

Orcas Island Health Care District
Board of Commissioners - REGULAR Meeting Minutes
Orcas Island Fire & Rescue – Eastsound Firehall
Tuesday, February 5, 2019
4:00 – 7:00 pm

Commissioners Present:

Art Lange
Diane Boteler
Patricia Miller
Pegi Groundwater
Richard Fralick

Staff:

Superintendent Anne Presson

Commissioners Absent:

None

I. Call to Order

President Fralick called the meeting to order at 4:00 pm

II. Public Comment

President Fralick asked for a show of hands as to how many guests were interested in presenting a public comment. Currently there were no public comments.

III. Consent Agenda

President Fralick noted that he will take the Consent Agenda in two parts since Commissioner Lange was absent at the last meeting and will abstain from voting on a motion. Regarding the January 22, 2019 Regular Board minutes, there were no substantive changes requested.

MOVED by Commissioner Groundwater, seconded by Commissioner Boteler to approve the Minutes on the Consent Agenda. VOTE 4:0:1. MOTION CARRIED.

Regarding the AP Voucher Report in the amount of \$700, there were no questions or further discussion.

MOVED by Commissioner Boteler, seconded by Commissioner Miller to approve the AP Voucher on the Consent Agenda. VOTE 5:0:0. MOTION CARRIED

IV. Special Report – Chief Scott Williams, Orcas Island Fire & Rescue (OIFR)

Chief Williams was invited to provide an overview of the Community Paramedicine program that OIFR will be rolling out this year. He shared that as the program can be staffed with a variety of health care professional (e.g. paramedics, EMTs, RNs, etc.) the term they are now using to refer to the program is Mobile Integrated Health (MIH). The intent of the MIH program is to use a patient-centered approach and leverage resources outside of the clinic or hospital environment to improve health. This encompasses the entire spectrum of care, including social resources and supports, within the community. The MIH acts as the first point of contact for an individual, who gets signed up, assessed and referred to the appropriate resources.

The Chief introduced Pat Ayers who is the MIH Program Coordinator. Pat presented the material and reiterated the goal for MIH is to take a fully integrated, team-based approach to care coordination. The intent is to create relationships with medical clinics and hospitals in the area and NOT to replace 911, Home Health or Hospice.

MIH is focused on closing gaps in care, helping with chronic condition management, avoiding frequent and repeat 911 calls, and reducing hospital re-admissions. A video was shown from a program in another state that has been proven to positively impact all these areas. The Chief was asked what percentage of Orcas residents are repeat callers, and he guessed around 15-20% of callers to 911. He wasn't sure what percentage of the population suffered from chronic conditions. Another area that could benefit from the program is fall prevention. In 2018, about fifty-five (55) 911 calls were related to falls for people over age 55.

Chief Williams talked about the care coordination software, JLOTA, that will allow all caregivers an opportunity to share information on a patient. The MIH program is currently being funded as part of the State's Medicaid Transformation Initiative that runs through 2021. During the next 2 ½ years, OIFR will be capturing and reporting on data around patient and provider satisfaction with the program. He expects to sign the final contract with the North Sound Accountable Community of Health (ACH) on March 7th. In that contract he will be asking for continued funding for the Program Coordinator, One Paramedic, one vehicle and equipment. He also expects a certain amount of travel and per diem costs, and a total annual budget of \$150-\$200,000. Assuming all goes as planned, the program will launch in early summer and he expects it will be fully operational by the end of the year.

Commissioner Boteler asked how the Primary Care Physician (PCP) will be kept in the loop. The Chief said the PCP can refer an individual into the program. When that happens, the person will be signed up and then referred out to the appropriate resources and supports. The PCP is a key piece to the program's success. One very positive feature is that the software being used by JLOTA communicates with EPIC, the electronic medical records (EMR) software used by UW and many other healthcare providers. This will enable the bi-directional communication between care givers and ensure a continuous communication loop between the PCP and MIH program. **It remains unclear if the software will communicate with the EMR used by Orcas Family Health Center and that needs to be confirmed.**

Commissioner Groundwater asked if OIFR has several years of data to show the number of repeat callers so the baseline can be set. It's only when we know the starting point will we be able to truly measure the impact of the program. Commissioner Boteler also felt it would be good to know the history on hospital re-admission rates and how those might be positively impacted by the MIH efforts. Finally, Commissioner Lange asked about any additional training needed for the Paramedics in this program. Pat shared there is a certification program for Community Paramedics that covers a broader range of preventive care than what is within their traditional role. The state hasn't yet adopted one set of care requirements, so the island is able to determine what is needed and train for those services.

Finally, Chief Williams was asked if the MIH program would in any way address the gap that is urgent care. He confirmed it would not as it's centered around preventive care. That said, he's been in contact with an Urgent Care clinic on the mainland that is interested in talking with the District if/when there might be interest. **He will get more information before talking further with the Board.**

The DRAFT presentation will be posted with these minutes.

In addition to the MIH program, the Chief shared some other data on walk in medical activity at OIFR. In 2018 there were 219 walk ins out of approximately 800 EMS calls, or 25% of activity. This is anyone who came to the fire hall seeking medical care/knowledge and not for other reasons. During the week, Monday through Friday, the average was 23 calls. On the weekends they saw 63 walk ins on Saturdays and 43 on Sundays. This confirms there is a much higher volume of walk in activity on weekends.

Commissioner Groundwater asked if the Chief knows how many of the walk ins were eventually flown off, and Commissioner Boteler asked about the percentage of these are individuals who tried and couldn't get into a clinic to be seen. The Chief indicated there are limitations to how detailed he can get with his reporting and all data can be found on the website.

The Chief was asked how he felt the communication was going with the clinics after hours, and the Chief felt things were improving but it's still early in the process. Finally, the Board asked the Chief to think about what the PHD might be able to invest in that would help with diagnosing on the island considering continued concerns around air transport denials. There was a brief discussion on that topic since Superintendent Presson and the Chief continue to work closely together, and with a larger, county-wide group, to determine the facts and next steps. There is nothing to report at this time other than the group is actively engaged with the operations and clinical leaders at Kaiser and are working to convene a meeting with all the key stakeholders. The Superintendent will keep the Board apprised of developments.

At this point the Board thanked the presenters and returned to the normal course of business. President Fralick indicated that the Commissioners had been alerted this meeting could run long, if necessary, and cautioned the Public that the meeting is scheduled until 7 pm.

V. Committee & Work Group Reports

a. After-Hours Work Group:

Commissioner Lange provided an update from the 1/29 meeting with UWNC to debrief on Dr. Matt Jaffy's discussion with the UW Orcas Clinic providers. The focus of that discussion was around the Board's proposed after-hours structure. Commissioner Lange also reported that in his follow-up call with UWNC leaders he was encouraged by their stated commitment to provide after-hours care.

As far as the provider feedback, Dr. Jaffy stated that everyone agrees there are unique circumstances on the island that create the need to have access to a provider 24/7. That said, the big challenge remains that it's difficult to ask 3 providers to handle that load. Since a provider on-call must be on Orcas there's a question as to how Kerstin will fit into the rotation, leaving the possibility of only 3 providers to handle the additional load. The main concern with the limited number is that it could lead to physician burnout. While the providers are willing to continue under a "voluntary" call structure, questions remain as to what that means when a Lopez provider is on-call. The providers also agree that the current process of having all patients contact the triage nurse first is best. **The question remains whether ALL callers, including those not established as patients, are able to access ALL the options under the after-hours protocol. Clarification on this piece is needed.**

Commissioners Lange and Boteler talked about the after-hours report that was shared at the last meeting and the fact that it created more questions than it provided answers. **Superintendent Presson has asked for additional clarification on: defining disposition terminology, what "refer to PCP" means, and why calls during the day were being answered by the Contact Center.**

Discussion continued around the fact that the District is paying for 6-7 providers, depending on how Kerstin is factored in, between the two clinics and there is a need to have them respond to the needs of the community. Commissioner Lange reiterated that ultimately many of the issues the Board is wrestling with would be solved by consolidation of the practices. Commissioner Miller expressed concern that it took one month for Matt to talk with the providers and we do not appear to be any closer to an agreement. The question arose as to whether the UWNC providers should be requested to adopt a short-term plan to be on call even when the Lopez doctor is scheduled. The message would be that the community needs everyone to step up until we can align the clinics and move to a more reasonable rotation.

b. Building Maintenance and Repairs

Commissioner Groundwater provided an update on the Request for Proposal (RFP) that was sent out by the Superintendent on February 1st. The document outlined the parameters for responding, what the District is looking for, and how responses will be scored. There has been some supplemental information sent out since, and Superintendent Presson shared that a new page has been created on the website with all the RFP details.

President Fralick provided an update on the status of the San Juan County re-roof permit application. He was able to confirm with the planning department that the application is in the queue and that timing for approval is 8-10 weeks. While lengthy, he felt it will work out well as the material used in the roof process performs best in temperatures above 50 degrees. That means that starting work in late spring or the summer will create less risk of blow off.

The other item to be discussed was specific to the vendor roster. Our current Procurement Policy doesn't specially indicate whether a contractor must be on the MRSC small works roster at the time the bid is released OR if the contractor must be a member by the bid/RFP deadline. The policy can allow for that flexibility and, after discussion, there consensus that there is no down side to modifying the policy to allow for the more flexible language.

MOVED by Commissioner Groundwater, seconded by Commissioner Boteler to approve amending the current OIHCD Procurement Policy to specify that bid/RFP responses will be accepted from contractors provided they are on the MRSC Small Works Roster by the bid/RFP deadline. VOTE 5:0:0. MOTION CARRIED

c. Contract Negotiations Committee

Commissioners Miller and Lange reported on their video call with the UWNC leadership on 2/4. Commissioner Miller summarized the discussion which centered around the essential elements to the contract that UWNC removed from the draft sent to them by the District. The goal for the call was to understand UWNC's reasons for removal and determine the best way to proceed since UWNC wasn't supportive of extending the existing Internal Funding Arrangement (IFA).

The four main issues of concern and associated action steps from the call were:

- **Deletion of Exhibit B: Scope of Services** – Dr. Pete McGough agreed to revisit the list of services and create a new Exhibit B. It will list services UW currently provides, additional services that are possible to add, and a list of services that are not possible to add at any time.
- **After-Hours/urgent care** – Debra Gussin felt that since this issue was still being worked by the Work Group it was premature to put into a contract. There was agreement that a timeline for the Work Group was necessary so it could be determined if a plan could be adopted early enough to be included in a CSA. There was also a question around whether ALL after-hours callers have access to speak with and see the on-call physician. While no other specifics were discussed, Debra agreed to provide a recommendation for a timeline to reach final decision.
- **Metrics** – Commissioner Miller felt the two sides are getting close to agreement in this area. The goal is to try and use what UW already produces rather than ask them to create something special for the District. The metrics related to provider productivity, visits and WRVUs, will be reflected on the financial reports and not the Dashboard. Due to the change in plans, the meeting with the person who oversees the Patient Satisfaction reporting needed to be rescheduled. That conversation will help map the Press Gainey questions to the Dashboard, which should clear up any outstanding questions. Commissioner Boteler

asked that we try to get information on the survey response rate as that would be helpful to know. The Committee was asked to create a “cheat sheet” to help in understanding the Dashboard report as it can be confusing. Finally, Commissioner Fralick commented that the target for some of the patient satisfaction metrics seemed low at 80%.

- **Removal of language specific to consulting in the hiring of the Medical Director position** – UWNC wanted to better understand what the District meant by having the chance to “consult” on the Medical Director position. The Commissioners shared that it’s important being this is the person who sets the tone for the clinic and is the primary point of contact for the Board and community. As such, it’s important that there is a good working relationship and the individual is a good fit for the culture of the clinic and island. The Commissioners stressed that it is not the Board’s desire to micro manage the process nor become embroiled in personnel issues. After further discussion, Debra Gussin agreed to come back with revised language in this section. The Commissioners were asked and confirmed that this same language is in the OFHC CSA. In addition to the language being revisited for the Medical Director, it was decided the Clinic Manager was an equally key relationship and should be treated in a similar manner.

d. Finance Committee

Commissioner Miller reported that the Committee met and spoke with the County Auditor about the best approach for establishing reserves. The recommendation from the Committee is to create one Reserve Fund. If needed, within that fund distinct subcategories (BARS codes) could be established which would provide the ability to allocate money to specific categories. At this point, the Committee doesn’t feel that there’s enough information to know how much is appropriate for operational reserves versus capital reserves. That will be the focus of work in 2019 and they will look at the District’s capital and equipment needed. A priority will be to work with UWNC on the equipment inventory to get a sense of timing for replacement/repairs and replacement costs over the next five years. Commissioner Groundwater asked if the Committee will do that same planning with OFHC. While the District doesn’t own their equipment, it’s likely if something needed significant repair or replacement the District would be asked to subsidize so it would be good to incorporate those costs into any capital plan.

The Finance Committee will complete their due diligence and bring back recommended reserve language to be incorporated into the Financial Management Policy. It will likely entail revisiting the reserve allocations for 2020.

e. Communications Committee

Commissioner Lange reported that the Committee would like to do one more scrub of the document following discussion at the 1/22 Board meeting. They haven’t had a chance to get back together and will plan to do so to prioritize the activities. **Agreement was made to bring the updated draft Communication Strategy document to the 2/19 Board meeting.**

VI. Old Business

As discussed during the Finance Committee report, the updated draft of the Financial Management Policy will be brought to the 2/19 Board meeting. The Post Issuance Compliance Policy is also deferred to a later meeting as it’s still being reviewed by the Bond Attorney’s office.

President Fralick revisited the idea of creating a Quality Committee to work with both clinics on the areas that have been discussed in the contracting process as it pertains to patient satisfaction and quality metrics. The Committee members would be responsible for reviewing the reports and presenting their findings to the Board.

MOVED by Commissioner Miller, seconded by Commissioner Lange to appoint Commissioners Boteler and Groundwater to lead the newly formed Quality Committee. VOTE 5:0:0. MOTION CARRIED

VII. New Business

Based on the deferment of the reserve and Financial Management policy discussion, the Resolution to create a Reserve Fund was postponed.

Superintendent Presson shared the materials from EWUA in conjunction with the transfer of water memberships from OMF to OIHCD. There was consensus of the Board to have the Superintendent execute the documents in order to finalize the membership transfer.

Finally, Superintendent Presson shared the expired contract between UW and North Cascade Cardiology/Peace Health. She informed the Board that she will be looking into the best way to structure a new lease agreement. **She has spoken with UW to determine how they've been accounting for the monthly lease payments. There is mutual agreement that the funds should come directly to the District or be credited as additional revenue in UW's financial accounting. She will bring this back to the 2/19 meeting with more details.**

VIII. Operations Report

District Office Lease – as directed by the Board, Superintendent Presson worked with Commissioner Miller to assess the options available for the District office. The Superintendent expressed her appreciation to the Board and Commissioner Miller for the support and the decision was made to remain in the current office space. The Superintendent will work with Windermere on the extension and confirm if the lease period will be through the end of 2019 or for a full 12 months.

Financial Reporting - Superintendent Presson presented a sample financial report that is available from San Juan County. **This was shared for information only as she hasn't had the opportunity to review with Commissioner Miller. She is also getting access to the financial reporting system called EDEN, which has other reports that might better meet the needs of the Board. She hopes to bring back a recommendation at the next meeting.**

Clinic Updates – Superintendent Presson provided a short update on the status of reporting from OFHC.

1. Quarterly Financial Data - data is being put together and will be available next week. Commissioner Miller commented that the April 15th grant will be the first to reconcile with any over/under payment from the Q'4 2018 grant cycle.
2. Patient Satisfaction Reports - Press Gainey said, "The pricing for just two (2) providers is \$1,067 per provider per year." Need to clarify if that is 2 FTE versus the 3 providers who split the 2 FTEs or if truly for each separate provider. This cost wasn't included in the 2019 OFHC budget.
3. Provider Productivity – OFHC has a draft provider production report that include: # of patients, # of visits, WRVUs and charge information. It has not yet been shared with the Board since Dr. Shinstrom has not yet gone over new contracts with either of the PA's that would include the new compensation structure.
4. After -Hours reporting - reporting sheets are available and going forward they will be adding "Source of the Call". The Superintendent will be reviewing the materials when she gets together with the Clinic Manager. OFHC will also be submitting their quarterly invoice for their afterhours encounters.
6. EMS joint meetings and patient reviews - the clinical staff is on board and looking forward to meeting with EMS. Getting everyone has been the biggest challenge, and it's been tougher considering Dr. Shinstrom's accident.

The Superintendent also shared the results of a recent meeting with Jennifer Taylor at UW Clinic just to talk about maintenance issues. The Superintendent will be putting together a maintenance plan for the various clinic ongoing service and repair issues.

IX. Public Comment

Bob Thomas expressed his appreciation to Commissioner Lange for their meeting to discuss the after-hours costs in more detail. He appreciated the help.

Leif felt it was important to be able to answer the question as to what value the island gets from contracting with UW Medicine. Being a rural, remote area are there benefits from a large system like UW, or would we be better served constructing our own management team and fine tuning the community network to create a unique, successful model.

Dr. Bentley expressed concerns with the lack of data presented during the MIH program. Seems like there's a lot of information that would be good to know – recognizing it isn't necessarily the scope of OIHCD. She also felt that in all the quality discussions there was a lot of qualitative data and not much quantitative data. She would like to see more numbers and felt it would be beneficial to see data from UW beyond how well reports matched to goal.

X. Upcoming Meetings

The next meeting of the Board will be held on February 19th.

XI. Meeting adjournment

**MOVED by Commissioner Groundwater, seconded by Commissioner Boteler to adjourn the meeting at 6:38 pm.
VOTE 5:0:0. MOTION CARRIED.**

Minutes approved this ____ day of _____, 2019.

Attest: Patricia Miller, OIHCD Board Secretary