

March 14, 2018

On March 14, 2018, Madrona Voices met with UW Medicine to ask questions and address with them some concerns we'd seen expressed – both on our survey and by various individuals in person. We gave them a set of questions, which they answered in writing before our meeting. Their written answers prompted additional questions for an in-person meeting. UW Medicine is writing answers to those questions as well. When that is complete, their answers will be on Madrona Voices.

Also on the afternoon of March 14th, we stayed for a meeting organized by UW Medicine to answer questions the Public Hospital District commissioner candidates had about UW Medicine Orcas Clinic operations.

We took detailed notes at both meetings. We shared our notes from the second meeting with the candidates and with UW Medicine. Melinda Partin, Senior Director of Marketing & Digital Strategy with UW Medicine, who was not at either meeting, reviewed and made significant clarifying additions. We accepted most of these, as we feel that it is important to accurately reflect UW Medicine's views, practices, and policy. We don't believe that these additions change the meaning of what was said at the meeting but rather impart more information to the public. In those instances where UW Medicine has written more than what was said in-person at the meetings, we have tried to make note of it.

The UW/candidates conversation was between the Orcas PHD commissioner candidates and Debra Gussin and Darren Layman of UW Medicine. The following is based on notes taken by Steve and Jennifer Smith who attended the conversation as Madrona Voices.

Attendees included:

Debra Gussin, Executive Director of UW Neighborhood Clinics

Darren Layman, Director of Clinic Operations UW Neighborhood Clinics – Oversees clinic managers

Candidates: Pegi Groundwater, Bill Bangs, Richard Fralick, Leif, Diane Boteler, Patricia Miller, John Dann, and Arthur Lange.

UW Neighborhood Clinics division of UW Medicine has on the mainland:

- 14 Neighborhood Clinics
- 7 Urgent Care clinics

History, as expressed by UW Medicine:

Island Hospital had been managing the Orcas Clinic and decided last year that they would discontinue that role. UW Medicine was asked to take over the management. At the meeting between Madrona Voices and UW Medicine, they stated that they were initially skeptical about how practical a solution it would be for them to fill the needed role on Orcas Island. The UW Medicine response team wrote to Madrona Voices since this meeting, further stating as follows, "This is because rural health providers receive financial benefits for hospitals with less than 50 beds. Because UW Medicine has more than 50 beds, they do not qualify for the small hospital

benefits, which means that financial losses will be even greater than they were before.” UW Medicine wanted Orcas citizens to know the financial impact of this arrangement.

UW Medicine and Orcas Medical Foundation agreed to a contract for UW Medicine to manage the clinic as long as:

- The community covers the financial shortfall of the clinic;
- UW Medicine has the ability to independently manage the clinical practice and the hiring of clinic employees and providers.

UW Medicine stated that the UW Medicine Clinic is a non-profit operation.

Between the end of Sept 2017 and the end of Feb 2018, UW Medicine:

- Has seen 4,500 total patient visits.
- Of these, 3,200 were billable visits.
- About 2,000 of those 3,200 were unique visitors.

Other information UW Medicine presented:

UW Medicine sets aside about 25-30% of each day’s schedule for walk-ins. Anyone can walk in. They do not have to be a UW patient, although they need to be registered in the system before being seen.

Wait time for getting an appointment is usually 1-2 days unless it is for a routine visit such as a physical.

Anyone can call the clinic and connect with a triage nurse, and this includes those who are not current UW Medicine patients. UW Medicine cannot pull up any medical records about callers who are not in the UW Medicine computer system, but the Community Care Line is available to anyone who needs help. This 24/7 triage nursing staff assesses the situation and decides whether the caller should seek immediate care or can wait. This triage staff has the ability to refer the patient to an on-call doctor, if necessary.

Patients can also connect to virtual medical care and receive professional advice via phone or Skype. Virtual Care is sub-contracted out to Carena. Medicare patients found it difficult to access Carena due to Medicare rules; but the service will soon be available to all, as long as the patient is willing to pay the approximately \$35 fee independently of Medicare.

Debra shared statistics regarding requests for help to the Orcas Island Medical Center - 2016 data (before UW Medicine was on-island)

- 228 requests for help came outside of normal hours.
- The majority of these requests occurred during peak tourist season.
- Most were for non-urgent needs such as prescription refills and occurred during the first couple of hours right after closing and on Saturday.
- 7% of all calls for assistance (17 in 2016) required immediate care that necessitated a doctor to come into the clinic to see the patient. Some of these calls were during off hours, and some were during hours the clinic was open.

Debra suggested possible ways we could all decide to address the need for urgent care:

- Extend clinic hours to 6 or 7 pm, at least a couple of evenings a week.
- Add clinic hours on Saturday morning.

UW Medicine estimates that these two things would catch about 90% of the after-hours care needs here on Orcas Island. This data does not reflect the numbers of individuals who sought help from Dr. Shinstrom or EMTs. UW Medicine said they will work up an estimate on the cost of extending clinic hours.

The spectrum of healthcare services ranges from a 24/7 emergency room, with doctors and nurses stationed in the building, to a more minimal approach in which doctors are compensated for being on call and asked to consult by phone or to come into the clinic when needed. Debra estimated that the cost to provide a 24/7 ER would be more than a million dollars a year. There was no cost estimate presented for the more minimal on-call approach.

The six UW Medicine island providers share after-hours duties to cover 24/7 by phone, but they are not expected to come in to see patients in person after-hours. A provider may choose to do so on a case-by-case basis, but it is not required.

The island's current form of after-hours care through UW Medicine is that anyone can call the clinic number and gain access to the triage nursing staff. A nurse will answer, listen, and assess a caller's health needs. Then, their options are to refer the caller to Virtual Care, to help arrange a conversation with the local on-call provider, to advise them to call 911, or to offer home care recommendations with follow-up during clinic hours.

Doctor burnout was a concern brought up by the candidates present, suggesting a spread of after-hour, on-call burden to a large number of different doctors.

Courtesy lab work:

UW Medicine has not offered courtesy lab work for outside doctors. UW Medicine stated that, based on community feedback received (patient surveys; in-person comments), they are changing their Orcas Island policy. By early April, UW Medicine plans to offer lab work for non-UW network providers for many tests. All lab specimens go to the UW Medicine labs in Seattle, and the results will be sent to the outside doctor.

The procedure for lab work coming from Orcas will be:

- The patient will need to register with the clinic, so tests can be ordered and reported in the UW Medicine system.
- Patients will need to schedule the lab visit in advance and provide the order from the outside provider. UW Medicine will need to verify that it is a test that they are able to provide, although they mentioned that most should be.
- Once the labs are drawn, the samples are sent to the UW Lab in Seattle.

- After the test is done, the results of the labs will be sent to the outside, requesting provider.

E-Consults are also available to Orcas-based UW Medicine providers. One example given was a skin ailment. The doctor can take a photo of the affected area, which a UW Medicine specialist will review, along with any other diagnostic information, and provide consultation and treatment recommendations with the primary care team. UW Medicine statement: “In many cases, this will eliminate the need for an off-island specialty appointment; in other cases, it will help set the stage for a more productive visit with the specialist, since the first level of care will have already been addressed. E-Consults are usually provided within 24-48 hours for the specialties that are currently participating in this service.”

UW Medicine was asked if they accept non-UW consulting notes into their medical records. Their answer was “yes,” and they gave an example. “If the patient sees a specialist outside of the UW Medicine network but uses a local primary care doctor in their network, the pertinent notes from the specialist will be entered into their UW medical record.” UW Medicine said that they do not want to interrupt the doctor-patient relationships, even if those doctors are not a part of the UW network.

Kaiser Permanente is an insurer and a healthcare system, and they generally prefer their members to receive care within their system. UW Medicine has the same agreement with Kaiser that Island Health did, which allows UW Medicine to provide local primary care. However, for specialty referrals, Kaiser members usually have to request approval before being allowed to see non-Kaiser specialists, and those requests are not always approved. “This is not up to UW Medicine,” said UW Medicine.

UW Medicine uses the same survey that Medicare has approved nationally, using an outside party so the results are confidential and validated. UW Medicine patients who are on eCare will be sent an electronic survey after each visit. For those not on eCare, mailed surveys are sent to a sample of patients. The commissioners will have access to the summary reports, if the hospital district is approved.

The surveys measure four metrics, according to UW Medicine:

- Patient Satisfaction
- Quality of Care
- Employee and Provider Engagement
- Financial Performance

UW Medicine was asked about budget projections. Debra said that initial data suggests that they are currently running slightly over-budget for the start-up phase; but as more patients are seen at the clinic, that overage will diminish.

Statement from UW Medicine: “UW Medicine’s plan had been to have one full-time doctor and a 0.9 FTE ARNP. However, it became apparent to them that there was enough patient care demand to support another provider. So, Dr. Russell was also hired, which increased the costs in the short term. UW Medicine’s financial team looked at the cost/benefit comparison of applying for the Rural Health Clinic status. While this could provide slightly higher Medicare reimbursement, it also requires significant administrative burden and it was determined that the costs involved in maintaining the designation would not be worth the small benefits gained.”

The current UW clinic patient load is:

- 50% Medicare
- 35% Commercial insurance
- 13% Medicaid
- 1% to 2% No insurance or self-pay

It was stated that there are far fewer patients without insurance than there used to be. UW Medicine said they provide assistance to patients to try to get them some form of coverage: “This helps not only the clinic and the community but also the patient, who is able to receive coverage for medicines or other needs.

“That said, no one is turned away for insurance reasons,” said Debra. “The Orcas Clinic follows the same Charity Care policy as the rest of UW Medicine to assist low income patients with no insurance or poor coverage.”

At the earlier meeting between UW Medicine and Madrona Voices, Debra stated that a good portion of the shortfall is not due to patients having no insurance but rather due to patients with insurance being unable to pay their high deductible.

It was mentioned that there is a desire to have a female doctor on island. The UW Medicine response team wrote to Madrona Voices since this meeting, saying: “Orcas Clinic does have a female Advanced Nurse Practitioner who has a strong focus on women’s’ health.”

There were comments from the candidates as to how UW Medicine could improve their understanding and perspectives of what it is like to live on an island, especially in comparison to rural areas on the mainland. There was conversation about how UW Medicine could more successfully relate to us and the various ways of communicating valuable health information and increase patient understanding of what they can access through UW Medicine.

Debra mentioned that anyone can call the clinic and bypass the call center by pressing 2. That sends the caller directly to the clinic staff here locally during business hours (and assuming the staff are available to answer).

The candidates asked:

What incentive does UW have for being fiscally responsible with the tax payers' money?

UW's answers:

- There is no inflating of costs to take advantage of a local source of money; salaries are consistent across the system.
- UW will be transparent with the commissioners about costs and revenues.
- The local clinic benefits from the purchasing power of UW Medicine. They can purchase supplies in bulk and forward those supplies on to the outlying island and rural clinics.
- UW Medicine is non-profit.

Providers are compensated with a guaranteed salary initially; but once established, their salary is partly based on the number of patients they see and their patient's performance. If the patient's health statistics are improving, the doctor is rewarded.

"UW Medicine and OMF did not plan to have a full-time Director for the clinic. The clinic manager and physician chief will be responsible for running the clinic, with ongoing, frequent support from UW Medicine leadership." Debra said they want to continue to learn and adapt to island-specific issues, since there are some unique factors here compared to rural clinics on the mainland.

Candidates asked about the current clinic building. UW Medicine said that the building has the capacity to handle all of the primary care needs of the Orcas Island population but that it would be difficult for two separate clinics to share the same building. It was estimated that the building can handle 4 doctors at the same time, and more assuming some rotation of extended hours.