

Falls Community Health Governing Board Minutes
Thursday, February 18, 2016, at 12:00 pm

Present: Kari Benz, Susy Blake, Linda Karnof, Gwendolyn MartinO'Fletcher, Jim Kellar, John Peterson, Katie Reardon, Joyeuse Urwibutso Bruce Vogt, Arlene Olson,

Absent: Tracy Johnson

Staff Present: Jill Franken, Alicia Collura, Dr. Jen Tinguely, Dr. Stephanie Schmitz, Lonna Jones, 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 January 21, 2016 supported by Susy and seconded by Arlene. Motion carried.

NEW BUSINESS:

FINANCIAL REPORT:

Update given to correct December's financial report. Motion to approve the revised December financial report was supported by Gwen and seconded by Linda, motion carries.

The Falls Community Health financial reports are through the month ending January 31, 2016. We are 8% through the fiscal year. The last financials presented were through the month of December 2015.

Operating Revenues: Net patient revenue consists of all patient charges/fees. Total net patient revenue for January came in at \$452,743 which is 8% of the YTD January actuals to budget.

Total grant revenue of \$242,893 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention and Refugee grants.

Total Other Revenue is \$9,316. 340B revenue of \$5,076 is July-December 2015 reimbursement.

Total Operating Revenues YTD January budget is \$704,953, which is 8% compared to budget at 8%.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$382,494 for the month of January.

- Personnel expenses are at 4% of the budget. Due to timing of pay periods, some expense for January payroll was incurred in December.
- Professional Services are at 5% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 0% of the YTD budget.
- Repair and Maintenance is at 4% of the YTD budget.
- Supplies and Materials are at 5% 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 11% of the YTD budget. The majority of expense is continuing education expenses and out of state travel.
- Utilities are at 1% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December.

Non-operating Revenue (Expense):

- Other Revenue is at 10% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is \$43,795 for January.

Net Income (Loss): January actuals are \$293,844 and YTD \$293,844.

Motion made to approve the financial report for January, supported by Bruce and seconded by Kari, motion carries.

QUALITY:

Dental update:

The no show rate is 15% which is at goal. Chart Audit is 88% and is a little low, but we are working on improvements. Completed Treatment plans are at 61% the national rate is at 50%. The new UDS measure for Sealants for 2015 was 27%.

Falls Community Health Dental was selected to be in a pilot program with 5 other programs across the country to create a Dental Dashboard. The first meeting was this week in Denver. We compiled a great deal of data to present to the project. The goal is to come up with a better way to track our progress and quality improvement for our patients.

As the board is aware the participation in the School Based Clinics has been declining. We created a flyer and had the school distribute it to all of the students again. We have had some pretty promising results. We are waiting on the arrival of the parent's completed paperwork. This should be a big increase in the number of students treated. A lot of work has gone into meeting with the school, providers and administrators to move the numbers of the students served.

UDS Report was submitted for 2015. This is the last report of our 5 year grant, and are now starting a 3 year grant cycle. We met or exceeded all of our goals except for a few measures. From 2010-2015 our diabetic measure is up 5%. The clinical manager is looking at the weight assessment for children to improve and document this measure.

ACCESS:

Productivity Update:

The average visit per shift in 2015 was 6.0, for January 2016 it was 6.3. The average scheduled per shift for 2015 was 7.6 and January 2016 was 8.1.

Dr. Tinguely worked with residency lead Dr. Hogue to create a scheduling template for the Residents. This is an opportunity to increase productivity of the residents. She concurred with 7 seen for 2nd years and 8 seen for 3rd years. We will need to significantly increase the number of scheduled per resident (2-3 patients per shift). Templates are now being built.

No Show Protocol Pilot:

The no show rate has continued to increase from 18% in 2013 to 23% January of 2016. The procedure will be to send letters at the provider's discretion for the first missed appointment. Then another if two are missed in 6 months and if four are missed in 6 months they will be walk-in status only. Patients who are on walk-in status only will be asked to come in at 8 am or 1 pm and placed on the triage schedule, this is for any request (acute or chronic). They will be triaged for medical needs and then will meet at that time (either before or after the provider visit) with the social worker. Barriers to them keeping appointments will be addressed at that time. This should only impact 70-80 patients and after 6 months they will fall off the walk- in status.

We plan to have this implemented by February 22 and will collect data for the next 3 months if at that time there are positive results we will seek board approval at that time.

EXECUTIVE DIRECTOR'S REPORT:

See attached.

BOARD CORRESPONDENCE:

Mayor Huether sent the board a letter thanking them for their time and effort in the review process.

Governor Daugaard sent a letter thanking the board for their support of Medicaid Expansion.

Motion to adjourn, supported by Kari, seconded by John. Motion carries. 12:55 pm



Jim Kellar- Board Chair
February 18, 2016

February 2016 Executive Director Board Update

Dentist Recruitment	<ul style="list-style-type: none"> • First interviews completed with two candidates • Second interview with a candidate will be in early March.
Board Strategic Planning	<p>It is time again for FCH Board/Leadership to meet to look ahead and identify new strategic plans</p> <ul style="list-style-type: none"> • Meeting tentative for April 7th, <i>suggest we meet from 10-2pm.</i> • Goal is to identify and discuss priorities for next three years. • Plan will be finalized for approval July or August
Misc.	<ul style="list-style-type: none"> • Report submitted on 2/12. Overview of UDS data and measures will be presented at March meeting • Staff retreat on January 20th was a great success, which included workstyle/personality assessment and training
SD Medicaid Expansion/ 2016 Legislative session	<ul style="list-style-type: none"> • Bruce, Alicia and Jill attended the CHAD legislative session on 2/9 • Letters to the editor written by several board members • Work continues by governor task force on a plan between SD, HIS, and CMS to expand access for SD Native American's as well as expand Medicaid for SD as a whole.