

Orcas Island Health Care District
Board of Commissioners - REGULAR Meeting Minutes
Orcas Island Fire & Rescue – Eastsound Firehall
Tuesday, March 5, 2019
4:00 – 6:00 pm

Commissioners Present:

Art Lange
Diane Boteler (remote)
Patricia Miller
Richard Fralick

Staff:

Superintendent Anne Presson

Commissioners Absent:

Pegi Groundwater

I. Call to Order

President Fralick called the meeting to order at 4:00 pm noting Commissioner Groundwater was absent, and Commissioner Boteler was participating by phone.

II. Public Comment

President Fralick asked for a show of hands as to how many guests were interested in presenting a public comment. Bob Thomas asked for clarification as to where we are at in regard to after-hours care. He was unclear how to access and if a person calls the regular clinic number. Commissioner Lange confirmed that a caller does dial the regular line for UWNC and is then redirected to the after-hours Community Care line. They provide the first assessment and will then connect the person to the Nurse Triage Line.

III. Consent Agenda

President Fralick asked for any comments on the two items on the Consent Agenda. Commissioner Miller asked that the Minutes be removed and addressed separately as she had two procedural issues to discuss. President Fralick instructed that the Consent Agenda action would be limited to the AP Voucher report.

MOVED by Commissioner Miller, seconded by Commissioner Lange to approve the February 25th AP Voucher Report on the Consent Agenda. VOTE 4:0:0. MOTION CARRIED.

Regarding the Minutes, Commissioner Miller reminded the Board that there isn't a current policy to address excused versus unexcused absences. She proposed changing the wording in the 2/19 Minutes to reflect that Commissioner Groundwater provided notice to the President of a planned absence as opposed to referencing an excused absence. She also asked that any reference to other individuals include their last name. Superintendent Presson agreed to make these changes in the draft Minutes and keep this in mind going forward.

MOVED by Commissioner Miller, seconded by Commissioner Lange to approve the February 19th Meeting Minutes with the noted changes. VOTE 4:0:0. MOTION CARRIED.

A brief discussion was held on schedules to determine when the full Board will be together. It was noted that Commissioner Groundwater will miss the 3/19 meeting and President Fralick will be absent for the first meeting in April. As a result, the next time the full Board will be together will be the second meeting in April. President Fralick asked all Commissioners to check their schedules and notify him of any planned absence for the April 16th meeting. It's possible the UWNC CSA could be brought to the Board for action and he felt it was important that

any final action be taken when all five Commissioners are present. President Fralick also noted that a request was made to add an item specific to OFHC Patient Experience survey, which will be added to the Agenda.

IV. Committee & Work Group Reports

a. After-Hours Work Group

Superintendent Presson provided a brief update on what UWNC reported during the 3/1 monthly call. Regarding activities underway on their end, she reported the following:

- Week of February 25th Dr. Jaffy met with providers about safety and support after-hours
- Monday, March 4th: Draft SBAR, which is an acronym for their internal process to assess and provide recommendations for new processes based on feedback from providers
- Friday, March 15th: Final version of SBAR completed
- Week of March 18th: Review SBAR with UWNC leadership
- April 1st: Submit SBAR with recommendations to OIHCD

President Fralick also reported that during the 3/1 call UWNC was asked to share Dr. Jaffy's summary of his February meeting with the providers with the After-Hours Work Group.

Commissioner Lange reported that both Clinics provided after-hours data. UWNC provided two reports, one for the period November thru December 2018 and another for the month of January 2019. OFHC provided one report representing data November thru December 2018. For the two months in 2018, UWNC saw 8 patients after-hours and OFHC saw 4 patients after-hours. In January 2019 UWNC did not report any patients seen after-hours. He commented that the data is reflecting numbers that are much less than what we were told by providers we could anticipate. He questioned if the low numbers were a result of people being unclear on the availability of after-hours services. Its conceivable people are choosing to go to Orcas Island Fire and Rescue (OIFR). Commissioner Boteler also felt that could be what's happening, and it would be helpful to review the volume of walk-ins at OIFR in combination with Clinic data to get a complete picture of the overall volume.

There was continued discussion around the value of having OIFR and the Clinics meet on a quarterly basis to review the after-hours data. That could provide a forum to review what's working and what's not working, as well as assess where people are seeking care. Superintendent Presson mentioned that the current EMS/UWNC/PHD Work Group is a possible forum for those discussions as some of that is already taking place. **Commissioners agreed that having a formal process in place is important and will continue to put thought into what makes the most sense.**

Commissioner Lange felt the key takeaway from the data is that they had been told by multiple providers that we could expect to see 4-6 after-hours patient visits per month, yet the data is showing significantly fewer. While this could be a function of time of year, questions remained as to the variation in expectations and actual data. **There was consensus for the Board to work on a process for OIFR, the Clinics and OIHCD to follow-up on the data.**

b. Building Maintenance and Repairs

President Fralick provided an update on the Medical Clinic Roof Replacement project. He confirmed the intent is still to go back out to bid; however, the Building Work Group feels it's important to nail down the details. He had an opportunity to talk again with the SJC Planning Department and confirmed our application fee was received. President Fralick also confirmed our permit application is in the queue and hasn't yet come up for review.

Superintendent Presson provided a brief update on research she's been able to conduct since the last Board meeting. In talking with a former member of the OMF Building Committee, she was put in touch with Doug Poole of Sage Building Solutions on Lopez Island. She met with Doug last week and felt the Building Committee could

benefit from a discussion with him. He comes highly recommended by numerous folks on Lopez and has done extensive research on the Medical Clinic building.

As the Board will be looking to replace both the roof and HVAC system, it seems prudent to understand how each informs the other and where there might be opportunities to improve the overall functioning of the building. Doug Poole was willing to provide a few hours of consulting services to educate and assist the Work Group. Sage Building Solutions consultant rate is \$90/hour. The Superintendent was also able to obtain an Energy Audit that was conducted by the Community Energy Challenge in conjunction with the analysis Sage provided in 2015. The report offers some ways to take advantage of rebate opportunities and she's hoping a representative from Sustainable Connections will also participate.

President Fralick asked the Board to authorize the Building Work Group to spend a small amount of money to engage Sage Building Solutions' consulting services before proceeding with the roof bid. All the Commissioners were supportive of that approach and felt it was money well spent. Commissioner Miller felt strongly that the Work Group include a representative from OPALCO since it's been her experience that there could also be substantial rebates available through some of their programs. Finally, Commissioner Lange said he was supportive of this approach yet asked that the Work Group be careful to use the Consultants' time efficiently.

After continued discussion, there was consensus from the Board to support the recommendation that the Building Work Group schedule a meeting with Sage Building Solutions, OPALCO and other appropriate parties for the purpose of gathering information to help inform the Board's approach to both the roof and HVAC projects.

c. Contract Negotiations Work Group

Commissioner Miller shared that both the Board and UWNC leadership are supportive of continuing to operate under the existing IFA. This means a CSA won't be put in place until the Board has UWNC's response on after-hours care which is due April 1st.

Commissioner Miller shared that it is the Committee's goal to gain Board consensus on all the other contract items today, leaving after-hours as the only open item. She directed the Board to the most recent redlined Clinical Services Agreement (CSA) that was returned from UWNC and incorporates recommendations from the Negotiations Committee based on that feedback.

The Board walked through the following sections:

- **Exhibit B: Scope of Services** – The CSA now contains the Board's original Exhibit B. UWNC did what was asked which was to go through the original Exhibit B and mark what they currently do, what they are willing to do in the future, and what they are never going to be able to deliver. Commissioner Miller would like for the Negotiations Committee to be empowered to reach agreement with UWNC on Monday, 3/11, when UWNC's leadership team will be coming to Orcas.

Commissioner Boteler asked about the process for each clinic to add services that the Board feels are needed yet aren't on the list of currently provided services. Commissioner Miller shared that, as was the practice when UWNC added lab and approved the sharing of x-ray, we will discuss the need and work together to assess the cost and process. **Commissioner Lange offered to be responsible for creating a formal process with the clinics to address new services to ensure that items important to the District remain on the radar.**

There was discussion around UWNC's Master List and Commissioner Miller confirmed that the Board will receive this item prior to signing the CSA. That said, she felt it wasn't necessary to include it as part of the CSA being that it's a document that will continue to change. She has asked that there be a process in place for UWNC to inform the District when there is a change to the Master List, ideally before the change is put in place.

Discussion continued around specific procedures that should be on the list of services currently provided in order to best support a rural practice. These included: IV Medications, emergency OB, urinary catheters, and managing a PICC line. The Commissioners expressed an interest in better understanding the reasons for keeping these items off the list of currently provided services.

- **After-Hours Care** – as discussed earlier, this will be left as an open item until the April 1st report is received.
- **Medical Staff** – Commissioner Miller indicated this will also be revisited with UWNC during the 3/11 meeting. The Negotiations Committee would like to be empowered to reach a decision with UWNC at that time. UWNC's wording provides for a Commissioner to be part of an interview panel for new hires in the Medical Director and Clinic Manager positions. The Committee asked to be included in any 360 process for the existing Medical Director and Clinic Manager Commissioner Miller explained this is a process to allow for feedback from various parties, not just an immediate supervisor, during the annual review process. This would extend to both the Medical Director and Clinic Manager positions.

Commissioner Boteler expressed concerns should Section 4.2 be removed. She felt it's important as it addresses the need for providers to have the appropriate skill set for a rural clinic. **Commissioner Lange agreed that this was an importance item; however, he felt this might come as a result of building a relationship of trust and understanding as opposed to it being a contractual obligation.**

- **Metrics** – Commissioner Miller shifted the discussion to the Metrics Work Group and the meeting with UWNC to understand their process for the Patient Experience survey. She indicated that UWNC utilizes a survey called the Clinician and Group Consumer Assessment of Healthcare Providers and Systems, or CG-CAHPS. It's a standard national survey that allows for benchmarking against health systems across the country as well as in specific geographic regions. The survey is designed to measure the patients' experience as opposed to whether a patient was satisfied with what happened.

The survey administrator is Press Gainey and the survey is delivered via mail or email. The survey has a total of 40 questions with 8 specific to measuring experience. It was noted that only 5 of those are included in the UWNC Dashboard. In asking for explanation, UWNC indicated that there is only so much they can focus on across their entire system, and their leadership has chosen Access and Willingness to Recommend as their key focus areas which drives reporting metrics.

Commissioner Boteler asked if UWNC provided information on response rates. While not specifically provided, the Committee was told that Press Gainey ensures there is a high enough return for the data to be statistically significant. Overall, Commissioner Miller expressed her comfort level with the process UWNC has in place to capture and measure results specific to Patient Experience. There was a brief discussion around the targets set and how quickly UWNC can improve. While Commissioner Miller indicated she would like to see more data reported, she doesn't feel it's an issue that needs to be in the CSA. Rather it's something she will address during the annual budget process. **There was a consensus of the Board to go with UWNC's proposed language on Patient Experience metrics.**

- **Provider Productivity** - Discussion continued around provider productivity and changes to the proposed language. UWNC isn't willing to provide Work RVUs by provider, yet they have provided detail at the clinic level. They feel it's their responsibility to manage the providers, and it's important to note that providers are at different productivity levels based on their experience. It was noted that UWNC provides for a two-year ramp up period to get providers to the goal of the 50th percentile. That said, they have bumped up Dr. Russell and ARNP Picard faster based on their experience.

Commissioner Lange felt the targets were appropriate and reasonable for the total FTEs at the clinic. He was also happy to see that UWNC based their targets on MGMA's national benchmark not regional numbers, and he feels the targets are what he was hoping to achieve. **There was consensus of the Board to accept UWNC's recommended language on Provider Productivity.**

- **Contract Term** – The original agreement was titled 2019 CSA, and that was deleted by UWNC and replaced with an ongoing contract subject to an annual budget review. The CSA allows for both parties to provide 180 days advance notice of termination without cause, or the agreement can be terminated if agreement isn't reached on the annual budget.

Commissioner Boteler asked how the Board goes about addressing a situation where we want to revisit a specific service or other parts of the contract that the Board would like to modify in the next year. There doesn't appear to be a process in the CSA to allow for that, rather it's an all or nothing approach. President Fralick agreed that it seems like there aren't options to discuss contract changes, and he would like to see language that allows for a limited re-opener. In the absence of such language, it feels like a doomsday approach that we must terminate unless specific items are considered. He'd like to see reference to an annual review of some list of services that can be proposed by either side. **Commissioner Miller will discuss with the Board's attorney and come up with suggested language that creates a mechanism that facilitates an opportunity for either side to revisit new items or existing parts of the contract.**

- **CSA Payment** – Section V was reworded to recognize that UWNC and OIHCD operate on two different budget years. UWNC operates on a July through June budget cycle and OIHCD is on a calendar year. As a result, it is important to confirm the District's cap on expenses for a given calendar year since the Board doesn't have the ability to change the millage rate once the taxes are levied. Rather, the District establishes an expected revenue amount at the beginning of the year, so we want to know our full annual obligation in the event we can't reach agreement on the budget in June. In that scenario, the wind down process is triggered. The new language establishes the maximum amount of payment due from the District to UWPN during the wind down period to be fifty percent (50%) of the last agreed Annual Maximum Clinical Support Payment. Commissioner Miller expects UWNC will want some flexibility in that number as it doesn't consider any cost of living adjustment. **There was consensus of the Board to allow the Negotiations Committee to be able to increase the wording beyond 50%, if necessary.**
- **Insurance and Indemnification** – there were changes to Section 8.1 based on input from the attorney and Commissioner Boteler around the tail language. These haven't been run by UWNC, so we don't know if they'll be accepted. The attorney recommends deleting Section 8.4 or incorporating alternate language. Commissioner Groundwater had previously reviewed the language and was comfortable with either scenario. **There was consensus of the Board that either approach will be acceptable.**
- **Assignment** – Section 9.5, Dispute Resolution, was modified by the attorney and discussion was held as to whether the Board wanted to include binding Arbitration. If so, questions came up as to where it would be held and the most cost-effective approach. **There was consensus of the Board to keep binding**

Arbitration language in the CSA and change to a closer location (e.g. Burlington or Mt. Vernon). The Committee was also asked to ensure consistency with the OFHC CSA.

- **Right to Audit** – UWNC doesn't allow for this in any of their other contracts, including those that are PHDs. They asked that the first course of action be to review their audited financial statements and offered that if there's a need to confirm OIHCD charges they will run those reports. This goes back to creating an effective working relationship with UWNC and the Committee was comfortable with the suggested approach. That said, they would like to see something in the CSA specific to allowing for the reimbursement of any discrepancies and a willingness to provide information on items in question. **There was consensus of the Board that what was described was an acceptable approach.**

President Fralick expressed appreciation for the hard work on both sides. He would like to clarify the procedure to get UWNC final sign off on Monday for the majority, if not all, of items outside of after-hours. Commissioner Miller agreed and said that it is the intent of the Negotiations Committee to wrap things up on Monday and then provide a clean version of the CSA for final review. Commissioner Boteler expressed concern that the process allow Commissioner Groundwater an opportunity to provide input prior to the finalization of the document. Commissioner Miller explained that she had received feedback from Commissioner Groundwater following UWNC's last round of comments, and all her concerns have been factored into the updated version.

Commissioner Lange comment on the fact that, at this point, the only seriously outstanding item is the after-hours care. He felt UWNC and OIHCD have made and continue to make steady progress toward a mutually agreeable contract. Many aspects of the negotiations require a lot of clarification in this first round, which takes time. He very much appreciates all the time and effort that UWNC leaders are devoting to reaching a contractual agreement.

d. Finance Committee

Commissioner Miller wanted to revisit language in the CSAs specific to having a representative from each clinic attend quarterly Board meetings for the purpose of reviewing financial and operational reports. A process hasn't been put in place yet and she wanted to propose that we identify meetings when these reports will take place.

As it pertains to financial reports she proposes that prior to meeting with the Board, the Finance Committee receive and distribute financial reports to Commissioners. They will be asked for to review and submit questions to the Committee by a certain date. The Committee will meet and review/discuss the reports in a prep meeting with the clinic representative. The Committee will then provide a report to the Board. The Clinic representative will attend and be available for additional questions/clarification.

For the Operations Reports, Mark Bresnick from UWNC has agreed to schedule one of his on-site visits to coincide with a Board meeting. **The Superintendent will ask OFHC to follow a similar process for Operations reports.**

There was consensus of the Board to accept the recommended procedures specific to the process for Finance and Operations reporting.

e. Metrics Work Group

This was covered in the CSA discussion. A new item was added to address OFHC Patient Experience Reporting. Commissioner Lange would like agreement to urgently get OFHC to use a Patient Experience survey that enables the Board to compare apples to apples with results from UWNC's survey. Superintendent Presson spoke with Press Gainey and they are putting together a cost summary to administer the CG-CAPS survey for OFHC. Since it's expected to be in the range of \$3,000 - \$4,000, which isn't in the current OFHC budget, Commissioner Lange is asking the Board to authorize this expenditure. Commissioner Miller was supportive and asked that we make sure Press Gainey is the only option to administer the CG-CAPS survey. She also shared that the OFHC grant will likely

be reduced as a result of the provision around there being a 1.0 FTE MD. She anticipates the reduced grant to be in the range of \$20,000 in the next quarterly payment.

MOVED by Commissioner Miller, seconded by Commissioner Lange to authorize Commissioner Lange and Superintendent Presson to put in place a process for a Patient Experience survey for OFHC at a cost not to exceed \$4,000 per year. VOTE 4:0:0. MOTION CARRIED.

f. Communications Committee

Commissioner Lange shared a schedule of article topics to be published in the local papers. Due to time constraints the discussion was limited, and **Commissioners were asked to review the list of article topics and provide the Communications Committee with feedback prior to the next Board meeting.**

V. Old Business

Due to time constraints the discussion on the items contained in this section was delayed until a future meeting.

VI. New Business

A draft Agenda in preparation for UWNC's 3/11 visit was reviewed. There had been some discrepancy in Commissioner Boteler's availability. Since she is going to be on island she will be added to the EMS/UWNC/PHD discussion item. The Board decided against having a Special Meeting felt it was important to continue relationship building and move forward the CSA.

VII. Operations Report

- **North Cascade Cardiology** – Superintendent Presson reported that she is still working with UWNC and NCC to track down the missing 2018 lease payments. She expects resolution by the next meeting. She received a draft 2019 lease agreement and will send to Commissioner Groundwater for review once she returns.
- **Clinic Updates** – there weren't any specific updates other than to share other than receipt of a \$1,200 snow and ice removal invoice.
- **Kaiser Air Transport** – Superintendent Presson confirmed that Dr. Sullivan is scheduled to meet with the Kaiser Medical Director this Friday. She expects to have more details following that meeting. She also reminded Commissioners that she posted a Notice on the website with information on the situation and contact numbers for the air operators.
- **Project Management** – Superintendent Presson asked the Board to authorize a purchase of project management software that she's been testing. She has found it to be very helpful in managing her various tasks and projects.

MOVED by Commissioner Miller, seconded by Commissioner Lange to authorize Superintendent Presson to purchase project management software at an estimated cost of \$170 per year. Superintendent Presson was also asked to review the current budget to identify a line item that would give her authority to manage these small purchases. VOTE 4:0:0. MOTION CARRIED.

VIII. Public Comment

Leif noted that questions appear to remain on how after-hours is being paid for and the rate of use beyond what was initial proposed. He also commented on the missing role of Health Care Advocates and expressed concern that they are needed to help people not well versed on health care issues. As a nurse with advanced education in

this area he feels it's his professional and personal obligation to continue to advocate for those who aren't well equipped to do so on their own.

Barbara Bentley asked about the leadership onsite and if there was an opportunity to have a meet and greet with the UWNC leaders. President Fralick confirmed that the meetings will not be open to the public as they will be comprised of Committee members for the purpose of contract negotiations. He understands the desire to have time with UWNC leadership and will look for other opportunities.

Bob Thomas also expressed an interest in engaging with UWNC leaders. He asked if the public should be concerned around UWNC's recent data breach. Superintendent Presson commented that the breach was not associated with a cyber-attack and was more an internal human error. No patient financial information, Social Security numbers or medical records were shared. While taken very seriously by UWNC, it doesn't appear that it is quite as concerning as other health care attacks. She also said that UWNC has been providing updates and there's been nothing beyond what was in the Sounder article and what was shared in letters to patients.

Dr. Shu commented on the after-hours report and cases where 911 was called. He expressed the need to have the primary care provider part of the conversation and that calling 911 usually results in the person being flown off island. He stressed the need to think about the island's uniqueness and to be able to thoroughly assess a patient's condition before assuming it's something more serious.

IX. Upcoming Meetings

A list of upcoming meetings was shared on the Agenda.

X. Meeting adjournment

MOVED by Commissioner Miller, seconded by Commissioner Lange to adjourn the meeting at 6:19 pm. VOTE 4:0:0. MOTION CARRIED.

Minutes approved this ____ day of _____, 2019.

Attest: Patricia Miller, OIHCD Board Secretary