

The purpose of Redwoods Rural Health Center is to provide responsive, preventive, high quality primary health care services, through a variety of healing disciplines, to all people without regard to social or economic status. We emphasize the client's right and responsibility to participate in his or her own health care decisions. It is our hope that the clinic be a place where the needs of the whole person are met—body, mind, and spirit.

Special Board Meeting of the Redwoods Rural Board of Directors

December 15, 2009

At the Meeting Room at the clinic in Redway

6:00PM

RRHC Board Present: Thad Horner, Shelby, Shon Wellborn, Janet Fitzgerald, Rick Silva, Kathy Epling

RRHC Board Absent: Carol Lee (out of the country); Sydney King (at an event in Eureka previously committed to); Pamela Moore

RRHC staff present: Anne Staunton, RRHC Executive Director; Jeanie Eldridge, RRHC CFO; Tawnya Carr, RRHC patient advocate; Wendi Joiner, RRHC medical director

There was only one item on the agenda for this meeting, which was to discuss board concerns and questions about access to care in light of the mission of RRHC.

Wonderful snacks had been thoughtfully provided (thanks, Anne)

The group launched into quick discussion mode even before everyone was seated, as Anne Staunton passed out the current Sliding Scale Fee policy, which had been revised in July of this year.

The questions on the table (or on the minds of some board members) were varied and discussion was free ranging, passionate, but respectful.

Anne noted that the topic of sliding fee scale and service area were considered by Tim Rine of the Northcoast Clinic Network (whose meeting she will attend tomorrow) as quite the hot topics.

Kathy tried to frame the concerns of the board and community concerns coming to the attention of the board.

There is a concern about impoverished people in need of care who happen to be in the area at the time that they need care: technically out of the service area, because they reside elsewhere (or nowhere). The board has received reports of these people being told that they are not eligible for sliding fee scale adjustments. The board recognizes that this is what the current policy calls for—the current policy limits use of the sliding fee scale to people within the service area.

However, Kathy wondered how that is defined. Does someone living here part of the year reside within the service area? And what about travelers? And what about those with no abode beyond the nearest hillside?

Anne felt that the need to limit use of the sliding fee to those within the service area only (and with a strict definition of that) is something mandated by the Bureau of Primary Health and that such limits are adhered to by all other FQHCs

Janet believed, from calls to people working at other clinics, that this might not be so. Her research has led her to believe that 5 clinics along the Northcoast do not limit the adjusted fee schedule benefit to those able to prove residence within the given service area.

Wendi was uncomfortable with statements that people were being “denied service”; she emphasized that of course we want to take care of everyone; of course we want never to turn away people, but that sometimes, by our policy, those people might not be eligible for discounted care.

Janet felt that, if one were impoverished, not having access to the sliding scale would mean going without care.

Thad wondered how many people are involved in this, how many from out of the area would want to be seen and qualify for sliding fee. We don’t, at this time, have a way of ascertaining this.

Tawnya spoke to the process of establishing eligibility, and particularly to Kathy’s concerns about those who are on the street. All is done with respect and in confidentiality.

The group realized that we need to know exactly what the FQHC regulations are; Anne will ask our project officer and bring the information to the board.

Kathy wondered if perhaps the clinics along the north coast, all of whom are dedicated to the mission of caring for people throughout the communities, perhaps might consider some sort of mutual care arrangement; we already know we have clients coming here from elsewhere and we know that many local people travel to Open Door to see doctors they like there; perhaps there is a way to formalize this?

Shelby felt it very important that the group realize that we, the board, sets the service area boundaries and that in fact we changed those boundaries when Wendi joined us to make certain her many devoted Fortuna clients could come see her at RRHC.

Another area of concern discussed was the situation of unaccompanied youth. Kathy has been approached by the youth service bureau worker with questions about this. Kathy (and the rest of the board) were told that if the youth in question has a signed parental consent form on file, that youth may come in for services on his or her own.

The youth service worker is eager to facilitate connections between the youth in her case load and the health center, so that these individuals understand they have medical (and behavioral health and dental) resources at RRHC even after they are 18.

A third area of concern was what insurances RRHC accepts; the board has gotten feedback that various insurances are not taken at RRHC (such as Anthem Blue Cross); the board was assured RRHC takes virtually all insurance.

Janet wished to ascertain if patients could be seen without paying cash up front. While the policy is to collect at time of service, yes, clients will be seen if they are unable to pay. However, clients with outstanding balances currently must be seen only on a prepay walk-in basis.

There was some discussion of this, with a suggestion that perhaps these clients might be permitted to make appointments but told they must pay up front plus a bit on the outstanding balance.

There was also discussion on when clients (and which clients) are asked for identification.

Rick reiterated that we need to know what the true regulations are, and that then we can, as a board (and with input from the staff) discuss how best to care for everyone who needs us, whether that is through special fundraising or through other means.

The board thanked the staff present for their helpful input and wanted the staff to know that in no way is the board blaming or criticizing staff; the board is simply concerned with trying to figure out the best way to follow our mission to give care to those in need of it, regardless of social or economic or gender status.

At around 7:05PM the group disbanded, wishing all who were traveling safe and careful journeys, and thanking all for attending.

Respectfully submitted, Kathy Epling, RRHC board secretary

