

BIRHC 2018 Update

Presented by Dr. John Martin

Today's talk

What is a “Rural” HC

Financials

Clinic numbers

Staffing

EMS

Hosp. Affiliations

Dental

New stuff:)

EMR

Health Advisories

Priorities

“Rural” as it applies to a HC
defines operational rules and
guidelines by the state

Could we be designated as a
“Hospital”?

Yes

We meet all the requirements to be
designated

“Critical Access Hospital”

Having inpatient beds is not a requirement for
qualifying as a “Hospital”

BIRHC choses to stay in the category of “Rural” as the costs of maintaining regulatory requirements are much less

Being the most remote HC in the state does however require some rule exceptions when functioning under the designation of “Rural”

In the past 2 years Dr Martin has met face to face with the following people to assure we have the exceptions we need, and to assure we are doing everything right by the state

Nick Lyon, Director of Mi HHS

Jim Haveman, immediate past Director of Mi-HHS

Congressman Jack Bergman

Matt VanKuiken, Chief of Staff for Senator Stabenow

John Barnas, Director Mi Center for Rural Health

Crystal Barter, Director of MI-RH Performance

Improvement

Brian Peters, CEO MHA

BI is unique in the state as a “Rural” facility. Given our remoteness we are given exceptions such as;

We can accept patients from EMS

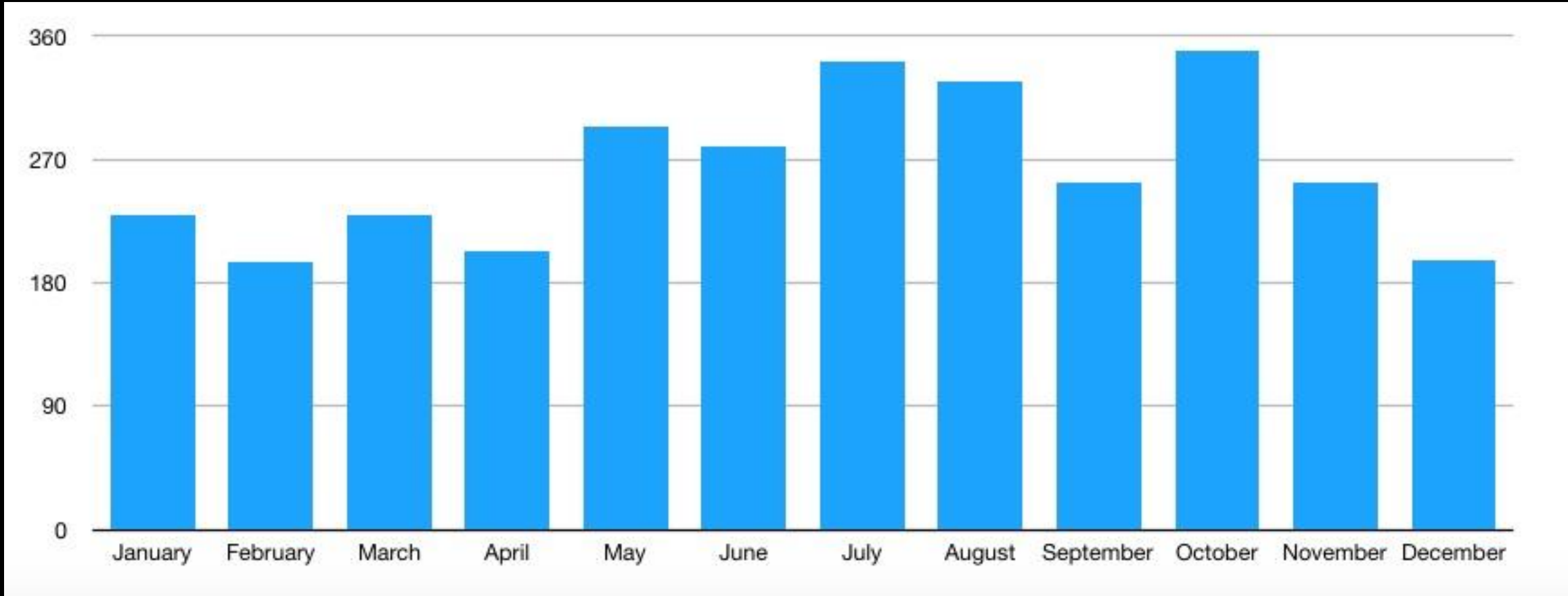
We can keep patients overnight.

Our mandate from the state “Do what you believe to be right for the patient”

Questions regarding
our “Designation”?

Numbers of Patients Seen

	2017
January	230
February	195
March	230
April	203
May	294
June	279
July	342
August	327
September	253
October	349
November	253
December	197
	3152

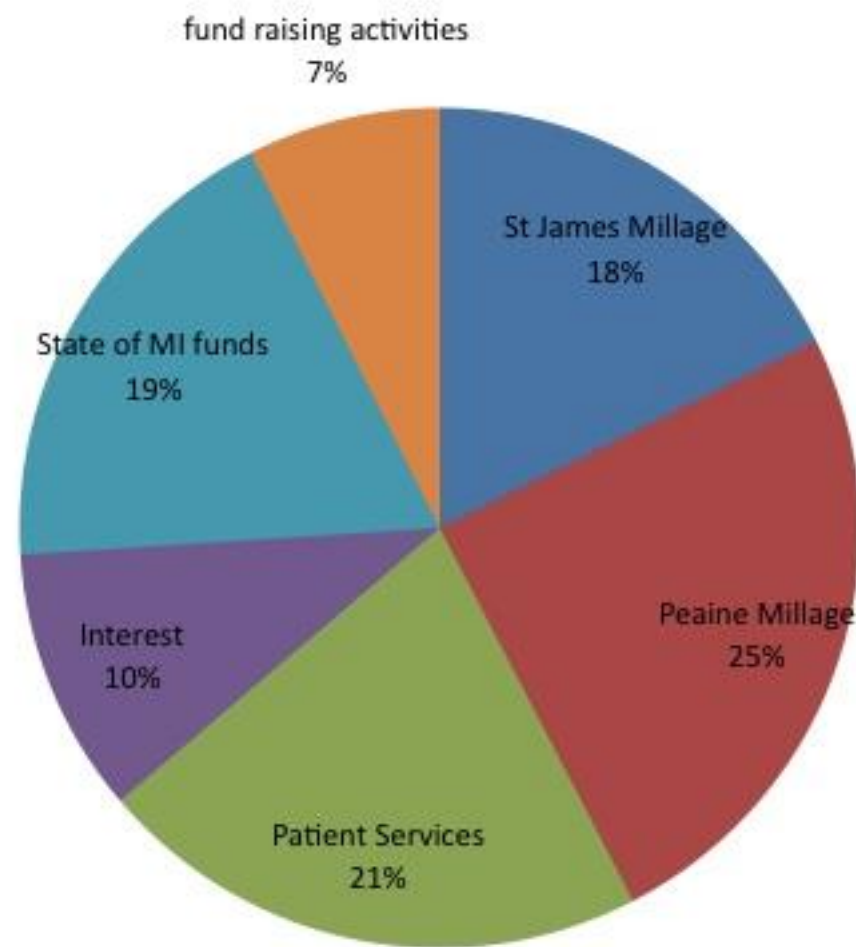


2013	2014	2015	2016	2017
2678	2563	2679	3111	3152

Note: 2018 numbers lower so far, similar to year 2015 pace

Any questions regarding number
of patients seen?

Financials



- St James Millage
- Peaine Millage
- Patient Services
- Interest
- State of MI funds
- fund raising activities

81% of BIRHC funding
is local

Why does BIRHC require local tax dollars and donations?

Private Urgent Care and FP offices on the mainland seem to do ok without such help??

We do things they
don't!

Examples

We take all comers, regardless of insurance or ability to pay

This is rarely the case in private practice

We draw blood and ship it

Because of costs private practices refer blood draws to hospital or lab

For example, our cost (staff, materials, shipping) is about \$32/draw. Medicare pays us \$3.80 for the service, medicaid almost nothing

We dispense short term meds to cover until Rx can be delivered

Clinic has to purchase these meds and we do not get reimbursed

This is essentially unheard of in private practice

The clinic provides coverage 24/7

*Clearly almost never offered by
FP's in private practice*

Specialty Services

BIRHC either charges nothing or very little for specialist to visit and see patients.

There are many other examples but the bottom line is BIRHC is a non-profit for and by the island residents and visitors

Questions about
financials?

Staffing Update

The search for a new NP

Things We are Doing

Advertising throughout the state and country

Working with Munson Human Resources

Working with Grand Valley University

Posting on Social Medias

Working with professional recruiters

Primary difficulties recruiting

GEOGRAPHY
(obviously)

Employment for spouse

Since Nov.2017 we have had about 30 inquirers for the NP position.

Seems once they fully realize where we sit they somehow lose interest.

BIRHC - EMS

The interactions between EMS and the HC are seamless, smooth, and interactive.

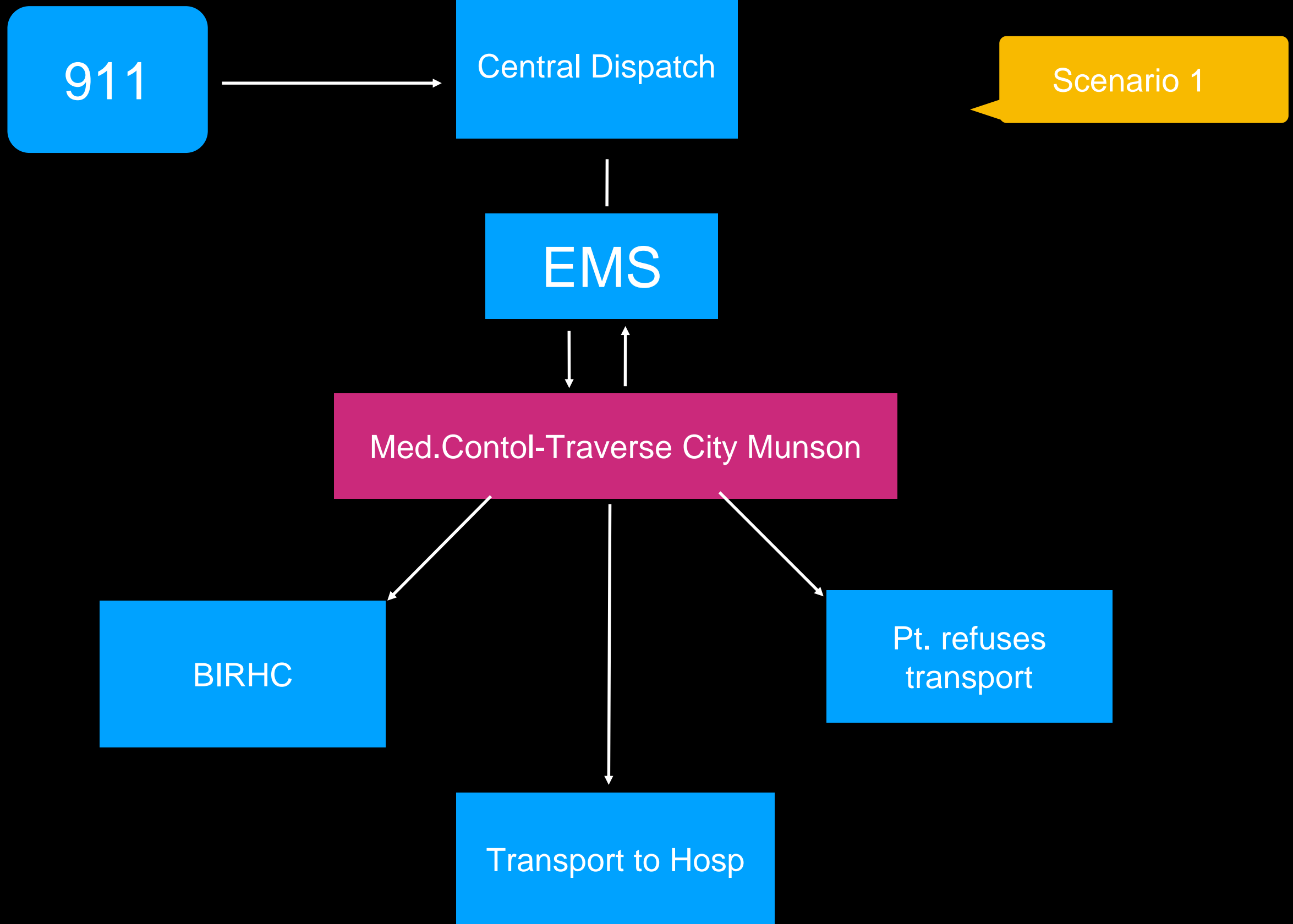
Full integration and cooperation keeping open communications with the combined goal of improved patient care

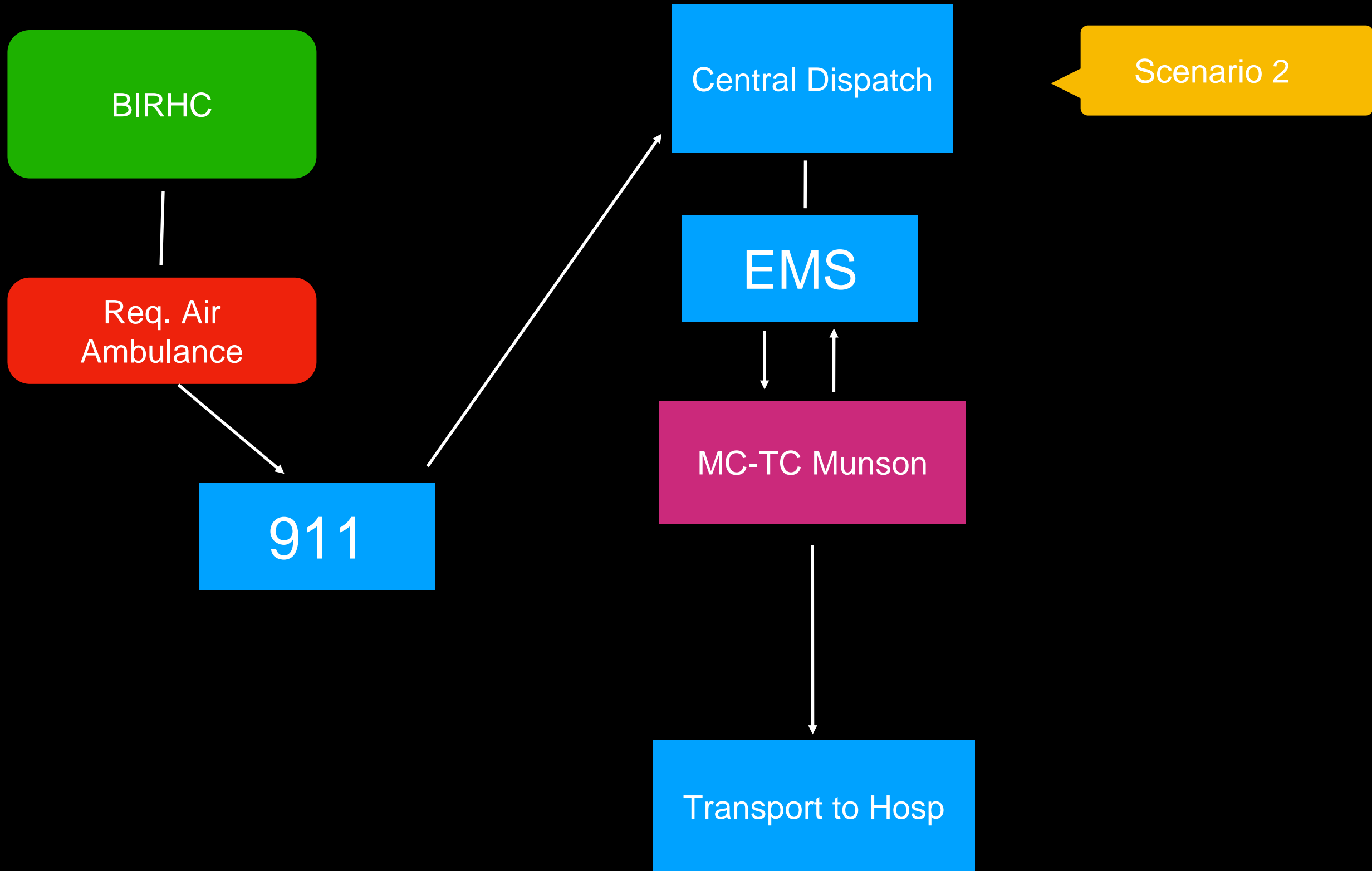
Rumors or accusations that there is discord is categorically false!

Also, Dr Martin (BIRHC) is now the
**Physician Director of
EMS Education**

BIRHC - EMS

How it Works





All Air Ambulance is initiated
and coordinated by Medical
Control at Munson with BI-EMS

*BIRHC can not actually arrange or order air-evac's.
This is in the exclusive hands of EMS/MC*

Side note

If the provider at the HC believes the patient should be air-evacuated we may sometimes call IA to give them a “heads up” and to see if they are available. This is then passed on to EMS

This is done when time permits just to help with logistics but again the final decision rests with Medical Control at Munson in TC

Legalities

All the HC/EMS interactions including EMS bringing patients to the clinic have been reviewed by Michigan's Director of HHS and the states Director of EMS

Nick Lyon, the states director of HHS has actually told me directly that he applauds our effective use of local resources and believes our HC/EMS interactions are a model for remote rural health care delivery.

Note: I have met face to face with Director Lyon 4 times in the past year

Questions regarding
BIRHC and EMS?

Hospital Affiliation Rumors

Facts:

BIRHC Board maintains an ongoing dialogue with CAH/Munson looking for optimal ways to improve how our HC can deliver care, and interact.

The Board of Directors keep all options open regarding formal and informal affiliations with Munson.

There are no current plans to change the structure or ownership of BIRHC

Questions about talks
with hospitals?

Dental Services

Equipment should start arriving mid-July

Dental services should start mid-Sept

New Stuff:)



Old Lifepak12
Model discontinued and no longer supported

Lifepak is arguably the most important piece of equipment in the clinic.

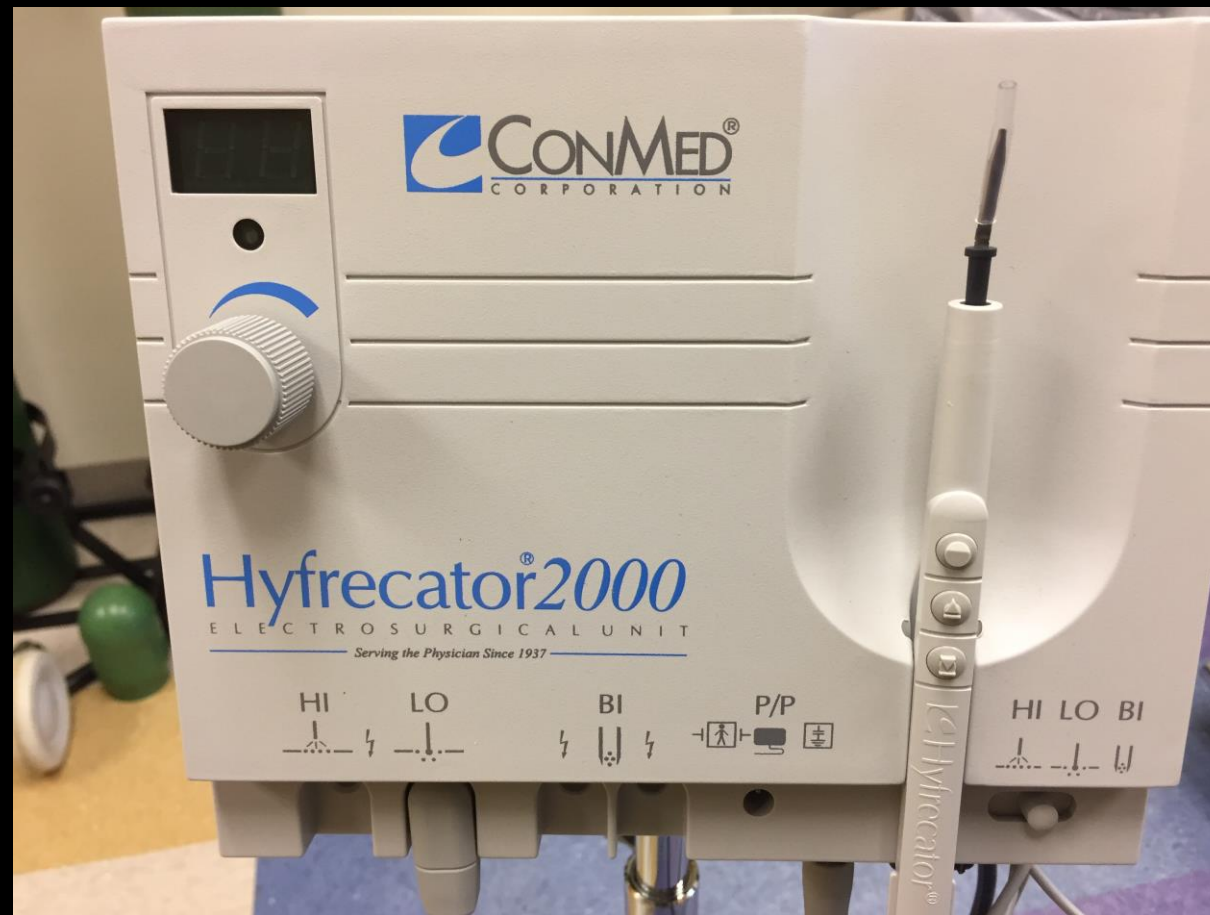


New Lifepak15

Cost ~ \$35,000

Both have defibrillation and cardioversion.
Also rhythm, HR, 12-lead, and O2

Lifepak15 also monitors BP, CO2, STEMI
trending, and will transmit ECG and rhythms
live to mainland ED



For cautery and for destroying early skin cancers



Liquid Nitrogen
Multiple dermatologic applications

Multiple other pieces of equipment are being purchased/replaced in 2018 making this year the largest equipment purchase year in over a decade

Electronic Medical Records

With Patient Portal

This is being carefully explored
and researched with a
commitment to implement

EMR

We are waiting for Munson to implement their EHR/EMR into the CAH

We need to be sure our EMR has no conflicts in communicating and interfacing with Munson's system as well as other regional facilities.

Significant time has and is being spent investigating our options

Health Advisories

Deer Ticks/Lyme

 TickEncounter Resource Center ***Ixodes scapularis* (Blacklegged ticks or Deer ticks)**



Larva



Nymph



Adult Male



Adult Female

If you get one embedded
come to the HC

Skin Cancer

If any question have us look!

Current Priorities

New NP

Get Dental up and running

Bring equipment up to
date

Continue QA and rapid
review of any patient
complaints

Expand services within
the scope of a rural HC

Questions?