

The County of Santa Cruz
Integrated Community Health Center Commission
MEETING AGENDA

October 7, 2021 @ 11:00 am

MEETING LOCATION: Microsoft Teams Meeting or call in (audio only) [+1 916-318-9542](tel:+19163189542), [500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499# / 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. September 2, 2021 Meeting Minutes – Recommend for Approval
4. Alternate Meeting Dates
5. Quality Management Committee Update
6. Social Justice
7. Board Recruitment
8. Financial Update
9. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
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Next meeting: November 4, 2021 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542), [500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499# / 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 October 7, 2021.

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

Attendance	
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
David Willis	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Tiffany Cantrell-Warren	Health Service Agency, Assistant Director
Mino Sarkarati	Clinic Physician, Clinical Director of Quality
Ardella Davies	Patient Guest
Meeting Commenced at 11:11 am and Concluded at 12:32 pm	
Excused/Absent:	
Excused: Christina Berberich Excused: Caitlin Brune Absent: Gustavo Mendoza Absent: Michelle Morton Excused: Julian Wren	
1. Welcome/Introductions	
Introductions done at this time.	
2. Oral Communications:	
3. September 2, 2021, Meeting Minutes - Action item	
Review of September 2, 2021, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as submitted. Marco second, and the rest of the members present were all in favor.	
4. Alternate Meeting Dates	
Amy sent out a survey to committee. Waiting for a couple of commission members to respond back on availability. This meeting item postponed to next meeting.	
5. Quality Management Committee Update	
Raquel welcomed Dr. Mino Sarkarati our new Director of Quality. Raquel reported that the staff satisfaction survey had been sent out. Quality Management Committee will review results at the next meeting, and she will report back survey results to the commission at November’s meeting. Raquel reported back to commission members on printing after visit summaries. It was agreed that Medical Assistants will ask patients if they want the summaries printed prior to printing. Another follow up item Raquel reported on was MY Chart check in process. Raquel stated that our current priority project is standardizing registration/check in process and in spring of 2022 we can start working on My Chart check in process. Raquel also reported that Quality Management was meeting on October 29 to review the new tracking tool for the Clinic Operational Plan. Lastly Raquel reported on Peer Review Committee she stated there were 13 charts with death certificate data reviewed and all charts reviewed provided appropriate care. Raquel also reported on the new pilot peer chart review project that launched in September with all clinicians including Integrated Behavioral Health (IBH-Therapist and Psychiatrist/Nurse Practitioners). The automated process assigns electronic chart reviews to identify the strengths and areas of improvement using a check list and free text. Providers are assigned one chart per month and is distributed on the 15th of the month and due on the last day of the month. Raquel reported that 25 out of 46 completed audits in September. Raquel stated she is gathering feedback to help make this pilot successful and we are already making changes for improvement.	

6. Social Justice
Caitlin was unable to attend this month's meeting but sent an article as a learning opportunity. <i>What Boards Can Learn from the Story of Nikole Hannah Jones</i>
7. Board Recruitment
Amy stated officially as of today David Willis is now on our board. At our next meeting we will have a new number by the name of Gidget Martinez.
8. Financial Update
Amy reported the Integrated Community Health Care Commission ratified our application for this funding on July 8, 2021. We are reporting back that we were awarded the funding and the intended use of the funding will be: 23 new positions and converting two limited term positions to permanent, HPHV HVAC System including heating, cooling and forced air ventilation, Furniture, and parking structure for HPHV Mobile Unit as well as lab and x-ray equipment and two vehicles. This is scheduled to go to the Board of Supervisors on November 16, 2021, for ratification. No action needed. Amy also reported that we continue to reduce and maintain our accounts receivable speed despite, being understaffed. Amy also stated the charge review work queue is where the charges for each patient visit live until they are reviewed by the business office before being accepted and sent out for reimbursement. We continue to maintain our speed in terms of reviewing charges. We would like to be in the single digits. Amy also reported the visit trend so far compared to last year there has been a 12.9% increase in overall visits. These visit counts include July through August. Lastly Amy reported we have arranged to meet with Borrego Health Care in Riverside County for technical assistance on how we can integrate virtual care in a way to increase our capacity and efficiency. Borrego health has been using telemedicine with Microsoft Teams and Epic integration since the early 2000s. We can increase our use of virtual care to help us fill vacancies and no shows in our schedule to increase revenue and wait times for patients. This is just an illustration of the return on investment if we can recover just 10% of the no shows. This includes no shows only and not cancellations. If we included cancellations in this scenario, it could be double.
9. CEO/COVID-19 Update
Amy reported that our covid numbers are coming down and that we are officially in the yellow. She also stated we are going to the board on October 19 th and asking for 23 new positions to provide more services at all our sites. This is being funded by the American Recovery Plan Act. Amy also reported that County workers all must be vaccinated and possibly can lose their jobs if they don't have an exception. Amy also reported that at the Watsonville Clinic construction is happening they are redesigning a new lobby and fixing a drain in the parking lot, so it does not flood. Lastly Amy asked commission members if there is anything they'd like brought to the commission. Commission members stated it would be nice to hear from IBH staff and bring back staff from all clinics to give updates.

Next Meeting: November 4, 2021, 11:00 am - 1:00 pm
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

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

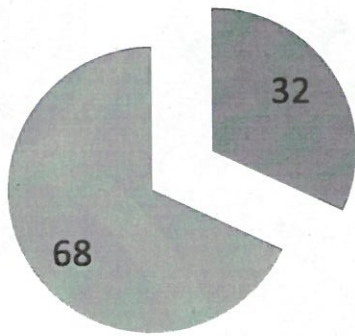


RVP: Pre-Survey Results

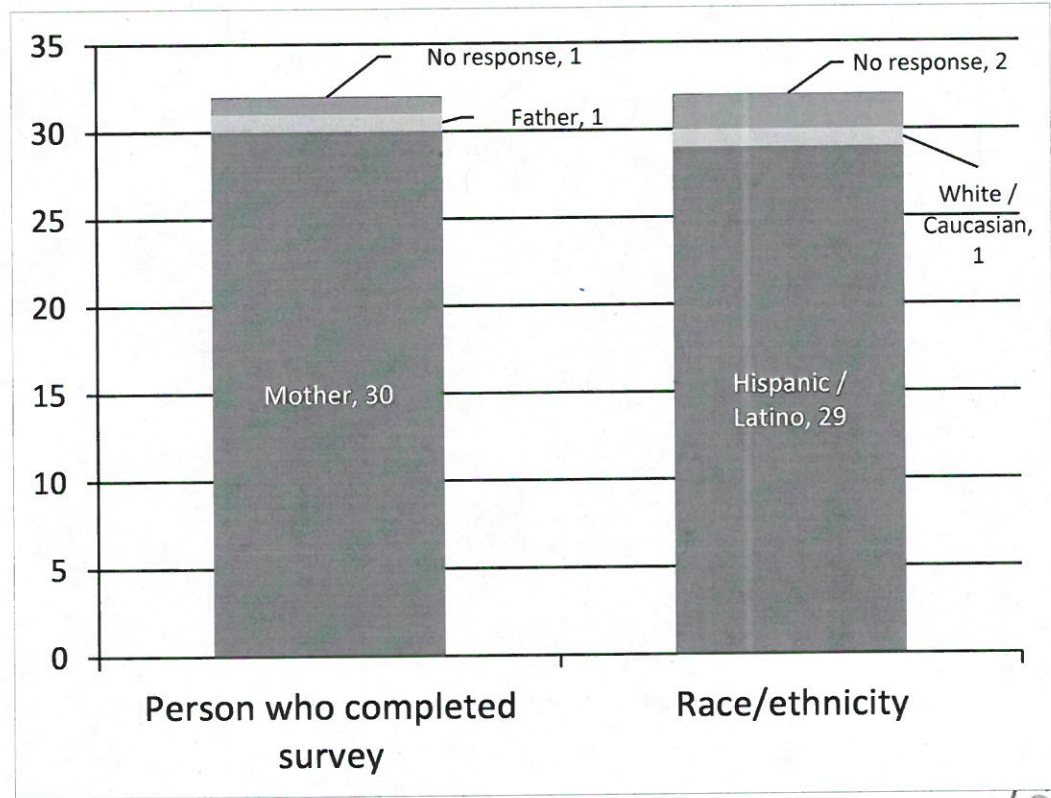
Mireya Gomez Contreras - Esperanza Community Farms

September 22, 2021

DEMOGRAPHIC Information



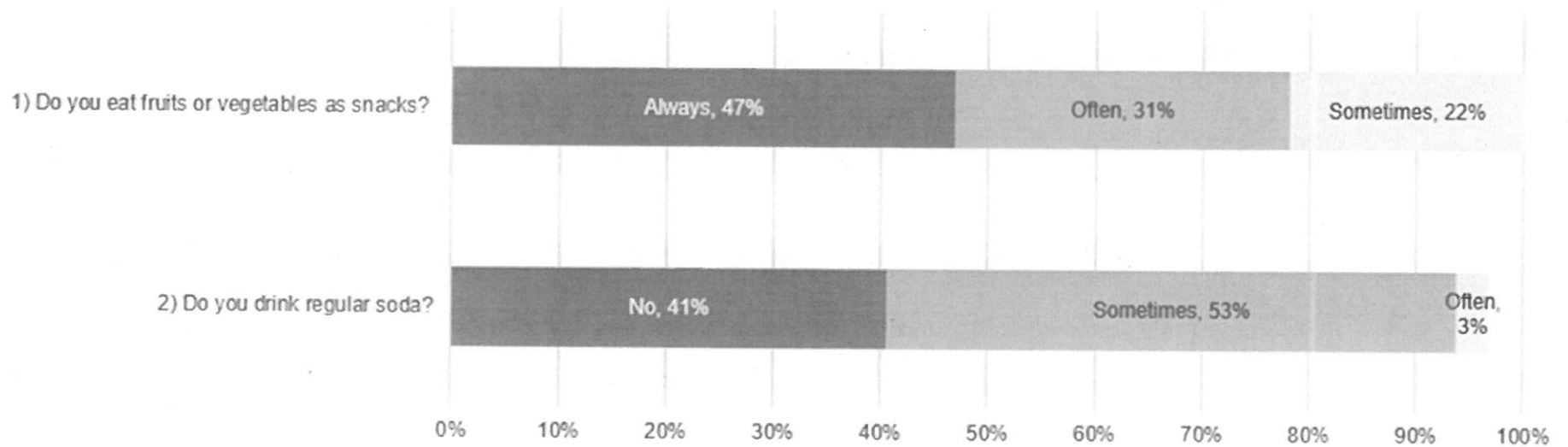
■ # of surveys received ■ No response



Household averages:



RESULTS: SNACKS & SODA



How much do you eat everyday?

Fruits



Median = 1.3 Cups
Average = 1.5 Cups

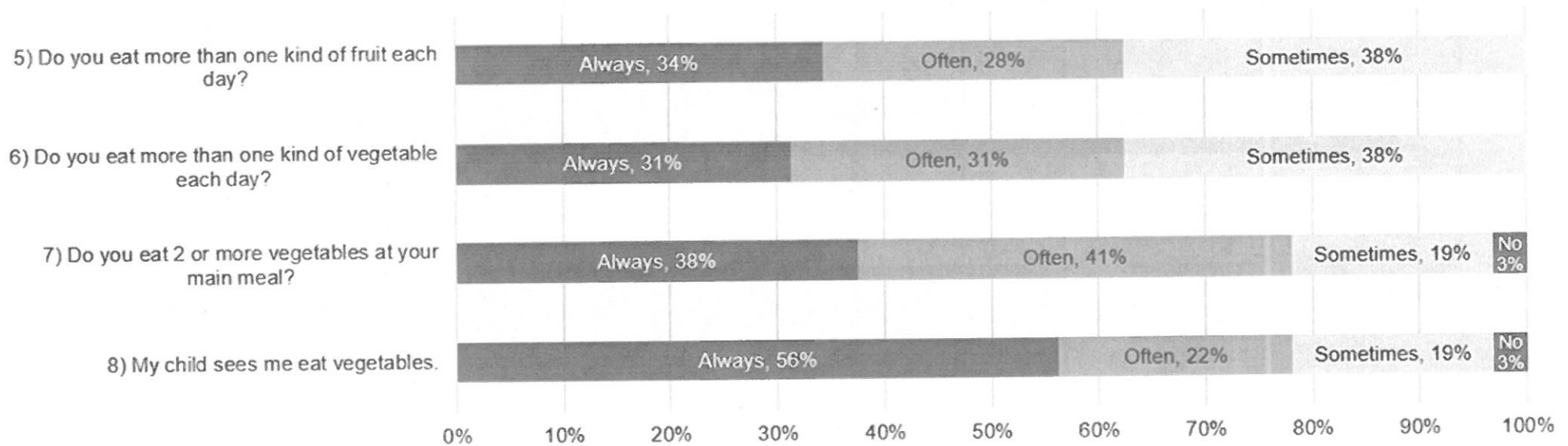
Vegetables



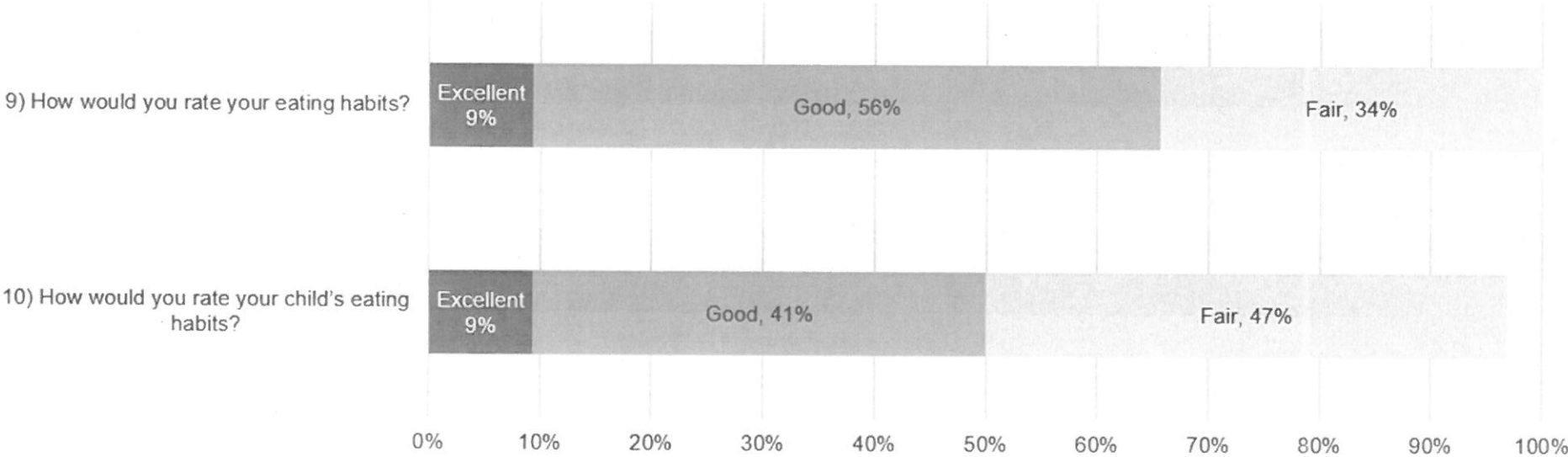
Median = 1.0 Cup
Average = 1.5 Cups



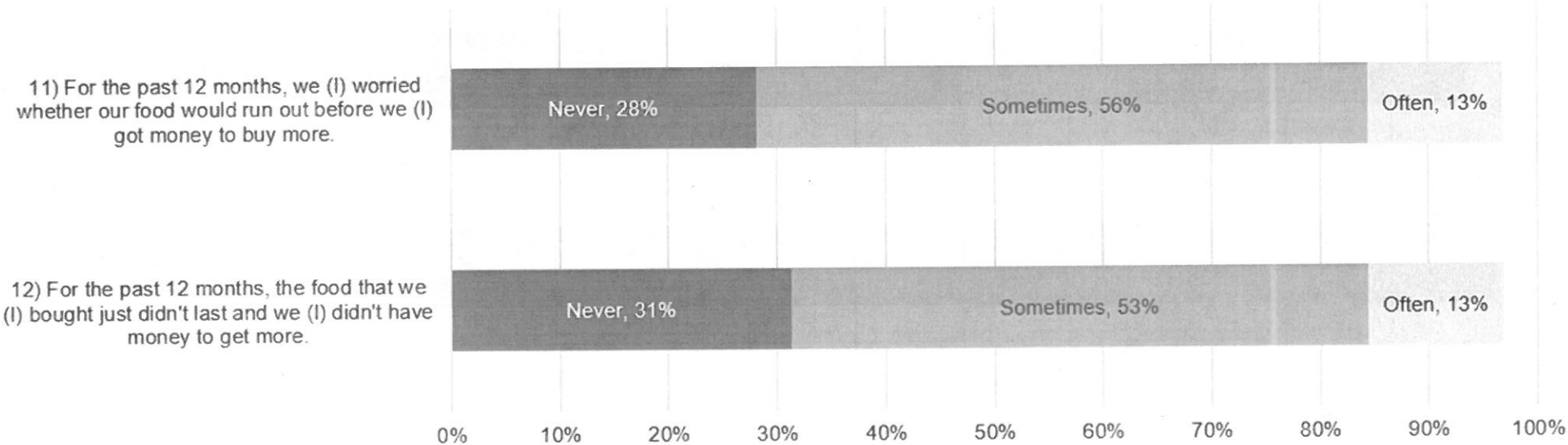
RESULTS: FRUITS & VEGGIE CONSUMPTION



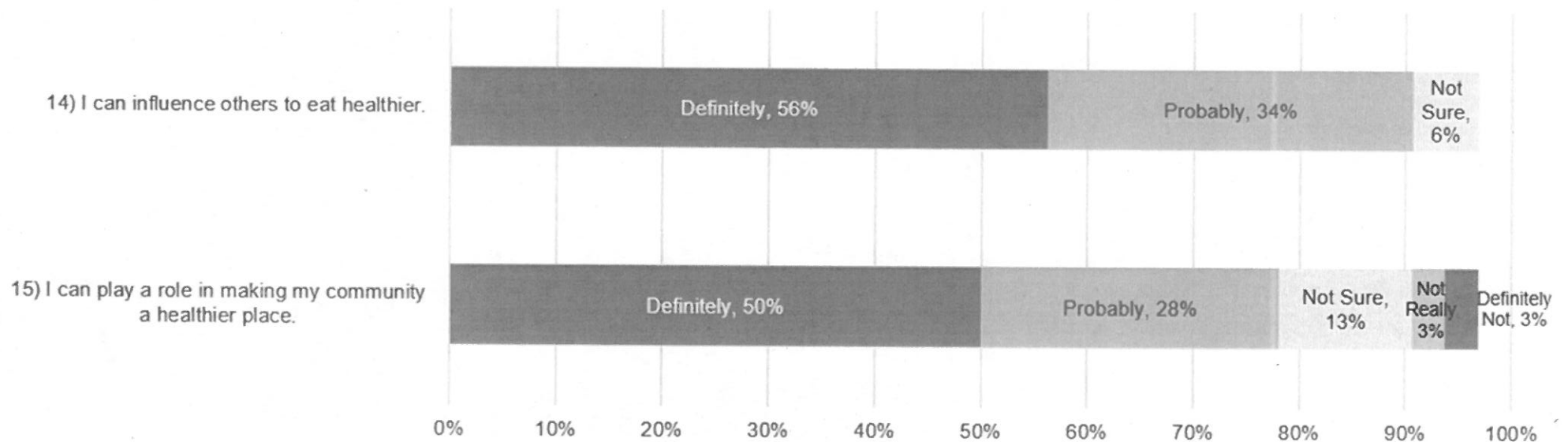
RESULTS: BEHAVIOR CHANGE



RESULTS: FOOD INSECURITY



RESULTS: SOCIAL COHESION/CIVIC ENGAGEMENT



ANY QUESTIONS?

NEXT STEPS

PROGRESS THROUGH FINANCIAL ENGAGEMENT

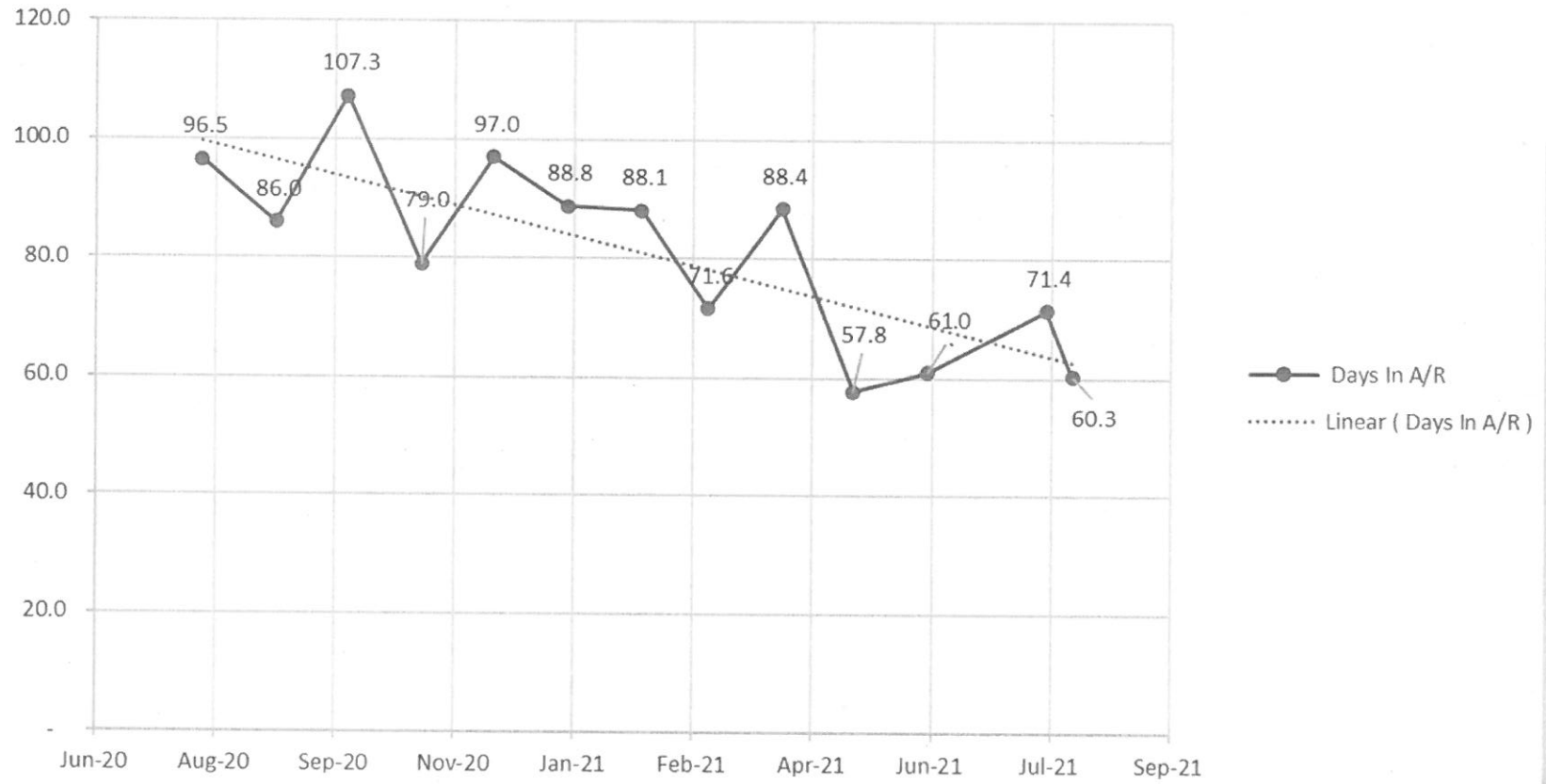
FISCAL PRESENTATION

OCTOBER 7, 2021

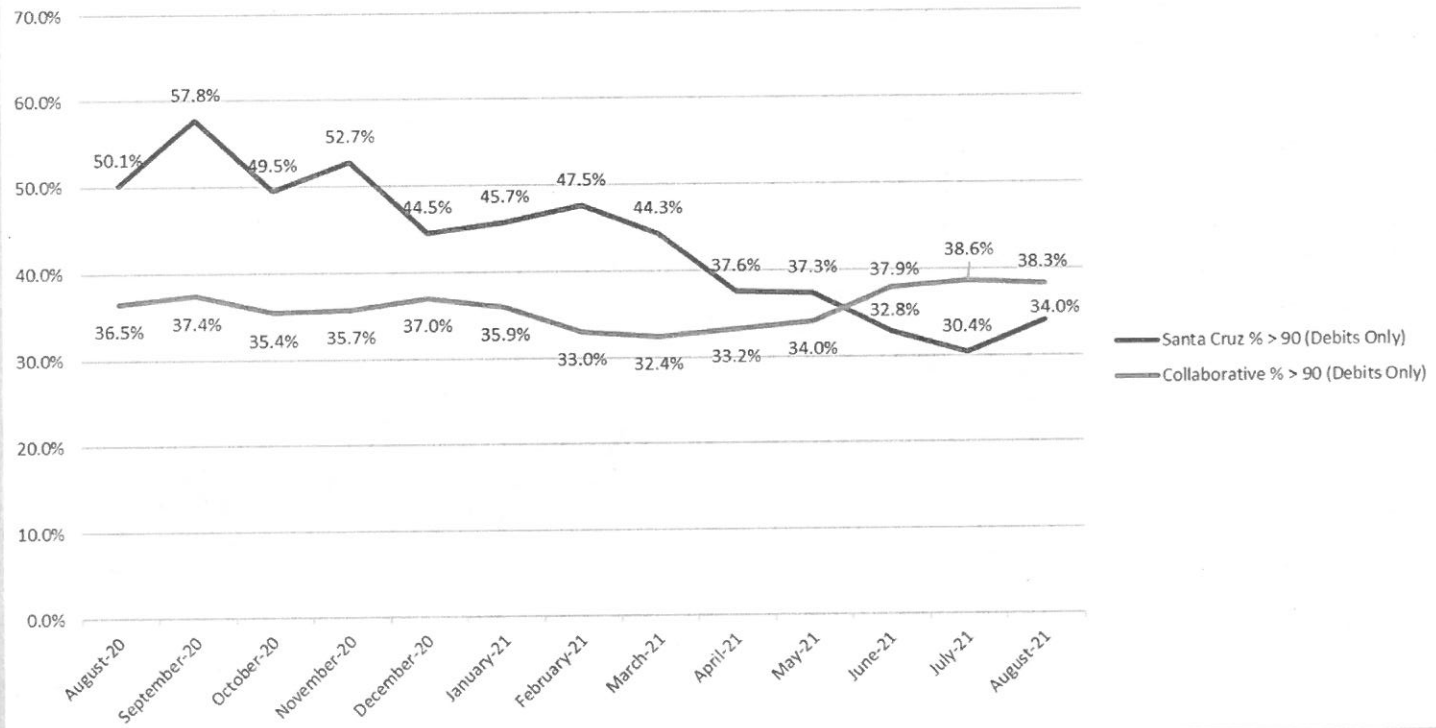
GRANT APPLICATION UPDATE

- RSA American Rescue Plan-Health Center Construction and Capital Improvements
- HPHP HVAC System including heating, cooling and forced air ventilation
- Furniture
- Parking structure for HPHP Mobile Unit
- Status: Awarded for \$672,865
- Grant Term: 9/1 /2021-8/31 /2024
- Scheduled to go to the Board of Supervisors on November 16, 2021, for ratification
- No action needed; Commission approved on July 8, 2021.

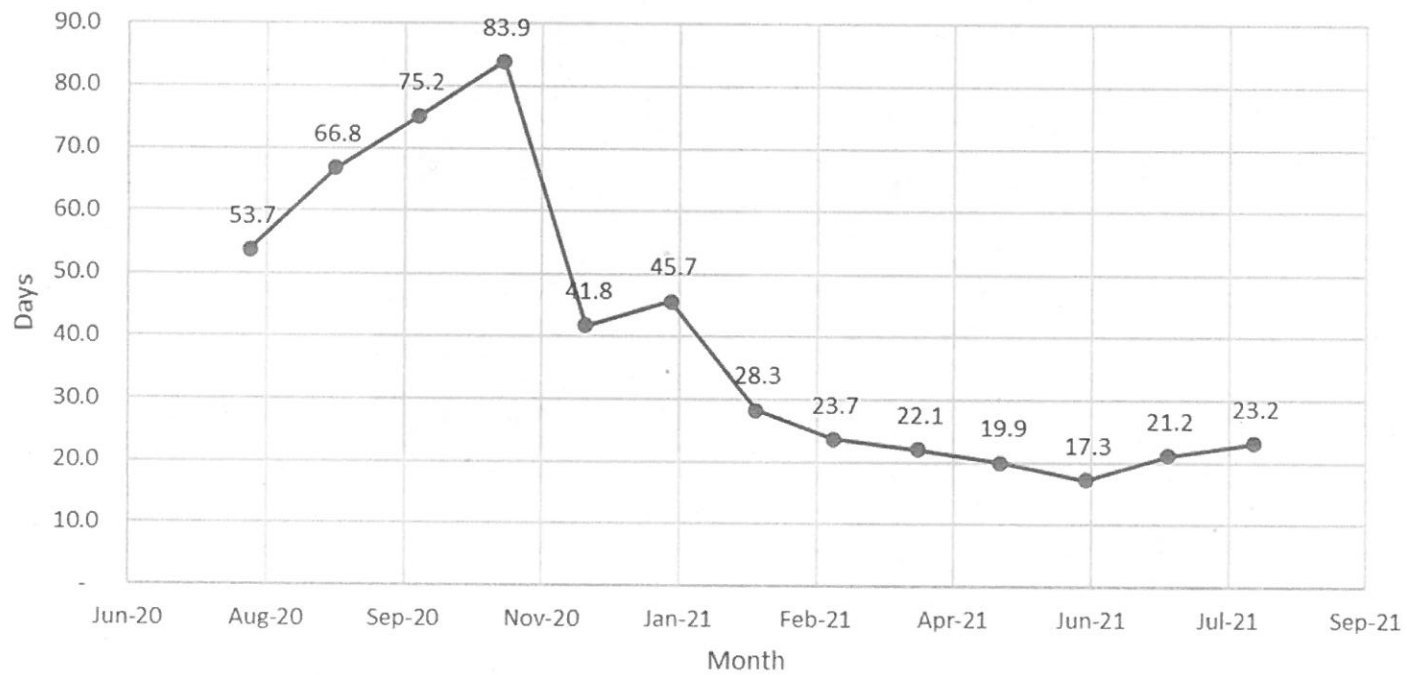
Days In A/R



Percentage of Charges over 90 days Old

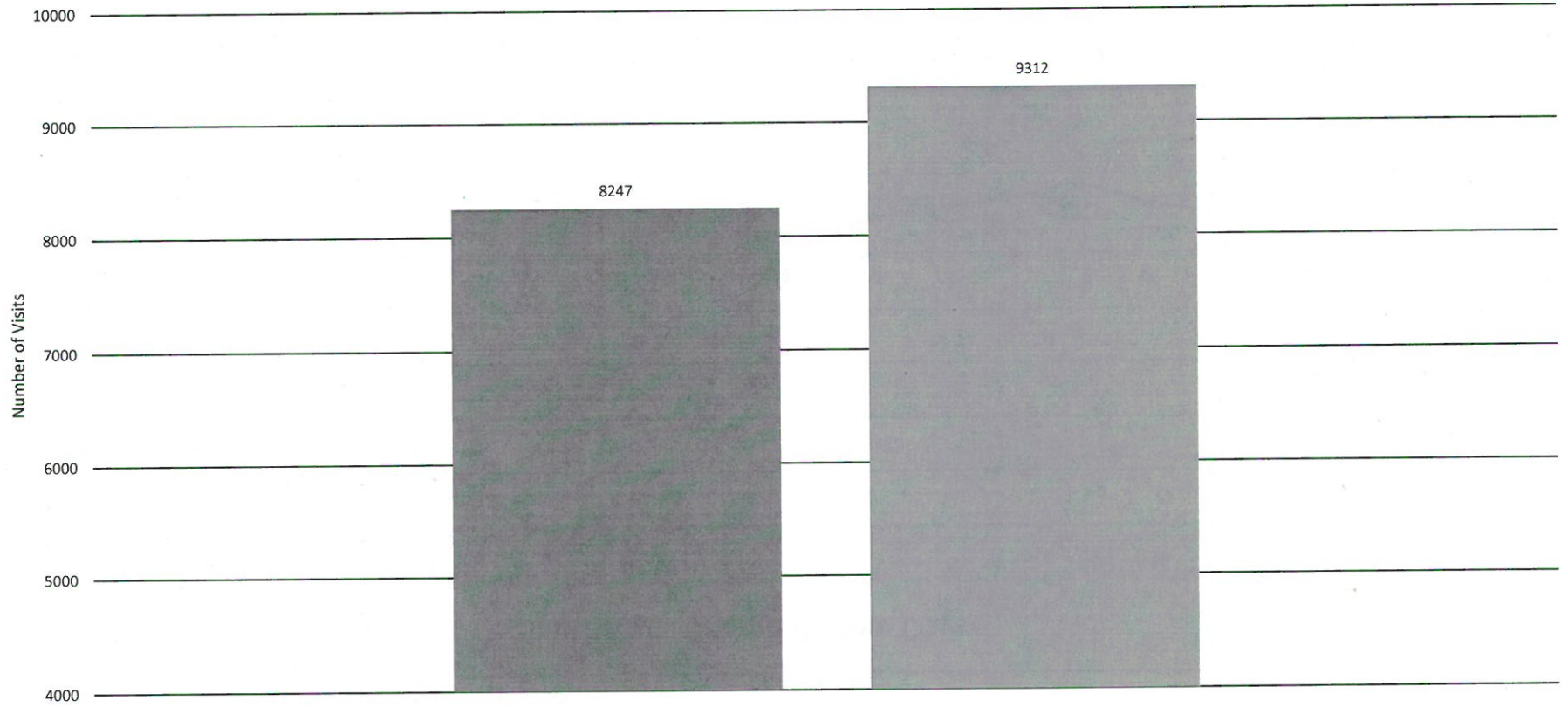


Santa Cruz Charge Review Days



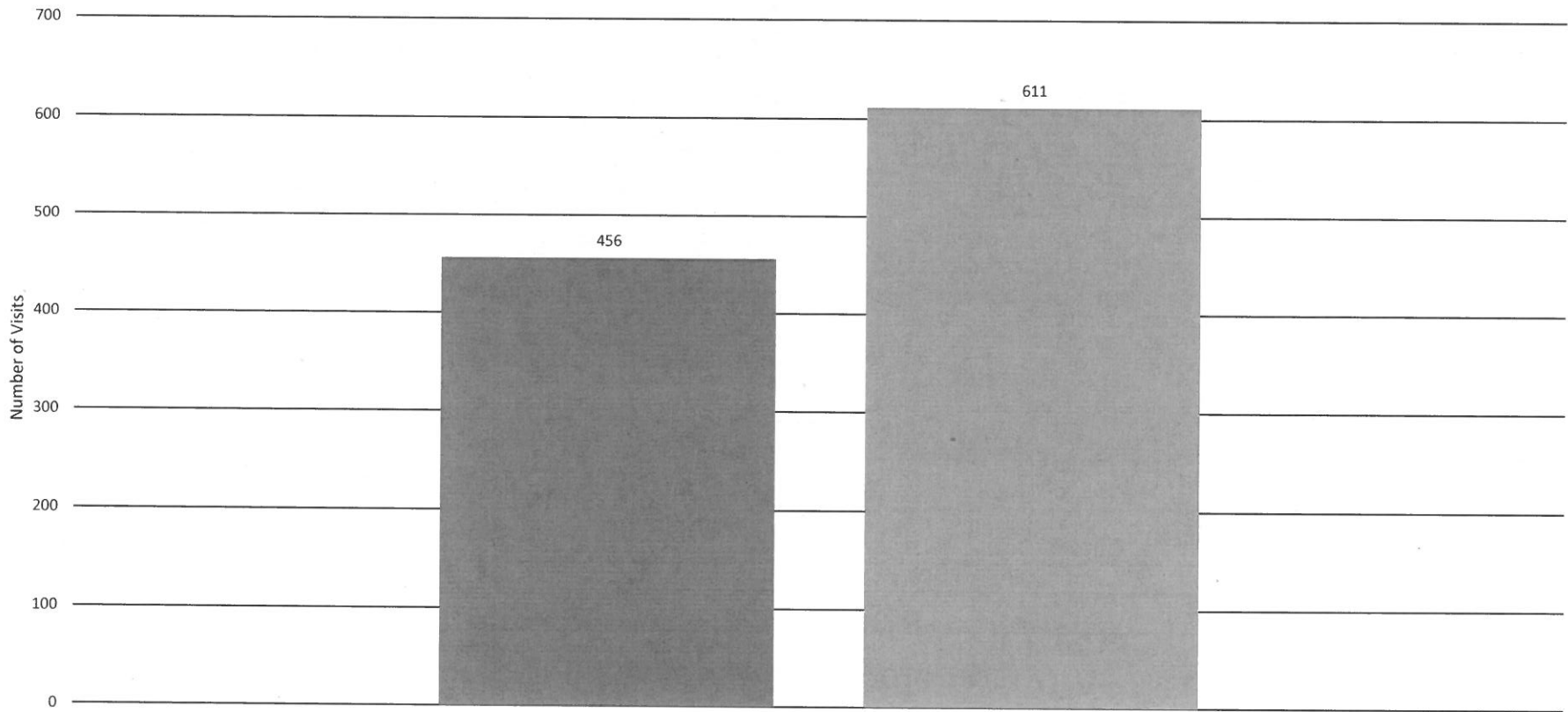
Visit Trend (Comprison 2020-2021)

■ All Clinic Visits July-August 2020 ■ All Clinic Visits July-August 2021



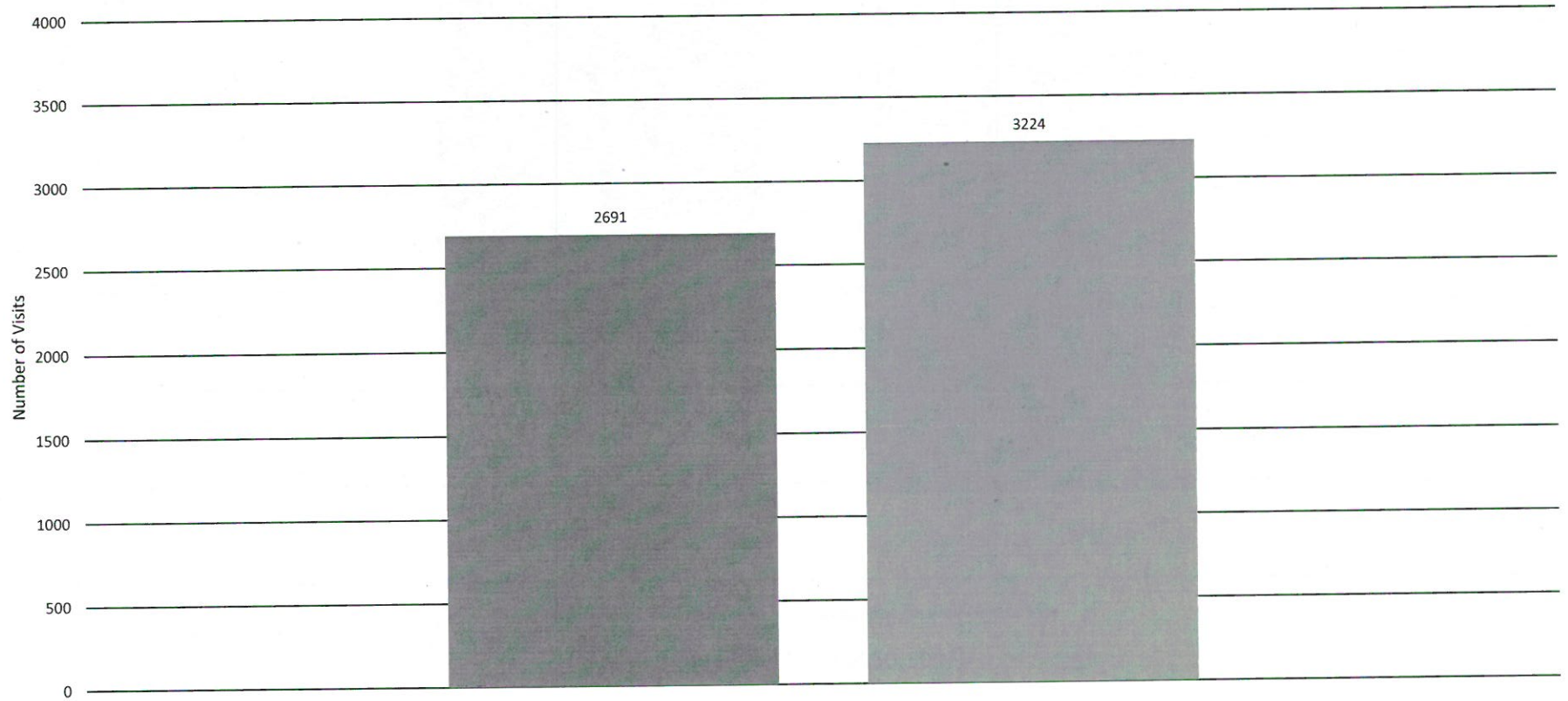
Visit Trend (Comprison 2020-2021)

■ HPHP Clinic Visits July-August 2020 ■ HPHP Clinic Visits July-August 2021

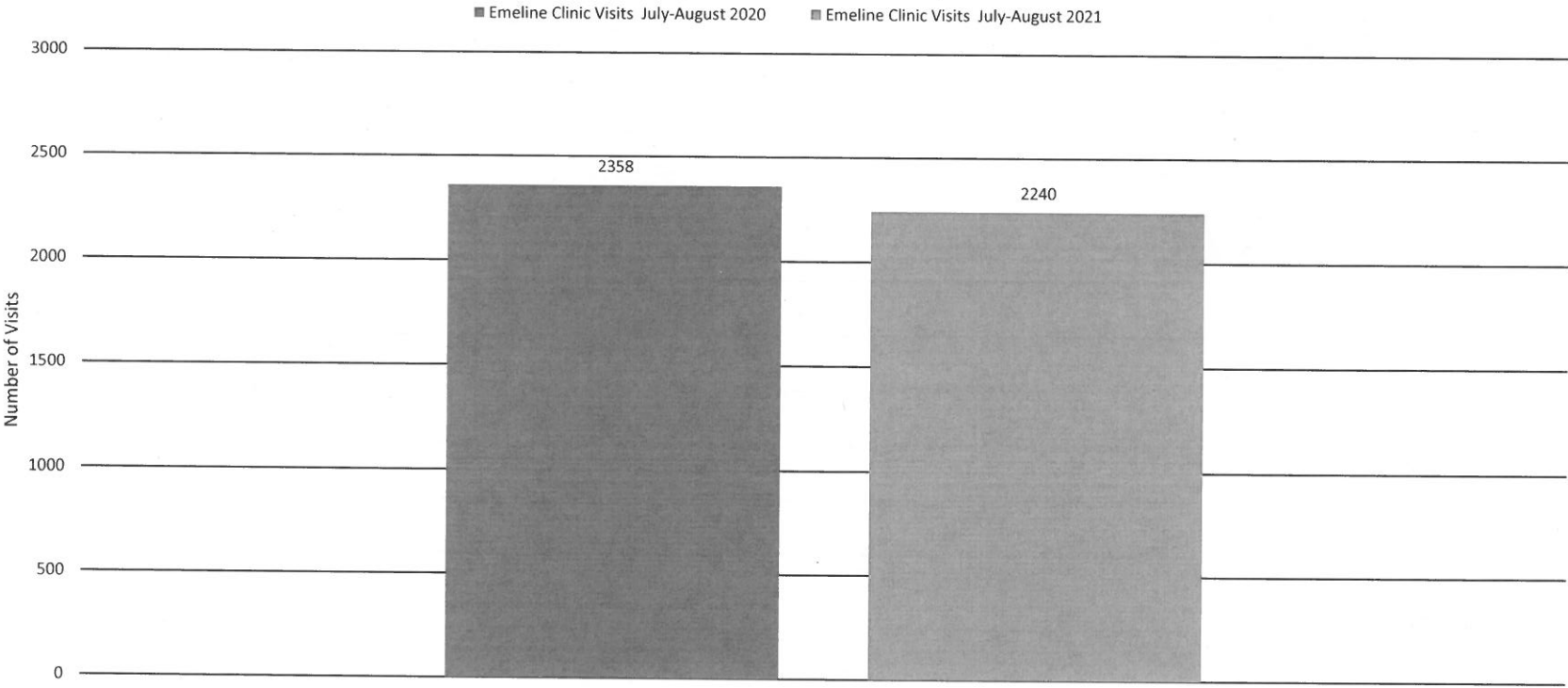


Visit Trend (Comprison 2020-2021)

■ Watsonville Clinic Visits July-August 2020 ■ Watsonville Clinic Visits July-August 2021

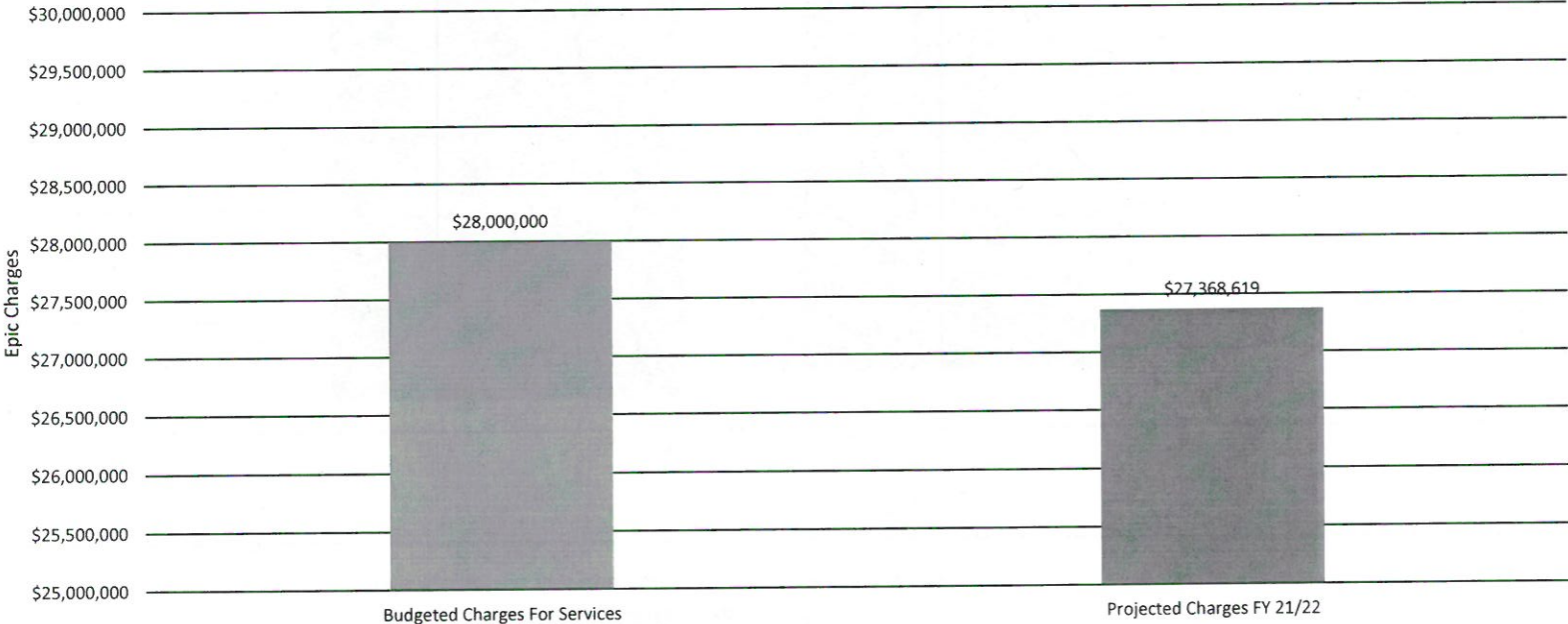


Visit Trend (Comprison 2020-2021)



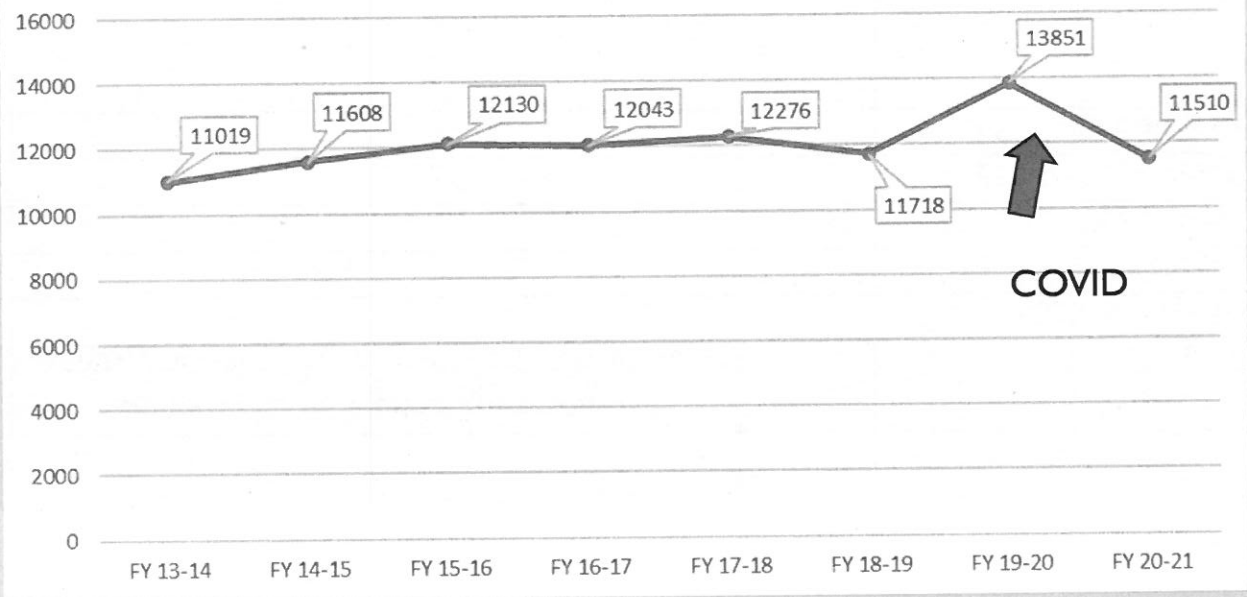
Budget Vs. Projected

Projected Charges at year end

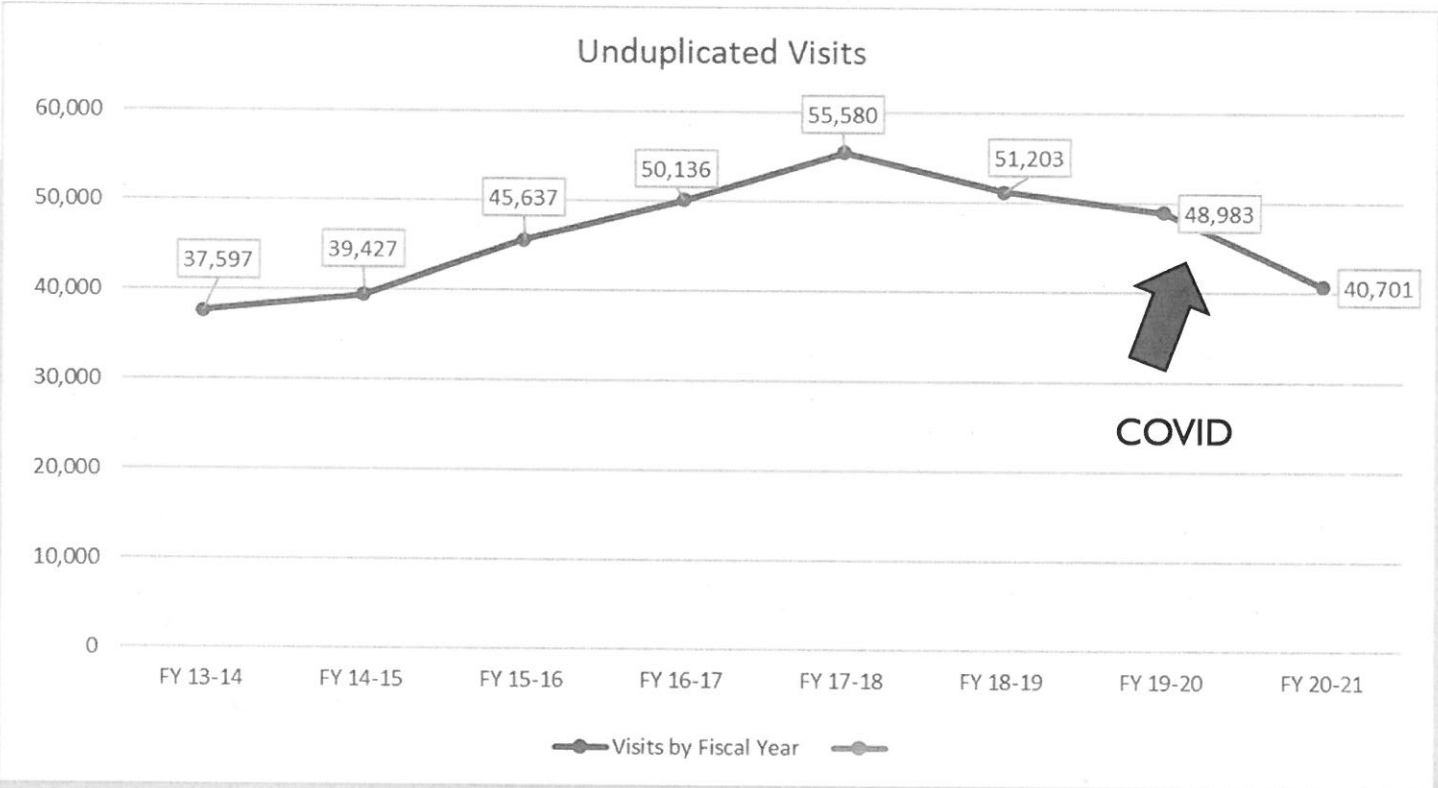


Opportunity to Replace In-person visit		
No shows "walk-in" or "wait list" or "virtual" patients		
	32	# of No Shows Per Month
	\$376.60	Reimbursement Per Visit
	\$12,051.20	Opportunity Cost Per Month
	\$144,614.40	Opportunity Cost Per Year
	\$14,461.44	Reclaimed Opportunity at 10%

Unduplicated Patients by Fiscal Year



Unduplicated Visits





Quality Management Report

October 2021



Quality Management Committee Peer Review and Risk Management Committee

- ▶ Clinical Director of Quality-Minoo Sarkarati
- ▶ Staff Satisfaction Survey-Share results after our QM Committee reviews the results.
- ▶ Printing After Visit Summaries- Ask patients if they want the summaries printed prior to printing.
- ▶ Priority Project is standardizing the Registration/Check in Process
- ▶ My Chart Check in Process-Spring
- ▶ Reviewed Clinic Operational Plan Assignments
 - ▶ Meeting on October 29th to review tracking tool and review assignments

Tracking Tool

Goal	Strategy	Objective	Key Steps	Responsible Parties	Targets	Timeline	Performance Tracking	Notes
GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.	Strategy 3.1.1: We will identify opportunities to engage patients in education and outreach activities.	Objective 3.1.1.1: By June 30, 2022, assess needs and gaps in patient education and outreach efforts.	1. Review HRSA Service Area Needs Assessment. 2. Conduct a SWOT analysis with internal and external stakeholders. 3. Map existing programs and resources.	Clinics Administrative Team	Needs Assessment is conducted. Programs and Resources are mapped.	6/30/2022		
GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.	Strategy 3.1.1: We will identify opportunities to engage patients in education and outreach activities.	Objective 3.1.1.2: By June 30, 2023, develop a patient education and outreach action plan.	1. Utilize needs assessment to identify gaps. 2. Develop action plan.	Clinics Administrative Team	Action Plan is developed.	6/30/2023		
GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.	Strategy 3.1.2: We will inform community members of the clinic services available to them.	Objective 3.1.2.1: By June 30, 2022, update/create division branding and logo.	1. Identify funding through existing budget or grants. 2. Contract or identify internal staff resources for the development of division branding and logo.	Clinics Administrative Team	Branding and logo are developed.	6/30/2022		
GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.	Strategy 3.1.2: We will inform community members of the clinic services available to them.	Objective 3.1.2.2: By June 30, 2022, develop educational materials to inform community members of the resources available to them.	1. Identify funding through existing budget or grants. 2. Update website. 3. Update existing marketing materials. 4. Create general Clinic Services brochure.	Clinics Administrative Team	Marketing materials developed are tracked.	6/30/2022		
GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.	Strategy 3.1.2: We will inform community members of the clinic services available to them.	Objective 3.1.2.3: By June 30, 2023, disseminate educational materials through community partners and in-person and virtual presentations and outreach.	1. Identify key staff and partners to disseminate patient outreach materials. 2. Develop dissemination tracking form.	Clinics Administrative Team	Dissemination Tracking Form is developed.	6/30/2023		
GOAL 3.2 ACCESS TO HEALTH AND WELLBEING: Maximize...	Strategy 3.2.1: We will optimize staff resources for...	Objective 3.2.1.1: By June 30, 2023, we will increase access to health care by decreasing the wait time for the next available appointment for...	1. Assess provider-patient capacity and proper panel size to ensure greater access to quality care. 2. Review administrative and scheduling procedures and training guides for efficiency and train staff...	Clinics Management	Empanelment Report is used to assess patient to primary care provider ratio. Provider has access to...			

Organizational Culture

Operational Excellence

Community Collaboration

Lists



Program Management Software

The screenshot displays a software interface for program management. At the top, there is a navigation bar with the following elements: a 'Board' dropdown menu, the current board name 'Operational Excellence', a star icon, the user's name 'Raquel Ramirez Ruiz's Workspace', a 'Workspace visible' status indicator, a profile icon, 'Invite' and 'Join board' buttons, and an 'Automation' icon.

The main content area is a grid of strategy and objective cards. Each card includes a title, a progress bar, a description, a due date, and a completion status.

- Strategy 2.1.1:** We will involve all primary care teams in clinical improvement project including panel management approaches to improve patient care and staff satisfaction. Objective 2.1.1.1: By June 30, 2023, build capacity with existing staff to work on quality improvement projects. (Jun 30, 2023, 0/4)
- Strategy 2.1.2:** We will improve standardization of clinical practices. Objective 2.1.2.1: By June 30, 2023, we will create and revise workflows and policies every three years and train staff on these policies. (Jun 30, 2023, 0/4). Objective 2.1.2.2: By June 30, 2023, we will use Electronic Health Records (EHR) to continuously improve and monitor clinical care. (Jun 30, 2023, 0/4)
- Strategy 2.2.1:** We will use key financial metrics and staff input to inform operational decisions. Objective 2.2.1.1: By June 30, 2022, Clinic Services Division will develop a financial and operational metric dashboard accessible to all clinic staff. (Jun 30, 2023, 0/4). Objective 2.2.1.2: By June 30, 2023, build awareness and train staff using existing OCHIN training resources on metric dashboard. (Jun 30, 2023, 0/4)
- Strategy 2.2.2:** Strategy 2.2.2: We will develop policy and systems changes to increase revenue. Objective 2.2.2.1: By June 30, 2023, develop a plan to implement electronic payment feature utilizing My Chart. (Jun 30, 2023, 0/4). Objective 2.2.2.2: By June 30, 2023, conduct pilot to test telehealth technology to reduce missed opportunities. (Jun 30, 2023, 0/3)
- Strategy 2.3.1:** We will ensure our facilities are equitably staffed and equipped to meet the needs of our community. Objective 2.3.1.2: By September 30, 2021, the Homeless Persons Health Project (HHPH) will finish an interim expansion plan and evaluate options to expand and get approval. (Jun 30, 2023, 0/4). Objective 2.3.1.2: By September 30, 2021, the Homeless Persons Health Project (HHPH) will finish an interim expansion plan and evaluate options to expand and get approval. (Sep 30, 0/4)

Each card has an 'Add a card' button at the bottom right.

Objective 2.1.1.1: By June 30, 2023, build capacity with existing staff to work on quality improvement projects. ✕

in list [Strategy 2.1.1: We will involve all primary care teams in clinical improvement project including panel management approaches to improve patient care and staff satisfaction.](#)

LABELS

Quality Management Committee +

DUE DATE

Jun 30, 2023 at 5:00 PM ▾

ADD TO CARD

Members

Labels

Checklist

Dates

Attachment

Location

Cover

Custom Fields

Description Edit

GOAL 2.1 CONTINUOUS PROCESS IMPROVEMENT: Strengthen systems through continuous process improvements.

Target:

- Quality Improvement Teams are in place.
- Data Board is developed.
- Virtual vs Physical location are established.
- Focus Groups are conducted with teamlets.

Key Steps Delete

0%

Assign people and dates to checklist items with Advanced Checklists. ✕

Plus, see all your assigned items and tasks in [your items](#). [Learn more](#)

- Create QI Teams (clinicians, MA, RN) and increase available staff time to work on improvement projects.
- Build capacity with existing staff to work on quality improvement projects.
- Make time in staff schedules to be involved in patient improvement projects.
- Explore the feasibility of hiring panel manager, health educators and case management staff to improve productivity, clinical care and access to care.

Add an item

POWER-UPS

+ Add Power-Ups

AUTOMATION ⓘ

+ Add button

ACTIONS

→ Move

📄 Copy

📄 Make template

👁 Watch

📁 Archive

↩ Share

Activity Show details

RR Write a comment...



Peer Review and Risk Management Committee

- ▶ Reviewed 13 chart with the Death Certificate data.
 - ▶ All charts reviewed provided appropriate care.
- ▶ New pilot Peer Chart Review project launched in September with all clinicians including Integrated Behavioral Health (IBH-Therapist and Psychiatrist/Nurse Practitioners)
 - ▶ Automated process assigning electronic chart reviews to identify if strengths and areas of improvement using a check list and free text.
 - ▶ Assigned one chart per month.
 - ▶ Distributed on the 15th of the month and due on the last day of the month.
 - ▶ 25 out of 46 completed audits in September
 - ▶ Takes about 10 minutes to complete.
 - ▶ Gathering Feedback to help make this pilot successful. We are already making changes for improvement.