



**SAN JUAN COUNTY PUBLIC HOSPITAL  
DISTRICT NO. 3**

**Dbá Orcas Island Health Care District**

**2020 PROSPECTUS**

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## ADDITIONAL DOCUMENTS INCLUDE:

- \* UW Orcas Island Clinic Annual Report
- \* UW Medicine Charit Care Policy
- \* OFHC Patient Satisfaction Summary Results
- \* Equipment List

## Orcas Island Overview

The San Juan Islands, located in San Juan County, WA, are an archipelago in the northwestern corner of the state. Known for rural Pacific Northwest landscapes and wildlife, horseshoe-shaped Orcas Island (Orcas) is the largest of the San Juan Islands. With a land area of 57.3 square miles and a population of 5,481 (2018 census), Orcas is slightly larger, but less populous, than neighboring San Juan Island.

Commercial transportation to Orcas is limited to service provided by Washington State Ferries, and is accessed via the ferry terminal in Anacortes, WA. It takes about an hour to an hour and a half for most ferry rides, depending on the number of scheduled stops. The ferries operate between the approximate hours of 7:00 am - 10:00 pm seven days per week, subject to seasonal adjustments. Access on/off the island is limited to the 5-7 daily sailings and can be complicated by a reservation system, making access during the heavy tourist season precarious. Kenmore Air and San Juan Airlines provide alternatives to the ferry with 3-4 daily flights to Bellingham and Seattle. Air transport is expensive and can be unreliable, particularly in the winter, due to weather conditions.

According to the most recent demographics data available from the Census Bureau released in December of 2018, the full-time population of 5,481 increased 127 (2%) from 2010 to 2017. The overall median age of all people on Orcas is 56.9, and the racial breakdown is: 93.3% white, 5.5% Hispanic or Latino, 1.5% Asian, and 1% African American. The total male population is about 6.0% smaller than total female population, and the average family size is 2.6. Orcas Island, like other islands in San Juan County, has an older population. The island's overall age breakdown is as follows:

- Under 20 14.2%
- 20's 7.7%
- 30's 7.2%
- 40's 10.9%
- 50's 16.2%
- 60's 22.1%
- 70+ 21.8%

## History of Healthcare on Orcas

Orcas Island has received primary and urgent care from a number of providers working in a variety of settings. The Orcas Medical Foundation (OMF), a non-profit organization, was responsible for raising funds, and healthcare was largely subsidized by the generosity of a few island families. In the late 1980's, the community realized there was a need to build a medical facility ("Facility"). Due to the generous support of the community, in 1991 the Orcas Medical Center facility was built. It housed the single practice on Orcas for many years.

In 2004, a physician left the OMC practice to form the Orcas Family Health Center (OFHC), a Rural Health Clinic run by a non-profit Board. In the following years, a second physician left the OMC practice to open Orcas Island Family Medicine. While each of the three practices struggled with financial and staffing constraints, OMF's subsidy was limited to the OMC practice.

In 2011, OMF began a search for an external partner to run the OMC practice. It became apparent that philanthropic support was not a financially sustainable approach, and the increasing demands and complexity of providing rural primary/urgent care required additional resources and expertise.

In 2012, OMF entered into a contractual agreement with Skagit County Public Hospital District No. 2, doing business as Island Hospital. Island Hospital was established in 1962 and is located in the city of Anacortes. The District offers a full range of comprehensive medical services and support programs for healthcare needs to citizens in western Skagit County, North Whidbey Island, and, for a period, the San Juan Islands. The District is licensed for 43 in-patient beds and provides additional outpatient, home health care, and cancer care services. The District operates four family practice clinics and seven specialty clinics located in Anacortes and, formerly on Lopez and Orcas Islands.

After the contract went into effect, the providers and staff became employees of Island Hospital. A lease agreement was executed with OMF for Island Hospital to run the practice out of the Facility, as well as maintain and repair the clinic equipment. The contract with Island Hospital provided an array of services including information technology, insurance contracting, billing and collection, and all HR functions. Island Hospital also took on the task of on-going quality measurement and reporting, as well as risk management, patient safety and patient satisfaction.

As the expiration of the five-year contract approached, Island Hospital notified OMF they would not be renewing their contract. The primary reason cited was the economics of the practice, and the fact that as a PHD Island Hospital could not subsidize losses beyond the District boundaries, and the subsidy from OMF was insufficient to cover all operating losses.

In preparation for Island Hospital's departure, OMF approached a number of entities to ensure the continuation of a primary care clinic on Orcas. The University of Washington Neighborhood Clinics (UWNC) emerged as the only entity willing to assume management of the practice. In the spring of 2017, OMF entered into a three-year Clinical Services Agreement (CSA) with UWNC to deliver Primary Care services, and the UW Orcas Island Clinic opened on September 11, 2017. A new Lease Agreement was executed between OMF and UWNC to run the practice from the Facility and maintain the clinic equipment.

There were several conditions within the CSA that OMF had to satisfy prior to commencement of the Agreement. One was to have funds in hand to cover the expected transition costs and provide a subsidy to UW for the first months of operation. In less than two months of fundraising, over \$1 million was raised by the community. A second condition was commitment to pursue a Public Hospital District to provide a stable and predictable

form of financial support. While the second condition couldn't be guaranteed prior to the clinic transition, there was confidence that the condition would be met.

A Coalition of concerned citizens came together to educate the community and promote the value of passing a PHD. On April 24, 2018, the citizens of Orcas Island approved (with a 76% "yes" vote) the formation of the San Juan County Public Hospital District No. 3, subsequently known as the Orcas Island Health Care District (District). The District is governed by a Board of five (5) elected Commissioners and employs 1 part-time Superintendent. Since it was the intent of OMF to dissolve following approval of the District, the equipment and Facility were transferred to the District via the execution of a Real Estate Purchase and Sale Agreement in November 2018. Coinciding with the purchase, a new Lease Agreement was executed between UW. OFHC continues to lease commercial space for its operations in a separate location.

### **Public Hospital Districts and the OIHCD**

Public Hospital Districts (PHDs) are governmental entities established by Washington State statute. The legislature granted local communities the authority to create PHDs in 1945. Today, nearly one-half of Washington's 90 hospitals are part of PHDs, and 14 PHDs are not associated with an actual hospital but with clinics. PHDs fulfill a vital role in the state's healthcare system. Without them many people would be unable to receive healthcare in their own communities. Hospital districts are authorized not only to operate a hospital, but to deliver any service to help people stay healthy—physically, socially, and mentally. Because they're owned and governed by local citizens, PHDs tailor their services to meet the unique needs of their individual communities. It is this community-based mission that defines and distinguishes PHDs from other healthcare entities.

The OIHCD's activities are conducted in conformity with the Constitution and laws of the State of Washington, including Chapter 70.44 RCW, as now in effect and hereafter amended. The District is a junior taxing district with a tax base currently valued at \$2.3B. When initially formed, the District was authorized to assess up to maximum rate of \$.75/1,000. For tax year 2019, the District's levy resulted in a tax rate of \$.65/1,000 and annual revenue of just over \$1.4M.

The District revenue comes almost exclusively from property taxes, and funds received provide financial support to the two existing medical clinics on the island. The District entered into agreements to provide financial subsidies to both practices and negotiates an annual budget with each clinic which drives the level of subsidy.

During the 2020 budget negotiations, both clinics requested substantial increases in their annual subsidies. When taken together, the five-year projections show the costs to run the existing health care structure exceeds the taxing capacity of the District. This has led the District to look at what options exist to maximize reimbursement and moderate expenses in order to remain financially viable and fulfill its Purpose.

## OIHCD's Purpose

The District's purpose is to protect and improve the health of our community by ensuring that island-appropriate, quality primary and acute/urgent medical care, including after-hours care, is available to all members of our community in a financially sustainable and cost-effective manner. The District serves as a catalyst to bring all health care stakeholders together to support a community approach to care that address health care needs on the island.

## Patient Mix and Volumes

Following implementation of the Affordable Care Act, payor mix has been undergoing changes with a decrease in patients who lack insurance. The two practices currently provide a total of approximately 18,000 patient visits per year. The combined payer mix is as follows:

- Commercial 26%
- Exchange 11%
- Medicare 40%
- Medicaid 18%
- Self-pay 4%

*A Comparison of Practice Financials is seen in Exhibit A.*

## Practice Profiles, Services and Staffing

UW Medicine offers financial assistance, under its Financial Assistance policy, to eligible patients unable to pay for emergency or other medically necessary care. Details can be found at: <https://www.uwmedicine.org/patient-resources/billing-and-insurance>.

*UW Medicine Orcas Island Clinic is staffed with 2.80 MDs and 8.77 clinical/support staff as follows:*

- 3 providers – 2.80 Clinical FTE
- 2 RN's – 1.8 FTE (Triage/Between Visit Care Work/Nurse Visits)
- 1 LPN – 0.92 FTE (Rooming/provider support/pool work)
- 1 MA – 1.03FTE (Rooming/provider support/pool work)
- 1 Lab – 1.03FTE (MA currently doing this work)
- 3 Front Desk staff – 2.99FTE
- Clinic Manager – 1.0 FTE

OFHC is staffed with .5 MD, 2.0 PAs and XX clinical/support staff as follows:

- 4 providers – 2.50 Clinical FTE

- 1 RN – 1.0 FTE (Triage/Between Visit Care Work/Nurse Visits)
- 2 MA – 2.0 FTE (Rooming/provider support/pool work)
- 1 Front Desk staff –
- 1 Assistant Manager
- Clinic Manager

OFHC offers a Sliding Fee Schedule which can be reviewed as Exhibit B.

For information on the UW Medicine Orcas Island Clinic, services and providers visit:

<https://www.uwmedicine.org/locations/orcas-island-clinic#providers-tab>

For information on Orcas Family Health Center services and providers visit:

<http://www.orcasfamilyhealthcenter.org/pages/feedback/>

## Facility and Equipment

The District owned Facility is located at 7 Deye Lane, Eastsound, WA 98245. It is situated on 2 parcels of land containing a total of 3.14 acres. The Facility is a 6,067-sf stick-built structure that was constructed in 1991. It includes a reception area, providers' offices, a back office, a nurses station, a laboratory, 8 examination rooms, a procedure room, an x-ray room (although currently there is not a functional x-ray machine and patients are referred to OFHC or an off island provider), a medical supply storage room, several restrooms, a small lunch room, a 2-bed urgent care/ observation area, a hazardous materials storage area, and a large room currently used for staff training and video conferencing.

The building needs a new HVAC system and roof, as well as some other small maintenance projects currently under investigation by the District. A line item for these projects has been included in the District's 2020 budget. The District also owns and maintains most of the major medical equipment in the Facility, much of which has also reached the end of useful life.

## After-Hours Services

UW utilizes a Seattle based Nurse Triage system for after-hours phone calls with on-call providers available by phone. On-call providers from the UW Lopez Island Clinic share on-call coverage. Providers are not required to be physically accessible when on-call; however, a provider may voluntarily decide to see a patient after-hours in the Clinic, if medically necessary.

Orcas Family Health Center operates a primary care clinic which operates Monday – Friday 8:00 am – 5:00 pm and is staffed with 1 MD, 1.5 PAs and 6.8 support/clinical staff. OFHC uses an answering service for after-hours calls. The providers share on-call responsibilities and are available to see patients, if medically necessary.

## EMS

The two practices on Orcas provide primary care with no ability to assess and stabilize medical emergencies. There is limited availability for same day medical appointments and diagnostics, which means patients are dependent on mainland hospitals for emergency and some urgent care. Many undifferentiated medical conditions like chest pain, abdominal pain, neurological conditions and traumatic injuries require more diagnostic studies than what is available on the island.

Emergency services are provided by contracted paramedics and volunteer EMT through the San Juan County Fire District #3, Orcas Island Fire & Rescue (OIFR). Cases that cannot be treated on island are typically flown to facilities in Bellingham, Anacortes or Seattle by air transport via Airlift Northwest or Island Air. Ground ambulance or off island transport is coordinated via OIFR. Given the geographical separation and logistical challenges, EMS evaluates every medical emergency with a risk benefit analysis. The EMS providers are held to a high standard of care, which places the patient first and considers worst case scenarios in developing a differential diagnosis with the assistance of on-line medical control. Area hospitals include Peace Health/St. Joseph's Hospital, Island Hospital, and Skagit County Hospital. There are 17.63 miles from Anacortes to Bellingham in northeast direction and 45 minutes by car, following the I-5 N route.

In addition to time and staffing challenges, ground transport is also complicated by ferry schedules, an aging ferry fleet with a history of multiple mechanical failures and delayed sailings. All Islands utilize a volunteer EMS force with a very limited ability to ground transport ALS and BLS patients off island due to limited manpower, ambulances and only one on-duty paramedic on each island. Orcas is also challenged with multiple simultaneous calls (more than 25% of the time two calls for service occur simultaneously).

### Snapshot of San Juan County EMS:

- Approximately 2,464 EMS calls in San Juan County
  - 57% BLS
  - 43% ALS
  - 34.6% transported by civilian air medical transport (including PIMC)
    - 54% fixed wing
    - 46% rotor wing
    - 861 air medical transports
  - 8 military transports / 10 marine transports / 10 private ambulance transports (Orcas)
  - 2018 call volume by agency
    - Lopez Island Fire and Rescue – 600 (EMS = 501)
    - Orcas Island Fire and Rescue – 1,260 (EMS = 864)
    - San Juan Island EMS – 1,088 (877 transported)
    - San Juan Island Fire – 370
    - Island Air Ambulance – 460
    - Airlift Northwest – 401



- EMS Staffing
  - 12 full time paramedics, 2 part time/Per Diem
    - Lopez – 3
    - Orcas – 5
  - 3-4 paramedics and 2 EMT's on duty 24/7
  - 24/7 Medical Control by phone/radio
  - 76 Volunteer EMT's
    - Lopez Staffing – 1 FF/PM + 18 volunteer EMT's
    - Orcas Staffing – 1 FF/PM + 1 FF/EMT + 29 volunteer EMT's
  
- Ground Ambulances = 11 (3 less than 5 years old)
  - Lopez – 2 units - 2016 and 2006
  - Orcas – 3 units – 2007 (failed engine), 2001, 1997 (BLS reserve)
  
- EMS Agencies Supporting Orcas Island:
  - On-Line Medical Control – SJC Medical Program Director or on-duty board certified emergency physician at Peace Island Medical Center Emergency Department. Provides 24/7 medical control..
  - Advanced Life Support (1 paramedic) Volunteer EMT's.
  - There are no private ground ambulance companies located in San Juan County. There is one private fixed wing air ambulance on San Juan Island adjacent to PIMC Emergency.

## Patient Satisfaction

The District's agreement with each practice require they conduct patient satisfaction surveys and provide a summary of the results to the District. The District is working with the clinics to fine tune the reports, so the District can compare the results in an equitable manner. Each clinic reports high scores on "Willingness to Recommend" and most responders are generally pleased with their provider, the clinical staff and the quality of medical care. Many of the UW responders complain about the telephone answering system, after-hours care, the difficulty of making an appointment (particularly a same day appointment) and delays in getting referrals and prescription renewals.

## Required Services

The Board has identified the following services as essential to our island community:

- Preventive Care
- Chronic Disease Care Management:
- Acute Medical Illness
- Acute and Subacute Injury

*For a more complete list of desired services see the attached Exhibit C.*

# EXHIBIT A

## Financial Overview of Practices

Clinic Financials Comparison FYTD - FYTD through June 2019

	Orcas Family Health Center						Annual Budget	FYTD OFHC	Budgeted OFHC Cost	UW Orcas Clinic														
	FY Q1	FY Q2	FY Q3	FYTD	FYTD Budget	Variance				FY Q1	FY Q2	FY Q3	FY Q4	YTD	FYTD Budget	Variance	Annual Budget	FYTD	Budgeted					
FINANCIALS	OFHC	OFHC	OFHC	OFHC	OFHC		OFHC	Per Visit	OFHC Cost	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
<b>Income</b>	<b>164,212</b>	<b>114,496</b>	<b>141,382</b>	<b>420,090</b>	<b>440,512</b>	<b>20,422</b>	<b>587,349</b>	<b>81</b>	<b>85</b>	<b>247,276</b>	<b>333,720</b>	<b>300,296</b>	<b>314,878</b>	<b>1,196,170</b>	<b>1,383,477</b>	<b>187,307</b>	<b>1,383,477</b>	<b>187,307</b>	<b>1,383,477</b>	<b>122</b>	<b>123</b>	<b>122</b>	<b>123</b>	
Provider Compensation										145,274	191,734	164,971	169,252	671,231	697,272	26,041	697,272	26,041	697,272			68	62	
Provider Benefits										40,848	57,500	58,091	54,666	211,105	177,392	-33,713	177,392	-33,713	177,392			22	16	
<b>Total Provider Cost</b>	<b>75,750</b>	<b>77,855</b>	<b>67,750</b>	<b>221,355</b>		<b>(221,355)</b>		<b>43</b>		<b>186,122</b>	<b>249,234</b>	<b>223,062</b>	<b>223,918</b>	<b>882,336</b>	<b>874,664</b>	<b>-7,672</b>	<b>874,664</b>	<b>-7,672</b>	<b>874,664</b>			<b>90</b>	<b>78</b>	
Non Provider Compensation										118,565	129,039	128,878	121,916	498,398	543,890	45,492	543,890	45,492	543,890			51	48	
Non Provider Benefits										43,505	48,412	59,137	43,877	194,931	203,022	8,091	203,022	8,091	203,022			20	18	
<b>Total Other Labor</b>	<b>86,109</b>	<b>88,512</b>	<b>77,882</b>	<b>252,503</b>	<b>556,200</b>	<b>303,697</b>	<b>741,600</b>	<b>49</b>	<b>107</b>	<b>162,070</b>	<b>177,451</b>	<b>188,015</b>	<b>165,793</b>	<b>693,329</b>	<b>746,912</b>	<b>53,583</b>	<b>746,912</b>	<b>53,583</b>	<b>746,912</b>			<b>71</b>	<b>66</b>	
Billing Fees	16,005	15,871	14,926	46,803	37,668	(9,135)	50,224	9	7	19,027	21,022	20,063	25,003	85,115	110,678	25,563	110,678	25,563	110,678			9	10	
Supplies and Pharmaceuticals	22,631	8,311	(3,225)	27,717	32,222	4,505	48,345	5	6	30,786	58,005	26,028	32,148	146,967	132,204	-14,763	132,204	-14,763	132,204			15	12	
Other Operating Expenses	29,823	21,999	27,456	79,278	56,843	(22,436)	76,407	15	11	16,530	19,526	18,384	20,658	75,098	48,479	-26,619	48,479	-26,619	48,479			8	4	
Total Operating Expenses	68,460	46,181	39,157	153,798	126,732	(27,066)	174,976	30	24	66,343	98,553	64,475	77,809	307,180	291,361	-15,819	291,361	-15,819	291,361			31	26	
<b>Total Expenses</b>	<b>230,319</b>	<b>212,548</b>	<b>184,789</b>	<b>627,655</b>	<b>682,932</b>	<b>55,277</b>	<b>916,576</b>	<b>121</b>	<b>132</b>	<b>414,535</b>	<b>525,238</b>	<b>475,552</b>	<b>467,520</b>	<b>1,882,845</b>	<b>1,912,937</b>	<b>30,092</b>	<b>1,912,937</b>	<b>30,092</b>	<b>1,912,937</b>			<b>192</b>	<b>170</b>	
<b>Clinic Income&lt;Loss&gt;</b>	<b>(66,107)</b>	<b>(98,051)</b>	<b>(43,407)</b>	<b>(207,565)</b>	<b>(242,420)</b>	<b>(34,855)</b>	<b>(329,227)</b>	<b>(40)</b>	<b>(47)</b>	<b>-167,259</b>	<b>-191,518</b>	<b>-175,256</b>	<b>-152,642</b>	<b>-686,675</b>	<b>-529,460</b>	<b>157,215</b>	<b>-529,460</b>	<b>157,215</b>	<b>-529,460</b>	<b>(70)</b>	<b>(47)</b>			
Equipment Repair										6,737	4,119	932	2,361	14,149	30,000	15,851	30,000	15,851	30,000					
Equipment Purchases	2,512	-	-	2,512	-	(2,512)	-				7,161			7,161	0	-7,161		-7,161						
<b>Total Clinic Loss</b>										<b>-173,996</b>	<b>-202,798</b>	<b>-176,188</b>	<b>-155,003</b>	<b>-707,985</b>	<b>-559,460</b>	<b>148,525</b>	<b>-559,460</b>	<b>148,525</b>	<b>-559,460</b>					
<b>METRICS</b>																								
<b>Staffing Levels</b>																								
MD/NP FTE	0.44	0.53	0.67	0.55	1.00	0.45	1.00				3.30	3.25	3.30	3.27	3.20	-0.07	3.20							
PA FTE	1.68	1.70	1.18	1.52	1.40	-0.12	1.40																	
RN/LPN/MA FTE	2.80	2.80	2.80	2.80	2.80	0.00	2.80				4.98	4.94	4.01	4.42	4.81	0.39	4.81							
Clinic Support FTE (exc billing)	4.00	4.00	4.00	4.00	4.00	0.00	4.00				3.99	3.99	3.99	3.99	3.99	0.00	3.99							
RN/LPN/MA Per Provider	1.32	1.26	1.52	1.35	1.17	-0.19	1.17				1.51	1.52	1.22	1.35	1.50	0.15	1.50							
Clinic Support FTE Per provider	1.88	1.79	2.17	1.94	1.67	-0.27	1.67				1.21	1.23	1.21	1.22	1.25	0.03	1.25							
<b>Productivity - wRVUs/Visits</b>																								
Total WRVUs for all MD/NP	652	495	767	1,914	3,569	1,655	4,759			2,516	2,984	2,987	3,308	11,795	13,051	1,256	13,051							
Total WRVUs for all PAs	1,174	1,022	955	3,151	4,099	948	5,466																	
Total Visits	2,013	1,466	1,708	5,187	5,250	63	7,000			2,197	2,668	2,367	2,568	9,800	11,255	1,455	11,255							
Visits Per MD/PA/NP per day	18	12	18	16	14	-2	14				15	14	15	14	17	2	17							
Visits Per RN/LPN/MA per day	14	10	12	12	12	0	12				10	9	12	10	11	1	11							
<b>Financials Per Visit</b>																								
Revenue Per Visit	\$ 82	\$ 78	\$ 83	\$ 81	\$ 84	\$ 3	\$ 84			\$ 113	\$ 125	\$ 127	\$ 123	\$ 122	\$ 123	\$ 1	\$ 123							
Loss Per Visit	\$ (33)	\$ (67)	\$ (25)	\$ (40)	\$ (46)	\$ -6	\$ (47)			\$ (76)	\$ (72)	\$ (74)	\$ (59)	\$ (70)	\$ (47)	\$ 23	\$ (47)							
<b>Payer Mix</b>																								
Commercial	39.00%	35.00%	35.00%											25.80%	22.40%	3.40%								
Exchange	7.00%	7.00%	8.00%											11.20%	8.90%	2.30%								
Medicare	25.00%	26.00%	32.00%											46.70%	54.10%	-7.40%								
Medicaid	26.00%	29.00%	22.00%											13.90%	12.60%	1.30%								
Self-pay	3.00%	4.00%	3.00%											2.40%	2.00%	0.40%								
<b>Total</b>	<b>100.00%</b>	<b>101.00%</b>	<b>100.00%</b>							<b>100.00%</b>	<b>100.00%</b>			<b>100.00%</b>	<b>100.00%</b>									

## EXHIBIT B

### **Orcas Family Health Center**

#### **OFHC Sliding Fee Scale Policy:**

- A. Any patient of Orcas Family Health Center has the right to apply for reduced fees regardless of where they live or their income status. Orcas Family Health Center shall determine reduced fee eligibility on an equal basis. Orcas Family Health Center will make every effort to obtain payments due from all patients.
- B. Fees for services at Orcas Family Health Center will be discounted based on family size and the family's average gross monthly income for the period Sliding Fee is requested. Federal Poverty Guidelines for Washington per the Federal Register will be the only criteria used for the adjustments of fees.
- C. Patients with third party resources recoverable by Orcas Family Health Center (i.e. Medicaid, Medicare, private insurance, worker's compensation, etc.) may still be eligible for discounts on the balance that the third party does not cover. Before an application is submitted, all other possible resources must be exhausted.
- D. Proof of sliding fee reduction will be checked and documented at the end of the designated time frame considered by Administrator.
- E. Income must be reported for all members of the applicant's household.
- F. The application must be filled out completely and returned to the Clinic Administrator with all required income verifications and appropriate documentation.
- G. Sliding Fee reductions will not apply unless all requested materials have been obtained within 90 days of office visit or date of payment from third party.
- H. Income verification may include the following:
  - H.1. Paycheck stubs showing gross income earned by all members in the household for the year Sliding Fee is being applied for. If an individual cannot produce documentation verifying income, they will be allowed to bring a letter from their employer on company letterhead and signed by the employer stating their GROSS annual income.
  - H.2. Unemployment check stubs.
  - H.3. Social Security check stubs.
  - H.4. Letter of award from Social Security, welfare or the like.
  - H.5. Copies of previous year tax return for all wage-earning household members.
- I. Approved applications are valid only for the visit(s) during the month in which they are applying and have provided income verification. Should the patient wish to apply for other months, income verification for those months will need to be provided by the patient. Except where tax return information has been provided: in this case, Sliding Fee applies for the entire year.
- J. Patients may receive a bill before the end of the month showing the full amount charged. Their reduced rate will appear on an updated bill if they qualify. The patient will be notified of the reduced rate in writing from Orcas Family Health Center.

## EXHIBIT C

### **Skills and Services Summary for Remote, Island Practice/Providers**

#### **Preventive Care**

- I. Adults
  - Well woman exams (including appropriate contraceptive, IUD placement, and other long-term contraceptive provision by at least one provider), preconception counseling and postmenopausal issues
  - Pregnancy diagnosis and undesired pregnancy counseling
  - Well man exams
  - Knowledge of appropriate screening exams (e.g. screening for cancer, diabetes, cholesterol)
  - Knowledge of age appropriate immunizations
- II. Children
  - Well infant and child exams and appropriate health screenings
  - Developmental and behavioral health screening
  - Sports physicals
  - Knowledge of age appropriate immunizations

#### **Chronic Condition Management: Within Primary Care and/or in Collaboration w/Specialists**

- I. Adults
  - Management of chronic medical conditions such as asthma, hypertension, diabetes, heart disease, obesity, COPD, arthritis, neurodegenerative conditions including Parkinson and Alzheimer, etc.
  - Management of dermatologic issues including procedural skills such as skin biopsy, treatment of actinic keratoses, treatment of localized non-melanoma skin cancer as appropriate, excision of “lumps and bumps”
  - Management of chronic pain issues emphasizing non-narcotic treatments whenever feasible using a chronic pain protocol when controlled substances are involved, per state regulations.
  - Management of opioid addiction and other substance abuse issues (including at least 1 practitioner providing suboxone or Subutex prescription and management)
  - Management of common behavioral health problems such as depression, anxiety, seasonal affective disorder and insomnia
  - Management of palliative care issues and coordination of care with home health and hospice when appropriate
  - Management of Geriatric care issues including dementia and other cognitive impairment.
  - Management of joint pain and arthritis including joint aspiration and injection as indicated
  - Management of the above could also include continuity of care with specialists including timely referrals and follow-up

EXHIBIT C (continued)

II. Children

- Management of common childhood medical problems (e.g. asthma and obesity)
- Management of behavioral health problems such as ADHD, anxiety, depression and eating disorders (including co-management with specialists).
- Management of simple dermatologic issues such as warts and eczema
- Management of the above would also include continuity of care with specialists including timely referrals and follow-up

**Acute Medical Illness: (including coordination of transport for higher level of care, if necessary)**

- I. For adults -Assessment and management of acute medical illness such as acute infections, asthma or COPD exacerbations, bronchitis, Congestive Heart Failure exacerbation, chest pain, abdominal pain, urinary tract issues, STIs, dehydration etc.
- II. For children – Assessment and management of acute illness such as febrile and other infectious illness, asthma exacerbations, abdominal pain, etc.
- III. For women – initial miscarriage assessment and referral as necessary, abnormal bleeding evaluation and management
- IV. Evaluation and treatment of acute dermatologic problems such as insect bites, skin infections and rashes
- V. Coordination of higher level of care on the mainland as medically appropriate including coordination of transport

**Acute and Subacute Injury**

- I. Evaluation and suturing of lacerations
- II. Management of other acute skin injuries such as burns, cutaneous foreign bodies, animal bites and abrasions
- III. Assessment of acute and subacute musculoskeletal injury and symptoms
  - Management of acute sprains, strains
  - Management of sports injuries including concussions
  - Management of simple fractures including appropriate splinting and casting
  - Management and reduction of simple joint dislocations such as interphalangeal joints (fingers) and shoulders
  - Management of back pain and sciatica
  - Management of other joint pain and musculoskeletal problems including overuse issues
  - Initial assessment and management of other extremity fractures and injuries with the provision of braces and splinting and coordination of transfer of care to mainland orthopedist as appropriate
  - Initial x-ray interpretation for orthopedic injuries (pending radiologist overread as indicated)

## EXHIBIT C (continued)

- Coordination of care with other specialists as appropriate including coordination of transport

### **Other Services**

- I. Starting dose medications for after-hours patients (such as basic antibiotics, oral steroids, albuterol MDI)
- II. Blood draws and other lab processing for all patients with a valid physician lab order
- III. Provision and interpretation of 12 lead ECGs, lab and imaging tests as appropriate
- IV. Office spirometry testing
- V. Provision of IM and/or IV medications when indicated such as antibiotics, antiemetics, and pain medications.
- VI. Provision of IV fluids when indicated
- VII. Point of care lab tests e.g. rapid strep, urine pregnancy test, urine dipstick, rapid influenza, point of care INR, wet mounts, KOH preps, etc.).
- VIII. Immunizations – routine CDC recommended immunizations for children and adults.

### **Collaboration with EMS**

Providers to directly coordinate care for patients first encountered via EMS including assistance in evaluation and triage for transport decisions and to meet regularly with EMS to review any ongoing coordination of care issues.

### **Collaboration with County Public Health Department**

Engage with issues impacting community health such as outbreaks of infectious diseases, disaster preparedness, etc.

### **Other Physician Skills - Desired**

- I. ACLS and PALS certifications or equivalent
- II. Airway management skills in conjunction with above life support skills to aid EMS in the event of local mass casualty event
- III. ATLS certification or another unified program such as CALS
- IV. Occupational exams –CDL, etc.
- V. Prenatal support services in coordination with mainland obstetric providers (ideally at least one physician providing prenatal care)
- VI. Circumcision
- VII. Exercise treadmill testing
- VIII. Point of care ultrasound
- IX. Dermatoscopic exams
- X. Obstetric management (deliveries only in collaboration with EMS in an emergency situation where transport off-island is unavailable)

EXHIBIT C (continued)

**Other Clinical Services - Desired**

- I. Insertion of urinary catheters
- II. Management of PICC lines
- III. Expanded on-island lab capability such as point of care CBC, BMP or even better CMP, troponin, and cholesterol panel.

DRAFT