

# Bartlett Regional Hospital

## JOINT CONFERENCE MEETING AGENDA

Wednesday, September 29, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom Videoconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/99404022121>

or call

1-253-215-8782 and enter webinar ID 994 04 2 2121

- I. CALL TO ORDER
- II. PUBLIC PARTICIPATION
- III. APPROVAL OF THE MINUTES – [June 23, 2021](#) (Pg.2)
- IV. NEW BUSINESS
  - Senior Leadership Turnover
- V. OLD BUSINESS
  - A. Specialty Services Updates
    - Ophthalmology
    - Urology
    - Psychiatry
  - B. Crisis Stabilization Unit Updates
  - C. Affiliation / Telehealth Services Agreements
  - D. SEARHC
  - E. Conflict of Interest
  - F. EHR / Meditech Expense Updates
  - G. Hospital and Medical Staff Relations / Communications
- VI. MEDICAL STAFF COMMENTS
- VII. BOARD / ADMINISTRATION COMMENTS
- VIII. NEXT MEETING DATE – TBD
- IX. ADJOURNMENT

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Minutes - Joint Conference Meeting June 23, 2021 – 5:00 p.m.  
Bartlett Regional Hospital Boardroom / Zoom Videoconference

**Called to order at 5:08 p.m., by Board President, Kenny Solomon-Gross**

**Present (virtual attendees italicized):**

*Kenny Solomon-Gross, Board President*  
Rosemary Hagevig, Board Vice-President  
*Mark Johnson, Board Secretary*  
Lance Stevens, Board Past-President  
Rose Lawhorne, CEO

*Keegan Jackson, MD, Chief of Staff*  
Joseph Roth, MD, Vice-Chief of Staff  
*Noble Anderson, MD, Secretary/Treasurer*  
*Joy Neyhart, DO, Past Chief of Staff;*  
Anita Moffitt, Executive Assistant

**PUBLIC PARTICIPATION** – None

**PHYSICIAN RECRUITMENT UPDATES** – Ms. Lawhorne provided the following updates:

- **Ophthalmology** – Dr. Kopstein has given his 90-day notice but has put us in touch with AK Retinal Consultants. They provide full service ophthalmology with surgery capabilities and retinal care. We are looking to enter into an agreement with them to provide coverage when Dr. Kopstein leaves in August. We are preemptively working with credentialing of the providers. We are also working with an ophthalmology recruiter for a possible permanent replacement. Ms. Lawhorne was very clear with AK Retinal consultants about the needs of the community and that we are looking to recruit a permanent Ophthalmologist. We could continue to refer patients to them and they can provide backup coverage. BRH has equipment for cataract and laser surgery but not retinal.
- **Urology** – Dr. Huffer is in town and taking referrals via his cell phone. His temporary practice location is not working as well as he had hoped. He is continuing to look for temporary space while renovating his permanent practice location on Vintage Boulevard. He performed his first procedure in the OR yesterday. Dr. Huffer is being proctored by the anesthesiologist (like other single specialty surgeons are done). He has a very good reputation of practice after 13 years in Fairbanks. Dr. Neyhart requested that an email be sent to the Medical Staff with information about how to reach Dr. Huffer and that he is taking referrals. He should also be invited to the next Medical Staff meeting so everyone can meet him.
- **Psychiatry** – No changes in where we are heading. Looking at the costs of locums that we are hiring for a few short months, SLT agreed to shorten physician contracts to a yearly rotation. This has helped and we have on boarded two psychiatrists. We continue to look at therapists and support staff to keep up with the growing demands.

**CRISIS STABILIZATION UNIT UPDATES** – The expectation of adding the extra floor to the Crisis Stabilization Unit building is to use the extra floor for temporary space by the BSSC when their lease ends in the space they are currently in and possibly by other departments as construction around campus displaces them. This space will eventually be used to provide Behavioral Health Services as the demands for these services continue to grow. The old BOPS building has been cleared away. Ground work is taking place now. A ground breaking ceremony will take place to kick off the project when the ground work is done.

**AFFILIATION / TELEHEALTH SERVICES AGREEMENTS** – Maintaining a strong position in the community and continuing to serve our patient population and support our primary care is essential. We can do that through affiliations. Affiliation agreements had been put on hold as the CEO recruitment efforts were underway but we are now ready to continue these conversations. During the pandemic, patients were exposed to new ways of care. In some cases, it's more feasible for them to receive care via telehealth. Providing specialty services via telehealth is not to be separated out by program. It is to be a cohesive effort, where there is oversight and we can maximize our resources, and access grant funds. This program will be placed under the best person once the SLT is complete again. We are recruiting for a COO and have a candidate that shows a lot of promise. We continue to watch the regulations for billing of telehealth services. The emergency declaration has been extended for another month and there are legislative efforts to continue virtual care billing in the future. Dr. Roth noted that an AK license is needed for providers to provide telehealth services now. AK is very slow at issuing licenses and physicians from other states do not want to work if they can't get paid. There is talk about a compact for licenses to carry over into other states. AK Medical Association is fighting it as it doesn't want to deal with carpet baggers (physicians coming to AK for brief periods of time and leaving all of their complications behind for local physicians to care for). There are pluses and minuses to a compact. Some states are not as picky in their oversight as AK. There are other places in the country where reciprocity does work. Mr. Johnson noted telehealth and telemedicine is going to expand so modifications to the system will need to be made. There needs to be a way to overcome some of these obstacles without creating more problems. Dr. Neyhart stated that the limiting factor for AK for an interstate licensure compact is the training requirements. AK requires completion of three years of post-graduate training to get a full and unrestricted license here, other states do not. The current licensing board is looking at this. In response to Ms. Hagevig's question about when discussions about affiliations will resume again, Mr. Solomon-Gross responded it would possibly be October to allow the CEO to get some support under her feet. He then thanked Drs. Roth and Neyhart their insight about the interstate licensure compact. It helped understand why we lost several physicians after the emergency declaration ended.

**SEARHC** – Dr. Roth reported that there is some physician concerns about SEARHC opening an urgent care facility and making it open to the general public. Could BRH request a cease and desist? SEARHC's mandate is to take care of beneficiaries except in places where there is no other provider, which is not the case in Juneau. Ms. Hagevig noted SEARHC is actively advertising Ear, Nose and Throat (ENT) services as well. Dr. Neyhart asked if SEARHC was required to get a Certificate of Need (CON) for an urgent care facility. Mr. Stevens suggested the CEO contact legal and request a review. Dr. Roth noted a federal organization does not need to have a CON. Dr. Neyhart stated that tribal corporations in the lower 48 don't take care of non-beneficiary patients, how is it that the AK Native Health Corporations can? Mr. Johnson stated clarification of the current legal status of Native Health Corporation rights and a better understanding of who is treating who is needed. Mr. Solomon-Gross is working with Ms. Lawhorne to find solutions.

**CONFLICT OF INTEREST** – Dr. Roth reported that the medical staff is working with Horty Springer (healthcare law experts) on a peer review conflict of interest policy. The medical staff has a policy that CBJ does not agree with. Due to the size of our community, if CBJ policies are followed, peer reviews

would require an outside entity to perform them due to perceived conflicts of interest. The medical staff understands there are certain levels of conflict of interest and do recuse themselves at those times. Mr. Johnson expressed surprise CBJ legal would be involved. Alaska State statute defines what a medical review committee must be to meet requirements. If our committee meets those requirements, they are a legitimate medical review committee under state law. Ms. Hagevig stated that Horthy Spring is highly specialized and the recognized expert on this in respect to medical activity and CBJ attorneys are not. Dr. Roth reported there is a meeting scheduled to take place next week with Barbra Nault (BRH legal counsel) and Susan Lapenta (Horthy Springer), Rob Palmer (CBJ attorney). Dr. Roth thinks CBJ is slowly coming around. Mr. Johnson requested the Board be kept in the loop. Ms. Lahorne stated that providing education to our CBJ colleagues is important so they understand the ramification of the language and looking at the sequela from sticking to our guns as a city entity. Ms. Lawhorne will meet with CBJ law to assist in resolution.

**ELECTRONIC HEALTH RECORD / MEDITECH EXPANSE** - Dr. Roth reported that a lot of the medical staff is frustrated with the perceived lack of support for Meditech ExpansE. The EHR Committee has been asked to send a survey to the medical staff to find out how it's going. It feels like support is not available as it should be and providers are not using the system as it is meant to be used. After hour support is available on-line or via remote help line only, no local support. It often takes a long time to get a call back or they are unable to assist when they do. Nurses are unable to assist as they use different screens. Dr. Jackson said it feels like repeated reporting of the system not working is perceived as whining and a solution is not being sought. The medical staff would like local, 24/7 staff support. Support would not need to be BRH staff but does need to be someone local. Mr. Johnson suggested we look at other options if Meditech is unable to meet our needs. Ms. Lawhorne is sympathetic to the challenges experienced by the medical staff. She noted that our teams that implemented this program did what they felt was appropriate when researching facilities for feedback about Meditech ExpansE. These facilities said it was great. It became immediately apparent to BRH that we were going to need more support than was anticipated. The on-call support provided by the vendor was supposed to help and has been extremely frustrating for the implementation teams as well as the medical staff. Ms. Lawhorne, Mr. Benson and Mr. Chille are working to find a solution to this immediate crisis. She stated that we do need an enterprise system that facilitates safe patient care. Recognizing that the call resources provided is not working, a survey is to be sent to the providers to identify the issues so we have the data needed to let us know where to focus. In the meantime, the team is looking at ways to find the right support needed and balance it with the resources we have. Support has not gone smoothly and has been extremely frustrating for all involved. She stated that we do need to start looking long term, look at the resources, what is available and what the cost is. Affiliations may affect our choice. Ms. Lawhorne supports, and will speak with Mr. Chille about ways to provide 24-hour local support even if it's not in-house. Mr. Solomon-Gross agreed, if it's not getting better, we need to make sure that Meditech understands the frustrations. We need to find a solution for the short term while looking at long term goals.

**HOSPITAL AND MEDICAL STAFF RELATIONS / COMMUNICATIONS** – Dr. Roth stated that he does not feel that there's a lot of good feelings between the medical staff and BRH right now. Example: The credentials committee had done a formal investigation. A comment was made about the money spent for the 30 hours of the lawyer's time. There was nothing said about the 30 hours for each of the 3 physicians involved that were not paid for their time, not even a thank you for the time that was given to the hospital. It was perceived as a complaint of having spent so much money on physician stuff. It's important that the board realize that we are in this together but how do we make it feel like we are when we have these types of things? Physicians are frustrated and we need to make it better. Ms. Lawhorne noted one way to address these issues is communication. She will meet with each of the physician groups individually to hear the frustrations and try to build relationships. There will be dissidence at times, with differing priorities but it's important to have good relationships to help us work

through them. Ms. Moffitt is to reach out to each clinic to schedule these meetings. Mr. Johnson said communication is important but also feels that acknowledging physicians in the same manner that staff is recognized is important as well. Ms. Lawhorne agrees, administration could do a better job of recognizing physicians and is an area of focus for her. Mr. Solomon-Gross believes that Ms. Lawhorne is sincere in her statements and thinks things are going to change around here for the better. Meetings like this are important and very good eye openers.

**JOINT CONFERENCE MEETING SCHEDULE** – Ms. Moffitt will schedule these meetings to take place quarterly. Meetings may also be scheduled on an as needed basis, even for single subject agendas.

**MEDICAL STAFF COMMENTS** – Dr. Roth expressed appreciation for the meeting. Ms. Lawhorne has been great at listening to concerns and he looks forward to making progress with her at the helm. Dr. Jackson apologized for missing the first part of the meeting but thinks it's great to have a platform to share information and to fill in the blanks from other meeting's minutes and to discuss topics that evolve from month to month. The challenging issues with Meditech has not evolved. Dr. Neyhart thanked everyone for holding this meeting and committing to keeping things going forward. She looks forward to Ms. Lawhorne's tenure as CEO. Dr. Anderson expressed thanks for the meeting. It's good to be heard and we've tackled some very touchy issues that have caused burnout and frustration for the physicians.

**BOARD / ADMINISTRATION COMMENTS** – Mr. Johnson said we have a lot of smart people in this group that have the same goal to make this the best hospital possible. It isn't easy but we keep rolling up our sleeves and continue working at it. Mr. Stevens agreed with Mr. Johnson and said we do need to recognize that hope doesn't make change. We had hoped things would get better and they didn't so now it's time to make change. Seeking and getting input and taking actions will go a long way in demonstrating how serious we are. Thank you for making sure we heard you loud and clear so we can take those next steps to make some positive changes. Ms. Hagevig agreed. Ms. Lawhorne thanked everyone for their support of her and for their willingness to grab the bull by the horns to move the organization forward in the right direction. She values each attendee and what they bring to the table and the organization. Mr. Solomon-Gross thanked everyone for the frank conversation and is looking forward to the next one.

**Next meeting:** To be determined

**Adjourned** – 6:19 pm.