

Falls Community Health Governing Board Minutes
Thursday, May 21, 2015, at 12:00 pm

Present: Kari Benz, John Peterson, Susy Blake, Gwendolyn Martin-Fletcher, Jim Kellar, Steve Miller, Ryon Reckling, Tracy Johnson, Arlene Olson, Bruce Vogt

Absent: Linda Karnof

Staff Present: Jill Franken, Alicia Collura, Dr. Jen Tinguely, Lonna Jones, Dr. Stephanie Schmitz, Lisa Stensland

Call to Order: The meeting was called to order by Kari Benz at 12:05 pm.

Minutes: Motion made to approve the minutes for April 16, 2015, by Bruce, Jim seconded, motion carried.

OLD BUSINESS:

P & I Report- Jim Kellar

Jim was grateful for the opportunity to attend the conference and hopes that in the future other board members will be able to attend as well. He reminded us that the community health centers were part of President Johnson's initiative to eliminate poverty and injustice. The community health centers are responsible for the health of the entire community and the board is the backbone. The community health center's primary responsibility is to manage the high cost and complex patients, while trying to keep care affordable. Health centers tend to retain the staff they have and tend to use the best staff. Our Care team model is unique to CHC's and is working well.

FCH is way ahead of most community health centers with the dashboards that we use to help understand the numbers and what they mean.

The board is responsible for many different things, review of policy, hire and use accounting firms if needed, it is not alright for the board to just come in and vote every month without some education on the matters at hand. Monitoring accounts receivable and legal responsibility are the most important things to consider. Be engaged. The tendency is to sit back and watch as staff works. Jim suggested that an annual board work plan would be helpful. Also, wondered if we use committees and can non-board members serve on committees. The diversity of the board drives the business model of the community health center. Four defining qualities of a CHC Board: - A well informed and engaged board, Knowledgeable and qualified staff, Strong written policy, And good support for capturing and maintaining data.

NEW BUSINESS:

Financial Report:

The Falls Community Health reports are through the month ending April 30, 2015. We are 33% through our fiscal year. The last financials presented were through the month of March 2015.

Operating Revenues: Net patient revenue consists of all patient charges/fees. Total net patient revenue for April came in at \$378,189, which is 32% of the YTD April actuals to budget. Total grant revenue of \$239,368 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants. Total Other Revenue is \$3,724 for YTD April actuals, YTD budget is (\$20,984) due to reconciliation with Medicaid Health Home payments. Total Operating Revenues YTD April budget is \$2.6M, which is on target at 33% of the budget.

Operating Expenses: Operating expenses are classified within 7 categories.

Personnel accounts for 70% of the budget. Currently personnel expenses are at 29% of the budget, expenses are not as high YTD due to vacancies in positions and January's 1st payroll going back to 2014.

Professional Services are at 29% of the YTD budget. This category includes payments to Center for Family Medicine, interpreter services and laboratory expenses.

Rentals will stay low in actuals until a one-time payment of \$107K is processed for annual computer and software expense.

Repair and Maintenance is at 45% of the YTD budget. Dental repair and maintenance and installation of security equipment at the school based sites account for the majority of the increase.

Supplies and Materials are at 25% of YTD budget. This category includes general medical and dental supplies, immunization and pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems.

Training is at 28% of the YTD budget. The majority of YTD actuals are from Continuing Education expenses for the medical and dental providers and out of state travel expense.

Utilities are at 31% YTD budget. The majority of this expense occurs quarterly.

Non-operating Revenue (Expense):

Other Revenue is at 45% of the budget and includes USD dental lease payments and recovery of prior year revenue.

Estimated Uncollectible Revenue is at 76% to YTD budget. This line will continue to exceed the YTD throughout the year due to a change in where expense is allocated compared to the prior year. For April, estimates are \$138K of the Net Patient Revenue.

Net Income (Loss): April actuals are (\$347,360) and YTD (\$121,180), 13% of YTD budget.

Motion made to approve the financial report made by Ryon, Arlene seconded, motion carried.

ACCESS:

The availability of appointments (3rd next available) has gone up to 19.5 days as we have been short an APP. The goal is to be at 14 days. This will be alleviated with a locum provider.

The no show rate at Hayward and Terry Redlin clinics are currently meeting the goal of 15%.

POLICY APPROVAL:

The Triage: Phone and Walk-In policy was updated to strengthen the language of responsibility listed in the policy. Also added head injuries to the policy.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Standard Operating Policy/Procedure Triage: Phone and Walk-In, by Bruce and seconded by Jim. Motion carries.

QUALITY:

We will be reapplying for the PCMH Grant in 2017, and had a PCMH consultant come in and talk to the staff and providers. Items we need to look at are the access to same day appointments for one week is at 35% and our goal is to be at 27%. We have some quality measures that we are working on developing a tracking process. Some of the measures that are doing very well are the pre-visit preparations is at 94% with a goal of 75%, Reconcile medication is at 73%, with a goal of 50% and counsel patients to adopt healthy behaviors is at 92% with a goal of 50%.

The consultant will continue to help with monthly conference calls.

Motion made to accept the CLOUT meeting minutes as distributed, by Ryon and seconded by Tracy. Motion carries.

DENTAL:

The dental clinic at Hayward elementary has seen 99 students and 98% of the treatment plans have been completed. Hawthorne has seen 57 students and 95% of the treatment plans have been completed. Terry Redlin has seen 36 students and 100% of the plans have been completed. Staff provided 375 free fluoride varnishes to the students.

The 2013 school year a total of 370 students were seen and in 2014 that number dropped to 192 resulting in a 51% decrease in the number of students receiving care. FCH Admin and Management staff will work with the school district to understand the decline in school based referrals and look for opportunities for improvement.

Quality measures being met by the dental clinics include: chart audits for January – April were 96% accurate, completed treatment plans for the same time period was 71% with a goal of 50%, and the no show rate is at 15.5% which is similar to the medical clinic. So far this year the Dental clinic has seen 987 emergency patients. The also took blood pressure for the Big Squeeze event and participated in the Screening for Life event by having Dr. Schmitz provide Oral cancer screenings.

EXECUTIVE DIRECTOR'S REPORT:

Ryan White Part C Operational Site Visit was completed on May 5 and 6 with only a few partial findings noted. The reviewer indicated this was the first time she has completed a review with no fiscal findings. Similar to the FCH overall OSV, a report will be sent to us with any findings to be corrected.

Prevention Activities- Falls Community Health HIV/AIDS grant funding has been awarded for a total of \$370,000. The SDDOH has also granted \$80,000 for HIV prevention services to be provided through Rapid HIV testing clinics twice per week. In addition, a meeting with SDDOH this week brought forward ideas for additional STD access for uninsured individuals who seek screening.

APP update- and offer was made to Leah Mergen, a PA who is currently employed by Avera McKennan. Leah accepted the offer, however is required to give 120 days notice to meet the terms of her current contract with Avera, therefore will be starting in September. Alicia is working with our locum tenens agency to secure a provider for a 6 month time period to cover through the vacancy time period as well as Leah's onboarding time period.

Cancer Screening for Life- this event, which offers a comprehensive set of screenings for patients or any person who wishes to participate, was held on May 20th. We had 32 people come through for screenings. A special thank you goes to Sanford for their support and assistance with the coordination of this event.

FTCA liability coverage for clinical providers (federal malpractice coverage)- we have met with Finance, City Attorney's Office and Risk Management on April 24 to review this process. Finance will have a contingency plan if FTCA is not approved. We are currently reviewing the credentialing status of all required professional staff.

There being no other business Motion to adjourn, supported by Ryon, seconded by Suzy. Motion carries.
Adjourned at 1:15 pm



Kari Benz Board Chair

June 18, 2015