

# TELLURIDE MEDICAL CENTER STRATEGIC PLAN 2010 -2013

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# TELLURIDE MEDICAL CENTER STRATEGIC PLAN 2010 – 2013

## MISSION

The Telluride Medical Center provides high quality health care to all persons regardless of their ability to pay.

## VISION

The Telluride Medical Center will be recognized as the premier provider of health care in the region.

## VALUES

### **CARE thru TEAMWORK**

Compassion

Accountability

Respects, Retains and Supports High Quality Staff

Excellence through Teamwork

# TELLURIDE MEDICAL CENTER STRATEGIC PLAN 2010 – 2013

## OVERVIEW

The Telluride Medical Center (TMC) operates two healthcare business units 1) a Trauma & Emergency Services unit offering a full service Level 5 (V) Trauma Center providing emergency care twenty four hours a day seven days a week and 2) a Primary Care unit that is a multi-specialty medical practice with two doctors, 2 mid-level providers and visiting specialists. The Telluride Medical Center is the sole provider of Trauma and Emergency Services in the area.

The Telluride Medical Center has two affiliated organizations: the TMC Foundation, a charitable fundraising organization, and IFAM, the Institute for Altitude Medicine, an altitude medicine charitable research organization.

The Telluride Medical Center is governed by a five member Board of Directors elected by the voters within a Special District established under Colorado law (the Telluride Hospital District).

## AREA SERVED:

The Telluride Medical Center provides medical services to a small mountain resort community remotely located at an altitude of 9,000 feet and 65 miles from the nearest hospital. The year round population within the Medical Center's service region is approximately 8,600 in the primary service area and approximately 14,800 including some patients from Ridgway, Norwood, Nucla and Naturita in the outlying service area. The area experiences seasonal fluctuations in patient volumes, particularly in emergency care, that are driven by tourists during the ski season (late November to early April) and summer visitors, with a peak demand during the winter months and a smaller spike during the summer. In addition, a significant number of patients live outside of the Telluride zip code area and commute to the Telluride area to work, quantified as 4,000 vehicle trips per.

In 2006, Stroudwater Associates predicted a five year growth rate of 17.6%. Current economic conditions, significantly reduced home sales, reduced visitor numbers and fewer jobs, are expected to reduce those five year growth projections. Current annual growth projections are 2% in Primary Care through 2011 and 0% in Emergency Services through 2011. (See Appendix 3 for detailed growth assumptions).

## **SERVICES OFFERED**

Trauma and Emergency Services are offered twenty four hours a day, seven days a week (24/7) and are funded through fees for service and taxes last authorized in a 2002 mil levy of 2.288 mils. Trauma and emergency services include pediatric and adult emergencies. Emergency Services is staffed by Board certified emergency medicine physicians, nurses and radiology technologists with occasional assistance from the Primary Care staff during peak times. TMC receives approximately \$1.8 million annually to provide Emergency Services.

Primary Care Services of family practice, internal medicine and visiting specialty care are offered 8 am to 5 pm Monday through Friday and Saturday from 8 am to noon and are funded through fees for service. Primary Care Services are eligible to withdraw up to 10% of their revenues from the mil levy revenue if needed to support services. Current board imposed restrictions allow for mil levy revenues to only be used for the uninsured in Primary Care. Included in Primary Care services offered are expanded medical services provided by visiting medical specialists working with TMC's staff and utilizing the resources of the Medical Center. Visiting physicians schedule their own appointments and bill for their services. As a condition of maintaining the facility lease, TMC is required to provide both Primary Care and emergency services at the current site (i.e., the services cannot be provided at two different sites).

TMC enjoys synergies and efficiencies as a result of the co-location of Primary Care and Emergency Care medical services. TMC is able to integrate patient care between Emergency and Primary Care, transitioning patients to an appropriate type of patient care and efficiently sharing resources during peak patient periods. Patients are encouraged to use Primary Care services rather than emergency care services. The average emergency visit costs \$558 and the average Primary Care visit costs \$161. Without TMC the community would have inadequate basic health services.

TMC provides bilingual care serving the Hispanic population which has been approximately 12% of the local healthcare population.

## **NEEDS ASSESSMENT**

The Final Health Care Needs Assessment published in 2006 by the Telluride Foundation (See Appendix 2 for the complete report) identified six services "needing additional local capacity", pediatric services, orthopedic services, mental health services, birthing, cardiology and ambulatory surgery. The Stroudwater Report identified family and general practice, internal medicine, obstetrics and gynecology and pediatrics as the highest demand services followed by emergency medicine, anesthesiology, radiology and orthopedics. A tertiary group included cardiology, dermatology, hematology and oncology, and psychiatry. Currently, the Telluride Medical Center has met those identified needs by offering orthopedic, mental health, midwife, cardiology, and radiology services primarily through visiting specialist programs. A few of the

services identified in the Needs Assessment have not been offered due to limited physical space, insufficient demand and economic feasibility. It is envisioned that only pediatric and dermatologic services will be added in the next three years through visiting specialists. Minor surgical procedures could be offered if a new facility is built. No services requiring general anesthesia will be offered due to insufficient demand and the effect of high altitude. Although the visiting specialists program has improved the services offered to the community, it has also added new constraints on the space available in the Center.

Due to TMC's high altitude location, the ski area and other local outdoor sports, TMC treats a higher proportion of sports and altitude related illnesses and sees fewer senior citizens than most medical facilities.

A number of area residents seek medical treatment outside of Telluride due to the lack of certain specialty services offered at TMC. Those that leave the area for additional services such as surgery will continue to do so because it is unlikely TMC would ever have the volume to warrant safe and effective operative procedures. Those that leave for Primary Care are basically leaving for Obstetrics and to a lesser degree, pediatrics. With the District population projected to grow no larger than 17,000 (Alternative Futures Study, Telluride Foundation, June 2009), TMC does not foresee obstetrics as being feasible in Telluride because the volumes required to have a safe and economically birthing unit are highly unlikely.

TMC provides a bridge between local healthcare and regional health care services. TMC collaboratively identifies deficits in local community health care and strives to provide appropriate solutions such as visiting physicians or transition to tertiary care for those with a higher level of acuity.

The Telluride Hospital District board decided not to pursue the 2006 Stroudwater Report recommendations of limited inpatient capacity and availability of ambulatory surgery. Four major concerns faced the board in making a decision to re-evaluate the need for these services in the future based on further study. 1) Maintaining quality with insufficient volumes to keep surgeons and medical staff proficient, 2) the volume of surgeries and/or inpatients would not be economically feasible to sustain services, 3) staffing would prove difficult due to the seasonal nature of the volumes and 4) the increased risk in performing surgery on a seriously ill inpatient 65 miles away from an acute care hospital. The one approved strategic action was to plan for short stay observation beds in a new facility. (Source: Telluride Hospital District December, 2006 Strategic Plan)

## PATIENT VISITS

TMC patient visits range from 31 per day to 82 per day. Peak ER months are December through March due to ski season and June through August due to tourism. Peak PC months are January through March and July through August.

### % OF ANNUAL VOLUMES\*

	<u>ER</u>	<u>PC</u>
<b>JANUARY</b>	13.8%	10.1%
<b>FEBRUARY</b>	13.0%	9.7%
<b>MARCH</b>	15.8%	11.0%
<b>APRIL</b>	3.8%	6.6%
<b>MAY</b>	3.3%	6.6%
<b>JUNE</b>	6.7%	7.6%
<b>JULY</b>	9.6%	9.3%
<b>AUGUST</b>	6.4%	9.1%
<b>SEPTEMBER</b>	6.4%	7.5%
<b>OCTOBER</b>	3.9%	7.6%
<b>NOVEMBER</b>	3.8%	6.9%
<b>DECEMBER</b>	13.5%	8.1%

\*Based on a 4 year average.

## FACILITY AND EQUIPMENT

The current medical facility is approximately 9,000 square feet, owned by the Idarado Mining Company, leased for \$10 per year and located in the Town of Telluride. Access to the medical facility is via Town bus, free gondola service, motor vehicle and foot. There is no helicopter landing pad for critical emergencies and limited room for emergency vehicles and parking. Currently, all helicopter med-evac patients must be transferred to the airport. Any additional services and visiting physicians will require more space.

The Telluride Medical Center houses a 16 slice CT scanner, a freestanding Level V Trauma Center and Emergency Center, EMR and Digital Radiology.

The facility was built as a private residence in the 1970's and was not designed to be a medical center. TMC operates at capacity at certain times during the peak season and has limited space to increase the volume and scope of healthcare services offered at those times. 1,700 square feet of the 9,000 square feet is dedicated to emergency and trauma services with overflow into the Clinic areas during peak times. During the 2008-2009 ski season the emergency room (4 bays) filled up, overflowed into the Primary Care facility, the lobby and hallways 50% of the

time. Current growth projections (See Appendix 4 for PC and ER room need projections) will require 7 Primary Care rooms for 2010 through 2013 and 4 Emergency rooms for 2010 through 2013. To accommodate peak volumes, 2 of the 7 Primary Care rooms have been designated as “Flex” rooms and are used for ER overflow.

The design of the current facility is not amenable to offering quality, comprehensive medical services. There is no area to receive emergency patients properly and conduct triage, and it has limited space to treat emergency patients. There is limited patient privacy at the reception desk, at patient billing and for emergency patients and families. In addition, the building does not comply with the State Health Division code for Community Clinics and Emergency Centers (See Appendix 5) as listed below.

#### General Building and Life Safety

- Licensed facilities are required to be constructed using non-combustible materials (not wood) protected by one hour assemblies
- Corridor widths are required to be 8’ 0” clear within patient care areas
- Minimum door widths and doors opening on corridors must be solid core, or better
- Carpet in the emergency department hallway is not acceptable

#### Community Clinics and Emergency Centers

- A nutrition area within the emergency department is required, separate from the staff food storage area
- Clear areas around emergency department patient beds should be 36” on sides and head and 48” at the foot
- Clean and soiled holding rooms should be 100 square feet each to allow for appropriate storage
- Equipment storage should be provided at a rate of about 15 square feet per emergency treatment bed
- Medication prep / pharmacy should be between 120 and 140 square feet for proper equipment and supply storage
- Emergency department labs should be between 120 and 140 square feet for proper equipment and supply storage

Despite the current conditions, in 2008, local voters in a majority of the precincts rejected all bond and tax increases concerning all local issues including a bond issue for a new medical facility and Telluride voters rejected building a medical center on the RV lot owned by the Town of Telluride by 56 votes (51.7% against).

The proposed 2010 TMC remodel is only a temporary solution to some of the Emergency Center's shortcomings but will correct some of the facility's deficiencies providing an environment that is safer and with less exposure to others' illnesses. It will be cleaner, much more ergonomic and nurse work stations will be largely located within lines of sight to patient beds to improve oversight, safety and service. The addition of a private ER room and the two additional flex rooms will mean less of a chance of a wait for a bed and will decrease the need to treat patients in the hallways.

## **PATIENT FEEDBACK**

Overall patient feedback is positive. The majority of the negative patient feedback regarding their experience at TMC centers on the quality of the facility. Other comments include the range of services available, hours of operation; time spent waiting to see a provider and lack of billing and payment information. Beginning in 2009, TMC provides a satisfaction survey to all patients in both hardcopy format as well as online entry. As always, TMC balances patient satisfaction, operational efficiencies and resources available.

## **SWOT ANALYSIS**

The Board of Directors updated a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) in October, 2009 and highlighted the following:

### **STRENGTHS (Internal)**

- Medical Providers on Staff
- Compassionate Care
- Medical Safety Net for the Community – Services for the Uninsured

### **WEAKNESSES (Internal)**

- Facility (Limited capacity, Emergency Department, location relative to Emergency Medical Services, Patient Privacy)
- Patient Billing System / Statements

## **OPPORTUNITIES (External)**

- Supportive Philanthropic Population
- Regional Planning (Telski, Town Councils, County, Telluride Foundation through the Local Healthcare Initiative)

## **THREATS (External)**

- Downward Pressure on Reimbursement – Reform will decrease reimbursements
- Limited Land Availability
- Anti-Growth Sentiment

Each of these has been addressed in the Strategic Plan.

## **SERVICES FOR THE UNINSURED – MEDICAL SAFETY NET**

The TMC Mission is to provide high quality health care to all persons regardless of their ability to pay. Currently TMC is seeing the number of patients without the ability to pay increasing. Any private physician operating independently within the service area would not be obligated to treat patients regardless of their ability to pay. Tax support is used to cover uninsured care. 13% of TMC's gross revenue is non-reimbursable cases.

## **OTHER SERVICE PROVIDERS**

Only one non-TMC Family Practice doctor currently practices within the Town of Telluride and no medical services are provided in Ophir, Rico, Sawpit, Placerville, Mountain Village or rural areas. However there are a number of non-traditional practitioners within the Town of Telluride. TMC is the only non-profit medical facility in the local area and the only medical facility to receive tax support. The non-TMC Family Practice doctor also hosts visiting physicians offering orthopedic services and midwifery. TMC provides Emergency Room and on-call coverage, lab and imaging services and patient coverage when the non-TMC private practice physician is out of town.

# TELLURIDE MEDICAL CENTER GOALS

Three primary goals have been identified for the Telluride Medical Center for 2010 through 2013 based on the mission, research, community outreach, and assessed needs.

- 1. HELP MEET THE CURRENT AND FUTURE HEALTHCARE NEEDS OF THE COMMUNITY**
- 2. OPERATE EFFICIENTLY AND ON A FISCALLY RESPONSIBLE BASIS**
- 3. EDUCATE THE COMMUNITY ON HEALTH AND WELLNESS OPTIONS**

## **GOAL 1 HELP MEET THE CURRENT AND FUTURE HEALTHCARE NEEDS OF THE COMMUNITY**

**Objective 1:** Provide Quality Emergency Services to Meet Current and Future Needs, Save Lives and Prevent Medical Complications

### **Strategies:**

- Establish internal quality of care standards and measurements and report quarterly on status of meeting those measurements
- Provide additional ER rooms (Flex & Private)
- Improve Patient Privacy with remodel
- Provide Separate ER Waiting Room with remodel
- Meet peak capacity utilizing existing ER resources 80% of the time
- Increase and improve agreements with insurance providers
- Achieve 90% positive ratings from patient satisfaction survey
- Recruit, retain and support certified and highly trained emergency room physicians, nursing, and radiology staff
- Maintain Level V Trauma designation
- Develop and maintain Patient Portal to enable patients to review and pay bills

**Objective 2:** Provide Quality Primary Care Services that Meet Current and Future Needs

**Strategies:**

- Institute Telemedicine
- Establish internal quality of care standards and measurements and report quarterly on status of meeting those measures
- Become National Committee for Quality Assurance (NCQA) certified for Patient Centered Medical Home by end of 2011 to provide comprehensive care for local residents
- Integrate Primary Care with Mental Health in 2010
- Cover for local providers during absences such as vacations
- Make available Emergency Room, lab and imaging services and cover practice for non-TMC provider
- Provide medical safety net services for community, providing medical services regardless of the ability to pay
- Provide linguistically and culturally competent healthcare services
- Maintain and expand strategic relationship with a major regional hospital to provide access to expanded clinical resources and specialists
- Sponsor Health Events – Annual Physical Exams and Blood work and/or Monthly Specials
- Immunizations
- Anticipate the healthcare needs of the community and provide the resources needed through the Medical Center, partnerships or joint ventures
- Maintain Rural Health Center status to enhance grant eligibility and reward opportunities
- Identify and Provide Additional Visiting Medical Specialist Services
- Increase and improve agreements with insurance providers
- Set and achieve goals for Primary Care cycle times
- Achieve 90% positive ratings from patient satisfaction survey
- Develop and maintain Patient Portal to enable patients to gain fee information, billing policies, make appointments, pay bills and chat with a provider via email

**Objective 3:** Provide a Facility that is Conducive to Meeting Current and Future Healthcare Needs and Meets Health Facility Safety Standards

**Strategies:**

- Secure the future by acquiring land for new facility
- Find site and purchase or trade land if current facility can be acquired
- Define space needed to provide services and meet anticipated medical services needed
- Conduct a needs assessment for future medical needs
- Limit remodel of existing facility to “essential”

- Develop and implement a plan to communicate “needs” and plans consistently and constantly to the community
- Design a new facility based on growth projections and services needed
- Develop a phased fundraising/capital campaign through the TMC Foundation
- Improve facility utilization by monitoring patient scheduling for efficient use of space
- Expand healthcare, based on medical staff recommendations, with services that maximize the use of existing facilities and don’t require dedicated space
- Accomplish any facility expansion or remodel without disrupting current operations

**Objective 4: Improve Access to Care**

**Strategies:**

- Work with area providers and employers to provide a low cost health insurance option for the working uninsured
- Work with Montrose Memorial and St. Mary’s (GJ) to include in low cost health insurance option so referrals can be made to tertiary facilities.

**Objective 5: Provide information to the community regarding current services and demand for those services, and anticipated medical needs and resources required to provide them to gain community input and support**

**Strategies:**

- Implement a three year communications plan using an outside communications specialist
- Establish a Community Advisory Board with a clearly defined advisory role to provide information on current community political trends
- Meet with and/or survey stakeholders and influential members of the community
- Publicize Compassionate Care and quality of care provided
- Information on Medical Safety Net – assisting the uninsured
- Participate in or drive Regional Medical Planning and work with the Local Healthcare Initiative (LHI)
- Create an awareness of services available and quality of care offered

## **GOAL 2 OPERATE EFFICIENTLY AND ON A FISCALLY RESPONSIBLE BASIS**

### **Objective 1: Operate with a positive cash flow**

#### **Strategies:**

- Maintain a minimum of 55 days of cash on hand
- Maintain staff benefits at or above current levels
- Move forward on projects only if funding is available
- Efficient use of equipment and personnel across ER and Primary Care
- Reduce costs and improve productivity while maintaining a quality patient experience
- Continually assess personnel compensation models
- Implement an employee bonus program (target 10%) over four years that is based upon goals that can be directly achieved through employee actions
- Improve or expand agreements with insurance providers to improve payment cycle and reimbursement rates
- Anticipate and budget for possible declining service volumes and mil levies
- Set and maintain a goal of annual gross margin of greater than 20%
- Adjust all fees in line with other comparable resort communities
- Maintain holds and manager hold claims below 10% of total AR
- Bad Debt as a percentage of Total Revenue is not to exceed 7%

### **Objective 2: Obtain external funding for major projects**

#### **Strategies:**

- Aggressively apply for all appropriate grants
- Maintain RHC standards helpful in receiving grants
- Refine Grant Reporting and Accounting Process
- Raise private donations through F.E.A.S.T. , TMC Foundation and other philanthropic organizations

### **Objective 3: Streamline Billing Process and Administrative Support Functions**

#### **Strategies:**

- Refine patient self pay billing process by bringing in house
- Develop and maintain charge and billing policy information on the website
- Develop and maintain Patient Portal to enable patients to gain fee information, billing policies, make appointments, and pay bills

### **Objective 4: Complete infrastructure upgrades for efficient operations**

#### **Strategies:**

- Establish offsite IT replication backup
- Replace old workstations and monitors
- Install new phone software to efficiently handle volume
- Implement E-prescribing
- Establish patient disease registry
- Implement P&P for Electronic Health Records (EHR)
- Develop Patient Portal on Website
- Interface between Express Charts and eCW.
- Budget for and participate in Quality Health Network (QHN)

## **GOAL 3 EDUCATE THE COMMUNITY ON HEALTH AND WELLNESS**

### **OPTIONS**

**Objective 1:** Provide information to the community to enable them to make informed medical decisions

**Strategies:**

- Provide Patient Navigator services enabling patients to find and use resources outside of TMC such as transportation or medical treatment
- Continue to publish the Telluride Medical Center Health Care Updates Newsletter or provide similar information
- Counsel individual patients in alternative medicine
- Promote the use of Primary Care over Emergency care
- Provide a Public Lecture Series
- Provide information on healthy lifestyles, behaviors and the consequences i.e. drugs, STD