

**Summary Report of the VIM Board of Directors Off-Site Board Meeting**  
**“Challenges and Changes”**  
**Country Club of Hilton Head – Hilton Head Plantation**  
**October 8, 2019      1:00 p.m. - 4:30 p.m.**

*This, the third annual Off-Site Board meeting, is particularly important for it has been designed to educate us, to sensitize us to the routine hardship and impediments suffered by patients without means in today's world. Being exposed to these truths is only the first step. Responding, putting measures in place to ensure uninterrupted delivery of the highest quality of patient care, is truly what matters. As Board members, no one would question our dedication and commitment to Volunteers in Medicine. One of the goals of today's session is to expand on those assumptions, to shed light on the unfiltered, sometimes gut-wrenching obstacles for those who provide care and those who receive it.*

*This journey of enlightenment began prior to the meeting by viewing a video narrated by Dr. Mitchell Katz who is well-known in the healthcare industry. The video “Why Health Care isn't working for the Poor” is an uncanny reflection, a mirror image of sorts, of the challenges our patients and those with similar circumstances, experience each and every day when seeking medical services.*

*Regardless of our role on the Board, it is our hope that the shared responsibility as advocates will be strengthened by what is presented today.*

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**Participants:**

**VIM BOD**

Lynn Jennings Taylor, Chair, Ned Allen, Honorary Board Member Kay Bangs, Joseph Buckingham, Morris Campbell, Dedria Cruden, Frederick Hack, Michael Hall, Miriam Hernandez-Cruz, Honorary Board Member Mary Ellen McConnell, Linda Meir, Paul Moeri, Marion Payne, Marc Puntereri, Robert Sable, Charles Sampson, Joseph Scodari, Steven Siegelbaum, MD, Patrick Snowman, MD, and Andi Argast

**VIM Staff**

Raymond Cox, MD, Julie Copp, Nena Balzola

**VIM BOD Absent**

John Anderson, Ric Gorman, Randy Light, Robert Lindsey, DDS, (Ex-Officio) Alan McCollough, Michael Pasquale, Julie Tome, DDS

**Welcome and Opening Remarks      Lynn Jennings Taylor, Board Chair**

Lynn welcomed all participants. She advised the Board that the Country Club of Hilton Head very generously waived expenses normally associated with the use and set-up of the room as

well as the cost of the service staff. After reading the Mission and Vision statements, she also expressed gratitude for our VIM founders who refused to accept the status quo in healthcare and who, with determination and perseverance, made their dream a reality.

Lynn commented on the Dr. Mitchell Katz Ted Ex which made it abundantly clear how the safety net most of us rely on, particularly in situations relating to our health and general well-being, is non-existent for many of our patients. In light of this, assumptions we make regarding our patients are often laden with inaccuracies. It is imperative for us to meet our patients where they are, and the more we understand and accept this, the more effective we will be as a Board. Given the importance of this dynamic, a suggestion was made to incorporate the Dr. Katz podcast into the (mandatory) Volunteer Orientation session.

The podcast, as expected, stimulated thought and conversation especially regarding our connection with other non-profits that could potentially help to address....and maybe even alleviate.....issues associated with food insecurity, homelessness, transportation, language challenges, deportation fears. Dr. Cox shared that we are working informally with other organizations such as Deep Well and Neighborhood Outreach. Although our relationships are strong, these efforts still aren't enough to overcome the multiple problems many of our patients face routinely.

Following Lynn's remarks, the Board viewed a powerful Physician Volunteer Testimonial Video.

#### **Ice Breaker**

#### **Marion Payne, Facilitator**

As she has so skillfully done at our previous off-site meetings, Marion once again served as the Ice Breaker facilitator. We are grateful for her creativity, and her ability to set a positive, participatory tone.

#### **Overview of the FY 2020-24 Strategic Plan**

#### **Joe Scodari, Board Vice-Chair**

Much of last year's off-site meeting was devoted to presentation and discussion of the 2020-2024 Strategic Plan. (Adoption occurred at the regular Board meeting in December 2018.) Joe served as the project lead for the plan and, at today's meeting, he provided a brief review of the plan framework based on four Strategic Imperatives. He stressed that in order to meet (and exceed) what is outlined in our Mission and Vision Statements, we can never lose sight of the action items identified in each Imperative. Today's focus on the first Imperative is fundamental to who we are...

#### ***Provide quality care in defined areas to improve patient outcomes***

#### ***In a Patient centered culture of caring***

Key performance indicators ensure that quality can be measured.....objectively... not simply because we wish it to be so. The process involves continuous review of what we do, tracking our results against national standards (set by relevant quality associations). Clinical examples include blood pressure management, diabetes and weight control and timely mammogram screenings and follow-ups particularly for at risk patients. We owe this quality commitment, first

and foremost, to our patients and also to our “stakeholders” (donors). As an aside, from a grant perspective, more and more grantors want to see the specifics, the *facts*, regarding how their \$’s are being spent in order to make a difference.

Following Joe’s presentation, a dental patient testimonial video was shown. Life for this particular patient “turned around” when she was “given back her smile” after receiving care in the Dental Clinic.

### **Patient Quality Care Review**

*It is the responsibility of the VIM Staff to deliver high quality patient care. A factor not to be overlooked in making that goal possible is the extended length of service for a number of our staff. Longevity is rare in today’s employment environment and, in the case of the clinic, a direct reflection of the dedication to our patients (and to the mission of VIM). Going above and beyond the call of duty is the rule rather than the exception. The presentations that follow were provided by two of VIM’s key employees who possess uncanny insight into the history, pain, struggles and hopes of our patients.*

#### **Patient Quality Care - Nursing      Julie Copp, Director of Patient Care**

##### **“Who They Are, How They Live, Why They Need Our Clinic”**

As a backdrop to her message, Julie capitalized on the principle of “a picture is worth a thousand words”. She put this to excellent use and very effectively communicated what it means to be in need of and to receive medical and dental services at Volunteers in Medicine. Fifty or so slides were shown and, as they were viewed, the Board’s understanding grew....for some, less familiar to date with what goes on in the clinic itself, this was truly eye opening. Julie provided the background information to each slide. Without knowing the actual names of the patients in the photos, we were introduced to them and now know them on a new level. Julie stressed how the connection between homelessness and food insecurity and health is all too real. The ever-present fear of losing one’s home (even if it’s a dilapidated trailer) due to unpaid taxes or to be forced to decide between food for the family or a life sustaining medication are conditions that are chronic and tremendously threatening. And patients share this because there is palpable trust between them and our staff. The clinic is a safe haven, a sanctuary of sorts where relationships are built sometimes in support groups, routinely in one on one interactions, but always unfailingly and touchingly powerful. As Julie said, in light of significant obstacles, our patients are “strong and brave and courageous”. And they are *family* and treated accordingly.

#### **Patient Quality Care - Surgery      Nena Balzola, Patient Navigator & Office Manager**

Nena’s job description has two distinct sets of responsibilities: 1) those of Office Manager with a broad range of traditional and less traditional duties associated with a position of this nature and 2) those of the Patient Navigator, a far reaching, more difficult to define, title. Both roles involve a sophisticated juggling act, maintaining a delicate balance of human and financial resources.

As Office Manager, in addition to a long list of the “everyday” duties ....e.g. ordering of supplies, overseeing building maintenance, ensuring contracts are current and bills paid,

translating when the need arises, Nena shared the good news story of how a group of our patients stepped up to the task of cleaning the clinic and, by doing so, routinely save VIM thousands of dollars each year. The highly successful / profitable Latin Food Festival, an annual event Nena assisted with (and Board member, Miriam Hernandez-Cruz chairs), serves as another example of patient volunteers (3-4 hundred this year) giving back and demonstrating their gratitude to the clinic.

Although VIM is a multi-discipline clinic, it has limitations. As Patient Navigator, Nena reaches out to the broader community when patients require tests and surgeries beyond the scope of the facility. Mildly stated, this can be a challenge. Since there isn't unlimited funding (separate incidentally from the operating budget), patients are classified....prioritized.... in order of need. Using Medicare as a negotiating baseline, reduced rates must be set with local physicians and other providers. Patients are interviewed to determine what is affordable based on their living situations. There is no clear road map as each case is different and dependent upon objective and subjective factors. Affordability for one patient is not necessarily true for the next. On average, 25% of the reduced, negotiated, cost is born by the individual patient. Ultimately, the program goal is to find the best possible alternative for each patient. Due to financial constraints, not all patients can receive treatment in spite of a concerted effort to do so. Currently, there are 60 patients on the waitlist.

The chart below is a helpful resource in determining overall VIM eligibility (a necessary step before consideration and evaluation in the surgical program)

200% of Federal Poverty Guidelines

Family Size	Income
1	\$24,280
2	\$32,920
3	\$42,660
4	\$51,500

The VIM Board consists of twenty-five members who care. It was no surprise therefore when concern was raised at the completion of Julie and Nena's presentations as to who and / or what *beyond VIM* is out there...in the community.... ready and willing to lend a helping hand to our patients. What resources exist? The Deep Well Project with its holistic approach is an obvious go-to organization. As a source of emergency assistance, it provides "a hand up, not a hand-out". More than just a source of food (although this is huge), pending vetting, it can also help on a number of fronts including rent payments, furniture, school uniforms and daycare. Deep Well volunteers can make access to a client's residence possible by building disability ramps. St. Francis is another possibility when assistance is needed. Help with an electric bill or rent is available on a limited basis. First Pres also helps in specific areas. None of this is to suggest there is a well-defined safety net, an extension of what we do from a medical perspective. The harsh reality is some will fall through the cracks but, in spite of this, Hilton Head's reputation as a caring community is still well-deserved.

## **Process Improvement / Architectural Update      Ray Cox, MD, Executive Director**

Before Dr. Cox began his formal report to the Board, he commented on the *Institutional Memory*.. the wealth of knowledge and know-how..... that Julie and Nena have gained after extended employment with Volunteers in Medicine and daily interaction with its patients. Even the most comprehensive job descriptions are hard pressed to capture the value and impact of historical perspective. We appreciate it because we see it in action routinely and accept it as a matter of indispensable, indisputable fact.

When the Affordable Care Act was signed into law back in 2010, a question circulated regarding whether or not organizations and facilities that provided “free” care would still be needed. Nine years and endless discussion later, the answer is unequivocally “yes”. Dr. Cox showed several slides all of which reinforce the idea that the need for VIM is not going away. Located smack in the middle of one of Hilton Head Island’s pockets of poverty, our patients reside in a county where the cost of living (and what it takes to be self-sufficient....earning \$18.43 / hour) is the highest in the state of South Carolina. The stress of the constant uphill battle with and against life’s hurdles has significant impact on health (studies reveal a life expectancy ten years less than standard stats) resulting in an increased need for care. Whether such care is a *right* or a *privilege* is a philosophical debate for some but less so for us as Board members who are committed to the principles of our Mission and Vision statements.

Dr. Cox provided a very comprehensive review of clinic operations, its challenges and the recent changes either in place or currently under review in an all-out effort to successfully meet those challenges. Process Improvement is broad.....no stone left unturned.....utilizing the Pelham report (Spring, 2019) as the basis of a wide-ranging exercise to implement positive change. Situations in need of a solution include too many patients for clinic sessions (the “walk-in” dilemma in particular), missing charts (primarily due to a complex flow system), screening, better use of technology, staff and volunteers. Process feedback has been solicited from multiple sources and all input is given consideration. Staff and volunteers alike routinely express concerns about the lack of privacy for taking vital signs and charting.

Repeatedly, EMR, intended to be the single source of truth, presents itself as an issue requiring priority attention. Several alternative systems (Athena, E-ClinicalWorks, Practice Fusion) are being studied and look promising. All options under review easily meet the clinic’s reporting criteria, a significant failure of the current technology. There may be a possibility that we could acquire a new system free of charge as this has been the case for other free and charitable clinics. The actual cost of migration is anticipated to be approximately \$20,000.

Work has been done to produce a more structured, consistent VIM Physician / Clinician Orientation. New volunteers will have a very hands-on approach with Credentialing and once materials are submitted will attend an expanded orientation presentation, will meet with the Physician Coordinator, the Medical Records Manager and the Director of Patient Care. Solo assignment will occur after at least two shadowing experiences followed by a chart review and a meeting with Dr. Cox after a specified time.

It is always of interest to be aware of our Clinician demographics (not infrequently one of those questions asked of Board members). The provider numbers have remained fairly stable. The results of the most recent review show that we have 137 clinicians including 86 physicians representing twenty-two specialties, 24 dentists and a group of 25+ practitioners with diverse professional backgrounds that together strengthen our clinic services. The average age of our physicians is 74.45 years with an average length of service of 8.24 years.

Even with a very enviable list of specialties, it is not always possible for VIM, due in large part to its very nature (e.g. volunteer driven and schedule dependent), to meet a patient's presenting needs. We are not unique in experiencing this medical service limitation / void. Hence, the 2015 creation of the MAVEN Project (Medical Alumni Volunteer Expert Network) whose goal it is to serve as an online resource. MAVEN is active at eighty sites in nine states and is currently in use in the Barrier Islands VIM. This could eventually prove to be a beneficial outreach worthy of future exploration.

The focus on Process Improvement has shed new light on several areas, one of which is the need to reconfigure clinic space. This was voiced over and over again by Staff and Volunteers. VIM has had the good fortune to work with an architect who volunteered her time and services to make design changes. These changes, which will be implemented with minimal interruption of patient care, are intended to support more efficient flow of patients and their charts, ensure easier access to the pharmacy and, most importantly, to create areas (outside the hustle-bustle of clinic activity) to take vitals, chart input, carry-on private conversations. Project cost was not available at the time of this meeting but the ballpark ceiling is between \$100-150,000. Given the age of the complex, the plan as it now stands will allow us to make limited but impactful structural changes which will ease overcrowding and provide needed privacy for sensitive discussions. It will ensure we have proactively made improvements that are consistent with our goals to provide quality patient care over the next four to five years. This softer approach seems financially wise versus facing the far-reaching impact and unknowns associated with a capital campaign.

#### **Group Discussion**

#### **Lynn Jennings Taylor, Board Chair**

Lynn offered brief remarks to close today's session. The Staff advised us of the complex life *challenges* our patients face not only from a medical standpoint but also as our neighbors in the extended community. We can't adequately provide the kind of care that is deserved without having an understanding of the *whole* patient. Dr. Cox introduced the Board to critical *changes* occurring now and on the immediate horizon. These hopefully will allow us to continue to uphold the care standards we have come to expect from VIM. Lynn stressed the interdependency.....a three-legged stool analogy concerning Process Improvements, reconfiguration of the physical plant and electronic medical records.....described in detail today. Again, the Board was reminded that the Strategic Plan is a *living* document, an invaluable resource, when setting future direction.

Following Lynn's closing remarks, a Lay Volunteer Testimonial Video was shown. Not all volunteer roles require medical knowledge. The VIM team depends on a pool of willing hands with a variety of skills. The common denominator is commitment to the cause.

**Special Thanks to Kayla Westerbaan for providing outstanding Administrative Assistance!**

Report Respectfully Submitted by:  
Andi Jackson Argast  
10/28/19

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