

To the Tribune, Sentinel and to the Community:

Since attending the forum Rural Health Clinics and the Future last week presented by the Patient's First team running for the Hospital District Board, we have received questions and noted concerns on information presented and comments made. Our desire is to address those questions and concerns. Below are statements made at the forum and our clarification:

1. The public is not invited to attend board meetings of the Hospital District

Response: The public is always welcome and encouraged to attend board meetings. They are typically held the 4th Thursday of each month. Agendas are posted prior to the meetings at the Clinic, Custer County Courthouse, Silver Cliff Town Hall, Westcliffe Town Hall and the Library

2. The clinic and EMS are two separate organizations

*Response: Per the Hospital District service plan **"The purpose of the West Custer County Hospital District is to promote the availability of medical and nursing services and facilities on an established business hour basis. The District will also furnish ambulance service providing 24-hour emergency coverage. The District will take over the function and facilities of the existing Custer County Medical Foundation and the Ambulance Corps."** The service plan also states **"The Ambulance Service personnel will be supervised by Clinic staff personnel.** The service plan is posted on our web page.*

3. The mill levy passed was to guarantee a second crew and that there has been more than one mill levy passed for EMS

*Response: The mill levy passed in 2014 and assessed in 2015 is the one and only mill levy that restricts the use to EMS. That mill stated **"SHALL CUSTER COUNTY TAXES BE INCREASED UP TO \$280,000 ANNUALLY 'FOR THE TAX COLLECTION YEAR 2014' AND BY SUCH ADDITIONAL AMOUNTS RAISED ANNUALLY THERAFTER BY AN AD VOLREM PROPERTY TAX MILL LEVY IMPOSED AT A RATE OF UP TO THREE '3' MILLS OR SUCH LESSER RATE AS THE WEST CUSTER COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS SHALL DETERMINE, AND DEDICATED SOLEY TO PAY THE COSTS OF EMERGENCY MEDICAL AMBULANCES SERVICE, AND SHALL NOT BE USED TO SATISFY ANY OTHER OBILIGATIONS OF THE DISTRICT"**. The mill levy allowed the Hospital District to take the EMS personnel from volunteer to paid status having one crew on 24/7.*

4. The administration of the clinic is withholding EMS money to fund administration salaries

Response: No restricted funds from the 3.0 mill levy are withheld from EMS operations. There are administrative costs allocated to EMS such as staff to process payroll and billing, insurance premiums, and does include an allocation for executive and financial oversight of EMS operations. To help offset those administration and other operating costs, an additional ½ mill from the remaining 4.908 mill levy funds is allocated to EMS. All mill levy money is audited annually to ensure proper restrictions and allocations are met.

5. If there is second EMS call you are out of luck

Response: Having personnel to respond to a second call has been and continues to be a challenge. Solutions continually are discussed. In 2017 the Hospital District successfully secured mutual aid agreements from seven surrounding EMS agencies who will respond to our community should a crew not be available. Also implemented was allowing drivers on the EMS Roster. When a driver is available to assist an EMT, it frees up the other EMT on shift to stay local to take that second call.

6. We need to train our own EMS personnel locally

Response: Recently two Custer County EMS employees received their training certificates to be EMS Instructors. Plans are in place to offer a class locally to those interested in becoming an EMT. Dates will be announced in May 2018. A strong attendance from the community may greatly assist in having personnel available for a second call.

7. Administration Costs have become excessive in health care. The Hospital District is at 36%

Response: Administration costs can be categorized differently within any organization. The administrative costs of the Hospital District have remained steady over the past several years at 17%. Administration costs for the Hospital District includes the employee positions of Executive Director, Finance Manager, Office Manager, Receptionists, Coder, Patient Navigator, and Business Support Assistant as well as Workers Compensation Premiums, Office Supplies, IT expenses and support, Marketing and Training.

8. The clinic write off of over \$1,000,000 last year

Response: The processes for medical billing and write-offs is complicated. The clinic has a master listing of all gross charges/prices for the services it offers. Government regulations and commercial contracts do not pay those gross charges and the clinic is mandated by law to write those gross charges down. The clinic books revenue at gross charges. The \$1,000,000 mentioned above is a result of those mandated write-downs. This is standard practice in the medical community. The percent the clinic does write off due to bad debt has been holding at 1%.

9. There is no transparency and Board Minutes/Financial information is not provided to the public

Response: Board Minutes and Financial records are open to the public and may be requested at any time. Audits, summary financial statements, monthly board minutes and current budgets are published on our web site. Administration staff has an open door policy for questions and concerns.

10. The clinic will not suture a patient

Response: Per 2017 coding records there were 491 surgical procedures performed by our providers.

11. The clinic cannot provide appropriate care without a physician and there is no physician on staff

Response: Per RHC regulations, the clinic must have MD supervision. Dr Gayle Riley provides this supervision and is seeing patients. Drs John and Ginger Smith are still on the roster as PRN physicians. Having a higher ratio of nurse practitioners to medical doctors is common in many medical facilities, especially rural health clinics. Nurse practitioners have prescriptive rights and are licensed to provide complete and comprehensive primary, acute and specialty patient care. Information and statistics about Nurse Practitioners can be found at www.aanp.org.

12. The Hospital District has only made \$20 profit per year over the last 3 years

Response: Audited financial records show a Net Profit before Capital Contributions to the Hospital District to be \$98,953 and \$147,562 for 2016 and 2015 respectively. For 2017 the unaudited Net Profit before Capital Contributions is expected to be \$62,317.

13. To attract more providers, we need to bring back medical students to train at the clinic

Response: The Hospital District already has an active training contract with CSU-Pueblo. Charlotte Stark, NP, provides oversight and training at our facility to a CSU Nurse Practitioner Student each semester.

14. The Patient First Brochure implies the the clinic does not accept walk-ins

*Response: The clinic holds spots open daily for urgent needs. All walk-ins are triaged by our nursing staff. **No true emergency is ever turned away.** If a walk-in is deemed not to be an emergency by medical personnel, the patient is offered the next available appointment – many times that same day.*

15. The Patient First Brochure states that throughout the State of Colorado, EMS is part of the Fire Department

Response: EMS being with fire is not unusual, but not absolute. Walsh Colorado has an EMS with their clinic. Spanish Peaks Hospital provides EMS for Huerfano County. And many EMS services are stand-alone Special Districts. Some areas contract with private ambulances services like AMR. Canon City, Pueblo and Colorado Springs all do that. No matter what the model, the 911 mission stays the same--responding and saving lives.

We encourage the public to contact to the Hospital District with any questions or concerns they have. The Hospital District web page is www.custercountyclinic.com.

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