

Orcas Island Health Care District
Board of Commissioners - REGULAR Meeting Minutes
REMOTE BOARD MEETING
August 3, 2021
5:00 – 7:00 p.m.

Commissioners Present (via Zoom):

Art Lange, President
Diane Boteler
Patricia Miller, Secretary
Pegi Groundwater
Richard Fralick

Staff (via Zoom):

Anne Presson, Superintendent

Commissioners Absent:

None.

I. Call to Order

President Lange called the 14th meeting of 2021 to order at 5:02 pm. He noted that there was a quorum with four Commissioners present; Commissioner Boteler joined later. He welcomed members of the community to the meeting.

When he asked if anyone had modifications to the Agenda, none were indicated.

II. Public Comment

Bob Thomas expressed concern that if the District took on discretionary programs, those might come to be seen as essential and increase District costs in the future. The goal of the District was to provide funding for one clinic, not a multitude of programs and agencies. The District's focus should be on maintaining the viability of the clinic—paying off debt, ensuring funding for maintenance, for emergencies, and for important one-time projects—and its agenda should be limited to support for the clinic “so that the voter-approved agenda of primary and after hours/acute care is maintained in good economic times and bad.”

He also noted that a discussion of the PERS retirement plan was on the agenda of the July 6 meeting but didn't occur. He observed that many public retirement programs are underfunded and that this discussion was important. Commissioner Groundwater responded that she had had no information at that point so a discussion wasn't possible, but it would occur in the future.

III. Scope of the OIHCD

President Lange noted that the typical meeting agenda would be modified for this meeting to discuss the three topics intended for discussion at the cancelled July 30 special meeting. Commissioner Miller expressed concern that Commissioner Boteler and likely-Commissioner Zoeller were not present; Superintendent Presson responded that Zoeller had a conflict, and Boteler joined the meeting at that point. Lange welcomed facilitator Jody Carona, owner of Health Facilities Planning and Development who had prepared a PowerPoint presentation based on information from her interviews with the five commissioners. Deliverables for the meeting were:

- Determining whether the District should continue to focus exclusively on primary care or consider expansion of services either within or outside of the clinic.
- If scope is expanded, determining the process and time frame to evaluate feasibility of arranging for and/or supporting those services needs wherein quality, access, and sustainability can be documented.
- Determining the desire of the Board to return to RCW-defined roles focused on strategy and governance versus operations.
- Discussing an overall staffing model, FTEs, budget, and impact of earlier decisions as they pertain to the Superintendent's evolving role.

Carona then provided some context for the discussion, noting that of the District's approximately 5,900 full-time residents, about one-third, are over 65 and that over the past decade that proportion has grown exponentially. She noted that nearly 100% of growth through 2025 is expected to be in the age 65+ population, raising questions about the future workforce. She presented data from the Northwest Regional Council on Selected Population and Aging Service Utilization for San Juan County, showing numbers of persons aged 60 or above of various economic and ethnic groups and with various medical needs, but the data were not broken out by island.

Carona then reviewed the PHD enabling legislation, RCW 70.44.003 and 007, and the powers and duties of the commissioners and the Superintendent according to RCW 70.44.060, 080, and 090, noting that the commissioners and Superintendent had demonstrated a clear understanding of applicable law.

She then moved to discussing the results of her interviews. This included:

- The greatest unmet health needs on the island were identified as behavioral health; coordination of care and services between island and mainland services; home health and hospice; support for aging in place; prevention and wellness services; and access to specialty care without off-island travel.
- What's going well are collaboration with EMS, the Public Health Department, schools, senior programs, and social supports; the Superintendent's commitment and expertise; a hard-working board with a high degree of skill; and the sense that "we are on the right path."
- What could be improved would be commissioner interactions, relationships, and communication; retaining providers; and dealing with how our vote to select Island Hospital has changed the board.
- What's "keeping people up at night" are changes in providers and the spinoff of existing primary care providers, the multiple-clinic model that's developing and stretching staff too thin, providing after-hours care to patients of other practices that don't offer it, problems with the ferries, and the lack of a clear long-term vision.

Corona then listed some of the comments she had received during her interviews:

- The heavy work load for the commissioners has improved.
- Island Hospital (IH) operations are improving but work is still needed on provider recruitment and the mix of providers.
- Call coverage need to be sustainable.
- We want to be improving health, not just providing health care.
- IH may be criticized for issues they can't control.
- We needed to change from UW; that model was not sustainable; UW was not invested in our community.
- We need to listen to our community, not lose perspective.
- What does improving health and wellness mean? What would it look like?
- The budget process starts in September; we need to start planning for any changes soon.

- We need a full-time superintendent.

Carona then summarized what she had heard in her interviews:

- Many commissioners shared a vision that focused on wellness and healthy communities.
- Mental health was mentioned by nearly all, as was support for aging (care coordination).
- We need to secure a PB-RHC exception to the change of scope for Medicaid to make some of these services financially sustainable.
- Partnerships in the community are important.
- We want to leverage technology (telehealth, remote patient monitoring, etc.) to reduce the need for travel off island for care.

After Carona's presentation, Lange asked for commissioner comments on whether a broader mission should be considered. Commissioner Miller commented that the only real expansion she noted in the results was mental health, and that she saw the District as being engaged but not taking a lead role. Commissioner Boteler agreed but noted that mental health is increasingly being included in primary care and that many clinics now have a mental health worker; she could see supporting that in our framework. Although the first priority is primary, acute, and after-hours care, a goal for the Superintendent could be working on coordination of care, such as working with community paramedicine. Groundwater agreed that we should be a partner and catalyst for others, not a provider.

Carona pointed that the Washington State's health care reform vision, beginning under Governor Gregoire, is that mental health be embedded in primary care to lessen stigma. The State is now paying for behavioral health embedded in clinics. She believes the State has filed a change of scope application with Medicaid, and that Medicare picks up the costs in the cost reports, but she will confirm. IH already offers behavioral health services via telehealth and is assessing the need for an on-site provider of those services. Having an integrated behavioral health component is actually part of the IH model

Lange asked if a focus on wellness and prevention falls within primary care. Presson and Groundwater are working on a grant from HRSA studying long-term care in the San Juans, and Presson noted that wellness/prevention are part of primary care and often part of quality metrics. This is normally around measuring the percent of patients who are receiving age-appropriate screening. The grant relates to care at home through home health services, hospice, home care aides, etc., which are not an automatic part of primary care. San Juan Island PHD #1 is looking into buying the assisted-living facility on SJI, which is another spectrum of care that could become important to our community and coordinating expansion of such services could be a role for the District. If we were deemed a home health shortage area, rates could change, and there are chronic care management codes that could be used by a primary care physician to generate revenue for the clinic when providing for home services. The grant work is looking into those possibilities. Lahari is also working on how to organize home care aides; what other options might our residents need? Carona said that in her experience coordinated support for frail seniors, perhaps by community health workers or paramedics, can improve clinic efficiency. She also mentioned a Medicare reimbursement change that lets an RN provide services at home, which has been shown to improve patient satisfaction and reduce staff burnout.

Lange offered a summary of the discussion: the commissioners' top priority is still primary, acute, and after-hours care, AND they support the District's participation in collaborative efforts to coordinate and catalyze the delivery of other types of care, without necessarily being directly involved in provision of care. Some services might not fall directly under primary care, and Carona asked if the District might ever offer subsidies. Miller felt much more information was necessary on what other groups were doing. Lange would want evidence of strong public support for use of taxpayer money for such services. Fralick would focus on primary care and

then regularly evaluate community health care needs, but feels the clinic transition should be complete first. Miller suggested that the District might promote a mindset of wellness and encourage a more holistic view of health care as part of its current scope; it might also encourage the clinic to make conditions as easy as possible for the elderly to meet their health care needs. But going beyond these steps would require a wider community discussion. Groundwater noted that we could foster connections between IH and community groups conducting efforts such as Lahari's program to make sure homes of the elderly are safe.

Carona complimented the commissioners on the good conversation, focused on not going backwards but on continuing to assess needs. Miller noted that COVID had "put us out of touch with the community, and we need to reach out again with Town Halls," etc. Lange and Groundwater supported doing a full strategic plan in 1–3 years, which require considering the costs and budget implications. Boteler agreed that the current practice should be smooth first and would like to know more about Lopez's strategic plan. Fralick suggested the District is at a tipping point where we should be looking forward, and that carving out board and Superintendent responsibilities differently will help.

IV. Board/Staff Roles & Responsibilities

Carona noted that there had been universal consensus that the board should move away from operations to a more traditional role, and that a full-time Superintendent was needed.

Presson's current responsibilities are:

- Preparing for board meetings and ensuring that all RCW requirements are met
- Preparing monthly financial statements and the annual budget
- Serving as public records officer and managing records
- Managing partners and agreements
- Managing communications, including the website
- Managing and keeping inventory of facilities and equipment

Potential additional responsibilities in the future include:

- Participating in strategy development and strategic planning
- Applying for and managing grants
- Working with IH on development of quality goals/reporting/evaluation
- Supporting information needs and relationships if services are expanded

Carona noted that federal COVID recovery legislation is increasing opportunities for grants for services, expansions, and stabilization of operations, potentially adding more work to the Superintendent's role.

Lange asked if the commissioners were in agreement in wanting to move toward more traditional roles. Groundwater responded yes, they were in "heated agreement!"

V. OIHCD Staffing Model

Commissioners are still involved in operations, but can't move away from that without a full-time Superintendent. Miller agreed that ideally the Superintendent should be full time but that commissioners don't know if Presson would accept that position. Miller observed that if Presson is only available half-time, she would vote to retain her at that level and look for other ways to meet staffing needs. Miller asked Presson to prepare a proposal for how she would want to structure the District staff to meet expanded needs, working

with two commissioners. Art and a second commissioner will work with Presson to prepare one or more proposals.

Miller asked what current board functions would be taken over by the Superintendent; would the board continue to have staffing, communications, and facilities committees? Lange suggested the Superintendent would be responsible for those functions but could tap board expertise whenever she requested it. There is some question about who would participate in joint committees with IH. The Superintendent could initiate communications efforts under her own name but would need board approval to distribute communications from the board itself.

VI. Next Steps

Miller asked if the commissioners want to begin fostering philanthropic efforts; if so, she would like to create a separate organization, not funnel all fundraising through the IH Foundation. Lange agreed, noting that donors are more comfortable with direct donations. Lange spoke with IH CEO Charles Hall, who respected the District's desire to handle its own philanthropy.

Lange would like to start discussion in 2022 as part of strategic planning, which would include utilization of land and structures. Miller predicted construction wouldn't start until 2023 or 2024, but Carona questioned why it should wait so long. Groundwater felt we don't have the bandwidth for a strategic plan until the clinic is running smoothly; however, things like discussion of a possible new easement for OIPT could proceed. Plans for the strategic plan process and fundraising are definitely needed.

The commissioners agreed that all four deliverables had been achieved.

VII. Building Committee

The clinic requested that the interior front door be removed and that only the exterior door be automated, and that the door between the reception and exam rooms be automated. The building committee recommended the change, at a cost of \$1400. The clinic also requested that the front door lock automatically when people leave, at a cost of \$3600, to save staff the repeated effort of unlocking and relocking it when people leave after the clinic's closing time. The building committee recommended against the change. The recommendations were approved by consensus. The lighting retrofit work may start by the end of August.

VIII. Public Comment

Millie Vetterlein stated that the meeting should have been publicized earlier and more widely, since the information is important. She felt that the commissioners should have discussions with the Lopez PHD commissioners to share information. She suggested speaking to women who might be large donors about how to manage philanthropic efforts, and going to the public to ask for help and comments

IX. Meeting adjournment

**MOVED by Commissioner Fralick, seconded by Commissioner Boteler to adjourn the meeting at 6:54 pm.
VOTE 5:0:0. MOTION CARRIED.**

Minutes approved this 7th day of September 2021.

Attest: Patricia Miller, OIHCD Board Secretary

Date signed