

PLATEAU VALLEY CLINIC NEWS

Volume 2, Issue 1

January 04

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Specializing in Wellness, Medical Illnesses & Emergency Services

CLINIC SERVICES

- Laboratory
- Pharmacy
- X-Ray & EKG
- Emergent Care
- Fractures
- Lacerations
- Medical Emergencies

PROVIDERS

- Physical Therapist
- Massage Therapist
- Chiropractor
- Orthopedist



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Election of Hospital Board Members

The Hospital District has three board positions open for election in May 2004. Nomination forms must be called for after February 4th, and submitted prior to the 27th. Any special election issue, such as changing a mill amount or "de-Brucing", must be recorded by March 10. Sharon Hill is the election coordinator, and can be reached at 487-0211 for nomination forms and information.

The Hospital District Board members are elected

to 4 year terms, staggered amongst the 5 members to provide continuity. The members need to be registered voters, living in the district boundaries, and can not be employees of the district.

The Board meets monthly for routine business meetings, and over the last year has needed to meet more often for special and community meetings.

A hospital district is a special form of government, allowed to exist as a taxing entity that has the power to

levy and collect taxes and spend that revenue according to the outlined intent of the district. A Hospital District is allowed to provide "medical services", broadly defined as services such as a medical clinic, nursing home, therapy... basically anything medically related.

Taxes: Mills, TABOR, Gallagher and More.

A mill is 1/10 of a penny. A mill levy is the number of dollars a taxpayer must pay for every \$1000 of assessed property value. The taxing entity determines the amount of dollars needed, based on its budget. The mill is then calculated by dividing the portion of a taxing entity's budget which is funded by property tax, by the taxable assessed value in the taxing entity's service area.

Property tax paid is a product of the actual value of a property multiplied by the assessment ratio for the class of property, then multiplied again by the local mill levy. Assessment ratios are determined at the state level, actual value determined by

local assessors, and local voters determine the mill levy.

The mix of property types determines the assessment ratio for a given area, thus it may result in higher mill levies for certain areas, making it harder to fund local activities in some districts than in others.

The traditional logic of tax revenue is the "three-legged stool" of income, sales, and property taxes. In practice this balances inequities in each of the three as most people can avoid one but not all three taxes. Property taxes are the most stable source of revenue in part because assessed value changes occur a year or two

later than changes in the economy.

Colorado has some of the highest local tax rates, and lower state tax rates. This system has evolved around a philosophy of "local control". The state, some counties, and municipalities have relied more and more on income and sales taxes for revenue. The property tax is difficult to understand, and unpopular. Unfortunately, it is a significant source of revenue especially for rural entities such as fire and hospital districts.

The 1982 Gallagher amendment to the CO constitution requires that resi-

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DOCTORS OFFICE SCHEDULE

January 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 SR	2 SR	3 SR
4 SR	5 SR	6 SR	7 EW	8 EW	9 EW	10 EW
11 EW	12 EW	13 EW	14 SR	15 SR	16 SR	17 SR
18 SR	19 SR	20 SR	21 EW	22 EW	23 EW	24 EW
25 EW	26 EW	27 EW	28 SR	29 SR	30 SR	31 SR

February 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 SR	2 SR	3 SR	4 EW	5 EW	6 EW	7 EW
8 EW	9 EW	10 EW	11 SR	12 SR	13 SR	14 SR
15 SR	16 SR	17 SR	18 EW	19 EW	20 EW	21 EW
22 EW	23 EW	24 EW	25 SR	26 SR	27 SR	28 SR
29 SR						

March 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 SR	2 SR	3 EW	4 EW	5 EW	6 EW
7 EW	8 EW	9 EW	10 SR	11 SR	12 SR	13 SR
14 SR	15 SR	16 SR	17 SR	18 SR	19 SR	20 SR
21 SR	22 EW	23 EW	24 EW	25 SR	26 SR	27 SR
28 SR	29 SR	30 SR	31 EW			

April 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 EW	2 EW	3 EW
4 EW	5 EW	6 EW	7 SR	8 SR	9 SR	10 EW
11 EW	12 EW	13 EW	14 EW	15 EW	16 EW	17 EW
18 EW	19 EW	20 EW	21 EW	22 SR	23 SR	24 SR
25 SR	26 SR	27 SR	28 EW	29 EW	30 EW	

Appointments: 487-3565 After Hours Emergencies: 248-0222
 Doctors available for emergencies 24 hrs/day, 7 days/wk (Schedule subject to change)

Business News: Grants, Equipment, and Future Plans

The clinic has received a \$3000 grant, to match half the total cost of a new **X-ray film processor**. The grant is through the Colorado Rural Health Center, and one of many we intend to apply for through this agency.

Thanks to Jessi, our office manager, for finding a great deal on a **PT/INR blood draw machine** that allows us to perform a finger-stick and get immediate results instead of drawing blood and sending it to our outside lab. Our patients on Warfarin (Coumadin) can be instructed on medication changes right then and there, instead of phone calls the next day. The machine is used almost daily, and within a few months should pay for itself.

The clinic is applying for a grant to purchase a heart monitoring device, known as a "**cardiac event monitor**". The \$750 machine, about the size of a beeper, is worn for a few days to record abnormal heart rhythms. We order this

test frequently, and send patients to Grand Junction for the equipment, which often requires weeks on the waiting lists. Owning our own monitor will allow much easier access to this often used test. Most insurances will pay \$250 to \$500 for the use of the device alone, so this is another wise investment.

The clinic has been and continues to be focused on curbing operational costs. The bigger part of our financial plan is striving to increase billable services and increase our market. This strategy builds our ability to meet more patient needs while earning revenue for services previously provided elsewhere.

For example, we are expanding equipment-type services (X-Ray, EKG, laboratory) such as the blood-draw machine and new heart monitor.

Second, we continue to provide care in almost all areas of medicine, such as wellness and acute care, emergency

and orthopedics, geriatrics and pediatrics, as well as over-seeing home health and hospice care.

The Faith-In-Action service is growing and providing a link with generous volunteer activity.

We are expanding hours here, and planning a small office in Mesa to better serve our neighbors to the West. We'll test the market for 6 months or so, and see if it leads to new patients.

No business plan can ever replace quality of patient care, which continues to be the back-bone for all our business plans.

Remember that **insurance information** is your responsibility and must be kept updated. You also need to know what services your insurance will cover. We will kindly remind you for new card or insurance plan numbers!

Community Meetings

Thank you to all the folks who could make it to the recent community meetings. They were well attended - one had about 80 people present. The input was critical for the board to guide them in developing future goals and objectives for the hospital district. The district is in for some changes, and

some tough decisions are being weighed. Upcoming strategic planning sessions should turn your input into plans of action.

Whether we all agree on the exact direction or not, its important to have all views on the table, and everyone has a seat at the table. The extent of general support and input is encouraging, and in these times, reassuring.

MEDICATION REFILLS

Call your pharmacy at least 48 hours before you need a refill on your routine medications.

Prescriptions filled in the clinic must be paid for at the time of service - please plan ahead.

Taxes...

(continued from page 1)

dential owners pay no more than 45% of the statewide total property tax. As the number of homes has increased much more rapidly than the value of commercial and agricultural property, the assessment rate of residences has fallen. This has saved homeowners money, but lost revenue for local governments, such as special districts and schools.

The 1992 **TABOR** amendment (aka Bruce) constrains property tax collections even further by requiring mill levies to fall when collections increase by

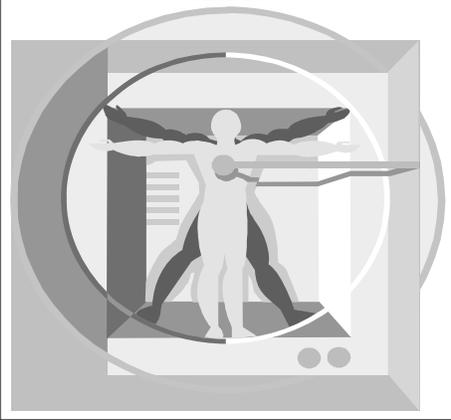
more than inflation plus new growth, but does not allow them to rise when the reverse is true. This is the "ratcheting" down of the mill, which lowers the total revenue received.

These amendments help control overall government spending, but seem to have disproportionately hurt rural areas given the increased reliance on property taxes as the "third-leg" of tax revenue.

The PV Hospital District is a taxing entity, formed in 1972 in order to receive a \$100,000 bond to help construct an 8000 sq ft addition (the current brick portion) onto the existing hospital. The district can levy and collect

taxes for bond replacement and normal operations. The original mill levy was increased from 3 to 8 in the early '90s in order to sustain operational costs, namely providing physician's salaries. During the years since, the mill has "ratcheted" down to about 5.9. This coming year, the tax funded to the district should total almost \$200,000.

The district is committed to improving their financial position. With talk of a possible change in the mill levy, we hope the forgoing is helpful information. (We don't make any claims to be experts in the tax area, so please forgive any inaccuracies).



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PLATEAU VALLEY CLINIC NEWS

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For Appointments Call:

Monday-Friday 9 am –5 pm 487-3565
After Hours Answering Service 248-0222

Doctors can be reached for emergencies
24 hr/day, 7 days/week

What! A Mesa Clinic?

The physicians are working to open an **outreach clinic in Mesa** 1 day each week to help attract new patients, and better serve our existing patients at the Mesa end of the valley.

The initial location is being sought, and ultimately depends upon public response to the new service. Increasing services and hours are definitely on the table.

The start-up clinic is not intended to duplicate many expensive services such as X-ray or lab, as they are already offered in Collbran. We hope the convenience will attract new patients, and once established, give them a real good reason to make the drive over to Collbran for medical care and other services.

The physicians are donating their time in staffing the clinic as a good-faith gesture to help the district through some tight financial times. The doctors will staff the Mesa clinic on one of their "off" days from Collbran, so the Collbran

schedule will remain full-time.

Grants are being written to help cover equipment and operating costs, the bulk of which should simply be rent.

Clinic Opens at 7 am on Tuesdays.

Starting January 6th the clinic is offering **appointments from 7-8 am on Tuesdays**, then from 9-5 as usual. This is hoped to convenience patients who have a tough time getting away from work to make a doctors visit.

The doctors are contracted to serve the Job Corps health needs every morning from 8-9, so *that* time will remain open as usual for medical assistant visits such as blood draws and injections.

The earlier hours shouldn't really add too much, if any, overhead, and thankfully our staff is happy to be flexible with their hours if it adds to patient convenience.

"Strategic Planning" Meeting for District

The hospital board, doctors and select staff are meeting during January to formulate a set of strategic goals and objectives for the district.

The Board has been working to complete a concise set of goals and objectives, and has arranged for input and assistance including facilitators, hospital administrators skilled in special districts, accountants, and selected community members that have played a pivotal role in helping guide the district.

The Hospital Board is dealing with some very significant, and very complex options for medical services. We greatly appreciate their time and energies, so when you see them, please tell'm thanks!

The Hospital District Board meets on the 3rd Wed of every month, at 5:00 pm, upstairs above the clinic. The public is always welcome.