

PINEDALE ROUNDUP

COMMENTARY

'Draft' financial forecast released

By Holly Dabb
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On Thursday afternoon, I received a welcomed e-mail from Sublette County Rural Health Care District Administrative Director Dave Doorn, attached with the draft Eide Bailly study that speaks about the feasibility of a critical access hospital in Sublette County.

Unfortunately it arrived after the Pinedale Roundup went to press. I spent a large portion of my weekend reading, analyzing, questioning – because I'm that type of geek who has no life.

I was a little bewildered. Not only is the study very thorough – even though a few pieces of data remain left out of what is a clear draft document – it is very positive about the long-term viability of a hospital.

This comes after months of my supporting the proposed hospital district, building both the critical access hospital and nursing home

facility – especially a memory care unit.

Then, expressing doubts when the long-awaited document wasn't readily available.

I wish the study was available in early October when candidates running for the Sublette County Rural Health Care District's Board used a forum to throw out random numbers with no basis or background of where they came from. The Eide Bailly Study leaves no doubt with financial predictions through construction into 2025.

It shows a dip in cash as the hospital comes on line and a rebound as more services are reimbursed. After the first full year of operation, the study predicts the district will be able to make payments on its debt 2.78 time over.

It also shows the district's assets will increase from \$34 million to \$70 million with the construction.

I'm not an accountant, just an old publisher that ran two multimillion businesses for more

than 20 years. The rural health care district has posted the 61-page study on its website so anyone can view the document.

I encourage voters to look at the study. I especially encourage inquiring accountants that know which questions need to be asked when viewing the documents.

It's time to put aside all doubts and move Sublette County forward so our residents can receive quality care from birth through the end of life.

I find the argument that a \$20-per-year increase in taxes is too much to justify a hospital weak. One flight to receive a blood transfusion can cost a patient their savings, their retirement fund, their home and their life.

Good roads, law enforcement, fire departments, libraries are all important expenditures that improve the quality of life. Available health care is just as important.

Voters now have the necessary information to be informed before going to the polls.



Editor's note: Letters to the editor will not be accepted in the week prior to the November 3 election.

Health care - At the crossroads

Cross-roads: a point at which a crucial decision must be made that will have far-reaching consequences.

I have lived in and practiced medicine in Sublette County for longer than 31 years and have owned property and paid taxes in Sublette County for more than 30 years. It is from this perspective that I write the following. It is my personal experience, observation, and opinion. It in no way reflects any opinion of the Board of Sublette County Commissioners.

I operated the Marbleton/ Big Piney Clinic as a sole proprietor for almost 15 years. This was a contract-for-services arrangement for which I received a monthly stipend. As a sole proprietor, I was responsible for paying employee wages and benefits, holiday pay, all soft goods inventoried in the clinic, janitorial, grounds, and housekeeping, snow removal, telephone services and administrative services – everything except the electricity. I was responsible for covering 24-hour emergency and trauma services, seven days per week, as well as weekday comprehensive family and urgent care. I was charged no rent, but, for the bulk of my time in this arrangement, the stipend amounted to roughly \$20 per hour.

The inability to obtain proper reimbursement for services rendered has consistently hampered our means to provide quality services, and to stay on the cutting edge of medicine, by providing continuing training and education to maintain the high-quality staff required to provide these services.

I would like to use the following care

situation as an example: In the early 1990s, a male in his 70s presented to the clinic having an acute myocardial infarction – a "heart attack." At that time, the standard of care was to administer a "clot-buster" medication (TPA), and I doubt that many, if ANY clinics in the US had this medication available to administer. However, because of our remote location, it was something I felt we needed on stock. I felt very fortunate to be able to stock this medication, through the gracious efforts of St. Vincent's Hospital, in Billings, Mont. With their help, I was able to access this medication through consignment. This meant I had it available in the clinic, but did not have to pay for it until I used it, and could exchange it for a fresh dose if it expired prior to demand. The cost for this cutting-edge treatment was \$5,000 per dose.

In the situation described prior, I was able to administer this medication, preventing significant heart damage, and this gentleman was transported by air ambulance to Billings, where he received urgent cardiac catheterization the same day. It saved and prolonged his life. When I tried to submit the bill to Medicare, however, I was denied payment, because – even though it was crucial for me to have the medication available – it had to be administered in a hospital, not a clinic.

This still happens today. In addition, life-saving measures such as rapid sequence intubation, chest tube placement, cardioversion and many others are not

compensated adequately, because we do not have hospital designation. Because of this, we are consistently providing high-acuity services, but receiving low-level reimbursements.

From a cost perspective, I believe that if we are unable to achieve that designation, these life-saving measures, high-quality services and the continued training and education needed for our excellent and committed staff will be in jeopardy.

It is also my opinion that if the hospital district ballot initiative does not pass, the Marbleton/ Big Piney Clinic will be in jeopardy of losing more services, due to increasing budgetary constraints. At the recent forum for the Sublette County Rural Health Care District, one candidate suggested that the Marbleton/ Big Piney Clinic be converted into an urgent care facility. These facilities do not provide, nor are they equipped to provide, emergency services. This means that a heart attack on a weekday at 10 a.m. could not be managed at the MBPC, if it were to be designated as an urgent care facility. At present, the residents of south Sublette are only covered 45 hours per week for emergency care (Monday through Friday, 8 a.m. to 5 p.m.). This proposal would leave these residents at further risk, without any emergency coverage except EMS services, and the nearest facility 40 minutes away.

Senior care is vital to our communities, in regards to both the aging population and the family members who are responsible for their

care. Memory care – such as Alzheimer's/ dementia care – is subject to special regulations and requires specialized facilities. These services are currently unavailable in Sublette County, and have very limited availability in all of southwest Wyoming. The creation of a special hospital district would provide for this. The \$20 million that has been earmarked by the county commission for the skilled nursing facility and memory care unit that are part of this project is absolutely not available or obligated if the ballot measure fails.

I know that previous rural health care boards have been questioned as good stewards of the taxpayer's monies. I also know that previous boards have had problems with being transparent and have garnered the distrust of the public. That was then. This is now, and times have changed.

If a special hospital district is approved, the management will be provided by a professional group experienced in hospital services and management. The hospital board would operate as a board of trustees. This provides some assurance that the proposed hospital and opportunity for health-care expansion in our communities will succeed.

From my perspective, this special hospital district is critical for increasing and sustaining the vital healthcare services needed for long-term viability in our community. Health care in Sublette County is at a crossroads. Choose your direction wisely!

David Burnett, M.D.

Street Talk

By Terry Allen

Should our elected officials have better health care than the public they serve?



"No. They are paid and make good money. They aren't any different than us, so we should be treated the same for health care."

– Judy Andersen, Pinedale



"No. Everybody is entitled to good health care."

– Kathy Rebesch, Pinedale



"No, we should be afforded the same as them."

– Lisa Lewis, Pinedale



"No. I take a biblical approach to it. We should all be treated the same, because God treats us all equally."

– Kasey Reasor, Pinedale/Alabama



"I'll have to ask Darlene."

– Bob Penton, Pinedale

'Draft' Eide Bailly report is released

Proposed hospital district can cover its debt

By Holly Dabb

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PINEDALE – While still not “final,” the independent accountant’s report forecasting the financial sustainability of a proposed critical access hospital was released at 3:30 p.m. Thursday.

The study conducted by auditing firm Eide Bailly uses historical financial information from 2016 through 2020 and internal finance statements provided by the district along with trends in health care to determine if a critical access hospital is feasible for Sublette County. Based on those financial statements, the report states after the first full year of operation, a hospital district running a critical access hospital as well as the longterm care facility could repay the expenses for the longterm loans at 2.75 times over.

The report also shows that operating expenses exceed operating revenues at more than \$5 million each year from 2021, with a peak in 2023 of losses at \$7.9 million.

The report predicts those losses will be covered by nonoperating revenues – including tax revenues from the 3 mils levied on property assessments in the county investment revenues and other noncapital contributions.

The study uses the assumption the district will pay debt service in 2021, 2022 and 2023 from the district’s existing cash reserves before the district opens the hospital.

The study also shows how the proposed \$23.5-million U.S. Department of Agriculture direct loan and the \$5.8-million guaranteed loan will be repaid through the year 2058 when the district will be able to celebrate with a mortgage-burning celebration.

“The forecast reflects management’s judgment, based on present circumstances, of expected conditions and its expected course of action,” the study states.

The forecast was prepared in connection with the direct loan carrying 2.25-percent

interest rate over 35 years and the guaranteed loan of 5.5 percent over 30 years.

The total replacement cost for the Sublette center longterm care facility of \$18.8 million is expected to be funded “solely by contributions from the Sublette County Board of Commissioners.”

That assumption also states rent revenues for senior housing that currently go to the Sublette Center and an annual \$444,000 subsidy from the county to the Sublette Center will discontinue as soon as the longterm care facility opens in October 2022.

The proposed project as outlined will take the existing 14,300-square-foot clinic building and 42,000-square-foot Sublette Center, locating the two together off Skyline Drive. Shared services needed by both facilities including laundry dietary, physical plant and materials management.

Lorraine Werner deferred questions to her supervisor and said she could not speak about Sublette County’s project because she has not received an application. As Wyoming Program director for the U.S.D.A., she gives every application an initial review. After looking at past financial statements, an organization’s reputation, evaluating community support including support from major employers, she hands off the loan application to a loan committee that scrutinizes the application.

The application filed two years ago was never handed off to the loan committee, Werner said, because it did not meet that criteria.

Werner takes pride that the USDA is the eighth or ninth largest lender and only one-half of 1 percent of the loans made are delinquent.

“We aren’t into taking risks with taxpayers’ money,” Werner said.

If the loans are eventually made, she said the public can rest assured the project is necessary, sustainable and modest in scope and design, Werner said.

TOWN OF PINEDALE

Starting November 1st no digging is allowed in the Town’s right of ways. This is to prevent accidents that occur as a result of frozen ground taking more with it than planned. Of course if you have an emergency, and need to dig in the Town right of way after that, please contact us.

Unprotected meters can and do freeze. We recommend calling a professional plumber or contractor to safely protect it from freezing. If you need help finding someone, just go to www.townofpinedale.us/documents to find a list of plumbers or contractors who can help you.

When it gets colder; to prevent frozen pipes, remember to leave a “bleeder” line with water running slowly in a sink somewhere.

Box 709 • 69 S. County Rd 123. (take South Tyler)
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Drawing will take place November 2nd, 2020
Questions? Comments? Contact Emily at 307-749-6944, eray@sublettehealthcare.com



House hunting made easy

25 Gary Lane, Boulder, Wyo. 82923 - 3 bedrooms, 3 bathrooms, 1,504 sqft. on nearly 10 acres. Stellar views. Property offers some irrigation rights to keep the place green. Large garage attached to home, plenty of room for cars and projects. Forced air, electric and wood pellet for heating options. Set up for horses so bring the four-legged family along.



138 First North Road, Big Piney, 83113 - 3 bedrooms, 3 bathrooms, 2,870 sqft., more than 10 acres. Recently reduced. Solid well-built home featuring laundry room with well-planned storage throughout. 1,700 sqft. shop and a two-car garage. Landscaped yard with mountain views from the hot tub. New perimeter fence for livestock.

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