

Falls Community Health Governing Board Minutes
Thursday, April 16, 2015, at 12:00 pm

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

Absent: Steve Miller

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jen Tinguely, Rick Pudwill, 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 March 19th, 2015, by Ryon, Suzy seconded, motion carried.

NEW BUSINESS:

P & I Conference Report: Jim Kellar gave a brief summary of the Policy and Issues Forum in Washington DC that he attended. He commended FCH for the dashboards and the care teams that were implemented, stating that we are farther ahead of other community centers in the Dakotas. He also encouraged the board to learn as much as possible about the community center to assist with the responsibilities as a board member. He will plan further updates in the future.

Financial Report: The Falls Community Health reports attached are through the month ending March 31, 2015. We are 25% through our fiscal year. The last financials presented were through the month of January 2015.

Operating Revenues: Net patient revenue consists of all patient charges/fees. Total net patient revenue for March came in at \$455,683, which is 25% of the YTD March budget. Total grant revenue of \$414,007 includes grant drawdowns from the Community Health Center and Ryan White Part C grants. Total Other Revenue is showing a negative \$24,708 for YTD March due to reconciliation with the Medicaid Health Home monthly payments. These payments were typically made on a prospective basis and the State is converting to a retrospective payment, therefore, the recoupment process will no longer be an issue. We expect to see the first quarter payment deposited late April early May. Total Operating Revenue YTD March is \$1.9M, which is on target at 25% of the budget.

Operating Expenses: Operating expenses are classified within 7 categories.

- **Personnel** accounts for 70% of the budget. Currently personnel expenses are at 18% 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 19% 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 our annual computer and software expense.
- **Repair and Maintenance** is at 42% 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 17% 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 24% 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 4% YTD budget. The majority of this expense occurs quarterly, we expect to see a substantial expense in this category for April.

Nonoperating Revenue (Expense):

- **Other Revenue** is at 34% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- **Estimated Uncollectible Revenue** is at 48% to YTD budget. This line will continue to exceed the YTD throughout the year due to a change in where we allocate this expense. For March, estimates are \$100K of the Net Patient Revenue.

Net Income (Loss): March actuals are at \$172,937 and YTD \$226,181.

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

QUALITY: 2014 UDS Access and Quality Report: FCH is required to submit an annual data report. The report compares us with the 6 state community health centers and the near 1200 nationwide. Our patients generally live in 5 zip codes of town. The zip codes with 50% of the patient population are from 57103 and 57104, 57105 with 8%, 57106 with 12%, and 57107 with 5%. Patient ages and percentages are 0-18 at 26% and slightly down from last year. 19-39 is at 40% and is steady, 40-64 is up at 30%, and age 65 and over is showing slow and steady growth.

The ethnicity of our patients includes: white 49%, Hispanic 8-9%, Asian 10%, Black/ African 20%, Native American 9%, and 21 % of all patients are best served in a language other than English. There were 29 different languages used in 2014. There are 49% of the patients that meet or are below the poverty levels. The payer mix is: 54% uninsured, (2009 it was 58%), Medicaid 28%, Medicare is 5%, and 13% have private insurance.

The clinic has 13,000 patients with 44,000 visits and 29,500 medical visits and 11,000 dental visits. Behavioral health had 1,900, case management 1,700 visits.

The top 5 quality measures (diagnosis) for the medical clinic were: hypertension, depression, tobacco use, anxiety, diabetes. The dental clinics were: oral exam, prophylaxis (cleaning), emergencies, oral surgery, and restorative.

The 16 quality measures include:

- *Entry into prenatal care- most served range in age from 25-44 and entered care in the 2nd trimester.
- *Immunizations- 48 children were immunized with 83% compliance (full immunizations by age 3)
- *Pap Smears- 3,000 women screened- 47% compliance
- *Adult/Child Weight Assessment- 7,200 adults- 63% compliance, 1,600 children – 44% compliance.
- *Tobacco Use- 6,100 screened- 62% compliance
- *Asthma Therapy- 5-40 year olds who were diagnosed and given treatment plan- 95% compliance
- *CAD: Lipid therapy-100 adults – 74% compliance
- *IVD: Antithrombotic therapy- Aspirin therapy - 138 diagnoses- 88% compliance
- *Colorectal cancer screening- 51-74 years, 1800 patients screened – 29% compliance
- *New HIV diagnosis- 3- 100% compliance
- *Hypertension (BP<140/90)- 1,100 patients – 62% compliance
- *Diabetes (HgA1c<=9%) – 600 patients – 70% compliance
- *Depression Screening (screened with follow up plan) 6,700 screened – 48% compliance
- *Dental (completed treatment plans within 6 months) - 2,600- 60% compliance

POLICY APPROVAL:

The clinic is applying for Medical Liability insurance for 2016. Currently the City carries all liability, but 2016 medical malpractice will not be able to be in the city's risk pool. In preparation for that, some of the policies need to be updated to meet the many qualifiers to manage risk.

Motion made to accept the Public Health Laboratory Panic/Critical Value Reporting policy, by Tracy and seconded by Gwen. Motion carries.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Standard Operating Policy/Procedure for Patient Notification of Lab/Radiology Results, by Gwen and seconded by Susy. Motion carries.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Laboratory Standard Operating Policy/Procedure for Result Reporting, by Jim and seconded by Arlene. Motion carries.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Standard Operating Policy/Procedure for Order/Test Tracking, by Linda and seconded by John. Motion carries.

Motion made to accept the Sioux Falls Health Department-Falls Community Health Standard Operating Policy/Procedure for Risk Management, by Bruce and seconded by Linda. Motion carries.

EXECUTIVE DIRECTOR'S REPORT:

Dr. Elizabeth Naber has accepted the position of dentist to fill the vacancy left by Dr. Jeremy. She comes to us with 5 years experience, including private practice as well as practice with a high Medicaid population being served. Liz was working part-time for us since mid-February to help fill in shifts vacated by Jeremy, and from that decided to apply for the full-time position. She is a great addition to the dental team and we will work to arrange for a time for the board to meet her.

Candidate interviews to fill the APP vacancy have been completed, both 1st and 2nd interviews. A final candidate has been identified and it is intended that an offer will be made by the end of the week.

Thank you to Jim for attending the NACHC Policy and Issues Forum in DC last month. We are excited to hear what Jim learned from the board member boot camp, as well as from the conference itself. Also, great news nationally with the Senate vote approving HR2, which extends the health center funding budget at its current level for an additional two years, as well as extends the sCHIP funding two years.

Cancer Screening for Life is a partnership between FCH, CFM and Sanford Cancer Center and will be here on May 20th from 9 am – 3 pm. This is an event we have held several times, which offers a comprehensive set of screenings for patients or any person who wishes to participate. We will look at getting information to the Mission, Bishop Dudley house and other locations in the area.

May 9th the Health Department will have a team at the Race for the Cure and the board is invited to participate in honor of staff members dealing with breast cancer.

Next month we hope to have an update on the optimization of the Care Team model.

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

