

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

November 5, 2020 @ 11:00 am

MEETING LOCATION: ZOOM Meeting Dial - 1 669 900 9128: Meeting ID: 885 7832 3198
 or Teleconference Call Information - 831-454-2222: Code: 850702
 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. October 1, 2020 Meeting Minutes – Recommend for Approval
4. Social Justice
5. Quality Management Committee Update
6. Financial Update
7. CEO/COVID-19 Update/ CZU Lightening Complex Fire Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Medication Management Therapy. Report back on this topic at the end of the year after the pilot is complete.	Raquel		
Bring to Quality Management Committee perhaps have a focus group or do a patient survey on diabetic supply access for our patients	Raquel		
Share information on care base incentives by clinics in future meetings.	Raquel		
Will patients get charged with well app (text platform)?	Raquel		
QI Measure for Mental Health and Behavioral Health concerns. On 10/1/20 minutes. Follow up next 2-3 months.	Raquel		

Next meeting: December 3, 2020 11:00 am- 1:00 pm

Meeting Location: ZOOM Meeting/Teleconference Call Information - 831-454-2222: Code: 850702
 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held November 5, 2020

TELECOMMUNICATION MEETING: ZOOM Meeting - or call in number 831-454-2222: Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	Administrative Services Manager
Mary Olivares	Admin Aide
Meeting Commenced at 11:10 am and Concluded at 12:09 pm	
Excused/Absent:	
Absent: Gustavo Mendoza	
1. Welcome/Introductions	
2. Oral Communications:	
3. October 1, 2020 Meeting Minutes - Action item	
Review of October 1, 2020 Meeting Minutes - Recommended for Approval. Caitlin moved to accept minutes as submitted. Rahn second, and the rest of the members present were all in favour.	
4. Social Justice	
Caitlin stated she reached out to Salud Para la Gente for insight on their social justice work and to see what steps they have taken. Caitlin stated she is interested to find out where the commissioners are in understanding and learning about racism and anti-racism. Caitlin would like to send out a quick questionnaire through survey monkey to know where our starting place is and plan accordingly. Amy stated that we have an equity branch in our DOC incident command structure. This is a committee that is tasked with making sure everything we do in relationship to our leadership around COVID-19 has an equity lens based on our data. As an agency we started doing some training we will then bring this to rest of the staff. It was stated Raquel will participate in a training called Facing Race and that a committee will be formed after that conference.	
5. Quality Management Committee Update	
Raquel reported that she participated in a training with the site specialist on the Care Manager Reporting Platform. This report helps us drill down Clinical Quality Measures by clinic. Raquel also stated she has been working on the continuing Quality Improvement Projects (diabetes, BMI, cervical and colorectal cancer screenings) and that she has submitted the Patient-Centered Medical Home (PCMH) annual report this gives us our PCMH Recognized status which helps us get enhanced funding from HRSA as well as grants from the Alliance.	
6. Financial Update	
Julian reported our revenue is well below what is expected at this time of the year and that our expenditures are also well below what is expected at this time of the year by approximately 50%. We had over \$500K in disaster expenditures supported by a combination of grants already received and money expected to be reimbursed by the Federal Government. We are also experiencing a reduced work force for a variety of reasons. The effects of COVID-19 and CZU fire on patient volume, furloughs, billable staffing vacancies and the carryover of a deficit from last year that we had to overcome in the first quarter of this year has caused us to be under our expected revenue. Our overall visit volumes are down by 29% compared to 1 st quarter numbers previous years.	
7. CEO/COVID-19 Update	
Amy reported she is focusing on productivity and as indicated on Julian's reports Emeline is much less than Watsonville. Amy is working with Dr Violich using this data. Amy also reported that the Medical Director applicant had declined the position but	

that she interviewed a strong candidate for Director of Nursing. She also stated that the Emeline Clinic continues to have protesters outside the clinic protesting wearing a mask and vaccinations. Lastly, Amy stated that the last two weeks she had been the incident commander for COVID-19 response and that this winter the debris flow from the CZU fire is going to be serious and that areas will need to be evacuated and there is an anticipation of five evacuations during this winter.

Action items:

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Next Meeting: January 7, 2021 11:00 am - 1:00 pm
ZOOM Meeting: 1080 Emeline, Santa Cruz, CA

Minutes approved _____
(Signature of Board Chair or Co-Chair)

____/____/____
(Date)

Clinic Services Fiscal Report

DR. JULIAN N. WREN, MSW, ED.D.

11-5-20



*"Strive not to be a success, but
rather to be of value."*

- ALBERT EINSTEIN

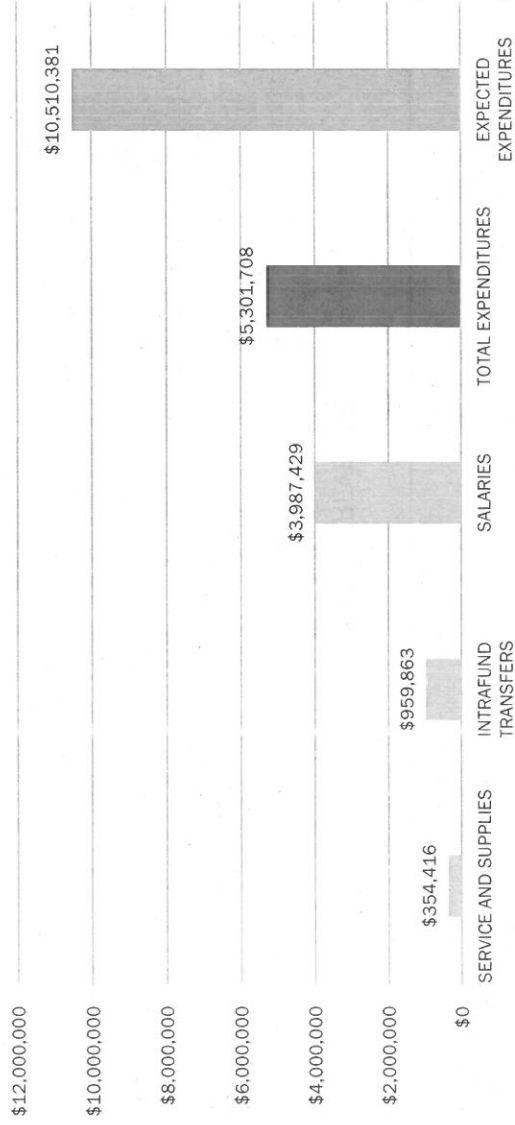
REVENUE

YEAR TO DATE REVENUE

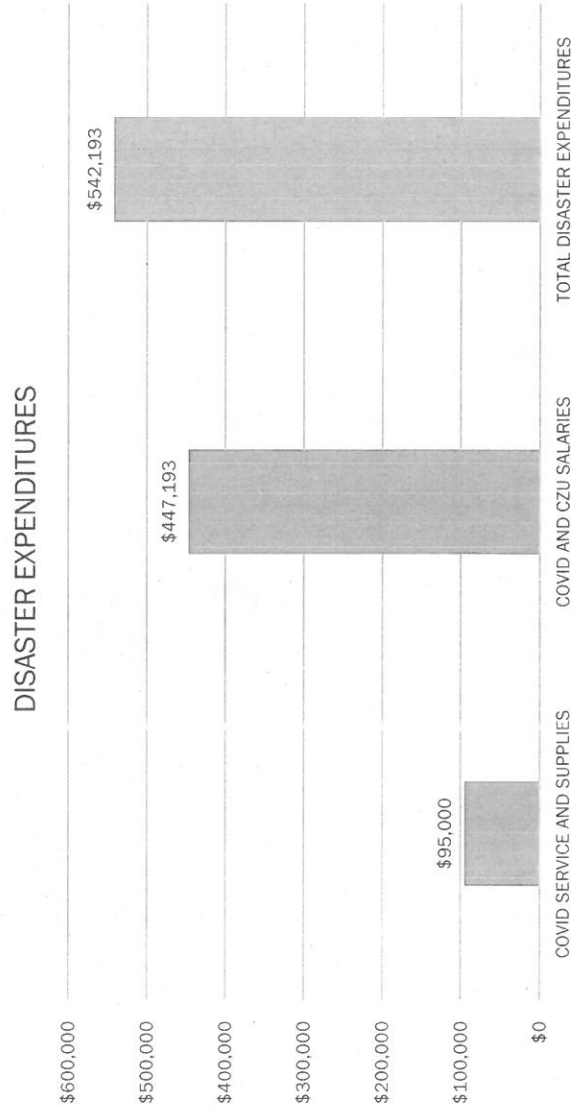


EXPENDITURES

YEAR TO DATE EXPENDITURES

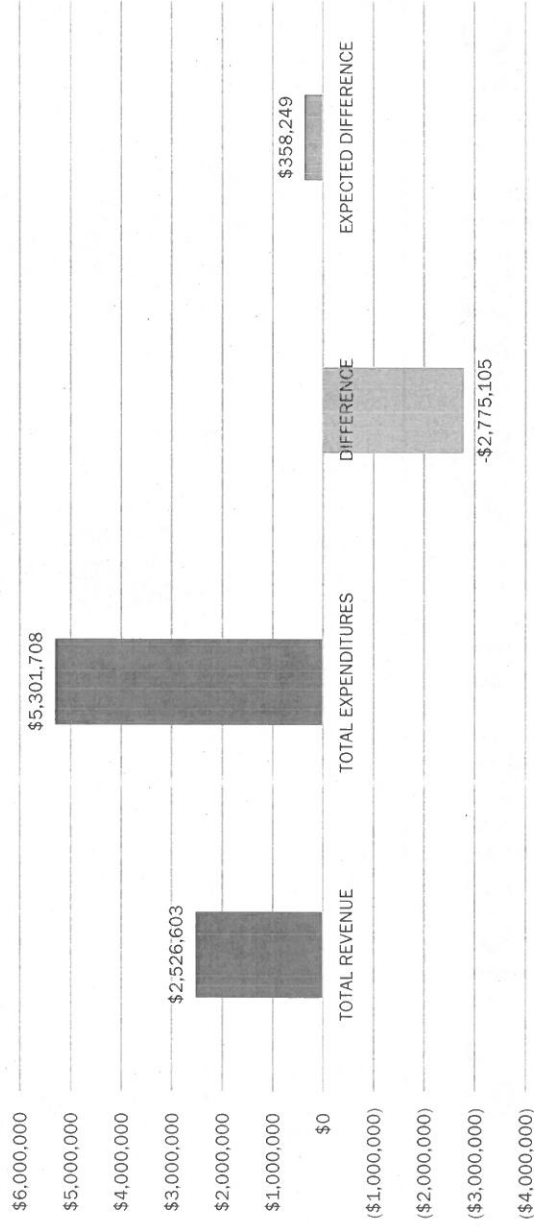


Disaster-Related Expenditures

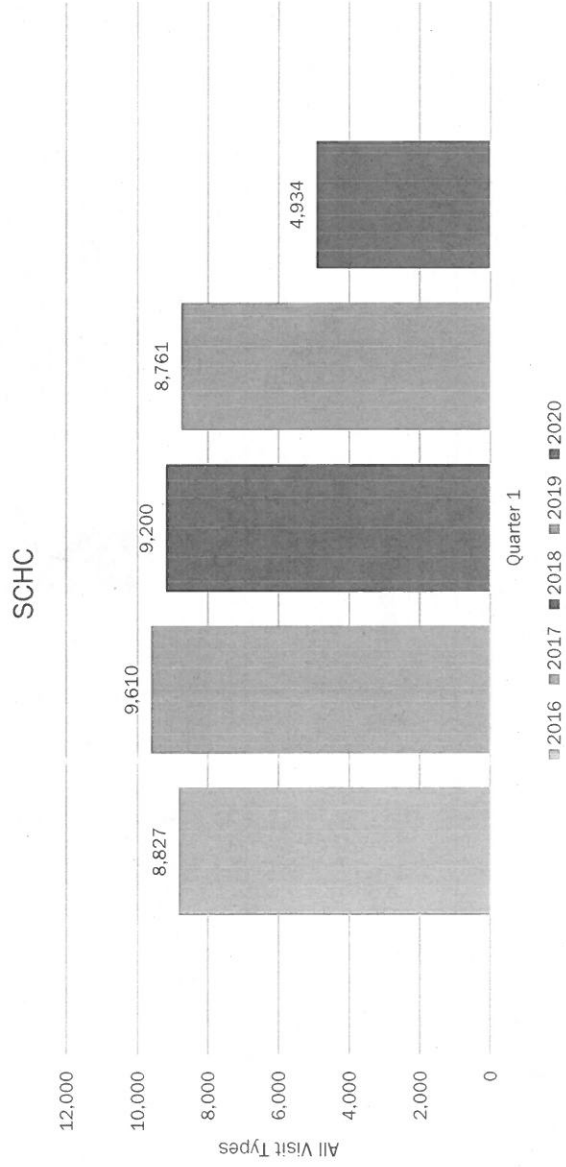


REVENUE VS. EXPENDITURES

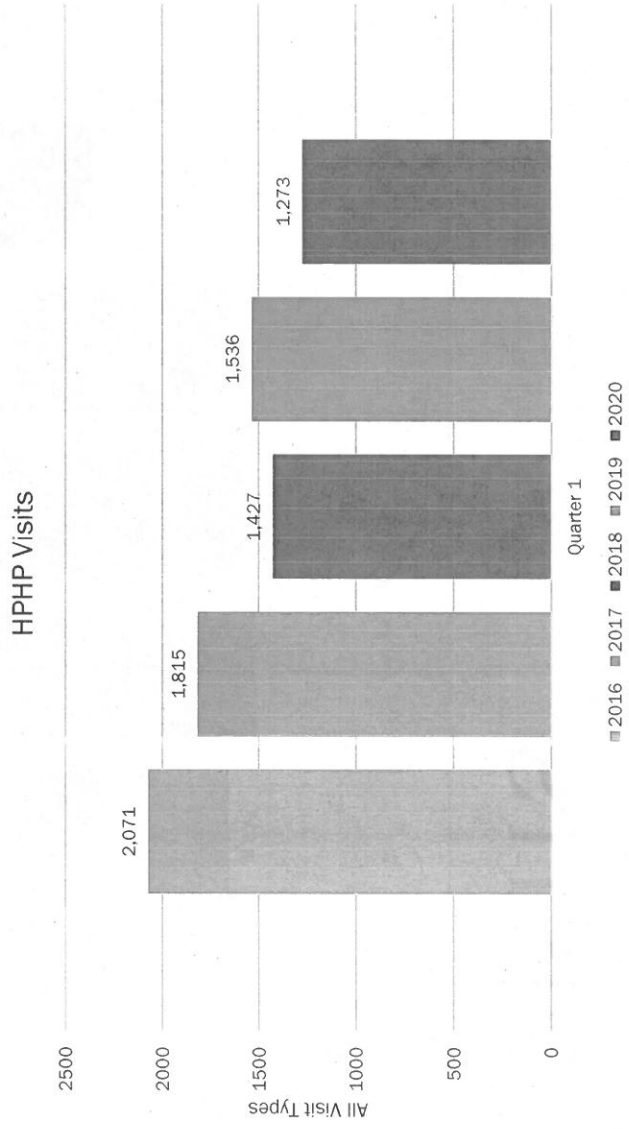
REVENUE VS EXPENDITURES



SCHC VISITS

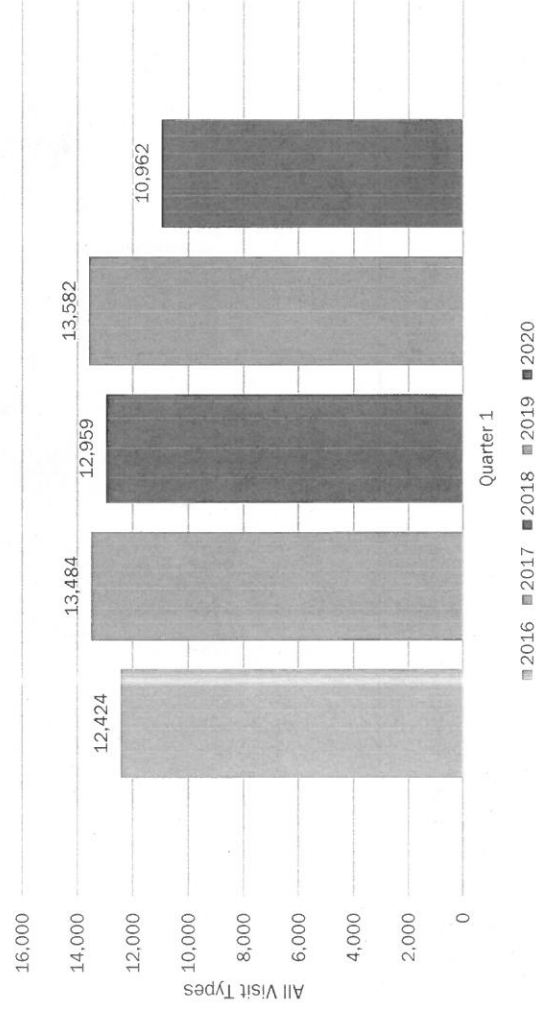


HPHP CLINIC VISITS

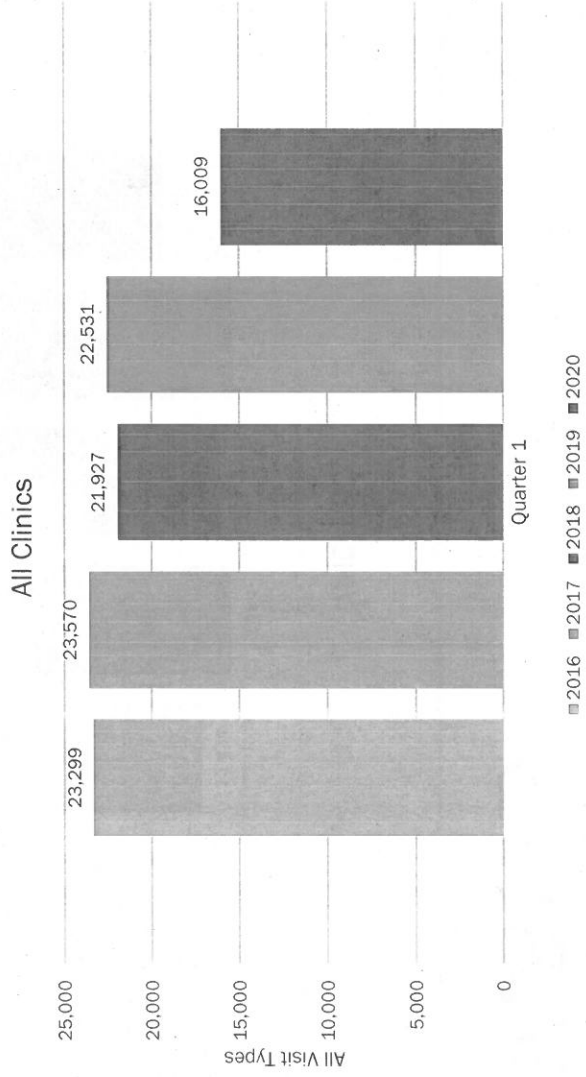


WHC VISITS

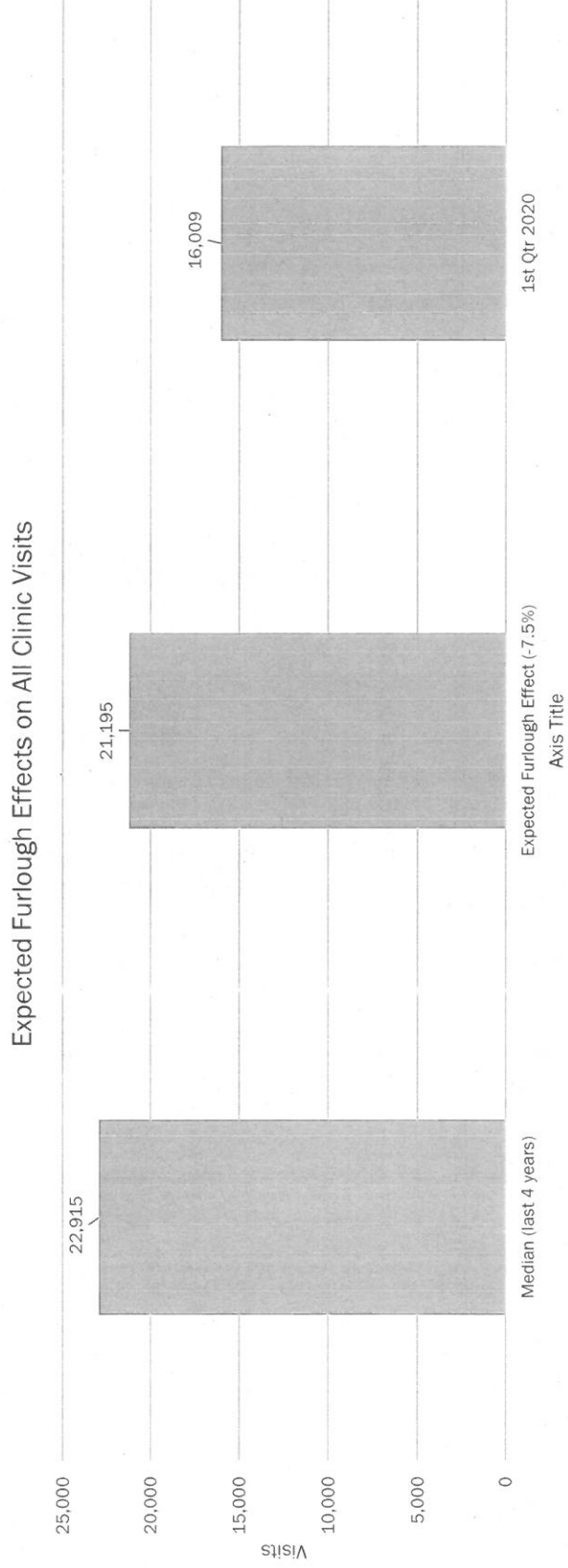
WHC+HDC



ALL CLINICS

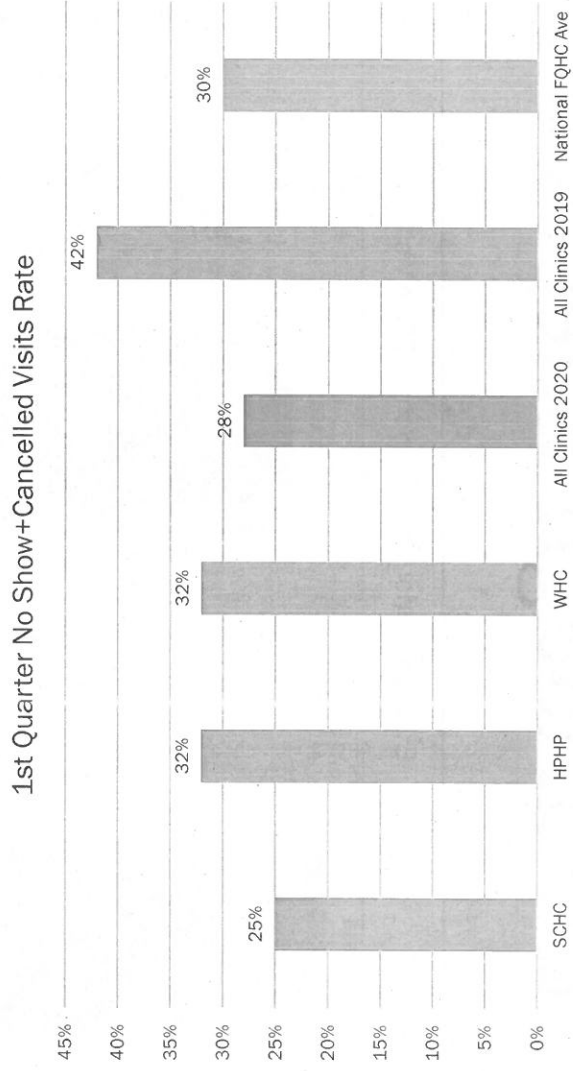


Expected Furlough Effects on Visits




Methodology: Took Median visit count for last 4 years as the baseline. Reduced that by the furlough % lost time to create expected visit effect. Compared the expected visit volume loss to current 1st Qtr visit count.

Missed Opportunities



Highlights

- Our revenue is well below what was expected at this time of the year.
 - Our expenditures are also well below what we expected at this time of the year by approximately 50%.
 - We had over \$500k in disaster expenditures supported by a combination of grants already received and money expected to be reimbursed by the Federal Government.
 - We have been affected by absence of providers for a variety of reasons.
 - The effects of COVID and the CZU on patient volume, furloughs, billable staffing vacancies, and the carryover of a deficit from last year that we had to overcome in the first quarter of this year, has caused us to be under our expected revenue.
 - Our overall visit volumes are down by 42% compared to 1st quarter numbers previous years.
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The Good

- We have reduced over 3600 Medicare Telemedicine visit billing that we had to hold (down to 2700).
- We are being diligent in our recruitment efforts.
- We have billable staff coming on board.
- We are maximizing our use of grant funds for costs.
- We are now getting reimbursement for any uninsured COVID19 related visits from HRSA which means revenue we would not otherwise be getting.
- We have received more grant funding that we can utilize to offset staffing, services and supplies expenditures (i.e. continuation of MAT funding).
- We have added a Biofire Machine that allows us to run multiple tests at once including COVID19.
- We are adding another BD Max machine which will increase our testing capacity to 3 machines.

Now What

- Continue to work on safely increasing our capability to see patients to increase our rate of revenue.
- Work on closing charts faster.
- Continue to work on increasing our billing efficiency (faster payment).
- Looking to fill Accounting Technician position-even though this is a non-billable position it will take duties off the billing staff who will be able to focus on processing claims.
- See if there is another way of satisfying the furlough hours in a way that supports our pre-Covid19 patient and staffing scheduling style.
- Continue to seek grant support for operational funding.

Now What

- Fill billable position vacancies.
- Fill Medical Director position in North County.
- Find HPHP a useable space to lease to increase visit capability and maintain COVID19 protocols.
- Starting Enhanced Accounts Receivable technical assistance for our billing office from OCHIN first week of November.
- We are hoping to have the HPHP van before the end of the 2nd quarter. If we can get it into service, it will mean more revenue and increase patient access.
- Implemented a coding process change on the front end that will make the Medicare Telephone more efficient increasing accounts receivable speed.
- There is a Level of Service/Evaluation and Management coding change that is being implemented inin January that makes coding easier and we expect the change will increase the Level of Service and decrease coding errors, which means higher reimbursement.

References

<https://www.radixhealth.com/blog/patient-access-fqhcs>: “Patient Access and FQHCS: 4 Takeaways from CHI”

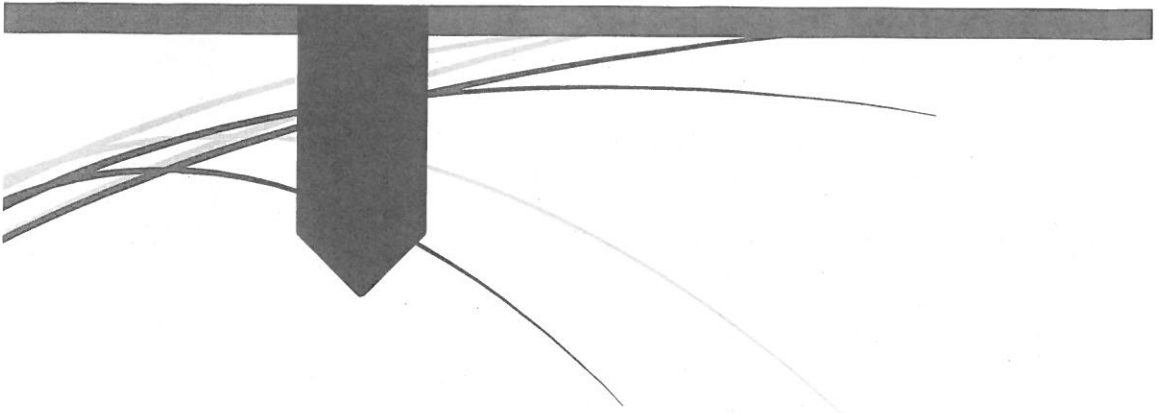
<https://www.radixhealth.com/blog/reducing-high-no-show-rates>: “The No-Show Epidemic”

All Visits Report retrieved from Report Portal on 10/29/20.

Clinics Provider Productivity Report retrieved from the Report Portal on 10/29/20.

HSA Financials Report dated 9/30/20.





Quality Management Report

November 5, 2020



Quality Management Committee

- ▶ Received Training Care Manager Reporting Platform
 - ▶ Clinical Quality Measures by clinic
- ▶ Continuing Quality Improvement Projects (diabetes, BMI, cervical and colorectal cancer screenings)




Submission of the Patient-Centered Medical Home Annual Report

- ▶ Team-Based Care and Practice Organization
 - ▶ Patient-Care Team Meetings
- ▶ Knowing and Managing Your Patients
 - ▶ Proactive Reminders
- ▶ Patient-Centered Access and Continuity
 - ▶ Access Needs and Preferences
 - ▶ Access for Patients After Hours
- ▶ Care Management and Support
 - ▶ Identifying and Monitoring Patients for Care Management
 - ▶ Care plans for Care Managed Patients



PCMH Continued

- ▶ Care Coordination and Care Transitions
 - ▶ Care Coordination and Referral Management
- ▶ Performance Measures and Quality Improvement
 - ▶ Clinical Quality Measures
 - ▶ Resource Stewardship
 - ▶ Patient Experience Feedback
 - ▶ Monitoring Access
- ▶ Special Topic: Social Determinants of Health (Required but not scored)
 - ▶ Collection and Assessment of SDoH
 - ▶ Use of Care Interventions and Community Resources
 - ▶ Use of Care Interventions and Community Resources
 - ▶ Care Interventions and Community Resource Assessment



**Virtual
Training
November
10th-12th**

- ▶ On August 18th, the County Board of Supervisor's made a commitment to
 - ▶ Address and dismantle racism
 - ▶ Expand the understanding of racism and how racism affects individual and population health

