

Falls Community Health Governing Board Minutes
Thursday, June 21, 2018 at 12:00 pm

Present: Susy Blake, Linda Karnof, Gwendolyn Martin-Fletcher, Bruce Vogt, John Peterson (via phone), Tracy Johnson,

Absent: Jim Kellar, Brent Christiansen, Cindy Binkerd, Katie Reardon, Jonathon Ott,

Staff Present: Jill Franken, Amy Richardson, Vanessa Sweeney, Erin Hartig, Kelly Piacentino, Lisa Stensland

Call to Order: The meeting was called to order by Bruce Vogt at 12:05 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated May 17, 2018, supported by Tracy, seconded by Susy, motion carries.

OLD BUSINESS:

FOCUS GROUP:

No other updates at this time as we are waiting to hear from participants.

NEW BUSINESS:

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending May 31, 2018. We are 42% through the fiscal year. The last financials presented were through the month of April 2018.

Operating Revenues:

- Net Patient Revenue consists of all patient charges and adjustments. Total Net Patient Revenue for May came in at \$395,304 which is 33% of the YTD actuals to annual budget.
- Total Grant Revenue of \$329,020 includes grant drawdowns from the Community Health Center, Ryan White Part C, HIV Prevention, Family Planning, Colorectal Cancer and Refugee grants.
- Total Other Revenue is \$43,082, this includes Medicaid Managed Care.

Total Operating Revenues YTD May is \$3,006,162 which is 34% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$767,406 for the month of May.

- Personnel expenses are at 35% of the budget. 2018 is \$447K favorable to YTD budget.
- Professional Services are at 39% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses.
- Rentals are at 8% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 36% of the YTD budget.
- Supplies and Materials are at 32% 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. 2018 is \$77K favorable to YTD budget.
- Training is at 26% of the YTD budget. The majority of expense are continuing education expenses and out of state travel.
- Utilities are at 28% YTD budget. The majority of this expense occurs quarterly, payment was made in April.

Non-operating Revenue (Expense):

- Other Revenue is at 69% of the budget and includes USD dental lease payments and recovery of prior year revenue.

Net Income (Loss):

May actuals are showing net income of \$78,293 and YTD net loss of (\$315,198). A motion was made to accept the financial report as presented, supported by Susy and seconded by Gwen, motion carries.

QUALITY:

QA/QI: Staff has been working on the PCMH transformation project along with the consultant to make the clinic into a fully formed patient care management program. This should help with improved patient outcomes, operation efficiency and a more satisfied workforce. We have started some data collection including: staff and patient satisfaction surveys and RACI tool which gives us an understanding about roles and responsibilities and looks for unnecessary overlaps in duties. We have defined our high risk patient population that will be part of our care management program, drafted nursing roles and responsibilities. We are looking for a consultant to help optimize our electronic medical records. The transformation team is made up of management and frontline staff. The staff have a strong voice at the table as they represent their colleagues and are part of the decision making and also help to communicate back to the staff.

We continue to work closely with our pharmacy students and the clinical pharmacist. The students now receive and orientation at the start of their rotation that includes a clinic overview, workflows and expectations. Their population of focus is the diabetic patients with an A1c>9 and help to create a care log and flag the provider if needed. They are doing registry management of some of our UDS measures and our last 2 students created a handout of resources the students are able to assist providers and patients with.

We are participating in a collaboration with CHAD and the other health centers in the Dakotas to improve our rate of DM patients with an A1c>9. The CLOUT team chose to focus on the rate of DM patients having a dental visit within the year, which seemed like a good fit after adding dental to the team. Since completing a few PDSA cycles, we are now able to track how many patients are referred to dental vs. how many actually go. We have shown some great improvement going from 1-2 tickets back per month to 6-8 tickets back, trialing this with only 2 providers.

DSME (Diabetic Self-Management Education): The SD Department of Health received a grant and we are applying for recognition from the American Diabetes Association to be able to apply for the grant.

We have had one patient successfully complete the program and lost 15 lbs., is making healthier choices and really enjoyed the program. One patient has two visits left and taking more time to read the food labels, also attended a grocery store tour.

Some challenges that have come about include: Patients not checking blood sugar, trying to eat healthier but their SNAP benefits run out, patients dropping out of the program and skipped appointments. We cannot bill for group sessions and the curriculum is tailored for a group setting not individual.

ACCESS:

A motion was made to accept the credentialing and grant privileging for Jamie Kohler, DDS, supported by Tracy, and seconded by Linda, motion carries.

PUBLIC INPUT:

There will be a new state law taking effect that will require us to have a time for public input at all meeting starting July 1, 2018. We will set that at the beginning of the meeting and see if we need to update the board policy and set guidelines for the public.

EXECUTIVE DIRECTOR'S REPORT:

See attached report.

A motion was made to approve applying for the Supplemental Funding for Behavioral Health Grant, supported by Susy, seconded by Linda, motion carries.

A motion to adjourn, supported by Tracy, seconded by Gwen, motion carries.

1:15 pm



H. Bruce Vogt- Board Chair July 19, 2018

June 2018 FCH Executive Director Board Update

Upcoming Board Vacancies

- Recruitment continues for a board member applicant to meet with our Title X requirements by recruiting a patient from that demographic.

Operations Update

- Dentist vacancy: A dentist applicant is coming for a site visit next week.
- Patient satisfaction survey is underway, along with a care team specific staff satisfaction survey.
- Clinical efficiencies along with care team model project work continues. Examples of efficiencies include streamlined medication refills, completion of patient care prior authorizations, implementing speech to text for provider documentation efficiency, and provider specific documentation formatting (lists).
- Pharmacy services –
 - Engaged in technical assistance to review and assure 340B compliance.
 - Program analysis through work with a Pharmacist with subject matter expertise in health center pharmacy development.
- Substance Abuse and School Based Services Medicaid coverage- CHAD SD CEO's attended meeting with state Medicaid officials on continuing to work through accreditation requirements to be a Medicaid SUD provider. Also requested that school based sites be exempt from PCP referral requirement when providing urgent care to students.

Grants and Budgets

- 2019 budget finalized and will be presented to board at July meeting for approval. SAC grant application and corresponding documents will be reviewed as well.
- Behavioral health expanded services supplemental funding award has been announced, submission to HRSA due July 16th. (need a vote to apply for this funding)
 - Expanded services funding:
 - \$100,000 in base funding to increase personnel who will support expanded access to SUD and/or mental health services
 - \$250 per medication-assisted treatment (MAT) patient reported in the 2017 Uniform Data System (UDS)
 - One-time funding: \$150,000 for one-time investments to support expanded services (may include equipment and/or minor alteration and renovation projects)

City Business:

- Appointment of Director Franken approved by City Council on 6/19
- CMO and Dentists also reappointed.

**We request that July board meeting be scheduled for 90 minutes to cover the necessary items requiring board approval for the competing application.*