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**Kip Tulin, MD**  
*Medical Director*

**Rose Gibbs, RN**  
**MHA/MPA**  
*Clinic Director*

**Larry Germain, ARNP**  
*Chronic Healthcare Clinic*

**Marian Needham,**  
*Administrative Assist*

**Pennie Robinson,**  
*Wellness Program*  
*Coordinator*

**Dian Woodle**  
*Prescription Assistant*  
*Program*

**Pamela Leonard-Ray**  
*Administrative Coordinator*

## **Clinic Director's Report** By Rose Gibbs, RN, MHA/MPA



This last year has been a very interesting time. More education classes and an increase in preventative services have kept us very busy. This was the second full year reflecting transitional changes due to the Affordable Care Act (ACA). Even with the smaller number of visits through our Evening Urgent Care, slightly over 650 for the year, the complexities of some of our clients have presented new challenges. Our experience is similar to the other 32 free clinics in Washington State which are also coping with and responding to new challenges presented from their communities in this changing health care landscape. Of interest, is the increase of clients returning due to loss of health coverage, inability to pay premiums and co-pays and loss of employment. Adjustments have been made, but the community need is very present.

Our Chronic Healthcare Clinic (CHC) provided over 450 primary care visits during this last year. Good news--many clients have been successful in obtaining primary health coverage in the area. Typically we provide the bridge between acceptance and being seen, which can take up to three months. Without a primary care provider, an urgent care clinic or emergency department has no place to send the person for follow up. Our clinic becomes the only viable option. We serve as a safety net and create an access point for some of Washington's most vulnerable populations.

In addition, we are being sought by those who received partial subsidies and catastrophic plans and are now finding it prohibitive to afford copays and deductibles. The statewide free clinic association believes that "with decreasing reimbursement rates and a statewide healthcare provider shortage, particularly in rural communities, this is unlikely to improve". Of course, there are also those who do not qualify for ACA, such as undocumented workers and non-citizens.

Dental care continues to be a real concern. Medicaid clients now have coverage; however, most dentists do not accept Medicaid and the only local agency that does is overwhelmed. Other insurances, including Medicare, do not provide  
*(continued on page 2)*

**In 2015 Dungeness Valley Health & Wellness Clinic had 1058 Patient Visits.**

**The value of health services to the community was \$245,413.**

**\$171,396 cash revenue**  
**\$165,232 cash expense**

### ***Clinic Director Report, continued***

dental services. Access to Medicaid services for dental has really been reduced. SeaMar in Port Angeles has been reluctant and unable to provide services to adult clients. And, VIMO is also booked out two to three months. We limit our dental support to those who qualify to be seen in our medical clinic and those who reside within the Sequim School District. Occasionally exceptions are made due to the severity and inability to obtain any assistance elsewhere. Through the generosity of our local dentists and support from the Olympic Medical Center and other grants and donations, we were able to help over 110 individuals obtain dental care for dental emergencies in 2015.

Through the Prescription Assistance Program, we have been able to secure expensive medications for our chronic care clients directly from the manufacturer. Three volunteers coordinate this program for our clients in Chronic Care. Due to the overall decrease in Chronic Care and the extra documentation required to qualify, the volume in this program has decreased with the lower volume of clients. Respiratory and diabetes medications are the most often required due to their prohibitively high expense.

Free Clinics base their services on the particular needs and resources of the local community. DVWHC could not be successful without the tremendous support of and partnering with the Olympic Medical Center. Low-cost facility use fees and a generous in-kind contribution for basic diagnostic lab tests and imaging services for clinic patients have allowed us to provide required treatment, medical management and needed care. Many patients who are seeking care at the Free Clinic have previously had to forego needed health care, some for several years, and often multiple health issues are revealed in their first visit.

The Kitsap Public Health District and its 16

partners were awarded a competitive four year grant from the Washington State Department of Health. Last year was our first year of participation. We provided two series of classes for our clients who want to improve their overall health and wellness, with a focus on diet and exercise. The target audience has been those who are pre-diabetic or pre-hypertensive. Two of our volunteer nurses, Kitty Dissing and Renee Jones, are leading this educational grant process. Classes will continue through the next 2-3 years.

Over 75 clinic volunteers donate their skills and expertise, including medical providers, nursing professionals, clerical and general support staff. Most have joined the clinic after completing their own careers and have brought their vast experience and life wisdom to support others in their community. They are the foundation of our clinic and a priceless resource to our community.

Numerous specialty providers, many associated with the Olympic Medical Center, have generously provided consultation when referrals were needed for the expertise of their specialties. During 2015 there were over 70 formal referrals with only six requiring services not available on the Olympic Peninsula. Through the generosity of two community providers, several clients received vision exams at no cost.

I am privileged to be part of such a marvelous community endeavor. 2016 will be another year of transition. One day these services may no longer be required. Until that day, Dungeness Valley Health & Wellness Clinic will continue to be "a beacon of health and a beacon of hope" for the underserved in the Sequim Community.

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***Through the generosity of our local dentists and support from the Olympic Medical Center and other grants and donations, we were able to help over 110 individuals obtain dental care for dental emergencies in 2015.***

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## Eric Lewis Discusses Healthcare Reform and the Affordable Care Act

In November 2015, Eric Lewis, CEO of the Olympic Medical Center, addressed the Board of the clinic about the changes in healthcare that have occurred due to the Affordable Care Act and those that are anticipated in the near future. He emphasized the need for the Free Clinic as a safety net for the community. Highlights of his talk are:

- Affordable Care Act was written in 2010 and it was designed to do three things, reform health insurance practices such as pre-existing conditions, to expand health coverage access and to reduce overall healthcare costs.
- Only 30 states expanded their Medicaid to cover more low income people. Also, the Federal support for this expansion is scheduled to decrease over the next few years so it is unknown how many of the states will continue with the expansion as the Federal dollars decrease. Washington did expand Medicaid so OMC has fewer people who are uninsured. OMC's "uncompensated care" has switched and now the majority of it is from individuals not being able to pay for their high deductibles.
- Medicare cuts have been implemented by reducing payments to hospitals in order to help pay for the Medicaid expansion. Since OMC has such a large percentage of its patients in the Medicare population, these cuts have resulted in a reduction of payment to OMC of \$4 million dollars in 2015 and each year in the future these cuts slowly increase.
- There is a movement to reimburse hospitals based on quality indicators, such as lower hospital acquired infections and lower readmission rates. The higher percentage of Medicare patients at OMC impacts these indicators.
- OMC has 83% of its patients receiving government-supported health insurance. 60% are Medicare, 17% are Medicaid and the rest are programs like TriCare and Workers Compensation.
- Washington was one of the states that elected to set up its own Insurance Exchange system. While we have had our share of problems with this, our system is one of the best in the nation but it costs many millions of dollars per year to run. All of the exchanges are complex. There are Federal requirements for coverage that needs to be granted to all individuals; some of them may not be needed by a particular individual, but these requirements drive up insurance costs and will continue to do so for the near future.
- Commercial insurance costs are rising. Many find premiums too high, co-pays are increasing, and some deductibles are so high as to be useless for routine doctor visits. People are delaying going to the doctor and are coming into OMC at a later stage in their illness and more expensive to treat.

There is a shortage of Primary Care Providers in Clallam County and across our nation that has been exacerbated by the increase in the number of people insured by commercial insurance and Medicaid. Since Medicaid only pays 65% of the cost of care, some providers who are here limit the percentage of patients they take with Medicaid. Physician salaries must be competitive with other areas in order to recruit providers to the Olympic Peninsula so OMC has to raise their salaries to be competitive. Having schools that are so in need of repair is an issue with recruitment, as are employment

*(continued on next page)*

### ***Healthcare Reform and the Affordable Care Act, continued***

opportunities for spouses. North Olympic Health Network is working with Swedish and OMC on developing a Rural Family Practice Residency program to bring physicians here for their residency. Hopefully they will remain in the area to set up practice. This cannot begin until 2017 at the earliest.

- The Olympic Community of Health is a State of Washington sponsored regional health improvement organization covering Clallam, Jefferson and Kitsap Counties. This healthcare reform plan is being funded by a Federal government innovation grant that is supported by the state to redesign health care delivery in Washington. The goals are to improve care, keep people healthy and keep costs down. It provides incentives to keep people healthy by supporting preventive care and reducing the need for specialty care. It combines physical and mental health in the same setting. This is just in the planning stage.
- Eric Lewis supports the need for the Free Clinic. There are too many people who are not covered by any of the plans currently in place. There is a real need to have a safety net in the community, to provide care and reduce reliance on the emergency room which is much more costly.

### **Qualified Charitable Distributions** **For those age 70 ½ or over, there is an easy and beneficial way to support the Clinic.**

Congress has passed legislation that retroactively extends qualified charitable distributions (QCDs) from Traditional and Roth IRAs to January 1, 2015, and makes the provision permanent going forward.

The provision allows IRA owners age 70½ and older to donate up to \$100,000 per year TAX FREE to eligible charitable organizations.

A QCD is a taxable distribution of Traditional or Roth IRA assets paid directly to a qualified charity. An IRA distribution qualifies if it is made after the IRA owner reaches age 70½ and the IRA owner could have deducted the contribution if it were made directly to the charity.

A QCD can be used to satisfy the IRA owner's required minimum distribution for the year, and an IRA beneficiary who has attained age 70½ can also make a QCD of the inherited IRA assets.

Passage of this legislation provides certainty for IRA owners planning charitable distributions from their IRAs who previously were uncertain whether the provision would be in effect and the distribution would be tax-free. And, for IRA trustees and custodians, it eliminates the confusion and misinformation surrounding the popular tax credit.

You may want to discuss a QCD with your tax consultant.



### **In memory of...**

**Everett Longstaff** by Myrna & Christopher Juergens, Brian Longstaff, Kari & Roger Olsen, R.G. & P.A. Petit, Marian Ulseth, Ashlee Veneman, Sharon Scully Machrone & Jerry Simonoff

**Ron Johnson** by Myrna & Christopher Juergens

**Pat Kolner** by Myrna & Christopher Juergens

**Thank You to our 2015 Clinic Volunteers**  
in recognition of the service of our 2015 volunteers

**Providers**

Kim DePrati, PA-C  
Larry Germain, ARNP  
Kathi Gunn, ARNP  
Ed Hopfner, MD  
Larri Ann Mishko, MD  
Kari Olsen, MD  
Kathy Shannon, ARNP  
Charles D. Sullivan, MD  
Kip Tulin, MD  
Marianne Ude, MD  
Carl Weber, MD

**Nurse Managers (RNs)**

Donna Cameron  
Kitty Dissing  
Nancy Dolansky  
Ardis Erickson  
Brooke Fitzsimmons  
Linda Fortney  
Lyell Fox  
Jamie Goodwin  
Patricia Gordon  
Callie Higgs  
Renee Jones  
Mary Lenard  
Kelly McKillip  
Betty Pollard  
Wendy Shultz  
Christine Straker  
Shelley Stratton  
Elois Wallace

**Assessment**

Stefanie Anderson  
Travis Anderson  
Sandra Boudrou  
Lorika Erbenich  
Louise Holmes  
Elisabeth Holmgaard  
Steven McElroy  
JoAnn Munroe  
Monica Ostrom  
Barbara Parse  
Traci Polacco  
Jean Pratschner  
Dottie Robertson  
Jared Romberg  
Debra Smith  
Elizabeth Tomisato

**Reception**

Betty Archer  
Madelin Barclay  
Betty Barnard  
Joy Beaver  
Sue Brock  
Linda Chapman  
Randi Cooper  
Irene Greene  
Bev Horan  
Carrie Kalina  
Sonia Killian  
Georgia Lee  
Gloria Miller  
Linda Plenert  
Kristine Whitman  
Jolie Will

**Interpreters**

Carrie Cobb  
Lilia Dodd  
Maria Dryke  
Michael Garcia  
Maria Hall  
Carmen Pitkin

**Prescription Assistance Program**

Dian Woodle, PAP Coordinator  
Eileen Collins, RN  
Arlene Cox, RN  
Penny Pfeffer, RN

**Data Entry/Clerical Support**

Carol Babcock  
Hazel Blake  
Marilyn Freeman  
Eva Lundstrom  
Debi Maguire

**Specialty/Technical**

Kitty Dissing, CDE  
Sue Sorenson, RN (Diabetes Educator)  
Grace Lambert, Social Media  
Matt Wilson, Social Media

**Volunteer Coordinator**

Sandy Hutter

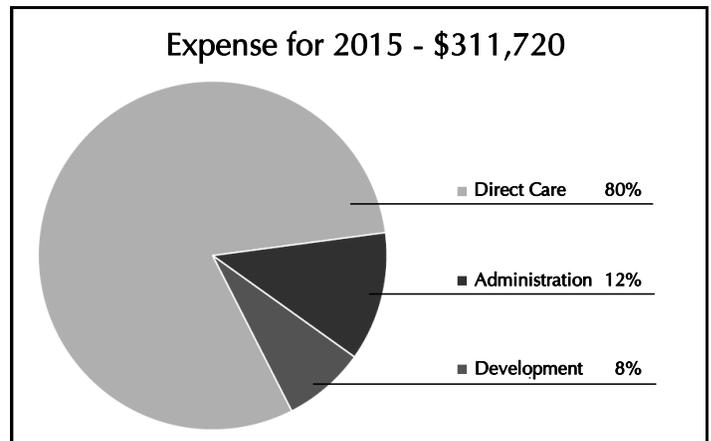
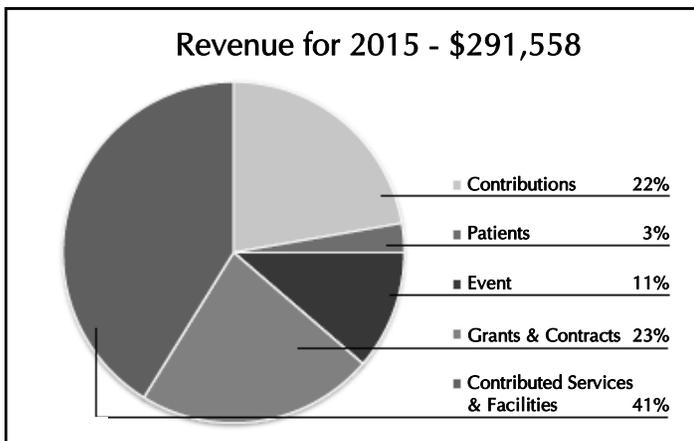
**5-2-1-0 stands for**

- 5 servings of fruits & vegetables every day.
- 2 or less hours of recreational screen time every day.
- 1 hour or more of physical activity every day.
- 0 drinks with added sugar every day.



*See page 6.*

**Financial Report**



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Follow us:  
Sequimfreeclinic.org

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Pages/Dungeness  
Valley Health and  
Wellness Clinic

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**GIVE. ADVOCATE. VOLUNTEER.**  
**LIVE UNITED** 

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## 2015 Annual Report

The Clinic Fun Walk Team with the most walkers and contributed the most money - Dungeness Valley Lutheran Church.

Pictured left to right: Audrey Gift, Clinic Board President; Jack Anderson, Pastor of Dungeness



Valley Lutheran;  
Gwyn Wessel,  
Team Leader  
from Dungeness  
Valley Lutheran;  
Patty Lebowitz,  
Clinic Board  
Member

### Ready, Set, Go! 5210

Dungeness Valley Health & Wellness Clinic is a member of The Sequim-Dungeness Healthy Community Coalition, which brings together non-profit, private and governmental partners to address the vital subject of community health.

The Coalition will implement a successful, tested program called "Ready, Set, Go! 5210" as an initial framework for promoting healthy lifestyles and disease prevention. Watch for more details throughout the community.

**Reminders  
for 2016:**

**Monthly Forums** Second Wednesday of each month, 2:30 p.m.  
at Trinity United Methodist Church, 100 Blake Ave, Sequim

**2016 Clinic Fun Walk** Saturday, September 10, 2016, 9-12:30  
at Trinity United Methodist Church, 100 Blake Ave, Sequim