

Falls Community Health Governing Board Minutes
Thursday, May 16th, 2013 AT 11:45 AM

Present: Linda Karnof, Arlene Olson, John Peterson, Samuel Gayetaye, Timonthy Roti, Kari Benz, Jim Richardson, John Peterson and Rick Kiley

Staff Present: Jill Franken, Katie Wick, Amy Richardson, Briget Klien, Mackenzie Songstad, Andy Pederson, Alicia Collura, Dr. Charles Shafer

Call to Order: The meeting was called to order by Dr. Richardson

Minutes: Minutes from the April 18th, 2013 were approved. Motion to approve by Jim Richardson, John seconded, motion carried unanimously.

NEW BUSINESS:

Executive Director Report-

Nathan Kasselder will be joining as a new board member. Jill also welcomed Arlene Olson and Linda Karnof.

Jill approached the public services committee in regards to separating the Board of Health and the Falls Community Health Governing Board. The public service committee did concur the recommendation of the separation of the boards. The ordinances changes will go to the council in June and hopefully it will take effect in July.

State of SD plans to expand activity in Medicaid Health Home. Medicaid Health Home will provide services and structure to persons currently receiving Medicaid who have 2 or more chronic diseases or at risk for chronic disease. Over 900 patients in Lincoln and Minnehaha County could benefit from this. It is estimated that 200 Falls Community Health patients would be eligible. Providers are on board and have agreed to the services and application was submitted about 2 weeks ago.

Jill handed out a letter attention to the Medicaid Opportunities and Challenges Task Force Membership and asked the board to consider support for Medicaid Expansion through this letter- attached. The letter is crafted to advocate Medicaid expansion in State Of South Dakota and would be presented to the Medicaid Opportunities & Challenges Task Force. If Medicaid were expanded in SD it would be available for individuals up to 135% of poverty. There would be tax credits for individuals from 135%-400% of poverty make it more affordable for those individuals to enroll in insurance. Motion to approve signing on to the letter, Tim motioned, Rick seconded. Motion carried.

HRSA Update-

- There is a funding opportunity coming for health centers to assist with eligibility and enrollment in the health insurance marketplace and Medicaid for those individuals in the community who are currently uninsured. This patient navigation funding will use a formula based allocation method to fund health centers to employ navigation staff, and is based on the percentage of uninsured. FCH could get \$130,000 based on the uninsured patients seen. We need to get people on board to navigate. Application must be submitted by the end of May. Funding could be available as soon as July.
- The Service Area Competition (SAC) grant which FCH applies for every 5 years also includes the requirement of an extensive annual report. This report verifies how FCH uses the federal grant dollars and that it continues to be eligible for funding. Some new changes will take place and application will change to an every 3 year cycle, with a much more streamlined reporting annually. This funding cycle also includes an onsite review which FCH will be scheduled for in the next year. Board members will be involved.
- It has also been announced that HRSA will provide a base funding adjustment. At this time we are not aware how much it will be.

Health is in the process of developing the 2014 budget as part of the city budget. Health's meeting with the mayor will be in in June to present budget recommendations for 2014.

The CHAD board of directors has hired a new CEO, Linda Ross, who has been in her position since the beginning of April. She has experience working in a Primary Care Association in Arizona, and brings solid expertise to the CHAD office. Jill will invite Linda to an upcoming meeting to introduce her to the FCH board.

Financial Report-Amy/Briget

Cash collections-Through April 30th is 1.2 million. April was \$337,000 down \$47,000 from budget goal. Projected to have \$400,000 coming in every month however due to CFM downed productivity and Hayward opening April 22- projected budget is \$384,000 monthly. Encounters- # of visits for CFM contract is 18150, 1200 visits short year to date. Total encounters are 743 visits short total. FCH has filled 524 visits with locum agency staff. If the CFM Nurse Practitioners were fully staffed we would be at 32 % which is within budget goal. Currently expenses are up 7.8% increase, \$ 144,000 compared to last year. Under budget at 28%, 3 pay periods will increase expenses at next report. IT cost is up \$23,000 from last year, medical supplies are also up by \$12000. Computer and supply cost are up by \$15,000. Pharmaceuticals are up about \$50,000 money coming from Lewis has not yet been received. Lab and X-ray services have decreased by \$20,000. Interpreter services are down by \$9,000

Motion made to accept financial report. Rick motioned Kari seconded. Motion approved.

Access- Andy

My Health Patient Portal is secure online access to patient health information anytime, day or night. Patients will be able to update personal information, manage appointments and send messages to health care provider. They will also be able to review test results, view and download a list of current medications and view health information. It will allow patients to access us when we are not here. There is internal testing scheduled. Plans for My Health Patient Portal to go Live on June 3, 2013. There is no concern for patients with the same name as they will be able to create a log in name. It was mentioned that maybe the last 4 of social security number should be added just to make sure that patient information is not being crossed. There was also concern that Doctors and nurse will need to sign off on the information and have time to contact the patient before it is updated into the portal. This will allow the doctor and or nurse to contact that patient and tell them the test results before they can access it online.

Quality-Alicia

Dental Performance measures:

No show rate 14%

Front desk audit- 83%

Completed tx plans 58% (exceeding goal!)

Overview of Patient Board recruitment messaging

Discussion of PCMH/Health Home/Behavioral Health integration

Coordination of care and care teams are common to all three

Multi-disciplinary team meeting next week with the following agenda:

- PCMH and Health Homes within FCH- Project Update
- Health Care Delivery Models and Care Teams: Overview
- Discussion

Work Session Deliverables:

- Increased organizational understanding of PCMH, Health Home, and Behavioral Health Integration
- Increased organizational understanding of Care Teams as a priority in health care delivery models
- Documented SWOT analysis of implementing Care Teams within FCH
- Documented idea map of potential Care Team models within FCH

Next steps of the process include formalize project plan, team members, and timeline for implementation of care teams at FCH

Provider Credentialing – Katie

Fred Thanel, MD

Rajesh Singh, MD

Tara Geis, MD

Jean Heisler, MD

Michael Bloom, PhD

Provider Recruitment Update – Dr. Shafer

Whitney White plans to start June 1. She knows EMR system. Dr. Amy Houge from Michigan starting January 1, she has worked in community health centers for years. Dr. Meyer is no longer on medical leave, and is not coming back. Dr. Meyer has not been here for 3 months. CFM has a candidate interested in Dr. Meyer's position. The clinic is not at full staff.

There being no further business Dr. Richardson motion to adjourn seconded by Rich. Motion carried unanimously.