

## Minutes

Point Roberts Public Hospital District

Tuesday August 18, 2020

### **Call to Order:**

The Special Voting meeting was called to order at 7:00 p.m. by Stephen Falk, Commissioner (via Zoom)

### **Attending:**

Commissioners: Kandace Harper, Stephen Falk, Richard Dennis  
Superintendent: Barbara Wayland  
Financial Advisor: Paulette Ladner  
Recording Secretary: Farrah Carsten

### **Guests:**

Dr. Sean Bozorgzad, Virginia Lester, Deborah Shields, John Shields, Pat Grubb

### **Selection of contractor for the Point Roberts Clinic beginning January 1, 2021.**

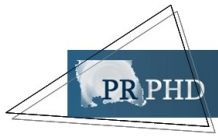
Stephen Falk began the meeting stating there would be a discussion, comments and then vote from each of the Commissioners.

### **Kandace Harper:**

I would like for SuperTrack to continue providing the clinic services. The infrastructure is already in place and is viable. SuperTrack is financially stable and established. They have experienced billers and have a large medical staff for back up. They have experience with telemedicine and are knowledgeable of clinic regulatory requirements. SuperTrack has the medical experience & expertise of operating and managing medical clinics, negotiating with insurance companies & healthcare IT.

When we contracted with SuperTrack they volunteered to provide services before they were credentialed, so that the residents of Point Roberts would continue to have healthcare seamlessly. During that time period of not being credentialed, the insurance companies did not reimburse SuperTrack for their services. Medical billing reimbursement can take months and the billing & government regulations are complicated. Insurance companies will find reasons to delay payment including incorrect coding and Medicare changes the rules frequently.

SuperTrack says the patient volume in Point Roberts has not returned to the volume Unity Care had. With the low patient volume & reimbursements, additional staff would compromise the operations of the clinic.



The transferring of medical records from Unity to SuperTrack was a nightmare & many of the clinic patients can attest to that. The pandemic has added stress to many of the Point Roberts residents and changing to a new provider without experience in management of operating a medical clinic will add more stress and turmoil. SuperTrack has offered to step up services to 7 days a week. They understand the challenges of providing services to Point Roberts and are will to continue operations.

Some of the issues & comments I've mentioned here are from our full time Point Roberts residents. With all this being said, my vote is for SuperTrack to continue as the clinic provider for Point Roberts.

### **Richard Dennis:**

My intent is, subject to this discussion that we're going to have, is to vote for SuperTrack for the contract.

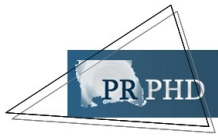
First thing I want to do is respond to an allegation that was made by one of the commentors, that I and the other Commissioners have some kind of secret undisclosed contract or connection with one of the participants, the Shields Group. I want to make clear that there is no such thing and such comments were about scurrilous.

Moving on, we'll discuss the different points that I have looked at here and I followed the selection criteria that we identified in the RFP.

### **1<sup>st</sup> criteria - Thoroughness & understanding of the services to be provided:**

For SuperTrack they are the current provider entity. Dr. Sean has been active in monitoring the clinic and attending the district meetings. SuperTrack has presented an idea of enhancing usage of the clinic by providing a doctor on site, 1 day a week. That's demonstrating their understanding of providing services.

Shields Company is going to employ 3 of the current providers. So, Deb & Virginia understand the services they're delivering, obviously. And it's got good ideas about improving the service by emphasizing some aspects like primary care, that perhaps thus far have not been emphasized. I take that as the advantage, being that they're different but I don't see one having any advantage over the other.



## **2<sup>nd</sup> criteria - Experience & reputation in providing remote clinic services:**

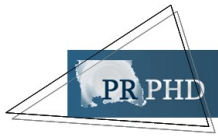
On that I note that SuperTrack runs clinics, other than the Point Roberts one and has experience, has a good reputation. This reputation is reflected in comments that we see. They've got 7 providers in their clinics in addition to the 15-support staff. Now I note among that 7, they counted Deb in their website. They show both Deb & Virginia. Obviously, some changes will be involved there, so perhaps there will be fewer than 7 providers.

They've offered to have 1 doctor, 1 day a week at the clinic. They've got services available in telemedicine or in person through their other clinics., including lab testing & imaging and they've got links in person in imaging at those other clinics. They've got links to Bellingham Advanced Medical Imaging (BAMI), for imaging that requires more for them than what they can deliver in their offices. The main advantage of this to me is that they can route the clients through their offices and not send people to the Emergency room, if they require services more than what can be delivered.

With respect to the Shields Company, they provide the operation today, they obviously have the reputation. We've seen all kinds of comments come in about what a wonderful job Deb has done and Virginia is viewed as a saint. They've got 2 providers plus 1 back up, Christina Wolf. They've got 1 medical doctor who will provide medical direction supervision but not be available at the clinic. They offer links to the consultants via telemedicine and for everything else it seems that the answer will be to go to the Emergency room.

Looking at this in a total, I see the advantages on both sides. But the main advantage is to SuperTrack, because of the more active involvement of doctors. This is not meant to be a slight as far as nurses. I'm married to a nurse. Believe me I would never underestimate the work that nurses do and particularly in connection to delivering primary care. However, I believe that the advantage of having doctors closer to the point of delivery service here in Point Roberts and available in Bellingham outweighs the availability of local providers.

I've answered the criteria number two, I think the advantage goes to SuperTrack.



### **3<sup>rd</sup> criteria - Understanding of the community:**

I'll note that SuperTrack has been here for 19 months so they're certainly familiar with Point Roberts.

I'll note that Shield's is primarily composed of local people. They have emphasized a need for primary care, including vaccinations, wellness, things that they have come to know through their providing services here and living here. They've looked at the community need for offering a sliding scale of fees for the primary care services. They've addressed a community need for cardiology, nutrition, social work, health & after visit summaries, which I think are important and plan for outreach in Point Roberts. All those things I think are important and I think they're issues that rise from the fact that they are community based.

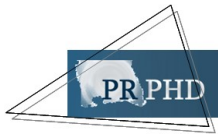
On this one I give it to the Shield's Company, given their contacts in the community and their plans to address needs they've observed there, including for those people that don't have insurance. I think that one goes to Shield's.

### **4<sup>th</sup> criteria - Staff expertise & overall experience of support personnel including billing & verification of Insurance coverage:**

SuperTrack has operated this clinic for 19 months. They've got a large back office with 15 people, they've got 2 other clinics, they've got all their processes & procedures in place and a large staff to handle them. They're already credentialed, they already have the medical records that they've already treated the past 19 months.

In contrast Shield's is a startup, their back office is Deb Shields, Cyndal Millhollin & Pat Capozzi. They've got fewer people obviously in the back office and other than Deb, I will note, no experience operating a clinic. They're going to be relying in a large part on a product vendor, Next Gen, and Deb working with them to verify the billing. They've got people with experience in systems but not necessarily with some medical clinic, who will be getting trained.

In this one I think the advantage there goes to SuperTrack because they're up and running now. They're doing it now & they've got the experience that we're looking at here.



### **5<sup>th</sup> criteria - Head office support model:**

I look at SuperTrack having 15 people on their support staff. They've got billing setup right now. It may not be state of the art & lacks some things, that Deb has pointed out that Next Gen can provide. There are some things that are not being done right now by SuperTrack. SuperTrack as I mentioned before, their providers are credentialed and they've got the medical records in the system.

Shield's Company, basically only Deb has got the medical experience in terms of the back office. We're talking about now that Deb is going to be the provider & a major element of the support staff that will take time and effort for the Shield's Company to be credentialed. There's going to be a transition period for the billing. In the long run it has the potential to be better, but there will be some period of time in which it gets to be a difficulty.

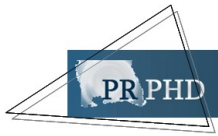
Again, this is a tough one. I give the advantage to SuperTrack in that their system is up and running, they've got a staff set up to handle the kinds of work that the clinic will be doing, as far as the paper work is concerned and they're not doing it in terms of billing. They may have a vendor doing some of the work, but if so, at least it's a vendor they've been working with for a period of time & know the ins and outs. Again, it's a tough one because the kinds of services that Next Gen purports to offer sound good. But the issue is who has got the head office support in place. For now, I have to give the advantage to SuperTrack.

### **6<sup>th</sup> criteria - Responsiveness to requirements of the project:**

This is kind of a big criteria. I've interpreted it to be how are they responding to the needs that we identify for our community for care.

I look at SuperTrack, their response was to take the existing contract and increase the number of hours which will be available & to arrange to have a doctor on site once a week. To have 2 days with an ARNP or PA in place, 2 days with an MA or OA with telemedicine, then 2 days of telemedicine, from home or waiting room, giving 7 days of coverage.

They upped their game from their previous contractual obligations. They have equipment for diagnostic testing in their facilities. They'll have some equipment here in the center & they will have other equipment where people can go into Bellingham but not have to go to Emergency to get diagnostic treatment. They can go to a facility that is operated by



SuperTrack and not need to go through all of the new paperwork of getting enrolled in anything to get services.

With the Shield's Company, one really important & innovative aspects to this is their ability to offer after visit summaries and the tracking follow up so that people can get reminders of the care that they need. Shield's has offered 4 days of ARNP or PA and 24/7 local on call coverage. 24/7 on call is not something that SuperTrack can offer or has offered. On the other hand, the Doctor is away, not in Point Roberts & it doesn't appear he would be coming to Point Roberts frequently. He'd be available via telemedicine. Similarly, telemedicine to connect to the consultants that have been emphasized here.

This is a tough one for me also. I thought the advantage when it came down to it for me was the fact that the requirements of our project could really use a doctor on site. The presence here of somebody that has gone through that training. Again, don't mean to undervalue the work that the PA's & ARNP's do. I think the idea of having access to a doctor that is actually here to see what's going on is critical. SuperTrack has the advantage there.

#### **7<sup>th</sup> criteria – Cost:**

Cost was the same from both parties, so I have to say that it is even.

Summary of the criteria 1 & 7 are even. Criteria 2, 4, 5, & 6 favors SuperTrack. Criteria 3 favors Shield's Company.

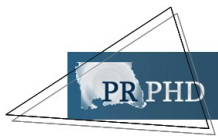
I looked very closely and I have the upmost respect for both parties for making good proposals here and making it so difficult for us to decide.

Now I want to conclude by talking about some of the things that have come up in the various comments that I have not relied on in my analysis.

One of the things that I didn't put much weight on were promises for future that were not commitments.

In SuperTrack's case they promised to bring a portable digital x-ray in when the patient revenue's get high enough. When it gets high enough, talk to me about it.

With the Shield's Company their plan in the future is to bring in concierge in home care.



We've got the obligation as the Commissioners of this district to make a decision based on what is going to be offered now.

Another thing was the presence or absence of complaints against SuperTrack. This is a muddle here because some people have been saying that since SuperTrack hasn't been having complaints about them, it should be somehow decided how we treat them. The difficulty there is, the people that were offering services in the clinic who would presumably be at least likely to be subject to any such complaints, would be the people that are going to be providers in the Shield's Company. If there were complaints, who is it that would get the blame? I can't figure that one out.

Putting that aside, in any event I'm not aware of any complaints that came into the hospital district. With respect to SuperTrack, I've heard mumbling, I've heard 'they say' or 'some people say'. I discount unnamed and vague implications & hearsay.

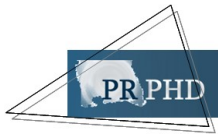
The financial backing of the Shield's Company, that's one of the things that I raised at the time we had to decide not do the rollover. I said that we'd want to look at the Shield's finances. Shield's Company has provided some background information and copies of something that shows some contributions to be made because of correspondence from Deb.

I've assumed for the purposes of my analysis here that Shield's Company would have adequate financing to undertake the operations that they've promised to give, so I didn't take anything away from them on that. That one was even, not one way or the other.

And finally, some people have raised this issue that there was somehow an obligation that our district had towards SuperTrack because they stepped in, back in 2019 to take over the clinic, which was wonderful. SuperTrack signed a 2-year contract. In my mind a 2-year contract means a 2-year contract, it doesn't mean 5 years, it means 2. I think provisions that provide for rollover of a contract are essentially laziness provisions. They're there to safeguard in case the parties don't get off their behinds and see what needs to be done for a new contract.

I was not a party to when that original contract was done. My recommendation would be not to have any rollover provisions at all. But that's basically because I think that given changes in the medical field and provision of services, it's important to take a fresh look every couple of years and see who is going to be able to provide the best services. So, I didn't see any obligation that we had. And of course, SuperTrack, as it





turned out, I think that they stepped up their proposal & made a great proposal. In my mind a winning proposal.

The last point I want to talk about is the fact that the involvement of many of the Shield's Company people are local. The providers, other than Dr. Lin, being local and that the revenues would stay in the community and there were other benefits to be obtained from their being local. I did mention in the discussion of the understanding the community, I gave a lot of weight towards the Shield's Company as being local.

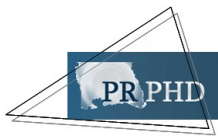
I want to make clear that I did not see that the hospital district had any obligation to provide services through local people. My understanding of the obligation of the hospital district is to provide services to the community, the best services that we can get. If that comes from people from New York, Minnesota, Bellingham or Point Roberts I'm going to choose every time those people that provide the best services & what I think of the best service.

Again, I've got 2 outstanding proposals here, difficult choice between them. My hats off to both parties. That's how I intend to vote, subject to being convinced otherwise by the other 2 Commissioner's. At that point I'll cede the floor.

**Stephen Falk:**

I remain supportive of the Shields Company proposal. I think that there was a premise that may underline both Commissioners' perspective as well as some of the letters and emails that we received over the last week in particular. A premise that things are good or good enough. First of all, things aren't horrible by any means. But things are good enough the way they are, so there is no point in risking that "good enough" by taking on the risk that would be involved with a new provider. But I think there are shortcomings in how things have been going. I think there are some perceived advantages from the SuperTrack proposal that I actually don't think are aspects that our community is particularly in need of. For example, having an MD present when we've been doing quite well for many years now with our clinic staffed with non-MD providers. With, of course, always MD support somewhere in the wings, but not in the office.





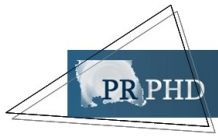
On the issues of the services provided under the current arrangement, obviously the onsite providers have been doing an excellent job for the first 19-20 months. For 18 months of that time, it was Deb and Virginia so the people that we are praising, in my mind, when we're praising SuperTrack, are actually Deb and Virginia.

Certainly, I don't ever discount the gratefulness that I've felt and still feel that SuperTrack came forward 2 years ago when no one else did at that time. I would have been quite anxious about the idea of trying to create what Shields Company is proposing to do, to create that from scratch. But, that said, I never really stepped away from that fact that I am grateful for SuperTrack having come forward. And it looks like they will most likely be the ones that will be providing services going forward.

Looking over the first 18 months, for the first 2-3 months when things were just getting started, things can always be bumpy at that stage and possibly discounting some of the last 6 months when the pandemic has changed at least the volume of patients, if not other aspects of the practice, we had about a year of standard operations, the way things could be/should be, and I think, during that time, we saw what I perceive as a lack of commitment from SuperTrack to our community. Certainly, the Clinic kept going, but the Clinic kept going with the people that were here, Deb and Virginia.

Richard, before your time, I'd say, I'm not 100% sure if it was no presence at our meetings in 2019 and maybe even the beginning of 2020, we had Deb and Virginia attending many of our district meetings but no one from Bellingham coming out. Other than they spoke at the Circle of Care general meeting, and they came out right as the Covid 19 pandemic started. We had a presentation about that at our meeting that unfortunately was already a remote format. But otherwise, we did not have engagement by SuperTrack with the community that I am aware of, and I think I would be, having been on the District board for that whole time. So, I see that the lack of community involvement was substantial.

We also had reluctance to do things that the providers here believed would make their practice more effective and I chalk that up primarily to the fact that SuperTrack is an urgent care practice and it apparently seems to be a very good one. But urgent care and primary care are quite different as it turns out. I didn't appreciate it so much 2 years ago when this was starting out so I think that made for things to not run smoothly and some of those things continue to be an issue.



There have also been things that we've heard about, in our District meetings of poor communication from Bellingham back to the providers in Point Roberts at the Clinic. Inquiries that don't get responded to at all or are responded to very late. I take issue with the idea that they've been particularly good in all those ways, to a point that Richard was making, I think they have not been engaged with the community and trying to find the best solutions for our community.

As I would see it, all of the things that Richard did touch on in the way of his comments that have been favorable about SuperTrack's operation, it's hard to distinguish that from the services provided by the actual folks here in Point Roberts providing the medical services (Deb and Virginia).

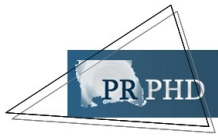
If folks from SuperTrack had been coming out here on a regular basis over the last year and a half for whatever reason they would have chosen to, that could be different. But, as it stands, unless people really love the way their bills are handled, which in fact have not always been that good, (as it probably happens in every practice, there were coding issues being processed as urgent care when they were actually primary care), people may love the back office operations, but more likely it's the patient care they're reacting to, positively or negatively, to a medical provider. And that, as I obviously stated before, was coming from Deb and is still coming from Virginia.

There are obviously some levels of risk for going with a new entity that is also getting its feet under it, with respect to all office management. Most importantly, the billing process. But I also believe the subsidy that the district provides currently to SuperTrack and would be providing to any provider at this point, would help them get through that initial period, as it probably helped SuperTrack for some period of time without any Insurance, Medicare or Medicaid reimbursement. I discount that issue myself.

That's my reasons for not supporting SuperTrack going forward and for supporting the Shields Company proposal. I wish I was more optimistic about the outcome of the vote but so be it.

Are there any additional round of comments from Kandi or Richard?

**Kandace Harper:** No, not from me.



**Richard Dennis:** I think I've said all that I can say. I appreciate your comments Stephen, particularly some of your comments about the background. It's an important consideration of the past performance. It's by no means definitive of what will happen in the future. To me the kinds of community engagement that you've mentioned & you've seen has been lacking. It's something that, with gentle prodding from the hospital district, could be included to be improved.

The kinds of things I saw however are advantages for SuperTrack and things that can't be replicated under the Shield's proposal. While I certainly respect your comments, I think I'm going to stick with my intention to vote for SuperTrack.

2-1 in favor of SuperTrack Urgent Care clinic.

**Next steps:**

- Change contract wording, implement some of the suggestions
- Richard to red line the 1<sup>st</sup> draft of the contract
- Send to Commissioners and Barb to review
- Send to Attorneys
- Signed contract beginning of October

Meeting was adjourned at 7:52 p.m.

Regular Meeting: Tuesday September 8<sup>th</sup>, 2020 @ 7 pm via ZOOM

*Minutes approved verbally at the following month's ZOOM meeting*

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Stephen Falk

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Kandace Harper

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Richard Dennis

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Farrah Carsten