

**Orcas Island Health Care District**  
**Board of Commissioners - REGULAR Meeting Minutes**  
**Orcas Island Fire & Rescue – Eastsound Firehall**  
**Tuesday, September 17, 2019**  
**5:00 – 7:00 pm**

**Commissioners Present:**

Art Lange  
Diane Boteler  
Patricia Miller  
Pegi Groundwater

**Staff:**

Superintendent Anne Presson

**Commissioners Absent:**

Richard Fralick

**I. Call to Order**

In the absence of President Fralick, Secretary Miller called the meeting to order at 5:05 pm.

**II. Public Comment**

Shila Wachtel, RN from Orcas Family Health Center (OFHC), asked to make a public comment. She is aware that the Board will be considering OFHC's FY '20 budget, which includes increases in salary and addition of health insurance for the staff. She relayed that most OFHC staff doesn't currently have insurance and has worked for wages well below what they have earned in the past. She hopes when looking at the issue of fair wages the Board considers experience, education and work performed as the Commissioners review the OFHC proposal for next year. She expressed that the staff loves what they do and that's what keeps them going.

**III. Consent Agenda**

The Consent Agenda contained an AP Voucher Report dated September 3<sup>rd</sup> in the amount of \$5,223.99 and the draft Minutes from the September 3<sup>rd</sup> Regular Board meeting.

**MOVED by Commissioner Boteler, seconded by Commissioner Groundwater to approve the Consent Agenda as presented. VOTE 4:0:0. MOTION CARRIED.**

**IV. Special Report – UW Neighborhood Clinic (UWNC) and the UW Medicine Orcas Island Clinic**

Leaders from UWNC and the local UW Medicine Orcas Island Clinic Manager and Medical Director presented their Annual Report (attached to these Minutes). The information covered the period of July 1, 2018 through June 30, 2019, which is representative of UWNC's 2019 fiscal year.

The report sections each reflect one of UWNC's four pillars, which set their organizational goals and direction. Highlights from the discussion include:

**Fiscal Responsibility**

- Payor mix on Orcas is opposite of what UWNC sees in their mainland clinics. On Orcas 70% of patients are covered by Medicaid/Medicare and only 26% of patients have Commercial insurance. On the mainland, over 50% of care is delivered to patients with Commercial insurance. This is significant as government programs tends to reimburse at a much lower rate than Commercial insurers.

- There was a question about the \$36,895 in Charity Care provided. UWNC clarified that there is no outside or State funding, and their Charity Care is similar to bad debt but is separated for reporting purposes.
- An outstanding question was specific to what is included in Other Expenses

#### **Quality – Provide the Highest Quality of Care**

- Goals are set systemwide and results show how the UW Medicine Orcas Island Clinic compares. Overall, there has been improvement month over month; however, they have not yet reached the goal.
- There was a question as to who chooses what to measure. UW clarified they are aligned with nationally recognized measures such as Healthcare Effectiveness Data and Information Set (HEDIS – a quality measures which measures how well health plans deliver care and service to their members) and the National Committee for Quality Assurance (NCQA – is an independent 501 (c)(3) that works to improve health care quality through the administration of evidence-based standards, measures, programs and accreditation.
- Concerns centered around how the volume of visitors and part-time residents impacts the Clinic’s ability to meet quality goals. The Board asked if it’s possible for UWNC to adjust measures to reflect these differences when compared to their mainland clinics.
- Quality results impact provider compensation, which is based on reaching goals in two categories: (1) Preventive Care as measured by the Preventive Care Composite score; and (2) Disease Management goals measured by the DM Composite score. It’s not expected that the Orcas Clinic will reach the quality targets in FY ’20.
- Results are visit based and most metrics represent 100-200 patients. There is a desire to move to a panel management, or population health approach; however, staffing challenges are impacting the Clinic’s ability to make that transition.
- When asked if not meeting targets impacted insurance reimbursement in any way, UWNC stated it will not.
- UWNC was asked what work was underway to help the Clinic get where they need to be. UWNC responded that they need staff to do the patient forecasting and follow-up work. In other clinics, RNs and MAs do this work. In the Orcas Clinic, MDs are having to do this work since staff doesn’t have capacity with all of their other demands, which include scheduled and same day patients. UWNC feels that it takes time and their Smokey Point Clinic is just now reaching their quality goals after four years.
- An outstanding question for UWNC follow-up was how many patients were included in the quality dataset.

#### **Patient Experience – Focus on Serving the Patient and Family**

- There was improvement in all measures except for “Seeing Provider within 15 minutes of visit” which is in the Access category. UWNC feels this is also a tied to staffing challenges and the need to accommodate a high volume of same day patients.
- Access is an area of focus for the current year. This includes seeing a provider and also improving the score for same day call back. UWNC reported this is an issue system-wide and there are various work groups looking into why this score is so low and how to make improvements.
- A consultant who has worked within the larger UW Medicine system was brought in to look at visit types in an effort to create standardization and make tracking easier. The Orcas Clinic holds approximately 20% of visit slots for same day patients. All same day patients go through the triage process and are slotted in based on need, unless there is excess capacity that day. The Clinic staff reported seeing an average of 12-16 unscheduled, or same day patients per day.
- Another area of focus for UWNC systemwide is around answering emails.
- Follow-up is required to understand the disconnect between data the Commissioners have been receiving on visit volume and what’s being reported by the local Clinic staff. UWNC will conduct a review of patients/day/provider and report back to the Board.

### **Employee Engagement – Employer of Choice**

- The Clinic Manager shared results from the employee engagement survey that assesses employee satisfaction. On a 5-point scale, the Orcas Clinic's scores improved from 3.92 to 4.29. This was above the UWNC average and there was 100% participation from Clinic staff.
- The only measure that declined was Materials & Equipment, which was felt to be related to the lack of x-ray services at the Clinic.
- Overall, there is a strong commitment to quality, a team approach, and a desire to always go the extra mile to meet patient needs.
- Work is underway to have more team-based activities.

### **Operations**

- During the period of May through July there were unexpected staffing challenges when the Clinic lost two RNs and the ARNP. Since the Clinic was over the agreed upon budget, a decision was made to not replace the ARNP.
- The risks were discussed specific to staff turnover, as it's very hard to recruit and find the right skills on the island.
- Another risk called out is associated with the aging Clinic equipment, and we know about the various building issues.
- There are unknowns in how the change from Kaiser Permanente to Premera/Lifewise is going to impact operations. While all appears positive to-date, we will see how things develop as the Premera relationship develops.
- Work is ongoing in regard to the Front Desk workflows. UWNC brought in expertise from within the larger UW Medicine system to provide tips and tricks. UWNC has also brought in their Organizational Development team to work on culture issues, and they will be returning with recommendations tailored to the unique culture of the Orcas Clinic. The date is TBD.
- After-hours reporting was discussed due to questions if all after-hours visits are being captured and reported. Since the reports are now going through the local Clinic Manager, UWNC believes all visits are being properly reported. It was noted there were some calls incorrectly routed to the Contact Center during Clinic hours, which should have gone to the local Clinic Triage Nurse. UWNC is working to make sure there isn't a continued routing issue.
- The former virtual clinic provider was purchased by AmericanWell. UWNC is now able to offer coverage anywhere in the Country, and patients can download an app to be able to use the service on their phone.
- Follow-up is needed with UW and EMS to ensure communication is happening. There was discussion around the need to re-educate the community where to go for care to avoid inappropriate use of EMS.
- Discussion returned to achieving and sustaining the target visits/provider/day which is benchmarked at 17-18 visits. This is a continued area of concern and one that requires a more in-depth study.

### **V. Old Business**

- a. **Added Item** – Commissioner Groundwater reported that, due to international travel, President Fralick was unable to sign the Hargis Engineering Agreement that was approved at the last Board meeting. She would like to ask the Board to authorize Superintendent Presson to sign the Agreement for \$19,000. Commissioner Groundwater confirmed that she was able to talk with Doug Poole from Sage Building Solutions, and he confirmed the 30% requirements approach will be sufficient to provide an HVAC quote.

**MOVED by Commissioner Groundwater, seconded by Commissioner Lange to authorize Superintendent Presson to sign the Hargis Agreement for \$19,000. VOTE 4:0:0. MOTION CARRIED.**



- b. **Town Hall** – Superintendent Presson shared a draft Outline for the October 5<sup>th</sup> Town Hall. She asked Commissioners to review and provide feedback by the next day, as that will allow her to draft the notice for publication and promotion of the event.
- c. **Consultant update**– Superintendent Presson also provided a brief update on the consultant project. In talking with Shar Sheaffer at the end of the prior week, it appeared Shar was still on track to deliver her report by the end of the month. The Superintendent received feedback that assessing the relationship with an under 50-bed hospital wasn't part of the initial scope, and Commissioner Groundwater was charged with revisiting that item with Shar.
- d. **Project Management Scope of Work Solicitation** – Superintendent Presson provided the Board with a draft SOW document as a follow-up to the discussion at the last Board meeting. The Superintendent was directed to get additional names as it's recommended to send the document to three candidates. She will also need to assign weights to the Criteria for Selection.

**MOVED by Commissioner Groundwater, seconded by Commissioner Boteler to approve the Project Management Scope of Work. VOTE 4:0:0. MOTION CARRIED.**

- e. **OFHC FY '20 Proposed Budget** – Commissioner Miller walked the Board through OFHC's proposed budget for fiscal year 2020 which starts October 1<sup>st</sup>. She expects to finalize the WRVU data and be able to present a budget for approval at the 10/2 Board meeting.

For this meeting, the Board is being asked to consider the request to add medical, dental and vision insurance for staff so coverage can become effective October 1, 2019. In addition, the Board is asked to consider approving the first subsidy payment for OFHC's FY '20, which will be set at last year's amount of \$82,500.

**MOVED by Commissioner Miller, seconded by Commissioner Boteler to approve the preliminary OFHC subsidy for Q'1 FY '20 to be equal to one quarter of the FY '19 budget (\$82,500). VOTE 4:0:0. MOTION CARRIED.**

The Negotiations Committee reviewed UWNC's Benefits Summary in an effort to provide as much parity as possible with what will be made available to OFHC staff. That said, there are several things UWNC offers that aren't being considered in the OFHC package. These include: 6% match on 401(k); and having the majority of premium covered for both employee and all dependents. Superintendent Presson also read from the updated UWNC Provider benefits document, which stated that effective 2020, providers will be subject to a benefits load charge regardless of FTE.

Discussion continued around the right level to set the contribution towards employee benefits for those working less than .5 FTE at OFHC. Commissioner Groundwater expressed her concerns paying 100% of the employee cost for medical, dental and vision coverage for staff working less than half time. There was agreement that paying a lesser percentage for anyone not working at least half time made sense; however, there was varying opinions as to what that level should be in light of the fact that the overall benefits program for OFHC was significantly less than what's made available to UW Medicine Orcas Island Clinic staff.

**MOVED by Commissioner Miller, seconded by Commissioner Boteler to approve the medical, dental and vision benefits for all employees; however, employees working less than .5 FTE only will be funded at 80% of the employee premium. VOTE 3:1:0. MOTION CARRIED WITH COMMISSIONER GROUNDWATER OPPOSED.**

**VI. Strategic Focus: Finance Committee**

Due to time constraints, this item was not discussed in detail. Commissioner Miller is still working on updates to the 5-year cash flow modeling tool and will send that to the Board when it is ready.

**VII. Public Comment**

Leif commented on the quality measures and the benefit of having a public hospital district is to develop our own quality metrics for provision of primary care and we should be able to ask for the numbers to make sense. In the past, there has been no real planning for health care for the community at large. People harmed by this setup are those with the least advantages.

Dr. Shu has concluded that the two-clinic model has proven to be too expensive and in order to solve the problem the Board needs to look at how to consolidate the clinics. This was talked about before UW and still hasn't been solved. What are the barriers to provider consolidation and how do we go about moving forward?

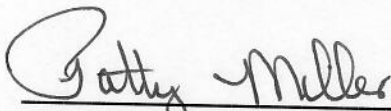
**VIII. Upcoming Meetings**

A list of upcoming meetings was included on the Agenda. As discussed, the October 1<sup>st</sup> Regular Board meeting was cancelled and replaced with a Special Meeting on October 2<sup>nd</sup>. The Superintendent will finalize a location where remote participation can be accommodated since two Commissioners will be calling in. Superintendent Presson also asked about the Board's interest in having representatives from Premera/Lifewise introduce themselves at the 10/15 Board meeting. After discussion it was decided the October 15<sup>th</sup> Board meeting will be extended 30 minutes to accommodate an introduction to the Premera leaders. They will be slotted for the end of the meeting, most likely 7 – 7:30 pm.

**IX. Meeting adjournment**

**MOVED by Commissioner Boteler, seconded by Commissioner Groundwater to adjourn the meeting at 7:17 pm.  
VOTE 4:0:0. MOTION CARRIED.**

Minutes approved this 15<sup>th</sup> day of October 2019.



Attest: Patricia Miller, OIHCD Board Secretary