

## **QUESTION AND ANSWER SESSION**

### **Clinic Transition Town Hall**

**12/10/2025**

#### **Will an independent clinic need more money from the LIHD than the UW required?**

*Unknown. It is difficult to predict the costs exactly, but after work with our CPAs, estimates of the costs would suggest that the needed subsidy might be in the same range as the UW subsidy.*

#### **Will we have an urgent care clinic?**

*Currently the UW Primary Care Clinic offers some same day appointments, which are considered urgent care as opposed to after-hours care. An independent clinic or partner likely could have a similar model to the UW's. Lopez Fire & EMS (LIFE) also provides some urgent care and after-hours care. We hope to partner with LIFE to bring more types of urgent and after-hours care to the Island.*

#### **What is the difference between Epic and My Chart?**

*MyChart is the patient Electronic Health Record (EHR) portal, while Epic is the full EHR system used by healthcare providers.*

#### **What is the deadline for making a formal decision?**

*We have hoped that we will make a decision by December 31, 2025.*

#### **Why are we not already a Federally-Qualified Health Center (FQHC)?**

*FQHC designation is a lengthy process that requires an independent clinic to meet specific federal eligibility, governance, financial, and operational requirements and to operate in compliance with those standards for at least six months before applying and being evaluated for FQHC status.*

## **How would recruiting and maintaining qualified clinic staff be done?**

*If we have a partner, they will do this. If we are independent, we will contract with a human resources department.*

## **What was learned from the listening sessions?**

*The listening sessions involved many community organizations. The conversations guided the groups involved with the search for a new operator to identify community needs and desires for the Clinic that resulted in a range of services we are seeking in an operator. Below are the needs and desires listed in the Town Hall PowerPoint:*

### ***Clinical Model***

- *Minimum of 2 providers, at least one being an MD or DO*
- *EHR (electronic health record, “My Chart”) with direct access to PT, Pharmacy and EMS*
- *Same day care*
- *Robust telehealth availability*

### ***Oversight, management, communication, and infrastructure***

- *Transparent reporting of quality outcomes*
- *Direct managerial oversight (Clinic Manager)*
- *Direct clinical oversight (Medical Director)*
- *Frequent management reviews with LIHD (at least monthly), EMS, and CWMA*
- *Transparent fiscal reporting to LIHD*
- *Open communication between provider and LIHD/CWMA*
- *Active community communication and involvement*
- *Infrastructure support, e.g., prior authorizations, referral coordination, billing, HR, credentialing and privileging, IT support.*

### ***Desired Elements of Care Mode***

- *One additional half-time (or more) provider*
- *Female provider for women’s care*
- *Availability of Epic as the EHR*
- *Partnering with EMS on a community paramedicine program*

- *EMS access to clinic all hours*
- *24/7 telehealth availability*
- *Courtesy blood draws and x-rays*
- *Flexible use of ancillary staff (e.g., CNA)*
- *After-hours care*
- *Rotating specialty care*

**What type of management team would be needed for an independent clinic?**

*The physician in charge would be responsible, along with oversight from the state. LIHD would require accountability from the physician since s/he would be receiving tax dollars. If a Rural Health Clinic model is chosen, a separate board that oversees the clinic would be needed to maintain the RHC status.*

**How would we bring people back who have been getting care off-island?**

*We hope to provide the care that people are asking for.*

**Would the models have a provider who provides basic women's health services?**

*Most family practice providers do provide women's health services, but our listening sessions found that a woman provider is preferred. We have this request on our "wish list" to share with future partners and hope we can make this happen.*

**What would be the advantage of having an independent clinic?**

*Finding a healthcare system to partner with would be much easier. If we are unable to partner with a system, an independent clinic would mean we could still provide health care on the island. Financially, we can support an independent clinic.*

**If we had a healthcare partner, how would we ensure local control?**

*State codes require coordination/collaboration between partner and local clinic. We hope to find a partner that will have flexibility with our Island's unique healthcare situation. An independent clinic would also need to create a structure and governance that would allow for coordination/collaboration between its governing body and funding partners (i.e. LIHD and CWMA).*

**What things would be written into a contract that would ensure local control?**

*A contract ensuring local control would require regular coordination meetings, the delivery of high-quality care, and full financial transparency to ensure responsible use of tax dollars; it would also clearly define community priorities and include negotiated terms that reflect and protect local needs.*

**What kind of governing body would be required for an independent clinic?**

*There would have to be a governing body, and we are currently seeking legal counsel on this. No entity on the Island, including LIHD and CWMA, can directly employ a provider.*

**If we decide on a hybrid model, what would be the process and timing of bringing our partnership and independent groups together?**

*The two groups have already met jointly and shared information. If a healthcare system partnership that meets Lopez Island's needs cannot be secured, new committees would be formed to move forward with an independent or hybrid model, with timing dependent on that decision.*

**Does LIHD have banked capacity with tax dollars? If so, will they keep it?**

*Yes, the LIHD has banked capacity from Lopez Island property taxes to help support potential marked increases in health care costs in 2026 and beyond. Particularly, with UW Medicine no longer operating the Lopez*

*Primary Care Clinic after June 30th, 2026, bringing on a new operator of the clinic will likely result in substantial initial and ongoing operating costs for the Clinic. For example, when UW Medicine began to operate the clinic in 2017, there were substantial start-up costs. Having what is termed banked capacity enables us to directly meet the financial challenges of increased costs associated with operating the Lopez Primary Care Clinic and other health related services.*

**What are the different functions of LIHD and CWMA?**

*CWMA is a nonprofit organization that owns the clinic building and equipment, while LIHD is an elected taxing district that operates under different statutory requirements, including public meeting rules that require meetings of more than two commissioners to be open to the public. The mission of LIHD is to provide high-quality island-appropriate healthcare to Lopez, while the mission of CWMA is to provide the facility, equipment, and maintenance to Lopez health care organizations.*

**What is meant by partners?**

*UW is our current healthcare system partner. We are currently talking with a potential new partner.*

**If we have an independent clinic, how would referrals be handled?**

*An independent clinic could refer to whomever they want; they would not be required to send patients to certain healthcare systems. A partner might want to refer to its own providers, but it does not require you use them.*

**Have any Letters of Interest been received from potential partners?**

*Yes, LIHD and CWMA are beginning to speak with one healthcare system that is interested.*

**How will you be sure that a new operator will maintain confidentiality?**

*Regardless of the operating model, maintaining patient confidentiality remains paramount. HIPAA rules are legally binding and would be strictly enforced through contractual requirements, staff training, compliance monitoring, and regular audits to ensure all patient information is properly protected.*

**One provider can't care for all of Lopez's residents. What is an option for this?**

*Sam Rich, PA, has received very positive feedback from patients. The UW has also been providing locums (temporary providers), who are already scheduled through March and have also received excellent reviews. LIHD and CWMA are seeking a clinic model that has two providers.*