

## Minutes

Point Roberts Public Hospital District

Tuesday August 11, 2020

### Call to Order:

The 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

### Introduction of Guests:

Dr. Sean Bozorgzad, Virginia Lester, Deborah Shields, John Shields, Pat Grubb  
Dr. Ming Lin, Bill Meursing

### Approval of Prior Minutes:

Approval of minutes from previous PR PHD Regular Meeting (July 14, 2020)

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

### Financial Report:

#### **Financial Report:**

Paulette Ladner presented the financial report. Current month payables \$16,442.66. Payroll is \$2,198.00

There is 1 item to note: Reimbursement to Barbara Wayland for GoDaddy receipt that Renee Coe had previously paid = \$19.71

#### **Bills presented for approval as follows:**

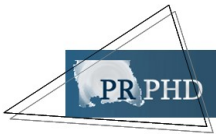
Bills paid:

08/01/20 – SuperTrack Urgent Care PLLC - \$16,000  
07/31/20 – Point Roberts Press – Advertising - \$50.00  
07/31/20 – Point Roberts Bookkeeping - \$224.00  
07/31/20 – Barbara Wayland – Reimbursement - \$19.71  
07/31/20 – Bellingham Business Machine - \$18.63  
08/01/20 – Whidbey Telecom - \$46.80  
08/03/20 – Whatcom County Fire District 5 - \$83.52

#### **Payroll as follows:**

Heather Dixon – Cleaner - \$224  
Barb Wayland - Superintendent - \$1,218  
Farrah Carsten – Recording Secretary - \$414  
Kandace Harper – Commissioner - \$114  
Stephen Falk – Commissioner - \$114  
Richard Dennis – Commissioner - \$114

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



**Provider's Report:**

**Clinic Medical Director Update:** Dr. Bozorgzad provided an update. Covid testing is still continuing. Two new computers have arrived for the clinic. EKG has been set up. Dr. Bozorgzad has been coming to the clinic for the past 2 Monday's and has been seeing patients.

David Shanholtzer, ARNP, has been fully credentialed and will start coming to the clinic November 1<sup>st</sup>. For now, Dr. Bozorgzad and Virginia Lester will be at the clinic.

**Medicaid Transformation Grant:** Deferred to next regular meeting.

**Policy Review & Update – Public Documents Request:** Deferred to next regular meeting.

**Superintendent's Current Workload:** Barbara hasn't been able to send the Commissioner's a detailed report with her extra hours worked. Her increased hours are due to the RFP & Proposals. She will provide this by the next regular meeting.

**Discussion - RFP Response:**

**Stephen Falk:** The hospital district received 2 submissions in response to the request put forward for proposals, SuperTrack and Shields Company. Both entities put forward strong proposals for the intended operations of the clinic beginning January 1, 2020. Both with intentions to expand services beyond what is currently available. This was part of SuperTrack's plan earlier to try & expand services at some point.

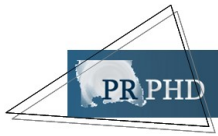
Both proposed to maintain the same level of hospital district subsidy (or no change) from where we currently are. There are differences between the details of what that expanded service would be between the two organizations. Shield's Company would have the added challenge of having to make the transition to operation whereas SuperTrack went through that problem 1 ½ years ago when they took over the clinic from Unity Care. I was pleased to see the level of detail in both plans.

**Barbara Wayland:** I have a compilation of the primary points of the 2 submissions, that way people listening that have never seen the proposals know what was intended as the expanded services by each company.

**SuperTrack:**

- 7 days of coverage, same clinic hours we currently have
- 1 day a week covered by a physician

**Superintendent's Report:**



- 2 days covered by a mid-level provider, either an ARNP or PA with experience in chronic and acute episodic care
- 2 days a week there will be an MA in the clinic to assist people on more of an urgent care or walk in basis, where they can call if they need to be seen and they can come into the clinic and be assisted in connecting with SuperTrack via telemedicine
- On the weekends, telemedicine will also be available (not at the clinic) but from the patient's home, it will all be setup where they can access it
- Increase the availability of the types of medications offered at the clinic, i.e. Insulin can't be mailed

### **Shield's Company:**

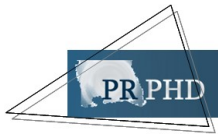
- Maintain current schedule of 3 days a week
- Saturday 4 hours, primary and urgent care
- Will put in place the integrated software they choose to use which will include print visit summaries, annual screenings, link specialist's records
- The system provides for telemedicine linking via video conferencing, as they get up & rolling, they'll also have telemedicine available
- Phase 1 = add 24 hour on call services
- Enhanced laboratory services & immunizations
- Concierge service programs, including home visits
- Establish American Based Compensation plan for their employees
- Reestablish rural clinic designation
- Enhance point of service lab testing available

**Richard Dennis:** A couple of things I would highlight in addition to what was provided. SuperTrack proposal there was an emphasis on equipment to be provided & paid for by SuperTrack, that was connecting into their existing network of equipment particularly with respect to digital radiology. They also emphasized "cut out of" immediate credentialing & having existing records they've been establishing over the last year and a half.

Shield's Company – one big selling point was the emphasis on primary care, particularly in respect to after visit summaries & tracking for services so people would get reminders about the care that they have been receiving, annual checkups, other testing that would need to be done a regular basis.

Emphasis of billing system that they were planning to use. That would have the ability to check out insurance half point of contact, before people came into the clinic. All those factors are important factors for both of the proposals.

I concur with Stephen with what he said earlier. 2 very strong proposals which make it a hard decision for the commission. But it's precisely what I was hoping to get when we opened this up for bids. Very pleased to see it & my compliments to both of the parties.



**Dr. Sean Bozorgzad:** A few clarifications, weekend coverage will be based on hours that our clinics in Bellingham are open. Which is Saturday & Sunday under normal operations. Basically, during those hours people can schedule a telemedicine visit with one of providers here in 1 of our locations in Bellingham. And all of the patient's information will be available to that provider. I want to emphasize that with Pt Roberts we will be available 24 hours for emergency calls. In Bellingham we created an Urgent Care, but with Pt Roberts, we will create a Primary/Urgent Care.

**Deborah Shields:** We are emphasizing that we have local provider's that will be available by phone. And obviously Virginia always has in her model, along with myself & Christina to continue to see patients. If we needed to see a patient on an urgent care basis and the clinic wasn't open, we would open up the clinic to take care of the issue versus sending someone to the ER in Bellingham.

**Kandace Harper:** I've pretty much had most of my question answered. The only question I have is for Dr. Sean, is the 24-hour weekend services posted in the clinic? Do the patients know they can call in?

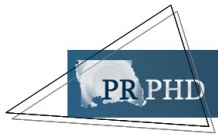
**Dr. Sean Bozorgzad:** If it's not, we will make it clear.

**Stephen Falk:** As I weighed these proposals it really just seemed to be a balance between what both are proposing as enhanced services beyond what we currently have, which is nice to see. But it's sort of a balance between in a certain way the status quo versus shift to a new organization. Except of course the main providers in the new organization would actually be the same as historically providing coverage Medicare over most of the year and a half that we've currently been under the contract with SuperTrack. It's an odd mix of the same and new somehow merged together.

I find myself coming to a preference to make the change and try and see us start with a new organization. I think that the local coverage (Virginia, Deborah & others) would be valuable to the community. But they both have very good proposals and will provide support for our community.

**Barbara Wayland:** Members of the community have approached Barb via email with concerns that this is the first they've known what the 2 proposals actually contain. The general feeling is that SuperTrack & Shields Company proposals were not being revealed to the public and the community would like be given an opportunity to give their opinion.

**Stephen Falk:** I would tend to think that because we are elected by the community to render decisions like this, it simply falls to us to evaluate the information before us and reach a decision.



**Richard Dennis:** I agree with that completely. The 3 of us were elected to do a job, and this is the job we were elected to do and we should do it. Now the question is for any of us is there any additional questions we have or additional information we need or that we think would be useful in our decisions. Have we seen enough input, which has been extensive from the 2 providers to make a decision?

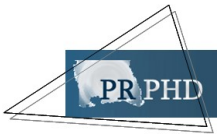
From my prospective, yes, I understand we previously said that we would potentially have a special meeting subsequent to this one to make the decision. I don't see that's necessary but other commissioners would like additional time to consider what's been presented. Or to develop any follow up questions. I'll pose that, but from my prospective, I don't think it's necessary.

**Community Member (Campbell McCluskey):** Will be there be time for community input for these proposals. It's extremely important you get the community behind this. Also, an understanding on how this transition was made. It's starting to feel to me like you've made a decision. And I think we're at the point where we need to evaluate the options.

**Richard Dennis:** This commission has not made any decisions. We're not allowed to discuss this stuff not the context in the meetings under the Open Meetings Act by law. Any inference that you have drawn as to the decision making is incorrect. I will dispute that completely. This meeting was advertised, posted, it's a regular meeting. I certainly think that to the extent that people in the community are interested in this, they'd be here in this meeting. I think blanket statements of the community needs to hear this or the community is interested in this are speculation on your part. The people in the community that are interested are here and we have given them an opportunity to speak up at this meeting.

Now the question is do the commissioners need any additional information in order to make their decision. The commissioners are lawfully and obligated to do this.

Community comments can be emailed to [superintendent@prphd.org](mailto:superintendent@prphd.org)  
All comments will be read, the Commissioners will still have the final say.



Meeting was adjourned at 8:09 p.m.

Special Voting Meeting: Tuesday August 18<sup>th</sup>, 2020 @ 7 pm via ZOOM (not open for public comment)

*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