

CITY OF SALISBURY
WORK SESSION
OCTOBER 20, 2014

Public Officials Present

Council President Jacob R. Day
Mayor James Ireton, Jr. (arrived 4:10 p.m.)
Councilman John "Jack" R. Heath

Vice President Laura Mitchell (arrived 1:38 p.m.)
Councilwoman Eugenie P. Shields
Councilman Timothy K. Spies
*arrived at 1:38 p.m.

In Attendance

City Clerk Kimberly R. Nichols, CMC, City Administrator Tom Stevenson, Assistant City Administrator Terence Arrington, Assistant Director of Internal Services – Procurement Jennifer Miller, Pic Works Director Mike Moulds, Deputy Director Public Works Amanda Pollack, Internal Services Director Keith Cordrey, City Attorney Mark Tilghman, interested citizens and members of the press.

On October 20, 2014, Salisbury City Council convened in a Work Session at 1:37 p.m. in Council Chambers, Room 301 of the Government Office Building.

Update on RFP for Power Purchase Agreement

Assistant Director of Internal Services – Procurement Jennifer Miller joined Council at the table to provide an update on the RFP for the Power Purchase agreement. Matters discussed with Council included:

- The RFP was put out on October 9, 2014
- The RFP is for the development, design, permitting, construction and financing of a solar photovoltaic or wind turbine electric generating system
- The RFP stipulates the vendor will locate the site and make any lease proposals
- The site does not have to be owned by the City of Salisbury and it wouldn't be leased by the City of Salisbury; the vendor would be the lessee
- The timeline includes a pre-bid meeting to be hold on October 27, 2014, all proposals to be submitted by November 14, 2014 and commencement date for the system about a year from now.

Council questions and discussion points included:

- Is there a reference to the Delmarva Power of Maryland utility service area in the RFP?
- Performance Bond and Construction Bond questions
- Job creation in the evaluation criteria
- Criteria in the selection process includes 30% - Price of power; 20% - estimated kilowatt production output; 20% - expertise, experience and qualifications of the vendor; 15% - vendors resources and capability to meet the requirements of the solicitation; 10% -

estimated number of jobs created; 5% - country of manufacture of Solar Panels; 5% bonus – for an interview, if requested; and 5% - review and evaluation of best and final

Council will not receive another update until after the vendor interviews have been completed.

The discussion was for Council's informational purposes only and no action was taken at this time.

The Bricks pending RFP – Council discussion

Ms. Miller requested Council direction concerning how to proceed with The Bricks property.

Council discussed the following with Ms. Miller:

- The building is in terrible condition inside and will need to be completely gutted
- The property was never surplus as requested by the prior Council
- The original project encompassed the financing, designing, revitalization, managing and marketing of an 8 – 10 unit apartment building with a long-term operating and management agreement
- Anticipated usage was to provide affordable housing to City of Salisbury residents who qualify (completely grant-funded transitional housing)
- The grant had a 40 year forgiveness period meaning if it operated for forty years, there was a deed restriction which would be lifted upon completion of that 40 years
- Manufacturing jobs must be returned to Salisbury if residents are expected to buy homes, and downtown revitalization is connected to manufacturing jobs
- Council desires this project to be for transitional housing and will seek the same kind of partner that Homes For America would have been to fully finance, develop and operate it
- This will be temporary for two years and affordable until residents transition into permanent housing
- City does not want to maintain ownership of the building and in the RFP the ownership will transition to the developer/operator
- It must be clear that the City isn't funding or paying for anything

Council unanimously agreed for Ms. Miller to start the RFP process, and the property will be surplus later.

Stormwater Utility

Public Works Director Mike Moulds, Deputy Director Amanda Pollack and Internal Services Director Keith Cordrey joined Council at the table to discuss the Stormwater Utility.

Mr. Cordrey reviewed the pros and cons associated with billing the stormwater utility as a tax bill or a utility bill, and recommended the billing as a tax bill. Mr. Tilghman indicated the Attorney General was not concerned with the billing method for the stormwater utility.

After reviewing the changes made to the legislation after the last Work Session, President Day reiterated three things that needed to be done: 1) examine how Rockville handled their utility billing, and 2) once the imperious area calculation is done, Public Works will return to Council to set the rates, and 3) change the language per Mr. Tilghman's suggestion that beginning with Line 314, under 13.30.080, Paragraph A shall be removed completely. Paragraph B will become letter A and state that the Stormwater Utility Fee shall be collected, and Letter C will become B.

Council reached unanimous consensus to advance the ordinance to an upcoming legislative session, and the three issues will be discussed prior to the first reading of the ordinance.

Carefirst Year End Review

Jean Sewell, Carefirst Account Manager, Mary Penczek, Carefirst Director of Municipal Business, and Jenny Poole, Carefirst Nurse, joined Council to review the Carefirst Patient Centred Medical home and Clinical Support Overview. The attached booklet was handed out to Council and staff.

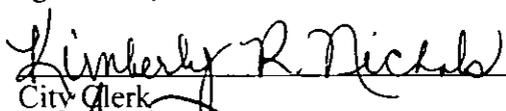
Carefirst's goal for the past several years has been to move away from being just a claims payer, and have gravitated to fostering a partnership with each of their accounts in an effort to attempt to impact health care costs to lower them as much as possible, and to improve the health of the members.

Following a brief recess, Council reconvened at 4:10 p.m.

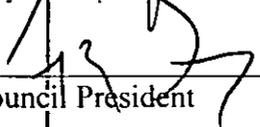
Motion to convene in Closed Session

On a motion and seconded by Mr. Spies and Mrs. Shields, respectively, and approved by unanimous vote in favor, Council convened in Closed Session to discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; or any other personnel matter that affects one or more specific individuals; to consult with counsel to obtain legal advice on a legal matter; and to consult with staff, consultants, or other individuals about pending or potential litigation in accordance with the Annotated Code of Maryland §10-508(a)(1)(7)(8).

On a motion and seconded by Mr. Spies and Mrs. Shields, respectively, and approved by unanimous vote in favor, at 5:33 p.m. President Day adjourned the Closed Session, reconvened in Open Session, reported that Council had discussed legal office performance issues and a land agreement, and with no further business to discuss, adjourned the Open Session at 5:37 p.m.



City Clerk



Council President



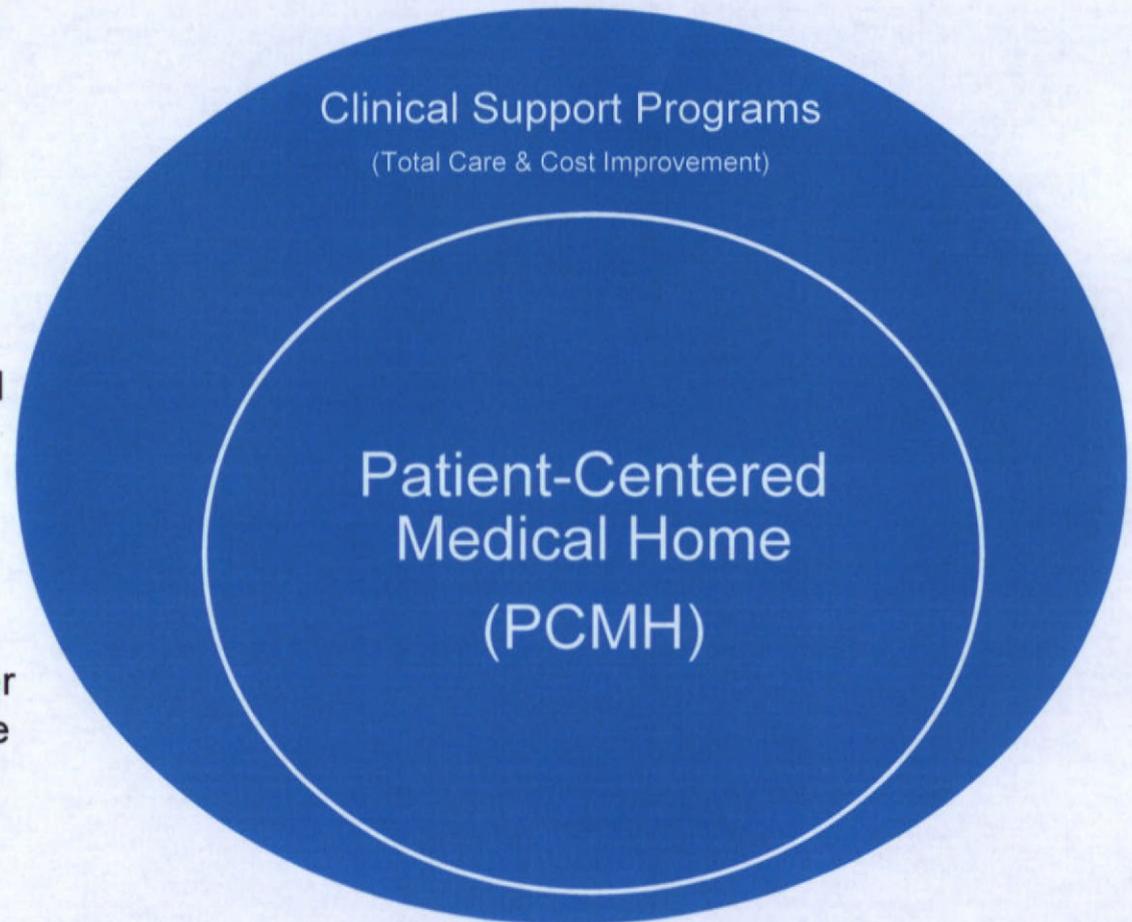
**PATIENT CENTRED MEDICAL HOME (PCMH)
AND
CLINICAL SUPPORT OVERVIEW**



**The City of Salisbury
October 20, 2014**

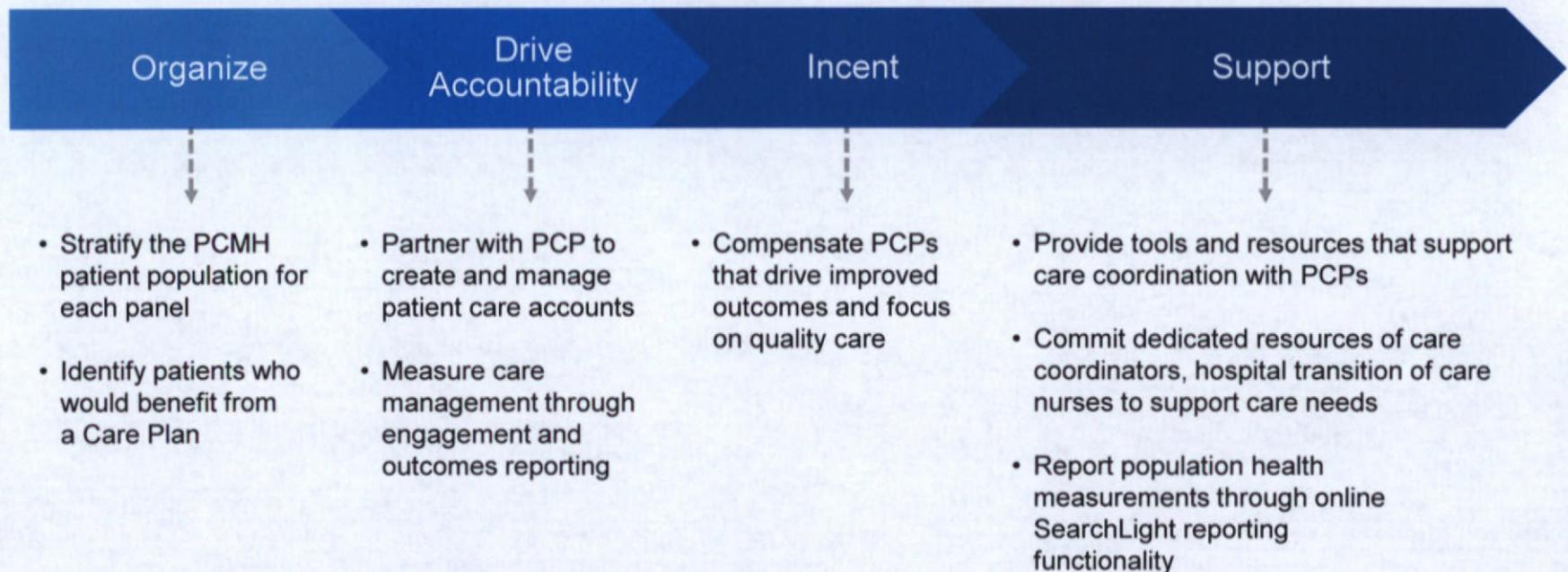
Transformation

- 3 years in the making
- Rewarding Primary Care Physicians
- Key incentive system built on a global outcome and Member centric accountability structure
- 12 distinct interconnected clinical support programs for the member and physician
- Robust and timely data reporting to ensure informed decision making to improve quality and reduce costs
- Predictive Modeling to stratify member populations, identify risks and achieve better outcomes and lower total costs



Patient-Centered Medical Home

Partnership with Providers to Improve Outcomes and Lower Costs



Healthcare Landscape



2 out of 3 adults and
1 out of 3 children are
overweight or obese*



1 in 3 adults are not
physically active**



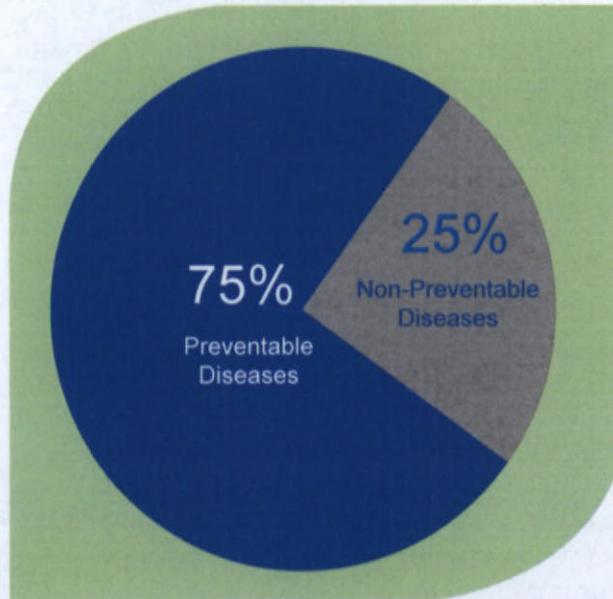
1 in 3 adults has
high blood
pressure**



1 in 4 pre-diabetic –
but fewer than 5%
know it**



Each year, adults
gain on average
1.1 pounds***



Health Care Expenses

75% of health care expenses go to treat
diseases that are preventable**

*Source: Institute of Medicine

**Source: Centers for Disease Control and Prevention

***Source: Cornell University

Identification: Illness Band Calculation Methodology

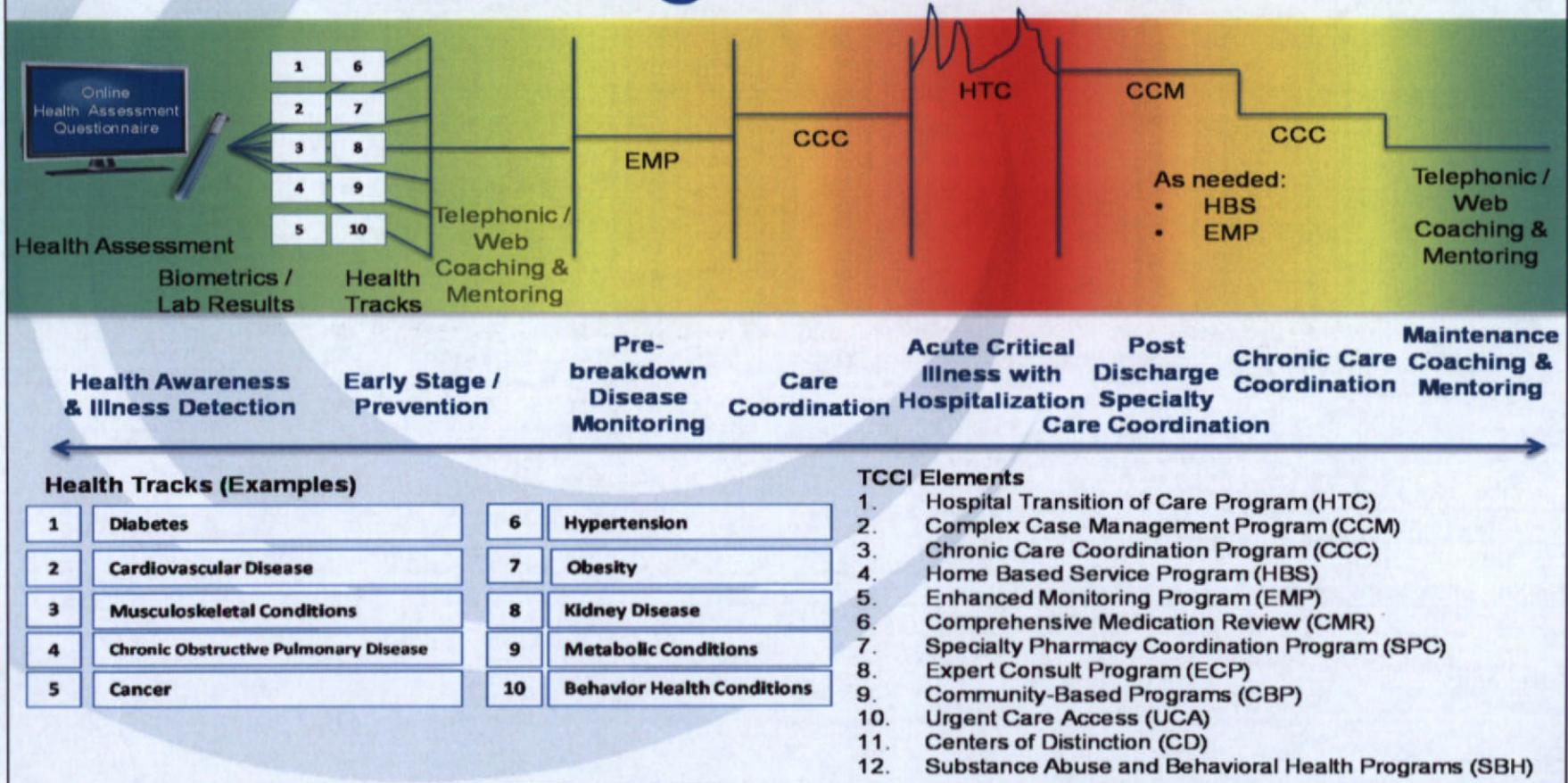


- Illness Burden Score calculated each month for every member on the trailing twelve months of claims data
- Members are assigned to an illness band based on their score
- The severity of a diagnosis code and the presence of co-morbidities will elevate the illness burden score

Care Delivery Management

Population Health Management Along a Continuum

TCCI Program Continuum



iCentric Member Health Record Screen

Care Plan
JANE DOE

View Care Plan Version: Working Draft

Patient Demographics

Date of Birth:
Ethnicity:
Group Name: **XYZ COMPANY**
Product Line: DRUG
Product Name: PHARMACY

Age: 51 Years
Gender: FEMALE
Group ID#: 123456789
Risk Type: RISK
Source: NASCO - MD

Provider Demographics

Panel: H000555666
Practice: XYZ HEALTH
PCP: MARCUS WELBY
Consent: Yes (exp. 12/20/2013)

Care Plan

Care Plan Status: Active
Started: 12/05/2012
Last Updated: 10/04/2013
Responsible Lead:

Top 3 Problem List

- Encounter for Preventive Health Services
 - Depression
 - Diabetes Mellitus with Complications
- [More](#)

Member Health Record

Member Health Record - Timeline

Period: Sep 2012 - Aug 2013

Member Since: January 2010

Episode Duration Click on the episode to see health details.

Episode	% of Total	Aug 13	Jul 13	Jun 13	May 13	Apr 13	Mar 13	Feb 13	Jan 13	Dec 12	Nov 12	Oct 12	Sep 12
Diabetes	29%		4	3	1	3		1	4	2	1	2	2
Chronic Obstruc Pulm Dis(COPO)	18%				1		1	2		6	2		
Infections - ENT Ex Otitis Med	17%		4	6	2								
Hypertension_Essential	17%									12			1
Non-Episode Related	4%				2	2							1
Cerebrovascular Disease	3%									2			
Coronary Artery Disease	3%								5	1			2
Pancreatitis	2%												3
Spinal/Rack Disorders_Lower Back	2%							2					
Mental Hth - Depression	2%				1	1		1	1	2	2	4	3

NOTE: Shading indicates episode duration. Count indicates number of visits during the period.

Prescription Drugs Click on the supply link or colored block to see prescription details.

Drug Name	Therapeutic Class	Aug 13	Jul 13	Jun 13	May 13	Apr 13	Mar 13	Feb 13	Jan 13	Dec 12	Nov 12	Oct 12	Sep 12
HYDROCODONE-ACE TAMOPHEN	Analgesic Narcotic Ag onists and Combination										1d		
ISOSORBIDE MONONITRATE ER	Antianginal - Coronary Vasodilators (Nitrate s) and Combinations												20d
ALPRAZOLAM	Antianxiety Agent - Benzodiazepines	20d	20d	20d	20d	20d		20d			20d		
TRAZODONE HCL	Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs)	20d			20d				20d			20d	
	Antidepressant - Serotonin Reuptake Inhibitors												

NOTE: Products are grouped by therapeutic class. Not a complete list.

JANE DOE's Illness Band



Health Care Spend

Year to Date: \$28,342
Trailing 12 Months: \$48,607

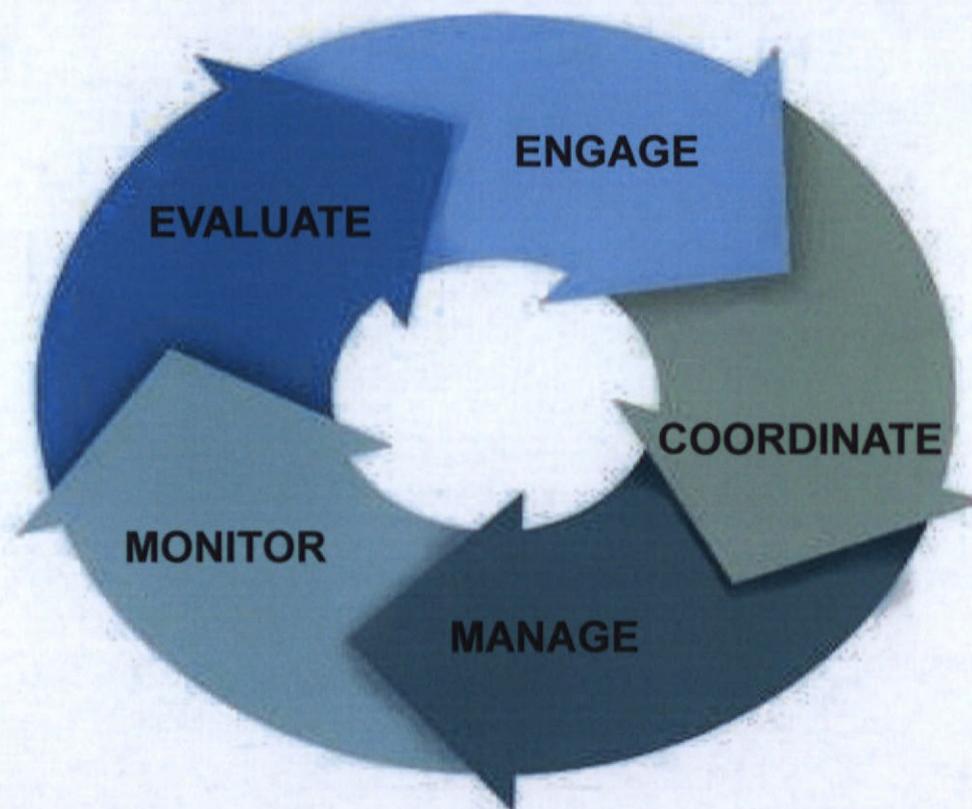
Health Scores

Drug Volatility Score: 9
Framingham Risk Score: N/A
ACE Score: 5
LACE Score: 9

Member Alert History

Date	Type	Facility
12/02/2012	Inpatient Authorization	MEMORIAL HOSPITAL AT EASTON

Population Health Management – Formula for Success



What does this mean for your members?

Delivering Real Value to the Member Experience in the Community



- 1 RN as Regional Care Coordinators, 9 RNs as Local Care Coordinators and 1 Program Consultant on location throughout the Eastern Shore.
- Over 60 RNs as Hospital Transition Care (onsite at 27 local hospitals, including PRMC), reviewing over 12,000 monthly admissions and connecting members to appropriate resources .
- Over 60+ RNs as Case Managers working telephonically to engage our most acute members.

Member Case Study



1. Susan, 34

Involvement in a MVA. She was admitted to a local hospital with multiple injuries. She lives alone and does not have family close by.



2. Vanessa, Hospital Transition of Care (HTC) Nurse

Identified Susan had ongoing needs and requires assistance upon discharge. Vanessa refers Susan to Colleen, a Case Manager. Vanessa documented in her member health record.



3. Colleen, Nurse Case Manager

Completed an assessment and advised Susan that we were referring her for a home care assessment. Colleen documented in member health record.



4. Diane, Home Care Nurse

Completed physical and psychosocial assessment and completed dressing changes. Diane called Colleen and expressed concerns that Susan may be depressed. Diane documented encounter in member health record.



5. Colleen, Nurse Case Manager

Contacted one of the local community resource organizations and located volunteers to transport Susan to follow up appointments. On the phone, Susan admitted she was depressed and wanted to speak to someone. Colleen documented call in member health record and made referral to a medical social worker to assess.

Without coordination, Susan would have missed follow up appointments and likely be readmitted.