

## Minutes

Point Roberts Public Hospital District

June 8, 2017

### **Call to Order:**

The meeting was called to order at 7:02 p.m. by Dick Williams, Commissioner

### **Attending:**

Commissioners: Dick Williams, Robin Nault, Kandace Harper  
Superintendent: Elaine Komusi  
Financial Auditor: Jackie Gibilterra  
Recording Secretary: Reneé Coe  
Absent:

### **Introduction of Guests:**

Shannon Tomsen, Fire District Commissioner, Fran Rozyskie, Kristy Steinberger, Vic Riley, Andrew Grubb (APB), Shanon Hardie, UCNW

### **Approval of Prior Minutes:**

Approval of minutes from previous PR PHD Regular Meeting (May 3, 2016)

Motion: To approve all minutes as presented. Motion carried.

### **Business:**

#### ***Financial Report***

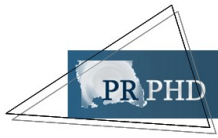
Jackie Gibilterra presented the financial report. Current month payables \$19,946.55. Payroll is \$2,344. Bill received for \$4,860 from Foster Pepper for legal fees.

Motion: To approve warrants and payroll for prior months' expenditures as presented. Motion carried.

#### ***Guest Shannon Tomsen***

Fire District Commissioner Tomsen read from her prepared statement. She said that when she attended the HD meetings in March and April, she was acting as a private citizen. She went on to discuss the fire department and HD sign issue.. She questioned the cost of the sign being approved by the HD board for \$6,700 when revenues in 2016 were down. She asked why UCNW was not paying for the sign outright and questioned why the taxpayers should absorb this cost. There was a brief discussion regarding the sign from Shanon Hardie and UCNW's involvement in the previous HD meetings with regards to the discussion and decision with the HD board. More importantly, Shanon also wanted to note that Unity Care would never replace the Ed Aydon sign (that hangs by the front door) because of its historical significance.

Commissioner Harper said the HD made a motion at the April meeting to table the sign issue and she did not want to continue discussing it further.



Shannon Tomsen went on to question the four grants that Unity Care received in 2015/2016, and asked if the Point Roberts Clinic was included in the grant process and if so did the Clinic receive any financial benefit from the grants.

Shanon Hardie responded to the questions to the best of her ability without the information available at the meeting. She did address one grant which was used for capital projects by doubling behavior health at the Bellingham location and adding 12 new adult dental chairs at 1616 Cornwall. Shanon committed to check to see if the Point Roberts Clinic was referenced in any of the grant applications.

Shanon also responded to the questions about the financial deficit last year, stating that Unity Care is not interested in making a profit from partnering with Point Roberts. Their organization is very aware that there will be some years where there is a surplus and some years where there will be a deficit. If it had been their goal to make money, they would have discontinued the partnership long ago. As a non-profit organization, Unity Care's role is to ensure that the Clinic is able to provide primary and family care for the community.

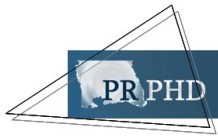
Shanon also said that the Clinic had a revenue surplus in 2015 which was used to bring the dental van and retinal eye camera to the Fire Department's open house in 2016. One of the factors for the revenue shortfall in 2016 is due to the shift in payer mix. The Clinic saw more Medicare patients which pays less in reimbursements than Medicaid patients.

### ***Guest Vic Riley***

Vic shared his concerns with the group. He said he felt it was inappropriate for the taxpayers to pay for the new sign. He also said the commissioners should be fostering competition. He feels there is no competition when the contract with Unity Care is renewed each year. He said the commissioners relinquish too much responsibility to the superintendent. He said that it is the role of the board to establish fiduciary responsibility to the community.

Elaine responded by stating that the board has made several attempts in the past to find other interested vendors. Unity Care has been aware of the RFP's that were sent out years ago. Peace Health was the only vendor who showed some interest but after visiting Point Roberts, declined the RFP. Elaine recalled that at the time they felt it would be too much effort due to its remote location. Elaine also stated that the board also had many discussions about running the clinic alone but in the end it was decided that Unity Care is able to provide more services to the community as a network (along with their facilities in Bellingham and Ferndale) than trying to run the clinic independently and that in this current climate, it is not possible to run the clinic ourselves.

Shannon Tomsen asked why Unity Care doesn't run the Point Roberts Clinic alone and remove the tax base entirely. It has not been an idea under consideration. Shanon Hardie said that Unity Care does not make money from Point Roberts to make the Clinic sustainable.



Six years ago as the new COO, Shanon made a commitment to the HD and believes that since that time the relationship between the two entities has made really good progress. Unity has been able to bring up the dental van with staff, the retinal eye camera and now a behavior health specialist twice a month. None of these items are in the contract but Unity is committing to what is best for the community by offering these services.

Vic also said that he has heard from others about not being able to get an appointment at the clinic. Shanon Hardie explained the difference between using the Clinic for urgent care versus primary care. She said that for continuity of care a patient should see their primary care provider for more complicated health issues but can use the clinic for urgent care needs if patients (for example) cut a finger. She suggested to Vic to have the patient in question get in touch with her directly if there were any issues.

Commissioner Nault said that she has been on the board for 10 years and that the board has done their homework and believes Unity Care is the best fit for the Clinic and community. She feels that both have come a long way in the last few years in term of a good working relationship and would like it to continue in the future.

### **Guest Shanon Hardie, UCNW - Quarterly Report**

Shanon presented the quarterly report.

Clinic unduplicated patient numbers were down slightly. 543 compared to 547 in the 4<sup>th</sup> quarter.

Adult Hypertension Patients with BP Control – Last BP 140/90

2017 Goal = 80% (n=68)

1<sup>st</sup> Q 2016 – 70%

1<sup>st</sup> Q 2017 – 82% (goal met)

Diabetes Care-Retinal Eye Exams

2017 Goal = 35% (n=31)

1<sup>st</sup> Q 2016 – 28%

1<sup>st</sup> Q 2017 – 26% (goal *not* met)

(6 patients used retinal camera at the clinic in May. Numbers should increase second quarter).

Diabetes Care-Patients with Poor Control

HgA1c > 9 or not measured within 1 year (Lower is better)

2017 Goal 20% (n=24)

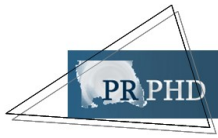
1<sup>st</sup> Q 2016 – 17%

1<sup>st</sup> Q 2017 – 33% (goal *not* met)

Patients (18 years and Older) with BMI charted & follow-up plan

If patient is overweight/obese or underweight

2017 Goal 63% (n=376)



1<sup>st</sup> Q 2016 – 58%  
1<sup>st</sup> Q 2017 – 64% (goal met)

Female Patients (24-64 years) with Pap and/or HPV Testing  
2017 Goal 55% (n=106)  
1<sup>st</sup> Q 2016 – 42%  
1<sup>st</sup> Q 2017 – 58% (goal met)

Patients Receiving Complete Childhood Vaccination Series by Age Three  
(4 Tdap, 3 HIB, 1 MMR, 1 VZV, 3 HEP B, 4 PCV-13) – All Unity locations  
2017 Goal 53% (n=73)  
1<sup>st</sup> Q 2016 – 31%  
1<sup>st</sup> Q 2017 – 37% (goal *not* met)  
Three additional vaccines have been added to the series required for children.  
1 Hep A, 2 Flu and 2 Rotovirus.

Patients (Ages 50-75) with Colorectal Cancer Screening  
2017 Goal 46% (n=255)  
1<sup>st</sup> Q 2016 – 42%  
1<sup>st</sup> Q 2017 – 38%

CHP Pharmacy Costs – Generic Prescriptions  
Prescribing – All Lines of Business  
All CHC – 88% UCNW – 87%  
Shanon said that Unity Care provides a robust Hep C and HIV program at their facility and generic drugs are not used in these programs which brings their numbers down slightly.

ER Visits Per 1,000 CHP Enrollees  
Medicaid Products, Annualized)  
4<sup>th</sup> Q 2015 ALL CHC's – 471  
4<sup>th</sup> Q 2015 UCNW – 356  
4<sup>th</sup> Q 2016 ALL CHC's – 501  
4<sup>th</sup> Q 2016 UCNW – 420 (well below the average)

There was no Experience of Care comments in this report. This will be corrected in the next report.

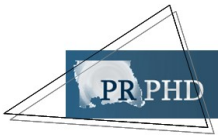
The percentage of uninsured Point Roberts visits remained the same in the 1<sup>st</sup> Q at 4%.

Superintendent  
Report:

**None**

Other:

Commissioner Williams asked if the previous 4 quarters could also be reflected in the report. Shanon will add to the next quarterly reports.



***Next Step***

None

Next meeting:

Regular Meeting: Wednesday July 5, 2017

Adjournment:

Meeting was adjourned at 8:06 p.m.

Signatures:

Respectfully submitted by: Reneé Coe

\_\_\_\_\_  
Dick Williams

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Robin Nault

\_\_\_\_\_  
Kandace Harper

\_\_\_\_\_  
Reneé Coe