

Carroll County Commissioners Meeting

Minutes

February 10, 2010

Commissioners Present: David Sorensen, Dorothy Solomon, Chip Albee

Public: Scott McKinnon

Reconvened public meeting at 11:30am.

Introductions – Commissioners and Scott McKinnon, CEO Memorial Hospital, No. Conway.

Dorothy: I asked that we meet since you are new at Memorial and doing new things and wanted to see how the County could assist or perhaps how Memorial could assist us with things we might have in common and help us with a specific issue that has come up. It is the dialysis issue. Memorial doesn't have a dialysis center and there is not one in Carroll County. I have been inquiring whether a private facility would be willing to open up here in the County. Obviously we can't do it here but in concert with the hospital perhaps something can be done. There are also no Nephrologists in the County. These are just some of the "what is possible" that we can do to help the people of Carroll County.

Scott: The timing for discussion of this issue is perfect as my primary focus is to revisit and develop our strategic plan for the hospital, which are built around several initiatives, new services and market growth and development, which includes how we can successfully expand our existing services and potentially developing new services. As I have gotten out in the community the issue of dialysis has come up several times. As part of this plan, dialysis will be something we will be taking a look at. One of the questions is will we do this as a stand alone entity or will we partner with someone. We currently partner with several institutions, our strongest affiliation is with Maine Medical, we also partner with Central Maine and have physicians (ENT) coming up from the Lakes Region. Whatever makes sense in bringing a service need to the community, I am very much for that. We will look at this over the next several months and do a feasibility analysis.

Dorothy: Radiation treatment would be another service to provide, this is something very close to me.

Scott: I have a lot of experience in program development and one of the things I have done at two different organizations was develop radiation therapy programs. In one location I worked with a tertiary organization to bring this service to our community. It was staffed and funded by this other organization and was seamless to our community on who was providing the service. It was a value added service for both organizations. Things that I am interested in, sleep services, wound care, dialysis, radiation or other expanded oncology services, these are things I would like to bring into the community over an appropriate time frame. This is an opportunity to do these things in a collaborative way.

Dorothy: Can we say that you and the board here will be working together to see what can be done. I am trying to get Betsy Shear in Central Maine Dialysis at looking the possibility of

bringing a center here. I have not had an opportunity to speak with her directly yet. There is an agency out there that can produce the numbers needed for dialysis patients in Carroll County, the state can't do it.

Chip: This is a public/private partnership that Dorothy is envisioning. What kind of forum do you set up to put this discussion together or are you thinking of doing that with just your board? Or will you be setting up a broader discussion of what services might be needed.

Scott: There are two paths to take, one is inside the organization in which we will do an internal analysis if this will be a potential path we will take and this will be worked out with myself and the board of trustees and at that point if this is a service we feel we should continue to pursue we would determine if we can do this as a single entity or need the leveraging of partnering. The other way to connect this is I am pushing a Community Collaborative which focuses on individuals and organizations that deliver healthcare in one form or another. This will start with a core group on how we can coordinate the delivery of care. If you are already having conversations with other organizations that are interested at some point we will need to connect those dots too.

Dorothy: We can't have this discussion without a hospital, because you must have a nephrologist involved and there isn't one in Carroll County.

Scott: That's where we have the leverage of our tertiary partnerships and we will have access to nephrology. Before I came, Memorial was going through the process of whether they needed to have a formalize merge with another organization. Where I am heading is we will do clinical affiliations where it makes sense that gives us more flexibility.

Dorothy: Saco River is losing its VA affiliation in September. VA is looking for a location in the Conway area. Have they spoken to you about this?

Scott: They have asked if we have real estate. We have very limited space and especially if we are going to develop other programs. My understanding is that in the past they have had an affiliation with another facility, but now they want to operate their own program with their own facility. If they are looking to talk about another kind of partnership I would be open to discussing that with them.

Chip: It is definitely helpful if these dialogues are broad-based and involve everyone in the county. Are you bringing Huggins in to the dialogue? Part of the issue I have with the dialysis issue is that we couldn't provide placement for this service but they found a place in Wolfeboro a few miles away. Your hospital can't provide all service to all people and neither can our nursing home, but county wide you can get the job done and it is happening in the medical field pretty seamlessly, but in the nursing home field we have run into a speed bump with this dialysis issue.

Scott: With the collaborative we wanted to be inclusive and not exclusive, we decided to start with a core and then open it up and the group said "what about Huggins"? I am going over in a week or two to meet with Mr. Tower and we will start the dialogue of collaborating and defining the community we are serving. Are there services that will be of value to both hospitals and communities? I am very open to being creative and finding ways to make things work.

Chip: If we are informed it makes our jobs a lot easier and any information you can send our way is certainly helpful.

Scott: We will make sure that we keep you in the loop of services and also to get your input on issues that are out there. This is what the collaborative is about so we can find out from a community approach of what we need to be focused on. I will work with Dorothy on formalizing communication where we have an on-going connection and keep each other informed.

David: We don't want to do anything without the hospitals and we are building a new nursing home we may have real estate available to do something or part of a building.

Scott: I will call you Dorothy to set up some formal communication between us.