

Falls Community Health Governing Board Minutes
Thursday, June 15, 2017, at 12:00 pm

Present: Susy Blake, Jim Kellar, Bruce Vogt, Tracy Johnson, Jonathon Ott, John Peterson, Katie Reardon, Cindy Binker,

Absent: Linda Karnof, Gwendolyn Martin-Fletcher, Brent Christiansen

Staff Present: Jill Franken, Dr. Jennifer Tinguely, Erin Hartig, Katie Wick, Lisa Stensland

Call to Order: The meeting was called to order by Jim Keller at 12:03 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated May 18, 2017, and the QA/QI minutes dated May 15, 2017 supported by Bruce, seconded by Jon, motion carries.

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending May 31, 2017. We are 42% through the fiscal year. The last financials presented were through the month of April 2017.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for May came in at \$529,135 which is 41% of the YTD actuals to annual budget.
- Total Grant Revenue of \$300,145 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$60K. This includes 2 quarterly SD Medicaid Health Home payments of \$59,272.

Total Operating Revenues YTD May is \$3,826,268, which is 42% YTD actuals to annual budget. 2017 Total Operating Revenues is \$2K less than YTD budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$717,887 for the month of April.

- Personnel expenses are at 37% of the budget. 2017 is \$291K favorable to YTD budget.
- Professional Services are at 42% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 6% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 22% of the YTD budget.
- Supplies and Materials are at 41% of YTD budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems. 2017 is \$7K favorable to YTD budget.
- Training is at 39% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 24% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in April.

Non-operating Revenue (Expense):

- Other Revenue is at 67% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$109,204) for May 2017 and is \$250K more than YTD budget.

Net Income (Loss): May actuals are showing a net income of \$81,973 and YTD net loss of (\$311,124). 2017 is \$172K less than YTD budget.

A motion was made to accept the financial report, supported by Susy and seconded by Katie, motion carries.

A motion was made to accept the proposed medical fee increase, supported by Bruce and seconded by Susy, motion carries.

QUALITY:

The 2014 PCMH standards will be submitted on June 30th.

Continuing into July the focus will be on the Diabetic Self-Management Education Program. We have a signed agreement in place with SDSU for the Registered Dietician, next steps are for SDSU to post the position. We will assist in the interview process. Staff has received training and workflows are being completed. A pilot will occur Q3 2017.

FCH participates with a cervical cancer EQUIP collaborative. Cervical cancer screening rate has increased to 51%.

Patients that have a scheduled appointment, and are due for a Pap smear, are receiving a phone call from a nurse who is providing education on the importance of the screening.

The registry management workflow for the Ischemic Vascular Disease patients, Coronary Artery Disease patients, and the Asthma Therapy patients have been implemented and the pharmacy students are working through the patient registries.

FCH will continue to work on clinical pharmacy integration. We are starting to look at patients that have polypharmacy, 12 or more medications on their med lists, and discussing what interventions pharmacy could do with these patients.

FCH received a grant for \$7000 to assist with colonoscopies for patients that have positive colorectal cancer screening kits. We are working with CFM who is offering to perform the colonoscopies at a discounted rate.

ACCESS:

Motion to accept the credentialing and re-privileging of Julie Rasmussen, PA-C, as presented by Dr. Tinguely supported by Tracy, seconded by Suzy, motion carried.

Motion to accept the credentialing and privileging of Lynette Melby, CNP, as presented by Dr. Tinguely supported by John, seconded by Suzy, motion carried.

Policy Review:

Motion to accept the Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Credentialing for Provider Staff and Licensed/Certified Professionals for Clinical Practice and Third-Party Reimbursement supported by Susy, seconded by Tracy, motion carried.

Motion to accept the Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Risk Management supported by Bruce, seconded by Katie, motion carried.

Motion to accept the Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Dental: Management of the Appointment System supported by Tracy, seconded by Katie, motion carried.

EXECUTIVE DIRECTOR'S REPORT:

See Below

Motion to adjourn, supported by Tracy, seconded by Susy, motion carries. 1:08 pm



Jim Kellar- Board Chair July 13, 2017

April 2017 Falls Community Health Executive Director Board Update

Board Activities/ OSV

- **OSV Prep- 2014 OSV Conditions:**
 - R.7.1 Board Authority- annual program evaluation of Executive Director
 - R.2.3 Memorandum of Understanding and Contract Revisions
 - Detox Services
 - Lab Services
 - Prenatal and OB Care
 - Credentialing through Avera
- R.5.3. CMO Privileging- SOP for Privileging of CMO revised
- **Reminder-** save the dates for our HRSA Operational Site Visit.
 - *Option #1 August 22-24, board meeting 8/24, #2 August 15-17, board meeting is currently scheduled 8/17*
 - *HRSA will confirm the OSV dates by mid-June. UPDATE: No dates have been provided as of this meeting.*

FCH/Health Team Updates

- **Health budget** draft is in process:
 - Presented budget draft to Mayor June 1.
 - FCH board presentation and approval in July.
 - Staff presentations end of July.
 - City Council presentations in August, approval in September.
- **Psych APP:**
FCH and SDSU will partner to hire a Psych CNP to work one day a week at FCH. Recruitment is underway by SDSU who will be the hiring agency, with the aim being to have this faculty provider in place by August/early September. A psych NP locum has been contracted to fill the summer gap.
- **Family Planning services:**
FCH is entering into an agreement with the State to expand Family Planning services available to patients. The partnership will allow FCH to provide increased access to family planning services with the target age of 18-24. It will also allow FCH to increase reimbursement for these services. Many steps such as workflow development and staff training need to precede implementation which is planned for 9/1/17. The impact to the Board will be an annual review of education materials and the program in general. We will also need to target this population for the next open Board position.
- **340 Training:** Several from the operational management team attended a training CHAD brought to Sioux Falls. The following was presented:
 - 340B program framework
 - Requirements to assure a fully compliant program
 - Organizational Infrastructure to optimize the value of the 340B program
- **Logo review:**
School based health plan includes increased marketing efforts. SBH is its own discipline with unique mission to improve the population health of the schools they serve. There is justification to reviewing the “look and feel” of the SBH logo and materials in order to help create a stronger identity and presence for those sites. A variety of logo drafts were presented to the school based health committee which includes managers, school staff, and clinic staff. The two presented contain the elements that were appealing to the most people. Some notes on the design:
 - Lower case letters are considered more approachable

- The heart rising indicates optimism...like a rising sun. It could also loosely represent a tooth so that it could be interpreted as heart for medical or tooth for dental.
- The @ sign is web or texting language that can appeal to youth
- The lower section allows for individualization of sites or services such as Hawthorne/Hayward/Terry and/or medical/dental/behavioral health

