



**Community Health System 2020 Meeting
June 5, 2008
Finger Lakes Health Systems Agency
Minutes**

- Present:** Stephen Ashley (Chair), Leonard Redon (Vice-Chair), Nancy Adams (tel.), Bonnie DeVinney, Robert Dobies, H. Taylor Fitch, John E. Garvey, Susan Holliday, the Rev. George Nicholas, Michael Nuccitelli, Clayton Osborne, Thomas Richards, Robert Thompson, Edward Pettinella (tel.)
- Absent:** Gary Bonadonna, Mark Cronin, Thomas Flynn,
- Staff:** Fran Weisberg, Sally Trafton, Peggy Clark, Patricia Healey, Tori Toliver
- Guests:** Marc Voyvodich, Don Horstkotte, Stroudwater Associates; Sandra Parker, Rochester Business Alliance; Domenic S. Pesce, ConfigureHealth
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CALL TO ORDER

Mr. Ashley called the meeting to order at 4:00 PM.

WELCOME & INTRODUCTIONS

Mr. Ashley welcomed Mr. Marc Voyvodich and Mr. Don Horstkotte, Stroudwater Associates, Domenic S. Pesce, ConfigureHealth, Sandra Parker, Rochester Business Alliance (RBA), Commission members, and members of the public attending the meeting.

REVIEW & APPROVAL OF MINUTES FROM THE MEETINGS OF MAY 16, 2008, AND MAY 21, 2008

The minutes for the meetings of May 16, 2008, and May 21, 2008, were approved without revisions.

PUBLIC COMMENT PERIOD

No public comments were made.

PRESENTATION: ROCHESTER BUSINESS ALLIANCE

Mr. Ashley gave the floor to Sandra Parker, President and CEO of the Rochester Business Alliance. Ms. Parker expressed the RBA's views on the importance of the Commission's work, and the opinions of area employers. Ms. Parker reported the RBA, which represents approximately 2500 area employers, finds healthcare is employers' number one concern – above the cost of doing business in New York State. As a

result, the RBA felt the need to start an effort to look at ways of containing healthcare costs in the region while increasing access and improve the quality of care. Ms. Parker noted the Commission's work was one of the most important initiatives in the community and will have an impact on the vitality of the region. Ms. Parker thanked Mr. Edward Pettinella and Ms. Susan Holliday for their diligence in informing the RBA of the Commission's progress. Ms. Parker stated there is no question the community is facing a crisis of bed shortage, and that constant Code Red, patients stacked in the emergency departments, and an aging population have the potential of increasing the crisis. Ms. Parker stated the RBA believes in the Commission's process and that the right people are at the table looking at this issue and developing recommendations. Ms. Parker stated it is key for the Commission to not only look at the current situation, but also to look forward and analyze the impact of added beds and improvements to the facilities 5-10 years down the road. Ms. Parker stated the RBA is pleased with the degree of collaboration reinstated in the community and gave the example of the community process that generated agreement to raise physician reimbursement. Ms. Parker hoped the Commission would follow a similar process of developing its opinions based on consensus. Collaboration must also not be confined to the Commission, Ms. Parker stated, but also outside of the group and especially in the implementation of its recommendations. Ms. Parker stated the RBA constituent group is concerned with the likely increase in premium, but wants to know the pain will be shared and not simply passed onto the backs of employers.

It was asked aside from the cost of healthcare per employee, what were employers' concerns about quality (e.g., of care and facilities, ease of access, choice of physician, availability of specialists and subspecialists, presence in community of quaternary facility) and how these things weigh in CEOs' or board of directors' decisions to expand or relocate. Ms. Parker responded companies relocating to the area are not in state of shock over costs of healthcare because this happens no matter what where they go. Ms. Parker stated the Rochester area still has an advantage in terms of healthcare costs – the situation is not as good as it was 6-7 years ago, but Rochester is still offers a health cost advantage over other areas of the country. Other aspects to look at are quality of care, adequate supply of MDs, specialty areas representation. The fact that the area has the University of Rochester Medical Center is a draw because employers like to have medical center because of the type of people drawn into the community. Ms. Parker stated in conversations with CEOs of larger employers, the healthcare system in this community is an advantage for them as they recruit because state of the art specialties, physician choice, and higher access than in other parts of the country. Ms. Parker stated overall, the quality of the healthcare system is an attribute for the community.

It was noted the URMC is an economic driver for the region. It was asked how to weigh the importance of that economic driver, the cost of economic driver, and the assumptions in Certificate of Need Applications (CONAs) of bringing in patients from outside of the area. Ms. Parker responded care of patients from outside the region needs to be one of the Commission's considerations. The RBA's position is that the Commission needs to look at both sides of equation – not just from the standpoint as an economic driver, but also the cost to the community. Ms. Parker underscored this is a community issue. Ms. Parker stated it is

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vital to calculate the cost of adding beds to the community, as well as the overall burden that would be placed on other employers in the community with expansion.

It was noted that the charge to the Commission is to look at the region writ large, which includes outlying counties, Ontario, Livingston, etc. It was stated that data the Commission has seen suggest there is a significant number of low acuity emergency cases coming into Monroe County facilities, which could be addressed in hospitals resident in Canandaigua, Geneva, Dansville, etc. In the May 21, 2008, Commission meeting, it was recalled that the Monroe County hospitals expressed concern with the health of outlying hospitals. It was questioned whether the RBA has any thoughts that could give guidance on how the Commission ought to balance rural urban delivery.

Ms. Parker responded this was a tough question, and that she would answer from personal perspective. Recently, a visiting family member needed care and was brought to Soldiers and Sailors Memorial Hospital (SS). Ms. Parker stated the person received excellent care, but needed to be transported to one of the Rochester area hospitals for more specialized care. Ms. Parker stated increasingly, rural hospitals don't have the volume, equipment, and specialties to handle care. Ms. Parker stated more people want to go to institutions where the best equipment and experienced staff are, and to see their regular practitioner. Ms. Parker stated the regional community hospitals might fulfill a need for emergencies.

It was questioned whether there were any conversations on workforce health and more aggressive prevention measures to keep people healthy and their effect on productivity in the region. Ms. Parker responded when the RBA formed its healthcare planning group, it looked at four areas: wellness, development and support of the Regional Health Information Organization (RHIO), implementation of Lean 6 Sigma in hospitals, and the physician pay issue. Ms. Parker stated the group spent more time on the wellness issue and continues to expand this area. Ms. Parker stated the RBA supports the Wegmans Eat Well Live Well program, and continues to expand its efforts beyond workplace and into community. Ms. Parker stated this is a long term issue. Employers and the community need to focus their efforts on wellness. Ms. Parker stated this is one area on which the RBA will take more of a lead.

The issue of "sharing the pain" was addressed. It was questioned whether there had been any discussion about what the share looks like and whether Ms. Parker could provide any guidance on this issue. Ms. Parker responded there had been no discussion. Ms. Parker stated the physician pay issue did not specify how much pain there would be as a result of this decision, but the end result was fair distribution.

It was remarked that the concern in Penn Yan is that too many patients go to Rochester, while SS has extensive nursing homes and primary care physicians (PCPs) that need a place nearby for patients and families to go. It was stated the regional community hospitals could do more specialty care, but they need more help from the city hospitals to implement telemedicine & other initiatives. Ms. Parker responded the RBA does not support that the rural hospitals go out of existence – they are very important. Ms. Parker stated the community needs to look at how to utilize them and what services they offer.

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MOTION FOR EXECUTIVE SESSION

In light of information that would be presented in the facilities regional master facilities assessment referring to financial and strategic matters proprietary to the hospitals and systems, the Chair asked for a motion to move into Executive Session. A motion was made and seconded. Mr. Ashley thanked the members of the public and media for attending the meeting and closed the meeting. No decisions were made nor votes taken during the Executive Session.

OTHER BUSINESS

There was no other business.

ADJOURN

The meeting was adjourned at 8:05 PM.

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