MEETING DATE: April 22, 2020
AGENDA ITEM NO.: VII.3

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: April 15, 2020
To: Health Center Board
From: Dr. Polly Baldwin
Subject: Approval of Provider Appointments

RECOMMENDATION:
That the Board: Vote to approve the reappointment of:

- Sarah Adams, LCSW  
  LHCC
- Danette Brown, PA, Women’s Health  
  SBHCC
- Greg Brunet, PA  
  SBHCC
- Lisa DiModica, PA  
  SMHCC
- Rachel Hawkins, PsyD  
  SMHCC
- Karen Hougo, MD, Internal Medicine  
  SMHCC
- Mark Wilson, MD, Internal Medicine  
  SBHCC
- Tomas Wy, Family Practice  
  FHCC/CHCC
- Tushar Yadav, Family Practice  
  SMHCC
- Carolyn Griffith, MD, OB/GYN  
  SMHCC
- Anthony Rogers, MD, Family Practice  
  SBHCC
- Lynn Fitzgibbons, MD, Internal Medicine  
  SBHCC

DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers approved by Board Delegate
Date: 4/22/20

To: HC BOARD

From: Melissa Gomez

Subject: Monthly Medical Quality Report

RECOMMENDATION:

That the Board: Review

DISCUSSION/BRIEF SUMMARY OF ITEM:

This is the monthly review of the quality measures selected by the medical quality team for the annual performance improvement plan.
Measures for Improvement  
2019

- Diabetes Control
- Asthma with appropriate medication
- Hypertension
- Depression screening and intervention
- Breast cancer screening (Mammography)
- Patient satisfaction with wait time (in clinic) - crossroads quarterly report
<table>
<thead>
<tr>
<th>Performance Measure 2019 EPIC/3/31/19 to 4/01/20</th>
<th>Patients Total</th>
<th>Percentage</th>
<th>Homeless Total</th>
<th>Percentage Homeless</th>
<th>Goal</th>
<th>HRSA 2018 National</th>
</tr>
</thead>
<tbody>
<tr>
<td>HgA1c 9 or less</td>
<td>2069</td>
<td>69.22%</td>
<td>96</td>
<td>56.39%</td>
<td>71.00%</td>
<td>67.17%</td>
</tr>
<tr>
<td>Asthma- persistent asthma and on controller medication</td>
<td>335</td>
<td>86.34%</td>
<td>18</td>
<td>85.71%</td>
<td>87.00%</td>
<td>86.50%</td>
</tr>
<tr>
<td>Hypertension- Blood Pressure controlled with last BP less than 140/90</td>
<td>2246</td>
<td>55.46%</td>
<td>125</td>
<td>42.37%</td>
<td>65.00%</td>
<td>69.25%</td>
</tr>
<tr>
<td>Depression Screening with intervention if screening is positive</td>
<td>0469</td>
<td>54.90%</td>
<td>516</td>
<td>55.66%</td>
<td>50.00%</td>
<td>70.57%</td>
</tr>
<tr>
<td>Mammography- women 50-74 qy/years</td>
<td>1569</td>
<td>51.53%</td>
<td>17</td>
<td>1.79%</td>
<td>39%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

We continue to hover just under our goal with a very minor dip from last month.
We are almost at our goal. Our health care teams have done a wonderful job! This measure is being "retired" from our grant reporting requirements next year. The medical quality committee (MQC) will be reviewing other possible measures for performance improvement.

Asthma with controller med

This measure remains fairly stagnant. This data will be reviewed by health care teams to identify additional improvement measures that can be taken.

Hypertension
After extensive review, and training- including updated policies and workflows, we have seen a huge improvement on depression screening and intervention. We are up over 6.5% already for 2020! We will continue to focus on this measure closely as we have a long way to go but we are much closer to reaching our goals.

We have struggled with this measure over the years, but with several HCCs focusing on this measure we have made over a 6% improvement in the last year. As more of the HCCs focus on addressing this measure we anticipate ongoing improvement in the next year!
Plan

Last month we received the updated measures that HRSA (health resources and service administration) will be looking at for our grant in 2020. The Medical Quality Improvement Committee will review these changes and identify the new measures for the Primary Care and Family Health Performance Improvement Plan, and any needed changes will be made to the annual performance improvement plan for 2020.
Date: April 17, 2020
To: Health Center Board
From: Douglas Metz
Subject: Executive Director’s Standing Report

RECOMMENDATION:
No action required – Submitted as Executive Director’s monthly report to the Board.

DISCUSSION/BRIEF SUMMARY OF ITEM:
N/A
**Date:** Wednesday, April 22, 2020 – VIRTUAL MEETING  
**To:** Health Center Board of Directors  
**From:** Dr. Douglas Metz, Executive Director, Health Centers  
**RE:** E.D. Report

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Monthly Highlights</th>
</tr>
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<tbody>
<tr>
<td><strong>Health Center Operations</strong></td>
<td></td>
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</tbody>
</table>
| HRSA Relations      | - SAC grant continuation application accepted; new 3 yr period granted  
| (Ralph Barbosa, Dana Gamble) | - UDS Report Annual Data Report accepted as final |
| Santa Barbara       | - SBHCC scrubbed all non-essential visits from schedules  
| (Paola Hurtado)     | - Implemented Phone Consult appointments for all Primary Care & Women’s Health providers  
|                     | - Implemented Virtual Visits with the assistance of provider champion and EHR team.  
|                     | - Facilitated training to staff on MyChart patient registration  
|                     | - Canceled Specialty clinic schedules  
|                     | - HCA assisted at Call Center  
|                     | - SBHCC Leadership worked on Building security plan to implement daily employee screenings (Staff & Employee screenings were implemented)  
|                     | - Developed workflow to limit public entrance to clinic, including setting-up equipment for Pharmacy staff at Front Entrance to handle pharmacy operations  
|                     | - Deployed staff to DOC, EOC, Public Health Lab & DC² (total of 12 employees including RNs, AOPs, MD & MAs)  
|                     | - Took inventory of all clinic PPE and estimated burn rate & SBHCC leadership took over PPE clinic wide allocation  
|                     | - Implemented daily debrief meetings with Leadership & provider group  
|                     | - HCA & AOP Sr. Worked with EHR Manager to create & fine tune Daily Encounter report via EPIC system  
|                     | - Provided COVID-19 testing  
|                     | - AOP Senior secured PPE supplies from multiple avenues  
|                     | - Leadership worked with janitorial service to ensure staff was following safety practices while working at clinic |
| Franklin            | - FHCC scrubbed all non-essential visits from schedules  
| (Elvia Lopez)       | - Initiated phone consults for Women’s Health, Pediatrics and Adult Care  
|                     | - Dr. Duncan assisting with the COVID public Provider Assistance Line  
|                     | - 2 RN, 2 MA and 1 OP assisting in Disease Containment  
|                     | - Staff and Patient temperature screening taking place |
From March 10-end of March 100% line to COVID (Homeless Focus):

- Supervising Physician added to provide assistance line relief
- COVID testing for symptomatic FER 1 patients done by the FRC
- Telephone visits were implemented and schedules Reviewing and reviewing efforts put under way via telephone visits in addition to essential
- A number of staff were deployed to DC Exheres (COVID) community activities, disaster, and disaster response shelters.
- Staff patient and visitor screening was implemented prior to building entry at all entrances.
- HA has been working on the HC operations section for the majority of the month.
- Most efforts of HC have been focused on COVID-19 response.

- Completed CPH training for nursing staff
- Community physicians with COVID Response
- Health Office Rotation and handled one day/week on Provider Assistance Line, assisting
- Responsible for COVID pandemic rapid response appointments to essential visits, implemented phone visits, and deployed

Like the community children's project, the clinic line
- Utilizing signage was increased to communicate that the clinic was still open and COVID-19 information station was set up
- By the end of March efforts turned to in outreach efforts to our patients especially those with chronic conditions and the elderly
- Disease containment
- Some receptions and staff were deployed to COVID-19 efforts including call center operations, clinical branch manager and
- Clinical schedules were reduced to provide only essential services, screening for COVID-19 symptoms at entrance of clinic was
- Mid-March the clinic was fully focused on COVID-19

<table>
<thead>
<tr>
<th>Healthcare for the Homeless</th>
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</thead>
<tbody>
<tr>
<td>Ralph Barresi</td>
</tr>
<tr>
<td>Jeanne Steffy</td>
</tr>
<tr>
<td>Lomax</td>
</tr>
<tr>
<td>Circled (middle column)</td>
</tr>
<tr>
<td>Santa Maria</td>
</tr>
<tr>
<td>(Jeanette Guthrie)</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Clinical Lab</td>
</tr>
<tr>
<td>Health Information Management / HIPAA / Data Security</td>
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<tr>
<td>PCMH</td>
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<tr>
<td>Customer Service (Health Center Administrator’s)</td>
</tr>
<tr>
<td>Summary: An excellent 12-weeks of the month. A virus decrease from previous 8 mo. Average. March per visits/day = 354 due to COVID-19. This represents approx. 21%.</td>
</tr>
<tr>
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<tr>
<td>Significantly concern; all non-essential visits cancelled, volume reduced.</td>
</tr>
<tr>
<td>March per visits/day = 354 due to COVID-19. This represents approx. 21%.</td>
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<tr>
<td><strong>TOTALS</strong></td>
</tr>
<tr>
<td>SNF, etc.</td>
</tr>
<tr>
<td>Hospital Delivers, Home Visits, Outside Sites: PHN</td>
</tr>
<tr>
<td>Outside Sites: PHN (3 sites combined)</td>
</tr>
<tr>
<td>Homeless Shelters</td>
</tr>
<tr>
<td>Santa Maria HCC</td>
</tr>
<tr>
<td>Santa Barbara HCC</td>
</tr>
<tr>
<td>Lompoc HCC</td>
</tr>
<tr>
<td>Franklin Elementary School (1st-3rd grade)</td>
</tr>
<tr>
<td>Franklin HCC</td>
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<tr>
<td>Carpinteria HCC</td>
</tr>
</tbody>
</table>

**March = 22 clinic days (last month had 20)**

**Notes**

<table>
<thead>
<tr>
<th>Last Month</th>
<th>This Month</th>
<th>Last Month</th>
<th>This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Patients</td>
<td>Unique Patients</td>
<td>Unique Patients</td>
<td>Unique Patients</td>
</tr>
<tr>
<td>&quot;Biliabile&quot; Visits</td>
<td>&quot;Biliabile&quot; Visits</td>
<td>&quot;Biliabile&quot; Visits</td>
<td>&quot;Biliabile&quot; Visits</td>
</tr>
</tbody>
</table>

February 2020

**PATIENT VOLUME REPORT**
CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

No report this month due to COVID-19 schedule abnormalities necessary

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current Benchmark</th>
<th>Actual This Month</th>
<th>Last month</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt visits / Clinical FTE</td>
<td>16 overall visits / 1.0 clinical FTE</td>
<td></td>
<td>&quot;15 visits/FTE&quot;</td>
<td></td>
</tr>
<tr>
<td>% of unfilled appointment slots</td>
<td>&lt;10%, not counting purposely unfilled &quot;day-of&quot; open access slots</td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>No show rates</td>
<td>&lt;15%</td>
<td></td>
<td></td>
<td>Avg. across all sites = 12%</td>
</tr>
<tr>
<td>&quot;Third Next Available&quot; (TNAA) Appointment (routine primary care)</td>
<td>&lt; 14 days</td>
<td></td>
<td></td>
<td>~7 days (average across all sites)</td>
</tr>
<tr>
<td>Clinic Waiting Time (Cycle Time: registration to provider visit)</td>
<td>&lt; 45 min.</td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

*Some metrics reports are still being written for the new system
FY Visits Over Years

- FY 14-15: 83,208
- FY 15-16: 93,121
- FY 16-17: 112,762
- FY 17-18: 107,714
- FY 18-19: 105,994
- FY 19-20: 93,027
HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: April 17, 2020
To: Health Center Board
From: Douglas Metz
Subject: COVID-19 Update

RECOMMENDATION:
No action required

DISCUSSION/BRIEF SUMMARY OF ITEM:
-Discussion of current status of COVID19 response in Santa Barbara County.