

Proposed After-hours Model for UW Orcas Island Clinic

The Orcas Island Health Care District (OIHCD) Commissioners believe that island appropriate Acute/Urgent care services are an essential element of a well-functioning health care system. Having access to a physically available provider who will come into the clinic after-hours, when it is determined to be medically appropriate, is important due to the rurality and remoteness of the island. Unlike people on the mainland, islanders do not have access to 24/7 walk-in clinic or ER's in hospitals in the middle of the night.

While the number of times the need for Acute/Urgent care after-hours is presently not fully known, it is very similar to Fire, Sheriff and EMS services. While each member of our community may not use the service very often, when it *is* needed, people want it to be there.

The OIHCD's desired model for the UW Orcas Island Clinic after-hours coverage consists of the following elements:

- a) The existing work flow will remain intact with the Triage Nurse performing an initial assessment to determine the next step for the caller. This includes the existing options of: call 911, home care recommendation with clinic follow-up, Virtual Care, Triage Nurse contact the local island on-call provider who calls the person back.
- b) If the Triage Nurse chooses the option of contacting the on-call provider and the provider, after speaking with the caller, determines that it is medically appropriate to see the person in the clinic, the provider will be motivated to meet the person at the clinic and provide the necessary care.
- c) The OIHCD is willing to accept item B as a "voluntary" decision, with the caveat that the District agree to compensate providers for each visit they make to the clinic after-hours. The details of how and when such compensation is provided will be worked out; however, OIHCD proposes a flat fee of \$250 per visit, possibly provided quarterly or semi-annually. (NOTE: That number is based on a rough calculation that physician salaries are approximately $\$220,000 \div 2080$ hours for a 40-hour week for 52 weeks = \$105 per hour and an after-hours visit might average 2.5 hours.)
- d) The proposed model will be put in place for a trial period (length TBD). Data will be collected to determine if, and how well, the model is working to meet the need. To provide an evaluation, UW will agree to report on:
 - 1) the number of calls made to the clinic after hours
 - 2) the disposition of those calls
 - 3) the number of times the on-call provider was called for phone consultation

- 4) the number of times the on- call provider determined it was medically appropriate and went to the clinic after-hours to provide care
- e) It is also very important that all callers from Orcas Island, including tourists and part-time residents, have access to all the various Nurse Triage options. This includes whether the caller is an “established” UW patient. To facilitate this, a non-registered caller will either go through the necessary registration steps with the Triage Nurse or Contact Center or, if they see a provider in the clinic, be asked the appropriate questions to become “established” at that time. While it is ideal to have access to a caller’s medical records, given the lack of other health care options on the island it is important to find a way to provide care when it’s needed.
- f) Currently, the providers within the UW Orcas Island and Lopez Island Clinics share call coverage by phone. To make the “voluntary” model work, it will be necessary to have an Orcas Island provider available to come into the clinic, when medically appropriate, even when the on-call provider is one of the two Lopez providers.

The OIHCD believes that the model as described will serve the unique needs of our island community. It is clearly different from the mainland UW Neighborhood Clinics model of providing primary care and acute/urgent care in different locations. We appreciate UWNC’s consideration and look forward to working together to create a hybrid model that offers an appropriate and achievable level of care for the members of our community.