



**BOARD OF DIRECTORS**  
**SPECIAL BOARD MEETING MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
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<p><b>PRESENT AT MEETING:</b></p>	<p><b>Board Members:</b> Roger Kahn, President; Larry Long, Treasurer; Karen Sessler, M.D., Secretary  <b>Staff:</b> Bob Schapper, CEO; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Lynn Barr, Chief Innovation Officer; Joan Sevy-Majers, RN, Interim, Chief Nursing Officer; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Janet Van Gelder, RN, Medical Education; Terri Schnieder, Director, Medical Staff Services; Jeanne McAuliffe, Executive Assistant  <b>Others:</b> Shawni Coll, D.O.; Carl Gerlach, Barry Bittman, M.D.</p>	
<p>1. <b>Call to Order</b></p>	<p>Mr. Kahn called the meeting to order at 9:40 a.m.</p>	
<p>2. <b>Roll Call</b></p>	<p>It was noted that a quorum was present.</p>	
<p>3. <b>Clear the Agenda/Items Not On the Posted Agenda</b></p>	<p>The agenda was cleared. There were no changes to the agenda as posted.</p>	
<p>4. <b>Input -- Audience</b></p>	<p>Audience input was sought, but none was offered.</p>	
<p>5. <b>Operationalizing Healthcare Reform – Engaging Physicians and Developing New Models of Care</b></p>	<ul style="list-style-type: none"> <li>• Mr. Schapper introduced Carl Gerlach, who is working with the District in helping redesign service lines;</li> <li>• Ms. Barr stated:                             <ul style="list-style-type: none"> <li>✓ The purpose of this meeting is we have a vision;</li> <li>✓ What are the operational steps that will take us from our vision to reality in 11 months;</li> <li>✓ What haven't we thought about?</li> <li>✓ Dr. Bittman is here to share his experience, what worked and what hasn't;</li> </ul> </li> <li>• Dr. Bittman stated:                             <ul style="list-style-type: none"> <li>✓ He had the opportunity to tour the hospital this morning;</li> <li>✓ It is phenomenal, the staff is wonderful and enthusiastic;</li> <li>✓ His sense is that this hospital is already a leader;</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>✓ The District is in a perfect place to start this project;</li> <li>✓ He isn't in favor of starting 12 hospitals at once, it is important to develop the project at this hospital first;</li> <li>✓ He doesn't believe in operating by committee, just need 2 or 3 to move the project forward;</li> <li>✓ He doesn't believe in a full roll out, he believes in a progressive, strategically, logical roll out;</li> <li>✓ Start out small, let the project dictate the pace;</li> <li>✓ Don't redesign everything, use what others have done;</li> <li>✓ In general, hospitals don't collaborate well</li> <li>✓ The most powerful thing is outcomes, when you can show CMS how well you're doing it would be hard for them to turn you down;</li> <li>✓ Grow this project from within the organization first;</li> <li>✓ The reason people come to Tahoe Forest Hospital is because the care is better, you have a wonderful team of physicians;</li> <li>✓ In order to ensure that a patient's care is consistently high quality throughout the system is by the Community Care Network (CCN);</li> <li>• Ms. Barr stated:             <ul style="list-style-type: none"> <li>✓ On the list of top hospitals in the nation, there aren't any teaching hospitals listed;</li> <li>✓ The other hospitals are focusing on quality patient care, they understand that is the key;</li> </ul> </li> <li>• Discussion was held about referrals to other hospitals;</li> <li>• Dr. Bittman stated:             <ul style="list-style-type: none"> <li>✓ Providing extraordinary quality of care isn't the only thing hospitals have to be concerned with, care must be delivered more cost effectively;</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>✓ Hospitals are deeply engrained in the fee for service model;</li> <li>✓ Hospitals have to re-engineer themselves to think differently;</li> <li>✓ Things that are done now may not continue and things that aren't being done now might be done in the future;</li> <li>✓ The triple Aim is the key;</li> <li>✓ He believes that the hospitals that will be hardest hit will be the large tertiary centers;</li> <li>✓ The biggest mistake in healthcare in the last five years is the buy-out of the community hospital by the larger system;</li> <li>✓ What his organization did, was develop a health coach model, where they could get additional assistance at no cost to them by working with the colleges;</li> <li>✓ They got a grant from Blue Shield, it took over a year to negotiate;</li> <li>✓ The insurers are looking for other ways to make money without the high risk;</li> <li>✓ He suggested that the District approach their insurance company and show them what you can do, get them on your side;</li> <li>• Discussion was held, highlights as follows:             <ul style="list-style-type: none"> <li>✓ Managed care in the '90's failed because it didn't have a quality component;</li> <li>✓ A question was asked about how the second homeowner fits into this;</li> <li>✓ Dr. Bittman responded that the CCN be developed, then provide a concierge service that second home owners pay extra for;</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>✓ A question was asked about if there is a way to determine how effective the CCN model will be based on data;</li> <li>✓ Dr. Bittman responded that he believes there is great care in this community, the quality is outstanding, but outcomes and costs can be improved by managing your patients;</li> <li>• Mr. Schapper stated                             <ul style="list-style-type: none"> <li>✓ It is important to be able to collaborate with our physicians to collect data regarding referrals;</li> <li>✓ How do we advance this collaboration and the capacity for sharing data without it being threatening?</li> </ul> </li> <li>• Discussion was held about insurance rates;</li> <li>• A question was asked, how can we improve the health of our community;</li> <li>• Dr. Bittman responded:                             <ul style="list-style-type: none"> <li>✓ That has been the challenge, how can you get people to behave differently;</li> <li>✓ The health coaches get people to start changing behaviors;</li> <li>✓ The health coaches are non-threatening;</li> <li>✓ Partner with everyone you can in the community, the hospital cannot do this alone;</li> </ul> </li> <li>• A question was asked about substance abuse and mental health;</li> <li>• Dr Bittman stated:                             <ul style="list-style-type: none"> <li>✓ You have to be extraordinarily careful in this area;</li> <li>✓ Mental health patients use 60% more healthcare per year than others;</li> <li>✓ He currently has 3 counseling interns who are working</li> </ul> </li> </ul>	



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	<p>on their PhD that he uses;</p> <ul style="list-style-type: none"> <li>• Mr. Schapper stated that statistics show that 80% of newly retired professionals are clinically depressed. He asked Dr. Bittman how the retirement community is handled in his community;</li> <li>• Dr. Bittman responded that they have a screening model that they use;</li> <li>• Mr. Schapper asked if they have had any collaboration with Medicaid;</li> <li>• Dr. Bittman responded that they are putting a team in the Medicaid clinic to supplement</li> <li>• A question was asked if Dr. Bittman would share some of the pain points that happened along the way;</li> <li>• Dr. Bittman stated:                             <ul style="list-style-type: none"> <li>✓ He spends 90% of his time planning and 10% implementing;</li> <li>✓ They planned for all the problems that could happen;</li> <li>✓ He has spent the last two decades creating the Mind Body Wellness Center that works together with the CCN;</li> <li>✓ A “Bridge Program” was set up, which they coordinated with Blue Cross/Blue Shield, which he explained;</li> </ul> </li> <li>• Questions and discussion was held regarding Emergency Rooms, Urgent Care Centers and EMTALA issues;</li> <li>• Mr. Bittman stated that the purpose is to develop a coordination of care.</li> </ul>	
6. <b>Board Members Reports/Closing Remarks</b>	There were none.	
7. <b>Adjourn</b>	The meeting adjourned at 12:50 p.m.	