
- Consumerism Trends Shaping Healthcare Demand

Market Forces Driving Costs and Reducing Reimbursement

**Increased financial pressure on retaining and recruiting a high quality workforce.
Physicians in many cases preferring the employed model.**

Exponential Drug Cost Increases

Generics

Oncology

Lack of Medicaid Expansion in GA

GA is one of the states with highest uninsured %

Government Payment reductions (Medicare, DSH programs)

Increased Administrative Burdens/Cost placed on hospitals

Increased Regulations and compliance requirements

ICD-10 implementation

Electronic Medical Record requirements

Annual Increases on Supplies, Utilities, Food, Implants, etc.....

Reimbursement Budget FY2017

Medicare

- Medicare payer mix is projected flat for 2017.
- ACA impact continues with additional negative impact in 2017 estimated to be -\$2 million

Medicaid

- Medicaid payer mix is projected to be level (Assuming no Expansion) for 2017.
- Indigent Care Trust Fund (ICTF) program receipts remain a key portion of our revenue. These receipts are based on our underinsured population from prior years (2017 will be based on 2015).

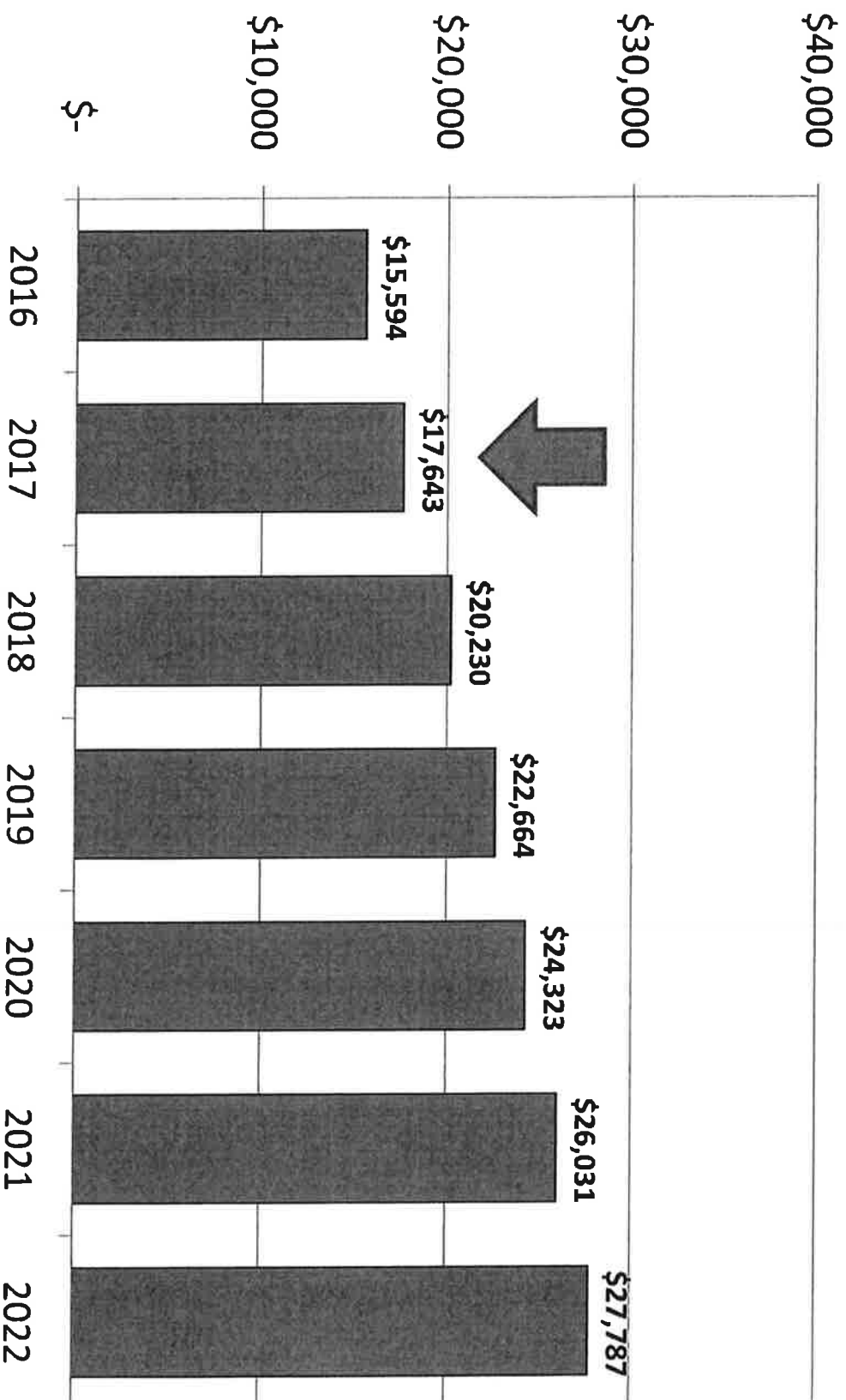
Other

- Commercial payer mix has experienced slight growth during 2016 and is budgeted to continue at that level for 2017.
- Revenue cycle project began to show improvements in the later half of 2016. Projecting for a full year impact from these improvements in 2017.

Fee Schedule Increase

- Budget includes an increase of **3.5%** in gross PPMH patient charges. Which is tied to CPI.

PPHS - ACA and Sequester Reductions in Reimbursement (Cumulative) (in millions)



ICTF and UPL Funding

Indigent Care Trust Fund - Upper Payment Limit

	ICTF			
	2014	2015	2016	2017 Budget
PPMH	5,002,480	8,912,123	10,009,205	8,000,000
North Campus	1,900,148	-	-	-
Sumter	2,945,435	3,141,455	2,879,256	2,300,000
Worth	1,030,293	1,138,035	1,228,803	1,000,000
	<u>10,880,370</u>	<u>13,193,628</u>	<u>14,117,264</u>	<u>11,300,000</u>

	UPL			
	2014	2015	2016**	2017 Budget
PPMH	1,192,352	4,113,709	-	1,400,000
North Campus	187,449	415,635	-	-
Sumter	155,413	449,635	-	175,000
Worth	34,088	30,406	-	30,000
	<u>1,571,316</u>	<u>5,011,400</u>	<u>-</u>	<u>1,605,000</u>

** UPL funds not disbursed from the State as of this date, projected for August

No Burden to Taxpayers

	2011	2012	2013	2014	2015	Proj 2016	Budget 2017
Property Tax/ VPILOT	\$ 248,700	\$ 675,700	\$ 917,800	\$ 954,000	\$ 960,934	\$ 942,000	\$ 948,000
School Nurse	\$ 1,289,000	\$ 1,346,000	\$ 1,420,000	\$ 828,000	\$ 437,000	\$ 281,000	\$ 162,000
Network of Trust	\$ 305,000	\$ 250,000	\$ 333,000	\$ 295,000	\$ 273,000	\$ 311,000	\$ 234,000
Inmate Care	\$ 1,280,000	\$ 780,000	\$ 771,000	\$ 744,000	\$ 427,000	\$ 335,000	\$ 335,000
Charity Expense	\$ 31,100,000	\$ 34,500,000	\$ 34,000,000	\$ 31,000,000	\$ 32,000,000	\$ 21,990,000	\$ 24,675,000
Total	\$ 34,222,700	\$ 37,551,700	\$ 37,441,800	\$ 33,821,000	\$ 34,097,934	\$ 23,859,000	\$ 26,354,000

**A commitment is made for Voluntary Payment in lieu of taxes (VPILOT for Phoebe North property)*

Charge Increase in PPMH Budget 2017

Key Model Constraints

- No increase in room rates
- No increase in GI procedures
- No increase in Outpatient CT & MRI pricing
- No increase on charges already higher than peers

- Increases in Time-Level charges
- Increases in areas well below peer comparisons

3.5% Overall PPMH Charge Increase

Inline with Consumer Price Index for Hospital Services

FY2017 Budget Strategic Initiatives/Assumptions

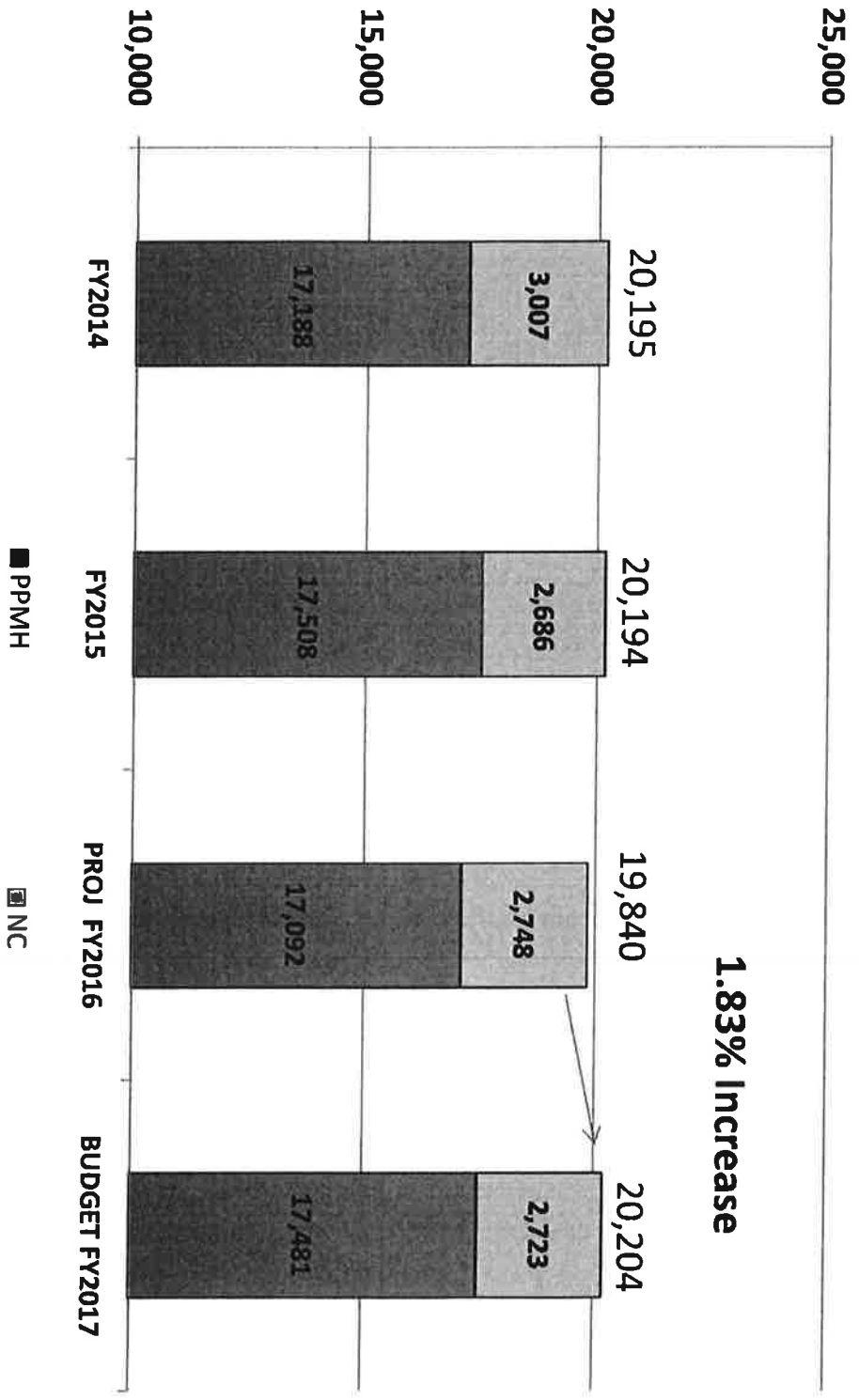
- Budget includes a 3% compensation increase for workforce 3rd Qtr FY2017
- Expansion of Key Services
 - Cardiology
 - Pulmonology – Intensivists – Hospitalists
- Expansion of PPG services in Sumter county (Cardiology – Sports Med)
- Telehealth programs at all facilities (Tele-Stroke)
- Partnering with Grady Healthcare for Transport Services (Worth-PPMH)
- Reduction of premium labor Lean Project (Overtime and Contract)
- Continued optimization of Meditech
- Marketing Campaign for Key Services – Consumer Access

FY2017 Budget Strategic Initiatives/Assumptions

- **Medical housing complex and GME program expansion**
 - **(6 Residents per yr) + Rural Track Program with Moultrie (3 Residents)**
- **Reduction in OR Volume due to OP Surg Center**
- **Behavioral Health Financial/Ops Improvement Plan**
- **Additional Environmental Services Staff based on FY2016 Pilot that showed significant improvement in Hospital Score on HCAHPS in Pilot units**
- **Quality Improvement Initiatives (Magnet Designation Planning, Safety Performance Improvement efforts, Fall Prevention Initiative)**

Operating Outlook

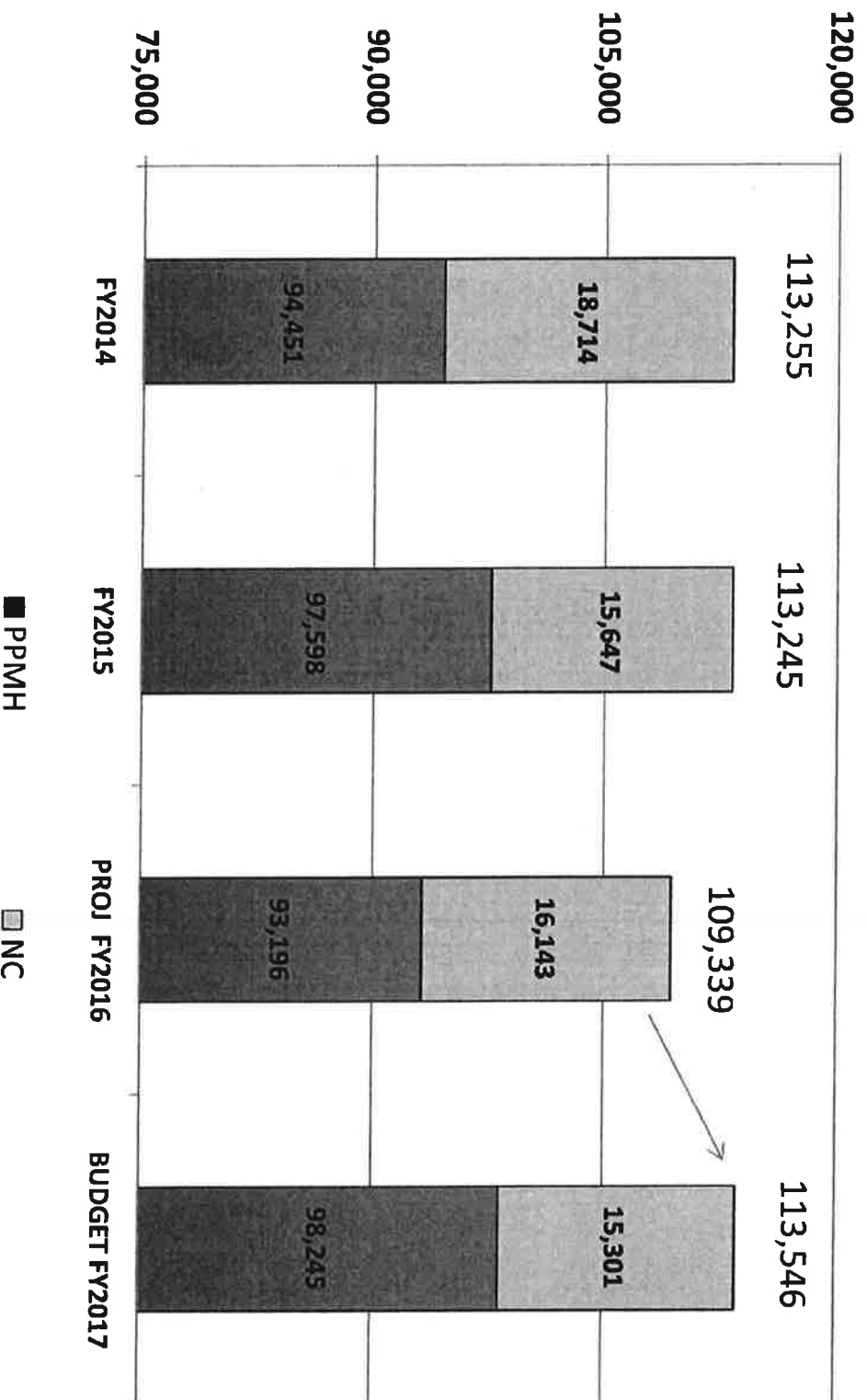
ADMISSIONS



Operating Outlook

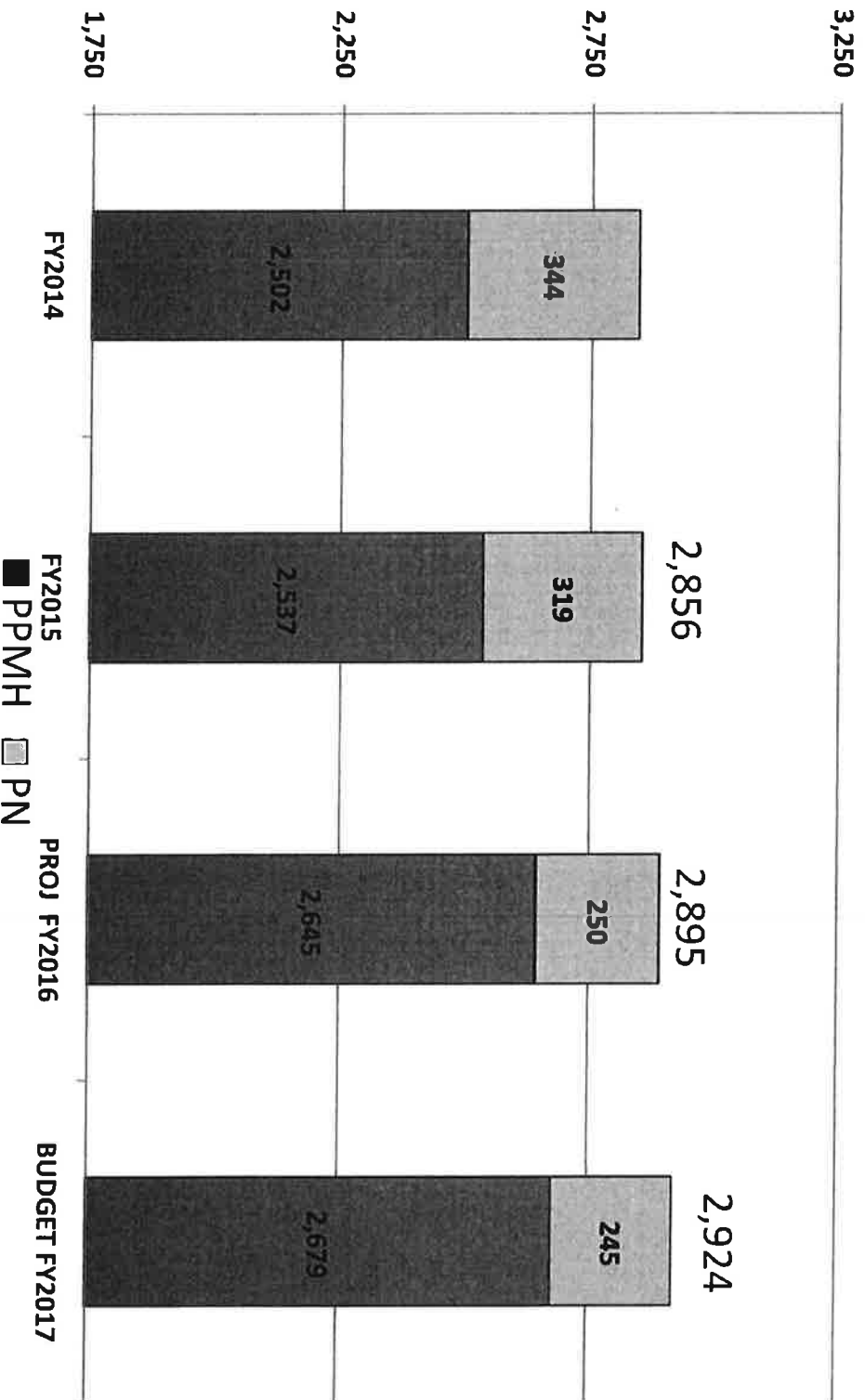
INPATIENT DAYS

3.85% Increase



Operating Outlook

FTEs



Operating Outlook

FTE/AOB (Adjusted Occupied Bed)

	<u>FY2015</u>	<u>June YTD</u>	<u>FY2017</u>
Phoebe Main	4.22	4.36	4.33
Phoebe North Campus	2.77	2.48	2.15
PPMH Combined	4.02	4.09	4.03

FY2016 BUDGET

PHOEBE PUTNEY MEMORIAL HOSPITAL

(in thousands)

	Actual	Projected	Budget	Variance
	<u>2015</u>	<u>2016</u>	<u>2017</u>	%
Gross Patient Revenue	\$ 1,428,558	\$ 1,451,216	\$ 1,468,525	1.2%
Other Operating Revenue	20,009.09	16,241.23	17,178	\$0
Deductions	(937,921)	(950,221)	(961,884)	\$0
Net Revenue	\$ 510,646	\$ 517,236	\$ 523,819	1.3%
Operating Expenses	(503,609)	(530,455)	(534,700)	0.8%
Operating Income (Loss)	\$ 7,038	\$ (13,220)	\$ (10,881)	(\$0)
Investment Income	(1,891)	(2,346)	(3,230)	\$0
Net Income	\$ 5,146	\$ (15,566)	\$ (14,111)	(\$0)

KEY STATISTICS:			
Operating Margin %	1.4%	-2.6%	-2.1%
Excess Margin %	1.0%	-3.0%	-2.7%
EBIDTA %	9.8%	6.0%	6.2%

*** PPMH Operating Income (Loss) Includes PHS and PPG Allocations

Consolidated Phoebe Putney Health System, Inc. (in thousands)

	Actual <u>2015</u>	Annualized <u>2016</u>	Budget <u>2017</u>	Variance %
Gross Patient Revenue	\$ 1,842,612	\$ 1,907,587	\$ 1,961,971	2.9%
Other Operating Revenue	\$ 34,882	\$ 27,552	\$ 34,944	26.8%
Deductions	\$ (1,205,369)	\$ (1,252,253)	\$ (1,284,933)	2.6%
Net Revenue	\$ 672,125	\$ 682,886	\$ 711,983	4.3%
Operating Expenses	\$ (658,577)	\$ (680,696)	\$ (702,510)	3.2%
Operating Income (Loss)	\$ 13,548	\$ 2,189	\$ 9,473	332.7%
Investment Income	\$ 5,852	\$ (15,458)	\$ 6,907	-144.7%
Reserve for Dorminy	\$ (162)	\$ (97)	\$ (97)	-0.1%
Net Income	\$ 19,562	\$ (13,366)	\$ 16,283	-221.8%
Operating Margin %	2.0%	0.3%	1.3%	
Excess Margin %	2.9%	-2.0%	2.3%	
EBIDTA %	10.7%	5.9%	9.8%	

PPMH Capital Expenditure Budget FY2017

Capital Categories	FY2017
PLANT OPERATIONS	\$ 15,866,023
GENERAL MEDICAL & OTHER	\$ 5,905,594
OPERATING ROOM & SURGICAL SERVICES	\$ 4,337,213
INFORMATION SYSTEMS & TELECOMMUNICATIONS	\$ 3,159,842
WOMEN & CHILDREN SERVICES	\$ 832,109
ADMINISTRATION SERVICES	\$ 789,237
FOOD & NUTRITION	\$ 114,000
PHARMACY	\$ 56,565
FAMILY TREE	\$ 36,408
Sub-Total Capital	\$ 31,096,990
<u>CONTINGENCY FUNDS</u>	\$ 1,403,010
<u>GRAND TOTAL</u>	\$ 32,500,000

Capital Expenditure Budget 3 Year Projection

PPMH

Capital Categories	<u>FY2017</u>	<u>FY2018</u>	<u>FY2019</u>
PLANT OPERATIONS	\$ 15,866,023	\$ 16,000,000	\$ 16,000,000
GENERAL MEDICAL & OTHER	\$ 5,905,594	\$ 6,500,000	\$ 6,250,000
OPERATING ROOM & SURGICAL SERVICES	\$ 4,337,213	\$ 4,500,000	\$ 4,500,000
INFORMATION SYSTEMS & TELECOMMUNICATIONS	\$ 3,159,842	\$ 4,000,000	\$ 3,750,000
WOMEN & CHILDREN SERVICES	\$ 832,109	\$ 1,000,000	\$ 1,000,000
ADMINISTRATION SERVICES	\$ 789,237	\$ 1,000,000	\$ 1,000,000
FOOD & NUTRITION	\$ 114,000	\$ 125,000	\$ 125,000
PHARMACY	\$ 56,565	\$ 100,000	\$ 125,000
FAMILY TREE	\$ 36,408	\$ 50,000	\$ 50,000
Sub-Total Capital	\$ 31,096,990	\$ 33,275,000	\$ 32,800,000
<u>CONTINGENCY FUNDS</u>	\$ 1,403,010	\$ 1,600,000	\$ 2,000,000
<u>GRAND TOTAL</u>	\$ 32,500,000	\$ 34,875,000	\$ 34,800,000



PHOEBE

Questions?



Hospital Authority Update: Community Health Needs Assessment

August 11, 2016



501c3 Hospitals Deemed Charitable Organizations

Purpose:

Must benefit the broad public interest
(versus the interests of its members)

In exchange:

- Tax-exempt donations
- Federal tax exemptions
- State and local tax exemptions
- Tax-free bonds

Are charitable organizations benefiting the broad public interest?



Definitions

Community Benefits are programs or activities that provide **treatment and/or promote health and healing as a response to identified community needs**. They are not provided for marketing purposes and are guided by these four principles:

1. *Improves access to health care services.*
2. *Enhances health of the community.*
3. *Advances medical or health knowledge.*
4. *Relieves or reduces the burden of government or other community efforts.*



Definitions

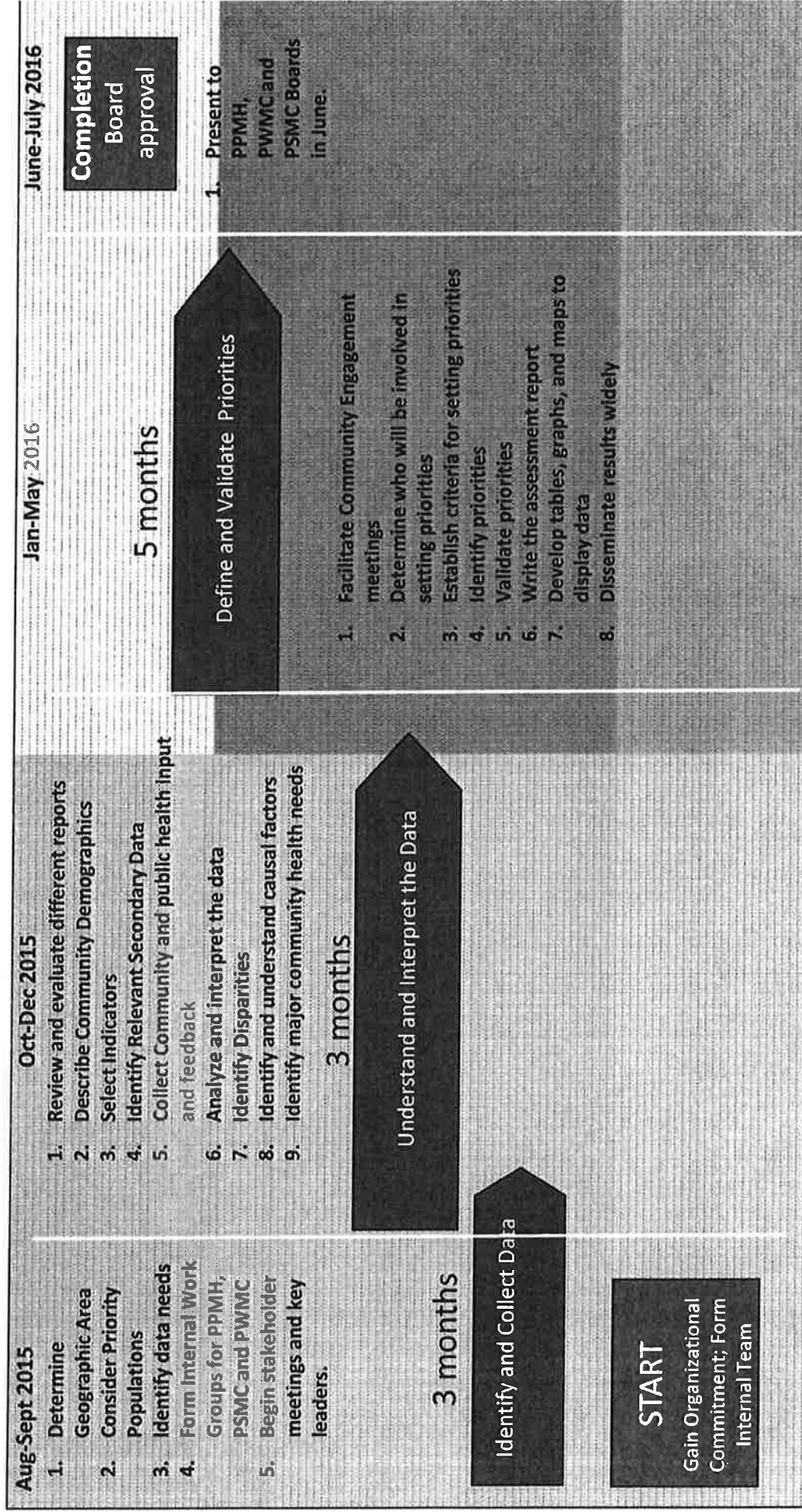
*A **community health needs assessment** is a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.*

*An **implementation strategy** is the health care organization's plan for addressing prioritized health needs and problems identified in the community health needs assessment. The implementation strategy may also be called the organization's community benefit plan.*

2016 CHINA

2016 Community Health Needs Assessment

Timeline to Meet Requirements



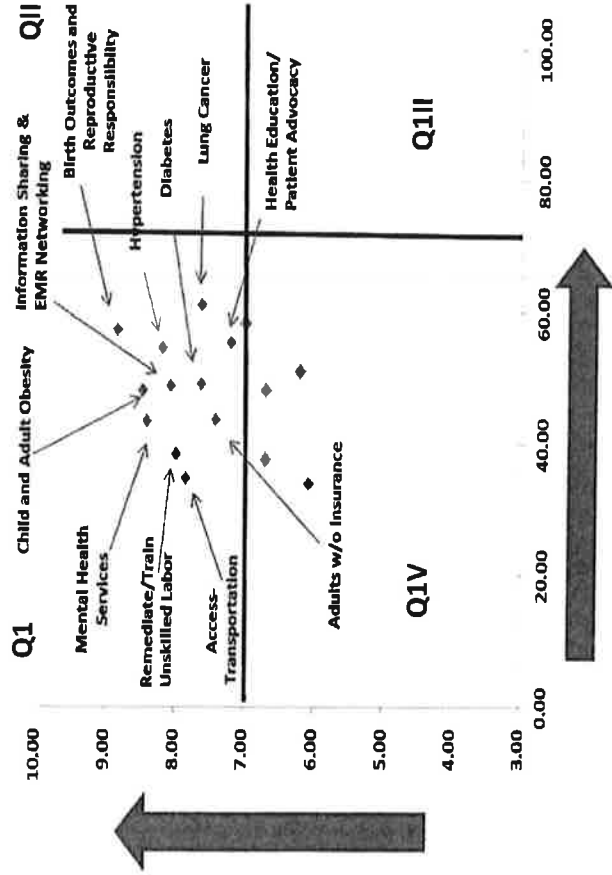
PRIORITY SETTING

Priority Rating VS. Performance

Quadrant I	May need increased attention	High	I High Priority Low Performance	II High Priority High Performance
Quadrant II	May be important to maintain efforts	Perceived Priority (1-10)	IV Low Priority Low Performance	III Low Priority High Performance
Quadrant III	May shift or reduce some resources or attention to focus on higher priority activities		Low	High
Quadrant IV	May need little or no attention at this time		Low	High
			Current Level of Performance (1-100)	

TOP Priorities:

- ✓ Child and Adult Obesity
- ✓ Mental Health Services
- ✓ Train Unskilled Labor
- ✓ Access of Care-Transportation
- ✓ Adults without Health Insurance
- ✓ Information Sharing and EMR Networking
- ✓ Birth Outcomes and Reproductive Responsibility
- ✓ Hypertension
- ✓ Diabetes
- ✓ Lung Cancer
- ✓ Health Education/Patient Advocacy



Priority Attendees:

- Clif Buell, Phoebe Oncology
 - Remy Hutchins, Public Health *
 - Torrey Knight, District Public Health *
 - Linda Johnson, National Alliance of Mental Illness*
 - Tosha Dean, National Alliance of Mental Illness*
 - Jim Franklin, Phoebe Quality Analyst
 - Judith Rosenbaum, Albany State University
 - Tracy Morgan, Phoebe-Albany
 - Ryan Graham, PPG
 - Amanda Clements, Phoebe-Albany
 - Heather Combs, AAPHC*
 - Joyce Johnson, Albany State University
 - Angie Barber, Network of Trust**
 - Jackie Jenkins, District Public Health *
- Represents Low Income, Medically Underserved, and Minority Populations**

Section V: Priority Selection

Priority Selecting-Meeting II



**CATHOLIC HEALTH ASSOCIATION
RECOMMENDATION SELECTION FILTERS**

Magnitude. The magnitude of the problem include the number of people impacted by the problem.

Severity. The severity of the problem includes the risk of morbidity and mortality associated with the problem.

Historical Trends.

Alignment of the problem with the organizations strengths and priorities.

Impact of the Problem on Vulnerable Populations.

Importance of the problem to the community.

Existing Resources Addressing the Problem.

Relationship of the Problem to other Community Issues.

Feasibility of change, availability of tested approaches.

Value of Immediate Intervention vs. any delay, especially for long-term or complex threats.

Recommendation

1. Behavioral and Addictive Disease for Adults and Adolescence
2. Birth Outcomes and Reproductive Responsibility
3. To build chronic disease based coalitions

Selection Committee: Dawn Benson, Senior VP/General Counsel; Thomas Chambless, Senior VP Government Relations; Brian Church, Chief Financial Officer; Dr. Steven Kitchen, Chief Medical Officer; Dr. Keisha Callins, Ob/Gyn*; Evelyn Olenick, Chief Nursing Officer, Phoebe-Albany; Bruce Trickle, Albany Internal Medicine; Judith Rosenbaum, Albany State University*; Melissa Gosdin, Albany State University*; Kimberly Fields, Albany State University, Phoebe-Albany Board Subcommittee Chair*

*** Represents Low Income, Medically Underserved, and Minority Populations**



Board-Approved Priorities

- Behavioral and addictive disease for adults and adolescents
- Birth outcomes and reproductive responsibility
- Prevention and management of chronic diseases

Priority I: Behavioral Health/AD Key Fact Sheet

- In Georgia, over 2.3 million face the challenge of living with mental illness; 1 in 3 will receive treatment.
- U.S. death rate by suicide happens every 16 minutes
- In Georgia, suicide is the 11th leading cause of death
- 41% of Georgians with addictive diseases report needing treatment but are not receiving it
- 111,000 children in Georgia live with serious mental illness.
- **Individuals with Serious Mental Illness average age of death is 53**
- **And those with co-occurring mental illness and substance abuse disorders average age of death is 45.**
- Region 4 [Phoebe-Albany PSA] shows the estimated Unmet Need which is significant. In Albany, GA—a federally qualified health clinic—began offering psychiatry and counseling services to patients age 8 & up.
- Excluding Well Newborns and Vaginal deliveries, Psychoses has the highest number of discharges from Phoebe-Albany.

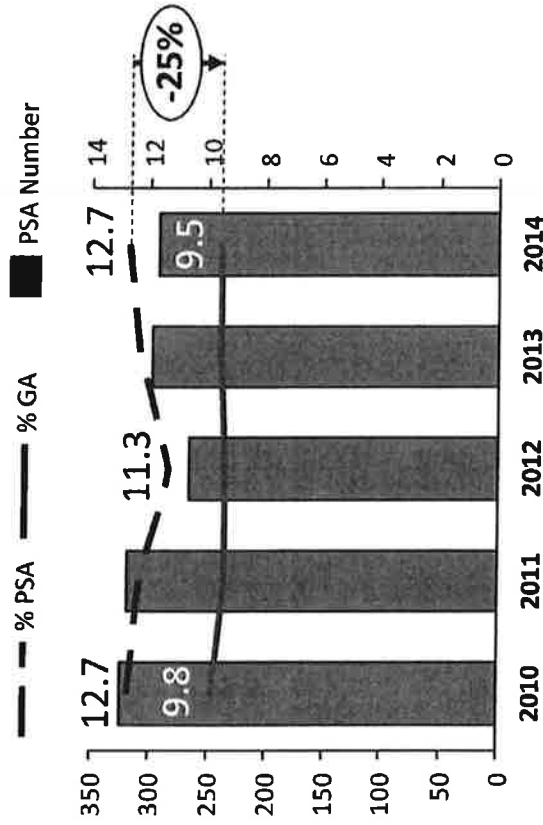
CHALLENGES

- People with Mental Health and Substance Abuse problems have historically had high rates of being uninsured.
- Multiple Transportation Issues
- Homelessness
- Stigma
- Criminal Justice Involvement
- Employment Opportunities
- Lack of Providers in some areas-particularly rural-make it more difficult to seek treatment if wanted.
- Impact of bullies and victims in primary and secondary schools increase the risk of depression, anxiety and low self-esteem.

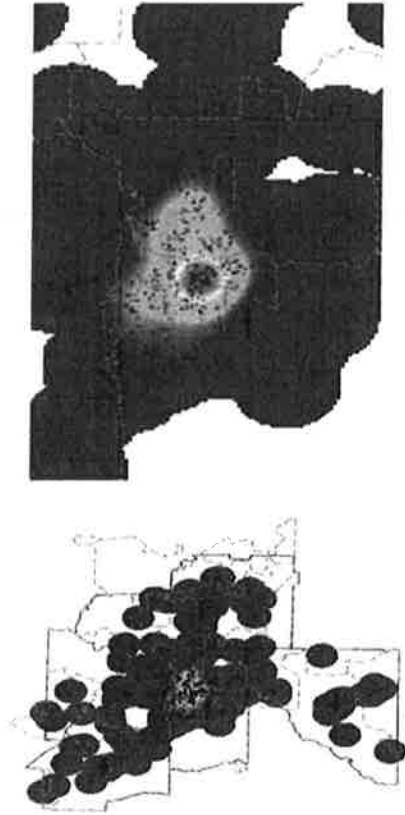
Category	REGION 6				REGION 4	
	Estimated Number of Needing Services	Number Served	Unmet Need	Unmet Need	Unmet Need	Unmet Need
Adult Serious and Persistent Mental Illness	3426	2101	38.7%		45.1	
C&A Serious Emotional Disturbance	950	370	61.1%		63.5	
Adult Addictive Disorder/Substance Abuse	3046	494	83.8%		91.2	
Adolescent Addictive Disorder/Substance Abuse	680	6	99.1%		96.8	

Priority II: Birth Outcomes and Reproductive Responsibility

Low Birth Weight in Southwest Georgia remains problematic. After a short dip in 2012, the percentage rose for two consecutive years and shows no change since 2010. AA/Black mothers are almost twice as likely to give birth to a Low Birth Weight infant than a White mother. There is a 25% gap between the GA and County Summary LBW percentages.



Date Source: Georgia Department of Public Health, Oasis, 2016



Data Source: PPMH Hospital Data, 2009-2011, Map Produced by Mark Miller

The percentage of births that are Low Birth Weight[LBW] is one of the most widely used indicators of population-level health around the globe, and reducing LBW is a common public health policy objective.

Is associated with worse health outcomes over the entire life course.

LBW infants are more likely to suffer from chronic conditions such as asthma, high blood pressure and compromised cognitive development.

The disadvantage from LBW persists into adulthood, with lower weight individuals scoring lower on IQ tests at age 18, attaining less education, and earning less income than their peers.

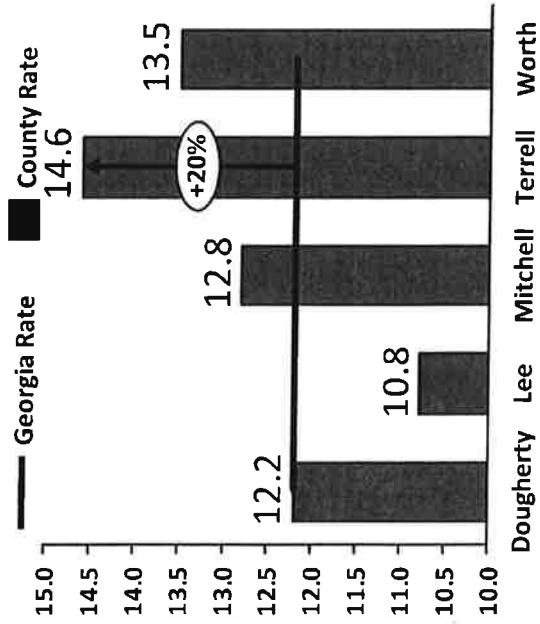
It is estimated that raising the birth weight of a LBW infant by even a half pound saves an average of more than \$28,000 in first year medical expenses alone.

The average cost of Medicaid Services for the first four years of life of a very low birth weight infant is \$62,000 compared to \$7,000 for a normal weight infant.

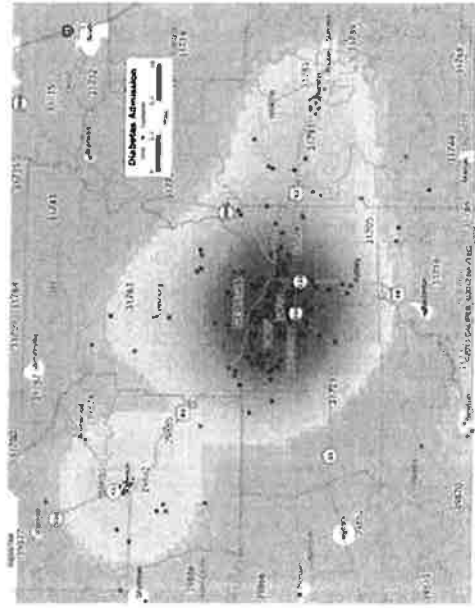
Priority III: Prevent and Manage Chronic Diseases

Compared to State Average, Terrell County has the highest diabetes Prevalence rate exceeding the state average by 20% followed by Worth and Mitchell. Other than Lee County, age adjusted death rates due to diabetes was more than twice the State average for Dougherty and Lee County and almost double in Worth County.

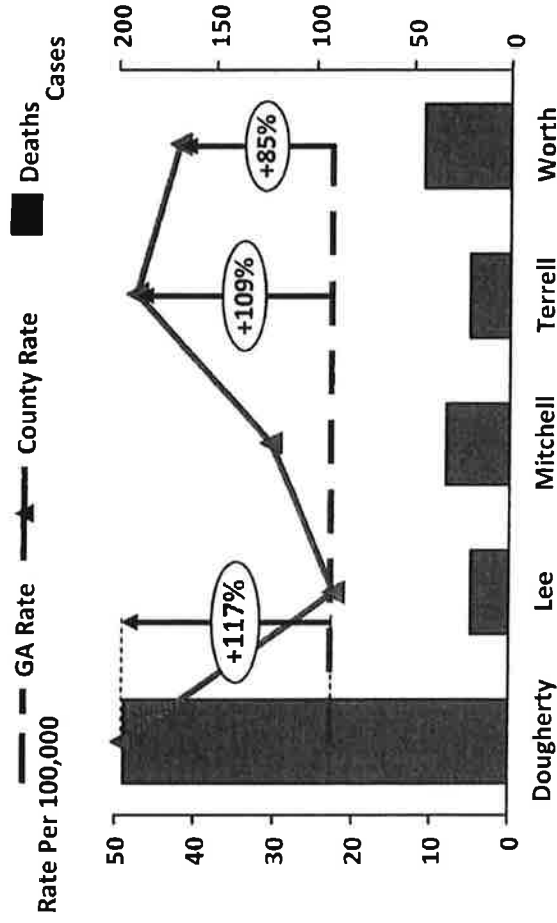
Prevalence of Diabetes Among Adults Age 20 or older-2012



Data Source: Centers for Disease Control and Prevention



Age Adjusted Death Rate due to Diabetes 2014



Date Source: Georgia Department of Public Health, Oasis, 2016

The heat map to the right shows all Phoebe-Albany Inpatient Discharges from diabetes including Lower Extremity Amputations due to diabetes for fiscal Year 2015. The Hotspot follows the same pattern as Low Birth Weight Infants with concentration in zip codes 31701 and 31705. The same Zip Codes with the worst SocioNeeds Index that correlates with low health outcomes.



Next Steps

- Communicate priorities to key stakeholders.
- Reconvene Internal Work Team to begin implementation planning.
- Board Approval of Implementation Plan within 5 months and 15 days of Community Health Needs Assessment.



Community Care Clinic Update

Laura Shearer, SVP Operations

August 11, 2016



Community Care Clinic Update

Month	Volume	Wait Time (Door to Door)
March	481	70 minutes
April *	618	69 minutes
May	1,223	69 minutes
June	1,226	49 minutes
July	1,270	56 minutes

* End of April – Provider 1st Screen Outs

COMMUNITY SAVINGS



**Right Care. Right Place. Right Time.
.....at the Right Cost.**

Top 5 Diagnosis at Community Care Clinic (3/1 – 7/31/2016)

Top 5 diagnosis	Clinic Cases	Clinic Charges	Average Per Case	Average EC Charge	Community SAVINGS
Respiratory infection	164	\$20,905	\$127.47	\$1,187.28	\$173,808.92
Pharyngitis	162	\$20,308	\$125.36	\$1,176.31	\$170,254.22
Low back pain	160	\$22,679	\$141.74	\$1,999.00	\$297,161.00
Disorders of teeth	133	\$16,094	\$121.01	\$842.08	\$95,902.64
Removal of sutures	86	\$20,352	\$236.65	\$611.02	\$32,196.22
Grand total	705	\$100,338	\$142.32	\$1,233.56	\$769,323.00



Community Care Clinic Update

**Projected Savings based
on Total Visits to Date
(4,473)**

\$4,877,507

COMMUNITY RESPONSE

"I don't mind this little walk because they are doing all they can to help me with my bad leg."

"... they are trying to help me out ..."

Leave the ER for real emergencies

Published: Monday, April 25th 2016, 5:00 AM
 Updated: Monday, April 25th 2016, 5:00 AM
 By Melissa Hodges, Anchor

"In the clinic they (patients) will be seen quicker, and it will not be as expensive as ER."



(WALB image)



Laura Schearer (WALB image)



Gloria Jean Clyde (WALB image)

Our camera crew walked up to Phoebe's new Community Care Center just as Gloria Jean Clyde was walking in, having just left Phoebe's Emergency Center.

"It's no big deal 'cause they are trying to help me out," said Gloria Jean Clyde. No big deal, says Clyde, about the brief walk to the Community Care Center from the EC, where she first sought treatment for a hurt leg.

"They said we are going to have a good look at you and then we are going to send you across the street and we will call and have someone take care of you, they are going to take care of everything with your leg."

"In the clinic they will be seen quicker, and it will not be as





WALB NEWS 10
NBC peacock logo
abc logo

- ↑ NEWS
- WEATHER
- SPORTS
- VIDEO
- BUZZ

Editorial: Phoebe Community Care Center



People who have a stomach ache, or just don't feel good should use this clinic, and not clog up the ER with minor ailments.

That facility is needed by people, with life-threatening conditions, like heart attacks, severe car wrecks, or serious wounds.

JIM WILCOX,
VP & General Manager

Questions?

✓(b)

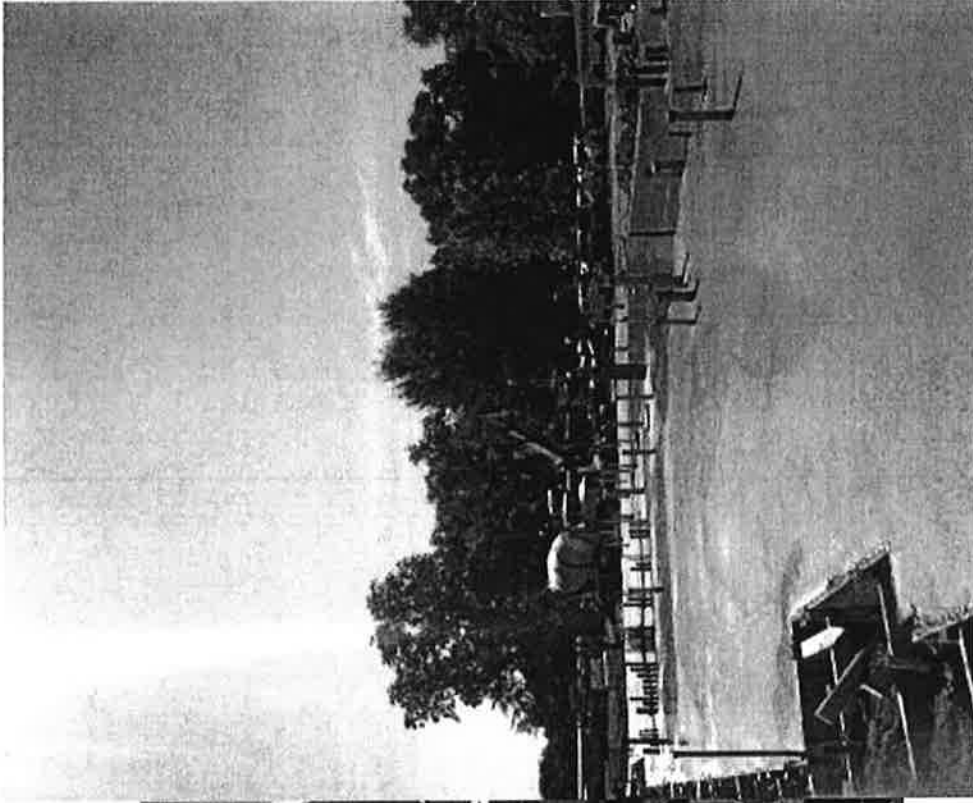
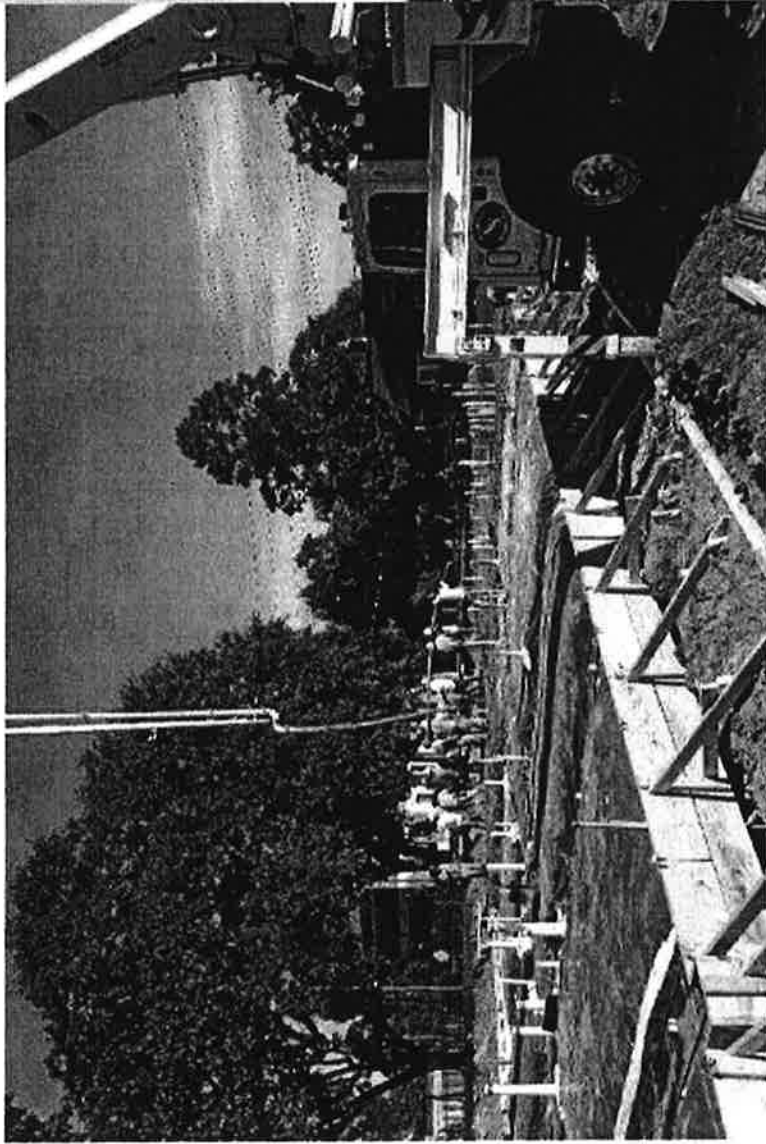


Phoebe

Student Housing Project

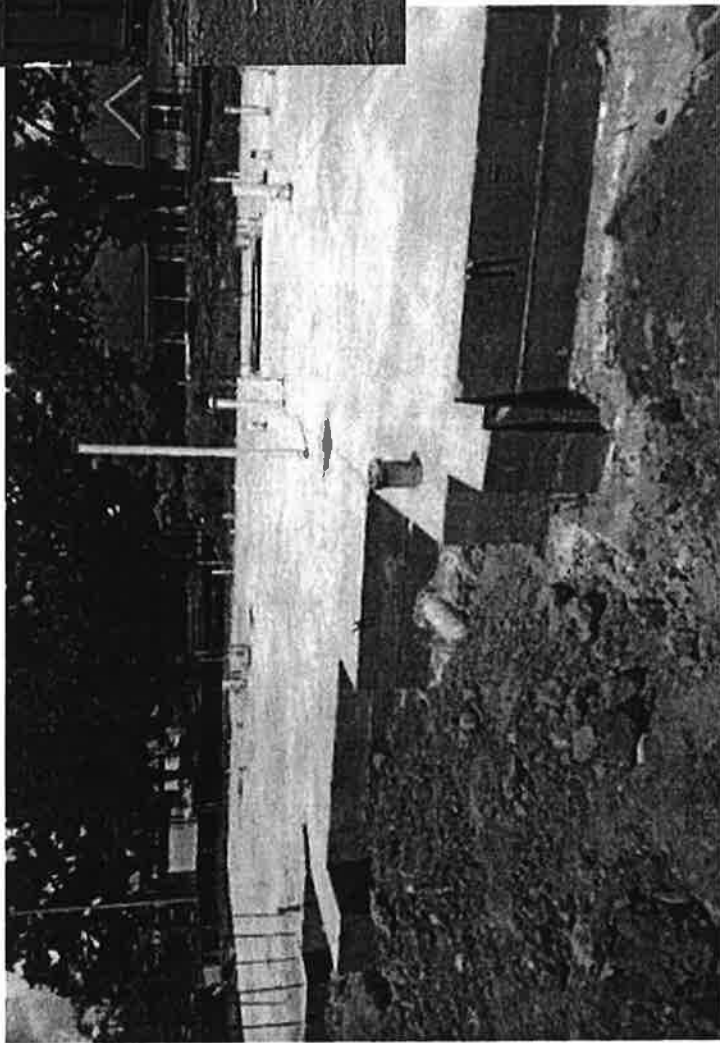


Phoebe



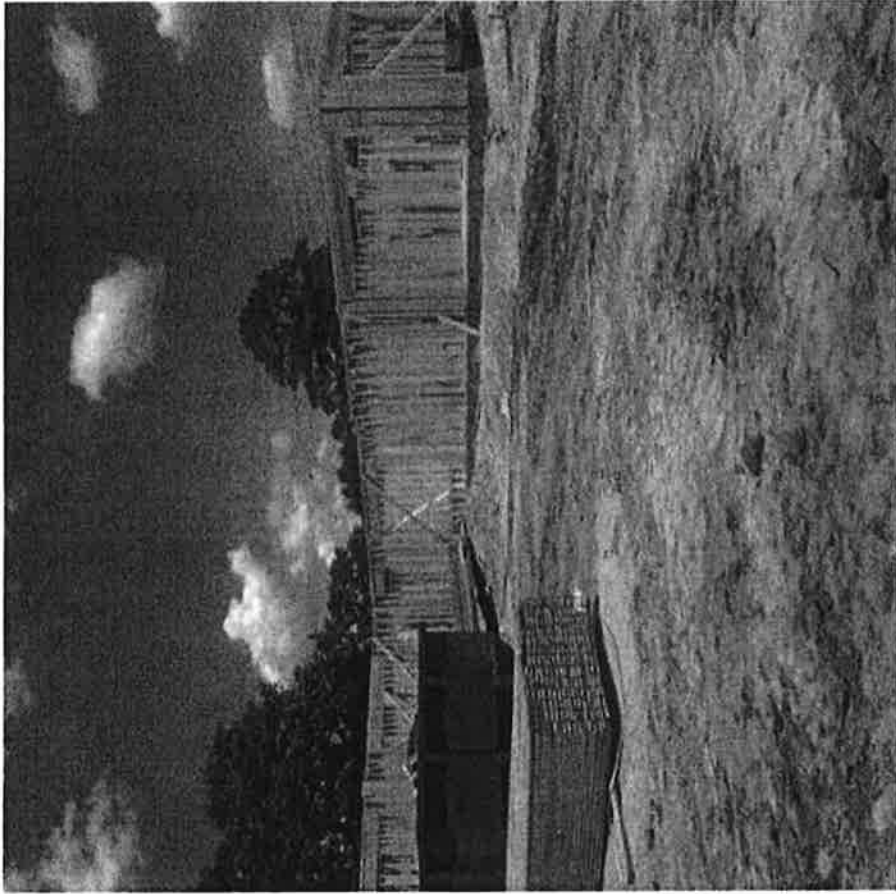
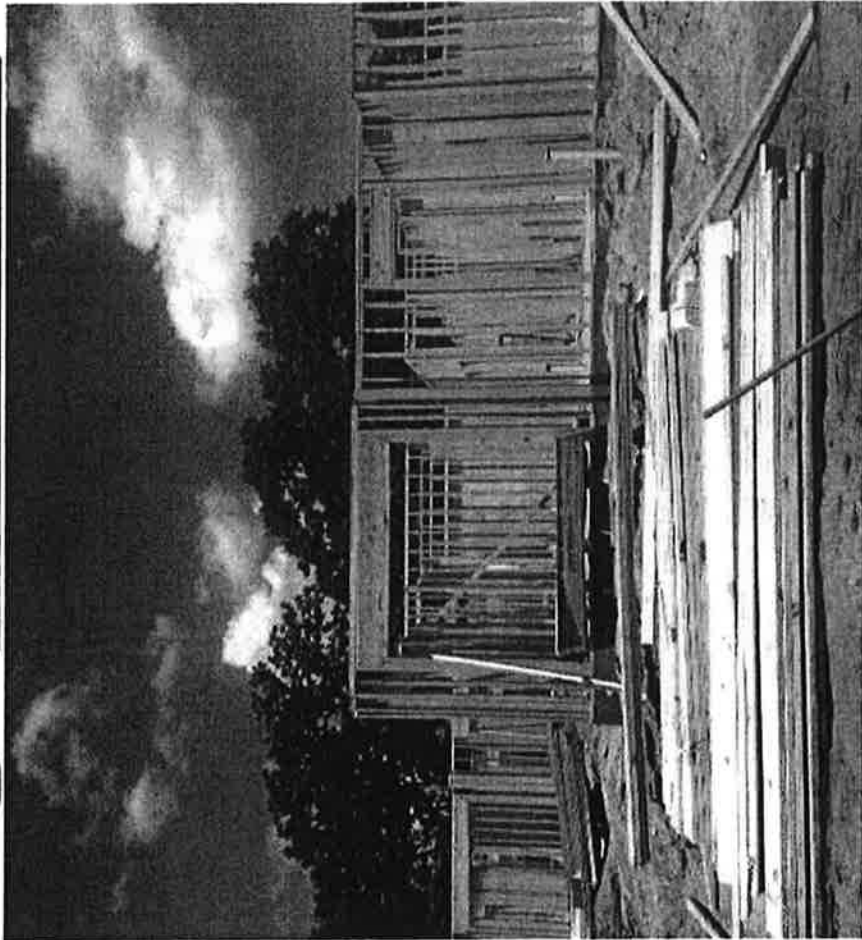


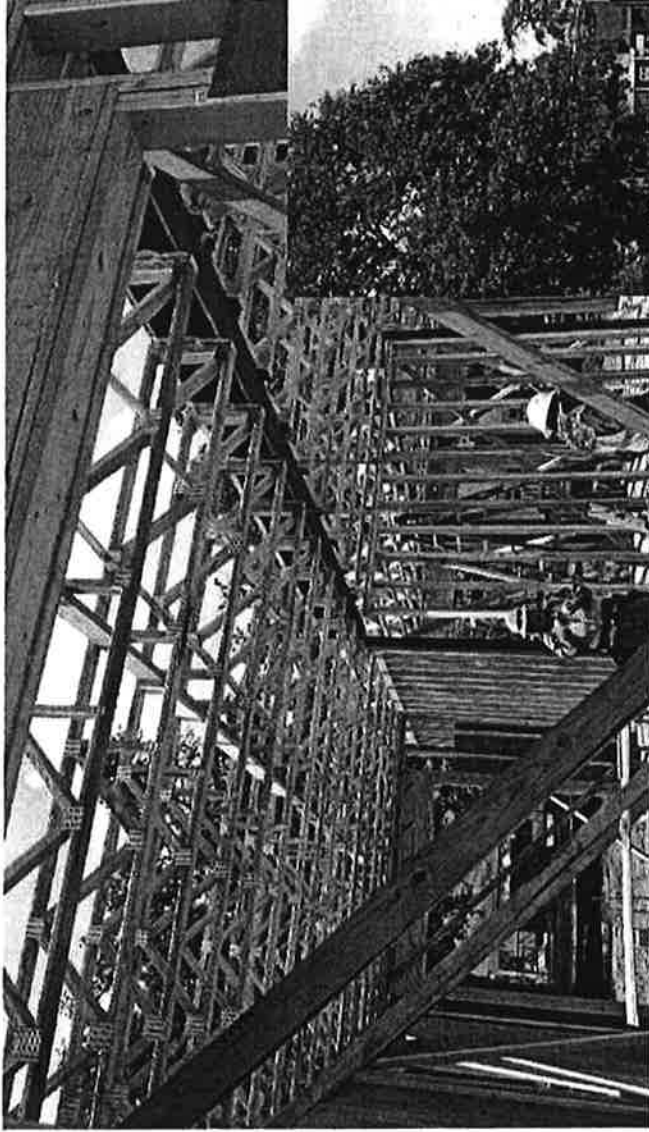
Phoebe





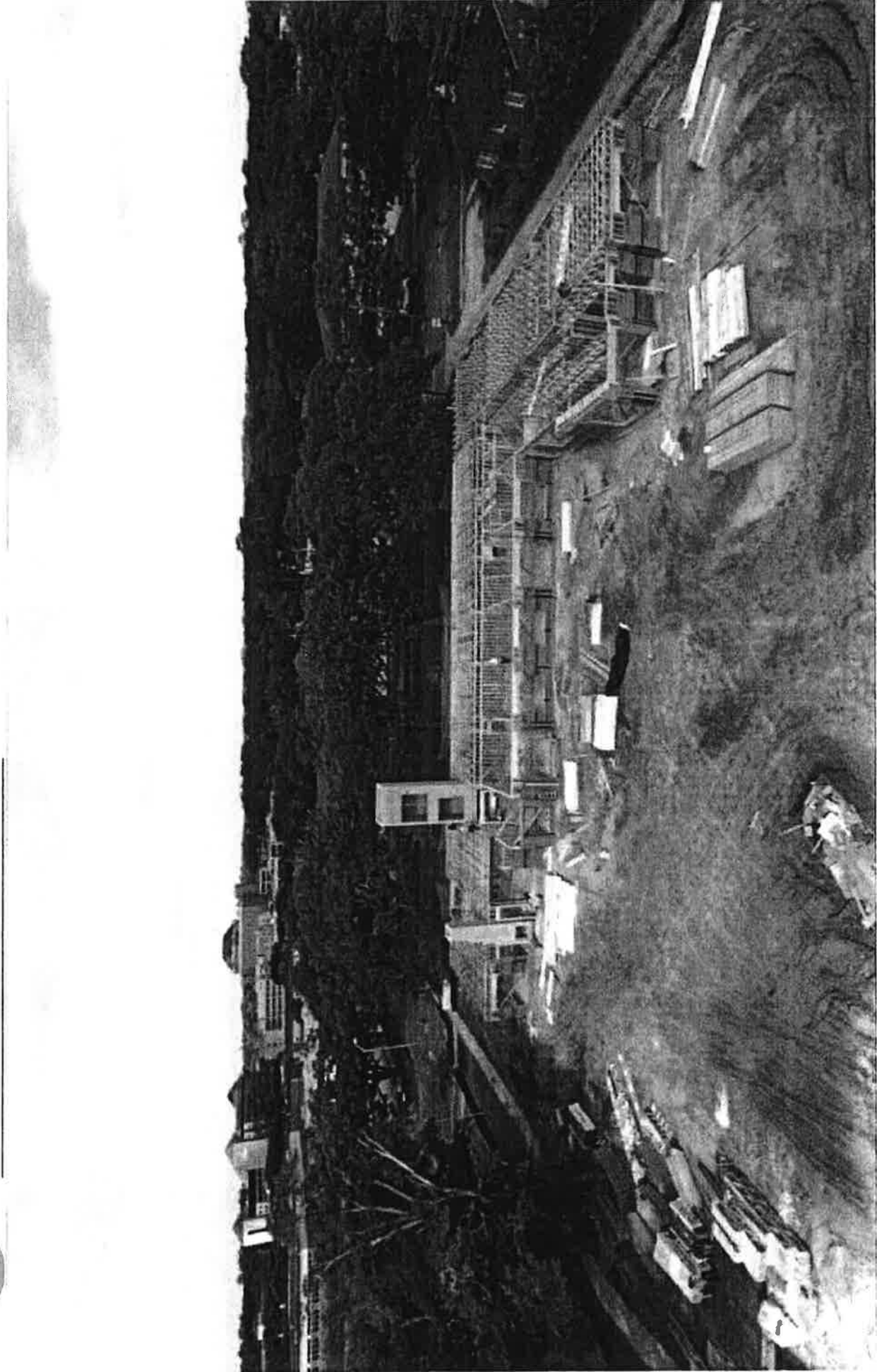
Phoebe







Phoebe



v<dJ



Phoebe

Facilities Update August 11, 2016

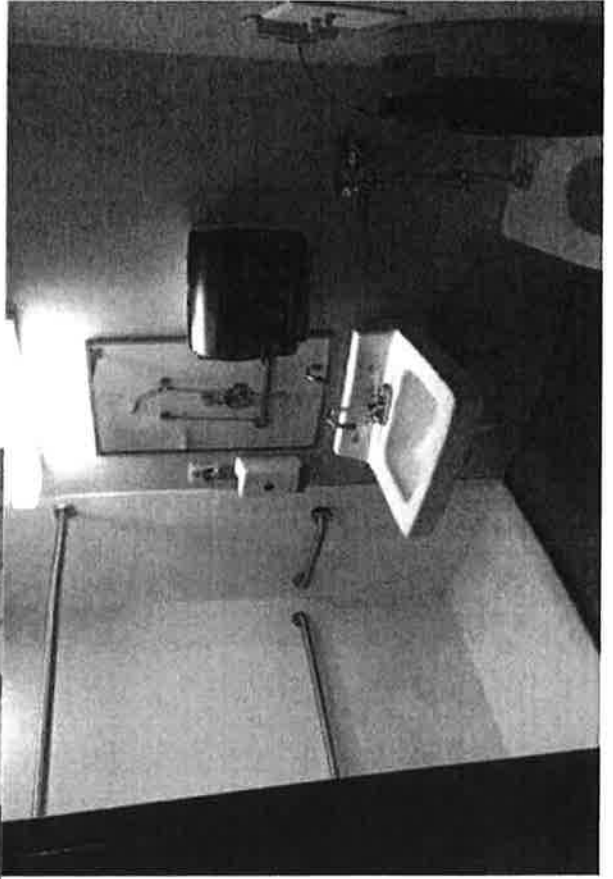
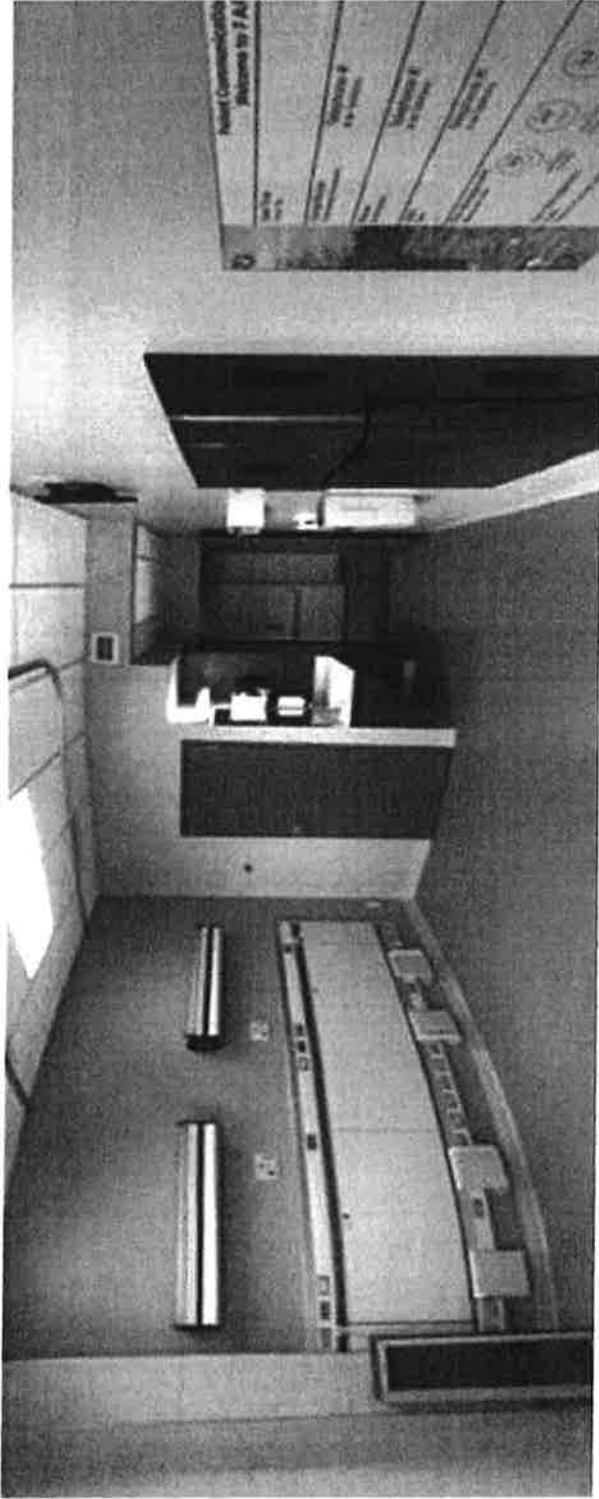


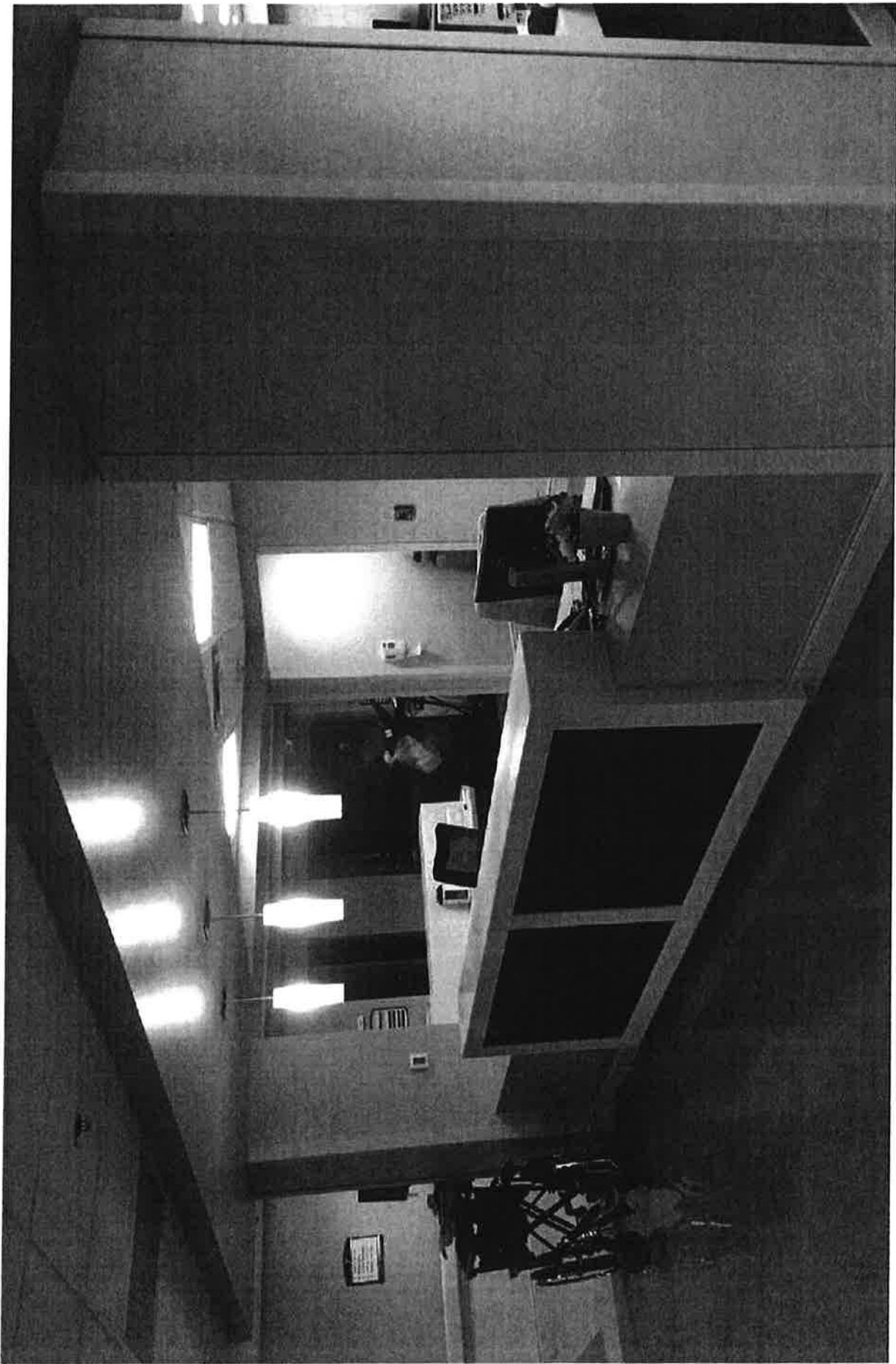
Phoebe

7AB Renovation Inpatient Oncology Unit



Phoebe





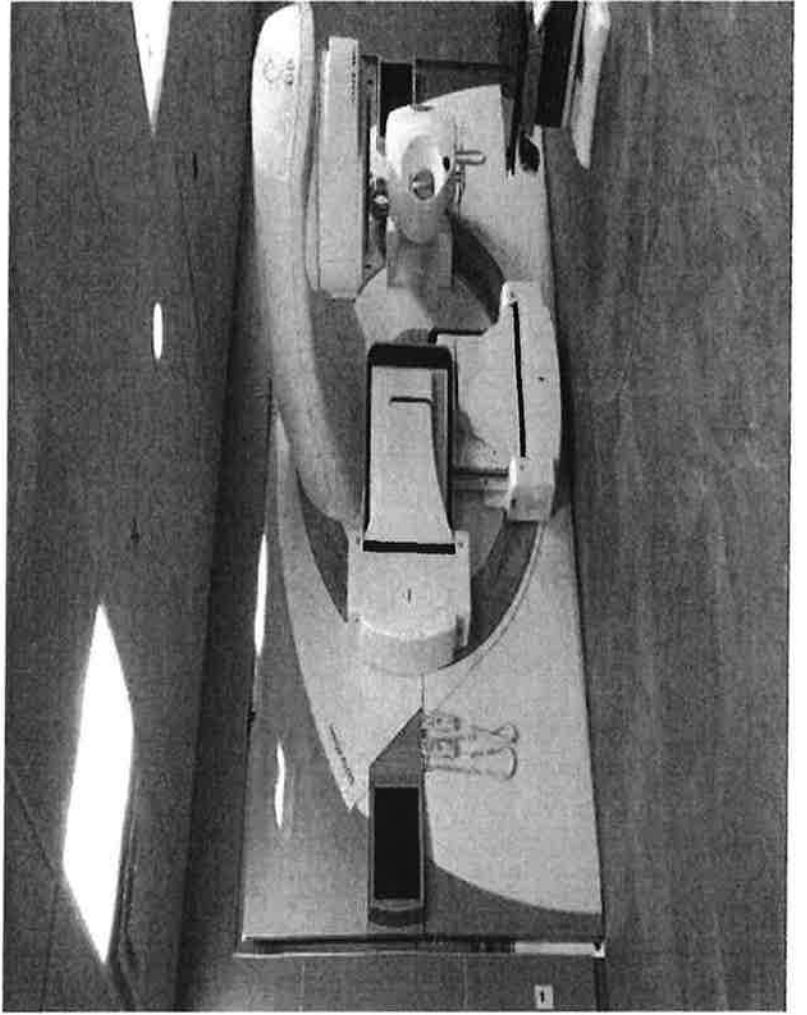
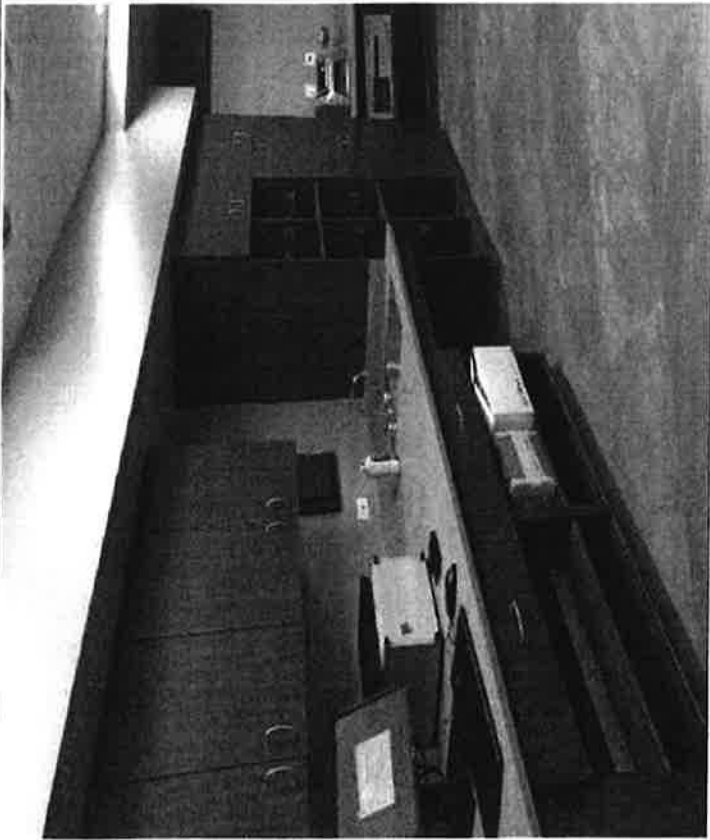


Phoebe

**LINAC Equipment
Replacement
Radiation Oncology
Services
Phase 1 - Complete**



Phoebe



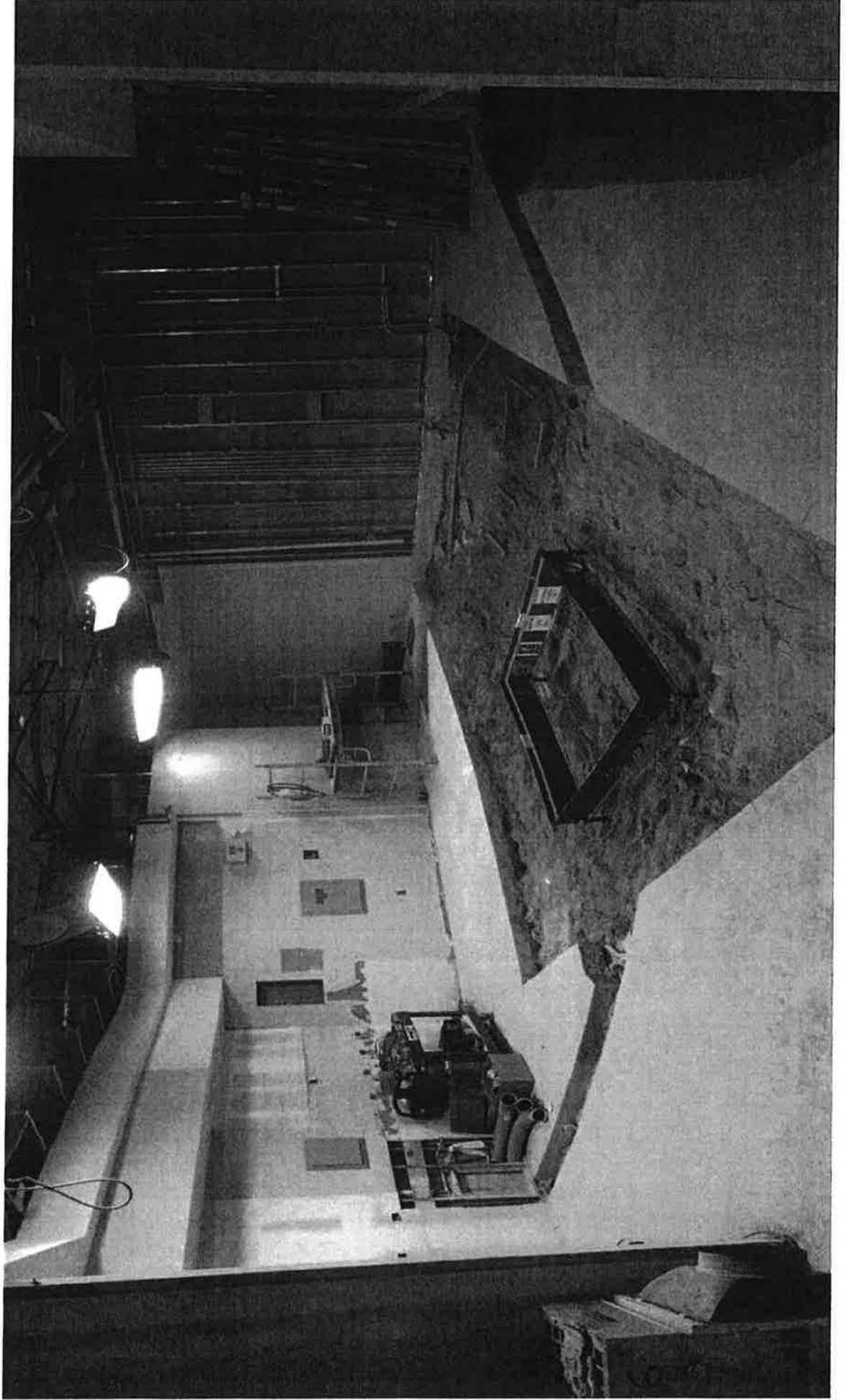


Phoebe

**LINAC Equipment
Replacement
Radiation Oncology
Services
Phase 2 - Ongoing**



Phoebe



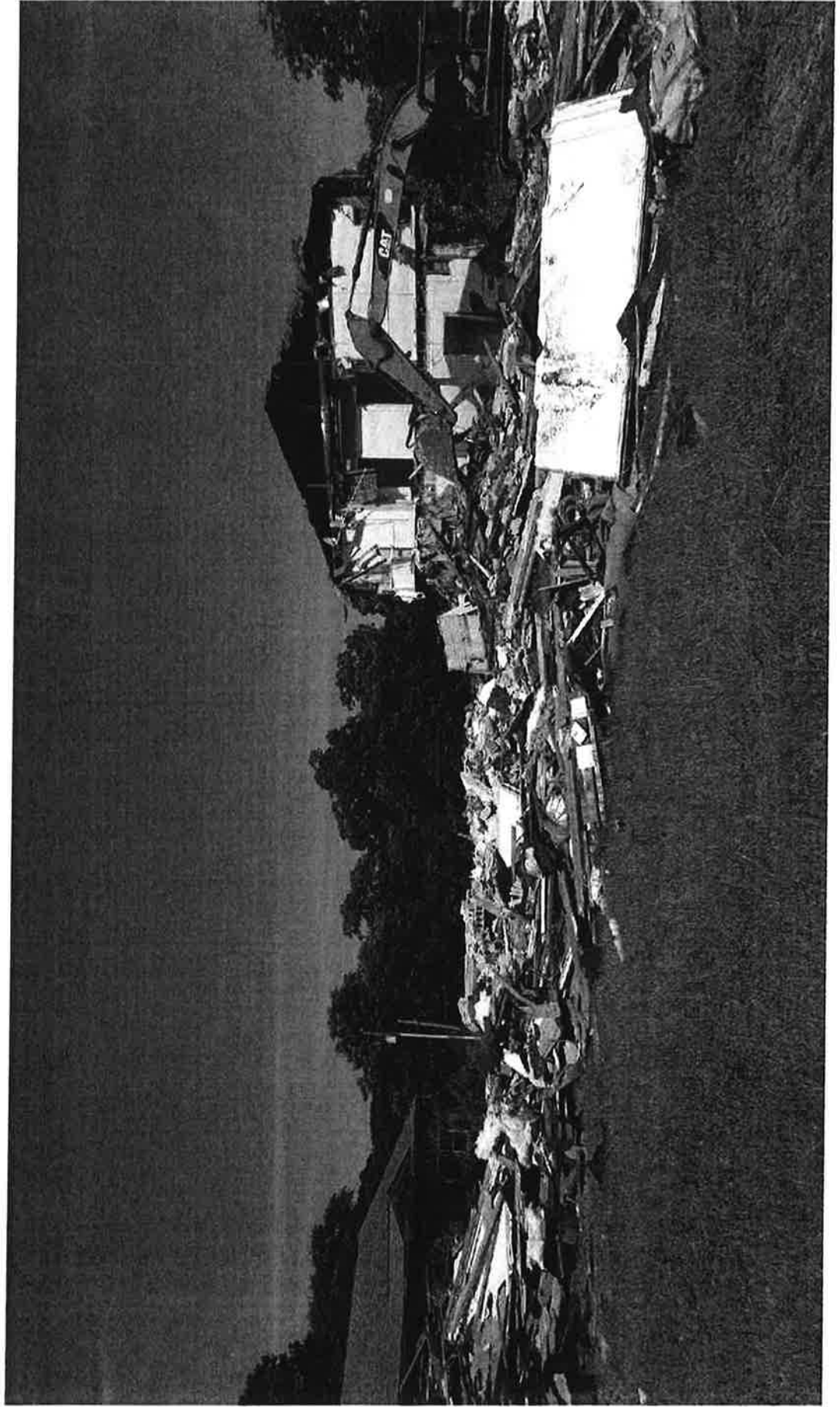


Phoebe

Camilla Medical Office Building

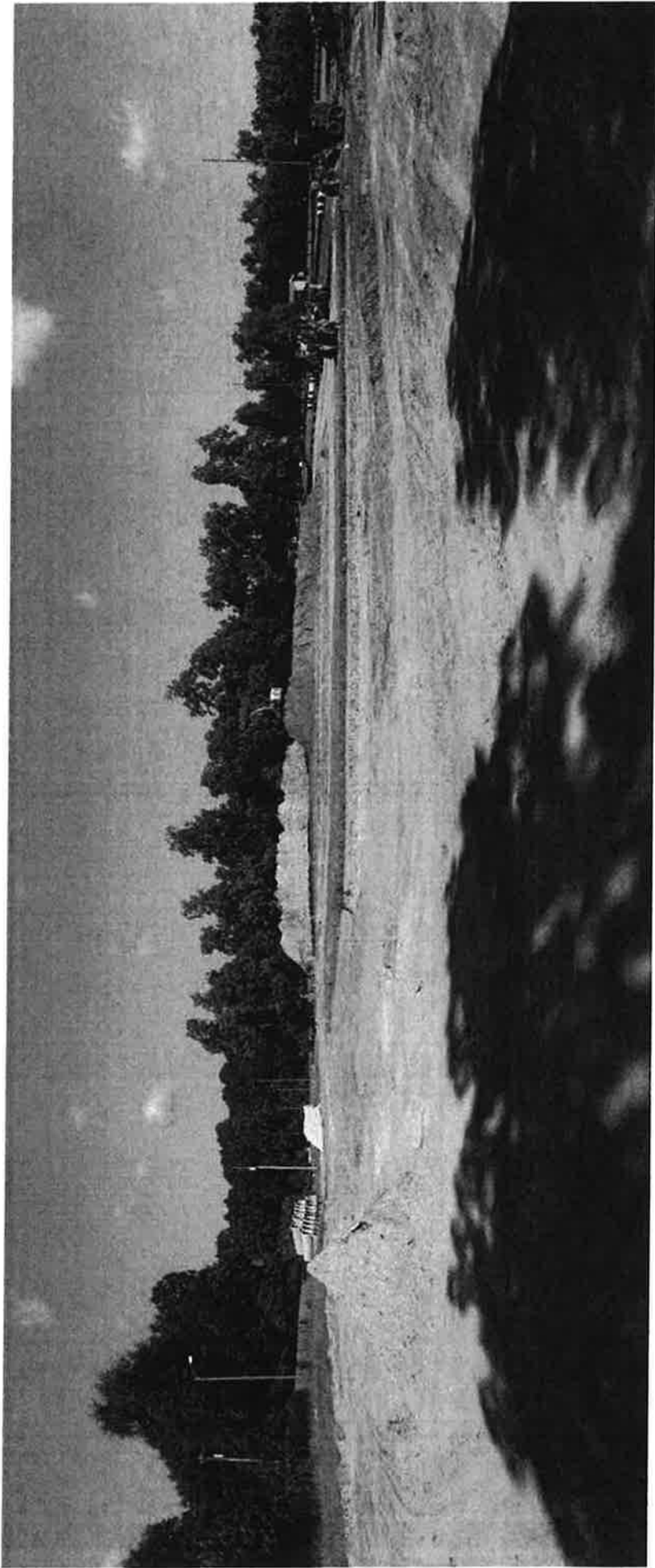


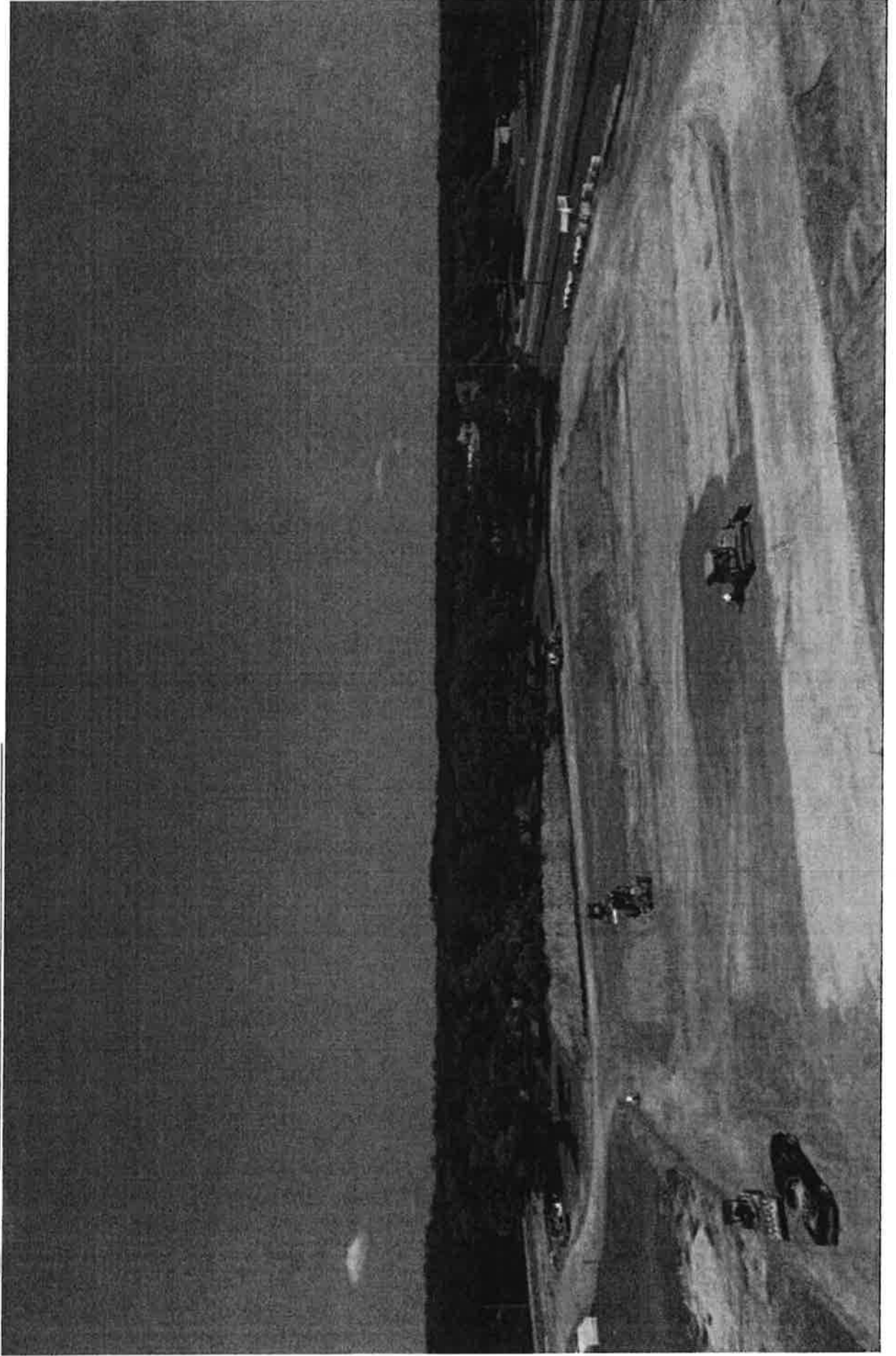
Phoebe





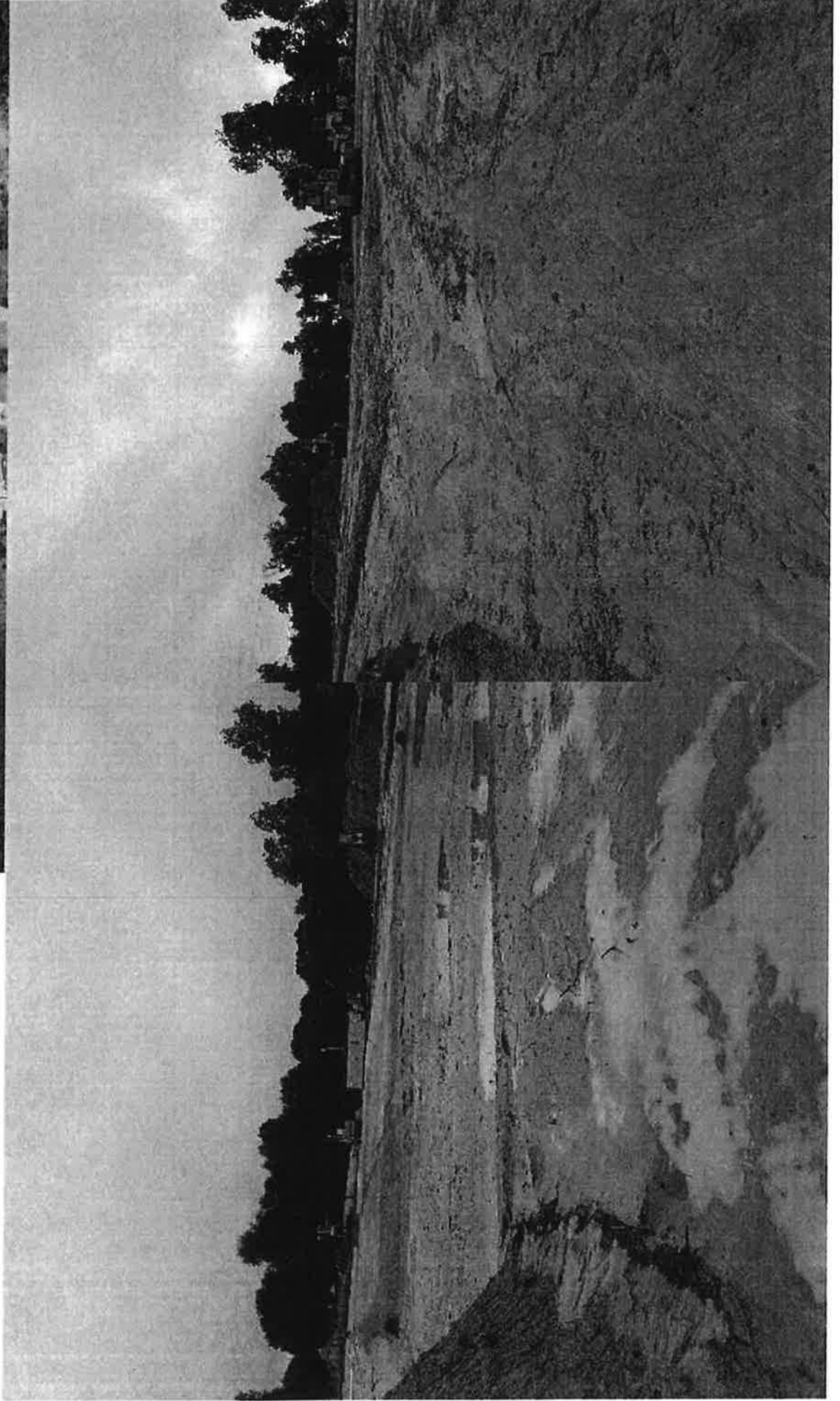
Phoebe

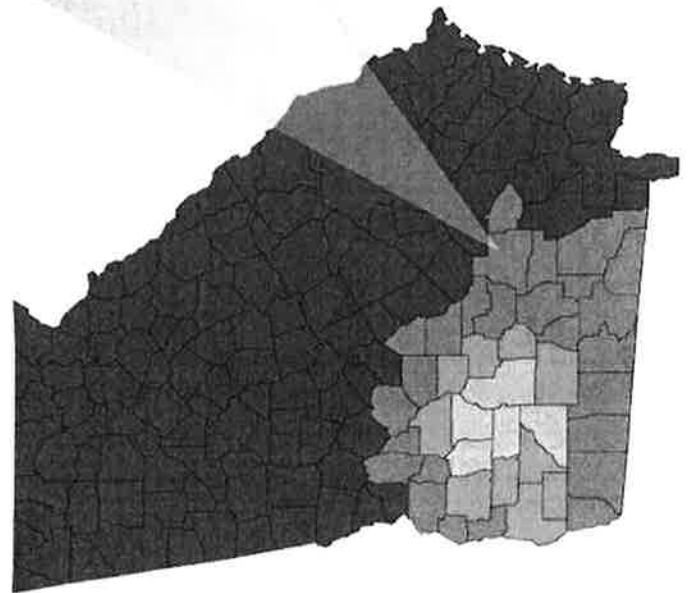
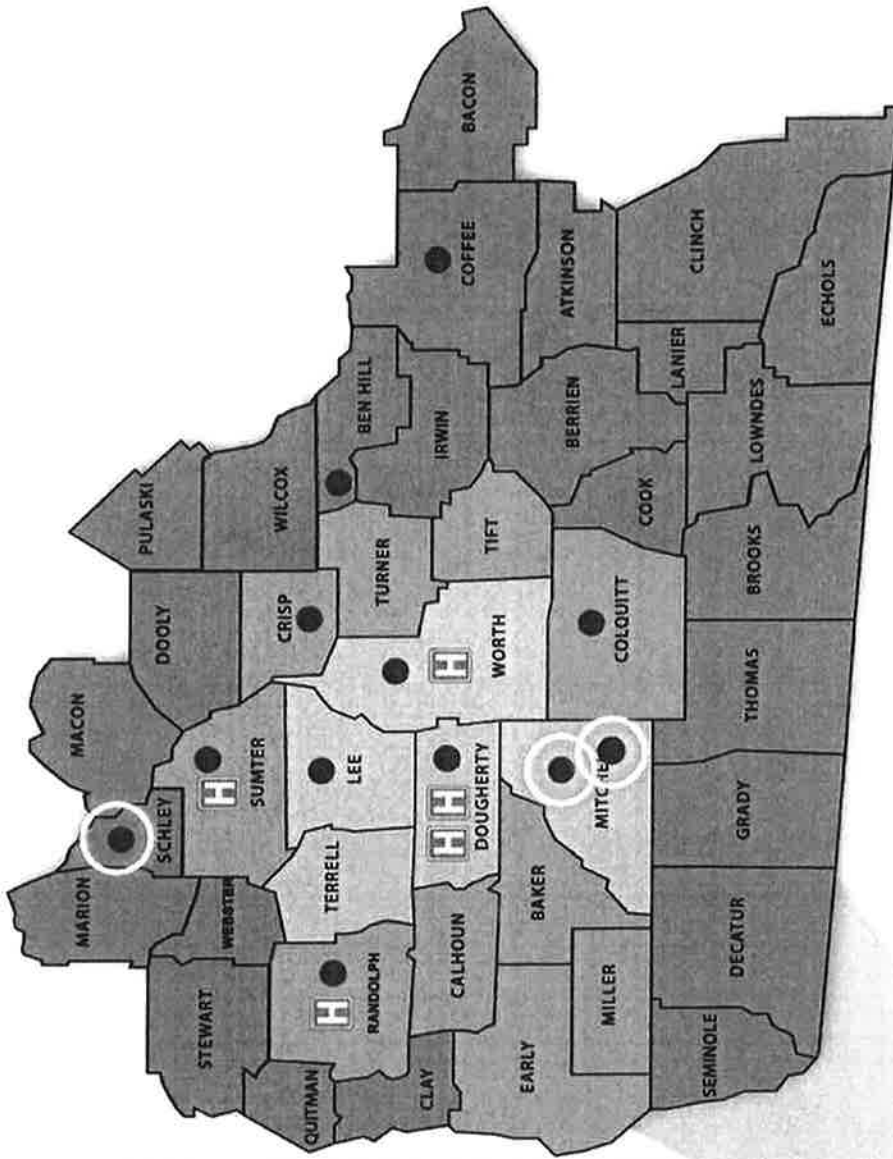






Phoebe



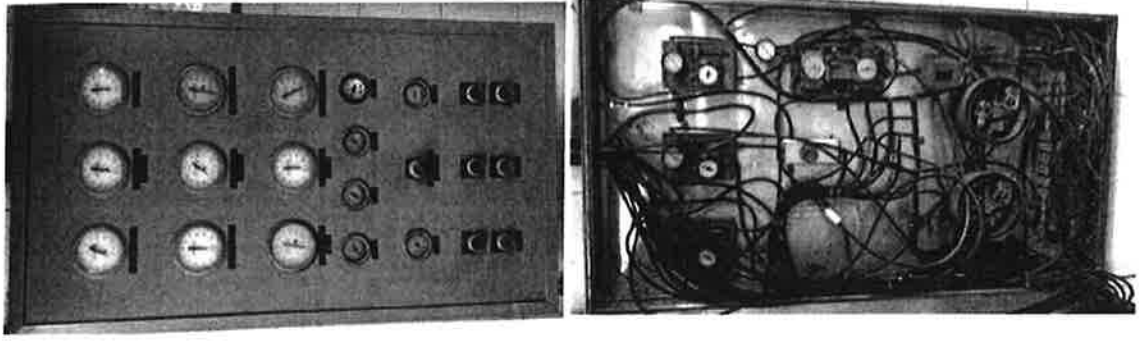


- Phoebe Putney Memorial Hospital Primary Service Area
- Phoebe Putney Memorial Hospital Secondary Service Area
- Phoebe Putney Memorial Hospital Tertiary Service Area
- Phoebe Putney Health System Hospital Facilities
- Phoebe Physician Group Practice Locations

Energy Reduction Project Update

from August 2013 through June 2016

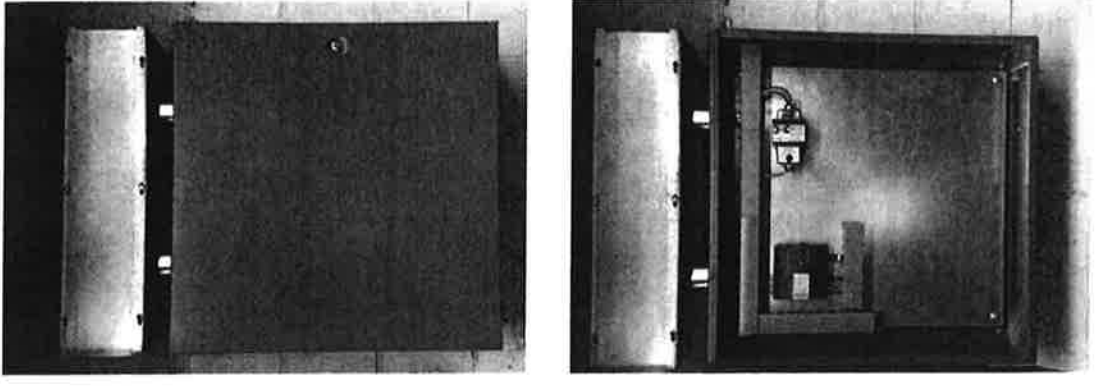
**Old Pneumatic
AHU Panel
outside & inside**



What we did...

- Enhanced our energy management control systems *and* Implemented Energy Management Programs to reduce usage of utilities
 - The project began by targeting most of the major air handlers , as well as the Central Energy Plant and Boilers..... this was the “low hanging fruit”
 - About 60 air handlers have been completed out of a total of 84 AHU’s, so roughly 25 air handlers remain to be converted

**New AHU Panel
outside & inside**

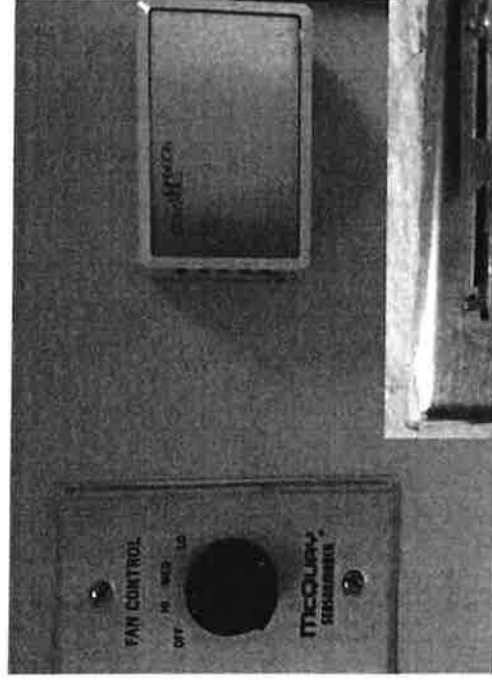


Energy Reduction Project Update

from August 2013 through June 2016

What we did continued...

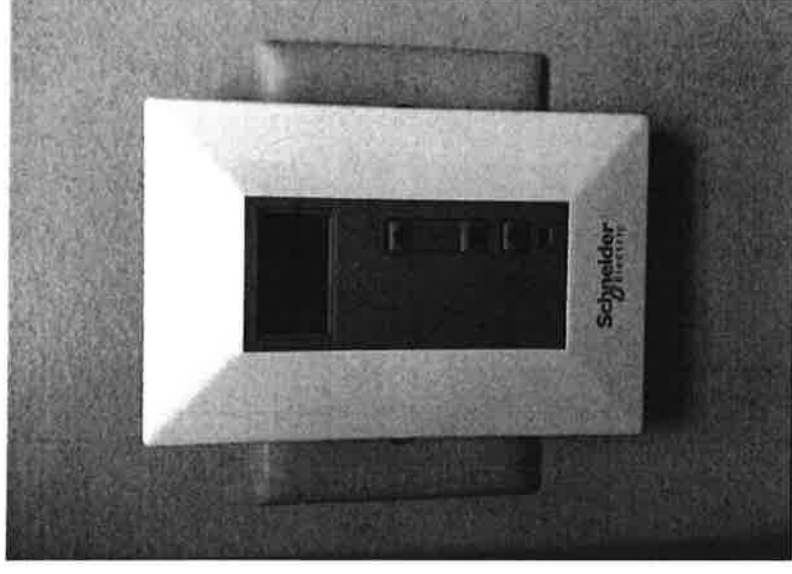
- Started with 900 pneumatic thermostats, down to 500 or less and continuing to change them out
- Pneumatic thermostat vs. Digital...
 - Pneumatic runs continuously vs. Digital uses energy only when needed and only how much needed



Thermostats

Old Pneumatic ←

→ *New Digital*



Energy Reduction Project Update

from August 2013 through June 2016

What we did continued...

In Main Hospital Completed	Outbuildings Completed	In Progress, Partially Complete
Central Energy Plant	Meredyth One	Emergency Center
Medical Tower 2	Family Tree	Labor & Delivery
Kitchen	Healthworks	Medical Tower One
DDC	Learning Center	Operating Areas - controls complete, adding occupancy sensors)
Lab	Northwest	Other major areas in Main Hospital
	Meredyth 2	

Energy Reduction Project Status Update from the beginning of August 2013 through June 2016

Why we did it...

- To reduce utility usage (conservation) and save dollars

What were the outcomes...

- Spent \$925,925
- Saved \$1,771,379
- Saved Total 18,421,312 kilowatt hours of electricity
- Saved Total 57,049 MMBTU units of natural gas

What's next?

- Projected continued savings through the end of FY16 and throughout FY17.
- Continue to change out pneumatic with digital controls throughout the hospital

Schneider Electric Award presented to PPMH In recognition of Green Building Initiative And Overall Energy Reduction Vision and Performance



STATE OF GEORGIA
COUNTY OF DOUGHERTY

AFFIDAVIT RELATIVE TO CLOSED MEETING

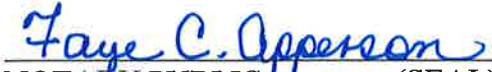
Personally appeared before the undersigned, Dr. Charles Lingle, who having been duly sworn, deposes and states as follows:

1. I am over the age of 18 years, I am suffering under no disabilities and I am competent to testify to the matters contained herein.
2. I am the Chairman of the Board of the Hospital Authority of Albany-Dougherty County, Georgia (the "Authority").
3. On August 11, 2016, at a meeting of the Authority Board, a motion was duly approved in a roll call vote for the Authority Board to go into closed session for the purposes of: (i) engaging in privileged consultation with legal counsel; (ii) to discuss potentially valuable commercial plans, proposals or strategy that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities; and (iii) to discuss confidential matters or information pertaining to peer review or provided by a review organization as defined in O.C.G.A §31-7-131.
4. To the best of my knowledge and belief, the business conducted during the closed portion of the meeting was devoted solely to the above matters for which the meeting was closed.

This the 11th day of August, 2016.


Dr. Charles Lingle

Sworn to and subscribed before me this
11th day of August, 2016.


NOTARY PUBLIC (SEAL)
Dougherty County, Georgia
My Commission Expires: 9-4-2018

