

VERDANT HEALTH COMMISSION
PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
Regular Meeting
A G E N D A
August 27, 2014
8:00 a.m. to 9:45 a.m.

	<u>ACTION</u>	<u>TIME</u>	<u>PAGE</u>
A. Call to Order	---	8:00	---
a) Pledge of Allegiance			
b) Reminder on voice projection during board meetings			
B. Approval of the Minutes			
a) July 23, 2014 Board Meeting	Action	8:02	1-5
b) August 7, 2014 Special Board Meeting	Action	8:03	6
C. Executive Committee Report	Information	8:04	---
D. Legal Counsel review re: conflict of interest	Information	8:05	---
E. Board Finance Committee Report			
a) Review financial statement and cash activity	Information	8:10	7-11
b) Authorization for payment of vouchers and payroll	Action	8:14	12
F. Program Committee Report & Recommendations			
a) Conflicts of interest	Action	8:15	---
b) Program investment recommendations	Action	8:16	13-17
G. Marketing Report	Information	8:30	18
H. Commissioner Comments	Information	8:45	---
I. Superintendent's Report	Information	8:50	---
J. Public Comments (please limit to three minutes per speaker)	---	8:55	---
K. Executive Session (if needed)	---	9:00	---
L. Open Session	---	9:15	---
M. Presentation and Q&A on Acupuncture Proposal	---	9:15	---
N. Adjournment	---	9:45	---

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
VERDANT HEALTH COMMISSION

BOARD OF COMMISSIONERS

*Regular Meeting
VHC Board Room
August 27, 2014*

Commissioners Present	Bob Knowles, President Deana Knutsen, Commissioner J. Bruce Williams, M.D., Commissioner Fred Langer, Commissioner
Commissioners Excused	Karianna Wilson, Commissioner
Others Present	Carl Zapora, Superintendent George Kosovich, Program Director Lisa King, Finance Director Jennifer Piplic, Marketing Director Sue Waldin, Community Wellness Program Manager Karen Goto, Executive Assistant Members of the community
Guests	Brad Berg, Legal Counsel/Foster Pepper Dr. Cole Alexander, Executive Director/Free Range Health
Call to Order	The Regular Meeting of the Board of Commissioners of Public Hospital District No. 2, Snohomish County, was called to order at 8:01 a.m. by President Knowles.
Approval of Minutes	<i>Motion was made, seconded and passed unanimously to approve the minutes of the regular meeting on July 23, 2014.</i> <i>Motion was made, seconded and passed unanimously to approve the minutes of the special board meeting on August 7, 2014.</i>
Executive Committee	President Knowles reported that the Executive Committee met on August 21, 2014 to review and approve the August 27, 2014 board meeting agenda. No action was taken.
Legal Counsel Review on Conflict of Interest	Brad Berg reviewed the RCW on Conflicts of Interest and provided an MRSC summary of the law and his legal summary (E:45:14) as it applies to municipal officers. The exceptions do not apply to public hospital district

commissioners except for "remote interest." The additional procedural steps to follow for the exceptions to "remote interest" include:

1. The municipal officer must inform the board of any contract interest
2. The municipal officer is not to vote on the contract
3. The remote interest must be noted in the governing body's minutes before entering into the contract
4. The municipal officer cannot influence or attempt to influence any other members of the governing body

Note that the statute applies to financial interest only.

Because of their positions outside of the public hospital district, two commissioners will recuse themselves from voting on contracts involving Swedish. In the event this recusal occurs, the remaining three commissioners must vote unanimously to approve any contract.

None of the commissioners present at this board meeting voiced any concerns with Dr. Williams' position as president of the medical staff of Swedish/Edmonds or any other commissioner conflicts.

Board Finance Committee

The committee met on August 19, 2014. Ms. King reviewed the financial statements and cash activity for July 2014 (E:46:14).

Authorization for Payment of Vouchers & Payroll

Warrant Numbers 10748 through 10783 for July 2014 for payment in the amount of \$287,595.12 were presented for approval (E:47:14). *Motion was made, seconded and passed unanimously to approve.*

Program Oversight Committee Update

The Program Oversight Committee met on August 18, 2014 to review six new program funding applications and follow up on the Free Range Health request. (E:48:14).

Commissioner Knutsen reported that she has one conflict of interest as she is on the board of Washington CAN which has a proposal being considered. Commissioner Knutsen reported that she has recused herself from all conversations on the proposal and received no monetary benefit from her Washington CAN board position. She will recuse herself from voting on the proposal at this board meeting. No other conflicts of interest were reported by the remaining commissioners.

New Funding Applications:

Motion was made, seconded and passed unanimously to approve \$110,000 per year for three years for the expanded health & wellness programs at the Edmonds Senior Center; including implementation of a depression support program called PEARLS.

Motion was made, seconded and passed unanimously to approve \$154,000 per year for two years for the Healthy Habits Sports & Healthy Habits Nutrition programs by the Boys & Girls Club of Snohomish County.

Motion was made, seconded and passed unanimously to approve \$90,000 per year for two years for the Kinderling South Snohomish County expansion. Dr. Williams presented an article from The Oregonian regarding funding of programs for children with developmental disabilities (E:49:14).

The proposal from Washington CAN to provide support for health insurance outreach will go back to the Program Committee for further follow-up data and suggestions for other methods of outreach. Commissioner Knutsen recused herself from this discussion.

Not recommended for funding:

Edmonds Public Schools & Alumni Foundation Nourishing Network & Brookside Research & Development Partnering to Prevent Falls in Older Adults. Dr. Williams suggested that Mr. Kosovich connect Brookside to Senior Services of Snohomish County for this project.

Proposals Needing Additional Work:

American Cancer Society ACS Healthlinks & Snohomish County Music Project.

Follow-up on August 7, 2014 Study Session with Swedish:

The Program Committee will follow-up on the \$50,000 request. Commissioner Knowles and Commissioner Williams will recuse themselves from any discussions. The Program Committee will make a recommendation at the next board meeting.

Marketing
Report

Ms. Piplic presented the Marketing Report (E:50:14) including the status of the 'Verdant' trademark application, announcement of Ms. Beth Rodriguez as the interim marketing director from December 2014 to February 2015, and a few upcoming events.

Commissioner
Comments

None

Superintendent's
Report

Superintendent Zapora reported on five items:

1. A new group called the Verdant Partner Roundtable is being formed to hold quarterly meetings and compare notes on their work in South Snohomish County.
2. Thank you to the YMCA of Snohomish County for providing the child care at the 6 Weeks reunion in October 2014.
3. Verdant is in negotiation with VOA for a 2-1-1 referral specialist to be housed in the Verdant Community Wellness Center.
4. Ms. Beth Rodriguez will be filling in for Ms. Piplic for three months.
5. Plan to attend the groundbreaking for Swedish/Edmonds hospital expansion on Wednesday, September 10, 2014, 4 p.m.

Public
Comments

Mr. Al Rutledge commented on his concerns about medical services, low-income housing, and utility rate increases in the city of Shoreline.

Ms. Mary-Anne Grafton of the Lynnwood Senior Center expressed her support for the Free Range Health acupuncture services at the Lynnwood Senior Center. She stated that every session is full with a wait list.

Mr. Farrell Fleming, Executive Director of the Edmonds Senior Center expressed his appreciation for the past and future grant support from Verdant. He mentioned that they have added a second shift of Bastyr Naturopathic medical interns. The Edmonds Senior Center will also be starting a capital campaign to build a new senior and community center on the existing site with state funding, private funding, and donations.

Executive
Session

President Knowles announced that there would be no Executive Session as there are no items to discuss.

Presentation
with Q&A on
Acupuncture
Proposal

Commissioners held a Q&A session to follow-up on the proposal for extension of funds for the acupuncture clinic at the Lynnwood Senior Center.


Dr. Cole Alexander of Free Range Health provided a program overview (E:51:14) and commissioners presented their concerns and questions.

No action was taken.

Adjourn

There being no further business to discuss, the meeting was adjourned at 9:35 a.m.

ATTEST BY:



President

Secretary

Updated 11/2012

Conflicts of Interest

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Introduction

Are you a municipal officer for a city, county, or special purpose district who has felt uneasy about taking an action because you think that action raises conflict of interest issues? If so, your instincts are probably right. Your common sense should be a good guide to identify a potential conflict of interest although, as explained below, some conflict of interest issues may not be as easy to spot.

Why should you care? Because acting ethically is the right thing to do. If that isn't sufficient motivation, the ramifications for violations can be serious, including possible monetary penalties, having a contract made in violation of such rules declared void, and possible forfeiture of office for officers who violate these laws.

Washington law governing conflicts of interest regarding municipalities is derived from the State Constitution, statutes, and from law made from court decisions (also known as common law). The general rule from which our state's conflict of interest law derives is that a municipal officer shall not use his or her position to secure special privileges or exemptions for himself, herself, or others. As expressed by our state supreme court many decades ago, the common law principle that a municipal officer is prohibited from adjudicating his or her own cause is "a maxim as old as the law itself." See, Smith v. Centralia, 55 Wash. 573 (1909).

Our state law rules regarding conflicts of interest are based on the fundamental principle that municipal officers hold a public trust and they are required to uphold that trust. These rules apply to real and perceived conflicts of interest and, as below described in more detail, include a prohibition against elected officials voting on matters in which they stand to benefit financially.

What is a Municipal Officer?

Under RCW 42.23.020(2), "municipal officer" is defined broadly to include:

1. All elected and appointed officers of a municipality (i.e., councilmembers, county commissioners, district commissioners);

together with:

2. All deputies and assistants of such officers; and
3. All persons exercising or undertaking to exercise any of the powers or functions of a municipal officer (including, for example, city managers, city administrators, county administrators, special district superintendents, and others).

What Penalties May Apply for Violations?

Regarding violations of chapter 42.23 RCW, good faith is not a defense and under RCW 42.23.050:

- An officer violating chapter 42.23 RCW may be held liable for a \$500 civil penalty "[...] in addition to such other civil or criminal liability or penalty as may otherwise be imposed."
- Any contract made in violation of chapter 42.23 RCW is void.
- Any officer who violates chapter 42.23 RCW may have to forfeit his or her office.

Common Law Conflict of Interest - Special Privileges & Exemptions

Under common law conflict of interest principles, as articulated, for example, in *Smith v. Centralia*, 55 Wash. 573 (1909), there is a general prohibition against a municipal officer specially benefitting financially from a matter he or she votes upon. In *Smith v. Centralia*, the court invalidated a street vacation ordinance because a councilmember who stood to benefit financially from its enactment cast the deciding vote.

This court-made law has subsequently been codified under chapter 42.23 RCW, specifically RCW 42.23.070. The general rule is that no municipal officer may use his or her position to obtain special privileges for himself, herself, or others. A "special privilege" relates to being allowed to do something that would otherwise be prohibited. A "special exemption" relates to being relieved from doing something that would be otherwise mandated. For a good description of the difference between a special benefit and a special exemption, see, for example, the analysis in issue 3 as addressed in AGO 2010 No. 3.

Prohibited Contract Interests

Consider this scenario:

In addition to being a councilmember (or mayor, or commissioner, etc.), you own a consulting firm. Your firm is looking to enter into a professional services contract with the city. The contract will come before the council for approval. What should you do?

In such situations, there are several key issues to consider under chapter 42.23 RCW, including:

- Is the contract interest one through which the municipal officer would benefit financially?
- Is the contract made by, through, or under the supervision of the municipal officer?
- Does an exception apply?
- Does the municipal officer have what would be considered a "remote interest" in the contract under RCW 42.23.040?

Contract Interests

What Constitutes a Contract Interest?

As provided in RCW 42.23.030, a contract interest is one in which a municipal officer would benefit from financially, either directly or indirectly. The contract must be one that is made by, through, or under the supervision of the municipal officer, in whole or in part.

Note also that a municipal officer cannot accept, directly or indirectly, any compensation, gratuity, or reward in connection with such a contract from any other person who is beneficially interested in the contract. See RCW 42.23.030.

What is a "contract" under chapter 42.23 RCW? Under RCW 42.23.020(3), the term is defined broadly to include contracts generally (e.g., employment agreements, contracts for services, public works

contracts), and also includes any sale, lease, or purchase.

Regarding the above scenario, the councilmember - who is a municipal officer - stands to benefit financially from the professional services contract. Additionally, the contract is made by, through, or under the supervision of the councilmember.

What is the "Making" of a Contract?

What does it mean for a contract to be "made by, through or under the supervision" of the officer under RCW 42.23.030? The Washington state supreme court has emphasized that it is the making of the contract that implicates 42.23 RCW. Only certain municipal officers are prohibited by state law from entering into contracts with their municipality because many officers do not have any authority with respect to the making (entering into) of contracts on behalf of their municipality. Note, however, that local codes of ethics may include prohibitions that are broader than those in chapter 42.23 RCW. Also, keep in mind that a municipal officer with authority over the making of the contract may not simply delegate that authority to another officer and then enter into the contract.

Another issue that may arise relates to the timing of such contracts. A contract is not prohibited by chapter 42.23 RCW if it was entered into prior to the contracting party becoming a municipal officer with the authority to make or supervise the making of the contract. However, future amendments and/or revisions (e.g., change orders) to the contract would implicate RCW 42.23.030 because, in effect, the contract would be "re-made" under the officer's supervision or by or through his or her office.

Considerations Regarding Exceptions

In the above scenario regarding the personal services contract, does an exception apply? It depends. Various exceptions can be implicated in such scenarios based on the type of municipal government at issue, the amount of the contract, and, in some circumstances, the population of the jurisdiction.

In this scenario, for example, if the city at issue has a population of less than 10,000 and the amount of the contract is less \$18,000 in any calendar year, an exception applies. Under that exception, even though the councilmember would benefit financially from the contract, the exception applies because the city's population is less than 10,000 and the dollar amount of the contract is less than \$18,000 in any calendar year. See RCW 42.23.030(6)(b), (6)(d)(ii). The result? The councilmember may enter into this contract, but he/she may not vote on the contract, he/she must disclose his/her contract interest to the council, and the interest must be noted in the council minutes "before the formation of the contract." See RCW 42.23.030 (last paragraph).

More generally, RCW 42.23.030 includes several exceptions which allow affected municipal officers to have certain contract interests with their municipality. As explained in the scenario above, an exception applies to cities with a population of less than 10,000. There is also an exception for counties with a population of less than 125,000 and for irrigation districts encompassing 50,000 acres or less. Under these exceptions, a municipal officer may have a financial interest in a contract with the municipality that would be made by, through, or under the supervision of his or her office if the total amount received under the contract by the municipal officer or his or her business does not exceed \$1,500 in any calendar month. See RCW 42.23.030(6)(a), (d)(ii).

For towns, second class cities, and noncharter code cities with a population less than 10,000, and certain county fair boards, the exception in RCW 42.23.030(6) applies as long as the total amount does not exceed \$18,000 in any calendar year. See RCW 42.23.030(6)(b), (d)(ii).

Other statutory exceptions and requirements are provided. Some of the contract prohibitions in chapter 42.23 RCW do not apply to specific types of activities (e.g., furnishing of utility services, designation of public depositories for municipal funds, publication of legal notices required by law - discussed in more detail below). See RCW 42.23.030(1) - (3). As discussed above, some exceptions apply based upon the type and population of the municipality (e.g., second class cities, noncharter

code cities, county fair boards, port districts, school districts, public hospital districts). Given that the prohibitions and exceptions can apply to different types of municipalities differently, it is important to read RCW 42.23.030 very carefully and become familiar with its details. Note, for example, that RCW 42.23.030(6)(e) requires municipalities to maintain a list of all contracts that are awarded under RCW 42.23.030(6) and to have that list available for public inspection and copying.

It is worth repeating, as above explained, that even if an exception under RCW 42.23.030 applies, the municipal officer at issue may not vote on the contract, the officer must disclose his or her contract interest to the governing body of the municipality, and the interest must be noted in the governing body's official minutes or similar records "before the formation of the contract." See RCW 42.23.030 (last paragraph).

Contract Interests Prohibited at Any Dollar Amount

Regardless of the dollar amount, certain contract interests are prohibited. Under RCW 42.23.030(6) (d), a municipal officer cannot purchase or lease property from the same municipality. Also, a municipal officer cannot provide legal services to the municipality (except for reimbursement of expenditures). See RCW 42.23.030(6)(d)(i), (iii).

Moreover, as above referenced, although RCW 42.23.030(6)(a) includes an exception for the letting of a contract in which the total amount received under the contract or contracts by the municipal officer or the municipal officer's business does not exceed \$1,500 in any calendar month, the exception does not apply to the letting of any contract by a county with a population of 125,000 or more, a city with a population of 10,000 or more, or an irrigation district encompassing more than 50,000 acres. See RCW 42.23.030(6)(d)(ii).

There's an Exception for That?

In addition to the exceptions above described, there are a number of more specifically targeted exceptions in RCW 42.23.030, and the applicability of these particular exceptions will depend upon the type of municipality at issue. You may be surprised by some of the other exceptions that apply in more specific situations.

Consider this more specific scenario:

You are an elected commissioner of a public hospital district and your spouse is employed by the same hospital district. What should you do?

There is a specific exception in RCW 42.23.030(12) for hospital district spouses. Under this exception, a hospital district commission can authorize, approve, or ratify any employment contract with the spouse of a district commissioner if:

- The spouse was employed by the district before the date the commissioner was initially elected;
- The terms of the contract are commensurate with the pay plan or collective bargaining agreement operating in the district for similar employees;
- The interest of the commissioner is disclosed to the board of commissioners and noted in the official minutes or similar records of the hospital district prior to the letting or continuation of the contract; and
- The commissioner does not vote on the authorization, approval, or ratification of the contract or any conditions in the contract.

There are other provisions in RCW 42.23.030 that may surprise you. For example, under RCW 42.23.030(1) - (5) a municipal officer is allowed to have a financial interest in a contract related to:

- The furnishing of utility services by a municipality engaged in the business of furnishing such services.
- The designation of public depositaries for municipal funds.

- The publication of legal notices required by law to be published by any municipality, upon competitive bidding or at rates not higher than prescribed by law for members of the general public.
- The designation of a school director as clerk or as both clerk and purchasing agent of a school district.
- The employment of any person by a municipality for unskilled day labor at wages not exceeding \$200 in any calendar month. However, this does not apply to a county with a population of 125,000 or more, a city with a population of more than 1,500, an irrigation district encompassing more than 50,000 acres, or a first-class school district.

Given the detail in RCW 42.23.030, it is important to review that section thoroughly to determine if a particular exception applies to the specific type of municipality at issue.

Remote Interests

Consider another scenario:

In addition to being an elected municipal officer, you own stock in a corporation that is looking to enter into a contract with your municipality. The contract is for \$50,000 and exceeds \$1,500 in any calendar month. You own 10% of the shares of the corporation. What should you do?

Such a contract is prohibited because no exceptions apply. Due to the monthly and total dollar amounts of the contract, the exceptions regarding the dollar thresholds are inapplicable. Moreover, because the municipal officer at issue owns 1% or more of the shares of the corporation, the interest is not considered a "remote interest" (see below) and that officer is considered to be financially interested in the contract.

In such a situation, the municipal officer has a choice: (1) for the company not to pursue the contract with the municipality; or (2) the municipal officer can resign his/her position with the municipality so that his/her company can enter into the contract.

Key Point: It would not be sufficient for the municipal officer at issue here to recuse himself/herself from consideration of and voting on the contract because this contract interest is prohibited.

What is a Remote Interest?

Under RCW 42.23.040, certain contract interests are considered acceptable "remote interests," regardless of the dollar amount. A "remote interest" is:

- That of a nonsalaried officer of a nonprofit corporation;
- That of an employee or agent of a contracting party where the compensation of such employee or agent consists entirely of fixed wages or salary;
- That of a landlord or tenant of a contracting party; [or]
- That of a holder of less than 1% of the shares of a corporation or cooperative which is a contracting party.

However, RCW 42.23.040 provides that certain conditions must exist for a remote interest to apply. If a municipal officer with authority over the making of a contract has a remote interest:

- The municipal officer must fully disclose the contract interest to the governing body;
- The municipal officer is not to vote on the contract, or, as the statute puts it, the officer's vote cannot be counted (the former approach is advisable);
- The remote interest must be noted in the governing body's minutes before entering into the contract, and
- The governing body must approve the contract "in good faith."
- Also, if the municipal officer influences or attempts to influence any other members of the governing body on the matter, the remote interest exception does not apply.

Consider another scenario:

In addition to being an elected municipal officer, you are an unpaid member (not an officer) of a local nonprofit organization (e.g., the Lion's Club, Rotary) and the organization is seeking to contract with your municipality. What should you do?

Under this scenario, the contract is allowed. Keep in mind that what is statutorily prohibited are contract interests in which a municipal officer is financially interested, directly or indirectly. Here, as a mere member of the nonprofit organization, the officer at issue would have no legally recognized financial interest in the contract - not even a remote interest. The municipal officer in this situation may advocate regarding entering into the contract and may vote on the contract.

But Note: If this situation involved a municipal officer who was a nonsalaried officer of a nonprofit corporation, the contract interest would be considered a remote interest and the remote interest conditions would apply.

Consider another scenario:

In addition to being an elected municipal officer, you are a non-shareholding employee of a corporation earning a fixed salary. The corporation is looking to contract with your municipality. The contract is for \$50,000 per year. What should you do?

The contract interest at issue would be considered a remote interest based on two of the remote interest conditions because the municipal officer in this scenario (1) is an employee on fixed salary or wages, and (2) is the holder of less than one percent of shares in the corporation. As such, the municipal officer would not be regarded as an officer "interested" in the contract and the contract would be allowed. However, the municipal officer in this scenario cannot vote on the contract and cannot influence or attempt to influence the other members of the governing body regarding the matter.

Consider Adopting a Local Ethics Code

A municipality may adopt an ethics policy that includes additional local requirements. Such policies cannot conflict with state law, but they can supplement it. Many municipalities throughout Washington state have adopted their own local ethics codes. There are several good reasons for doing so, including:

- It allows the municipality to further explain what is covered in state law.
- Such local policies can cover employees as well as officers.
- Such policies can address ethical issues in addition to contractual conflict of interest under [chapter 42.23 RCW](#), such as giving and receipt of gifts and rewards, disclosure of confidential information, use of public facilities, political activities, and other issues.

We have links to a variety of local ethics codes from jurisdictions throughout Washington state. To review these policies, see our Sample Codes of Ethics website.

Closing Summary

The information above addresses a specific facet of conflict of interest doctrine that applies to municipal officers - contractual conflicts of interest under [chapter 42.23 RCW](#). Keep in mind, however, that there are other important conflict of interest and ethical principles which also govern the conduct of municipal officers that may be implicated in some situations, including the appearance of fairness doctrine under [chapter 42.36 RCW](#), a prohibition against mid-term or post-election pay increases for officials who fix their own compensation under Article XI, Section 8 and Article XXX of the state constitution, and, as above mentioned, related to giving and receipt of gifts and rewards,

disclosure of confidential information, use of public facilities, and political activities.

If you are a municipal officer, it is essential you take seriously and act in accordance with the requirements of chapter 42.23 RCW and the other conflict of interest and ethical principles that govern such activities. If you have any questions about these issues, consult with your municipality's attorney. Additionally, please feel free to discuss these issues with a MRSC legal consultant.

Selected Court Decisions

- Peterson v. Citizens for Des Moines, Inc., 125 Wn. App. 760 (2005), *review denied*, 157 Wn.2d 1014 (2006)

The court of appeals held that a city councilmember who is the president and majority shareholder in a local towing company that city police and other city staff preferred to use when vehicles needed to be towed from city property did not violate the conflict of interest prohibition in RCW 42.23.030. The city had no express or implied contract with the councilmember's towing firm and had no written policies regarding towing requests, and thus there was no contractual interest to implicate the statutory prohibition.

- City of Raymond v. Michael Runyon, 93 Wn. App. 127 (1998), *review denied*, 137 Wn.2d 1030 (1999)

A city commissioner challenged a finding that he violated RCW 42.23.030 because his interests in city contracts conflicted with his duties as an elected official. The commissioner owned a quarry which sold rock to contractors holding city contracts authorized both before and after he took office. In 1996 he sold the city over \$92,000 worth of rock in violation of the statutory limit of \$9,000. The court noted that good faith efforts to comply are not a remedy for violation. Any contract violating the statute will be void as to the interested official's interest and result in a statutory fine and forfeiture of office.

- Barry v. Johns, 82 Wn. App. 865 (1996)

A city councilmember challenged the validity of a contract entered into by the city with a nonprofit organization that limits the liability of the organization's board members for discretionary decisions made in their official capacity. The plaintiff councilmember contended that the limitation of liability gives those board members a beneficial interest in the contract. Two city councilmembers were board members. The court held that the beneficial interest in contracts prohibited by RCW 42.23.030 is limited to financial interests. The contract at issue did not confer a financial benefit on the nonprofit organization's board members, because state law provides them with the same benefit. Thus, the court concluded that the contract was not invalid under RCW 42.23.030.

- Seattle v. State, 100 Wn.2d 232 (1983)

RCW 42.23.030 deals with the "making" of a contract, not with the implementation of the contract after it has been made. Chapter 42.23 RCW does not require invalidation of the city's campaign finance law.

- Smith v. Centralia, 55 Wash. 573 (1909)

Street vacation ordinance held invalid for reason, among others, that councilmember who stood to benefit financially from its enactment cast the deciding vote on the passage of the ordinance.

Selected Attorney General Opinions

- AGO 1999 No. 1

A person who is elected to an unexpired term on a city council may not constitutionally receive, during the unexpired term, any changes in compensation previously enacted by the council during that term.

- AGO 1996 No. 15

RCW 42.23.030 does not prohibit the service of one spouse as a county commissioner (and ex officio local health board member) while the other spouse serves as administrative officer of the health department; these positions are both public offices and the compensation for them does not arise out of contract.

- AGO 1978 No. 17

Except under certain special circumstances whereby the normal relationship between a board of county commissioners and a county housing authority is modified, as discussed in the opinion, the sale of real property by a county commissioner to a county housing authority within the same county does not violate any statutory provision concerning conflicts of interest.

- AGLO 1973 No. 6

The provisions of RCW 42.23.010, et seq., prohibiting certain municipal contracts because of "beneficial interests" therein by officers of the municipality do not apply where the officer's interest is not of a pecuniary or financial nature.

▪ AGLO 1972 No. 47

RCW 42.23.040 does not prohibit the spouse of a chief deputy sheriff who is not covered under the Sheriff's Civil Service Act from being employed as a deputy sheriff. That statute has no applicability to this situation for the simple reason that the sole authority to appoint any deputy sheriffs for a given county is vested in the sheriff himself - and not in any of his deputies.

▪ AGLO 1970 No. 89

The marriage of a county commissioner to a secretary of one of the other elected officials of the county does not pose a conflict of interest as a result of the secretary's current continuing employment. RCW 42.23.030 does not declare illegal or void any contract that preexisted the appointment or election of the officer to his position of conflict; nor any contract in which an officer acquires an interest in good faith after the contract has been made. The contract itself, although of an indefinite month-to-month nature, is a subsisting contract and one which is not renewed or "made" in each month by any official action of the board, assuming that the contract provisions remain unchanged.

▪ AGO 1954 No. 355

Health and welfare benefits given to elective officials during their present term of office constitute additional compensation and would violate article 11, section 8 of the Washington Constitution.

Documents

- Contractual Conflict of Interest - A Discussion of Chapter 42.23 RCW (PDF), by Joe Levan, MRSC Legal Consultant, Municipal Research News, Spring 2008
- Knowing the Territory: Basic Legal Guidelines for Washington City, County and Special Purpose District Officials (PDF), Report No. 47, Revised, November 2011
- Conflicts of Interest, by Bob Meinig, MRSC Legal Consultant, revised 07/2004
- Codes of Ethics, MRSC



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July 29, 2014

Mr. Carl J. Zapora, Superintendent
Verdant Health
P. O. Box 2606
Lynnwood, WA 98036

Re: Potential Conflict of Interest Involving Commissioner Knowles

Dear Carl:

You have asked me to advise the district regarding the potential conflict of interest arising from Commissioner Robert Knowles' offer of employment from Providence Health & Services. This letter responds to your request.

You provided me with a copy of an employment offer letter dated July 21, 2014, received by Commissioner Knowles from Rachel Brown at Providence Health & Services. The letter does not expressly state which legal entity would employ Commissioner Knowles, but I have assumed, for purposes of this letter, that the employer would be Providence Health & Services or one of its affiliated entities. The offer letter states that Commissioner Knowles' job title would be Accountable Care Program Manager and that he would be located at Providence Everett Medical Center. The offer letter also states that Commissioner Knowles would receive a fixed salary together with a one-time fixed signing bonus.

As a municipal corporation, the district is subject to Chapter 42.23 RCW, which establishes conflict of interest restrictions applicable to municipal officers, including public hospital district commissioners. RCW 42.23.030 prohibits a municipal officer from being beneficially interested, directly or indirectly, in any contract which may be made by, through or under the supervision of the officer unless the specific beneficial interest falls within one of the exceptions specified in the statute.

In 2010, the district leased all of its health care facilities to Swedish Edmonds, which is a subsidiary of Swedish Health Services. In 2011, Providence Health & Services affiliated with Swedish Health Services by forming Western Health Connect. As a result of this affiliation, Providence Health & Services is now likely indirectly beneficially interested in contracts entered into by Swedish Health Services and Swedish Edmonds, including the lease between the district and Swedish Edmonds and any other agreements that may exist currently or are entered into in the future between the district and Providence Health & Services and any of its affiliates, including Swedish Health Services and Swedish Edmonds. As a result, for purposes of the

conflict of interest restrictions imposed by Chapter 42.23 RCW, Commissioner Knowles, as an employee of Providence Health & Services or one of its affiliates, would also likely be beneficially interested, directly or indirectly, in any agreement between the district and Providence Health & Services or any of its affiliates.

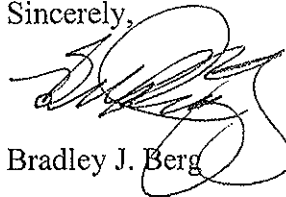
As noted above, under Chapter 42.23 RCW, a municipal officer is generally prohibited from being beneficially interested in any contract made by, through or under his supervision. However, there are a number of exceptions to the general prohibition. First, the prohibition applies only to contracts that are made by, through or under his supervision of the municipal officer after he or she has a beneficial interest. As a result, the prohibition does not apply to any contracts entered into by the district before Commissioner Knowles' employment by Providence Health & Services. Second, with respect to new contracts or amendment of existing contracts between the district and Providence Health & Services or its affiliates entered into after Commissioner Knowles' employment by Providence Health & Services begins, the prohibition does not apply if the beneficial interest arising from the employment qualifies as a "remote" interest within the meaning of the statute.

The remote interest exception applies to an employee of a contracting party if the compensation of the employee consists entirely of fixed wages or salary and if certain additional procedural requirements are satisfied. Here, the proposed compensation for Commissioner Knowles specified in the offer letter consists entirely of a fixed salary which in the first year includes a fixed signing bonus.

The additional procedural requirements are as follows: (1) the district must record the potential conflict in the official Board of Commissioner minutes; (2) Commissioner Knowles must recuse himself from any board votes relating to a contract between the district and Providence Health & Services or its affiliates; and (3) Commissioner Knowles may not influence or attempt to influence any officer of the district, including other board members, to enter into a contract with Providence Health & Services or its affiliates.

Please let me know if you have questions or if I can be of additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradley J. Berg', with a large, stylized flourish at the end.

Bradley J. Berg



FOSTER PEPPER LLC

Direct Phone (206) 447-8970
Direct Facsimile (206) 749-1908
E-Mail bergb@foster.com

August 22, 2014

Mr. Carl J. Zapora, Superintendent
Verdant Health
P. O. Box 2606
Lynnwood, WA 98036

Re: Potential Conflict of Interest Involving Commissioner Williams

Dear Carl:

You have asked me to advise the district regarding the potential conflict of interest arising from Commissioner Bruce Williams' contracts with Swedish Health Services or its affiliates. This letter responds to your request.

Commissioner Williams has advised the district that he has three contractual relationships with Swedish Health Services or its affiliates:

- (1) Commissioner Williams serves as the President-elect of the medical staff of Swedish Edmonds and will become the President on January 1, 2015. He began his role as an officer of the medical staff on January 1, 2011. In return for his services as a medical staff officer, Commissioner Williams has received and continues to receive a fixed stipend that is paid, in part, by Swedish Edmonds.
- (2) Commissioner Williams serves as part of a team of internists who provide support for orthopedists who treat elderly patients at Swedish Edmonds for hip fractures. Swedish Edmonds pays Commissioner Williams a fixed fee for these services based on the days he is on-call to provide these services pursuant to a contract that became effective in February 2014.
- (3) Commissioner Williams subleases space to Swedish Laboratory Services under which Swedish Laboratory Services pays a monthly sublease rent at market rates. It is unclear to me whether Swedish Laboratory Services is owned by Swedish Edmonds or an affiliate of Swedish Edmonds, but, for purposes of this letter, I have assumed that it is. The sublease became effective in August 2011.

In 2010, the district leased all of its health care facilities to Swedish Edmonds, which is a subsidiary of Swedish Health Services. Swedish Health Services subsequently affiliated with Providence Health & Services. The district has entered into other agreements with Swedish Edmonds or its affiliates including the lease of space in the Kruger Clinic, which is now owned by the district. For purposes of this letter, I have assumed that it is likely that the district will enter into other agreements in the future with Swedish Edmonds or its affiliates or agree to amendments to the existing agreements.

As a municipal corporation the district is subject to Chapter 42.23 RCW, which establishes conflict of interest restrictions applicable to municipal officers, including public hospital district commissioners. RCW 42.23.030 prohibits a municipal officer from being beneficially interested, directly or indirectly, in any contract which may be made by, through or under the supervision of the officer unless the specific beneficial interest falls within one of the exceptions specified in the statute. For purposes of the conflict of interest restrictions imposed by Chapter 42.23 RCW, Commissioner Williams, as an agent and landlord of Swedish Edmonds or its affiliates, may be treated as being beneficially interested, directly or indirectly, in any agreement between the district and Swedish Edmonds or any of its affiliates.

Although Chapter 42.23 RCW generally prohibits a municipal officer from being beneficially interested in any contract made by, through or under his supervision, there are a number of exceptions to the general prohibition. The exception that would appear to be most relevant to Commissioner Williams' contracts with Swedish Edmonds or its affiliates is the exception for "remote interests." The remote interest exception applies, assuming the procedural requirements described below are satisfied, (i) to an agent of a contracting party if the compensation of the agent consists entirely of fixed wages or salary and (ii) to the landlord of a contracting party. Here, it is my understanding that the compensation received by Commissioner Williams from Swedish Edmonds for his services as an officer of the medical staff and for his coverage of orthopedic patients undergoing hip replacements consists entirely of fixed compensation. It is also my understanding that his agreement with Swedish Laboratory Services is limited to a sublease in which Commissioner Williams is the landlord and Swedish Laboratory Services is the tenant.

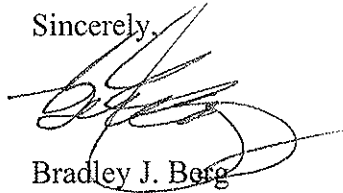
The additional procedural requirements are as follows: (1) the district must record the potential conflict in the official Board of Commissioner minutes; (2) Commissioner Williams must recuse himself from any board votes relating to a contract between the district and Swedish Edmonds or its affiliates; and (3) Commissioner Williams may not influence or attempt to influence any officer of the district, including other board members, to enter into a contract with Swedish Edmonds or its affiliates.

Carl J. Zapora
August 22, 2014
Page 3

The procedures listed above should be followed in connection with any future contracts or amendments approved by the Board of Commissioners with Swedish Edmonds or its affiliates. In addition, because all of the contracts have been in effect for a period of time and, in the case of the first contract, date back to January 1, 2011, the district should review the Board approval procedures it has followed to approve contracts with Swedish Edmonds or its affiliates after January 1, 2011, and confirm that the procedures noted above were followed.

Please let me know if you have questions or if I can be of additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradley J. Berg', with a large, stylized flourish at the end.

Bradley J. Berg

Balance Sheet

As of July 31, 2014

	A	B	C	D
	Dec 31, 2013	July 31, 2014	\$ Change	Comments:
1 ASSETS				
2 Current Assets				
3 Cash Balance	2,579,704	3,889,292	1,309,588	
4 Other Current Assets	30,029,953	30,189,547	159,593	Includes Investments
5 Total Current Assets	32,609,657	34,078,839	1,469,182	
6 Total Long-term & Fixed Assets	45,756,307	45,127,363	(628,943)	Depreciation
7 TOTAL ASSETS	<u>78,365,964</u>	<u>79,206,202</u>	<u>840,238</u>	
8 LIABILITIES & EQUITY				
9 Liabilities				
10 Current Liabilities	2,039,484	1,562,326	(477,158)	
11 Long-term Liabilities	5,689,038	5,652,854	(36,184)	2012 LTGO Bonds
12 Total Liabilities	7,728,521	7,215,179	(513,342)	
13 Total Equity	70,637,443	71,991,023	1,353,581	Annual Net Income
14 TOTAL LIABILITIES & EQUITY	<u>78,365,964</u>	<u>79,206,202</u>	<u>840,238</u>	

Profit & Loss

July 2014

	A	B	C	D	E	F
	July Actual	July Budget	Fav/(Unfav)	YTD Actual	YTD Budget	Fav/(Unfav)
1 INCOME						
2 Ordinary Income	791,694	791,528	166	5,516,008	5,512,829	3,179
3 EXPENSES						
4 Operating Expenses	160,834	161,417	584	974,056	1,063,889	89,833
5 Depreciation Expense	264,360	264,334	(26)	2,097,806	2,097,522	(284)
6 Program Expenses	368,915	562,500	193,584	2,626,854	3,937,500	1,310,646
7 Total Expenses	794,109	988,251	194,142	5,698,716	7,098,911	1,400,195
8 OTHER INCOME/(EXPENSE)						
9 Total Other Income/(Expense)	155,933	221,566	(65,634)	1,536,288	1,548,527	(12,239)
10 NET INCOME	<u>153,517</u>	<u>24,843</u>	<u>128,673</u>	<u>1,353,580</u>	<u>(37,555)</u>	<u>1,391,134</u>

Monthly Highlights

July 2014

Verdant received dividends payments of \$28,523 offset by an unrealized loss of \$46,696 on our investment portfolio in July for an ending market value of \$29,643,304.

Annual program commitments total \$5,227,066 and \$4,215,878 for 2014 and 2015, respectively. \$1,522,934 remains available to spend in 2014, of which \$230,500 is earmarked as Superintendent Discretionary.

Additional income of \$107,737 and expenses of \$56,531 from the Kruger Clinic were incurred, netting to an additional operating income of \$51,206 in July.

Public Hospital District #2

Warrant Number	Transaction Date	Payee	Amount	Purpose
Warrant Activity:				
10748	07/02/2014	City of Lynnwood - Utilities	488.57	Water Sewer
10749	07/02/2014	Comcast	359.97	Internet
10750	07/02/2014	Leadership Snohomish County	40.00	Application fee for Sue Waldin
10751	07/02/2014	MJ Takisaki, Inc.	195,822.55	Construction of VCWC
10752	07/02/2014	Puget Sound Energy	35.25	Natural Gas
10753	07/02/2014	Snohomish County Human Services	5,000.00	Program - Award 160 Eval of Community Paramedic
10754	07/02/2014	WA Department of Revenue	20,849.67	2014 Leasehold Excise Tax
10755	07/02/2014	Ash Consulting	1,645.88	Accounting Consulting
10756	07/02/2014	Lynnwood PFD	75.00	Janitorial Supplies
10757	07/02/2014	Pacific Art Press Inc	1,068.18	Programs - Community Needs Assessment re-print
10758	07/09/2014	Swedish Medical Center	2,755.00	Programs - Java Music Club
10759	07/09/2014	Ankrom Moisan	11,265.15	Architecture VCWC
10760	07/09/2014	Healthcare Realty	6,089.51	Property Management - Kruger Clinic
10761	07/16/2014	Carney Badley Spellman	3,213.00	Legal - Kruger Lease Negotiation
10762	07/16/2014	Consolidated Press Printing Company, Inc	9,874.91	Marketing Newsletter Printing
10763	07/16/2014	Foster Pepper	2,797.00	Legal
10764	07/16/2014	Lowe Graham Jones PLLC	3,670.00	Legal - Trademark Attorney
10765	07/16/2014	Sound Publishing, Inc.	42.00	Legal Notice
10766	07/16/2014	Washington Employers	412.50	3Q14 Membership Dues
10767	07/16/2014	Mayes Testing Engineers, Inc	763.50	VCWC Testing
10768	07/23/2014	Canon Financial Services	301.13	Copy Machine Lease
10770	07/23/2014	Premiera Blue Cross	3,747.70	EE Medical & Dental Insurance
10771	07/23/2014	Staples	97.96	Supplies
10772	07/23/2014	Lynnwood PFD	3,045.00	Rent
10773	07/30/2014	Department of Labor and Industries	2,993.05	2Q14 Self Insurance Fund
10774	07/30/2014	Consolidated Landscape Maintenance, Inc.	217.91	Landscaping at VCWC
10775	07/30/2014	Principal Financial Group	884.41	EE Life Insurance
10776	07/30/2014	Sound Publishing, Inc.	39.20	Legal Notice
10777	07/30/2014	Wells Fargo	528.08	Misc.
10778	07/30/2014	Benefit Solutions Inc	23.00	FSA Administration
10779	07/30/2014	Comcast	359.58	Internet
10780	07/30/2014	Falkin Associates, Inc.	6,848.50	Project Management - July
10781	07/30/2014	Puget Sound Energy	35.25	Natural Gas
10782	07/30/2014	Gobble Shults & Associates, Inc.	220.00	GK & SW - CHIP training registration
10783	07/30/2014	Wells Fargo	1,986.71	Misc.
Total Warrants			287,595.12	

Warrant Number	Transaction Date	Payee	Amount	Purpose
Wire/ACH Activity:				
	7/11/2014	Payroll	17,145.25	ACH payroll transfer
	7/11/2014	Paychex	93.11	Fee for payroll processing
	7/11/2014	Department of Treasury	7,081.41	Payroll taxes for 7/5/14 pay period ending
	7/11/2014	Valic	2,237.45	Payroll 401(a)/457 Deposit
	7/25/2014	Payroll	16,066.84	ACH payroll transfer
	7/25/2014	Paychex	70.08	Fee for payroll processing
	7/25/2014	Department of Treasury	6,749.16	Payroll taxes for 7/19/14 pay period ending
	7/25/2014	Valic	2,219.45	Payroll 401(a)/457 Deposit
	7/10/2014	Wells Fargo	767.11	Bank Service Fee
	7/10/2014	Wells Fargo	57.08	Bank Service Fee
	7/10/2014	Wells Fargo	51.66	Bank Service Fee
	7/10/2014	Wells Fargo	19.85	Bank Service Fee
	7/15/2014	Bank of America - Fees		
	7/15/2014	Alzheimer's Association Western & Central	7,209.17	Program Payment
	7/15/2014	American Diabetes Association	4,166.67	Program Payment
	7/15/2014	Boys & Girls Club of Snohomish County	9,328.25	Program Payment
	7/15/2014	CampFire	4,166.67	Program Payment
	7/15/2014	Cascade Bicycle Club Education Foundation	4,750.00	Program Payment
	7/15/2014	Center for Human Services	13,523.67	Program Payment
	7/15/2014	ChildStrive	22,660.00	Program Payment
	7/15/2014	City of Lynnwood	15,477.25	Program Payment
	7/15/2014	Community Health Center of Snohomish Co	10,416.66	Program Payment
	7/15/2014	Domestic Violence Services Snohomish Co	1,621.08	Program Payment
	7/15/2014	Edmonds Community College	10,990.58	Program Payment
	7/15/2014	Edmonds School District No. 15	65,315.50	Program Payment
	7/15/2014	Edmonds Senior Center	4,518.00	Program Payment
	7/15/2014	Free Range Health	1,767.42	Program Payment
	7/15/2014	Medical Teams International	4,000.00	Program Payment
	7/15/2014	Prescription Drug Assistance Foundation	4,166.67	Program Payment
	7/15/2014	Program for Early Parent Support	3,333.33	Program Payment
	7/15/2014	Project Access Northwest	6,666.67	Program Payment
	7/15/2014	Providence Hospice & Home Care Foundation	12,916.67	Program Payment
	7/15/2014	Puget Sound Christian Clinic	8,750.00	Program Payment
	7/15/2014	Senior Services of Snohomish County	57,936.67	Program Payment
	7/15/2014	Smithwright Services	5,416.67	Program Payment
	7/15/2014	Snohomish County Fire District 1	12,035.50	Program Payment
	7/15/2014	Wonderland Development Center	11,250.00	Program Payment
	7/15/2014	YWCA of Seattle, King and Snohomish Co	4,166.66	Program Payment
	7/15/2014	City of Mountlake Terrace	3,150.00	Program Payment

Warrant Number	Transaction Date	Payee	Amount	Purpose
Wire/ACH Activity:				
	7/15/2014	City of Brier	45,172.50	Program Payment
	7/15/2014	Lutheran Community Services NW	10,000.00	Program Payment
	7/1/2014	Benefit Solutions Inc	10.00	FSA Payments
	7/2/2014	Benefit Solutions Inc	176.92	FSA Payments
	7/16/2014	Benefit Solutions Inc	176.92	FSA Payments
	7/31/2014	Benefit Solutions Inc	176.92	FSA Payments
	7/21/2014	Swedish/Edmonds	506,200.00	Tenant Improvement Reimbursement - Kruger Clinic
	7/18/2014	Department of Labor and Industries	411.98	B&O/Retailing Sales Tax for June 2014
	7/25/2014	WA Department of Revenue	768.96	B&O tax
		Total Wires/ACH Transactions	925,352.41	
Kruger Clinic Activity:				
088-111	July 2014	Various Claimants/Vendors	34,303.85	Administered by Healthcare Realty
Workers Compensation Claims Activity:				
305157-160	July 2014	Various Claimants/Vendors	2,797.30	Administered by Eberle Vivian
		Total Disbursements	\$ 1,250,048.68	

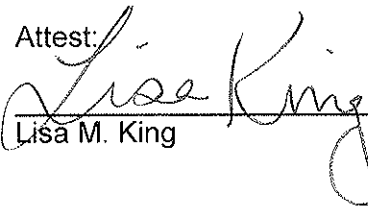
Transaction Date	Payer	Amount	Purpose
Deposits:			
7/1/2014	Swedish Edmonds Children's Clinic	14,626.62	Kruger Clinic Monthly lease
7/1/2014	Swedish/Edmonds	655,635.65	Monthly lease
7/1/2014	Swedish/Edmonds	42,640.57	Kruger Clinic Monthly lease
7/1/2014	John Headley MD PS	18,571.06	Kruger Clinic Monthly lease
7/1/2014	Brian Tagaki, MD	75.00	Kruger Clinic Monthly storage lease
7/1/2014	Puget Sound Gastro	83.78	Chargeback
7/1/2014	Raymond Liu, D.D.S.	3,282.74	Kruger Clinic Monthly lease
7/1/2014	Puget Sound Gastro	27,085.75	Kruger Clinic Monthly lease
7/1/2014	Value Village	24,428.45	Monthly lease
7/3/2014	Swedish Edmonds Children's Clinic	758.92	Chargeback
7/9/2014	Swedish/Edmonds	262,862.70	Medicare Settlements
7/10/2014	Snohomish County	6,804.21	Tax Levy
7/24/2014	Healthcare Realty Services, Inc.	4,166.67	Monthly ground lease
7/24/2014	Virginia Mason Med Ctr	13.11	Refund for Workers Comp
7/31/2014	Wells Fargo	35.21	Interest Income
7/31/2014	Comerica Bank	0.46	Interest Income
Total Deposits		<u>\$ 1,061,070.44</u>	

E: 47:14
8.27.2014

VERDANT HEALTH COMMISSION
PUBLIC HOSPITAL DISTRICT #2
SNOHOMISH COUNTY, WASHINGTON

WARRANT APPROVAL

We, the undersigned Board of Commissioners of Public Hospital District #2 of Snohomish County, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that Warrant Numbers 10748 through 10783 have been issued for payment in the amount of \$287,595.12. These warrants are hereby approved.

Attest:


Lisa M. King



Commissioner


Commissioner


Commissioner


Commissioner


Commissioner

Warrants Processed:	7-1-14 – 7-31-14		\$287,595.12
Work Comp Claims Pd:	7-1-14 – 7-31-14		2,797.30
Kruger Clinic Processed:	7-1-14 – 7-31-14		34,303.85
Payroll:	6-22-14 – 7-5-14	17,145.25	
	7-6-14 – 7-19-14	<u>16,066.84</u>	
			33,212.09
Electronic Payments:	Payroll Taxes	14,242.55	
	Paychex	163.19	
	Valic Retirement	4,456.90	
	Benefit Solutions	540.76	
	Bank Fees	895.70	
	WA State Dept Revenue	768.96	
	Program Expenditures	364,872.26	
	Swedish/Edmonds TI's	<u>506,200.00</u>	
			<u>892,140.32</u>
	Grand Total		<u>\$1,250,048.68</u>

August 2014 Program Committee Summary

Program Summary

- Six new funding applications and follow-up on two previously reviewed applications
- Deana Knutsen attended in place of Fred Langer for the program committee meeting.
- Free Range Acupuncture request scheduled for Q&A later in this meeting

Recommended for Funding

1. **Edmonds Senior Center –Expanded Health & Wellness Programs:** a renewal and expansion request for senior health and wellness programs at the Edmonds Senior Center. The request would expand the Enhance Wellness program that Verdant currently funds (at \$54k per year), add several new health and wellness programs, and implement a depression support program called PEARLS. PEARLS is a 6-8 session home-based program developed at the University of Washington and validated through a randomized control trial. The Enhance Wellness program has met or exceeded its program outcome goals in the first two years of funding.

The program committee is recommending partially funding the funding request at \$110,000 per year for three years (a 103% increase from the current level). Although this increase is less than the \$180,000 request, the funding should be sufficient to increase hours for at least one staff member while still providing funding for the PEARLS program.

2. **Boys & Girls Club of Snohomish County:**

- **Healthy Habits Sports:** A renewal and expansion request for an afterschool activity program that includes intramural sports at 8 different locations.
- **Healthy Habits Nutrition:** A request to add an afterschool nutrition program. The program would include three months of hands-on nutrition classes offered twice a year, engaging 40 students at 6 different sites.

The program committee is recommending partially funding the Healthy Habits request at \$154,000 per year for two years (a 40% increase from the current level). The Healthy Habits program has grown from 450 participants in the first year to 1,135 participants in the third year of the program, and it provides an alternative to Move 60.

3. **Kinderling South Snohomish County Expansion:** a request to support physical, speech, occupational, feeding and mental health therapies and special education to infants and children with disabilities. Services would be provided in families' homes, childcare centers or the new Bothell center. The program would expect to serve 83 children per year.

The program committee is recommending partially funding the request at \$90,000 per year for two years. A follow-up meeting with Kinderling helped clarify how the program fits in with other service providers and how they serve medically fragile and children ages 3+. Verdant funding would be used to hire a team of occupational, physical, and speech therapists.

4. **Washington CAN – Insurance Outreach:** a renewal request to support insurance outreach. The goal of the project would be to reach 10,000 households through door-to-door outreach to identify eligible, but uninsured residents. The project would also collect at least 300 surveys from prior year contacts to learn more about

healthcare access, including barriers. Verdant funded a similar project last year at \$180,000 for a year and Washington CAN met or exceeded its outreach goals. Verdant funds would primarily be used to hire a team of part-time bilingual outreach workers.

The program committee is recommending partially funding the request at \$100,000 on a one-time basis. Deana Knutsen recused herself from this discussion.

Not Recommended for Funding

5. **Edmonds Public Schools & Alumni Foundation – Nourishing Network:** a one-time request of \$36,724 to support the start-up of a "nourishing network" to provide food for homeless children and families in crisis. Funds would be used for a 0.5 FTE program coordinator, food, backpacks, and transportation costs. The goal in the first year would be to serve 349 weekend meals, growing to 728 meals in the second year.

The committee is not recommending the program for funding. Although feeding children is important cause, the program was not directly enough connected to health and wellness outcomes, and there are other community food and nutrition programs.

6. **Brookside Research & Development – Partnering to Prevent Falls in Older Adults:** a fall risk screening and health promotion project focused on communities of faith and other organizations. The program would train parish nurses and other staff and provide them with technology to track fall risk and other risk factors like high blood pressure.

The committee is not recommending the program for funding. The grant request was for \$109,256 in the first year, which the committee saw as too high given the volunteer nature of parish nursing programs. The largest budget line item was salaries and benefits for a project leader and coordinator from Brookside.

Proposals Needing Additional Work

7. **American Cancer Society – ACS Healthlinks:** a request from the American Cancer Society in partnership with the University of Washington Health Promotion Research Center to develop worksite wellness programs for small employers in Verdant's district. The program would offer a menu of wellness programs such as education, screenings, and smoking cessation. **Given the size of the request (\$162,044), the program committee would like to see if the American Cancer Society can identify additional revenue sources to leverage Verdant funds.**
8. **Snohomish County Music Project – Music Futures & Music Memories:** a \$70,000 per year request to support two music therapy programs: 1.) a Music Futures program for men suffering from depression and/or PTSD, and 2.) a Music Memories program working with patients suffering from Alzheimer's, dementia, and/or depression. **The program committee would like the applicant to rework the application to determine what the budget would be for just the Music Futures (depression/PTSD) program.**

Follow-up on Study Session With Swedish

Earlier in August, the board held a special meeting to discuss a \$50,000 request from the Swedish/Edmonds Foundation and opportunities around a potential larger investment in a Swedish/Edmonds Women's Center. The program committee will follow-up on these discussions and bring a recommendation to the board in September.

Verdant Health Commission Proposal Summary August 2014

A		B			C			Request for funding			Priority Area				I	
New Funding Requests																
#	Name				Year 1	Year 2	Year 3				Education & Empowerment	Prevention	Access to Healthcare	Policy & Advocacy		
1	American Cancer Society - ACS HealthLinks	A request from the American Cancer Society in partnership with the University of Washington Health Promotion Research Center to develop worksite wellness programs for small employers in Verdant's district. The program would offer a menu of wellness programs such as education, screenings, and smoking cessation. Funds would be used to support a full-time ACS program manager and for 0.55 FTE for evaluation and data support at the UW Health Promotion Center. The program would expect to recruit and work with 40 worksites with an average size of 20-250 employees.			\$162,044	\$162,044	\$162,044				X	X	X			
2	Edmonds Public Schools & Alumni Foundation - Nourishing Network	A one-time request to support the start-up of a "nourishing network" to provide food for homeless children and families in crisis. Funds would be used for a 0.5 FTE program coordinator, food, backpacks, and transportation costs. The goal in the first year would be to serve 349 weekend meals, growing to 728 meals in the second year.			\$36,724							X				
3	Edmonds Senior Center - Expanded Health and Wellness Programs	A renewal and expansion request for senior health and wellness programs at the Edmonds Senior Center. The request would expand the Enhance Wellness program that Verdant currently funds (@\$54k per year), add several new health and wellness programs, and implement a depression support program called PEARLS. PEARLS is a 6-8 session home-based program developed at the UW and validated through a randomized control trial. The increase in funding would be used to increase to a full-time social worker and nurse, as well as to pay for the PEARLS program through the University of Washington.			\$177,687	\$181,567	\$187,002				X	X	X			
4	Brookside Research & Development - Partnering to Prevent Falls in Older Adults	A fall risk screening and health promotion project focused on communities of faith and other organizations. The program would train parish nurses and other staff and provide them with technology to track fall risk and other health risk factors like high blood pressure. The applicant, Brookside Research, is a small for-profit company with a history of NIH grants/contracts. Initially, Brookside would partner with two churches (Holy Rosary and Trinity Lutheran) and two community organizations (Senior Services and the Edmonds Senior Center). Verdant funds would be used to support a nurse coordinator and a project lead from Brookside.			\$109,256	\$128,309	\$134,399				X	X	X			

Verdant Health Commission Proposal Summary August 2014

#	Name		Year 1	Year 2	Year 3	Education & Empowerment	Prevention	Access to Healthcare	Policy & Advocacy
5	Snohomish County Music Project - Music Futures & Music Memories	A request to support two music therapy programs: 1.) a Music Futures program for men ages 50+ suffering from depression and/or PTSD, and 2.) a Music Memories program working with patients suffering from Alzheimer's, dementia, and/or depression. Verdant funds would be used for a 0.8 FTE music therapist and a 0.6 FTE program coordinator. The program would be expected to serve 100 individuals per year.	\$70,000	\$70,000	\$70,000			X	
6	Washington Community Action - "Closing the Gap" South Snohomish County Insurance Outreach	A renewal request to support insurance outreach. The goal of the project would be to reach 10,000 households through door-to-door outreach to identify eligible, but uninsured residents. The project would also collect at least 300 surveys from prior year contacts to learn more about healthcare access, including barriers. Verdant funded a similar project last year at \$180,000 for a year and Washington CAN met or exceeded its outreach goals.	\$165,000					X	
Follow-up on Previous Requests									
7a	Boys & Girls Club of Snohomish County - Healthy Habits Sports	A renewal and expansion request for an afterschool activity program that includes intramural sports at 8 different locations. Verdant currently funds this project at \$112k per year.	\$242,328	\$230,155	\$236,234	X	X		
7b	Boys & Girls Club of Snohomish County - Healthy Habits Nutrition	A renewal and expansion request for an afterschool nutrition program. The program would include three months sections of classes offered twice a year, engaging an average of 40 students at 6 different sites. The classes would provide hands on nutrition education and would provide students with recipes to take home.	\$69,885	\$38,960	\$39,558	X	X		
8	Kindering - South Snohomish County Expansion	Kindering is a Bellevue-based non profit organization that provides support and intervention for children with developmental delays. The organization recently opened a new location in Bothell (just outside of Verdant's district). Kindering is seeking funding to support physical, speech, occupational, feeding and/or mental health therapies and special education to infants and children with disabilities. Services would be provided in families' homes, childcare centers or the new Bothell center. The program would expect to serve 83 children per year.	\$135,985	\$135,985	\$135,985			X	

Program Payout Schedule (Updated thru July 2014)

		Budget 2014	Budget 2015
7100 . Grants			
	Committed		
	Edmonds Senior Center Enhanced Wellness	\$ 40,662	\$ -
	Edmonds School District Move 60!	\$ 315,466	\$ -
	3rd Grade Swim Lessons	\$ 50,000	\$ -
	Boys & Girls Club Healthy Habits	\$ 74,626	\$ -
	City of Lynnwood Move 60: Teens!	\$ 77,468	\$ -
	Project Access Northwest	\$ 66,667	\$ -
	Community Health Center ER Diversion	\$ 83,333	\$ -
	Parent Trust Continuum of Family Support Services	\$ 4,166	\$ -
	Domestic Violence Services Teen Prevention	\$ 19,453	\$ 9,726
	Providence Hospice & Home Care Foundation	\$ 155,000	\$ 64,583
	YWCA Children's Domestic Violence	\$ 25,000	\$ 8,333
	Medical Teams Intl. Mobile Dental Program	\$ 48,000	\$ 28,000
	Program for Early Parent Support (PEPS)	\$ 40,000	\$ -
	Perscription Drug Assistance Program	\$ 50,000	\$ 50,000
	YWCA Mental Health Counseling	\$ 25,000	\$ 20,833
	EdCC Student Health & Wellness Program	\$ 136,216	\$ 95,790
	Center for Human Services Counseling	\$ 162,284	\$ 162,284
	Cascade Bicycling Club Advanced Basics	\$ 32,000	\$ 32,000
	Cascade Bicycling Club Policy Proposal	\$ 25,000	\$ -
	American Diabetes Association Stop Diabetes	\$ 50,000	\$ 50,000
	American Red Cross CPR Training	\$ 5,000	\$ 7,500
	Team Child Policy/Advocacy Project	\$ 8,188	\$ -
	Senior Services Center for Healthy Living	\$ 560,240	\$ 560,240
	Alzheimer's Association	\$ 50,464	\$ -
	Wonderland Development Center	\$ 135,000	\$ 135,000
	Within Reach	\$ 25,000	\$ -
	PSCC Mental Health Counseling Program	\$ 16,667	\$ 21,667
	Seattle Visiting Nurses Flu Shots	\$ 43,750	\$ -
	Free Range Health Acupuncture at Lynnwood Senior Center	\$ 12,372	\$ -
	Washington CAN! Insurance Enrollment	\$ 108,000	\$ -
	Community Paramedic	\$ 144,426	\$ 144,426
	Smithwright	\$ 65,000	\$ 65,000
	Campfire	\$ 50,000	\$ -
	Snohomish County Health Leadership Coalition	\$ 50,000	\$ -
	Edmonds School District No. 15 Student Support Advocate	\$ 310,586	\$ 310,586
	PSCC Mobile Medical Clinic	\$ 90,000	\$ 90,000
	ChildStrive Nurse Family Partnership	\$ 271,920	\$ 277,359
	Senior Services of Snohomish County Care Coordination	\$ 135,000	\$ -
	American Heart Association GO Red	\$ 26,660	\$ -
	Edmonds Community College Veteran's Support	\$ 30,774	\$ 52,756
	City of Lynnwood Fire Departement Mobile Integrated Care	\$ 81,194	\$ 108,259
	Edmonds School District Nutritian Assessment	\$ 11,980	
	CHC of Snohomish County Dental Program	\$ 50,000	\$ 50,000
	Edmonds School District Move 60! Renewal	\$ 164,042	\$ 498,869

Program Payout Schedule (Updated thru July 2014)

	MTI Mobile Dental Van		
	Within Reach Insurance Enrollments	\$ 33,000	
	Total Committed	\$ 3,959,603	\$ 2,843,212
	Not Committed (Available to Spend)	\$ 1,127,897	\$ -
	Total Grants	\$ 5,087,500	\$ 2,843,212
	7300 . Internal Programs		
	Committed		
	CARES Mental health provider training	\$ 9,370	
	6 Weeks to a Healthier You	\$ 97,000	
	Total Committed	\$ 106,370	\$ -
	Not Committed (Available to Spend)	\$ 143,630	\$ -
	Total Internal Programs	\$ 250,000	\$ -
	7200 . Discretionary		
	Committed		
	March of Dimes March for Babies	\$ 5,000	\$ -
	Healthy Living Expo at City of Edmonds	\$ 2,000	
	Total Committed	\$ 7,000	\$ -
	Not Committed (Available to Spend)	\$ 230,500	\$ -
	Total Discretionary Programs	\$ 237,500	\$ -
	7500 . Building Healthy Communities Fund		
	Committed		
	City of Brier Walking Program	\$ 90,345	\$ -
	City of Edmonds Fitness Center Upgrade	\$ 39,513	\$ -
	Woodway Recreation Campus Renovation	\$ 500,000	\$ 666,666
	Bike Link	\$ 470,000	\$ 706,000
	Total Committed	\$ 1,099,858	\$ 1,372,666
	Not Committed (Available to Spend)	\$ 142	\$ -
	Total BHCF Programs	\$ 1,100,000	\$ 1,372,666
	7400 . One time Events		
	Committed		
	Swedish/Edmonds Java Music Program	\$ 2,755	
	Sight Connection Low Vision Expo	\$ 11,000	
	EdCC Celebration of Food	\$ 5,000	
	First Baptist Church Wings for Reading Program	\$ 10,000	\$ -
	Edmonds School District No. 15 Nutrition Assesement	\$ 11,980	\$ -
	LCS Back to School Resource & Health Fair	\$ 10,000	
	BEST	\$ 3,500	
	Total Committed	\$ 54,235	\$ -
	Not Committed (Available to Spend)	\$ 20,765	\$ -
	Total One Time Events Programs	\$ 75,000	\$ -
	TOTAL	\$ 6,750,000	\$ 4,215,878

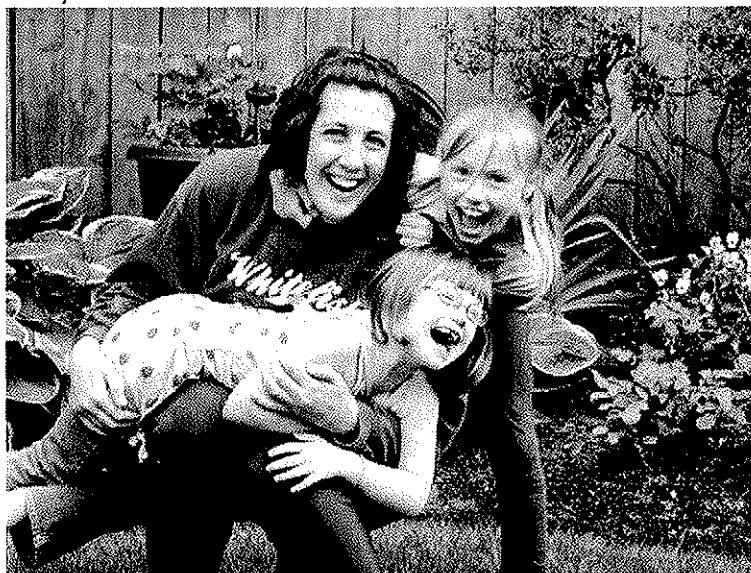
The Oregonian, August 15, 2014

Eden Braman, 7, is an escape artist.

The soon-to-be second-grader once wedged herself through an 8-inch gap in the backyard fence of her St. Helens home and was found in an adjacent field.

Her mother, Emily Braman, has outfitted their home with motion detectors and alarms. Still, her daughter, who has Down syndrome, needs constant supervision.

Eden was eligible for about \$3,400 a year in state funding to cover services, such as 20 hours a month with an in-home caregiver. But it wasn't enough. Braman, a professional guardian and single mother to Eden and 8-year-old, Leah, pleaded with officials for more help but was turned away.



[View full size](#)Emily Braman's 7-year-

old daughter, Eden, has Down syndrome and qualifies for about \$70,000 in services under a new provision of the Affordable Care Act. Eden likes to escape and "go on adventures," Braman said, and requires constant supervision. As a result, Eden often must stay inside while her mother cooks or does laundry, especially if her 8-year-old sister, Leah, isn't around. *Photo courtesy of Emily Braman*

That all changed this year, when Eden became eligible for about \$70,000 a year in services, or at least 100 hours of care each month.

"It has been a wonderful blessing," Braman said. "It's eased some of my stresses, made the quality of our family life better and reduced some of my stresses so I can be a better mom."

But while some families are rejoicing, others worry that a change in how services are calculated and funded could cost the state millions of dollars.

Under a provision of the Affordable Care Act, many of the 9,000 Oregonians with developmental disabilities who live at home are now eligible for three times or more in the amount of money to cover services – or tens of thousands of dollars each.

In addition, the rollout has been rocky, requiring wholesale changes to the system without disrupting services. Some families say there aren't enough qualified service providers to go around once the new service plans were implemented between November 2013 and June 2014.

"You have a program on paper that's millions of dollars overbudget, but there is no labor force to execute the plans," said Michael Bailey, whose 26-year-old daughter, Eleanor, has Down syndrome. Bailey, of Portland, is on the boards of Disability Rights Oregon and the National Disability Rights Network.

"The result is that many, many people who used to have good, reliable services now have a plan with tons of money in it, but there's nobody to execute it."

Effect on budget

The new provision changed the way the state evaluates the needs of developmentally disabled Oregonians who live at home. Until last year, the system had capped tiers, many maxing out at \$14,000 a year in services.

The new system has no caps, and clients get an annual "needs assessment" from state officials based on their disability and the services they would need to live independently, even though few do. Federal money pays for 70 percent of the costs, and the state pays the rest.

The new system is part of the "K Plan," a Medicaid option that aims to reward states for funneling clients into home and community services rather than more-expensive institutions. In Oregon, which had no institutions for developmentally disabled people, the effect has been a dramatic boost in most families' benefits. Oregon is the second state to roll out the plan, after California.

Officials with the Oregon Department of Human Services say they're monitoring the numbers and say many clients won't deplete their benefits.

So far, officials have seen a slight increase in the monthly per-case cost. In March, the latest department statistics available, show that 9,083 Oregonians received on average of \$2,951 in services each. That compares with 9,292 receiving an average of \$2,339 each in January 2013.

"We've let legislators know that the potential is there to need additional funds, but right now we don't have a dollar figure that we'd be asking for and moving forward on," said Trisha Baxter, interim director of the department's developmental disabilities program. "Until the expenditures are occurring, we have no way of knowing what services will be paid for and accessed."

Complicating matters, the state has no way to electronically calculate what it would cost if all clients used all their benefits. It has individual records but no overall database. The department plans a technology "enhancement" in January, Baxter said.

But at least a few signs point to higher spending ahead. At Independence Northwest, a brokerage that helps provide services for about 435 Portland-area adults with developmental disabilities, the average plan this year is running in the low to mid-\$30,000 range, compared with about \$11,000 last year, Executive Director Larry Deal said.

So far, the brokerage has seen an increase in average spending of about 16 percent, he said, and he expects that to rise if more providers become available.

Finding services

The rapid rollout left Oregon without enough time to expand the pool of providers before families had more money to spend, Deal said. He's also been holding twice-a-month information sessions that have drawn a total of about 750 people, he said.

"It's been difficult for everybody involved, from the folks in the field to the people at the state," he said. "It's been challenging to implement because it's meant deconstructing a system that's been around a long time and reconstructing it, all the while you're providing services."

Bailey, the Disability Rights Oregon board member, said he and his daughter scheduled three interviews this spring for two part-time caregiver jobs. Two were no-shows and a third declined a job.



[View full size](#) Claudia Walker of

Southeast Portland says her 24-year-old son, Jackson Fogleman, will never realistically be able to use the \$90,000 in services he now qualifies for under a new provision of the Affordable Care Act. *Photo courtesy of Claudia Walker*

Claudia Walker, 59, and her husband, Bill Fogleman, care for their 24-year-old son, Jackson Fogleman, who was born with multiple issues and needs constant supervision. He spends about 20 hours a week at a day facility, where he socializes and joins volunteer efforts at animal shelters, food banks and other places. He also receives in-home care.

But a "major staffing shortage" will make it tough for him to use more services, Walker said, even though his annual benefit climbed from \$14,000 to \$90,000.

"It's not a realistic dollar amount to tell a family because there's no way you can use it, and there's no way you can even find a way to spend it that's legal," said Walker, a Southeast Portland resident.

"It's nice to know that if something was to happen to one of us, that there's some money out there," she added. "But this is the first year, so I'm real curious as to how this plays out in the state of Oregon."

-- Yuxing Zheng

August 2014 Marketing Report

Trademark of 'Verdant'

Verdant has applied for and received trademark rights to the word "VERDANT" as it relates to health and wellness services in the state of Washington. The federal application was also submitted but may take until late 2014 or early 2015 for a response.

Interim Marketing Director Announcement

Beth Rodriguez, an experienced marketer and consultant who resides in Edmonds, has agreed to serve as our interim marketing director from December 2014-February 2015, with training time set aside in the fall. Beth has experience serving as an Account Director at a full-service ad agency and as the Interim Senior Director of Marketing Audience and Development with the Seattle Symphony. Notably, Beth also served as Director of Marketing and Public Relations for Stevens Hospital from 2002-2007 and in other capacities within the marketing office at Stevens from 1997-2002.

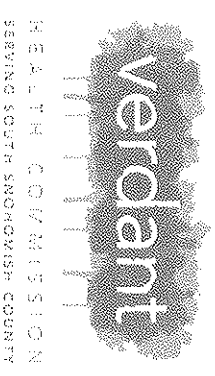
Upcoming Events

- Swedish/Edmonds Expansion Project Groundbreaking Celebration, Sept. 10 from 4-6 p.m.
- Lynndale Elementary Healthy Living Fair, Sept. 27 from 8:30 a.m. – 12 p.m.

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FREE RANGE HEALTH PROGRAM OVERVIEW LYNNWOOD ACUPUNCTURE (2013 - 2014)



IMPACT OVERVIEW





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OBSERVATIONS

Participant Distribution by Age Range

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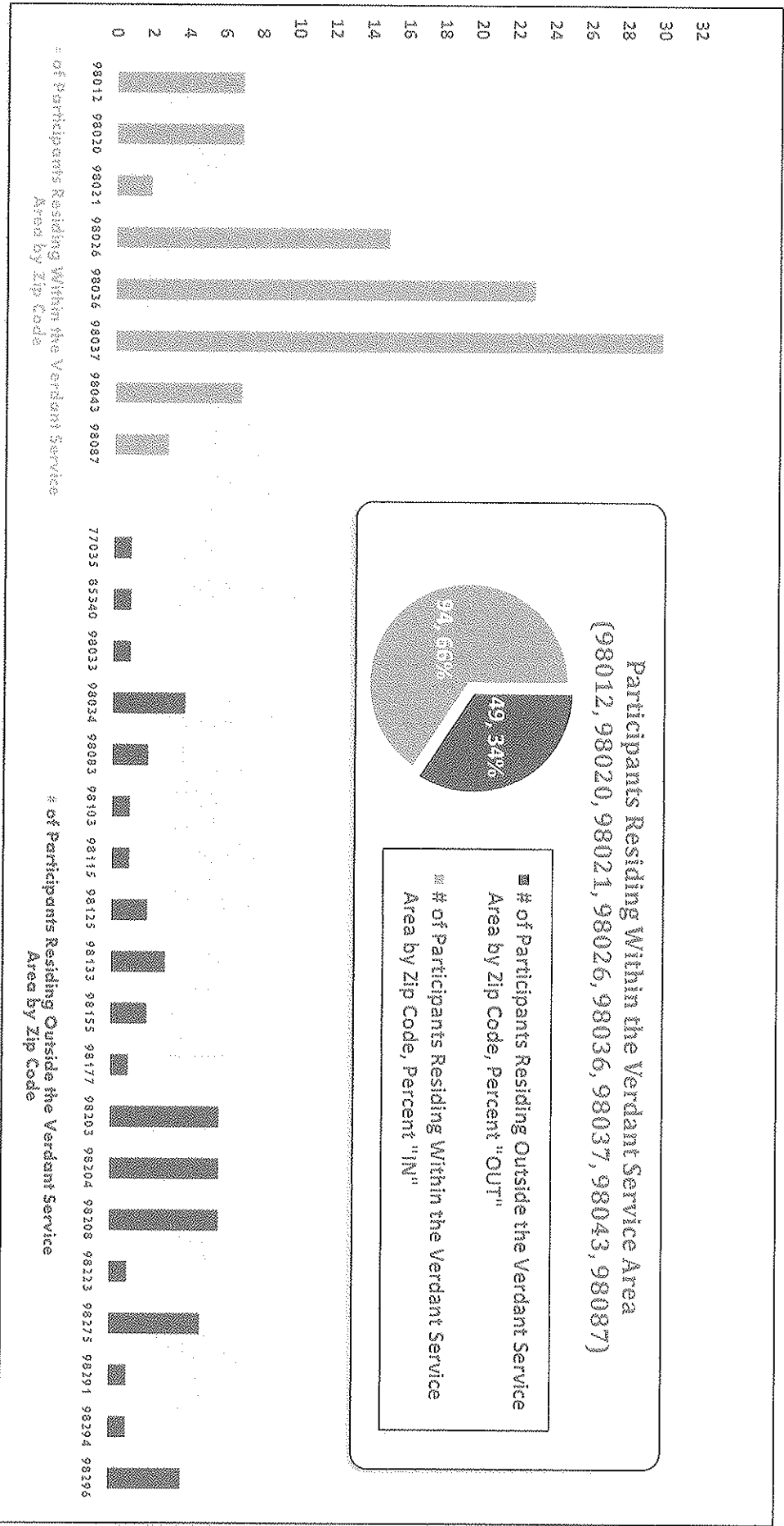
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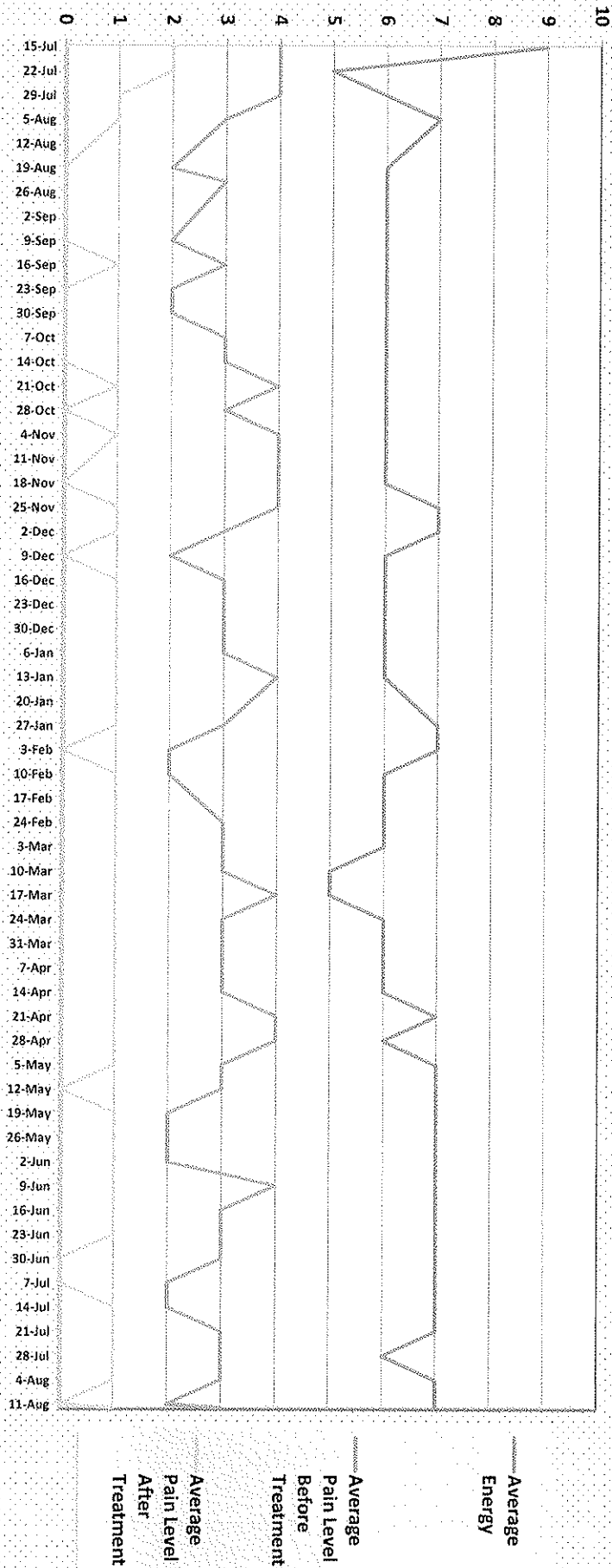
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FREE RANGE HEALTH - LYNNWOOD ACUPUNCTURE PROGRAM (2013-2014)
 IMPACT OVERVIEW



FREE RANGE HEALTH - LYNNWOOD ACUPUNCTURE PROGRAM (2013-2014)
 IMPACT OVERVIEW

AVERAGE PATIENT REPORTED ENERGY LEVELS, PAIN LEVELS BEFORE TREATMENT, AND
 PAIN LEVELS AFTER TREATMENT (0-10 SCALE WHERE 0 = NONE AND 10 = MOST)



MOST CURRENT DATA AS OF: 8/18/2014

FREE RANGE HEALTH - LYNNWOOD ACUPUNCTURE PROGRAM BUDGET (2013-2014)

PROGRAM RESULTS (ANNUAL BUDGET - VERDANT FORMAT)

Revenue		Year 1 Budget	Year 1 Actual
Funds from Verdant Health		\$21,209	\$21,209
Government Grants/Contracts		\$0	\$0
Program Revenue/Fees		\$9,600	\$13,775
Corporate Grants		\$0	\$0
Foundation Grants (including United Way)		\$0	\$0
Other revenue (specify):	Liniment, Chinese herbal formulas	\$0	\$285
In kind support (specify):		\$0	\$0
Misc. revenue (specify):		\$0	\$0
Total Revenue		\$30,809	\$35,269
Expenses		Year 1 Budget	Year 1 Actual
Salaries & Benefits		\$18,000	\$28,259
Equipment		\$1,013	\$662
Rent/Utilities	(aka, Facilities Usage Fees)	\$4,800	\$6,068
Training		\$0	\$231
Printing/Postage/Publications		\$0	\$192
Supplies		\$2,044	\$1,773
Other (specify):	Malpractice Insurance (aka, Provider Compliance)	\$100	\$727
Other (specify):	Laundry	\$500	\$470
Other (specify):	Vehicle Fuel & Maintenance (aka, Program Transportation & Fuel)	\$1,352	\$1,269
Other (specify):	Administrative Costs	\$3,000	\$2,837
Total Expenses		\$30,809	\$42,488
Budget Surplus/(Deficit)		\$0	(\$7,219)

FREE RANGE HEALTH - LYNNWOOD ACUPUNCTURE PROGRAM BUDGET (2013-2014)

PROGRAM RESULTS (ANNUAL BUDGET - FRH EXPANDED FORMAT)

Revenue

Earned Revenue	
Acupuncture Income	13,775.00
Herbs, Teas & Liniments	285.37
Total Earned Revenue	<u>14,060.37</u>
Verdant Grant Income	<u>21,209.04</u>

Total Revenue

35,269.41

Expense

Program Expenses	
Electronic Health Records	501.27
Facility Usage Fees	6,068.25
Program Supplies & Equip	714.62
Acupuncture Supplies And Equip	943.53
Laundry Services	470.00
Program Transportation and Fuel	1,268.74
Herbs, Teas, and Liniments	114.62
Provider Compliance	
Ins - Professional Liability	364.51
Professional Licensing	345.40
CPR and First Aid Training	17.58
Total Provider Compliance	<u>727.49</u>

Total Program Expenses	<u><u>10,808.52</u></u>
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Payroll Expenses	
Salaries & Wage Expense	25,507.61
Federal Payroll Tax Expense	1,936.06
Employment Security (SUTA)	306.18
Labor & Industries	487.67
Payroll Expenses - Other	20.98
Total Payroll Expenses	<u><u>28,258.50</u></u>

Operations	
Printing and Copying	162.99
Postage, Mailing & Shipping	28.69
Information Technology	358.67
Office Supply and Small Equip	661.70
Total Operations	<u><u>1,212.05</u></u>

Business Expenses	
Ins - General Liability	113.08
Total Business Expenses	<u><u>113.08</u></u>

Contract & Professional Service	
Development Services	33.00
HR Services	310.00
Financial Services	1,143.35
Employee Screening	150.36
Legal Services	227.70
Total Contract & Professional Service	<u><u>1,864.41</u></u>
Travel, Meetings and Education	<u>231.40</u>

Total Expense

42,487.96

Net Revenue

(\$7,218.55)

Energy

Anxiety/Stress
Depression
Post-Stroke Recovery
Emphysema/COPD
Food Cravings
Poor Digestion
Cancer Care Support
Asthma
Grief/Sadness
Fatigue
Hepatitis Management
Anemia

Pain

Neuropathy
Gastritis
Tendonitis
Muscle spasms
Urinary Tract Infections
Carpal Tunnel Syndrome
Frozen Shoulder
Low Back Pain
Neck Pain
TMJ
Shingles
Common Cold
Dry Eyes
Tremors
Incontinence
Knee Pain
Dry Skin
Painful Menses
Headaches/Migraines
Plantar Fasciitis

Other

Dizziness/Vertigo
Hiccups
Bell's Palsy
Musculoskeletal Trauma
Eye Floaters
Seasonal Allergies
Irregular menses
Tinnitus
Detoxification
Nausea/Vomiting
Insomnia
Hot Flashes
Arteriosclerosis
Diabetes
Alopecia
IBS
Sinus infection
Eczema
Hypertension
PTSD
Hemorrhoids
Edema
Smoking Cessation

FREE RANGE HEALTH PATIENT HEALTH SURVEY

		Excellent	Very Good	Good	Fair	Poor
01	In general, would you say your health is	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
02	In general, would you say your quality of life is...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
03	In general, how would you rate your physical health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
04	In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
05	In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
06	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
07	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	Completely <input type="checkbox"/> 5	Mostly <input type="checkbox"/> 4	Moderately <input type="checkbox"/> 3	A Little <input type="checkbox"/> 2	Not At All <input type="checkbox"/> 1
In the past 7 days		Never	Rarely	Sometimes	Often	Always
08	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
09	How would you rate your FATIGUE on average?	None <input type="checkbox"/> 5	Mild <input type="checkbox"/> 4	Moderate <input type="checkbox"/> 3	Severe <input type="checkbox"/> 2	Very Severe <input type="checkbox"/> 1
10	How would you rate your PAIN on average?					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Mild			Moderate			Severe
<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				

X	MH	PH	MH	MH	X	PH	MH	PH Fatigue	PH Pain
Item 01	Item 02	Item 03	Item 04	item 05	Item 06	Item 07	Item 08	Item 09	Item 10

2 3 2 1 3 4 2 4 4 7 = 2

KPIs

General Health Score = Item01 x 4 = 2 x 4 = 8 out of 20 = GHS8

Social Health Score = Item06 x 4 = 4 x 4 = 16 out of 20 = SHS16 (Key Performance Indicators)

Physical Health Score = Item03 + Item07 + Item09 + Item10 = 2 + 2 + 4 + 2 = 10 out of 20 = PHS10

Mental Health Score = Item02 + Item04 + Item05 + Item08 = 3 + 1 + 3 + 4 = 11 out of 20 = MHS11

GHS8	SHS16
PHS10	MHS11

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Advances in Patient Reported Outcomes: The NIH PROMIS Measures

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Advances in Patient-Reported Outcomes: The NIH PROMIS[®] Measures

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Abstract

Patient-reported outcomes (PRO) are questionnaire measures of patients' symptoms, functioning, and health-related quality of life. They are designed to provide important clinical information that generally cannot be captured with objective medical testing. In 2004, the National Institutes of Health launched a research initiative to improve the clinical research enterprise by developing state-of-the-art PROs. The NIH Patient-Reported Outcomes Measurement System (PROMIS) and Assessment Center are the products of that initiative. Adult, pediatric, and parent-proxy item banks have been developed by using contemporary psychometric methods, yielding rapid, accurate measurements. PROMIS currently provides tools for assessing physical, mental, and social health using short-form and computer-adaptive testing methods. The PROMIS tools are being adopted for use in clinical trials and translational research. They are also being introduced in clinical medicine to assess a broad range of disease outcomes. Recent legislative developments in the United States support greater efforts to include patients' reports of health experience in order to evaluate treatment outcomes, engage in shared decision-making, and prioritize the focus of treatment. PROs have garnered increased attention by the Food and Drug Administration (FDA) for evaluating drugs and medical devices. Recent calls for comparative effectiveness research favor inclusion of PROs. PROs could also potentially improve quality of care and disease outcomes, provide patient-centered assessment for comparative effectiveness research, and enable a common metric for tracking outcomes across providers and medical systems.

Introduction

Over a decade ago, the National Institutes of Health (NIH) recognized shortcomings in the quality of the Patient-Reported Outcomes (PRO) available for outcome measures in clinical trials.¹ Existing "legacy" measures had undergone development without the advantages of contemporary psychometric advances. As a result, NIH included in its Roadmap grant program a major initiative called the Patient-Reported Outcome Measurement Information System (PROMIS). PROMIS aims to "reengineer the clinical research enterprise" by creating generic health measures with improved reliability, validity, and precision relative to existing instruments that are premised on classical test theory.^{2,3} The NIH PROMIS research program (2004- present) has funded over a dozen research sites across the country to engage in fundamental psychometric item bank and scale development. This paper outlines the thinking behind the PROMIS initiative and the psychometric advances applied to the initiative. It also addresses contemporary health care policy mandates relating to PROs as well as opportunities for novel use of PROs beyond outcomes in clinical trials. The goal of this paper is to acquaint the reader with PROMIS and PRO measurement issues and to demonstrate how recent developments have the potential to modernize measurement in clinical trials,

facilitate comparative effectiveness research (CER), and improve clinical care.

Patient-Reported Outcomes

PROs are health experiences and evaluations that are assessed by patient report, such as symptoms, assessments of functioning, well-being, health perceptions, and satisfaction with care. Measurement of PROs may be conducted by interview or, more often, by questionnaire on paper, computer, or automated telephone delivery. Clinical research has used PRO measurements for decades, often focusing on a limited set of health concepts⁴⁻⁶ and typically using disease-specific scales for a particular disease, such as arthritis or asthma. Historically, PRO measures have been of variable psychometric quality (measurement characteristics of test), providing limited ability to measure accurately the upper and lower ends of the trait and inadequate content coverage of the measured domain. Inconsistency across studies in the use of scales has led to data silos, that is, the inability to exchange information across systems, posing important challenges for synthesis of results across studies, impeding meta-analyses and comparisons of treatment effectiveness.⁷

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The PROMIS Approach to Scale Development

The item banking approach is the cornerstone of the PROMIS method of PRO development. It begins with defining a domain of interest—i.e., a health attribute that a patient can report, such as pain, physical functioning, anxiety, or social isolation. A systematic series of steps then identifies items that comprehensively measure the domain.⁸ From PROMIS's outset, the involvement of patients and content experts has been extensive and has been harnessed to explicate content within domains.^{9,10} Once a pool of items is created using these qualitative methods, large field tests are conducted and item response theory (IRT) approaches are applied to calibrate the item bank, thereby creating a scoring system to norm responses to the general U.S. population.¹¹ These steps have facilitated significant advances in the content validity and evaluation of coverage of the full range of health experience across the domain (see www.nihpromis.org and the SCIENCE tab for detailed information on PROMIS development procedures). Many legacy instruments suffered from shortcomings in sensitivity at the low and/or high ends of the scale, thus providing limited accuracy for the healthiest and the most affected respondents.¹² PROMIS items, however, have undergone rigorous testing for evidence of differences by respondent characteristic (e.g., sex, age, education).¹³ Final item banks have been calibrated to general U.S. adult and child population norms by using the t-score metric (mean = 50, standard deviation = 10).¹⁴ The PROMIS initiative has extended this work with a focus on validation studies across several disease groups and settings. Results to date demonstrate that the PROMIS measures function as well as or better than legacy measures, as demonstrated by improved reliability and evidence of increased sensitivity to clinical change.¹⁵

PROMIS uses a domain-specific rather than disease-specific measurement approach.² Domains are clinically coherent and empirically unidimensional health attributes. The domain-specific approach is based on the perspective that health attributes are not unique to a specific disease, although disorders may have characteristic profiles within domains. The creation of item banks that are not disease-specific permits the comparison of measurements across diseases. Such an approach allows an investigator to determine, for example, the impact of a new medication on fatigue for patients with chronic fatigue syndrome, multiple sclerosis, and cancer. Moreover, it allows for pragmatic research with patients with several diseases, measuring outcomes for domains regardless of specific disease contribution. Pragmatic research is particularly important for CER that examines the relative positive and adverse effects of different treatments for a condition, permitting determination of whether effects vary by patient and disease characteristics.¹⁶

A particularly exciting product of the PROMIS IRT approach has been the application of computer-adaptive tests (CAT). Given that each item's psychometric characteristics are known, computer assessment software can iteratively deliver a brief and targeted sequence of items to an individual based on his or her previous item responses.¹⁷ The typical PROMIS CAT involves four to eight items—a minute or two of questions—for a domain. To make CAT administration accessible to clinical researchers, the PROMIS

initiative helped develop Assessment Center, a free, online tool that enables the creation of study-specific, secure web sites for administering PROMIS and other PRO short forms and CATs¹⁸ (see <http://www.nihpromis.org/software/assessmentcenter>). Via the Internet, Assessment Center permits accurate assessment of PROs with low patient burden in medical offices, research clinics, and elsewhere. A user manual; online video tutorials on PROMIS, CAT, and Assessment Center; FAQs, and a live customer support help desk are available to support the use of Assessment Center. In addition, a schedule of in-person training workshops is posted on the Assessment Center website (www.assessmentcenter.net).

The list of available PROMIS measures continues to expand and includes adult, pediatric, and parent-proxy scales (<https://www.assessmentcenter.net/documents/InstrumentLibrary.pdf>). In Figures 1 and 2, we display current PROMIS domains for adults and children/adolescents. Several of the domains include subdomains (e.g., pain intensity, pain interference, pain behavior, pain quality).

With few exceptions, the domains are also available in Spanish; other language translations are in various stages of completion (<http://www.nihpromis.org/measures/translations>). Ongoing work is dramatically expanding the pediatric measure set to include item banks for pain, stress, positive psychological functioning, and family belonging. Adult item banks for gastrointestinal symptoms and self-efficacy for management of chronic conditions are also under development.

Figure 1. PROMIS Adult Domains Available as of 2013

Adult Self-Reported Health		Global Health
Physical Health	Mental Health	Social Health
<ul style="list-style-type: none"> Fatigue Pain Physical Function Sexual Function Sleep 	<ul style="list-style-type: none"> Alcohol Anger Anxiety Cognitive Function Depression Psychosocial Illness Impact 	<ul style="list-style-type: none"> Companionship Social Isolation Social Roles & Activities Social Support

Figure 2. PROMIS Pediatric (8 to 17 years old) and Parent-Proxy Report (5 to 17 years old) Domains Available as of 2013

Pediatric and Parent-Proxy Reported Health		
Physical Health	Mental Health	Social Health
<ul style="list-style-type: none"> Asthma Impact Fatigue Pain Physical Function 	<ul style="list-style-type: none"> Anger Anxiety Depression 	<ul style="list-style-type: none"> Peer Relationships

PROMIS researchers are pursuing several avenues of research. The most active area of investigation is clinical validation of existing measures to evaluate their responsiveness to clinical change across a wide range of conditions. With PROMIS measures designed to provide precise measurement across the full range of the health domain, it is possible that ongoing and planned research will show substantial advantages of PROMIS viz-a-viz existing legacy measures. Pediatric measurement is another area of investigation that has received substantial attention and investment. Over the next several years, research will be done to statistically link pediatric and adult measures of the same concept (e.g., anxiety or physical functioning) to provide a single scale that accounts for the pediatric-adult transition, thereby enabling life-course research. Perhaps the most rapidly growing set of research questions relates to the incorporation of PROs into clinical practice, performance assessment, and comparative effectiveness research.

Comparative Effectiveness Research

The 2010 Patient Protection and Affordable Care Act set the stage for several important developments for improving both the evidence base and the delivery of medical care in the United States. One such development is increased support for implementation of the electronic health record (EHR). Another development is the mandate that clinical care and clinical research incorporate the patient's perspective. The mandate followed the 2009 guidance issued by the FDA on necessary criteria for using PROs to support claims for medical product labeling.¹⁹ Although not new concepts,^{20–22} these developments are converging to create a strong interest in patient-monitoring tools in clinical care.

In 2009, Congress appropriated \$1.1 billion to prioritize comparative effectiveness research, requiring the Agency for Healthcare Research and Quality, National Institutes of Health, and U.S. Department of Health and Human Services to share the funds in support of CER. The impetus was the recognition that medical providers and patients have little empirical information available to evaluate the comparative benefits of different treatments to inform clinical decisions. Scant data on treatment efficacy, side effects and adverse events for different subgroups of patients (e.g., sex, race, age, medical comorbidities) has further hampered informed decisions.²³ Moreover, from a national economic perspective, the nation's high medical care expenditures, compared with other industrialized countries' significantly lower expenditures, point to the need to examine the effectiveness of health policy approaches in the United States.^{24,25} Commentary has suggested the need for dedicated resources and new approaches in research and clinical settings to generate comparative effectiveness data.²⁶

New Roles for PROs

One of the shifts that is taking place with the increased focus on CER and greater inclusion of patients in the dialogue is interest in expanding the scope of clinical outcomes evaluated in trials. For example, while health providers may focus primarily on biological outcomes such as laboratory tests and imaging results, patients are asserting the importance of additional outcomes such as fatigue, sleep quality, ability to engage in valued activities, and depres-

sion.²⁷ These health experiences may be measured accurately through patient self-reports, which, alongside biological clinical data, offer opportunities for understanding treatment effects that extend beyond conventional clinical research activity. Assuming that PRO measures are calibrated to a common metric, data may be aggregated across practitioners and clinical sites to enable repurposing of the EHR and PRO data for CER.

Potential of PROs for Improving Clinical Care

Recent developments in health care policy have called for greater engagement of patients in health care, shared decision-making, and patient-centered care.^{21,22,28,29} Such a policy focus is particularly relevant for chronic diseases where sustained and active patient involvement in daily disease management is a cornerstone of successful care.^{30,31} PROs may play several roles in clinical care of the patient. They can provide clinical information for medical decision-making. They can identify patients' areas of concern that should be addressed during a visit but that the provider might not recognize. When completed in advance, PROs can contribute information for pre-planning of visits by the patient care team. They can assist clinicians in monitoring patient status longitudinally, providing an important source of information about treatment response. Moreover, monitoring of patient status on PROs can occur without in-office evaluations, perhaps extending visit intervals in the absence of complications or leading to earlier visits and interventions as indicated.

PROs that measure valued outcomes create an opportunity to clarify patients' priorities and to prompt expanded and effective discussions about patient preferences for disease management.^{32,33} Nonetheless, the PRO literature has identified logistical and technical barriers to implementation, such as respondent burden, time constraints, and lack of standardized and individualized assessments.^{34,35} Practical issues have complicated PRO collection, such as rushed assessments in the waiting room or lack of time during the medical visit.^{36,37} The PROMIS measures address some of these issues by providing PRO measures that are psychometrically sound, brief (four to eight items/domains), accurate, and available via multiple modes of administration.

Another application is the use of PROs to monitor health over time across a patient population within an electronic record keeping system. There has been increasing interest in utilization of PROs as performance measures (http://www.qualityforum.org/Projects/n-r/Patient-Reported_Outcomes/Patient-Reported_Outcomes.aspx#t=2&s=&p=2%7C). Assessments of PROs can contribute to health care systems' examination of the system-wide effectiveness of care by considering factors such as ranges and averages of patient outcomes. Systematic PRO collection can also create opportunities for understanding outcomes associated with individual providers.

Despite these advances, there is little evidence to guide the effective integration of PROs into day-to-day patient care. In fact, published research to date is largely disappointing in that PRO administration has mostly yielded increases in chart notations of

PRO scores and associated diagnoses with little or no impact on patient care and outcomes.^{35,36-40} This seemingly meager utility in clinical care has been attributed to a lack of understanding of the factors required to make PRO information comprehensible and useful to health providers and patients.^{35,36,41,42} Nonetheless, integration of PROs into EHRs is rapidly approaching a tipping point.

PROs in EHR Patient Portals

EHR vendors are starting to recognize the importance of PROs for clinical practice, performance improvement, and research. For example, with its software release in fall 2012, Epic, a leading EHR developer, provided its customers with a novel PRO application (details available in Epic 2012 release notes). Epic developers have made available a library of PRO measures to end-users, who can select from the included instruments or add their own PROs. PROMIS short forms for physical functioning, pain interference, global health, sleep disturbance, fatigue, depression, anxiety, and ability to participate in social roles and activities are being made available for adults. For pediatric patients, PROMIS self-report and parent proxy-report measures are included for mobility, upper-extremity functioning, pain interference, fatigue, depressive symptoms, anxiety, peer relationships, and asthma impact.

Local Epic user groups can program the software to instruct clinical users to define an "event" to direct the administration and reporting of their patients' PROs. An "event" can be an upcoming healthcare service such as an office visit or surgery, hospitalization, acute illness, a change in health status, or a pre-defined interval, e.g., every 4 months for patients with chronic disease. For example, an orthopedic surgeon and a patient conclude that a knee replacement is the best option. The surgery date can be treated as the "event." PROMIS measures of physical functioning, pain, and ability to participate in social roles and activities can be scheduled for completion one week pre-operatively, one week post-operatively, and three months post-operatively. Once launched, the application sends the patient an email asking him or her to complete the PROs at the designated times relative to the surgery. The patient accesses the patient portal of the EHR to complete the assessment. These data are scored and stored in the EHR database, and can be retrieved by the surgeon in tabular or graphical form just as laboratory data are currently displayed.

PROMIS instruments are poised for integration into clinical practice by incorporating common data element standards and definitions, including Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine-Clinical Terms (SNOMED CT). Furthermore, PROMIS instruments that are captured within Assessment Center can use Health Level Seven (HL7) messaging, the most widely used standard for exchanging health care data within and between health care organizations.

Systematic and uniform assessment of PROs in a structured data-capture system will enable the use of patient self-reports for CER—whether for N-of-1 trials aggregated to make inferences across a population or for more traditional CER designs. The abil-

ity to conduct CER with observational data is strengthened when PRO and clinical data are married in the same patient record, with data displayed in a clear and interpretable format to separate visit-to-visit variation from meaningful change. The technological potential is likely to continue advancing with the generation of creative solutions for integrating the broad and multisource facets of patient data.⁴³

Examples of Clinical Sites Using PROMIS PROs

As the potential for benefit is recognized, there are increasing instances of PROs being incorporated into clinical care. Several medical centers that have prioritized the improvement of health outcomes have introduced PROs into clinical settings. Cleveland Clinic, Northwestern University, University of Washington, and Cincinnati Children's Hospital are examples of institutions that have systematically integrated PROs, including PROMIS, into clinical settings. At Cleveland Clinic Neurological Institute patients are scheduled to arrive 20 minutes before their appointment to complete health status measures including PROMIS that are integrated into the electronic health record.⁴⁴ At the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, PROMIS CATs are used in an initiative to screen for distress and other outcomes as well as conduct a needs assessment in gynecologic oncology patients. Patients have the opportunity to complete the measures before their visit via the patient portal of the EHR. Scores that exceed an established threshold or requests for services generate messages within the EHR for the appropriate clinical care team member, e.g., a social worker. The Lurie Center's project addresses an accreditation standard set by the American College of Surgeons Commission on Cancer for routine screening of distress.⁴⁵ PRO measures also have been integrated into clinic visits at University of Washington outpatient HIV Clinic by allotting time prior to the visit for assessment. As a result, PRO measures have drawn provider attention to depressive symptoms, poor medication adherence, and at-risk behaviors.⁴⁶ In pediatric care, Cincinnati Children's Hospital Medical Center is using PROs in 12 subspecialty clinics, with more widespread rollout planned to clinics system-wide. The initiative will satisfy several goals. It will serve the clinical needs of subspecialty clinics by, for example, using the PROMIS pain interference measure in the rheumatology clinic. Over time, it will also monitor the health of the medical center's population as a whole by assessing general health-related quality of life (personal communication with Evaline Alessandrini, MD, James M. Anderson Center for Health Systems Excellence, Cincinnati Children's Hospital Medical Center, March 2013).

The State of PRO Integration Science

While these initiatives are exciting, it remains to be seen whether integration of PROs into the clinical encounter will yield better patient outcomes than the more traditional exchange of information between patient and provider. There is some evidence, however, from a research setting that PROMIS items can be used to associate change in treatment directly to outcome, thus helping to identify the most effective treatment.

Using individual patients as the unit of measure, Kaplan and colleagues used PROMIS items to associate change in treatment for inflammatory bowel disease with outcomes.⁴⁷ Using mobile and web-based data collection of PROMIS and other measures, they generated a graphical display of PRO data with statistical process control charts to determine when changes in medical therapy were reflected in meaningful changes in PROs. They used the data to identify the most effective treatment for a given patient in order to deliver personalized care. Crosby and colleagues are using PROMIS measures to assess the impact on health outcomes of a self-management program for adolescents with sickle cell disease. The program uses the EHR patient portal. It conducts PRO assessment and provides patients with resources for general disease-related information, access to their own laboratory data, and self-management tips. It also enables patients to provide health updates (weekly) via emails to their health care team. Included among outcome measures are PROMIS pain interference and fatigue scores [personal communication, Lori Crosby, Psy.D., Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, March 2013].

Some studies have used randomized, controlled designs to compare outcomes when PROs are and are not integrated into care. When we look at this research, the majority of trials only engaged the patient on a single occasion for assessment.^{56,48} This inhibits provider monitoring of patients' evolving health status and assumes that clinical decision-making can be based on a single evaluation.^{39,39,50} A review showed that 50 percent of single-feed-back PRO trials (n = 14) demonstrated a significant increase only in chart notations and diagnoses, with no evidence of treatment plan changes. Only 2 of 11 studies found a significant impact on referrals and additional consultations.⁴⁵ Potentially, the benefits of PROs can be enhanced if their implementation mirrors the process of clinical decision-making that occurs in chronic disease care, that is, longitudinally.³⁸ One of the most common barriers to successful PRO integration is providers' failure to value the PRO information for the management of their patients. Patient PRO reports need to be presented in a clinically relevant format with clear interpretive guidelines, and they must add value to the clinical encounter, be cost-effective, and should not impede the clinical workflow.^{32,33} Prior studies have presented PRO information to clinicians in various ways; however, provider preferences for particular formats of PRO delivery and their ease of interpretation have not been examined.⁴¹ In fact, EHR implementation is advancing ahead of systematic evaluation of usability by patients and providers.⁵¹ Qualitative investigations are needed to characterize the needs of health care providers to facilitate PRO integration,² along with systematic clinical trials that study the efficacy of PRO integration.

Summary

PROs have rapidly increased in significance as the national dialogue on health policy has focused more on comparative effectiveness research, incorporating the patient perspective into medical decision-making and evaluating broader treatment outcomes. The NIH PROMIS initiative provides state-of-the-art item banks for adult, pediatric, and parent-proxy measurement of physical, mental, and social health domains. The measures may be administered rapidly as short forms or computer-adaptive tests. PROMIS tools are being adopted in clinical trials, comparative effectiveness research, and also in clinical care by hospitals and electronic health record vendors. Use of PROs offers the potential to broaden the focus of clinical encounters to include additional health experiences of importance to the patient and to provide a means for monitoring patient status and treatment outcomes longitudinally through patient portals in the EHR. Today's focus on quality of patient care and clinical outcomes will undoubtedly incorporate PROs into evaluations of system-wide and individual provider treatment outcomes. Systematic studies that investigate the best methods for using PROs in clinical care and for evaluating their impact on patient outcomes are now needed.

References

1. Cella D, Yount S, Rothrock N, et al. The Patient-Reported Outcomes Measurement Information System (PROMIS): progress of an NIH Roadmap cooperative group during its first two years. *Med Care*. 2007;45(5 Suppl 1):S3-S11.
2. Magasi S, Ryan G, Revicki D, et al. Content validity of patient-reported outcome measures: perspectives from a PROMIS meeting. *Qual Life Res*. 2012;21(5):739-746.
3. Fries JE, Bruce B, Cella D. The promise of PROMIS: using item response theory to improve assessment of patient-reported outcomes. *Clin Exp Rheumatol*. 2005;23(5 Suppl 39):S53-S57.
4. Litcher-Kelly L, Martino S, Broderick J, Stone A. A systematic review of measures used to assess chronic pain in randomized clinical trials and controlled trials. *Journal of Pain*. 2007;8(12):906-913.
5. Rahimi K, Malhotra A, Baunig AP, Jenkins C. Outcome selection and role of patient-reported outcomes in contemporary cardiovascular trials: systematic review. *BMJ*. 2010;341:c5707 (doi):10.1136/bmj.c5707.
6. Hewlett S, Carr M, Ryan S, et al. Outcomes generated by patients with rheumatoid arthritis: how important are they? *Musculoskeletal Care*. 2005;3(3):131-142.
7. Griffith L, van den Heuvel E, Fortier I, et al. Harmonization of cognitive measures in individual participant data and aggregate data meta-analysis. Rockville, MD: Agency for Healthcare Research and Quality;2013. AHRQ Publication No.13-EHC040-EE.
8. DeWalt DA, Rothrock N, Yount S, Stone AA. Evaluation of item candidates: the PROMIS qualitative item review. *Medical Care*. May 2007;45(5 Suppl 1):S12-S21.
9. Amtmann D, Cook KF, Johnson KL, Cella D. The PROMIS initiative: involvement of rehabilitation stakeholders in development and examples of applications in rehabilitation research. *Arch Phys Med Rehabil*. 2011;92(10 Suppl):S12-S19.
10. Riley WT, Rothrock N, Bruce B, et al. Patient-reported outcomes measurement information system (PROMIS) domain names and definitions revisions: further evaluation of content validity in IRT-derived item banks. *Qual Life Res*. 2010;19(9):1311-1321.
11. Reeve BB, Hays RD, Bjorner JB, et al. Psychometric evaluation and calibration of health-related quality of life item banks: plans for the Patient-Reported Outcomes Measurement Information System (PROMIS). *Med Care*. 2007;45(5 Suppl 1):S22-S31.

12. Fries JE, Cella D, Rose M, Krishnan E, Bruce B. Progress in assessing physical function in arthritis: PROMIS short forms and computerized adaptive testing. *J Rheumatol*. 2009;36(9):2061-2066.
13. Teresi JA, Ocepek-Welikson K, Kleinman M, et al. Analysis of differential item functioning in the depression item bank from the Patient Reported Outcome Measurement Information System (PROMIS): An item response theory approach. *Psychol Sci Q*. 2009;51(2):148-180.
14. Rothrock NE, Hays RD, Spritzer K, Yount SE, Riley W, Cella D. Relative to the general US population, chronic diseases are associated with poorer health-related quality of life as measured by the Patient-Reported Outcomes Measurement Information System (PROMIS). *J Clin Epidemiol*. 2010;63(11):1195-1204.
15. Fries JE, Krishnan E, Rose M, Lingala B, Bruce B. Improved responsiveness and reduced sample size requirements of PROMIS physical function scales with item response theory. *Arthritis Res Ther*. 2011;13(5):R147.
16. Conway PH, Clancy C. Comparative effectiveness research: implications of the Federal Coordinating Council's report. *N Engl J Med*. 2009;361(4):328-330.
17. Choi SW, Reise SP, Pilkonis PA, Hays RD, Cella D. Efficiency of static and computer adaptive short forms compared to full-length measures of depressive symptoms. *Qual Life Res*. 2010;19(1):125-136.
18. Gershon RC, Rothrock N, Hanrahan R, Bass M, Cella D. The use of PROMIS and assessment center to deliver patient-reported outcome measures in clinical research. *J Appl Meas*. 2010;11(3):304-314.
19. U.S. Department of Health and Human Services PaDA. Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims. Guidance for Industry 2010. Accessed September 2, 2011.
20. Ellwood P. Shaftuck lecture - outcomes management. A technology of patient experience. *New England Journal of Medicine*. 1998;318:1549-1556.
21. Stewart M. Towards a global definition of patient centred care. *Bmj*. 2001;322(7284):444-445.
22. Higginson IJ, Carr AJ. Measuring quality of life: Using quality of life measures in the clinical setting. *Bmj*. 2001;322(7297):1297-1300.
23. Institute of Medicine. Initial National Priorities for Comparative Effectiveness Research. Washington, DC: The National Academies Press; 2009.
24. Anderson GF, Frognier BK, Johns RA, Reinhardt UE. Health care spending and use of information technology in OECD countries. *Health Aff (Millwood)*. 2006;25(3):819-831.
25. Mushlin AI, Ghomrawi H. Health care reform and the need for comparative-effectiveness research. *N Engl J Med*. 2010;362(3):e6. doi: 10.1056/NEJMp0912651.
26. Tunis SR, Benner J, McClellan M. Comparative effectiveness research: Policy context, methods development and research infrastructure. *Stat Med*. 2010;29(19):1963-1976.
27. Kirwan JR, Hewlett SE, Heiberg T, et al. Incorporating the patient perspective into outcome assessment in rheumatoid arthritis: progress at OMERACT 7. *J Rheumatol*. 2005;32(11):2250-2256.
28. Roter D. The enduring and evolving nature of the patient-physician relationship. *Patient Educ Couns*. 2000;39(1):5-15.
29. Epstein RM, Fiscella K, Lesser CS, Stange KC. Why the nation needs a policy push on patient-centered health care. *Health Aff (Millwood)*. 2010;29(8):1489-1495.
30. Michie S, Miles J, Weinman J. Patient-centredness in chronic illness: what is it and does it matter? *Patient Educ Couns*. 2003;51(3):197-206.
31. Iversen MD, Hammond A, Betteridge N. Self-management of rheumatic diseases: state of the art and future perspectives. *Ann Rheum Dis*. 2010;69(6):955-963.
32. Lohr KN, Zebrack BJ. Using patient-reported outcomes in clinical practice: challenges and opportunities. *Qual Life Res*. 2009;18(1):99-107.
33. Fung CH, Hays RD. Prospects and challenges in using patient-reported outcomes in clinical practice. *Qual Life Res*. 2008;17(10):1297-1302.
34. Osoba D. Translating the science of patient-reported outcomes assessment into clinical practice. *J Natl Cancer Inst Monogr*. 2007(37):5-11.
35. Valderas JM, Kotzeva A, Espallargues M, et al. The impact of measuring patient-reported outcomes in clinical practice: a systematic review of the literature. *Qual Life Res*. 2008;17(2):179-193.
36. Greenhalgh J. The applications of PROs in clinical practice: what are they, do they work, and why? *Qual Life Res*. 2009;18(1):115-123.
37. Rose M, Bezjak A. Logistics of Collecting Patient-Reported Outcomes (PROs) in Clinical Practice: An Overview and Practical Examples. *Quality of Life Research*. 2009;19(1):125-136.
38. Espallargues M, Valderas JM, Alonso J. Provision of feedback on perceived health status to health care professionals: a systematic review of its impact. *Med Care*. 2000;38(2):175-186.
39. Snyder CF, Aaronson NK. Use of patient-reported outcomes in clinical practice. *Lancet*. 2009;374(9687):369-370.
40. Kazis LE, Callahan LF, Meenan RF, Pincus T. Health status reports in the care of patients with rheumatoid arthritis. *J Clin Epidemiol*. 1990;43(11):1243-1253.
41. Greenhalgh J, Long AE, Flynn R. The use of patient reported outcome measures in routine clinical practice: lack of impact or lack of theory? *Soc Sci Med*. 2005;60(4):833-843.
42. Snyder C, Brundage M. Integrating patient reported outcomes in healthcare policy, research and practice. *Expert Rev Pharmacoecon Outcomes Res*. 2010;10(4):351-353.
43. El Fadly A, Rance B, Lucas N, et al. Integrating clinical research with the Healthcare Enterprise: from the RE-USE project to the EHR4CR platform. *J Biomed Inform*. 2011;44(Suppl 1):S94-102.
44. Katzan I, Speck M, Dopler C, et al. The Knowledge Program: an innovative, comprehensive electronic data capture system and warehouse. *AMIA Annu Symp Proc*. 2011;2011:683-692.
45. Wagner LJ, Spiegel D, Pearman T. Using the science of psychosocial care to implement the new american college of surgeons commission on cancer distress screening standard. *J Natl Compr Canc Netw*. 2013;11(2):214-221.
46. Fredericksen R, Crane P, Tufano J, et al. Integrating a web-based, patient-administered assessment into primary care for HIV-infected adults. *Journal of AIDS and HIV Research*. 2012;4(2):47-55.
47. Kaplan HC, Adler J, Saeed SA, Aylward B, Margolis PA. Case Studies of N-of-1 Trials: Using Quality Improvement Science to Improve Patient Symptoms. Academy for Healthcare Improvement: Advancing the Methods for Healthcare Quality Improvement Research. Arlington, VA, 2012.
48. Marshall S, Haywood K, Fitzpatrick R. Impact of patient-reported outcome measures on routine practice: a structured review. *J Eval Clin Pract*. 2006;12(5):559-568.
49. Lehe A. Decision-making in nephrology: shared decision making? *Patient Educ Couns*. 2000;39(1):81-89.
50. Gravel K, Legare F, Graham ID. Barriers and facilitators to implementing shared decision-making in clinical practice: a systematic review of health professionals' perceptions. *Implement Sci*. 2006;1:16.
51. Edwards PJ, Moloney KP, Jacko JA, Sainfo F. Evaluating usability of a commercial electronic health record: A case study. *Int J Human-Computer Studies*. 2008;66:718-728.
52. Snyder CF, Jensen RE, Geller G, Carducci MA, Wu AW. Relevant content for a patient-reported outcomes questionnaire for use in oncology clinical practice: Putting doctors and patients on the same page. *Qual Life Res*. 2010;19(7):1045-1055.

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FREE RANGE HEALTH
QUICK FACTS (2014 YTD)

Total Treatments This Year: **1528**

Total New Patients This Year: **143**

Stillaguamish Senior Center (\$23)

Available Appointments: 20
Treatments This Year: 206
New Patients This Year: 37

Lynnwood Senior Center (\$10/\$15)

Available Appointments: 36
Treatments This Year: 964
New Patients This Year: 77

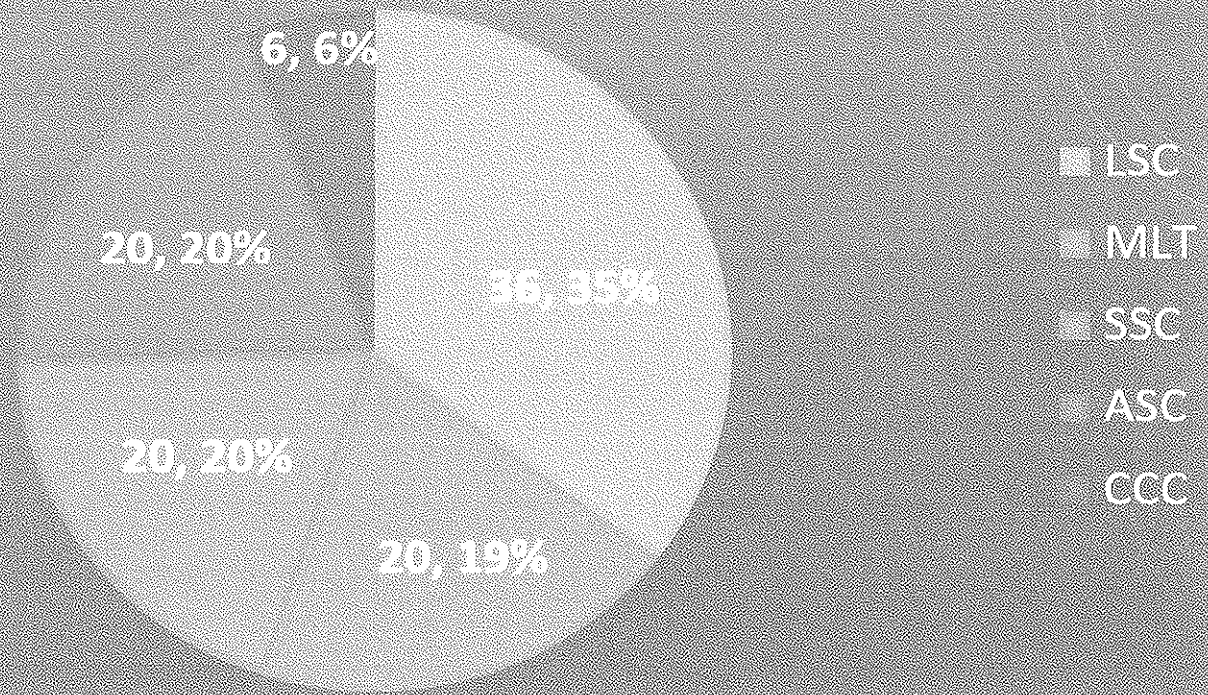
Snohomish Senior Center (\$23/\$26)

Available Appointments: 20
Treatments This Year: 206
New Patients This Year: 15

Clear Creek Candle in Darrington (\$45)

Available Appointments: 6
Treatments This Year: 152
New Patients This Year: 14

OF AVAILABLE APPOINTMENTS EACH WEEK
ACROSS ALL LOCATIONS

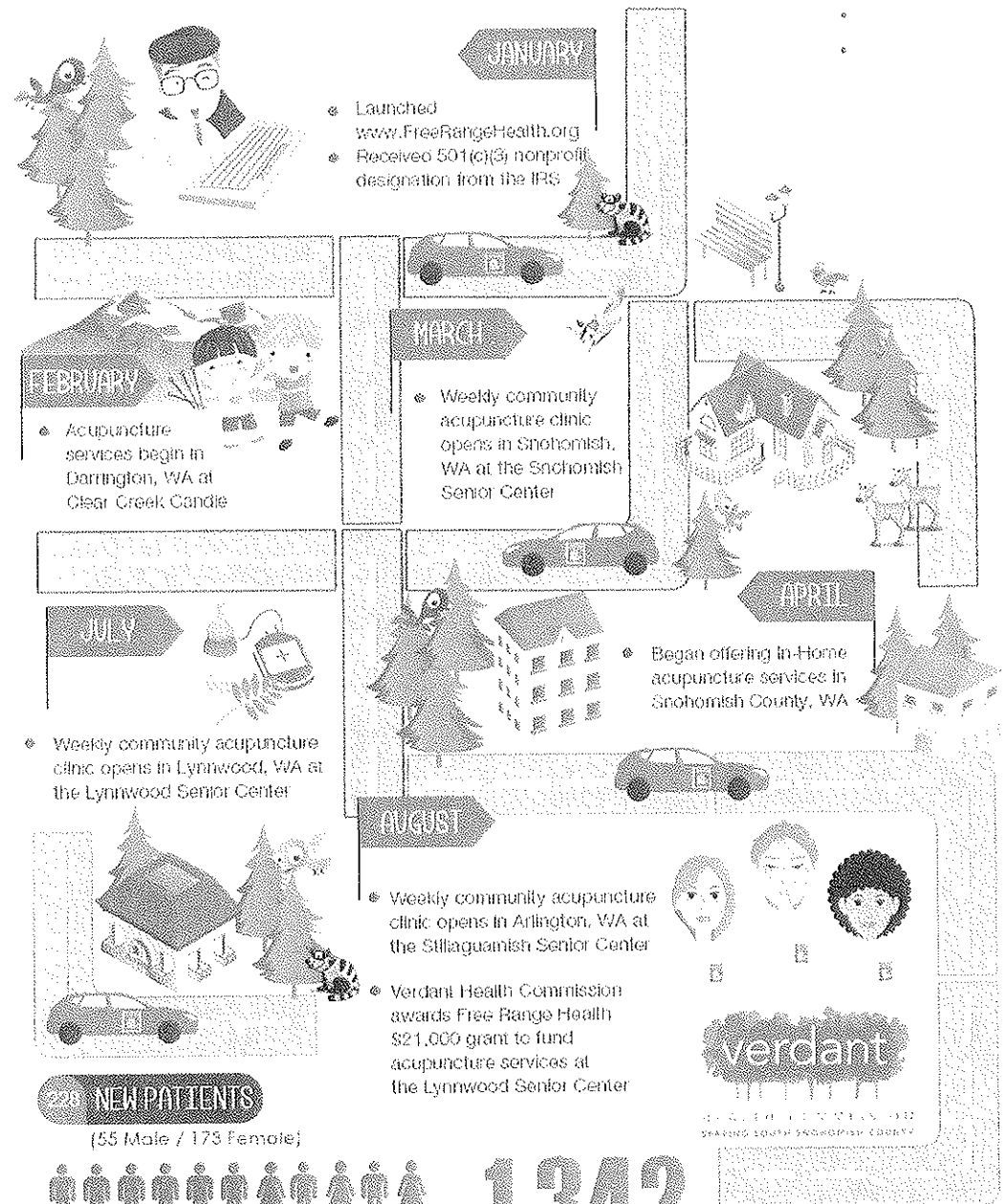


Community acupuncture services begin at Mountlake Terrace on Thursday, October 2.

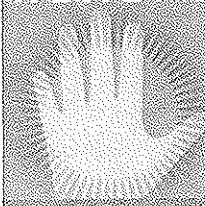
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ANNUAL REPORT 2013

Our Mission Statement: To provide mobile integrative health care to underserved individuals and communities.



FREE RANGE HEALTH



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