



MINUTES
GREENVILLE COUNTY COUNCIL
Committee of the Whole – Special Called Meeting
August 25, 2015
6:07 p.m.
County Square – Conference Room D

COUNCIL MEMBERS

Mr. Bob Taylor, Chairman
Mr. Butch Kirven, Vice Chairman *left @ 7:40 p.m.*
Mr. Joe Dill
Mr. Joe Baldwin
Mr. Willis Meadows
Mr. Sid Cates

Mr. Jim Burns
Mrs. Xanthe Norris
Mrs. Liz Seman *left @ 6:23 p.m.*
Mrs. Lottie Gibson *left @ 6:45 p.m.*
returned @ 6:49 p.m.
Mr. Lynn Ballard
Mr. Fred Payne ABSENT

Pursuant to the Freedom of Information Act, notice of the meeting date, time, place and agenda was posted on the bulletin board at the County Square and made available to the newspapers, radio stations, television stations and concerned Citizens.

COUNCIL MEMBER(S) ABSENT:

Fred Payne, District 28

STAFF PRESENT:

Joe Kernell, County Administrator
John Hansley, Deputy County Administrator
Mark Tollison, County Attorney
Kimberly Wunder, Assistant County Attorney
Theresa Kizer, Clerk to Council
Regina McCaskill, Deputy Clerk to Council
Bob Mihalic, Governmental Relations Officer
Shannon Herman, Assistant to the County Administrator

OTHERS PRESENT

Bon Secours St. Francis Staff:

Dan Duggan, Chief Financial Officer
Craig McCoy, Chief Executive Officer
Camilla Hertwig, Board Chairwoman
Johnna Reed, Vice President Population Health Management
Dr. Chris Smith, President Medical Staff
Dr. Edward Heidtman, Vice President Medical Staff
Dr. Saria Saccocio, Chief Medical Officer
Dr. Ryan Hoffman, Medical Director Emergency Department

CALL TO ORDER

Chairman Bob Taylor

INVOCATION

Councilor Liz Seman

Item (3)

PRESENTATION BY BON SECOURS ST. FRANCIS

Dan Duggan thanked County Council for allowing Bon Secours St. Francis to speak regarding the future of the Greenville County Emergency Medical Services (EMS) System. The staff members in attendance were there to advocate for their patients and the community.

Mr. Duggan stated Bon Secours St. Francis wanted to work with the County and Greenville Hospital System to structure an EMS system that benefitted all. He added there was real opportunity to improve the outcomes of care, if an environment with checks and balances was created where tough issues were openly discussed and decided upon.

Mr. Duggan stated Bon Secours St. Francis had repeatedly asked to play a significant role in the proposed plan to move operational control of the EMS system to Greenville Hospital System (GHS). He cited a 70-page proposal that was presented to County Council in the same meeting that the County Administrator stated there was no proposal. Mr. Duggan stated the County and GHS were presented with multiple options for managing EMS, but they chose and presented full divestiture to GHS as the only option.

Mr. Duggan stated the Mobile Integrated Health Practice had merit, but not if only one institution had sole responsibility and control for decision making. He added Bon Secours St. Francis had offered and had stayed committed to the offer of providing financial assistance to the County. The offer included partnering with GHS and the County, to taking on full responsibility for EMS operations. Mr. Duggan stated the two hospital systems had very different philosophies. He stated County Council should embrace diversity and require a shared governance structure to insure appropriate checks and balances.

Power Point Presentation

GCEMS Proposal: Population Health Perspective

Presented by:

*Johnna Reed, RN BSN MPH
Vice President Population Health*

Johnna Reed stated she was the executive lead for the South Carolina region of Bon Secours Accountable Care Organization (ACO) and was responsible for the Community Outreach Team, which included nurses, social workers, dentists, and community health workers. She added she was deeply interested in the topic of a Mobile Integrated Health Care Practice.

Ms. Reed stated she had reviewed the minutes from the June 16th meeting in which County Council had received information on Accountable Care Organizations, the Affordable Care Act, and Mobile Integrated Health Care Practice. She stated she would add further information and context.

Ms. Reed stated when the Affordable Care Act was passed; the regulations and policy about the law were passed later. Regulations and policy had continued to evolve and flexibility was critical. She stated it was unlikely a long term agreement such as the 10-year agreement proposed with GHS would meet the needs of the County or comply with regulations two years down the road. What was experienced today in health care would not be the same in three years and the most collaborative partnerships around the country were for short time periods and allowed for flexibility.

Ms. Reed reviewed the main provisions of the Affordable Care Act which included: Expanding Insurance Coverage, Health Insurance Reform, Quality Improvement, Costs Containment and Consumer Protections.

Ms. Reed stated Good Help ACO consisted of Bon Secours providers, hospitals, skilled nursing facilities, and home health/hospice – all Bon Secours units. Ms. Reed stated Bon Secours meant “good help” in French. She stated Bon Secours had independent provider groups and other health systems in Ohio and Kentucky as part of the ACO as well as Medicare HMO contracts. All of the

agreements represented over 144,000 Medicare beneficiaries, with 42,400 in Greenville County alone. Of the 42,400, over 21,000 were enrolled in the Medicare Savings Program of which 6,000 were in District 27, Councilor Kirven's district. Ms. Reed demonstrated how attribution was determined by Medicare. An 18-step algorithm was used to determine if a member was associated with an ACO. Ms. Reed demonstrated how Medicare determined a beneficiary's association with an ACO and used Councilor Fred Payne as an example. In the demonstration, Councilor Payne visited GHS providers three times, Bon Secours St. Francis Urgent Care once, a Bon Secours St. Francis provider once, and was hospitalized at Bon Secours St. Francis. Medicare ultimately associated Mr. Payne with the GoodHelp ACO as determined by the claims submitted by all entities involved in his care. Once an individual was associated with an ACO, the ACO was responsible for the individual's continuing healthcare needs, regardless of where or who provided service.

Ms. Reed stated there were two ACO's in Greenville County; Bon Secours St. Francis and GHS. Both systems were fighting for patients to be associated with their ACO or medical home. The more beneficiaries associated with an ACO, the greater the opportunity to make payment incentives. Ms. Reed added the issue was much bigger than EMS and was a business model.

Ms. Reed reviewed the Shared Saving Program which was designed to improve beneficiary outcomes and increase value of care. The program promoted accountability for the care of Medicare fee-for-service beneficiaries, required coordinated care for all services provided under Medicare fee-for-service, and encouraged investment in infrastructure and redesigned care processes. Ms. Reed stated the best way to reduce cost was to eliminate waste in every form: human resources, unnecessary and repetitive exams, medical mistakes, etc., and the only way to that could be accomplished in Greenville County was for the two hospitals to work together.

Three Dimensions of Value

Ms. Reed stated County Council received information regarding the Triple Aim in the context of the Mobile Integrated Healthcare Practice (MIHP) in a presentation during a previous meeting and indicated the examples provided in the presentation were narrow in scope and designed to support the MIHP. Ms. Reed gave an example of the Triple Aim which focused on an individual with diabetes. In the example, the health outcome and cost were the result of a focus on care coordination and the engagement of the individual in their condition. She added social circumstances had a greater impact on health than health care institutions, and the Greenville County population most likely served by the MIHP had social circumstances that prevented them from accessing or interacting in a traditional manner. Ms. Reed stated coordination of care kept costs down and improved the well-being of a patient.

Ms. Reed stated regardless of where a patient received care, collaboration and coordination of care between the two Greenville County health systems was needed. She stated control of EMS resources by the ACO at GHS provided a significant advantage at managing cost, impacted patient attribution, and shifted market share to offset the investment. She added the goal should be coordinated and integrated care on behalf of the patients, not only on behalf of business goals. Any device, process, or tool that leveraged an ACO's ability to control where a patient received care placed them at an advantage.

Ms. Reed stated GHS and Bon Secours St. Francis collaborated in the Healthy Outcomes Program which resulted when the State of South Carolina declined Medicaid expansion. Ms. Reed stated the collaboration was strained, at best, and was a struggle. Mission Lifeline, a collaboration with GHS as well as Greenville County EMS, focused on heart attack patients transported to an Emergency Room. Earlier Dan Duggan cited a situation in which a patient begged to be transported to St. Francis as opposed to GHS.

Ms. Reed requested County Council apply a scholarly approach to any decisions made regarding the EMS issue and insure the decision was a matter of public safety and not politics.

*Value-Based Purchasing
Value of Quality Outcomes*

Presented by:

*Dr. Saria Saccocio, Family Medicine
Chief Medical Officer*

Dr. Saccocio stated the motivation of all health systems was to identify novel methods and models to achieve top decile, or top 10% status. She stated the ACA asked providers, “How well did you do?”, and more importantly, “How well did the patient do?” Dr. Saccocio stated high quality care was achieved in pockets of Greenville County but the ultimate question was, “How well did the community do?”

Dr. Saccocio stated initiatives were implemented under the ACO in order to achieve the Triple Aim. She added hospitals were the first to feel the sting of pay for performance with programs that penalized low performing hospitals. Dr. Saccocio stated now nearly all healthcare providers were expected to report quality data and their payments were based on the merit of quality care delivered.

Dr. Saccocio stated earlier interpretations of the law established a way for Medicare to pay hospitals for reporting on quality measures, quality over quantity. She added that in 2014, 3800 hospitals participated. Incentive payments came from the regular fees Medicare paid to hospitals. Only hospitals who were in the top 10% received bonuses. Another opportunity to gain financial favor was through quality improvement; by doing better than the previous reporting period of performance.

Dr. Saccocio stated that in January of 2015, Medicare indicated ACO payments would creep up to 50% of all payments for Medicare fee-for service, and hospital and post-hospital programs would be tied to 90% of payments by December 2018.

Performance Assessment

5 Quality Buckets

- Process of Care
- Patient Experience
- Outcomes
- Safety
- Efficiency

Dr. Saccocio stated while value-based purchasing was primarily an inpatient program, “the Medicare spend” per beneficiary was the first step toward linking inpatient and outpatient cost as a global measurement. She added that Accountable Care Organizations are rewarded when recognized as high performers across the continuum of care, with all medical services tied together and the ultimate Triple Aim achieved – quality, experience, and lower cost.

Dr. Saccocio stated the opportunity existed for all health systems in the Upstate to achieve high performance and the result was a healthier Upstate Community.

*Craig McCoy, CEO
Bon Secours St. Francis*

Mr. McCoy, a native of Greenville County, stated he served as a Paramedic with Greenville County EMS from 1994 until January 2002 and has served as the CEO of Bon Secours St. Francis since June 2015. Mr. McCoy stated he had also served in other capacities directly related to Emergency Medical Services.

Mr. McCoy stated MIHP provided a framework for collaborative efforts between diverse sets of healthcare professionals and services. MIHP programs that sought to compete rather than collaborate would encounter a difficult path to success. Mr. McCoy stated there was attempt to

collaborate from GHS to Bon Secours St. Francis and while there was opportunity for a seat on an advisory board, there was no governance there.

Mr. McCoy stated Bon Secours St. Francis had been recognized as a top performing hospital nationally and had the lowest re-admission rate for heart patients of any hospital in the nation. Mr. McCoy stated Bon Secours St. Francis should have the opportunity to collaborate with its competitors. Mr. McCoy reviewed the Washko Report which detailed several governance models for EMS systems.

Mr. McCoy stated the proposal by GHS was a business strategy, not a model for Population Health. He stated if the proposal by GHS was truly about saving the taxpayers of Greenville County tax dollars, why would the County not create a Not-for-Profit / Joint Venture Board which allowed the two hospital systems to come together, with County governance, and fund the shortfall in an effort to work together and improve health care for the citizens of Greenville County. He asked if County Council accepted the proposal by GHS, would the \$18.4 million budgeted for EMS in the FY 2016 budget be returned to the taxpayers or put in the coffers of the County budget to fund other services. Mr. McCoy added if EMS was not in the FY 2016 Greenville County budget, the money should be returned to the taxpayers.

Councilor Baldwin requested each hospital system submit information regarding the amount spent on public relations and lobbying in regards to the EMS issue. He added it was important for the citizens of Greenville County to understand the importance of the issue.

Mr. McCoy stated he did not have those figures with him but was willing to provide the information to County Council.

Councilor Gibson stated she appreciated Bon Secours St. Francis appearing and presenting their position on the EMS issue.

Item (4)

PRESENTATION BY COUNTY ADMINISTRATOR JOE KERNELL

Joe Kernell acknowledged the proposal that was presented in June and stated he had several meetings with Dan Duggan of Bon Secours St. Francis. He added they had discussed most of what had been presented during the meeting. Mr. Kernell stated Bon Secours St. Francis was an excellent health system and there was no interest on the part of Greenville County to exclude them. He stated there had been some concern, both internally and externally, about a joint operational model. Mr. Kernell stated from an organizational standpoint, it was in the best interest of Greenville County look at a single entity to operate the EMS system and the County would always be in a role to cancel the contract, if necessary.

Mr. Kernell stated there was ample opportunity to insure healthcare for the residents of Greenville County improved. He added the issue was not just about the emergency aspect of EMS and the County's current system was penalized by individuals who utilized the system and did not actually need emergency care. Mr. Kernell stated the Washko Report was completed in 2012, before the MIHP concept was defined.

Mr. Kernell stated there would not be \$18 million in savings; that was the total budget. He stated there was \$3.6 - \$4 million budgeted for EMS. Mr. Kernell stated there were capital costs in the budget which included ambulance replacements and refurbishments to update to fleet. If the proposal was adopted, the average savings would be \$2 million per year. Mr. Kernell stated under the proposal with GHS, the County would replace the ambulance fleet once. The amount saved by the County could certainly increase after the fleet replacement.

Councilor Baldwin stated everything he has read about MHIP stated if all healthcare providers were not involved, it would fail. Councilor Baldwin asked Mr. Kernell if he felt Greenville County should go with one hospital system when the County had two good, viable systems.

Joe Kernell stated he felt both hospitals should be involved and it would be beneficial for both to be involved; however, he felt it was difficult to operate an organization with two bosses. Each hospital

had different philosophies which could cause a stalemate. The two healthcare systems had to be willing to work with each other. He added that County Council did not have the authority to force the systems to agree. Mr. Kernell added he felt the original proposal was still the best proposal but it was important to put safeguards in place to protect patient choice. Earlier, a Memorandum of Understanding with both hospitals was close to approval and the sticking point was logos on the vehicles.

Councilor Burns asked if the County had looked at other models and what factors contributed to choosing the proposal by GHS.

Joe Kernell stated there were many different ambulance systems across the country. He added the County had looked at many different models and wanted to know if there was the ability to partner with another healthcare entity. County Administration asked could a plan be fashioned using both hospital systems but Mr. Kernell stated he felt it was difficult to work with two organizations trying to run one entity.

Councilor Burns inquired about the revenue line items and on what were they based.

Joe Kernell stated the revenue lines were historical and based on trend.

Councilor Burns stated a historic model made it difficult to determine future revenues and given the uncertainty of the Affordable Care Act, he asked how the County was looking at the revenues.

Joe Kernell stated the County was concerned as there was no empirical data and they would actually be in worse shape in the future if the revenues decreased. He stated that was the reason County Administration had searched for other entities to manage the EMS system.

Councilor Burns stated the County's number one responsibility was public safety and handing off the EMS system to another entity or entities appeared to be a great risk.

Joe Kernell stated he felt the County had hedged against risk by entering into an agreement with a healthcare entity. He added the County was also responsible for how money was spent.

Councilor Burns stated there were several entities in the County which were quasi-governmental established by the County where everyone in the community was represented. Councilor Burns stated there appeared to be a large portion of the community that felt a single entity would not represent them.

Councilor Kirven stated he felt the presentation had been quite informative and was very glad Craig McCoy was the new CEO at Bon Secours St. Francis. Councilor Kirven stated he felt County Council needed scholarly advice and should not rush into a decision. He added although EMS was currently under County control, the County was not in the healthcare business and collaboration between the two hospital systems could be the answer. Councilor Kirven encouraged Mr. McCoy to meet with Michael Reardon, CEO of GHS.

Councilor Baldwin stated many people used EMS for non-emergency needs. He asked Mr. Kernell if it was considered out of hand to form a non-profit corporation to manage EMS.

Joe Kernell stated the biggest problem with EMS was utilization. Too many citizens used EMS for non-emergency transport which penalized those citizens who actually needed emergency services.

Councilor Cates asked if the primary motivation was to save taxpayers money.

Joe Kernell stated the primary goal was to provide the best healthcare service possible for the community. He added County Administration looked for ways to protect the County with the uncertainty of changes in healthcare.

Councilor Cates asked if the EMS system, which was an award-winning system, would be better if GHS took over solely rather than allow Bon Secours St. Francis to be a managing partner.

Joe Kernell stated he did not say it would be equally as good either way. He stated he was aware Greenville County had a very good EMS system. However, the responsibility of County Administration was to look at options to make decisions based on what was best for the County and its citizens.

Councilor Cates asked if EMS was not broken, why Administration wanted to fix it.

Joe Kernell stated partnering with either healthcare system, GHS or Bon Secours St. Francis, was beneficial to the EMS system and would not harm the system in any way.

Councilor Gibson stated she had used both systems recently, more than any other Council Member. She asked why had there been so much research done and time spent on the issue if the current EMS system was not broken. She added the real problem seemed to be that Joe Kernell stated Bon Secours St. Francis was involved, but that was not what she was hearing from the public. Councilor Gibson stated she was not aware of any meetings County Administration had with Bon Secours St. Francis.

Joe Kernell stated he was able to supply all the meeting dates and times.

Councilor Gibson stated members of the Public Safety Committee were not part of any meetings.

Joe Kernell agreed the Public Safety Committee was not involved in any of the meetings and Administration chose to wait and approach County Council about the EMS issue when there was a proposal to deliver.

Councilor Gibson stated she had asked about the EMS rumor many times and then it all came down at one time. County Administration presented a professionally prepared document which indicated much effort and research. Councilor Gibson stated she only wanted to know why everyone was not at the table. She inquired when County Council would vote on the EMS issue.

Chairman Taylor stated he did not know when the vote would occur.

Councilor Meadows stated the EMS system was award-winning and to integrate with either or both healthcare systems could make it even better. He added integrating with either system, or both, would possibly save Greenville County \$1.5 million. Councilor Meadows added he would propose a motion at the next Council meeting requesting both entities work together in order to determine if GHS and Bon Secours St. Francis could work together.

Councilor Gibson stated the EMS workers must be jittery about what was going on in terms of employment status.

Item (5)

ADJOURNMENT

ACTION:

Councilor Cates moved to adjourn the meeting at 7:45 p.m.

Motion carried unanimously.

Respectfully submitted:

Theresa B. Kizer, Clerk to Council