

**Minutes of the Monthly Board of Director's Meeting**  
**Held: Tuesday, February 18<sup>th</sup>, 2020, 6:30 a.m. – 9:00 a.m.**  
**Attending:** S. Meek, R. Stewart, G. Austad, M. Anderson  
M. Schaelling, N. Van Leeuwen, G. Biddulph, B Humpherys  
plus T. Stoker

1. **Review and Approval of Minutes from Previous Board Meeting.** Approved with motion by Greg Austad and second by Marc Anderson.
2. **Review of Department and Committee Meetings:** None
3. **Proposed Future Meeting:** Tuesday, March 17, 2020 was agreed upon.
4. **Action/Follow-up Items from Previous Meetings:** None
5. **Recruitment Visits:**
  - a. 7:00 - Eric Monfrooy, PA –Andy Coles (Westley Hunsaker – approved last month – didn't work out). Eric currently at the U helping with pain management. Previous – 11 yrs at ARUP lab. Andy joined the visit as well. Motion to hire made by Neil V with second by Greg A, carried.
6. **7:15 Visit from Bryan Ellertson** – Health Insurance Coverage discussion. Bryan visited asking for gastric bypasses to be included in clinic health insurance coverage. His wife is in need, after failed attempts at all other weight reduction methods. Such has been a successful procedure for her mother, sister and cousin. Bryan cited options, costs, BMI stats, health benefits, etc. After his departure, Board discussed. Concluded the procedure isn't always effective and ruled not to open the door to incidental procedure coverages. No change to clinic policy.
7. **7:30 Visit from Alli - 2020 Advertising Budget Approval and Update. (decision)**
  - a. Alli presented 2019 costs and successes with Marketing efforts as well as proposed 2020 efforts and budget. Board applauded Alli's great efforts and successes in bang-for-buck spending. Motion to approve the \$325,000 2020 marketing budget was made by Greg Austad with second by Neil Van Leeuwen, carried.
  - b. New Logo – Alli also updated the board on efforts of late to update the clinic's logo, now 20+ years old. Options were reviewed. Motion to proceed with logo change including input from employees and patients was made by Neil Van Leeuwen with second by Mike Schaelling, carried.
8. **Recruitment:** (Steve)
  - a. Ortho:
    - i. Kenna Larsen, Ortho, hand and PA - East Layton (if expand)? Ogden?
  - b. Family Medicine:
    - i. Stephen Merrell (inc. OB) – April 20<sup>th</sup> 2020 – Roy? Ogden?
    - ii. Nadya Wayment – East Layton? Ogden?
    - iii. Scott Beckstead – IHC (inc. OB)
    - iv. Dan Chapel - on hold
  - c. Other:
    - i. UDHI – initiated. Target date 7/1/2020. Admin and key leaders held a meeting with UDHI staff at their Ogden location. Went very well. Acquisition will be good.

- ii. Hospitalist group at Davis - 4 docs and 3 PAs, start date is 6/1/2020
- d. Future considerations:
  - i. Ben Van Leeuwen, Psych. 2021
  - ii. Scott Moulton, IM - from Ogden

**9. Chadd Nelson Boards – (Theron) (decision).** As per direction from the Board last year, Chadd made an attempt at taking his boards in August. He just discovered that he didn't pass. He has no additional chances available to him to take them. This has disturbed him greatly. He is hopeful the Board will consider a "grandfathering" option and allow him to continue practicing at the clinic. In January, placed on formal probation by board executive decision (Drs. Schaelling and Meek), because of demeaning comments to receptionists.

Board minutes from December 2018 discussion:

*Discussion on Chadd's request to be grandfathered and allowed to continue practicing without passing boards. Concerns expressed that it makes Chadd ineligible to see Intermountain patients, which is about 12% of Tanner Clinic business. Also concerns expressed of the required recertification with CME that Chadd would not have to go through, even though there is CME required for updating a license. There was note that Bob Svagr, due to his foreign training, is ineligible for boards and is allowed to practice here and that Ken Jee, retiring this month, let his boards slip and has practiced without them for quite some time. While boards are one of Chadd's issues, there are continued reports of his behavior with his staff and occasionally with patients. If that weren't there, the board would have an easier decision to grandfather Chadd in.*

**Action:** No decision made today, other than to continue thinking about it for further discussion next time.

Board discussion included review of employee complaints on Chadd's behavior as well as efforts Board has made to get him to come in line with behavior expectations. Chadd still doesn't seem to see how he is coming across. Recent disruptions and unwillingness for MAs to work for him and supervisors to force such led to Board's conclusion of terminations. Motion to terminate either immediately or with 60 days notice was made by Neil Van Leeuwen with second by Marc Anderson, carried. Glen Biddulph was assigned to communicate the decision to Darin Checketts, dept chair and Admin will visit with Clinical Services Director and Supervisor over Chadd's area.

**Note:** Steve Meek, Mike Schaelling and Theron visited with Chadd on Feb 19<sup>th</sup> to deliver termination decision. As expected, Chadd took it very hard. Opportunity was given him to address the Board via letter or direct interaction after the Feb 21 Strategic Planning meeting. Chadd declined. Official termination paperwork was signed on Tues, Feb 25<sup>th</sup>. Chadd stopped seeing patients basically immediately and spent a few days catching up charts and cleaning out his office.

## **10. Financials (Theron)**

- a. Standard item(s) –
  - i. Annual financial report for 2019. See attached. Theron reviewed detail of income, expenses, overhead, production, income per doc, etc. Noted is that infusion reimbursement is down.  
**Note:** A summarized version of this was also presented to docs in a Monday meeting and to clinic Director-level leadership.
- b. Cost Centers Review – none this month.
- c. Capital Investments at 1 Year to Review ROI Projected vs. Actual – none this month.

## **11. Purchases: None**

**12. MA Issues:** (Theron) All items tabled for lack of time.

- a. **Turnover solutions** – see attached recommendations from committee. May also invite the committee to attend the strategic planning session for more time to discuss.
- b. **MA pay** – have docs pay actual MA hours (**decision**)
- c. **CNA vs MA vs Office Assistants** - legal take (see attached).

**13. Callbacks to Patients** - Discussion item. (Steve) Biggest complaint item with patient advocate is lack of physician/MA callbacks. In January, patient advocate took 183 complaints of a variety of reasons. Steve is having patient liaison keep a running record of complaint by type and by provider office with the intent of tracking trends and giving feedback to providers and, most importantly, solving the callback complaint issue. Such effort will be reviewed in an upcoming Monday meeting.

**14. Senior Employee Incentive Proposal** – (Steve) Note previous email to Board (**decision**) Directors need to feel invested in the clinic, not just employed by it. A suggested way is to allow limited annual purchase of Medical Building units in lieu, or as funded in part by, their annual leadership bonus. Showing appreciation in such a way will also help retention. Med Bldg managers have agreed to allow this. Motion to allow was made by Mike Schaelling with second by Ryan Stewart, failed with request for further time to contemplate and need for additional discussion.

**15. Construction Updates:** (Steve) Note: Lockheed Martin coming to town. 10,000 jobs.

- a. Roy –
- b. East Layton – thoughts and approval for construction
- c. Layton Parkway –
- d. Medical Building 2 – discussion
- e. Ogden building - (see attached) The second south Ogden building being proposed was reviewed. Request was for Board approval to buy, whatever building we can secure. Board desired to wait until after Friday’s strategic planning meeting before approving.

**16. Weber County Medicaid** - Eliminate restriction, or direct MCD patients to certain clinics, now that we are expanding an Ogden presence? Currently turn away 40-50 MCD patients per month. See attached current policy and Weber county map. Tabled for lack of time.

**17. Ogden Clinic Board Meet ‘n Greet** – (Steve) Steve and Theron had Ogden Clinic’s CEO over for a visit. As we are in each other’s “territory” it was suggested that our Boards do a dinner together one evening just to break the ice and engender a working relationship. They have agreed to it. Do we want to? (**decision**) Board was desirous of such a meeting. Weeknight preferred over weekend night. If weekend night, include spouses.

**18. Calendar Items 2020:** (Steve) All Board members and Leadership received an email invitation to view the new Leadership/Board calendar in Microsoft 365.

- a. Review Upcoming Event Calendar.
  - i. Directors and Leadership meeting on 2/20 at 8:30
  - ii. Strategic Planning meeting on 2/21 at 2:00
  - iii. Family Medicine Department meeting on 2/25 at 7:00
  - iv. Board/Admin Satellite Lunch Visit at Roy clinic on 3/3 at 12:30
  - v. Directors meeting on 3/5 at 8:30

**19. High CME (Travel and Tuition) balances at retirement. Payable? Cap? Review purpose of CME. (decision) See attached.**

*CME Expenditures - The accountant noted that the original purpose for the CME allotment (aka travel and tuition) included only business related expenses for CME licensure reimbursement. It is found that this fund is also used for office related expenses such as computers, books, office décor and other things that a physician may claim as office related. The accountant suggested that either the description of the fund be expanded to include these expenditures or that expenditures be restricted to the original purpose of the fund.*

*The board felt strongly that each of these is a physician choice item. They did not feel that they were of significant enough concern that the clinic should change anything in the way it is currently doing any of these three items. Possibly “Travel and Tuition” would be a better name for the fund. They felt like a Monday meeting review of the accountants way of doing these should be made and then let the physicians choose how they would like to individually abide by the accounting recommendations making it clear that any tax consequence as a result of a denied tax deduction etc will be that of the individual physician if and when ever discovered.*

A list of CME balances by doc was reviewed. Many have tens of thousands in their balance – indicating lack of use for the purpose it was created. A few doctors who have recently retired have received a payout of their balance or an agreement to use funds for insurance premiums, etc. Board ruled that CME balances, unused, aren’t intended to be income to the doctors. Rushed discussion at end of meeting with a few Board members then absent came up with two recommendations for official vote at next meeting.

1. Going forward, CME balance will cap at a 3 year accrual total. No excess will ever be paid out in the form of income or for any other personal use.
2. Looking backward, physicians will have 3 years to use their balance down to the 3 year accrual max or take as payout via distribution overhead.

**20. Misc. Discussion Items: (Theron) Tabled for lack of time**

- a. Doctor shopping APCs. Discussion.
- b. Provider Social – November 7, 2020. Do? Location? Focus?
- c. Clinic “Conference Center” Christmas Party – December 3, 2020. Do? Other rotation?

**21. FYI Items:**

- a. Murray Clinic – 12% reduction in rent per square foot, and \$20,000 in updates. Will continue to assess staying at these new arrangements or exploring different location.
- b. Annual Compliance Training. Schedule of notifications:
  - October – 1<sup>st</sup> reminder with instructions on how to access and complete.
  - November – 2<sup>nd</sup> reminder (hard-copy with text reminder and Monday Meeting review)
  - December 10<sup>th</sup> – 3<sup>rd</sup> and stronger reminder – also with hard-copy and text reminder.Each also gets an email reminder at their 12-month mark.