

Strategic Planning

San Juan County Public
Hospital District #3,
Orcas Island Hospital
District

Conversation on Goals
September 1, 2022



What the data is telling us:

- The District today has nearly 5,900 residents, of which one-third are over the age of 65. Over the past 10 years, the population under the age of 64, contracted by more than 6% while those over the age of 65 grew by 63%. Between now and 2025, nearly 100% of the growth is expected to be in the 65+ demographic.
- The highest volume outpatient procedures include: PT, Outpatient Surgery/Procedures and Diagnostic Imaging.
- Assuming 100% of residents stayed locally for care, the community needs about 4 FT primary care providers— but likely more, with after hours, urgent, etc.
- Including psychiatrists, NPs, counselors, social workers Approximately 10 behavioral health (mental health and substance use providers can be supported)

What the community engagement is telling us

593 surveys completed. This represents more than 20% of all Orcas Island Households and more than 10% of all Island residents, and 60+ in listening sessions and 1:1.

Community survey - Key Takeaways

- **There are real differences in the three age groups comprising the Island's households. The notable differences are between households with children and households with only 65+. These differences appear to impact access to care generally, and use of local primary care in particular.**
- Demographic/insurance and primary care differences include:
 - 8% of 65+ households only are non-white versus 24% of households with children.
 - 4% of 65+ households speak a language other than English at home, versus 16% of households with children.
 - 97% of households 65+ have Medicare, and 39% of the children in households with children have Apple Health.
 - 5% of all households reported that at least one member in the household was uninsured. In households with children this number is 11%.
 - 90% of households 65+ report having a primary care provider, in households with children, that number is 57%. Further, households with children are least likely to use local primary care.
 - Households with children were much more likely to identify not feeling welcomed, lack of insurance, high deductibles/costs in general and difficulty scheduling and wait times for an appointment as the reasons they go off island.

Community survey Key takeaways

- **The historic turnover of providers and previous provider relationships are the top reasons that respondents reported receiving primary care off Island.** Again, there are differences by age: 25% of households 65+ reported too much turnover as a reason versus 14% of households with children, and 27% of households 65+ reported a prior relationship as the reason, versus 13% of households with children.
- **Urgent care is needed frequently, and 78% of all respondents thought that the reason they last needed urgent care was for something that a primary care clinic should be able to handle:**
 - Households with children were more likely to have needed urgent care compared to households 65+ (65% versus 36%). They were also least likely to get that care on-island (41% versus 56%)
- **Urgent care, primary care, PT, imaging, lab and hospice were the services deemed most essential to be provided on Island. Households with children also identified transportation, pediatric dental and behavioral health as high needs.**
- Most seniors and caregivers of seniors reported that they did not need additional services to age in place at this time; at the same time 82% of all respondents reported that they were aware of individuals that had to move off-Island in the last several years because the long-term care services they needed were not available locally.

Listening sessions
and 1:1
conversations.
Nearly 60
participants .

- Primary care turnover, and its impact on continuity and access are top concerns.
- After hours, weekend and walk-in access is universally important. Some offered that Island Hospital does provide 24/7 phone access, but not well understood.
- Largest perceived local service gaps: Behavioral health, women's health, congregate housing to support aging in place.
- For Families with Children: pediatrician, pediatrician Pediatrician! Pediatric dental as well, after hours availability
- For lower income families/uninsured: sliding fee scale, more time in diagnosis/warm handoffs.

Themes to consider in drafting goals:

- ISLANDERS HAVE ACCESS TO PRIMARY CARE INCLUDING PEDIATRICS, WOMEN'S HEALTH AND BEHAVIORAL HEALTH
- ISLANDERS HAVE, AND KNOW HOW TO, ACCESS URGENT/AFTER HOURS ACARE
- LOCAL HEATH CARE IS EQUITABLE, AND LANGUAGE, INCOME, ABILITY TO PAY AND/OR RACE/ETHCIITY HAVE NO IMPACT ACCESS OR CARE DELIVERY
- PRIMARY CARE PROVIDERS LIVE LOCALLY AND STAY IN THE COMMUNITY
- COMMUNITY WITH THE CLINIC IS EASY, FIRIENDLY, INFORMATIVE AND TIMELY.
- DISTRICT TAX SUBSIDIES TARGET AREAS OF HIGHEST NEED, AND "ROI" METRICS ARE ESTABLISHED, REVIEWED AND DISSEMINATED TO THE COMMUNITY.
- SENIORS HAVE SUPPORTS TO AGE IN PLACE.