What is your name?	Bill Bangs
Photo	
For what district are you a candidate?	4
Are you currently employed and, if so, please describe.	No, I am a retired engineer.
Do you have a website for your campaign? If so, what is it?	a) Website: www.BillBangs4Commissioner4.com     b) Facebook page: www.facebook.com/BillBangs4Commissioner4
What experience do you have that is relevant to this position?	<ul> <li>a) Extensive financial management for multiple non-profits as a treasurer. Responsible for budget development and monitoring, financial reporting, audit management, and investment policy.</li> <li>b) Over 40 years of systems engineering and project management experience including defining and refining requirements, identifying alternative solutions, and optimizing and implementing the selected solution within time and cost constraints. The health care system on Orcas is amenable to such an approach where objectives can be defined and quantified (with community input), performance data can be defined, collected, and analyzed, and the desired outcomes car be brought about by monitoring and feedback.</li> </ul>
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?	No
What motivates you to want to be a commissioner?	I am motivated by my desire to:  a) ensure stable medical services on the island that can grow as the community chooses  b) help ensure that the PHD is successful at the lowest cost consistent with our essential health care needs  c) help define island-appropriate urgent care to include "same-day or next-morning" appointments seven days a week

be an integral part of the team that is chartered with the governance of the PHD rather than an observer with lots suggestions but no responsibility e) be able to share my vision and ideas for achieving that vision with the other commissioners and the public f) serve my community in a way that best exploits my skills as a systems engineer with experience solving complex problems under severe time and cost constraints. g) apply my skills in financial analysis and budget planning to ensure a cost-effective hospital district. Are you inclined to Other (please explain): support ... 1) Both a) I have no pre-conceived notions about which medical provider(s) existing medical clinics as would be best for us in the long run. We have to evaluate the they are; 2) Both clinics commitment, the service, the affordability, and the "fit" to our for now, but use money as an incentive for them b) I would support both clinics in their current form during a short to combine services: 3) initial evaluation period. **UW Medicine Orcas** c) I would evaluate both clinics' performance during this initial Island Clinic rather than period while exploring alternative clinic structures. My goal is to Orcas Family Health end up with a single clinic if that model shows itself to be the Center; 4) Orcas Family most cost-effective solution for Orcas. However, I would support Health Center rather than multiple clinics with complementary services only if that model **UW Medicine Orcas** can be shown to be the more cost-effective approach. Island Clinic; 5) Other Will you consider working Yes with a primary/urgent care provider other than **UW Medicine?** If \$0.55/\$1,000 supported a) My first goal is to keep the tax levy below 50¢ while providing the both existing clinics and essential services. This should be sufficient to support the you were able to levy current level of primary and urgent care including 24/7 consulting nurse triage services. Furthermore, this should also be sufficient another \$0.20/\$1,000 would you be more likely to provide for "same day or next morning" urgent care services 7 days a week. to ... b) While 75¢ is permitted by law, and, therefore "available", I believe the district should be driven by the basic community needs and considerate of the burden imposed by higher property taxes. If, after the district is formed and the existing services are stabilized (and being monitored), then we as a community can decide what to extend or add. If funds are available for a) Island-appropriate urgent care: same-day or next-morning supporting services appointments as necessary 7 days a week. beyond primary care, b) 24/7 consulting nurse triage – preferably two-level what services would you nurse/physician triage. be most willing to c) Selected on-call emergency care to reduce the frequency of support? Medevacs. d) Selected specialist care as needed. This could include pediatrics, cardiology, dermatology, gerontology, maternity care, and psychiatry. These services could be made available both locally by visiting clinicians and remotely via telemedicine. What is your opinion a) The OFHC should continue to be responsible for leasing their regarding the buildings facility – the district should not be directly involved.

that currently house the clinics?	b) The ownership of the Orcas Clinic building, currently owned and maintained by OMF, should be transferred to the district at no cost. The PHD would assume responsibility for maintenance and lease agreements. The fair market value of the lease would be considered as part of the tenant's subsidy.
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?	<ul> <li>a) For UW Medicine, we start with their existing contract with OMF including the pro forma attachment. We examine their historical expenses for context. We then compare their actual expenses vs. predicted, vs. OFHC, and vs. national and regional standards. We discuss ways to economize wherever possible. In particular, UW Medicine should arrange to receive Rural Health Clinic status to obtain the maximum reimbursement from government insurance. All of this data should be fully open to the public on the district website.</li> <li>b) For OFHC, we start with their proposal to provide services, their terms of service, their predicted budget, and their requested subsidy. We examine their historical expenses for context. We then compare their actual expenses vs. predicted, vs. UW Medicine performance, and vs. national and regional standards. All of this data is fully open to the public on the district website.</li> </ul>
Are there any services you would require to be provided in order to receive support? If so, what?	Yes - and here is a preliminary list of services to provide and conditions to satisfy for all supported clinics:  • Primary care services  • Urgent care services including walk-in urgent care during regular office hours  • Participation in after-hours care in collaboration with other provider(s)  • Acceptance of all government-sponsored insurance plans  • Acceptance of private insurance plans approved by the State Dept. of Insurance  • A financial assistance policy that is at least as generous as the Washington State charity care law (RCW 70.170.060) where "hospital" is extended to apply to primary and urgent care clinics receiving support from this district.  • Compliance with all applicable state laws
The hospital district, if it passes, is required by law to hire a 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?	Not yet. In fact, the commissioners should consider initially hiring an acting superintendent who would be responsible for setting up the various processes and procedures necessary to make the initial setup of the district successful and to be fully compliant with all government rules and regulations. This acting superintendent would also see to the establishment of the district website and complaint management system. Once the district is established and the first budget is approved then the acting superintendent can help draft the job description for the full-time superintendent to be hired in 2019.
Should complaints a person might have about one of the subsidized providers go	<ul> <li>a) Both district and providers should have mechanisms to invite, record, publish, and explain resolutions of expressed complaints, concerns, and suggestions from patients.</li> <li>b) Providers should continuously monitor and report patient satisfaction. Initially these satisfaction monitoring systems can be in provider-format but should evolve to standardized surveys.</li> </ul>

- The providers should report the results on a regular basis along with their explanation of those results and a summary of the providers' plans to improve. These results should be provided to the district which should, in turn, make them available on the district website.
- c) The district should institute a complaint management system that invites and records complaints and suggestions and their disposition. This system should be available on the district website and open to the public.