


What is your name?	Art Lange
Photo	
For what district are you a candidate?	3
Are you currently employed and, if so, please describe.	Retired
Do you have a website for your campaign? If so, what is it?	www.artlange.net
What experience do you have that is relevant to this position?	<p>A) Owned a management consulting company for 35 years. In addition to working with hundreds of large corporations, I have also worked with dozens of hospitals, healthcare organizations, county government Boards, school boards and special districts doing strategic and operational planning, team building and leadership skills training.</p> <p>B) I have taught leadership in the Executive Management Programs at UCLA, UC-Riverside, UC-Irvine and University of Washington.</p> <p>C) Director of the Psychological Services Clinic (with staff of 14) at UC-Irvine.</p> <p>D) Retired Licensed Psychologist in private practice; Diplomate of American Board of Professional Psychology; author of three books on effective communication.</p> <p>E) As a Member of Our Community:</p> <ul style="list-style-type: none"> a) Currently on Finance Committee of Orcas Island Community Foundation b) San Juan County Human Services Advisory Board Member; (which advises on mental health expenditure of 1/10th of 1% sales tax monies) c) Member of the Coalition for Orcas Healthcare, the citizen's group that supports the passage of the PHD. d) Previously wrote and received two OICF grants for all three medical practices for assistance with patients who cannot afford their medical care. e) Previously worked for 9 years as a volunteer consultant to three Orcas Fire and Rescue Chiefs working on strategic planning, the passage of the levy and operational improvements.

	<p>f) Several years ago, served 8 years on Orcas Medical Foundation Board:</p> <ol style="list-style-type: none"> 1) managed the financial assistance fund for uninsured patients who could not afford the cost of their care; 2) participated in the process of bringing Island Hospital to the Orcas Medical Center; 3) participated in the process of bringing Dr. Camille Fleming to the Orcas Medical Center. <p>g) Served 6 years on the Board of Orcas Center (2006-2012)</p> <p>h) Briefly, volunteer advisor to Coffelt Farm Stewards</p>
Which, if either of the existing clinics, do you primarily use for your health care?	UW Medicine Orcas Island Clinic
Are you a member of the Coalition for Orcas Health Care?	Yes, I was a founding member and have been involved right up to filing as a candidate for Commissioner. However, I have not been involved since then because I do not want to confuse who I am representing when I speak publicly.
What motivates you to want to be a commissioner?	<p>Having access to primary and urgent care (including after-hours urgent care) is vital to the health of all the members of our community. Healthy children develop better both physically and mentally, seniors can stay here longer and we all can then get primary/urgent care without going off-island.</p> <p>Primary/urgent care is very much like Fire, Sheriff and EMS services. Some people may use the services more than others in any given year but we all want to have access to them when and if we do need them, especially urgent care.</p> <p>My goal as a commissioner is to enable all the members of our community to have access to high quality primary and urgent care including after-hours care in a financially sustainable and predictable manner now and for generations to come.</p> <p>Beyond that, I simply would like to give back something to a community that I think is exceptional.</p>
Are you inclined to support ... 1) Both existing medical clinics as they are; 2) Both clinics for now, but use money as an incentive for them to combine services; 3) UW Medicine Orcas Island Clinic rather than Orcas Family Health Center; 4) Orcas Family Health Center rather than UW Medicine Orcas Island Clinic; 5) Other	<p>Other (please explain):</p> <p>I support providing assistance to existing clinics. I would also like to see the elimination of redundant/costly overheads. I would not be inclined to use money as an incentive, initially, but rather try to make the case of the benefits of having our primary/urgent care under one roof in whatever form that might be.</p>
Will you consider working with a primary/urgent	Yes

care provider other than UW Medicine?	
If \$0.55/\$1,000 supported both existing clinics and you were able to levy another \$0.20/\$1,000 would you be more likely to ...	The Coalition work group has estimated that the levy could be between \$.55 and \$.60 given what is presently known about possible costs. That amount includes assistance to both of the existing practices. It also includes an estimate of the cost of borrowed money to cover the period before levy monies are available. My goal is to ensure that primary/urgent care is available to all and that range would likely achieve that goal. The commissioners would have to decide what the appropriate levy rate should be at the time they are responsible for submitting that rate to the county (by November 2018). A lot can change between now and then and that rate could be lower or higher and it would be based on factors like; a) what services are negotiated with the providers, b) the legitimate cost of those services, c) overall staffing and clinic hours of operation, d) etc.
If funds are available for supporting services beyond primary care, what services would you be most willing to support?	I believe that once the primary/urgent care needs are met, the commissioners should survey the members of our community to identify what services they most want and also how much they are willing to increase the levy to have them. Based on surveys that have already been conducted, two possible services might be on that list: after-hours call coverage by a physically accessible provider when needed and home health care but others are certainly possible as well.
What is your opinion regarding the buildings that currently house the clinics?	This is a complex issue with no clear solution including possibilities beyond the two proposed in your multiple choice question. I would be open to considering any and all options with the goal of finding the most fiscally sound solution that ensures that primary/urgent care is properly housed.
How will you decide the amount of subsidy legitimately needed by those asking for support? How do you plan to verify they are not inflating their cost?	I expect the commissioners to work together with the providers as partners. In that process the commissioners have a fiduciary responsibility to the taxpayers to spend their money wisely and cost effectively. I expect the commissioners will examine the clinic budgets line item by line item to ensure that the commissioners are being fiscally responsible.
Are there any services you would require to be provided in order to receive support? If so, what?	<p>I would like the process of determining the services to be provided to be one of collaboration and negotiation vs. requirements. I consider the most important services to be: a) access to basic primary care in the clinics, b) access to basic urgent care in the clinics, c) access to urgent care after-hours.</p> <p>That being said, I would not sign a contract that did not include the specific services community members clearly want and need like lab work ordered by providers outside the clinic, etc.</p>
The hospital district, if it passes, is required by law to hire a	Anyone interested should have an opportunity to apply for the position and all candidates should be evaluated on their skills for the position.

superintendent. That person may play a very important role in implementing the policies you help set. Do you have someone you would like to see in that role?

Should complaints a person might have about one of the subsidized providers go

Directly to the provider, but the commissioners have the ability to review the provider's records of complaints. The commissioners do not have an "ombudsperson" role regarding specific complaints, however, I expect the commissioners will include in their contractual agreements metrics for patient satisfaction and quality of service. That said, I believe commissioner would be willing to hear from members of our community who have concerns/complaints.