

**Falls Community Health Governing Board Minutes**  
**Thursday, December 17, 2015, at 12:00 pm**

**Present:** Kari Benz, Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, John Peterson, Katie Reardon, Bruce Vogt, Tracy Johnson, Joyeuse Urwibutso

**Absent:** Susy Blake, Arlene Olson

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

Call to Order: The meeting was called to order by Jim Keller at 12:00 pm.

Minutes: Motion made to approve the minutes for November 19, 2015, supported by Gwen, John seconded, motion carried.

**NEW BUSINESS:**

**FINANCIAL REPORT:**

The Falls Community Health reports attached are through the month ending November 30, 2015. We are 92% through our fiscal year. The last financials presented were through the month of September 2015.

**Operating Revenues:** Net patient revenue consists of all patient charges/fees. Total net patient revenue for November came in at \$306,823 which is 86% of the YTD November actuals to budget.

Total grant revenue of \$299,268 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.

Total Other Revenue of \$38,499, includes the Medicaid Health Home quarterly payment.

Total Operating Revenues YTD November budget is \$7.2M, which is 88% compared to budget at 92%.

**Operating Expenses:** Operating expenses are classified within 7 categories. Total expenses were \$695,203 for the month of November.

- Personnel expenses are at 81% of the budget, expenses are less than budget due to vacancies in positions this year and less part time expense. Projecting unused personnel expense of \$500K at year end.
- Professional Services are at 93% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 100% of the YTD budget.
- Repair and Maintenance is at 40% of the YTD budget. This category now includes the \$247,000 medical records remodel in the budget amount.
- Supplies and Materials are at 74% 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 96% 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 92% YTD budget. The majority of this expense occurs quarterly. Payment was processed in October; next payment will be processed next year.

**Non-operating Revenue (Expense):**

- Other Revenue is at 113% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is at 159% to YTD budget. This line will continue to exceed the YTD throughout the year due to a change in expense allocation. For November, estimates are \$74K of the Net Patient Revenue.

**Net Income (Loss):** November actuals are \$35,526 and YTD (\$597,109), 66% of YTD budget.

**QUALITY:**

Colorectal Cancer: Staff is working with CHAD on a possible grant funding opportunity for tracking and follow up. The funding from this grant cannot be used for direct patient payment which has been a barrier, but we continue to utilize the charity care program for our uninsured patients, this is going well. The reporting remains at goal of 31%.

Pap Smears: Staff is continuing to mail out the “Happy Birthday” pap smear reminder letters each month, and continue to encourage “add-a-pap”. January is Cervical Cancer Awareness month, and the CLOUT team will discuss how we want to promote this at next week’s meeting. The reporting remains at 47% with a goal of 50%.

Hypertension: For the past year we have been working on increasing our number of controlled patients with elevated blood pressure – 140/90. Dr. Tinguely has been doing a PDSA utilizing the pharmacy students for follow up with the identified patients. We are going to continue utilizing the pharmacy students for these patents but we are also working with the clinical pharmacists on how to streamline the student –patient interactions. The CLOUT team has had some suggestions for improving the student interaction. Erin, Dr. Tinguely and the clinical pharmacist continue to meet to move forward with this process. We continue to hold at 64%, with a goal of 65%. January of 2015 we were at 60%.

DM (Diabetic Management): The program continues to make progress, we had originally decided on going with the state program to allow for Medicaid reimbursement, however we found that as an FQHC we do not qualify for the Medicaid reimbursement. We are now working toward the ADA program recognition which offers Medicare reimbursement. While running some numbers it was found that we have a higher rate of diabetic patients with Medicare than Medicaid. In May 2016 the nurse case managers will attend training that is required continuing education that is needed for the application process.

PCMH: We continue to make progress towards 2014 standards.

Ryan White Quality Committee: Ryan White Part C continues to successfully meet the needs of the HIV population within East River South Dakota. A few months ago we were assigned a new project officer and the transition is going well. We have been moved to quarterly monitoring calls with the new project officer. This grant cycle closes out March 31<sup>st</sup> and in preparation for the next cycle we will be conducting chart audits at our partnering infectious disease agencies to ensure compliance with the grant.

**ACCESS:**

Motion made to accept the credentialing and grant privileging for PAC, Susan Olson as presented made by Kari and seconded by Arlene. Motion carries.

Motion made to accept the temporary credentialing and grant temporary privileging for PAC, Cheri Kovelenco as presented made by Susy and seconded by Bruce. Motion carries.

**EXECUTIVE DIRECTOR’S REPORT:**

See attached.

The board reviewed and discussed the Board Self Evaluation.

FCH Board Self Evaluation Summary

	<b>Average</b>
<b><u>Composition and Preparedness</u></b>	
Reflects demographic of community	<b>3.7</b>
In compliance with Fed. Requirements	<b>4.3</b>
Adequate legal, financial and clinical expertise	<b>4.1</b>
Fully understands history and mission of organ.	<b>4.0</b>
Understand fiduciary and legal responsibilities	<b>3.9</b>
Solicits ongoing input from target populations	<b>3.6</b>
Effectively communicates decisions to those effected	<b>3.6</b>
Credibility in the community	<b>4.1</b>
<b><u>Board Performance</u></b>	
Meets monthly in accordance with Fed. Regulations	<b>4.4</b>
There is a quorum at each meeting	<b>4.2</b>
Appropriate committee and CEO reports provided regularly	<b>4.3</b>
Positive interaction with CEO	<b>4.4</b>

**Meeting Effectiveness**

Everyone participates at meetings	<b>3.8</b>
Members understand/follow basic parliamentary procedures	<b>3.9</b>
Members feel safe expressing concerns	<b>3.9</b>
Conflicts or tensions are resolved satisfactorily	<b>4.0</b>
Chair effectively keeps discussions on track	<b>4.1</b>
Members receive relevant materials in timely fashion	<b>3.7</b>

Motion to move to Executive session was made by Kari and supported by Susy. Motion carries.

Motion to move from executive session and there being no other business Motion to adjourn, supported by Gwen, seconded by John. Motion carries.




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Jim Kellar- Board Chair  
January 21, 2016

December 2015 Executive Director Board Update	
<b>Thank you!</b>	 <p>As we wrap up this year, we want to thank you for your commitment and service in your governance of Falls Community Health this past year. We understand that you could be certainly doing many other things with the time you dedicate to attend meetings, read documents, and prepare for good discussion and decision making each month, but you choose to be part of our team in such an important way and for this we say, THANK YOU SO MUCH!!!</p>
<b>SD Medicaid Expansion/ 2016 Legislative session</b>	<ul style="list-style-type: none"> <li>Governor's budget address included Medicaid Expansion as a goal for this next legislative session</li> <li>The subcommittees have concluded their work to identify ways to increase access and quality improvement of services for American Indians through IHS facilities. Centers for Medicare and Medicaid are formulating rule changes to increase the federal share of AI healthcare services in SD. Those savings to SD will fund total Medicaid expansion across SD.</li> <li>Thank you Alicia for heading to Pierre every other week these past couple of months to attend the BHS subcommittee meetings, representing both FCH and CHAD.</li> <li>The CHAD legislative session will be February 9<sup>th</sup> in Pierre which will include a legislative reception. Any board members who wish to attend the meeting are encouraged to do so and to contact Lisa to coordinate arrangements.</li> </ul>

	<p>A few facts:</p> <ul style="list-style-type: none"> <li>• Estimated 66,630 (8%) of SD uninsured, of those 47% are between 17-34 years of age</li> <li>• 48% of the uninsured under 138% are between 18-34 years of age</li> <li>• 73% of uninsured adults 19-64 are employed (63% in 2011), and of those 74% employed full-time</li> <li>• Estimated are 49,721 eligible for Medicaid expansion in SD, Governor's budget estimates added 10% for conservative budgeting, or 54,693</li> </ul>
<b>Community Behavioral Health Needs</b>	<ul style="list-style-type: none"> <li>• BHS stakeholders to meet in February to identify top challenges and develop a collaborative action plan.</li> <li>• Plan to use facilitator to bring together city directors for a meeting first quarter of 2016 to conduct .</li> <li>• BHS stakeholders meetings will also serve to inform internal FCH leadership as it relates to integrated BHS and increasing access to services.</li> </ul>
<b>Care Team Restructure</b>	<ul style="list-style-type: none"> <li>• Full day pilots completed 12/8 and 12/9</li> <li>• Debriefing meeting held on 12/10. Top needs and follow up: <ul style="list-style-type: none"> <li>○ Patient check out process needed clarification <ul style="list-style-type: none"> <li>✓ Workflow was created and presented to staff</li> </ul> </li> <li>○ Standardized FCH education materials for patients <ul style="list-style-type: none"> <li>✓ Small group has been formed to create standardized education based on our top diagnoses</li> </ul> </li> </ul> </li> <li>• Go live moved from 12/31 to 2/1 to accommodate hiring needs (3 part time PST's)</li> </ul>
<b>Remodel</b>	<ul style="list-style-type: none"> <li>• The clinic remodel of the front desk and medical records area is very close to complete!</li> <li>• Other than a few minimal details from the construction perspective, the remaining work that is occurring this week includes furniture installation.</li> </ul>
<b>Public Entity Health Center Peer Learning</b>	<ul style="list-style-type: none"> <li>• Jill has been invited to participate in a leadership peer learning collaborative</li> <li>• Focus is to explore sources of support geared towards the challenges faced by public entity health centers. These health centers have a unique set of circumstances impacting their governance, autonomy and organizational relationships, and often experience challenges that other health centers do not.</li> <li>• Participants – community health center grantees located within a department of health or other public entity.</li> <li>• This learning includes a series of virtual meetings and one face to face meeting this year.</li> </ul>