

Falls Community Health Governing Board Minutes
Thursday, October 19, 2017, at 12:00 pm

Present: Linda Karnof, Gwendolyn Martin-Fletcher, Jim Kellar, Bruce Vogt, John Peterson, Cindy Binkerd, Brent Christiansen, Katie Reardon

Absent: Susy Blake, Tracy Johnson, Jonathon Ott

Staff Present: Jill Franken, Amy Richardson, Dr. Stephanie Schmitz, Dr. Jennifer Tinguely, Erin Hartig, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:03 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated September 21, 2017, and the QA/QI minutes dated September 27, 2017 supported by Gwen, seconded by Linda, motion carries.

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending September 30, 2017. We are 75% through the fiscal year. The last financials presented were through the month of August 2017.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for September came in at \$518,234 which is 74% of the YTD actuals to annual budget.
- Total Grant Revenue of \$454,189 includes grant drawdowns from the Community Health Center, Ryan White Part C, and HIV Prevention and Refugee grants.
- Total Other Revenue is \$6,043.

Total Operating Revenues YTD September is \$7,070,698, which is 77% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$1,047,105 for the month of September.

- Personnel expenses are at 71% of the budget. 2017 is \$269K favorable to YTD budget. There were three pay periods in September.
- Professional Services are at 80% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 98% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 42% of the YTD budget.
- Supplies and Materials are at 71% 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 \$32K favorable to YTD budget.
- Training is at 66% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 65% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in September.

Non-operating Revenue (Expense):

- Other Revenue is at 131% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$120,485) for September 2017.

Net Income (Loss): September actuals are showing net income loss of (\$150,373) and YTD net loss of (\$765,124). 2017 is 66% YTD actuals to annual budget.

A motion was made to accept the financial report as presented, supported by John and seconded by Jim, motion carries.

QUALITY:

Last month CHAD hosted a PCMH 2017 training event. Along with excellent information presented Erin was able to network with 2 consultants and has a conference call set up with them on Monday afternoon to discuss implementing the new 2017 standards.

Diabetic Self-Management Education (DSME) pilot has 2 patients enrolled and education sessions will start next week. A Nurse Case Manager and the new Registered Dietician will be doing a team approach for these sessions. They will be utilizing the evidence based curriculum that has been chosen from the International Diabetes Center. This is the same place we have been sending staff to for diabetes education training.

Cervical cancer screening rate has improved to 52%. We have met our year-end goal we set for the CHAD collaborative.. Diabetes has been our focus again, the number has been steady but lower than the previous years. Our goal is to have 28% or less of the population have an HgbA1c<9. We are currently at 39%. There has been much emphasis on this during care team meetings, Quality committee, reviewing dashboards, handing out patient lists to the providers and following up with patients needing to be seen. We continue to meet goal in the majority of our Quality measures. We are currently below goal for our immunizations of children under 2, but have shown a 14% increase from 2016. Adult weight screening and follow up has shown slight decrease, spent some time yesterday reeducating staff on this measure. In November Erin will be providing an educational opportunity for the CFM resident and faculty regarding our quality measures. Why we do them and how important they are for our clinic.

OSV Findings regarding our quality plan, Erin and Dr. Tinguely are working on the changes and those will be brought to the board for approval. Some of the items needing change are: Missing verbiage regarding the confidentiality of patient records, details regarding the Plan Do Study Act methodology, more detail of the monthly metrics such as quality, safety, access and cost. Lastly the CLOUT committee does not have representation from all services. Erin will work with Kelly to add dental and that it is in a meaningful way, also to be added is someone from the Behavioral Health team. CLOUT will also work to have more action items and follow-up activities

ACCESS:

Deferred

EXECUTIVE DIRECTOR'S REPORT:

See report below.

A motion was made to craft a letter from the board in support of the funding legislation for community health centers, made by Jim, seconded by John, motion carries.

Motion to adjourn, supported by Linda, seconded by Jim, motion carries. 12:50 pm



H. Bruce Vogt- Board Chair November 16, 2017

October 2017 Falls Community Health Executive Director Board Update

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| <p>Board Activities</p> | <ul style="list-style-type: none"> • OSV Conditions- due 90 days from date of Notice of Award <ul style="list-style-type: none"> ○ Revise For 5A and 5B in the electronic handbook under Required & Additional Services ○ Quality Improvement/Assurance Program Revisions: these were reviewed by Erin ○ Board Composition- Non-consumer board member income • Board Reappointments: Gwen was approved for reappointment to the board at the 10/17 city council meeting. |
| <p>FCH/Health Team Updates</p> | <ul style="list-style-type: none"> • 2018 Health budget- approved with no amendments • Open provider positions: Psych APP: SDSU continues their efforts to recruit Psych NP faculty member, to work one day a week at FCH. APP recruitment: 10 applications were received to replace K. Zimmer vacancy. • We have welcomed Melissa Vondrak, RDN, LN. Through a partnership with SDSU, Melissa will be with us 20hrs/week to provide nutrition counseling and medical nutrition therapy to patients. Melissa is a registered dietician and a recent graduate of SDSU. Her hours at this time are Monday's 8-5pm, Wednesday's 8-5 and Friday 8-12pm. |
| <p>Legislative Updates</p> | <p>HHS Rolls Back Contraceptive Coverage The Trump administration recently issued a rule limiting the ACA contraception coverage mandate by allowing a broader group of employers and insurers to exempt themselves on religious and moral grounds. Under the new rules, any employer can apply for this option if they have moral or religious objections.</p> <p>The ACA mandates that most private health insurance plans provide birth control at no cost. The ACLU and some state attorney generals will file a suit to challenge the rule claiming it violates the First Amendment's Establishment Clause by allowing employers to use religious views as a right to discriminate against employees.</p> <p>Subsidy Rollback President Donald Trump signed a broad executive order to roll back regulations to the Affordable Care Act (ACA) asserting that it would allow greater choice and competition in health insurance markets. The administration now has to develop policies and implementing</p> |

regulations to make the changes a reality. Some experts have said these changes would destabilize the markets by taking younger and healthier patients out of the health insurance exchanges, and allow for the purchase of pre-ACA bare bones plans.

The executive order directs the Labor Department to study how to make it easier for small businesses and trade associations to join together to buy health insurance through nationwide association health plans across state lines. It will also allow individuals to buy policies that do not comply with the ACA protections for those with pre-existing conditions.

Update on the subsidy rollback: News from Washington Tuesday is that there may be agreement in the Senate to extend CSR payments for two more years. It is unclear whether this could pass the House.

Mandatory Health Center Funding Cliff/CHIP Reauthorization-

House Energy and Commerce Committee Chairman Greg Walden (R-OR) released a statement on the fate of the Children's Health Insurance Program (CHIP) stating that the committee is negotiating a bipartisan agreement to extend funding for CHIP and public health priorities like Community Health Centers (CHC). Walden said that a floor vote will be delayed in the hopes of reaching a bipartisan agreement on offsets to pay for the programs.

The committee passed legislation offsets funding for community health centers and other safety net programs with a cut of \$6.35 billion from the Prevention and Public Health Fund.