

Skagit County Alliance for Healthcare Access

Community Assessment Report

April 2010

**JoAnn Webster, Consultant
Ascension Health**

Funding Partners

Island Hospital

Island Hospital Medical Staff

Healthy Communities Task Force

Sea Mar

Skagit County

Skagit County Community Action Agency

Skagit Valley Hospital

Unified Medical Staff of Skagit Valley

United Way of Skagit County

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EXECUTIVE SUMMARY

Executive Summary

During January through April 2010 a series of informational interviews was conducted with 105 stakeholders in Skagit County to determine the current status of access to healthcare, particularly for the uninsured and other populations that face barriers and challenges to access. This assessment was commissioned by the Skagit County Alliance for Healthcare Access (SCAHA), a group of representatives from twenty health and social service organizations that serve Skagit County along with county government representation. This report contains factual information obtained from public sources, summary information gained from the interviewees, and observations and recommendations from the consultant based on national experience with similar assessments and national best practices from other communities. The assessment report is intended to inform a subsequent written plan of action that will drive improved access to healthcare in the county and will position the county to thrive as healthcare reform and other external factors change the environment for the delivery of healthcare.

The interviews conducted for this assessment paint a picture of a relatively resource rich community with many elements of a strong healthcare safety net system already in place. These assets include:

- Some local funding to support healthcare including two special purpose hospitals districts that receive revenue from property tax levies to support operations. A third special hospital district has a taxpayer voted General Obligation Bond Debt to support construction of the new addition to the hospital. It receives revenue from an assessment on real property each year that is used to pay the principal and interest on the bonds until they are paid off. Together the 3 hospitals received nearly \$8 million dollars through these mechanisms in FY 2008. All of these hospitals are non-profit organizations and by virtue of this public funding mechanism are accountable to the citizens of the county for the quality and effectiveness of the healthcare system. All hospitals have adopted the Washington State Hospital Association's guidelines for charity care and discounted fees for low income patients. Additionally, there is a 1/10 of 1% county sales tax that provides approximately \$2 million annually to fund some mental health and chemical dependency services.
- A state Medicaid program and Basic Health program with relatively generous eligibility criteria that allow free or subsidized Medicaid coverage for children up to 300% of Federal Poverty Level (FPL), pregnant women up to 185% of FPL, and of some adults up to 50% of FPL. While pregnant women who were not citizens have been able to access coverage in the past, a new citizenship requirement is being implemented. The Basic Health program provides subsidized coverage of adults or children up to 200% of FPL, though this program is currently closed to new enrollment due to state budget shortfalls.
- A Federally Qualified Health Center (FQHC) with five service locations, six designated Rural Health Centers (RHC's), two tribal health clinics, a Veterans Affairs Clinic, and five reproductive health clinics. The FQHC's, RHC's and tribal clinics receive enhanced reimbursement to provide care to Medicaid and Medicare populations and may have access to various grant funds to support care of uninsured populations. The FQHC recently received expansion grants that will allow expansion of primary care, dental and behavioral health services.
- A private medical community that includes several primary care and specialty practices that are willing to serve Medicaid and some uninsured patients and some that offer sliding scale fees to low income patients.

- Some elements of an oral health care system for low income patients that includes services at the FQHC, one tribal clinic, two dental vans, a sealant program through the Public Health Department in cooperation with the schools, and a few private dentists that are open to both Medicaid and uninsured patients.
- A strong community action agency that administers over thirty health and social service programs for low income individuals and serves to some extent as a one-stop shop for the vulnerable population to get connected to services.
- A vibrant public health department that, despite recent budget cuts, remains actively engaged in a variety of collaborative efforts to improve community health in addition to the direct services that it provides.
- Some history of collaborative efforts among health care providers including a joint hospice service, a physical activity coalition, a collaboration among hospitals and clinics to explore the possibility of sharing electronic health records among all providers, and of course, the SCAHA.

These interviews also revealed several opportunities for improvement in the health care safety net system:

- Almost all interviewees revealed a surprising lack of knowledge about what services existed in the county and about how to access services. There is no comprehensive, current directory of resources though at least three different organizations produce some sort of resource guide periodically. There is almost no awareness of the 211 information and referral system that is available by phone or on-line. Many misperceptions and much erroneous information exist about what services are available and about the best way to refer clients or patients to receive services.
- There are no resources dedicated to “navigation” of the health care system for vulnerable patients who may require assistance. Referrals are made among hospitals, emergency departments, physicians, and other services with no mechanism to assure that the “hand off” was accomplished and follow up care was received.
- In spite of the existence of some safety net dental services, there is not nearly enough capacity, especially for low income adults. Waiting lists for service are many months long, and use of Emergency Departments for dental crises is common. The dental van services are not effectively deployed, offering limited service with much confusion about how patients can access the service and about when or where the service will be offered.
- Recent state budget cuts for behavioral health and chemical dependency services seem to have created much chaos in the community. Most interviewees expressed the opinion that there are really no services available at all anymore, or that what few services still exist have waiting lists that are so long there is no reason to even refer a patient. There were also concerns expressed about the quality of services available at some behavioral health providers. Emergency Departments, especially at Skagit Valley Hospital see many patients with mental health crises that have very long lengths of stay while waiting for placement in an appropriate level of care, with some being discharged without appropriate placement. Finally, while public (Medicaid and county) funding does exist for some crisis and high level services, there is almost no availability of routine behavioral health services such as counseling and ongoing medication management for low income individuals.
- Many health and social services providers offer some kind of assistance with access to prescription drugs for low income patients without coverage for drugs, but these services are not optimized. There is some use of samples, the \$4.00 retail programs, the manufacturers’ free drug programs, vouchers, and free websites, but no provider makes use of all the tactics, and most providers offer assistance on a random basis – “if a staff

member has extra time". No provider is using available purchased or licensed software programs to maximize the effectiveness of manufacturers' free drug programs.

- The use of Sea Mar Community Health Center (Sea Mar), the only FQHC, does not seem to be optimized in the community. There are strong perceptions among interviewees that there are many patients for whom a referral to Sea Mar would be inappropriate, particularly any non-Hispanic patient. There are also perceptions that the service provided at the clinic is less than desirable and that there is no capacity for new patients. Unusually, these perceptions exist in spite of a strong perception that the physicians at Sea Mar are very high quality and the fact that the new Sea Mar location at Skagit Valley Hospital is operating at only 70% of capacity.
- While there are Urgent Care clinics in the county, there are very limited services available in the evening and weekend hours. No clinics are available after 9 pm on weekdays or 5 pm on weekends. This gap in services was cited as a significant concern by several interviewees and one that disproportionately affects low income individuals who are more likely to be unable to access health care services during usual working hours.
- While there is some access to specialty physician care for the uninsured and indigent, it is through an informal system that depends on relationships and phone calls between providers. Access to orthopedic care is the exception in that interviewees report that no orthopedic surgeons in Skagit County will accept a referral for uninsured or indigent patients and many of these patients are referred out of the county for care.
- Many interviewees mentioned challenges with serving new immigrant populations of Indigenous Peoples of Mexico, Russian, and Eastern European populations. Little formal cultural competence training seems to have been offered in the community. There are some challenges with availability of certified medical interpreters for these new populations, and with the cost of existing interpretation services.
- The communities in the Eastern half of the county are served by a single physician. Interviewees expressed concerns about the lack of choice in health care providers, some uncertainty about the quality of care available to them, and great concerns about transportation challenges with getting to health and social services that are only available in the Western half of the county or in Bellingham or Seattle. Very few organizations offer routine outreach services in these communities. There is also no community- or county-wide planning effort dedicated to identifying a health care delivery system for the future, after the single practicing physician retires.

All of the opportunities for improvement can be addressed by a collaborative effort of health care providers, social service providers, and city and county governments. Recommendations for a specific approach are made at the end of this report. It will be critical that a highly visible group of community leaders including hospital CEO's and city and county government leaders commission this work and accept accountability for the success of any initiatives.

There is strong infrastructure to build on and while it will be beneficial to hire a paid staff person as a director and coordinator of the recommended efforts, it should not be necessary to create a new organization or hire new staff in addition to the one director. A formal coalition such as SCAHA can work to identify funding and other resources and build on the services of existing organizations to operationalize the recommendations to improve the healthcare safety net in Skagit County. The most challenging improvement effort is likely to be in the arena of mental health services, but this county is as well positioned as any in the country to create new effective models of care for this vulnerable population.

By accepting the challenge of improving access to healthcare for all Skagit County residents at this time, the three public hospitals and the city and county governments have a unique

opportunity to showcase the power of collaboration, to deliver on their accountability to the taxpayers who support their efforts, and to position Skagit County to thrive in a future where integration, collaboration, and efficient high quality systems of care will be required and rewarded by public and private payers.

ASSESSMENT FINDINGS

Assessment Findings

Overview

This report is intended to be used by the Skagit County Alliance for Healthcare Access (SCAHA) as a basis for the development of a plan to address access to healthcare for uninsured and other vulnerable persons who live in Skagit County and face barriers to access to healthcare. This plan will guide the SCAHA's activities as it moves toward its vision of bold leadership in the transformation of healthcare to enhance the lives of the individuals and communities of Skagit County.

Interview Process

Interviews with a wide range of stakeholders in Skagit County were conducted between January and March 2010. Attachment A lists the names and organizations of those participating in approximately one hour interviews. In total, 105 interviews were completed. This report documents the findings of the interviews, summarizes results of additional research and includes information provided in hard copy by those who participated in the process.

Community Profile

Community Description - Skagit County, Washington is a rural county of just under 2,000 square miles and a per-square-mile density of 59 people (versus 88 people per-square-mile for the State of Washington). Located on the Northwestern coast of Washington State, Skagit County includes intra-costal Pacific shoreline, the Cascade Mountains, and the Skagit River valley. Rich in natural resources and beauty Skagit County is situated between two large population centers, Seattle, Washington, 60 miles to the south and Vancouver, British Columbia, 80 miles to the north.

County Demographics and Economic Indicators - Skagit County saw a 20% increase in population between 1998 and 2008. At 118,000 residents, Skagit makes up 1.8 percent of the State of Washington's population of six and a half million residents. The four largest population centers are Mount Vernon with 30,150 residents, Anacortes with 16,640 residents, Sedro-Woolley with 10,030 residents, and Burlington with 8,460 residents.

Population ¹	Skagit County	Washington
Population (2008 Estimate)	118,000	6,549,224
Persons under 5 years old, percent, 2008	6.50%	6.60%
Persons under 18 years old, percent, 2008	23.50%	23.50%
Persons 65 years old and over, percent, 2008	15.20%	12.00%

In December 2009, unemployment in Skagit County was 10.8%, compared to the Washington state average of 9.5%.² The poverty rate in Skagit County, at 11.9%, is slightly higher than the

¹ US Census Quick Facts - <http://quickfacts.census.gov/qfd/states/53/53057.html>

² Skagit County Demographics <http://www.skagit.org/skagit-county-demographics.php>

State of Washington, which saw 11.4% of the population living in poverty in 2007.³ Skagit's 2009 homeless count of 2,306, compared to 1,182 in 2005, is the highest per capita in Washington State. Approximately 50% were children under age 18, of which 522 were homeless children attending schools.⁴ The per-household income in Skagit County of \$51,486 is lower than that of the state of Washington (at \$55,628), but is higher than a comparable rural community due to the proximity to King and Snohomish counties.⁵ The low cost of living, close proximity and affordable real-estate market in Skagit County attract residents from population centers such as Bellingham and Everett/Seattle. Though Skagit County college education levels are below that of the state, high school graduation rates exceed the national average.

Education ⁶	Skagit County	Washington State	United States
High school graduate - persons age 25+ (2000)	84.0%	87.1%	80.4%
Bachelor's degree or higher, pct of persons age 25+, 2000	20.8%	27.7%	24.4%

Named after the Skagit Indian Tribe, the county is just under 80% non-Hispanic Caucasian. Hispanics comprise fewer than 15% of the population. Native American, African American, Asian and other race and ethnicities represent less than 3% respectively.

Race and Ethnicity ⁷	Skagit County	Washington
Non-Hispanic Caucasian, percent, 2008	79.10%	75.50%
African American, percent, 2008	0.80%	3.70%
American Indian and Alaska Native persons, percent, 2008	2.10%	1.70%
Persons of Hispanic or Latino origin, percent, 2008	14.80%	9.80%
Asian persons, percent, 2008	2.00%	6.70%
Other	1.20%	2.60%

The largest employment sectors in Skagit County are government, manufacturing and retail trade.

³ US Census Quick Facts - <http://quickfacts.census.gov/qfd/states/53/53057.html>

⁴ http://www.virtualcap.org/downloads/VC/US_NA_Examples_SkagitCAP_Needs_Assessment_2009.pdf

⁵ US Census Quick Facts - <http://quickfacts.census.gov/qfd/states/53/53057.html>

⁶ US Census Quick Facts - <http://quickfacts.census.gov/qfd/states/53/53057.html>

⁷ US Census Quick Facts - <http://quickfacts.census.gov/qfd/states/53/53057.html>

Average Monthly Employment ⁸	Percentage
Government	21.70%
Wholesale/Retail Trade	16.90%
Manufacturing	11.50%
Health Care & Social Assistance	9.60%
Accommodation & Food Services	8.40%
Construction	7.20%
Agric., Forestry, Fishing & Hunting	6.10%
Other	18.60%

Numbers of Uninsured

Nationally, the primary source of data reporting the number of uninsured in the United States, the individual states, municipal regions, and counties is derived from the national census hosted every ten years. Estimates late into each decade tend to vary slightly according to variables that impact the data interpretation. Averaging two methods of estimation, both based on U.S. Census data, Skagit County has 10.3% uninsured, lower than both the State of Washington and that of the United States. The table below provides the two estimates, including the mid-point for Skagit County and the State of Washington.⁹

	Population	Number Uninsured ¹	Number Uninsured ²	Number Uninsured (Mid-point)	Percent Uninsured ¹	Percent Uninsured ²	Percent Uninsured (Mid-point)
Skagit County	117,500	9,140	15,140	12,140	7.80%	12.90%	10.30%
Washington State	6,587,600	725,680	808,000	766,840	11.00%	12.30%	11.60%

(1) Estimated by Office of Insurance Commissioner (2009) based on State Population Survey 2008, U.S. Census Bureau CPS data 2006-2008, and U.S. Census Bureau 2006 Small Area Health Insurance data.

(2) Estimated by Office of Insurance Commissioner (2009) based on data from U.S. Census Bureau 2008 and Small Area Health Insurance data, Employment Security Department annual employment reports, and Office of Financial Management published data.

Public Healthcare Coverage Programs

In 2007, 22.72% of the population was served by Medicaid/SCHIP public healthcare assistance.¹⁰ These were primarily through three major safety net healthcare coverage programs.

⁸ <http://www.ofm.wa.gov/databook/county/skag.pdf>

⁹ A problem we can't ignore the hidden and rapidly growing costs of the uninsured and underinsured in Washington State Costs, trends and projections - http://www.insurance.wa.gov/consumers/FirstAid_Uninsured/documents/2232-UncompensatedCarereport_000.pdf

¹⁰ Washington State Office of Financial Management - <http://www.ofm.wa.gov/databook/county/skag.pdf>

- **Washington Medicaid for Adults** – Covers pregnant women up to 185% of the FPL and some adults who are blind, disabled, unemployable and medically needy up to 50% of the FPL depending on the program.
- **Washington State Basic Health Plan** - Public healthcare assistance for adults is accessed under the Washington State Basic Health Plan. Basic Health is a state sponsored health insurance program for low to moderate-income residents of Washington State (up to 200% of FPL), providing coverage through private insurance companies. Basic Health currently has a waiting list for enrollment; however, this waiting list can be bypassed for certain populations.
- **Washington Apple Health for Kids Program** - Apple Health for Kids is a healthcare program for children, offering comprehensive access to healthcare services. Enrollment is free for families below 200% of the FPL (\$36,620 for a family of three). Families above that level may be eligible for the same coverage at low cost: \$20 a month per child for families below 250% of the FPL and \$30 a month per child for families below 300% of poverty. The premium structure is such that families will not pay more than \$60 a month in premiums. Apple Health for Kids has annual eligibility.

Provider-to-Population Availability

In a 2009 study of Skagit County low income residents' availability of medical care was cited as "hard to access" by respondents. While 68% of low income residents reported receiving their care through a private physician or the Sea Mar federally subsidized clinic, 34% of low income persons sought care at an Emergency Department. Further, prescription access was cited as a difficulty. Service providers were also surveyed, agreeing with low income residents that medical access was an issue.¹¹

While Skagit County is not recognized by the Department of Health and Human Service's Bureau of Primary Healthcare as a Medically Underserved Area (defined as a geography with insufficient medical infrastructure), several sections of the county are recognized as a Health Professional Shortage Area (HPSA), a criteria similar to the Medically Underserved Area (MUA) status but measuring available providers per population.¹² There are three recognized status areas associated with HPSA population-to-provider availability.

- **Primary Care** – Only the Concrete service area qualifies as a Primary Care Health Professional Shortage Area, generally defined as a population greater than 3,500 per primary care provider.
- **Oral Health** – The Central Skagit low income/homeless population and the Concrete service area qualify as Dental Health Professional Shortage Areas, generally defined as a population greater than 5,000 per dental care provider.
- **Behavioral Health** – All of Skagit County qualifies as a Mental Health Professional Shortage Area, generally defined as a population greater than 6,000 per core-mental-health-professionals and a population greater than 20,000 per psychiatrist.

¹¹ Skagit County Low Income Needs Assessment - http://www.virtualcap.org/downloads/VC/US_NA_Examples_SkagitCAP_Needs_Assessment_2009.pdf

¹² MUA and HPSA Geographic Search and Definitions - <http://muafind.hrsa.gov/index.aspx>

According to Dartmouth Atlas, the Mount Vernon, Washington market has the physician profile noted below. For comparison purposes, included in the table is information on the Everett and Seattle, Washington markets, as well as the national average.

Typical patient to provider ranges found in large cities are between 1,200:1 and 1,800:1. A ratio greater or equal to 3,000:1 indicates serious provider shortages and between 2,000:1 and 2,999:1 indicates moderate provider shortages and is often associated with increased emergency department use for primary care and decreases in the number of physicians accepting new Medicaid and/or Medicare patients.¹³

**The Dartmouth Atlas of Healthcare¹⁴
Physicians per 100,000 Residents (2006)**

Type of Physician	Mount Vernon	National Average	Everett	Seattle
Total Physicians	202.54	201.98	182.70	251.86
Family Practice	52.31	28.66	38.07	42.95
Internal Medicine	19.57	28.41	24.47	36.42
Total Primary Care Physicians	86.27	71.93	72.06	102.10
Obstetricians/ Gynecologists	52.63	55.86	41.43	44.04
Pediatricians	14.43	14.86	9.65	23.43
Total Specialists	113.98	127.50	108.40	148.35
Psychiatrists	6.37	11.42	6.22	18.23

According to the 2006 data noted above, the Mount Vernon market has more physicians than the national average in all areas with the exception of Internal Medicine, Obstetrics/ Gynecologists, Pediatricians, Specialists, and Psychiatrists.

While most data sources do not indicate an immediate physician shortage, most interviewees believed that there may be an impending shortage in several areas, especially primary care and general surgery, as current physicians retire. Current wait times for a primary care appointment in the “secret shopper” survey below indicate a reasonably adequate primary care capacity for those with limited financial resources.

Implementation of Policies on financial assistance or charity care

All three hospitals have agreed to at least the minimum of the Charity Care policy guidelines developed by the Washington State Hospital Association:

¹³ Access to Health Care in Snohomish County, 2008 Health Statistics and Assessment, Everett, WA. Page 80.

www.snohd.org/snoHealthStats/accessreport.htm#

¹⁴ <http://cecsweb.dartmouth.edu/atlas08/>

Income at 100% of the Federal Poverty Level	100% discount (free care)
Income at 200% of the Federal Poverty Level	Care discounted to “cost”
Income at 300% of the Federal Poverty Level	Care discounted to 130% of cost

Individual hospitals may offer more generous discounts than these at their discretion. The primary care clinics owned by Island Hospital offer the same financial assistance program as the hospital, but those owned by United General do not. Skagit County hospitals delivered over \$8 million of charity care in fiscal year 2008 representing 0.89% of total patient services revenue for Island Hospital, 1.23% for Skagit Valley Hospital, and 3.39% for United General Hospital.¹⁵

Observation: Some interviewees (including some employed by the hospitals) were unaware of or unclear on the hospitals’ financial assistance programs.

Sea Mar Clinic offers a sliding fee scale based on income, with a minimum payment of \$20 per visit and a maximum discount of 70%. The reproductive health clinics and Planned Parenthood offer free or discounted services based on income.

Private physician practices may or may not offer any discounted fees to low income clients. See “secret shopper” survey information below about actual discounts offered to a prospective patient in May.

Infrastructure – Leadership Coalition(s)

Several collaborative efforts addressing health needs are active in the county.

The Skagit County Alliance for Healthcare Access is a group of representatives from twenty health and social service organizations and was formed in early 2009 with the stated purpose “To facilitate processes that enable Skagit County residents to access appropriate and effective health care services”. This assessment report is a product of that coalition’s work.

The Physical Activity Coalition was formed in 1994. “To improve health in our county, through efforts that encourage physical activity for all.” Sixteen organizations and individuals have worked together on several projects including a physical activity guide, “beactiveskagit website”, walking and trail guides and promotion, and a walk and roll event.

The Medical Information Network – North Sound was formed in 2008 by the three hospital districts for the purpose of integrating hospital and clinic information systems. The group has hired an executive director to lead this work. This group has identified the functionality of a system that would allow sharing of health care information among physicians, hospitals, and other providers and is currently seeking funding as well as evaluating vendors of possible technology products to support this work.

Observation: There is a perception among many interviewees that the three hospitals will be challenged to collaborate productively to improve healthcare in the county because of historic disagreements and current competitive pressures, though the CEO’s of all three organizations indicate a willingness to contribute productively to this work.

¹⁵ <http://www.doh.wa.gov/EHSPHL/hospdata/YearEnd/2009/Default.htm>

Infrastructure – Information Systems

As indicated above, there is a coalition that is working on the integration of electronic medical records from hospitals, clinics, and physician practices. The three hospitals all have electronic inpatient records using different versions of the same software. Sea Mar clinic does use an electronic medical record. At least one private primary care practice uses an electronic medical record, and the Skagit Valley Medical Center multispecialty practice is implementing one.

Infrastructure – Catalyst Funding

The work to complete this assessment and planning process was funded by nine different organizations including two of the three hospitals and both medical staffs. As mentioned before, there have been other community efforts that have been funded by coalitions of providers. Additionally, the community has been relatively successful in procuring grant funds for a variety of efforts. A few examples include: a Gates Foundation grant through the Skagit Community Foundation for work supporting Friendship House (family shelter), numerous state grants as well as federal stimulus funding to the Skagit County Community Action Agency (SCCAA) funding everything from housing and chore assistance to WIC services, to literacy, and grants from the state and from the Robert Wood Johnson Foundation to the Physical Activity Coalition to fund healthy eating and exercise programs. This strong track record of procuring catalyst funding positions the SCAHA well to pursue national as well as local and regional funding for activities recommended in this assessment.

Healthcare Infrastructure

According to the Dartmouth Atlas, the Mount Vernon market has fewer hospital beds per 1000 population than Seattle or than the national average, but more than nearby communities of Bellingham or Everett.

**The Dartmouth Atlas of Healthcare¹⁶
Acute Hospital Beds per 100,000 Residents (2006)**

	Mount Vernon	National Average	Everett	Seattle	Bellingham
Hospital Beds	1.58	2.41	1.36	1.73	1.33

Hospitals

Skagit County is served by three public non-profit hospitals:

- **Island Hospital** located in Anacortes is a 43 bed hospital offering: a cancer care center, emergency department, diagnostic imaging, inpatient surgery, outpatient surgery, a birth center, prenatal care center, rehab services, acute care, and cardiopulmonary rehab.
- **Skagit Valley Hospital** located in Mount Vernon is a 137 bed hospital with services that include: outpatient diagnostics, acute care, a family birth center, emergency department,

¹⁶ <http://cecsweb.dartmouth.edu/atlas08/>

cardiac care, orthopedic services, surgery, rehabilitation, and a Regional Cancer Care Center.

- **United General Hospital** located in Sedro-Woolley is a Critical Access Hospital (CAH). Critical Access Hospitals refer to a Federal recognition providing sustainability to rural hospitals, enabling a higher payment for Medicaid services. The CAH program requires that a hospital limit the number of in-patients it serves and the length of time inpatients may stay, in addition to other regulations. United General Hospital has 25 beds as well as 5 “swing” beds. Services include: outpatient diagnostic imaging, acute care, breast suite, emergency department, pulmonary rehabilitation, surgical and sleep centers, physical, occupational and speech therapy, diabetes education program, rehabilitation, and The North Puget Cancer Center.

All three Skagit County Hospitals are owned by Special Purpose Hospital Districts, limited purpose governmental entities, formed to be separate in scope and jurisdiction from a city, town, or county government. Generally they perform a single function, though some perform a limited number of functions. There are three Special Purpose Hospital Districts serving Skagit County, each chartered to "own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons." Two of these hospitals districts are funded by a portion of the county property taxes. The third hospital district receives funding from a taxpayer voted General Obligation Bond Debt to pay off the bonds used to construct a new addition to the hospital.

Skagit County Public Hospital District ¹⁷	City(ies) Served	Facility(ies) Included
Hospital District Number 1 - Skagit Valley Hospital	Mount Vernon (part)	The district operates Skagit Valley Hospital and two health clinics in Stanwood and Camano Island.
Hospital District Number 304 - United General Hospital	Burlington, Concrete, Hamilton, Lyman, Mount Vernon (part), Sedro-Woolley	Owns and operates United General Hospital. Public Hospital District 304, encompasses more than 2,000 square miles in Skagit (and parts of Whatcom) County. Associate member Western Washington Rural Health Care Collaborative (WWRHCC)
Hospital District Number 2 - Island Hospital	Anacortes	Owns and operates Island Hospital and manages Family Care Clinics in Anacortes and on Lopez Island. Skagit County Public Hospital District No. 2 serves western Skagit County, north Whidbey Island and the San Juan Islands.

Observation: Interviewees in general report good access to emergency and inpatient services for the uninsured and vulnerable populations at all three hospitals. Most were aware that the hospitals had charity care policies and offered discounts to low income patients. A few interviewees reported that they were unaware of these policies and knew of people who were delaying needed health care services because they believed that they would be required to pay for the services in full. A few interviewees indicated a perceived lack of medical interpretation services, particularly for Indigenous Mexican patients and Eastern European patients. This lack was perceived to be greater at United General than at Skagit Valley Hospital and not mentioned as an issue at Island Hospital. A few interviewees reported long wait times to be seen at the Skagit Valley Hospital emergency department (several hours on weekends). Hospital staff report their biggest challenges are discharge placement for indigent, medically complex patients, especially those with chronic mental illness or chemical dependency.

A “secret shopper” approach was used one day in March to test availability of financial assistance at the three hospitals for an uninsured single woman, 53 years old, employed making \$16,000 per year. This “patient” was offered likely discounts of 75% at United General Hospital, 100% at Island Hospital, and 58 – 70% at Skagit Valley Hospital. The United General staff also referred the “patient” to either Sea Mar or the Quick Care clinic as low cost options for outpatient care.

Emergency Department

Nationally, hospital emergency departments (ED's) are increasingly being forced to play the role of "safety net provider" for uninsured, underinsured and those who have limited access to primary care providers and specialists. ED's serve as the primary health care provider because the public knows they must be seen regardless of their ability to pay for health care treatment.

Observation: This would seem to be true for the three emergency departments in Skagit Valley as well. While no specific data were obtained, one ED physician estimates 70% of visits are for conditions that could be treated in a primary care setting. All three hospitals report significant unreimbursed charges for ED services including charity care and bad debt. Interestingly, no hospital CEO's reported inappropriate use of the ED as one of their highest priority concerns at this time. It is possible that this is because there is adequate or even excess capacity in emergency department services in Skagit County due to the presence of three hospitals each offering these services. Also there seems to be a belief among ED physicians and some other community physicians that allowing use of the ED for low acuity conditions provides a revenue stream that helps subsidize care for higher acuity patients or those who cannot afford to pay for services.

Emergency department physicians and hospital staff do report concerns about the number of patients presenting to the emergency department with dental conditions because they are unable to access low cost or free dental care services. This situation is particularly frustrating for ED staff because, unlike primary care services, they are unable to provide the services needed by these patients beyond short term pain medication and antibiotics.

Also cited by these interviewees was a concern about ED patients who need mental health or chemical dependency services. After treating the immediate crisis, there are very limited options for referring these patients for follow up care, especially if they do not meet the narrow requirements for services provided by the state/county system.

Urgent Care/After Hours Care

Access to health care after normal business hours in Skagit County is highly limited for all populations, regardless of health insurance. Many interviewees indicated usage of emergency department services after hours and/or on weekends is directly related to the limited choice of other options in the community. There are 5 Urgent Care clinics available in Skagit County, but no urgent care clinic offers services after 8 pm on weekdays, and only one is open that late. Sea Mar is open one evening until 9 pm. No clinics are open after 5 pm on weekends, and only two clinics are open at all on Sundays, one for only 4 hours.

Observation: Since many low income individuals work multiple jobs or shift work, and often have limited access to transportation, this limited evening and weekend availability disproportionately impacts this population. This was cited as a high priority concern by several interviewees including a school nurse who indicated this was a big barrier for low income teens who needed their parents to take them to a physician for services but could only go after they were off work.

Nurse Triage

There is no 24/7 nurse advice line or triage service that serves all residents of Skagit County. Sea Mar patients do have access to a nurse advice line that is operated by Community Health Plan of Washington. These services are sometimes valuable components of the health care safety net in that they can provide self care advice after hours, eliminating the need for some ED visits, and they can make referrals or even appointment assistance to appropriate providers of routine care.

Primary Care

Federally Qualified and Rural Health Clinics of Skagit County¹⁸		
Anacortes Family Medicine	2511 M Ave, Ste. B 2000, Anacortes	Rural Health Clinic
Fidalgo Medical Associates	1213 24th Street, Ste 100 2002, Anacortes	Rural Health Clinic
Anacortes Island Family Physicians	2511 M Ave, Ste. A 2001, Anacortes	Rural Health Clinic
Mount Vernon North Cascade Family Physicians	2116 E Section St 2002, Mount Vernon	Rural Health Clinic
Mount Vernon Skagit Valley Medical Ctr Inc PS	1400 E Kincaid Street 2001, Mount Vernon	Rural Health Clinic
Sea Mar Clinic - Burlington Dental	119 E. Fairhaven Ave., Burlington	Federally Qualified Health Center
Sea Mar Clinic - Mount Vernon Behavioral Health and Homeless Service	1010 E. College Way, Mount Vernon	Federally Qualified Health Center
Sea Mar Clinic - Mount Vernon Homeless Office	2426 E. College Way, Mount Vernon	Federally Qualified Health Center
Sea Mar Clinic - Mount Vernon Medical and Dental	1400 N. Laventure Rd., Mount Vernon	Federally Qualified Health Center
Sea Mar Clinic - Mount Vernon OB/Gyn	110 N. Laventure Rd. Ste D, Mount Vernon	Federally Qualified Health Center
Sea Mar Clinic - Skagit Valley Medical	1415 E. Kincaid St., Mount Vernon	Federally Qualified Health Center
Sedro Woolley North Cascade Internal Medicine	1918 Hospital Drive, Sedro Woolley	Rural Health Clinic
Swinomish Tribal Health Clinic	17337 Reservation Road, La Conner, WA	Tribal/Federally Qualified Health Center
Upper Skagit Health Clinic	2284 Community Plaza Sedro Woolley	Tribal/Federally Qualified Health Center

¹⁸ http://www.doh.wa.gov/hsqa/ocrh/RHC/Fed_DesignRHCs.pdf and <http://www.nachc.org/about-our-health-centers.cfm>

Rural Health Clinics are federal/state recognized clinics that are eligible for higher public coverage program reimbursement. Skagit County also has a robust FQHC system serving the general public (and two tribal health centers/FQHC's serving tribal members, described below). FQHC's are locally governed primary care entities that provide for the basic healthcare needs of their patients. FQHC's have access to operating grants and capital that expand access to uninsured patients, as well as the ability to draw higher reimbursement through federal coverage programs.

Aside from Rural Health Clinics, FQHC's and Tribal Health Centers, there are several other safety net and specialized primary care access points in the county:

- **The Veterans Affairs' community-based outpatient clinic** - The 16,700-square-foot facility serves up to 6,500 veterans from Skagit, Island, San Juan, Whatcom and north Snohomish counties. There are roughly 60,000 veterans in the five-county region.
- **Reproductive Health:**
The Teen Clinic Program is administered under the STD division of the Skagit County Health Department. Serving ages 14 through 20, these are walk in clinics located across the county, staffed by mid-level providers. Services include STD and pregnancy testing, family planning, and emergency contraception.¹⁹

United Teen Clinic in Sedro-Woolley Every Monday, 2-5pm 2015B Hospital Drive Sedro-Woolley, WA 98284 Phone: (360) 856-7319
Anacortes Teen Clinic (Partnership with Island Hospital Prenatal Care Center) Every Wednesday & Thursday, 2-5pm 2601 M Avenue, Suite C Anacortes, WA 98221 Phone: (360) 293-6973
East County Teen Clinic in Concrete 1st Wednesday and 4th Tuesday of every month, 2-4:30pm East County Resource Center Concrete, WA 98237 Phone: (360) 853-7009
Skagit County Public Health Department – Mount Vernon Monday through Friday, 8:30am-4pm 700 S. 2nd Street, #301 Mount Vernon, WA 98273 Phone: (360) 336-9477

There is also a Planned Parenthood clinic in Mount Vernon providing reproductive services to women and men on a sliding fee scale basis.

In addition to the identified safety net primary care providers, there are more than 60 private primary care physicians in the county.

¹⁹ Skagit County Department of Public Health
<http://www.skagitcounty.net/Common/Asp/Default.asp?d=HealthClinic&c=General&p=main.htm>

Observation: Several of these practices indicated that they do see uninsured and indigent patients, though many of them are only able to accommodate their existing patients and would not be able to accept new uninsured or indigent patients. Several of the practices indicate that they do have a formal financial screening process and offer discounts or sliding fee schedules to these patients, though interviewees' information did not always match information given in "secret shopper" survey below.

A "secret shopper" approach was used one day in March to test availability of primary care appointments at several clinics for an uninsured single woman, 53 years old, employed making \$16,000 per year. Though only one provider asked for medical information, the "patient" was suffering no urgent medical conditions, but had been told she had high blood pressure and high cholesterol that had never been treated and had not had mammography or PAP smear in 5 years.

Clinic	Working Days until appointment offered	Deposit Required before appointment	Discounts or sliding scale available
Sea Mar (Mount Vernon)	8 days	\$20	Approximately 40% discount
Skagit Valley Medical Center (Mount Vernon)	12 weeks	\$121	None
North Cascade Family Physicians (Mount Vernon)	7 days	\$123	20% discount for full payment day of appointment. If qualified for financial assistance, would accept \$50 payment at each appointment and be billed for balance. Only general manager can offer discounts of unknown amount.
Anacortes Family Medicine	1 day	None	Referred to hospital charity care program. Forms can be filled out at initial appointment. Would likely qualify for 100% discount but would have to reapply every 30 days. If not eligible – 20% discount for payment in full.
Physicians Care Family Medicine (Sedro Woolley)	3 days	\$150	No discount but physician may approve 10% discount for payment in full – no specific criteria.
East Valley Medical Clinic (Concrete)	12 days	\$200	No discounts – referred to SeaMar.

Clinic	Working Days until appointment offered	Deposit Required before appointment	Discounts or sliding scale available
Dr.'s Creelman and Shilling (Burlington)	Approx 1 week (couldn't give date until actually setting appointment)	None mentioned	15% discount for payment in full and payment plan available Can apply for low income discount at Dr's discretion

Observation: Interviewees almost unanimously cite Sea Mar as the primary resource for referring an uninsured or indigent person for primary care and Island Hospital staff do report referring to their own clinics. Some interviewees report making individual arrangements for certain patients to be accepted at one of the rural health clinics or private primary care practices.

Of the interviewees who were at all familiar with Sea Mar, there was strong consensus on several key points:

- The primary care doctors are perceived to be of very high quality, particularly by other physicians in the community.
- There is a strong perception that Sea Mar's services are only available to or appropriate for Hispanic clients. There were a number of comments citing concerns regarding how patients of Indigenous Mexican or Eastern European heritage were treated, and even more comments with concerns regarding the treatment of Anglo patients (specific detailed information has been supplied to Sea Mar).
- Several interviewees reported long wait times for appointments at Sea Mar, though staff report relatively short wait times, 9 days – 3 weeks for a new patient (only 8 days in “secret shopper” survey). It is possible that these perceptions date to a previous time when access was more limited.
- There is some perception that patients can only be seen once if they are unable to pay for services, and that if they have a balance due, they will not be seen until their account is current.
- There was limited familiarity with the full range of services available at Sea Mar, specifically dental and behavioral health services. Several interviewees actually reported that there were no dental services or behavioral health services at Sea Mar, even though dental services are offered at 3 locations and mental health services at 2 locations.
- There was limited awareness of Sea Mar's new location at Skagit Valley Hospital, and staff report that this clinic is currently underutilized, running at about 70% of capacity. Signage and advertising or marketing has been very limited.

Regarding private practices including the Rural Health Centers, some interviewees reported that patients were required to pay unrealistic deposits before being seen or were “fired” from the practice for missing a single appointment or not being current in paying on their account.

While it is not clear that there is an acute shortage of primary care capacity for the uninsured and indigent, it is clear that use of the Sea Mar Community Health Center is not being optimized for the community. It is also likely that with the anticipated primary care provider shortage nationally that Skagit County will experience this growing shortage as will all rural areas of the country. This may be especially acute in the East Skagit County area as the single physician in that area will eventually retire. This area of the county will require special attention by the three hospitals, private practices, and Sea Mar in their physician recruiting plans. Plans to bring a residency program to Skagit Valley Hospital in partnership with the Pacific Northwest University of Health Sciences has the potential to increase access for low income patients after 2012.

Specialty Physician Services

There is no organized approach to referring uninsured or indigent patients for specialist physician services in Skagit County. The most common process is for a primary care physician or office staff person to contact individual physician offices and try to secure care for their patients.

Observation: Interviewees almost unanimously noted that the biggest problem in finding specialist physicians to see uninsured, Medicaid, or indigent patients was in Orthopedics. Although there are 14 orthopedic surgeons in Skagit Valley practicing in three separate groups, interviewees report that it is virtually impossible to get services for these vulnerable patients. Many report referring patients to physicians in Arlington or Bellingham who are willing to care for them. No other specialties were mentioned with significant frequency, though Urology, Gastroenterology, Dermatology, General Surgery, and Psychiatry were mentioned 2 – 4 times each.

In terms of referrals to other specialists, interviewees report that it is sometimes a time consuming process requiring many phone calls, but that it is usually possible to find specialists to see patients for necessary services. Several interviewees did indicate that they have advised patients to simply go to the ED if the problem was serious because they knew that the specialists would be required to care for them there.

Safety Net Oral Health Services

Sea Mar offers dental services consisting of three dentists in two locations in Skagit County. They expect to add providers with their expansion grant in the near future. Currently the wait time for a new adult patient can be several months. Providers report that the “no show” rate for adult patients can be as high as 80 – 90% so patients are advised that they can come in and hope for a cancellation.

Observation: Many interviewees report that the only way to get an adult patient in to Sea Mar is to send them over in the morning and have them be prepared to wait all day in case of a cancellation. This is not possible for many patients who cannot afford to take off from work or arrange transportation if an appointment can't be confirmed.

The Swinomish Tribal Health Center offers dental services with a single dentist at their one location.

Observation: This clinic has expressed an interest in making services available to the general public but believes there has been resistance to this idea in the past.

Interviewees report that some services are available on a first come, first served basis for low income patients at the University of Washington Dental School in Seattle and at the Bellingham Technical College (dental hygiene only), but transportation challenges make these resources less valuable to Skagit County residents.

Interviewees also report that one private practice dentist in Concrete, two in Sedro Woolley and two in Anacortes are known to see Medicaid patients and uninsured patients on a case by case basis. This is not widely known among referral sources in the community, but seems to be based on personal experience with these dentists.

Medical Team International's (MTI) mobile dental unit has been augmenting oral health access in Skagit County since 1998. In 2009, a total of 49 clinics were held in Skagit County, including clinics conducted through the Skagit County Department of Health with nine clinics held for jail inmates and a total of 14 sealant clinics held at elementary schools throughout the county. Fourteen clinics were conducted on behalf of Community Action, and twelve clinics served residents at Pioneer Center North. Altogether the 49 clinics served 373 adults and 602 children.

Community Action clinics serve low-income adult patients on a sliding-fee with restorative care, root canals, extractions, and other oral surgery. Over the years, volunteer dental personnel have provided services to an average of 250 patients annually, with the numbers decreasing in recent years due to reduced access to MTI's mobile unit and difficulty in recruiting volunteer dentists. Patient sliding fees cover about 15 – 20% of the cost, with support from Community Action block grant funds, United Way, and limited service club and city contributions filling the gap. Regular visits are made to Anacortes, Mount Vernon, and Sedro-Woolley, and occasionally to Concrete. A three-year VISTA dental care access project has been undertaken by SCCAA to work with dental and health care partners to help devise a coordinated solution for serving the community's low-income adults that lack resources to access dental care. The current waiting list has 40 patients.

Observation: A significant challenge with this model is that it is operated by Medical Team International and "subcontracted" by three different organizations in Skagit County. While SCCAA has a centralized scheduling system for patients coming through their organization, the general community does not know how to access its services. This is also true for providers or other referral sources in the community. Many interviewees report they have just given up trying to figure out where the van is going to be when, and how to get a patient seen there.

A second dental van, TheSmileMobile, is operated by the Washington Dental Service Foundation. TheSmileMobile visits Skagit periodically to bring services to low-income children with limited access to a dentist, and also assists in finding a dental home for children. TheSmileMobile services range from examinations and preventive care to fillings and minor oral surgery – all provided at little or no cost to patients. The dental foundation also oversees "Access to Baby and Child Dentistry" (ABCD), an initiative that encourages general dental offices to provide a positive dental experience and a dental home by age one. A program of the public health department, it was started in 2005 in Skagit County. Several local dentists certified in ABCD techniques receive enhanced Medicaid reimbursement for selected procedures for enrolled children, including oral evaluation, family oral health education, fluoride varnish application, and certain restorative procedures.

The county public health department offers a dental sealant program for children through the school system.

Observation: A vast majority of interviewees had very limited understanding of what dental services were available for the uninsured, Medicaid, and indigent populations. Several interviewees actually indicated that they believed there were NO dental services available at Sea Mar. Of those who were aware of the dental vans, most had no idea how to find out when and where they would be or how to schedule appointments. Most all interviewees cited dental care as the second most critical gap (after mental health) in safety net services for the vulnerable population of Skagit County. As mentioned above, ED physicians also noted this as a significant concern.

Behavioral Health/Chemical Dependency Services

There are a number of behavioral health and chemical dependency programs serving Skagit County. These programs have very complex and confusing eligibility requirements, referral methodologies, and limitations on services offered. Additionally, state budget cuts in recent years have resulted in the elimination, reduction, or modification of services that has left many clinicians and referral sources uncertain about what is available and how to access it for their patients. In a low income community needs assessment conducted in 2009, respondents cited a lack of general understanding about how to access services.²⁰ In another study completed in 2009 by the North Sound Mental Health Administration, in the five county region including Skagit County, almost half of inpatient mental health admissions were for patients who had received no outpatient mental health services before admission and 83 – 96% of these patients did not receive outpatient treatment following discharge.²¹

For people who qualify for Medicaid, there is a prepaid behavioral health plan that is separate from the medical coverage for this population. These services are offered through the North Sound Mental Health Administration who subcontracts with various providers. There is a fairly complex, multi-factorial eligibility criterion that includes income, clinical diagnosis, functional status, crisis state, and treatment modality. Only when all criteria are met can a patient be offered services, then services are limited to a particular number of visits based on a combination of the patient's clinical acuity and the number of services available under current budget constraints. Sometimes clients can only be seen once a month.

In a very unique program, Skagit County has funds from a 1/10 of 1% sales tax that are dedicated to supplementing the state funded mental health programs targeting those who do not meet eligibility requirements for state programs. The Community Wellness Program offers counseling to Skagit County residents up to 350% of FPL who do not meet eligibility criteria for Medicaid, and it can provide up to twelve counseling sessions. The current case load is 120-140 clients. Other services that are supported with funds from this sales tax include:

- School Based Mental Health Program through Catholic Community Services
- Jail Treatment Program through Compass Health
- Mental Health Court
- Wrap Around Children's Services through North Sound Mental Health Administration
- Skagit County Behavioral and Crisis Center (Chemical Dependency) through Compass Health
- Family Treatment Court through Phoenix Recovery Services
- Adult Treatment Court through Skagit Recovery Center
- Housing Stipends for Chemical Dependency clients
- Chemical Dependency Case Management Services through the Crisis Center
- Mental Health Treatment for Chemical Dependency clients at Phoenix Recovery Services
- Reserve Fund - transitional housing program under consideration

Chemical Dependency services are funded by the state in yet another separate program that subcontracts with local providers.

²⁰ North Sound MHA Acute Care/Crisis Planning Data Book NEW, Adults Ages 18+, FY2009 (July 2008- June 2009)

²¹ North Sound MHA Acute Care/Crisis Planning Data Book NEW, Adults Ages 18+, FY2009 (July 2008- June 2009)

Available Mental Health and Chemical Dependency Services include:

Outpatient Mental Health Services

- Crisis Line and Access Line – two separate phone lines offering triage and referral and dispatch of Designated Crisis Responder if necessary
- Skagit County Behavioral and Crisis Center – pre-treatment and stabilization beds
- Mental Health Court - judicial supervision during mandatory mental health treatment for non-violent offenders
- Jail Treatment Program – mental health services as needed while in jail
- Jail Transition program – mental health services for 90 days after release from jail
- Catholic Community Services
- Sea Mar Community Health Clinic
- Sunrise Mental Health Services
- Compass Health
- Community Wellness Program
- Veteran’s Administration
- Upper Skagit Tribe
- Swinomish Tribe
- Skagit Treatment and Engagement Program (STEP) – hard to engage/homeless population
- A few private providers who typically do not see Medicaid or uninsured clients

Inpatient Mental Health Services

- Skagit Valley Hospital – 15 inpatient beds for adults only (no children, adolescents, or geriatrics)
- North Sound Evaluation and Treatment Center – 16 beds for involuntary detention

School Based Mental Health Services

- Catholic Community Services – School-based counseling
- At Risk Intervention Services (ARIS) – case management for high risk youth
- Skagit Discovery – problem solving, decision making, and social skills for children with emotional, social and behavioral difficulty
- Parent Child Assistance Program (PCAP)

Other Services

- Peer Connections Center – a drop in center providing peer support, organized activities and education, and linkage to other services
- Secret Harbor and Foster Care Resources – residential placement and mental health treatment for children

Outpatient Chemical Dependency/Detox Services

- Phoenix Recovery Services
- Skagit Recovery Center
- Skagit County Behavioral Crisis Center – respite beds for sub-acute detox
- Family Treatment Court

- Adult Treatment Court

A secure detox facility located in Sedro Woolley was recently closed due to budget cuts.

Inpatient/Residential Chemical Dependency Services

- Pioneer Center North – 140 beds (Skagit County residents represent only about 10% of the patients treated here. Others are from throughout the region.)

Observation: In spite of what would appear to be a wide array of services, interviewees almost unanimously cite mental health services as the biggest gap and the biggest concern in terms of access to healthcare for the poor and vulnerable in the county. Everyone is very aware of recent losses in state funding for services and the elimination of several programs. This awareness seems to have translated into a belief that “there is simply nothing available”. Interviewees indicate that the few staff left to serve patients have such heavy case loads that they are unable to provide any truly meaningful help to patients. They also report that there is high turnover in counseling staff due to low wages. It is concerning that several interviewees who would normally be referral sources for these services seemed discouraged enough that it appears that they may no longer even be trying to access services for some patients because they believe the effort would be fruitless. Many interviewees do report positive impressions of the services at the Crisis Center (for both mental health and chemical dependency patients) and believe that more beds of this type would be useful.

Many interviewees report a perception that there are extremely long wait times for outpatient services at Compass, Catholic Community Services, and other providers. There is also a perception that if a client does get seen, they will likely only be seen once, then will be discharged to self management. Many interviewees seemed unaware of behavioral health services at Sea Mar. There seems to be little or no access to behavioral health services for uninsured individuals and little or no access to services that are non-emergent or non-urgent except for the Community Wellness Program.

The North Sound Mental Health organization is currently engaged in an evaluation of the crisis response system. Designated Crisis Responders report that they believe they are only able to procure the appropriate and needed services for about 10% of the patients they are called to see. Not surprisingly, this corresponds to a high number of complaints about the existing crisis response system to the Mental Health Ombuds.

There does not appear to be any entity or group that is seriously evaluating the “upstream” services that might prevent the progression to crisis for these patients (e.g. integration of behavioral health with primary care, supported housing and employment models, focused recruiting of non physician providers such as Psychiatric Advanced Registered Nurse Practitioners [ARNP’s], etc.) The planned residency program at Skagit Valley Hospital in partnership with the Pacific Northwest University of Health Sciences has the potential to positively impact this situation if a Psychiatric residency is offered and new model of practice are explored.

Improving access to behavioral health and chemical dependency services for the vulnerable populations in Skagit County will be one of the most important, most complex, and most difficult undertakings that must be considered by the Skagit Alliance for Healthcare Access.

Outpatient Prescription Drugs

The hospitals all write off some medications for low income patients who have an immediate need, and the pharmaceutical manufacturers’ patient assistance programs are accessed on behalf of some patients by case managers at Skagit Valley Hospital and United General Hospital and the Resource Center at Island Hospital. The emergency departments will also direct patients to the discounted retail programs at Wal-Mart or Target that offer some generic medications for \$4.00. The SCCAA has a very limited voucher program to pay for medications for people with critical needs and Sea Mar has a voucher program for homeless patients. Some physician practices dispense samples of name brand drugs and most direct low income patients

to the discount retail programs. There is a discount card available from the state for retail prescription drugs and the Northwest Regional Council assists clients with access to free drugs through a free website. There is no systematic approach to procuring free or discounted prescription drugs and no provider is using software programs that are available for purchase or licensure to maximize the utility of the manufacturers' patient assistance programs. Most notably, there is no outpatient 340B pharmacy program available through Sea Mar or any of the hospitals. This federal program provides access to steeply discounted prescription drugs for patients of qualifying clinics or hospitals.

Observation: Interviewees in general lacked much knowledge of access to needed pharmaceuticals for uninsured or indigent patients. Many were aware of short term solutions such as samples or medications obtained from hospital pharmacies on discharge, but many were unaware of how this need was met on an ongoing basis.

Case Management/Disease Management/Navigation/Chronic Illness Care

Though all three hospitals offer some public education classes on chronic illnesses and specifically some diabetes education programs, there are no robust chronic care management models in place that address care across the continuum, rather than just during an inpatient stay or other acute episode of care.

Sea Mar does offer a chronic care program that includes a care coordinator, health educator, and nutritionist focusing primarily on diabetes, asthma, and HIV. Sea Mar also offers a promotoras program that provides outreach and navigation to the Hispanic community.

The Northwest Regional Council under contract with the Department of Social and Health Services (DSHS), provides case management using both social workers and registered nurses to around 400 (Skagit County) nursing-home eligible clients (age 18+) who chose to have their long term care in their homes. Services available to these clients include assistance with personal care, support for activities of daily living, medical supplies and equipment, training for them and their caregivers, environmental modifications to accommodate any disabling condition, coordination of medical services, and advocacy. Under a successful pilot project (which will likely expand statewide) 15 medically-complex clients receive case management by registered nurses. All of the case managed clients are low-income and receive Medicaid healthcare coverage; however some long term care services are available on a different income and asset scale than pure Medicaid.

Publicly available data suggests a slightly higher incidence of stroke and diabetes in Skagit County than in Washington State as a whole.

Disease Measure ²²	Skagit County (total number of events or percentage)	Washington (average number of events or percentage)	Comparison
Coronary Heart Disease Mortality (WA State Death Certificates) 2003-2005	115	131	Lower

²² <http://www.doh.wa.gov/HWS/CD2007.shtm>

Disease Measure²²	Skagit County (total number of events or percentage)	Washington (average number of events or percentage)	Comparison
Stroke Mortality (WA State Death Certificates) 2003-2005	61	56	Higher
Prevalence of Adults Reporting Asthma (by percentage) 2003-2005	7%	9%	Lower
Prevalence of Adults Reporting Diabetes (by percentage) 2003-2005	7%	6%	Higher

Other Relevant Information

Skagit County has several additional resources that play an important role in the healthcare safety net:

Essentially all health care and social services providers interviewed had a strong understanding of how to facilitate enrollment into publicly funded coverage programs such as Medicaid, Apple Health for Kids, and Basic Health Plan. All hospitals have staff who work with patients to get enrolled before they receive services or while they are inpatients. It appears that there is an awareness of the importance of this function in multiple departments of the hospitals, not just the finance staff. Most interviewees report a positive relationship with the local DSHS office and that office is engaged in outreach efforts to promote on-line enrollment at multiple sites. These efforts are in line with best practices around the country that emphasize eligibility screening and facilitated enrollment as early as possible in the process of obtaining health care and being sure that wherever a potential patient first “touches” the healthcare system, they are directed into the screening and enrollment process. Health and social service providers and DSHS will want to assure that these processes remain robust and be prepared to expand them even further as health care reform creates new coverage options for millions of people. The most challenging populations may require more aggressive “facilitation” including assistance with transportation, data gathering, child care, translation and interpretation, and reminders for each step of the process. This is a fairly small segment of the eligible population and this kind of intense “navigation” is resource intensive, so would require strong cost/benefit evaluation before implementation.

SCCAA serves as an administrative umbrella organization for over thirty programs with a mission to foster and advocate for self-sufficiency among low-income people in Skagit County. Health programs include Maternity Support Services (MSS), Women, Infants, and Children Nutrition Program (WIC), and programs to assist with access to health insurance, dental care, eye exams, medical screenings, prescriptions, and eyeglasses. They are able to offer coordinated assistance among these programs and other social and human services programs such as housing, food, and crisis assistance. They also operate a regional Mental Health Ombuds Program, working collaboratively with the North Sound Mental Health Administration and its mental health service provider agencies on behalf of consumers who have a complaint against some aspect of the community mental health program.

There are several Senior Health Insurance and Benefits Assistance (SHIBA) programs in the county. Additionally, the Northwest Regional Council as the Northwest Area Agency on Aging operates the Skagit County Senior Information and Assistance program out of its Burlington

office. Older adults (60+) and their family members receive answers to questions about and assistance with healthcare access (Medicaid, Medicare, QMB/SLMB, medication assistance, physician access, oral and mental health access) and if necessary, home visits to assist with these issues. Their website, www.nwrcwa.org has a number of handouts and information of interest to older adults and their families. Last year the Skagit County office had over 1900 contacts for medical or mental health issues and anticipates 3000 contacts this year. They recently received a grant from the federal government to develop an Aging and Disability Resource Center which will provide support to individuals of any age in need of assistance with long term care. This will allow them to provide support and expertise to additional populations in 2011.

Island Hospital operates a resource center on their campus that stocks a wide variety of information and reference materials and is staffed by a social worker who assists people with accessing services.

The local United Way organization raises nearly \$1 million for distribution to thirty-two partner organizations. They also make funds available for emergencies, critical needs and innovative ideas.

Recent cuts to the Medicaid budget have resulted in decreased funding to reimburse medical interpreters. The local service providing these interpreters is prohibitively expensive for many providers.

Observation: In spite of all of the resources mentioned in this report, perhaps one of the most dramatic and consistent themes across all interviews was the lack of knowledge among interviewees of what health care safety net services were available and how to access or navigate them. Many times, the interviewer was in the position of sharing information about available resources that the interviewee was in a position to take advantage on behalf of their clients or patients, but was totally unaware of. There is also a significant amount of misinformation about some services, notably the Sea Mar Health Center, mental health services, and dental services. Few interviewees were aware of available resource guides produced by the Senior Information and Assistance program and by SCCAA or of the 211 information and referral service operated by the Volunteers of America. Few interviewees were familiar with the scope of the work of the United Way, or saw them as a potential leader of community-wide efforts.

Also notable was a general acknowledgement that there are particular challenges faced by recent immigrant populations (Indigenous Mexican and Eastern European) as well as specific concerns about Sea Mar Health Clinic's ability to serve a diverse population, but little or no evidence that there has been significant investment in cultural competence training or programming for health care providers.

Sustainable Funding

Skagit County is fortunate to have several sources of public funding that subsidize healthcare for residents of the county. These include two Special Purpose Hospital Districts supported by property taxes, one Special Purpose Hospital District supported by a taxpayer voted assessment on real property, the special millage passed in 2009 to support mental health services, and the presence of several RHC's and FQHC's that receive enhanced Medicare and Medicaid reimbursement and that are eligible for various federal grants to provide primary care and other ambulatory services. Washington State's Medicaid program provides free or subsidized coverage for children below 300% of the federal poverty level (FPL) and some adults below 75% of FPL. Washington also offers a subsidized Basic Health Plan that covers adults

below 200% of FPL, though enrollment in that program is currently frozen. The state Medicaid program also offers coverage to pregnant women below 185% of FPL. In spite of these sources, approximately 12,000 people or more than 10% of the residents of Skagit County lack health insurance at any given time.

Outcome Measurement Activities

While there may be some activities in each hospital or clinic that measure the impact of various programs there are no community-wide programs that measure the impact of efforts to improve access to healthcare or to improve the health status of the population.

RECOMMENDATIONS

Recommendations

Highest Priority Opportunities for Improvement

1. Create a system that assures that all residents, providers, and relevant agencies have current, accurate information about what safety net services are available and how to most effectively access them. Specifically:
 - Create an on-line and written resource guide, that is updated at least annually, perhaps in collaboration with 211.
 - Create a “map” or “decision tree” that describes the ideal healthcare safety net system and how to access it. The process should involve clarifying expectations and agreements among providers. This “map” can then be used by providers and other agencies to more effectively refer clients and assist them in navigating the system.
 - Implement an education campaign showcasing the resource guide and “map” to health care providers and social service agencies.
 - Implement a public awareness campaign that showcases the existing safety net system and increases awareness throughout the community of how to access services.
 - Evaluate the need for and feasibility of some form of “navigation” services.
2. Form a special task force (perhaps an extension of the existing crisis response system) to clarify existing mental health/chemical dependency services, eligibility criteria, and how to effectively access them, then move on to identifying options for expansion of ambulatory non-crisis behavioral health services. Explore models that integrate behavioral health with primary care, perhaps building on both Sea Mar and the RHC’s.
3. Form a special task force to create a plan to improve access to non-emergency care in late evening and weekend hours. This may include discussions that lead to some restructuring of the way primary care is now delivered in Skagit County. Options to be considered should include:
 - Expanding hours of existing clinics in a manner that expands access without creating unnecessary duplication or competition
 - Evaluating locations of urgent care services in terms of convenience for the targeted populations
 - Addressing the need for access for patients that are not currently affiliated with any primary care practice
 - Developing systems that connect patients to a permanent medical home for continuing care when appropriate
 - Offering a 24/7 nurse advice and triage service that serves the entire community and connects patients to the appropriate provider and services
4. Optimize use of Sea Mar. Specifically:
 - Form a task force to work with Sea Mar management and board to:
 - a. Develop a plan to address cultural competence issues and perceptions
 - b. Develop a public awareness/marketing campaign including expansion plans
 - c. consider 340B pharmacy services
 - d. consider possibility of future expansion to Eastern Skagit County
5. Form special task force to evaluate options to improve access to pharmaceuticals including possible centralized PAP program, Dispensary of Hope, and 340B.
6. Form a special task force to build on the current work being done to optimize the dental van services and identify further tactics including:

- Development of a new mobile service that is dedicated to Skagit County residents with a simplified approach to scheduling and expanded services. Consider building on Sea Mar dental services.
- Identify possible funding sources for permanent staff to augment volunteer staff.
- Evaluate options for expanding Swinomish services to serve patients who are not members of the tribe.

Other Opportunities for Improvement

(Tactics with a narrower impact or longer horizon to make an impact)

1. Implement community-wide cultural competence training for healthcare providers with emphasis on new immigrant populations. This could be a great opportunity for the three hospitals and Sea Mar to sponsor something together.
2. Identify a physician champion to work with specialist physician community around access to orthopedic care in the short term and possibility for a centralized referral process for all specialists in the future. A variety of models should be evaluated including the Project Access Model, Volunteers in Medicine Model, and other approaches.
3. Develop special task force to begin a long range planning process for ambulatory healthcare and social services in the eastern Skagit County communities. Include existing providers of service, city and county government representatives, and Sea Mar representatives.

Issues that were mentioned by a few interviewees but that are of lower priority for action either because they are more limited in scope or are less likely to have a high impact solution that can be implemented by SCAHA include:

1. Transportation for needed healthcare, especially for residents from eastern Skagit County, for medical appointments in Bellingham, Everett or Seattle, and for large families that all need to travel together due to lack of child care.
2. Health literacy encompassing both an understanding of what constitutes appropriate use of health care and how to navigate the healthcare system.
3. Personal responsibility for health including wellness and preventive activities.
4. Services for undocumented senior citizens or those with complex healthcare needs.
5. Eye exams and glasses, particularly for adults – some resources are available on a case by case basis, but no organized system for accessing.
6. Chronic Disease Management/Case Management programs.
7. Addressing a broader “Cycle of Poverty”, “Generational Poverty” issues in east half of county.

Any tactics chosen for action should include a plan that identifies the desired outcome and a method for measuring progress toward the desired outcome

Structure

Providing the most effective and efficient healthcare to all residents of Skagit County is far too complex and far too important a task to be left to individual agencies and organizations, each developing their own independent business plans and strategies. The collective available resources are too scarce to allow for any duplication of effort or unnecessary or wasted effort. Skagit County currently possesses a strong healthcare infrastructure, and while there is some unmet need, it does not yet approach the crisis situation seen in other American communities.

Organizing and Prioritizing Entity

In this situation, a coalition such as the Skagit County Alliance for Healthcare Access can have a tremendous impact by acting as an organizing and prioritizing entity without the need to deliver direct services. The coalition can develop a prioritized work plan, identify necessary resources, collectively pursue funding for the work plan, and develop a measurement plan while working through the existing member organizations for direct service delivery.

High Level Visible Commitment

National best practices in collaborative community efforts to improve access to healthcare indicate that one of the critical success factors is a highly visible, passionate commitment by the highest level leaders in the community. In Skagit County, this would include the hospital CEO's and key local and county elected leaders. This group should serve as an oversight group, approving priorities for action, monitoring progress, and maintaining accountability for outcomes. Specific tactics should be delegated to working task forces as described above, created out of the existing Skagit County Alliance for Healthcare Access.

Dedicated Executive Director

National best practices also indicate that another critical success factor in this type of work is having a dedicated leader whose sole responsibility is assuring progress on the priorities for action, organizing and coordinating task forces, identifying funding sources and applying for funds, and assuring outcome measurements that demonstrate the impact of activities. (See Attachment B for sample job description.) To accomplish all of the recommendations in this report over a period of two - three years, the position should be full time. It would be possible to begin the work on no more than three of the recommendations with at least a half time position, but recruiting the best candidates may be more difficult. These positions have a salary range nationally of \$60,000 - \$125,000, though to attract a leader with enough experience to interact effectively with other community leaders, salary is likely to be in the middle of this range or higher.

High Payoff Tactics First

Finally, national best practices indicate that community coalitions experience the most success when tackling the simpler, lower cost, lower risk, and higher payoff tactics first. Building on early wins and demonstrated success, they are then positioned to tackle the more difficult, time consuming, controversial, or costly tactics having built the commitment and will of the community to move forward with the work.

Taking these best practices into account, a possible structure for this work is described on the chart in Attachment C.

Funding Resources

There are some national entities interested in seed funding for the expansion of access to medication, medical homes, mental health services, dental services, and other healthcare services to low-income uninsured adults. However, it is routinely demonstrated that the best source of seed funding for such initiatives are local public, philanthropic, and corporate stakeholders. As such, leaders involved in the formative work in collaborative planning should target the bulk of their fund development work toward local investors. Aside from local philanthropic organizations, investors that have the most to gain from a redesign of the healthcare safety net (such as: area hospitals, medical societies, county and state government, community entities, and area businesses) should be a starting place for seed funding requests.

The following are among the national and regional sources of seed funding for local collaborative development effort:

- Rural Health Planning, Network Development, and Outreach Grants. Rural Health Planning, Network Development and Outreach Grants provide funding to help rural communities strengthen their healthcare safety net. Grants support rural providers for one to three years who work together in formal networks, alliances, coalitions or partnerships to integrate administrative, clinical, financial and technological functions across their organizations. For more information, please visit: <http://ruralhealth.hrsa.gov/funding/>
- Pharmaceutical manufacturers' corporate responsibility and foundation giving programs. Though program focus may differ, most major drug manufacturers have community investment dollars available through grant, award and partnership programs. The program application processes and requirements differ greatly. For assistance finding and applying for pharmaceutical manufacturers corporate responsibility and foundation giving programs, solicit the assistance of area pharmaceutical manufacturer representatives.
- Insurance company foundation giving programs. Many health and dental insurance companies have community investment dollars available through grants, awards, or partnership programs. These are often specific to the market or service area of the company.
- The Nathan Cummings Foundation Health Program Grants. The goal of the health program is to improve people's health and well-being, especially those who confront barriers due to low- to moderate-socioeconomic status, race, ethnicity or gender; recognizing the link between physical health and the economic, social, environmental, psychological and spiritual factors that affect individuals, families and communities. For more information, please visit: www.nathancummings.org/health/index.html
- The Northwest Health Foundation Fund II. This Northwest Foundation is interested in the idea of comprehensive community redesign of safety net healthcare programs. Their fields of interest specifically include healthcare for economically disadvantaged and immigrant populations.

The Foundation Center (www.foundationcenter.org) website lists a total of three private and family foundations in Skagit County that list a field of interest in healthcare.

Other Useful Websites

- HCAP Web site – www.bphc.hrsa.gov/cap
 - HRSA/HCAP Technical Assistance
- CJA – www.cjaonline.net
 - Return on Community Investment Primer
 - Pharmacy Primer
 - Business Plans
- Project Access – APAN – www.apanonline.org
- HRSA – www.hrsa.gov
- Healthy People – www.healthypeople.gov
- Volunteers in Medicine Institute – www.vimi.org
- Dispensary of Hope – www.dispendaryofhope.org
- AHRQ – www.ahrq.gov

- ACHI – www.communityhlth.org
- Case Management Society of America – www.cmsa.org
- Health Disparity Collaborative – www.healthdisparities.net
- National Quality Forum – www.qualityforum.org
- Institute for Health Care Improvement Triple Aim Initiative – www.ihl.org
- Cross Cultural Healthcare Program – www.xculture.org
- Software Products
 - RxAssist Plus – www.rxassistplus.com
 - www.meddataservices.com
 - PW Health – www.pw-health.com
 - iReach – www.infocomsystems.com
- Web Sites
 - www.needymeds.org
 - www.pparx.org
 - www.rxassist.org

Attachment A
Interviewees for SCAHA Assessment Report

Anacortes Dentist	Phillip Madden DDS Linda Madden
Anacortes Family Medicine	Suzanne Harris
Anacortes Senior Center	Sally Hill
Catholic Community Services	Roger Kelly
Compass Health	Pam Hutchinson Janet Cunnisse
Concrete School System	Renee Kennedy – counselor Anna Page
Department of Health and Human Services	Lonnie Dalrymple
East Valley Medical Center	Dan Garcia, MD Gloria Schiszik Joni Gaffie Emily Garcia
Friendship House	Mary Kay James
Group Health Cooperative	Kris Atkins Roben Selditz Roberta Coletta Carrie Malmberg Brian Burch Laurie French
Hispanic Multidisciplinary Team	Jocelyn Palmer-Perry Peter Sanderson Diane Morton Jim Justice Dulcy Scigliabaglio-Trujillo Luz Maria Cabrera Cassandra Lopez Tommie Yturalde Claudia Avendaño Palomera Steve Schultz Sara Andaluz Donna Rieper Nina Boudinot
Hospice	Susan Edwards
Hospice	Barbara Lancaster
Island Hospital	Vince Oliver
Island Hospital	Dennis Richards
Island Hospital – Resource Center	Aubre Adams, LCSW
Island Hospital – Senior Services Volunteer	Ann Giboney, RN

Island Hospital Teen Clinic and Pre Natal Program	Nora McMillan, ARNP
Medical Information Network – North Sound	Mark Quenneville
Mount Baker Planned Parenthood	Cherie Stutesman
Mount Vernon High School	Cheryl Hughes, RN
Mount Vernon Manor	Deborah Moscovitz
North Cascade Family Physicians	Anita Meyer, MD
North Sound Mental Health Administration	Chuck Benjamin Greg Long
Peer Connections	Eve Brown
Sea Mar – Mt. Vernon	Erika Gaona - Chronic Care Coordinator
SeaMar – Mt. Vernon	Ellen Rak, MD
SeaMar – Mt. Vernon	Mary Lou Martinez
SeaMar – Homeless Program	Colleen Pacheco
Sea Mar - Seattle	Carolina Lucero
SHIBA	Lola Ellestad
Skagit Community Foundation	John White
Skagit County Administrator	Tim Holloran
Skagit County Commissioner	Ken Dahlstedt
Skagit County Commissioner	Ron Wesen
Skagit County Commissioner	Sharon Dillon
Skagit County Community Action Agency	Karen Parnell Bill Henkel
Skagit County Community Action Agency	Bobby Kysela Annette McDonald Wende Dolstad Melissa Self Tommie Yturalde Carmina Villalobos Chuck Davis Kim Olander Robert McCracken Mary Laureano Rachel Mehl Nina Datskiy Kim Olander
Skagit County Public Health Department	Peter Browning Linda Albert, RN Jennifer Kingsley Rebecca Clark
Skagit County Sherriff's Department	Greg Adams Don Marlow

Skagit Valley College – Allied Health and Nursing and Skagit Valley Hospital - ED	Rory Rochelle, RN, PhD
Skagit Valley Hospital	Diane Morton
Skagit Valley Hospital	Gregg Davidson
Skagit Valley Hospital - ED, Skagit County Jail Health, Pioneer North	Howard Liebrand, MD
Skagit Valley Hospital, Case Management	Corin Schneider
Skagit Valley Hospital, Case Management	Kathryn Kay
Skagit Valley Hospital, ED	Kirk Brownell, MD
Skagit Valley Hospital, Healthy Communities Project	Liz McNett Crowl
Skagit Valley Hospital, MD Recruiting	Spencer Vaden
Skagit Valley Medical Center	John Bond, MD
Skagit Valley Medical Center	Larry Thompson
Skagit Valley Medical Center	Morris Johnson, MD
St. Paul's Episcopal Church	Rev. Jo Beecher
Swinomish Tribal Health Services	John Stephens
Tierra Nuevo	Emily John-Martin
United General Hospital	Greg Reed
United General Hospital	Betty Borland – Quality/Utilization Joyce Cole Lynda Freeman
United Way/Healthcare Consultant	Marie Erbstoerzer
Veteran's Administration Clinic	Katie Novak John Parks
Whatcom and Skagit Dental Society Access Committee	Darcie Morris, DDS
Washington State Nurses Association	Sally Herman, RN
Washington State Nurses Association	Julia Weinberg, RN