

Falls Community Health Governing Board Minutes
Thursday, October 15, 2015, at 12:00 pm

Present: Kari Benz, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson, Katie Reardon, Arlene Olson, Bruce Vogt

Absent: Susy Blake, Tracy Johnson

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jen Tinguely, Lisa Stensland

Call to Order: The meeting was called to order by Jim Kellar at 12:06 pm.

Minutes: Motion made to approve the minutes for September 17, 2015, supported by Gwen, Kari seconded, motion carried.

OLD BUSINESS:

Board Appointments:

The Mayor has re-appointed Jim Kellar and Dr. Bruce Vogt to the board and Joyuese Urwibutso was appointed to fill Steve Miller's position. A vote was made to accept the Mayor's recommended re-appointments and appointments to the Falls Community Health Governing Board, supported unanimously by all.

NEW BUSINESS:

Financial Report:

The Falls Community Health reports are through the month ending September 30, 2015. We are 75% through our fiscal year. The last financials presented were through the month of August 2015.

Operating Revenues: Net patient revenue consists of all patient charges/fees. Total Operating Revenues YTD September budget is \$5.9M, which is 72% compared to budget at 75%.

- Total Net Patient Revenue for September came in at \$501,587 which is 71% of the YTD September actuals to budget.
- Total Grant Revenue of \$323,951 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue of \$2,393, includes provider incentive payments for quality measures.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$626,692 for the month of September.

Monthly average is approximately \$622K.

- Personnel expenses are at 64% of the budget, expenses are less than budget due to vacancies in positions this year and less part time expense.
- Professional Services are at 75% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 96% of the YTD budget. The expected one-time payment of \$107K was processed in July for annual computer and software expense.
- Repair and Maintenance is at 14% of the YTD budget. This category now includes the \$247,000 medical records remodel in the budget amount. YTD budget would be 81% prior to amendment.
- Supplies and Materials are at 59% 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 72% of the YTD budget. Majority of YTD actuals are from Continuing Education expenses for the medical providers and out of state travel.
- Utilities are at 58% YTD budget. The majority of this expense occurs quarterly. Payment was processed in July; next payment should be processed in the October report.

Non-operating Revenue (Expense):

- Other Revenue is at 93% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is at 149% to YTD budget. This line will continue to exceed the YTD throughout the year due to a change in expense allocation. For September, estimates are \$75K of the Net Patient Revenue.

Net Income (Loss): September actuals are \$141,202 and YTD (\$328,309), 36% of YTD budget.

Motion made to approve the audit of both programs and to upload it to the grant supported by Linda, Arlene seconded. Motion carries.

QUALITY:

The clinic does not provide care to pregnant women. We refer about 60 moms to CFM for their prenatal care. Only 13% were coming back here for care after the pregnancy. UDS tracking and reporting require the date of the first prenatal visit and the birth weight of the baby. Our tracking data has shown that there can be a delayed period between referral to CFM and the first visit with the physician, which needs to be a face to face visit not just the ultrasound. Goals have been set to have the women see a provider at CFM within 4-6 weeks if referred in the first trimester and within 2 weeks if referred in the 2nd trimester.

If a patient has a positive pregnancy test the nurse will educate on the importance of prenatal care including appointments, flu vaccine, prenatal vitamins and a packet of information will be provided. If the patient does not have an OB provider, the nurse will schedule an

ultrasound appointment at CFM within one week of the positive pregnancy test. If the patient is taking prescribed medications, the pharmacist and staff doctor will review and address with patient at this time or patient will be worked into the schedule by the resource nurse.

CFM will place an alert that FCH is the patient's medical home and the baby's follow-up appointment will be with CFM within 1-2 weeks after birth, and the hospital nursery will call FCH to schedule the baby for a 2 month well child check. At that appointment the mother will be given a welcome bag. All babies will be followed and tracked for return to care.

ACCESS:

The policy/procedure for Scheduling of Appointments was updated. The policy's purpose is to provide adequate access for patients, provides guidelines for scheduling staff, assures organizational efficiency and productivity goals, and staff and provider well-being. There is some analysis that will be brought before the board, and the board would like some time to thoroughly read through the policy. At this time the motion is to temporarily approve the Falls Community Health Standard Operating Policy/Procedure for Scheduling of Appointments- Medical with follow up next month with final revisions, supported by John and seconded by Linda, motion carries.

OTHER BUSINESS:

Board Training- Jim attended the National training this past spring. Board training was also identified as one of the things that could be improved from previous board surveys. A binder has been created for new board members and is available for any board members who would like one.

POLICY UPDATES:

The Falls Community Health Standard Operating Policy/Procedure for Billing and Collections was revised by removing the Medicare questionnaire form.

A motion to accept the Falls Community Health Standard Operating Policy/Procedure for Billing and Collections as presented was supported by Arlene and seconded by Kari, motion carries.

EXECUTIVE DIRECTOR'S REPORT:

FCH Leadership Operational Plan Review – on October 19th, Jill, Amy and Alicia will meet to review the status/consider any needed revisions to the current strategic and operational plan. The next meeting will include Dr. Tinguely and Dr. Schmitz to review the plan considerations. The plan will then be brought to the management team and them to the board for feedback and consideration.

Disease Prevention- A STD prevention campaign will be launched and include Monday evening and Friday afternoon STD clinics. A media campaign called Protect Your Parts will be launched on livewellsiouxfalls.org, this will include condom distribution to dispense free condoms in key sites around the city. A press conference for the campaign and clinics will occur in early December.

Community Behavioral Health Needs- the Health Department will be coordinating a meeting on October 27th from 11:30-1:00 pm. This will be a collaboration between us and County Health and Human Services. The aim: Stakeholder community conversation to identify what we believe are gaps in our local BHS and what next steps should be to begin to address those gaps. The next steps would be to bring stakeholders together for facilitated discussion with development of a targeted action plan. This will also help plan our FCH behavioral health services.

Other: SD Medicaid Expansion: State workgroup includes the SD health center association members who represent FCH. Strategies to increase the federal match for Native American healthcare which may offset the state's cost of Medicaid expansion in SD, which is estimated at \$30M.

CHAD CEO Linda Ross has resigned her position. The CHAD board is engaged in the process of recruiting and retaining a new CEO.

There being no other business Motion to adjourn, supported by Linda, seconded by John. Motion carries.

Adjourned at 1:07 pm

Jim Kellar- Board Chair

November 19, 2015

