

1 MINUTES OF MEETING OF NORTH LAKE COUNTY
2 HOSPITAL DISTRICT OF AUGUST 18, 2016
3

4 A meeting of the North Lake County Hospital District (the "District") was held on
5 August 18, 2016 at 5:30 p.m. in the Lake County Commission Chambers, Administration
6 Building, 315 W. Main Street, Tavares, Florida.
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8 Mr. Davis Talmadge, Vice Chairman, called the meeting to order and led the Pledge of
9 Allegiance. M. Meredith Kirste, attorney for the North Lake County Hospital District,
10 called the roll to ascertain the trustees present for the meeting, with the following
11 members in attendance: Joyce Richey Huey, Elizabeth Robuck, Duane Keith Booth, and
12 Davis Talmadge and confirmed that a quorum was present. Catherine C. Hanson,
13 Chairman, was not present.
14

15 APPROVAL OF MINUTES
16

17 On a motion by Ms. Robuck, seconded by Mr. Booth, and carried unanimously by a vote
18 of 4-0, the NLCHD board approved the Minutes of May 26, 2016.
19

20 PRESENTATION OF REQUESTS FOR FUNDING FROM HOSPITALS
21

22 Central Florida Health Alliance, Inc./Leesburg Regional Medical Center
23

24 Mr. Phil Braun, Vice President and General Counsel for the Central Florida Health
25 Alliance, presented a PowerPoint presentation, noting that the first few slides showed the
26 importance of having a strong, viable hospital system in the community, and he
27 mentioned that Lake County, being a very large community, was lucky to have three
28 hospital systems that get assistance from local taxpayers, which was much appreciated
29 and needed and improved health care for everyone. He noted that Leesburg Regional
30 Medical Center (LRMC) not only provides good care to everyone, but it is also an
31 economic engine and an asset that needs the support of the community. He commented
32 that they provide over \$15 million to the underprivileged as part of their commitment to
33 the community and in exchange for some of the support of the \$3 million in tax money.
34 He elaborated that LRMC does a lot of other programs, and their dollars are always
35 reinvested back into the healthcare needs of the community and not sent elsewhere,
36 unlike for-profit hospitals. He presented a chart illustrating the payer mix for their
37 hospital which showed that most of their payers are either government or self pay, with a
38 small amount of insured individuals, which was unlike other larger neighboring counties
39 with a larger commercial payer base. He explained that commercial payers will pay a
40 little more than the cost of the services, whereas government pay is usually much less
41 than the cost to provide the service, particularly with Medicaid.
42

43 Mr. Braun related that some of the programs LRMC has in place that they believe are
44 important to provide to Lake County's population are the Heart Surgery Program, in-
45 house Pediatric Hospitalist Program, neurosurgical services, and stroke treatment
46 program. He commented that both the hospitals and the clinics were important, with each
47 entity playing a different role, and the services provided by the clinics were able to be

1 done less expensively than in the hospitals; however, hospitals are needed for emergency
2 and acute-care situations such as heart attacks, while the clinics provide important
3 preventative care that will keep more people out of the emergency rooms. He pointed out
4 that although the uninsured and bad debt care have gone down this year, it was still quite
5 high at \$19.8 million of unreimbursed costs, and their facilities have to be open to
6 everyone. He reported that LRMC was allocated \$3.3 million in 2015-2016 by the
7 District but actually provided about 4.7 million in care that was reflected in their actual
8 submissions to the District during that time period. He stated that he realizes that the
9 District has limited funds and does not have the ability to fund all of the clinics and the
10 providers at the full amount for the care that was provided. He requested \$4.7 million for
11 the new 2016-2017 funding year for LRMC from the District, although he realizes that
12 they will probably not actually receive the full amount. He also requested that the
13 Chairperson of the District again be granted the authority to enter into letters of
14 agreement to secure additional dollars for Medicaid patients up to the amount allocated to
15 LRMC in order to get a match from the federal government to help with the statewide
16 Medicaid program.

17
18 Mr. Booth asked if this would be for a different program than the LIP (Low Income Pool)
19 funds in the past.

20
21 Mr. Braun responded that it was a similar program which was a new version of the LIP
22 program, and the federal government changed the requirements for the state and reduced
23 the amount of total money that they would make available to the state, which made it
24 necessary for the state to revamp the rules on how they would distribute the supplemental
25 Medicaid dollars. He added that the amount of money they would receive was presently
26 unknown, even though they have been given some projections, and he added that this
27 year a formula will be used that is based on the charity care versus the commercial care
28 which ensured that those with more commercial payers to offset some of the charity care
29 would not get as much.

30
31 Florida Hospital Waterman

32
33 Mr. David Ottati, CEO of Florida Hospital Waterman, related that their mission was to
34 extend the healing ministry of Christ and to be a trusted leader in quality and
35 compassionate healthcare in an affordable, connected, and exceptional way for every
36 person they come in contact with, regardless of their ability to pay. He specified that they
37 have had a total of 138,552 patient encounters and emphasized that Florida Hospital
38 Waterman has invested over \$230 million in capital in the last 13 years to provide
39 healthcare services in north Lake County. He mentioned that about 22 percent of people
40 living in north Lake County do not have insurance, and about 35 percent of the
41 community is under the 200 percent poverty guideline, many of whom utilize the
42 hospital's emergency department. He commented that they want to continue to be a
43 benefit to the entire community in their hospital as well as their primary health clinic and
44 their care outreach, which includes community sponsorships and leadership involvement
45 in community programs and organizations. He commented that the financial viability of
46 the hospital is always a concern because of the cost of those utilizing their resources. He
47 noted that they have over \$20 million in unfunded cost in the last year for the

1 underprivileged, after the receipt of the tax dollars that help offset some of that huge and
2 substantial need. He assured everyone that the tax district funds they receive truly help
3 them to continue to elevate healthcare services and help the overall community. He
4 presented a request of \$5,120,636 for the upcoming fiscal year and expressed
5 appreciation of any consideration that the NLCHD board gives them in order to invest
6 those dollars back into the community in which they live and serve.

7
8 LifeStream Behavioral Center

9 Ms. Carol Dozier, CFO of LifeStream Behavioral Center, recapped that LifeStream was
10 once part of Waterman Hospital as a psychiatric unit before they formed their own
11 company in 1971, and she noted that they were celebrating their 45th year as an
12 independent incorporated entity. She explained that they currently provide inpatient,
13 outpatient, and residential services and are part of the alternative school system for Lake
14 County Schools, along with many services related to child welfare, homeless services,
15 and affordable housing. She reported that the inpatient services that the District helps
16 them with assists 3,459 patients equating to 17,197 days of service and an average daily
17 occupancy of about 55 with seven days being the average length of stay. She emphasized
18 that approximately 40 percent of their patients are indigent, and she related that there are
19 currently four inpatient units for both adult and child services, including a detoxification
20 unit. She added that LifeStream was fortunate to win a large grant from the State of
21 Florida for a ten-bed Central Receiving Facility (CRF) in order to take persons
22 committed under the Florida Marchman Act. She elaborated that all their units provide
23 continuous monitoring and perform multi-disciplinary treatments, and she distinguished
24 between the AHCA-licensed care at the psychiatric hospital and detoxification units and
25 the DCF-licensed Crisis Stabilization Units which provide short-term, crisis-oriented
26 treatment of behavioral healthcare needs. She presented a slide showing the four
27 locations of their facility sites in their wellness integration network, and she commented
28 that people with mental illness die earlier than the average population, with 68 percent of
29 people with mental illness having one or more chronic physical conditions, because the
30 mental illness or substance abuse problems make it less likely for those people to be
31 compliant with their other medical care. She opined that for those reasons, it was
32 important to integrate primary care and behavioral care together for those individuals,
33 which also reduces the cost of that care. She added that LifeStream has been committed
34 to expanding and growing that network even more, shown by a steady increase in weekly
35 average clinic appointments from January to June of 2016.

36
37 She presented a video of Mr. Jon Cherry, President of LifeStream Behavioral Center,
38 stating that the average individual with a serious mental illness dies typically 25 years
39 before the general population, so it was very important to get primary care to that
40 population so that they may have an opportunity to have a decent long life. He also
41 mentioned that there was a tremendous indigent care level at their psychiatric hospital,
42 with 25 of their 62 beds used by indigent patients every day. He elaborated that even
43 with the help from the state and the hospital taxing district with some of that funding,
44 there are still five beds per day that are paid for by no one and represent free care that
45 LifeStream provides to the community. He concluded that the hospital taxing district is
46 essential, and the loss of that funding would put the hospital in a precarious position.

1 Ms. Dozier commented that they count on the tax district funding for indigent health care.
2 She summarized that LifeStream is a leader in providing high-quality integrated
3 behavioral and primary care which helped people stay in their communities and homes
4 and were very focused and results driven. She pointed out that they had a high
5 percentage of compliance during the rigorous audits of the taxing district and assured the
6 board that they were very cost conscious and make every penny count that they receive
7 from the taxing district and other funding sources.

8
9 PRESENTATION OF REQUEST FOR FUNDING FROM CLINICS

10
11 Community Health Centers, Inc.

12
13 Mr. Mark Dickinson, Executive Vice Chairman and Chief Financial Officer of
14 Community Health Centers, Inc., commented that they were truly a patient home that
15 gave quality care and mentioned that they were awarded the Nicholas E. Davies Award
16 of Excellence by the Health Information Management Society, which was a very
17 prestigious award for the usage of medical information through their integrated medical
18 records and measured outcomes. He opined that both their clinics in Leesburg and
19 Tavares had very high standards and provided excellent care. He quoted statistics from
20 June 30, 2016 indicating that they saw between the two clinics 1,300 individuals and
21 almost 3,300 visits for patients at 200 percent of the poverty level or below. He added
22 that Medicaid and uninsured patients make up most of their patient population. He
23 reported that they provided about \$850,000 of uncompensated care for the year, including
24 physicians, laboratory services, pharmacy, and behavioral health services. He invited
25 everyone to come and see their clinics and opined that they do not do not do a lot of
26 promoting everything they have to offer the community. He concluded that they were
27 just asking for some ongoing funding to be able to continue their mission.

28
29 Community Medical Care Center

30
31 Ms. Tamara Halsey, Director of the Community Medical Care Center in Leesburg,
32 thanked the board for the past funding their clinic has received and recapped that for the
33 past 20 years Community Medical Care Center has provided medical care to the most
34 needy residents of Lake County who were ineligible for Medicaid, excluded from the
35 Affordable Care Act, and do not have the means to acquire insurance. She stated that the
36 Community Medical Care Center is requesting that the North Lake County Hospital Tax
37 District continue to support the services that they are providing to the community to the
38 extent of 3,900 patient visits a year for a total of \$440,000. She elaborated that since
39 opening their doors to the community, they have provided tens of thousands of patient
40 encounters averaging 600 patient visits a month and over \$1.6 million in free medication
41 and in-house services each year, and their small paid staff and large network of
42 committed volunteer medical professionals allow them to provide exceptional care at a
43 low patient cost. She related that they currently enjoy a volunteer partnership with 59
44 licensed medical professionals and 70 office professionals at their clinic to provide a one-
45 stop solution for their patients both in primary and specialty care. She added that their
46 seven dentists and dental support staff also provide their patients with needed critical
47 dental care. She concluded that the NLCHD board's support of their clinic will ensure

1 that the most basic needs of the medically underserved in their community will be met as
2 well as providing an environment that will give them and their families health and hope
3 for the future.

4
5 Florida Hospital Waterman Community Primary Health Clinic

6
7 Ms. Melissa Simmes, Manager of Florida Hospital Waterman Community Primary
8 Health Clinic, provided an updated snapshot of their clinic and noted that their clinic's
9 demographics of uninsured, northeast Lake County residents with an income level at or
10 below 150 percent of the Federal Poverty Level (FPL) were very similar to the other
11 clinics, adding that 73 percent of their patient population is at or below 100 percent of the
12 FPL. She elaborated that female patients account for almost 63 percent of visits, and 43.7
13 percent of patients are between the ages of 50-59. She related that the top five patient
14 diagnosis are hypertension, hyperlipidemia, GERD (Gastroesophageal Reflux Disease),
15 obesity, and diabetes. She specified that their clinic has seen 210 new patients, who had
16 indicated that they made a total combined 257 visits to the Emergency Room, and had a
17 total of 2,215 total visits between July 2015 and June 2016. She mentioned that during
18 that time frame, they had made 468 referrals to community resources and specialty care
19 beyond the primary care that the clinic provides. She commented that the patients they
20 see are a lot sicker and the complexity of their needs is growing. She concluded that their
21 allocation request for 2016-2017 is \$271,000 in order to handle their estimated projection
22 of 2,400 visits.

23
24 LifeStream Primary Care Clinic

25
26 Mr. David Braughton, Chief Operating Officer at LifeStream who is responsible for their
27 four primary care clinics, three of which are located in northern Lake County, stated that
28 they were seeing an average of about 30 people a week at the beginning of the year but
29 were seeing 85 people a week on average last month. He commented that a lot of their
30 patients do not have health care insurance, and many of those will die from lack of health
31 care, at least somewhat due to the stigma that is associated with mental illness and
32 addiction. He specified that over 90 percent of the people who come to their clinic have
33 body mass indexes (BMI) of 36 or greater, compared to a healthy benchmark of 25, and
34 most of them are pre-diabetic. He pointed out that the cost of caring for those with severe
35 mental illness along with physical conditions are sometimes 400 percent greater than
36 caring for the average population. He recapped that when the Health Department was
37 withdrawing from the Umatilla Clinic, LifeStream agreed to take over the operation of
38 the clinic and to begin providing services, even though there was no reimbursement for
39 doing that, which was reflective of the deeper commitment of LifeStream to be a resource
40 and a benefit to the community and why the funds they request from the District are so
41 urgently needed. He specified that 50 percent of their WIN Clinic (Wellness Integration
42 Network) consumers had severe mental illness and 51 percent had both severe mental
43 illness and substance abuse disorder; however, 90 percent of those consumers who came
44 to their clinic for a second visit experienced some improved psychiatric functioning, and
45 hospital readmission rates for their patients went down by 50 percent from the time of
46 their first visit until their study of those statistics was done. He also reported that 80
47 percent of the consumers who have enrolled at the clinic have remained at baseline or

1 improved in their lipid levels, A1C levels for diabetes, blood pressure, and their BMI. He
2 noted that their model is very costly and extensive and includes care managers, nurses
3 who visit consumers at their homes and work with them one-on-one, and peer wellness
4 coaches with shared life experiences. He specified that the cost of hepatitis treatment is
5 normally \$60,000 to \$80,000, and Hepatitis C usually results in death of the patient;
6 however, their consumers can now receive that treatment at no cost because of an
7 agreement they have made with a pharmaceutical company and the advocacy of their
8 staff, resulting in at least 30 lives saved or extended.
9

10 St. Lukes Medical Clinic

11
12 Ms. Jennifer Stephenson-Crouch, Senior Director of Health Care Services for Catholic
13 Charities of Central Florida, which has been providing services to those in need in
14 Central Florida since 1962, recapped that their free medical and dental clinic opened in
15 Eustis in November of 2010, and since then they have provided over 6,000 patient visits
16 to the uninsured in Lake County. She reported that they currently have 33 volunteer
17 professionals that have provided 1,070 patient visits during their last fiscal year, and she
18 related that Catholic Charities was requesting \$73,164 from the District to cover
19 approximately 650 patient visits in FY 2017. She opined that the impact of St. Lukes on
20 residents in the local community who otherwise would not receive medical or dental care
21 is significant, and access to quality care is difficult for those they serve in Lake County
22 for several reasons, including lack of insurance, limited number of providers, and the
23 high cost of care. She commented that the purpose of their clinic was to connect the
24 uninsured with healthcare professionals and resources that are scarce in their community,
25 since one of the greatest barriers to receiving quality care for the working poor and
26 impoverished in Lake County is their lack of insurance coverage. She elaborated that
27 currently 21 percent of Lake County residents continue to go without healthcare
28 insurance, resulting in those residents not receiving routine care, their conditions
29 worsening unnecessarily, and expensive emergency care. She added that there was also a
30 lack of physicians in the area or one physician for every 1,520 people. She opined that
31 the cost of a visit to the doctor is also a huge deterrent for the working poor and those
32 living in poverty. She noted that the Florida Department of Health sets the value of one
33 hour of physician's time at \$250, and tests and treatments can be thousands of dollars in
34 additional costs, especially without insurance. She commented that individuals living on
35 an income below 200 percent of the poverty level are more than twice as likely to delay
36 medical visits due to high costs, transportation issues, and a loss of wages for the time
37 away from work to see the doctor during working hours. She added that the St. Lukes
38 Medical and Dental Clinic treats difficult cases, provides ongoing care after an initial
39 accident or illness, and provides preventative care in order to stop the cycle of seeking
40 care through the hospital emergency department. She thanked the NLCHD board for
41 making it possible to impact thousands of Lake County residents by providing healthcare.
42

43 PUBLIC COMMENT

44
45 There was no one who wished to address the Board during the Public Comment period.
46
47

1 OTHER BUSINESS

2
3 Ms. Kirste announced to the board that they were not going to approve any funding at
4 that time but will come back with a budget indicating whether they want the hospitals and
5 clinics to be pro rata or whether they want the clinics to be fully funded and the hospitals
6 split evenly. She pointed out that they had a handout of a proposed worksheet but noted
7 that the figures on it will change, because it does not include the June quarterly payment,
8 which was not ready at that time. She explained that this worksheet will give the board
9 members an idea of what Ms. Pat Sykes-Amos, accountant for the District, will present to
10 them at the next meeting on September 8 and how much money potentially would be
11 available if they approve the one mil or the rollback rate. She requested direction of what
12 they want in the proposed budget at the workshop in September.

13
14 Mr. Booth clarified that the numbers for the last quarter that are not included on this
15 worksheet will expend the funds that are allocated.

16
17 Mr. Talmadge asked whether they need to choose between the last two columns.

18
19 Ms. Kirste asked the board members to let them know if they have a third option and
20 clarified that the options are that the hospitals get pro rata funding with the clinics fully
21 funded or everyone gets a pro rata of what is potentially available.

22
23 On a motion by Ms. Robuck, seconded by Ms. Huey and carried unanimously by a vote
24 of 4-0, the NLCHD board approved the acceptance of the two scenarios presented.

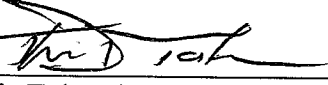
25
26 Ms. Kirste announced that the next two meetings will be at 5:30 p.m. on September 8,
27 which will be the budget workshop meeting, and September 29, which will be the final
28 budget meeting. She asked anyone that could not attend to let her know.

29
30 Ms. Robuck mentioned that she will not be available on September 8 but will be available
31 on September 29.

32
33 Ms. Huey stated that she would not be able to attend the meeting on September 29.

34
35
36 ADJOURNMENT

37
38 The meeting adjourned at 6:30 p.m.

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42 _____
Davis Talmadge, Vice Chairman