

Help may be on the way for RMCHCS

Written by By Holly J. Wagner Sun Correspondent
Friday, 13 May 2022 04:02



The cavalry may be coming to help Rehoboth McKinley Christian Health Care Services free up between \$2.5 million and \$3 million of federal funding held up in bureaucracy.

“I talked to the governor yesterday, and she said she would assist us with what the holdup is,” McKinley County Commissioner Billy Moore said after a special meeting of the county commissioners May 4.

The *Sun* was not able to confirm that with the governor’s office by press time.

“Once a lot of the financial issues get resolved, they will be able to focus more on providing better care to our community,” Moore said. “Right now the main thing is to stay afloat and avoid bankruptcy... that’s the way I see things playing out.”

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Meanwhile, the commissioners and hospital management have agreed on some changes to governance provisions in the hospital's lease, and the commissioners are planning to meet with community activists May 13 to hear their proposal for operating the hospital.

"There is no definite agenda on asking for any changes. We're listening to everybody, evaluating what we have and what's best for the hospital and our community," Moore said.

The commissioners stepped in on the heels of community complaints about staff morale and attrition, and operational issues. RMCHCS leases the hospital land and buildings from McKinley County, which gives the commissioners some leverage in how the hospital operates.

Connie Liu, co-founder and spokesperson for Community Health Action Group, said the group's proposal to put a managed services organization in charge of RMCHCS would go a long way toward solving problems.

"The organization will be physician-run and -owned. It will build in the accountability that has been lacking," she said. "We will have oversight by local physicians who are aligned with the community's goals and who have an interest in ensuring excellent health care for everyone."

The hospital's seven-member board of trustees is in for some changes, too. The county will appoint two voting representatives to the board, which the commissioners may replace at will.

RMCHCS and the county will be able to vet each other's nominees before appointment, and preference will be given to candidates who have medical experience and/or live in or around McKinley County, Moore said. He was already an ex-officio member of the board, and was made a voting member late last year.

"Our recommendation is that the board chair in particular be somebody local, who is mission-aligned and who has a track record of service to the community that demonstrates that they have the interest of the community at heart," Liu said. "We also recommended that given

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the lack of community connection to the board, that any vetting process be done publicly so the community can ask questions of the candidates.”

Tension between RMCHCS and the community has escalated steadily over the last few months, when community protesters hit the streets after phone problems kept patients from making appointments or reaching their caregivers at College Clinic.

CHAG members have kept up the pressure, appealing to county officials to intervene.

The most recent shock came April 26, when RMCHCS’s interim CEO Chantelle Venter was fired and escorted out by security a day after she told a community gathering the hospital was having trouble paying vendors and had just a few days worth of cash on hand.

“My email is full of local businessmen and local businesswomen, some of whom are here tonight that have been asking me to pay their outstanding invoices, and I just don’t have the money,” she told the gathering.

Dunning messages from local pest control businesses, electricians and plumbers, hotels, newspapers, physicians and more were crowding her inbox. Some vendors got paid before she departed.

“Just before I left, I was able to get approval from the county to do a payment from the levy funds,” she said in a subsequent interview.

Use of the mill levy funds has been restricted to operational costs like maintenance, repairs, remodeling and equipment, County Attorney Doug Decker said, but wants it changed to permit paying staff. The change will not apply to traveling clinicians.

“We want it clear that it can be used for RMCHCS employees and not vendors or contractors,” Decker said. “That is not part of the current lease.”

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Even Community Hospital Corp., the hospital's management contractor and Venter's former employer, wasn't getting paid timely, Venter said. Much of the hospital's money is tied up in levy funds, CDs or other instruments that are difficult to convert into cash, she said.

She identified some items that could help generate more revenue or cut costs for the hospital:

Realizing the Rural Health Clinic designation, which she said the Centers for Medicare and Medicaid Services approved for the College Clinic in October 2020. When it rolls out, it would allow the hospital to bill patient visits at a higher rate – more than \$900 per visit – and increase use of physician assistants and nurse practitioners for less severe cases. Venter told the CHAG gathering the RHC change alone could increase clinic access by 450%. The higher billing rate could add up to \$6 million to \$19 million per year, she said later.

Hiring local care providers to work shifts, rather than using visiting clinicians that Venter said cost three to five times more because of travel and accommodation costs.

Postponing a transition to an Electronic Health Records system for patient records. While CMS has encouraged health providers to move to EHR, Venter said it involves changes to the billing system that could delay some collections for months or even years after the switch is completed. "That really affects cash collections because you are going off of the old system and onto the new one," she said. After the switch, "you will only collect between 45% and 60% of what you are used to" for up to two years.

Venter, a former emergency room nurse, was also adamant that RMCH needs to repair strained relations with staff.

"You can't run a hospital from a spreadsheet," she said. "It runs on its people."

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