

1
2 Mr. Booth asked if the request was for the full amount of \$79,406 to be transferred or just
3 the deficit of the \$45,102.

4
5 Ms. Sykes-Amos responded that the request was just for the deficit, and the rest will go
6 back in the pool with the other unspent money.

7
8 On a motion by Ms. Robuck, seconded by Mr. Talmadge and carried unanimously by a
9 vote of 5-0, the NLCHD board approved the request from LifeStream to make up the deficit
10 from the excess funds.

11
12 PRESENTATION OF REQUEST FOR FUNDING FROM HOSPITALS

13
14 Central Florida Health Alliance, Inc. (Leesburg Regional Medical Center)

15 Mr. Don Henderson, CEO of Leesburg Regional Medical Center (LRMC), mentioned that
16 their mission as a not-for-profit charity community hospital is to improve the health and
17 quality of the life of the individuals and communities that they serve, and they are still
18 trying to grow their services to the community, treating their staff and team members well,
19 safety, improving patient and family satisfaction with their services, improving quality,
20 and cost effectiveness. He recapped that they have about 1,788 employees, 300 community
21 volunteers, and 316 beds. He expressed excitement at the hospital being voted the eighth
22 best employer in the Orlando area of all industries, which was the third year in a row of
23 achieving the honor of being in the top ten on that list. He recapped that last year they
24 updated their economic impact study with Fishkind and Associates which indicated that
25 the overall impact of the hospital generated \$199 million in direct output, an impact on jobs
26 of 2,522, and a total impact of \$302 million for the year. He reported that their admissions
27 remain fairly similar to last year at 15,700, but their Emergency Room visits have grown
28 quite a bit, which they believe reflects the difficulty of low-income citizens in the area to
29 access care. He commented that some of their patients have Medicaid, which is very poorly
30 compensated in Florida with rates currently only 50 percent of what Medicare pays,
31 resulting in uncompensated care, and the cost they had to bear for caring for Medicaid
32 patients was \$15.8 million during this last fiscal year which ended on June 30. He added
33 that their subsidy to the Medicare program was \$9 million, and he noted that the hospital
34 continues to invest in capital and equipment, including a new 24-bed expansion underway
35 in the place of the former administrators' offices which was expected to be finished in
36 December. He presented a graph showing their payer mix, noting that it was similar to last
37 year and that 69.1 percent of patients had Medicare, which was one of the highest Medicare
38 percentages in the country.

39
40 Mr. Henderson commented that LRMC was truly a safety net hospital for Lake County
41 residents, and their heart surgery program was the fifth largest in Florida with 621 open
42 heart surgery cases performed this past year. He added that they also have Lake County's
43 only in-house pediatric hospital program with pediatricians on duty inside the hospital 24-
44 hours a day, as well as the only neurosurgical program. He commented that some of the
45 challenges ahead for LRMC include the low increases in reimbursements from Medicare,
46 and although they have gotten a good increase from Medicaid of six percent or about
47 \$400,000, the state took away their ability to apply for a LIP tax district match which will

1 result in a loss of about \$3 million to the hospital in decreased funding. He predicted that
2 the current state of contention and confusion over health care at the state and federal level
3 will continue for this next year. He presented a slide showing the numbers for bad debt,
4 charity, and uninsured care at about \$23 million for their facility, which he noted was static,
5 and he reported that this year they submitted \$4,782,000 in their actual submissions to the
6 District, which was far greater than the \$3.3 million the District was able to grant them last
7 year as well as an additional \$400,000 they had received that was left over from last year.
8 He requested \$4,780,109 from the District, which was the exact amount that the auditors
9 have documented for their indigent charity care for North Lake County residents and was
10 consistent with the previous years' services that they submitted.

11
12 Mr. Booth asked what their percentages were last year for Medicare and uninsured and
13 whether those were staying the same or have increased since last year.

14
15 Mr. Henderson responded that the amount of their Medicare patients have definitely
16 increased this past year by about 2 or 3 percent, which was probably reflective of the
17 growth in the surrounding retirement communities, but the other percentages have
18 remained fairly constant.

19
20 Florida Hospital Waterman

21 Mr. David Ottati, CEO of Florida Hospital Waterman, commented that he appreciates the
22 work of the North Lake County Hospital District board and the difficult and challenging
23 decisions that they make in order to improve the health care for thousands of citizens. He
24 stated that the mission of Florida Hospital Waterman is to extend the healing ministry of
25 Christ, to continue to provide excellent care and service to every person who comes into
26 their organization, and to truly care about the individuals they come in contact with,
27 whether they have the ability to pay or not. He noted that although over 14 percent of
28 patients who come to their ER do not have insurance, they treat them with every amount
29 of care they could provide and try to redirect them to their clinic as a cheaper alternative
30 for that care. He reported that one out of every 15 patients or over 6 percent of the patients
31 admitted to the hospital do not have insurance, but their 1,600 employees and physicians
32 collectively work together to do everything they can to make sure that those individuals
33 have excellent care. He related that the hospital provides diagnostic, cancer, and open heart
34 services, as part of a full range of services, with plans over the next several years to
35 continue to elevate the services for their citizens in Lake County.

36
37 Mr. Ottati added that they intend to continue to elevate their outreach, have donated over
38 275 hours so far this year in leadership hours to 28 community organizations, and gave
39 over \$27 million worth of benefits to this community. He pointed out that they see over
40 3,000 people in their primary health clinic, and they contribute \$17 million in either charity
41 care or the difference between what Medicaid funds and the cost to provide that care. He
42 elaborated that they also provide over \$300,000 of educational dollars in time and
43 commitment to educate the community about different aspects of health care, and they
44 continue to elevate the spiritual needs in their community as a faith-based organization
45 with over \$400,000 worth of funding that they provide in different arenas and services. He
46 related that they continue to invest capittaly in this community and in their 13-year old
47 hospital building as they elevate the health care in North Lake County. He commented that

1 the funding the District provides truly helps many citizens in the county, and he provided
2 examples of a few out of the thousands of real Lake County residents who have needed
3 and received this help, resulting in a healthier community and healthier citizens. He
4 provided a chart showing the funding the District had provided illustrating that they qualify
5 for \$5,283,719 in indigent patient costs and funding provided by the District.

6
7 Ms. Hanson pointed out that it was the citizens of Lake County who have decided over the
8 years that they wanted to provide this assistance, and the board only allocates those funds.

9
10 LifeStream Behavioral Center, Inc.

11 Mr. Cherry recapped that LifeStream operates the only psychiatric hospital in Lake County
12 and that they were located in Leesburg. He added that the great majority of individuals
13 who receive services at their psychiatric hospital are referred by law enforcement or
14 physicians, and last year they served over 20,000 patients, with 3,369 inpatient individuals
15 served and an average daily occupancy of 57.2 beds per day, which was 92 percent of their
16 62 currently-available inpatient beds. He commented that they have seen a tremendous
17 increase over the last several years in the number of children ages 17 and younger that are
18 coming into their crisis stabilization unit, and they have made the decision to create a new
19 10-bed separate crisis stabilization unit just for children rather than a joint use facility
20 which will hopefully be completed by October of this year. He reported that they provided
21 \$685,000 worth of inpatient services last year with 1,374 inpatient days of care and were
22 requesting for next year an allocation of \$700,000 for their inpatient services which equates
23 to about 1,404 days of service and a 2.2 percent increase over the actual value of services
24 that they provided last year.

25
26 PRESENTATION OF REQUEST FOR FUNDING FROM CLINICS

27
28 Community Health Center, Inc.

29 Mr. Mark Dickinson, Executive Vice Chairman and Chief Financial Officer of Community
30 Health Centers, Inc., pointed out that their facilities were the only federally-qualified health
31 centers in Lake County, with two of their clinics located in the north Lake County area,
32 one in the Groveland area, and the others in Orange County. He announced that they had
33 a grand opening for their new center in Tavares last week which offers primary medical
34 and dental care for adults and children, pharmaceuticals, and optometry services. He
35 specified that they saw 1,610 patients who were at 200 percent poverty level and below
36 and 790 at 100 percent poverty and below at their Leesburg site last year, which is what
37 they typically submit to the District for reimbursement. He related that they are asking for
38 the same amount of funding that they asked for last year for indigent patient visits in the
39 amount of \$175,000, which does not include the laboratory or pharmacy services they
40 provide, even with the addition of their Tavares center on board. He added that he did not
41 include any of the patients who had Medicaid in those numbers.

42
43 Ms. Robuck asked about the clinic falling short of its funding request last year.

44
45 Mr. Dickinson explained that they had anticipated opening their Tavares site by the end of
46 January, but it did not open until the first week of May, which resulted in a loss of a lot of
47 documented indigent patient visits. He noted, however, that there were a number of billings

1 for patients between 100 and 200 percent of the poverty level that he never submitted, and
2 he requested a carryover of the unused portion from last year in the amount of \$23,000.

3
4 Community Medical Care Center

5 A video was shown of patients discussing the ways in which the Community Medical Care
6 Center has helped them with their medical needs for various medical conditions at a time
7 in their lives when they could not afford that care on their own, many of whom stated that
8 the clinic had saved their lives and expressed a belief that those who work in the clinic care
9 about the individuals they serve. The video states that these are real people with real needs
10 and nowhere else to turn, and the clinic was in need of volunteers of all types and of
11 financial support.

12
13 Mr. Bill Jones, Executive Director of the Community Medical Care Center (CMCC),
14 mentioned that the video showed just a small portion of the people they have been able to
15 help this past year. He related that the CMCC has provided medical care to the most
16 medically needy residents in Lake County since 1996, and their patients were ineligible for
17 Medicaid, excluded from the Affordable Care Act, and do not have the means to acquire
18 insurance. He requested that the District continue their support of the CMCC's crucial
19 services that they were providing to the community to the extent of 4,365 patient visits at
20 \$110.78 each for a total support of \$483,554.70. He mentioned that since opening its doors,
21 their center has provided tens of thousands of patient encounters for current medical needs
22 as well as preventive care in many instances. He specified that they average over 600
23 patient visits each month, provide \$2 million in free medication and services each year,
24 and have 26 physicians and 7 dentists who regularly volunteer at their center and another
25 70 volunteers to provide other services such as administrative support, nursing, dental
26 hygiene, and reception. He stated that their mission is to provide quality intervention and
27 preventative health care to the medically indigent who are uninsured in this and
28 surrounding communities with the compassion of the great physician. He concluded that
29 they hope that their services, passion, reputation, low cost per patient visit, and past results
30 will warrant the District's continued support for this upcoming year.

31
32 Florida Hospital Waterman Community Primary Health Clinic

33 Ms. Melissa Simmes, Manager of Florida Hospital Waterman Community Primary Health
34 Clinic, presented a slide showing a basic overview of their clinic and the patients they see.
35 She emphasized that they see only uninsured patients from northeast Lake County who are
36 at or below 150 percent of the federal poverty level, with a majority below 100 percent of
37 that level. She elaborated that 60 percent of their patients are female who accounted for
38 62 percent of their visits, and 44 percent of their patients are between the ages of 50 and
39 59; she also presented a chart showing other demographic information regarding their
40 patients such as race and the primary cities of residence. She added that the top five
41 diagnoses they see are high cholesterol, hypertension, diabetes, GERD (gastroesophageal
42 reflux disease), and tobacco use disorder. She related that the 258 new patients who they
43 saw through their primary care program from July 1 to June 30 represented 329 visits to
44 the emergency room prior to coming to their clinic, which showed that they are alleviating
45 the need for those patients to go to the ER for their primary care needs. She mentioned
46 that they had an emergency room diversion program which received direct referrals from
47 Florida Hospital Waterman for patients who are uninsured and do not have a primary care

1 provider, with 30 percent of those individuals becoming primary care patients. She
2 specified that they have seen a total of over 2,600 visits from July 1 to June 30 and have
3 done 350 referrals to specialty care and community resources throughout the area such as
4 WeCare and LifeStream during that time. She reported that their allocation request for
5 2015-2016 is \$275,520, based on the number of visits they expect for the year, which is
6 about 2,459 using a cost of \$112 per visit. She presented a slide giving information about
7 some of their specific patients and commented that they hope to provide a primary home
8 for their patients as they try to get back on their feet or provide them with the required
9 medical records to assist them with their work on their disability case. She concluded that
10 40 percent of their patients indicated that they would go to the ER and 60 percent indicated
11 they would go nowhere or did not know where they would go if they did not go to their
12 clinic, which would result in people not getting the care they need until it becomes an
13 absolute emergency needing an ambulance and hospitalization.

14
15 LifeStream Primary Care Clinic

16 Mr. Cherry reported that last year their Wellness Integrated Primary Care Clinic served
17 326 individuals and provided 1,306 total visits, 649 of which were eligible for
18 reimbursement by the taxing district. He added that in addition to their clinics in Leesburg
19 and Eustis, which started up later this year than they anticipated, they are going to assume
20 responsibility for the Health Department's discontinued FQHC Look-alike primary care
21 services in Umatilla, which are expected to begin in October. He requested \$175,000 for
22 the next year, the same amount as requested last year, even though they did not expend all
23 of the dollars for last year. He explained that they also had a federal grant for the Leesburg
24 clinic for the first three months of last year, but that grant ended on September 30, 2014.
25 He opined that the individuals with mental illness who are served by LifeStream and who
26 are not receiving primary care services anywhere else would feel much more comfortable
27 getting their primary care services with LifeStream as well as their mental health care.

28
29 Mr. Booth asked Mr. Cherry to expand on how LifeStream will pick up the FQHC Look-
30 alike primary care services in Umatilla and whether they are taking over the Lake County
31 Health Department there.

32
33 Mr. Cherry answered that the Lake County Health Department had partnered with a non-
34 profit to qualify as an FQHC Look-alike about 2 ½ years ago, but after the decision was
35 made in Tallahassee for the health departments to discontinue providing primary care
36 services, they stopped providing those services July 1. He explained that LifeStream has
37 been working with the Health Department in order to provide a primary care physician at
38 their location and to takeover and consolidate some services that they have to provide
39 psychiatric services. However, he assured the board that they would not bill the taxing
40 district for any services that were covered by another funding source.

41
42 St. Luke's Medical and Dental Clinic (St. Luke's)

43 Ms. Jennifer Stephenson-Crouch, Director of Healthcare for Catholic Charities of Central
44 Florida, which administers the St. Luke's Free Medical and Dental Clinic, stated that they
45 are respectfully requesting \$112,654 in support from the District to provide indigent care
46 under the guidelines of HB 1299. She recapped that St. Luke's was created by a
47 collaborative group of faith-based organizations and concerned health care providers, and

1 although the original vision was to create an urgent care clinic, they soon discovered that
2 many of the poor uninsured people in Lake County were in need of a medical home. She
3 related that today they provide primary care and some secondary services to many residents
4 who suffer from chronic medical conditions and depend on St. Luke's to help them prevent
5 complications from these conditions that otherwise would result in trips to the emergency
6 room, which would not only be expensive for the patient and healthcare system, but the
7 patient's health is unnecessary jeopardized by lack of preventative care. She commented
8 that St. Luke's is proud to be part of the solution by providing access to care for the
9 uninsured, and they are improving the health and lives of Lake County residents while
10 saving millions of dollars in ER expenses. She related that their clinic sees patients on
11 Mondays and Wednesdays between 1:00 and 8:00 p.m. by appointment. She specified that
12 some of the highlights from their most recent fiscal year are that they provided 1,318
13 medical or dental patient visits to the community by 42 volunteer healthcare providers with
14 the support of 25 administrative volunteers totaling over 4,000 volunteer hours last year;
15 they also launched a full-scale quality review by an independent third party in March who
16 reviewed over 200 active patient files and observed on four clinic evenings, and the
17 findings reaffirmed their known strengths such as great documentation by their nurses and
18 identified areas where they can improve.

19
20 Ms. Stephenson-Crouch spoke about a 24-year old female patient who had diabetes and
21 came to them after several ER visits in a short span of four months. She elaborated that
22 the patient had been taking insulin every other day, and her blood sugar level was three
23 times the norm because of her inability to afford medication and a lack of education about
24 her condition. She stated that their case manager referred her to WeCare and helped her
25 with prescription assistance, and she also was seen by their neurologist and was diagnosed
26 with cerebral palsy. She related that the patient is now working part-time and continues to
27 get the support and education that enables her to manage her care with their assistance.
28 She mentioned that their focus in the upcoming year is to continue to help their patients
29 learn about their conditions and improve their self-management, which will reduce
30 complications that lead to poor health and unnecessary expense, and they also intend to
31 continue to improve efficiencies and practice organization.

32
33 PUBLIC COMMENT

34 Mr. Vance Jochim, who writes a blog about fiscal and governmental issues, observed that
35 the clinics basically asked for what they received last year, but the hospitals are asking for
36 more because of the loss of LIP (Low Income Pool) funds. He stated that one of the intents
37 of the regulations that they are currently governed by was competitive resourcing with the
38 clinics, and he opined that the NLCHD board should maintain the clinic funding at the
39 levels they requested. He elaborated that unfortunately there probably would not be
40 enough funding for what the hospitals are requesting, but the LIP issue was something that
41 was out of the board's control.

42
43 OTHER BUSINESS

44 Ms. Hanson referred to the Medical Care Funding worksheet that was prepared by Ms.
45 Sykes-Amos and asked for some tentative direction for her as they move forward with the
46 process for 2015-2016.

1 Ms. Sykes-Amos explained that they would not be approving any particular funding at this
2 meeting, since this was not a budget workshop, and she will prepare the budget with
3 columns illustrating various scenarios for the next meeting, since they will know by that
4 point how much total medical care has been documented. She asked for some theoretical
5 thoughts by the board about how they want her to put this information together, such as a
6 column that funds all of the clinics and the hospitals in a ratio based on what they submitted
7 or whether they want her to look at what was actually submitted and add five percent. She
8 related that she will have those various scenarios in columns at the September 10 budget
9 meeting for them to examine, and she will know in September whether they will have
10 additional funds in unused money from this year to reallocate.

11
12 Mr. Talmadge asked what they did last year regarding the options.

13
14 Ms. Sykes-Amos replied that she did one option showing a percentage of all of the funding
15 requests, one which fully funded the clinics and allocated the hospitals what was left, and
16 one which took the actual amount that was submitted the year before and added a certain
17 amount of growth to it. She stated that she could do scenarios for those three options, but
18 she asked for them to let her know if they can think of any others.

19
20 There was consensus for Ms. Sykes Amos to repeat those options.


21
22 Mr. Booth asked if more funds would be available for next year than there was this year.

23
24 Ms. Sykes-Amos opined that the best estimate for the total amount of funding was \$8.7
25 million, and last year's amount was \$8.3 million. She pointed out that they were looking
26 at requests for about \$12 million with only \$8.7 million in funding.

27
28 Ms. Kirste reminded everyone that the preliminary budget meeting is on September 10 at
29 5:30 p.m., and the final budget meeting will be September 24 at 5:30 p.m.

30
31 ADJOURNMENT

32
33 The meeting adjourned at 6:30 p.m.

34
35
36 
37 Catherine C. Hanson, Chairman