



Borrego Valley Stewardship Council * PO Box 2078 * Borrego Springs, CA 92004

Plenary Session

February 19, 2021, 4PM

Attendees: [Bruce Kelley](#), Betsy, Ben Nourse, Caroline Manildi, David Garmon, David Leibery, [Diane Johnson](#), [Dick Troy](#), Elain Tulving, Jack McGory, James Symington, Jim Wermers, Lee Schraf, Lee Rogers, Martha D, Meet Panchal, Mike Himmerich, Becky Falk, Richard Helvig, Sandy Hansberger, Susan Percival, Tammy Baker, Lyle and Laura Brecht, Dr. Carolee Barlow, Patrick Mear

- 1) Technical Opening 5 minutes—Emily
- 2) Opening for this meeting of the Plenary—Dick—5 minutes
 - a. Today’s meeting is to review the survey responses of Borrego Health Care
- 3) Status of Borrego Health—Martha—2 minutes, and intro of BVEF (Bruce, Caroline, Andy)
 - a. Here to talk about medical care - currently provided by Borrego Medical Care Clinic; not here to discuss legal issues of broader Borrego Health entities
- 4) Rationale and Presentation of Survey Results for the Survey—Bruce, et al. 10 minutes
 - a. Bruce Kelley, Chair of BVEF Healthcare Committee & Chair of COVID Task Force
 - b. Caroline Manildi: has a masters degree in Economics from Stanford Univ. and had a long career in the healthcare field
 - c. BVEF will use feedback from BVSC in their RFP process
 - d. Board wants broad community support:
 - i. Conducted a survey of 300 individual residents & 50 members of BVSC; 30 of whom completed surveys
 - e. BVSC’s membership of 50 orgs includes many if not most of BVSC’s community leaders and many orgs that make this community viable and vibrant, including Chamber and BS which influence business & politics
 - f. Respondents were older; disproportionately non-hispanic
- 5) Results:
 - a. Preferences:
 - i. Staffing - preferred MD on-site overseeing NPs and PAs
 - ii. BVSC members expressed a greater emphasis on mental health than the broader community
 - b. Is a second clinic needed?



- i. 99% of BVSC and 98% of residents think access to healthcare needs to be improved
 - ii. 94% of residents thought a second clinic was needed
 - iii. 90%+ of respondents to both surveys said they would use the clinic if it had the features they wanted; would use it 4-5 times a year.
- 6) BVSC interrogation of speakers—Martha—8 minutes
 - a. Affordability depends on who the clinic addresses and the reimbursements from patients; they believe there's enough unmet utilization in town to
 - i. Many respondents are going out of town for primary and urgent care services
 - ii. IBM study conducted - est that population in the serve area would be expected to use 40k visits a year; existing clinic delivers 11k-12k medical visits per year
 - iii. Some other groups proposing to come to Borrego are hospital based orgs; not expecting to make \$\$; hoping it will be a source of referral for surgeries, in-patient care etc
 - b. How many potential operators have responded to the RFP?
 - i. Can't answer; BVEF can't discuss things in process, only decisions made or actions taken
- 7) Questions/Comments from Plenary—30 minutes
 - a. Sandy: How did you define "resident"?
 - i. Is BS your permanent home; are you seasonal; do you have a home here and tend to visit on weekends or occasional visits
 - b. Ben Nourse: Who would "pay" for it?
 - i. In terms of what we know today; the revenue base collected by the clinic operator would pay for it; board wouldn't approve it other
 - ii. Opportunity to get subsidy from BVEF; not for BVEF to be the fiduciary
 - c. Bond question in the survey (Would your organisation support it?)
 - i. 90% percent of respondents said they would.
 - d. Anonymous: how can we determine if it is feasible to enhance our existing clinic to meet the needs of the full community in a way that is affordable
 - i. Using a consulting firm to structure the RFP Qs about financial pro formas to make sure they're financially credible; is financial clinic operator including something the community wants
 - e. Anonymous: CAN THE SURVEY RESULTS BE EXTRAPOLATED TO THE GENERAL POPULATION?
 - i. Difficult to do; survey of the 300 is not representative; respondents were older and non-hispanic. The breakdown seemed pretty representative; the



proportions that were permanent vs seasonal vs other; the survey is not really representative.

- f. Diane: How aggressively would a new/reconfigured clinic seek to serve the Hispanic community?
 - i. Weekends and extended hours (that existing clinic doesn't cover) important to expand services
 - ii. need to work in sync with existing clinics to make sure that the full community gets covered throughout the 12 hours a day.
- g. If BVEF were to select a second clinic operator, then would work through the issues of HOW the clinic would do it
 - i. Asked them all if they have electronic med records and what systems they've used
- h. Ben: How would new clinic ensure that its quality of service is sufficient to attract patients who are currently going out of town to major health organizations (scripps, UCSD, Eisenhower, etc.)?
 - i. Good q - a difficult one; Due diligence about the quality of service and the quality of care they have been providing and they take that into account going forward. We would be asking opinion based questions about perceptions of services and the quality of the medical facilities. This comes with outpatient care those among other certification requirements, hospitals are held to inpatient care, surgical care is to be held to a much higher standard of quality than outpatient care (typically)
- i. Mike H: will this be a two tier system? Medi-cal and the low income communities at borrego health and everyone else at the new clinic?
 - i. Depends on what Borrego Health decides to do; just over half of their patients are medi-cal/underinsured; half are private ensured
 - ii. Bidders said they w
- j. Judy Stewart: What about using St Richards to help with surveying our Hispanic community. Also using the local food banks
- k. Anonymous: What is the value of a non-representative survey?
 - i. Very willing to make more attempts; even if you have a survey that lacks representation, when 94%+ agree that covering weekends and holidays is important, that's probably true for the full community
 - ii. responses that are 50/50 ; you don't have a representative sample then you really have to think about how accurate they are?
- l. Lyle: is there any thought for a second clinic to be based on a broader notion of community health care vs, a more traditional out-patient care model
 - i. what I am thinking about is a focus that includes environmental health; read it. also. what I am thinking of is offer of transport to hospital or specialized provider out of town
 - 1. Partially discussed in BVEF board; would love to see this happen in town;



2. Started a community resource center - could be a wellness center w/ other health related services
 3. Most ppl are going out of town for preventative care. BMC will have to appeal to the people going out of town.
 4. Offer more services or offer them through the community resource center.
 5. From Lyle: yes. focus on preventative medicine vs crisis care; right now there is a disconnect between network providers
- m. Betsy: Do you see bringing in specialists, such as obstetrics, dermatology, cardiology, and pediatrics?
- i. Borrego Medical Clinic does this on a rotating schedule; if another clinic comes in, they'd do that as well; but it might take them longer to get up to speed; "primary specialties"
- n. Jack: What's the status of the Borrego Health Clinic now?
- i. Are they still the operator? Yes they are
 - ii. Are they replacing BH as operator of the current clinic?
 1. No, if Borrego Med Clinic doesn't expand, this would be an additional clinic
 - iii. What would be the funding source?
 1. Reimbursement from payers; farmworking communities may not be insured or have Mexican insurance
 - a. Could only expect reimbursement from insurance company they have
 - b. but all second clinic options would NEED to accept everyone; can't turn anyone away
 - c. Jack can help facilitate employee survey at La Casa and Road Runner; Borrego Health is not a welcome place for these groups
 2. Sandy: Borrego Health has never stopped providing services; was closed for less than a day during the pandemic; coverage they accept is medi-cal/medicare/private insurance; 50% of those served at current clinic have private insurance
 3. Bruce: Most coverages are accepted in town today; there are certain HMOs are medicare advantage plans that are really HMOs that don't contract local. Regular medical clinics wouldn't probably contract with any other clinic; not enough enrollees here to make it worthwhile to contract or they are the type of an HMO that delivers all care in their own facility.
- o. Iphone: does the rfp include questions regarding metrics to compare quality vs Scripps etc as per Ben's questions
 - i. no didn't ask them to submit stats in advance about



- p. Could the proposed new clinic become a federally qualified health clinic that accepts medicare reimbursements?
 - i. Another clinic could come in and apply to be a rural health clinic, not a federally qualified health center
 - q. Diane: is there any impression from the school how many kids go to the clinic?
 - i. 98%; offer transportation and a plan to get them there; kids have to get evals for sports and vaccinations for school
 - r. Will the new clinic have bilingual employees?
 - i. receptionist would and medical assistants would
 - s. Jack - is your sense that the clinic is doing a good job of serving the community?
 - i. Martha: Yes; they rely on it. It is the point place for most families and it serves those families at the moment. It plans to stay open.
 - t. Carolee: Is there an option to enhance the current clinic?
 - i. Bruce: we've asked the same Qs of Borrego Health
 - u. Do you think there is any benefit to continuing discussions with the BHC in parallel with everything else that's moving forward or is it time to cut off those discussions in favor of waiting to hear if we have options for a second clinic.
 - i. considering both clinics; only the Borrego Medical clinic can be the clinic
 - v. Patrik: There were talks before about trying to improve talks with Borrego Health; it would be prudent to continue these talks; if they're going to keep going, they get subsidies from medical and medicare; would prefer one clinic that does everything will - are they continuing/resuming talks with the clinic and enhancing it?
 - i. Yes, in regular touch with selected board members and execs of Borrego Health
- 8) Close—Jim—Not the last word on this topic.
- a. Still up in the air; waiting to see RFPs and what we hear from Borrego health; also need to expand surveying to Latinx community to have a broader representative in our survey ; hopefully we make a strong community decision.
 - b. In five weeks we will elect new leadership members and will be reviewing what we've done in the past year and what could be better for the future of this organization.
- 9) Next steps
- a. For Bruce - Jack can help facilitate employee survey at La Casa and Road Runner