

AGENDA

Staff Attendees: Polly Baldwin, MD, Ralph Barbosa, Michael Camacho-Craft, Dana Gamble, Elvia Lopez, Melissa Gomez, Suzanne Jacobson, Jeanie Sleight, Paola Hurtado, Kendall Johnston, Elvira Briones-Arellano, Jeanette Gumber
Guests/Presenters: Shantal Hover

Board Members		<u>Consumer Members:</u> Lee Herrington, Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara, Cynthia Guerrero <u>Community Members:</u> Sylvia Barnard, Skip Szymanski, Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez <u>Non-Voting Staff Member:</u> Dr. Douglas Metz	
Item #	Time	Item	Owner
I.	12:00-12:03	Welcome and Call to Order	Szymanski
II.	12:03-12:08	Review and Approve Minutes from January 22, 2020	Szymanski
III.	12:08-12:10	Roll Call, Sign In, and Quorum Established	Johnston
IV.	12:10-12:13	Public Comment Period for Items Not on the Agenda	
V.	2 min	Old Business: 1. Annual Health Center By-Laws Review and Approval. Staff recommends the Board vote to approve the By-Laws Revision. Per Article XVI in the ByLaws, amendments to the bylaws must be approved by at least two-thirds (2/3) of the members present.	Gamble
VI.	12:15-12:30	New Business:	
	10 min 5 min	1. Tobacco Prevention Program Presentation: For Board Review, no action necessary 2. Review of Customer Satisfaction Survey Results: For Board Review, no action necessary	Hover Gamble
VII.	12:31-1:20	Standing Reports and Discussion:	
	12 min	1. A) Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of January 2020. B) Annual Audits: Staff recommends that the Board accept and approve the annual Financial and Single Audit Reports as presented. C) Staff recommends that the Board accept and approve that there are no findings specific to the health centers programs and that no corrective action plan is necessary	Jacobson
	2 min	2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the 34 policies referenced in VII.2	Policy Review Committee
	3 min	3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.3	Baldwin
	5 min	4. Quality Measures Report: The quality measures report provides updates on the performance measures selected by the medical quality team for the annual performance improvement plan. For Board Review, No action necessary	Gomez
	5 min	5. Executive Director's Report: The ED may report on activities and achievements related to the PHD Health Care Centers including patient visit trends and items of interest to the HC Board, Public and general status. For Board Review, no action necessary.	Metz
25 min	6. Minding the Gap discussion: Continuation of discussion of strategies to increase patient visits, increase revenue, and reduce expenditures within the PHD Health Care Centers	Metz	
VIII.	1:20-1:29	Member Announcements	Szymanski
X.	1:30	Meeting Adjourned	Szymanski

Disability Access

The Health Center Board meeting is located on the ground floor of the Public Health Department Administration Building at 300 North San Antonio Road, Room C101/102, Santa Barbara CA. The meeting room is wheelchair accessible. Accessible public parking is available in front of the Administration Building.

American Sign Language interpreters, Spanish language interpretation and sound enhancement equipment may be arranged by contacting Kendall Johnston by 4:00 p.m. on Friday before the Board meeting. Kendall Johnston can be reached at 805-681-5461 or by email Kendall.johnston@sbcphd.org

Late Distribution of Materials

Any disclosable public records related to an open session item on a regular meeting agenda and distributed to all or a majority of the members of the HC Board less than 72 hours prior to that meeting are available for inspection in the Primary Care & Family Health Administration office located at 300 N. San Antonio Road, Room A107, Santa Barbara, CA. 93110 and on the Internet at: <http://www.countyofsb.org/phd/primary-care/health-center-board.sbc>

Any written ex-parte communication subject to disclosure by members of the HC Board may be published online as an attachment to the corresponding item.

Next Board Meeting:
Wednesday, March 25 2020
Santa Barbara Administration
300 N. San Antonio Road
Santa Barbara, CA 93110



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Center (HC) Board Minutes January 22, 2020

The Health Center Board met in the multi-purpose conference room at the Lompoc Health Care Center.

Present: Consumer Members: Lee Herrington (Co-Chair), Christopher Hutton, Stephen Ferrara, Filipo Chappelle

Community Members: Skip Szymanski (Chair) Emily Casarez, Arianna Castellanos, Sylvia Barnard, Jason Prystowsky (by phone) – don't believe Jason was on the phone?

Non-Voting Member: Douglas Metz, Health Center Executive Director

Staff: Kendall Johnston, Paola Hurtado (by phone), Ralph Barbosa, Melissa Gomez, Elvira Briones-Arellano, Dana Gamble, Elvia Lopez (by phone), Jeanette Gumber, Michael Camacho-Craft, Jeanie Sleigh

Guests/Speaker: Cathy Slaughter, CenCal

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:00pm and the quorum was established.

II. Review and Approve Minutes from the December 18 Meeting

There were no requested revisions to the December meeting minutes.

Mr. Chappelle motioned that the minutes from the December 18, 2019 meeting be accepted by the Board; Mr. Herrington seconded.

Motion Carried Unanimously.

III. Old Business: None

IV. New Business:

1. HRSA Change in Scope for Pharmacy Services-Mr. Barbosa

Mr. Barbosa informed the Board that the PHD needed to update HRSA Form 5A to include the contracted pharmacies in the services described as a Column II service. The PHD informed HRSA of the Contracted Pharmacy Services nearly ten years ago. This change in scope will bring the pharmacy services reported to HRSA on 5A in alignment with the current services provided.

Ms. Castellanos motioned that the Board approve the change in scope for pharmacy services; Mr. Hutton seconded.

Motion Carried Unanimously.

[Ms. Barnard joined the meeting at 12:12pm]

2. Annual Review of Health Center By Laws-Mr. Gamble

Mr. Gamble notified the Board of some last minute changes to the Health Center Board Laws, including grammar and proof-reading as well as additions to Article V, Section II. These additions bring the Health Center Board meetings into compliance with the Ralph M. Brown Act and staff will be working to create a page on the PHD website for the posting of Board meeting agendas and minutes. The revised By-Laws will be sent out to the Board members in advance of the next meeting where they will be required to vote to accept or refuse the revisions.

3. Patient Visit Increase Strategies Presentation-Dr. Metz

Dr. Metz shared with the Board an Excel spreadsheet showing the combined interventions that PHD has been working on to increase patient visits at each of the health care centers. Back in July 2019, Dr. Metz attended each of the Health Center's all staff meetings to inform them of the budget situation and to bring to attention the need for increase patient visits. Each health center then created their own specific task force to brainstorm possible solutions to getting each provider to see the goal of 2 patients per hour. Dr. Metz has been working with Dr. Baldwin to ensure that the providers know the expectations and emphasizing to the providers the importance of following up with each of their patients. Some notable strategies include: double-booking patient appointment slots to minimize the effects of no-shows; increasing the frequency of visits, if needed; and having a daily report generated each morning to show the previous days' activity for the administrators to review and improve upon.

A marketing plan will also be implemented in Lompoc to get ahead of the opening of the new CHCCC clinic which is being built 3 blocks away from the Lompoc Health Center. Community Board members also expressed that they have seen a decline in patient visits at their respective agencies due to fears of immigration and being deported. Additionally, vulnerable families may be more concerned with finding and keeping housing over their own health needs. Chair Szymanski and the Board requested that future Board meetings until further notice allocate 30 minutes to discuss how the Board can assist in encouraging the community to refer patients to the County Health Care Centers.

VIII. Standing Reports:

1. December 2019 and 2nd Quarter End Financial Report-Mr. Gamble

Mr. Gamble presented the financial report in Ms. Jacobson's absence. Overall, PHD is at 89.7% of the revenue budget year-to-date and 94.7% for expenditures. That leaves a negative \$1.4 Million bottom line and PHD has a way to go to close the gap despite efforts showing minor progress. Revenue highlights include a \$2.6 million negative variance in Medi-Cal, in which \$1 million of this is due to lower than anticipated pharmacy costs. State and local funds are being used to pay for certain overhead costs and to finish the year balanced. The objective, however, is to generate more Medi-Cal revenue so that reliance on local funds is limited. PHD is overbudget in Medicare, Self-pay/HAP, and ADAP revenues at a combined total of around \$595,000. Expenditure highlights that are under-budget include salaries and benefits, professional fees, pharmaceuticals and indirect costs. The only item that is over budget in expenditures is physician fees, as PHD has been utilizing far more contracted physicians to cover staffing vacancies.

Mr. Herrington motioned that the HC Board approve and accept the December 2019 monthly and quarterly report; Mr. Hutton seconded.

Motion Carried Unanimously.

2. Policy Review Committee

Mr. Hutton motioned that the HC Board approve and accept the 18 policies as presented; Ms. Casarez seconded.

Motion Carried Unanimously.

3. Provider Appointments-Ms. Johnston

In Dr. Baldwin's absence, Ms. Johnston presented the new and returning providers for appointment. Dr. Melissa Smith will be coming onboard to assist in covering the women's health position that was vacated by Sara Taylor in Santa Maria in December. Drs. Antony, Balakumran, Ansorg and Jose Chavez, PA-C re-credentialing were also discussed.

Mr. Herrington motioned that the Board approve the aforementioned providers for initial and re-appointment; Ms. Castellanos seconded.

Motion Carried Unanimously.

4. Quality Measures Report-Ms. Gomez

Due to time constraints, Ms. Gomez briefly reported on the highlights of the monthly quality improvement measures. The Diabetes measure has improved greatly and is very close to reaching the goal of 71%. The Asthma measure showed major improvements early on but is now being removed from the HRSA grant in March so Ms. Gomez will be working with the Medical Quality Improvement Committee to identify new measures to focus on. All of the measures are showing improvement, including depression screening and intervention, which has seen an 8.4% increase in the past year.

5. Executive Director's Report-Dr. Metz

Due to time constraints, Dr. Metz briefly reported on the highlights from December 2019. It was noted that the no-show rate has dropped down from 15 to 13 percent. While the patient volume metrics showed a shortage of the targeted patient visit goals, it is worthwhile to note that the month of December had many days where the clinics were closed due to the holiday and the County's family friendly closure where many staff members took time off. Dr. Metz also shared a new graph showing patient visits by fiscal year from FY 14-15 through FY 19-20 and specified that the uptick in FY 15-16 was due to the Affordable Care Act (Obamacare).

V. Member Announcements

Ms. Castellanos introduced her guest, Cathy Slaughter from CenCal.

VI. Adjournment

Meeting was adjourned at 1:25pm

MEETING DATE: February 26, 2020

AGENDA ITEM NO: V.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020

To: Health Care Center Board

From: Dana Gamble

Subject: 2020 Health Center By-Laws Review

RECOMMENDATION:

That the Board: participates in the required annual review of the Bylaws. If, pending review, there are no requested changes then the Board approves the Bylaws as reviewed.

DISCUSSION/BRIEF SUMMARY OF ITEM:

If the Board identifies substantive changes as part of this review, the Board may elect to task further review to a Bylaws committee consisting of two (2) or more Board members and at least one (1) of who is a Consumer Member.

MEETING DATE: February 26, 2020

AGENDA ITEM NO: VI.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020

To: Health Care Center Board

From: Shantal Hover

Subject: Tobacco Prevention Program

RECOMMENDATION:

N/A

DISCUSSION/BRIEF SUMMARY OF ITEM:

This is an informational item only. No board action is required.

Shantal Hover, program coordinator for Public Health Tobacco Prevention will present a brief overview of the program. Various programs in Public Health are presented for Board members to see the scope of services that Public Health provides apart from the Health Centers program.

MEETING DATE: February 26, 2020

AGENDA ITEM NO: VI.2

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020

To: Health Care Center Board

From: Dana Gamble

Subject: Patient Satisfaction Survey Results and Patient Comments

RECOMMENDATION:

That the Board:

Review presentation of patient satisfaction survey results and Patient Comments

DISCUSSION/BRIEF SUMMARY OF ITEM:

This is an informational item only. No board action is required.

The third quarter of patient satisfaction data and patient comments is available and staff would like to share this information and their action plan with the board.

Patient Satisfaction & Experience Survey

2019 Year-End Executive Summary

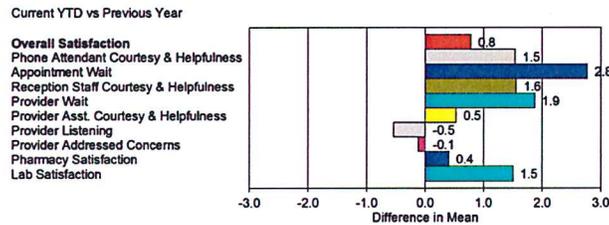
Key Observations: (current quarter encounter interviews)

- 2019 Encounter Sample Size: $n=1103$ (English and Spanish)
- Overall Satisfaction Mean Score: in 2019 is **89.7 (+0.8)**
- Overall Satisfaction % Excellent: in 2019 is **65.4% (+4.4%)**
 - Top Satisfiers (Highest % Excellent Scores):
 - Provider Listening (75.6%)
 - Provider Addressed Concerns (74.2%)
 - Provider Asst. Courtesy & Helpfulness (71.7%)
- Overall Satisfaction % Poor/Fair: in 2019 is **6.0% (+0.7%)**
 - Top Dissatisfiers (Highest % Poor/Fair Scores):
 - Provider Wait (12.3%)
 - Appointment Wait (8.0%)
 - Pharmacy Satisfaction (7.9%)
- Loyalty Intentions: in 2019, **83.5% (-3.4%)** of patients are "Very Likely" to return again.
- Referral Intentions: in 2019, **84.9% (+0.6%)** of patients are "Very Likely" to recommend the center to others, either in person or on the internet.

Key Strategic Indicators and Trends: In 2019, 8 out of 10 mean satisfaction scores increased relative to 2018, with *Appointment Wait (+2.8)* increasing the most.

Patient Satisfaction Scores

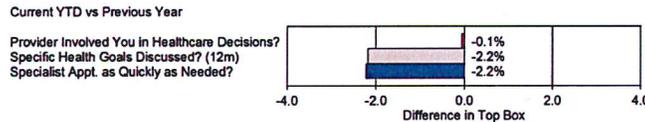
Net Mean Score Change
Current vs. Previous Year



Key Strategic Indicators and Trends: In 2019, all the % Yes experience scores decreased relative to 2018, with *Specific Health Goals Discussed? (12m)* and *Specialist Appt. as Quickly as Needed? (-2.2%)* decreasing the most.

Patient Experience Scores

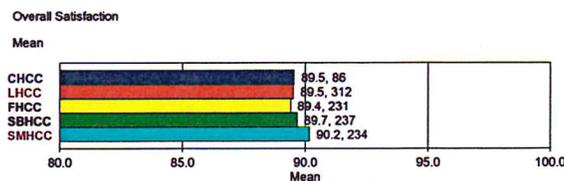
Net Percentage "Yes" Change
Current vs. Previous Year



By-Location Comparison: In 2019, mean *Overall Satisfaction* scores ranged from 89.4 for Franklin County to 90.2 for Santa Maria County.

By-Location Overall Satisfaction Scores

Mean Scores and Counts
Current Year



MEETING DATE: 2/26/2020

AGENDA ITEM NO.: VII.1a

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 2/20/2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for January 2020

RECOMMENDATION:

That the Board: Accept and approve the Financial Report for January 2020

DISCUSSION/BRIEF SUMMARY OF ITEM:

Financial Report and Narrative for period ended 1/31/2020.

Santa Barbara County Public Health Department Health Care Centers
 Financial Monthly Report for CHC/HCH Grant H80CS000046
 For the Month of January 2020 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 1-31-20 BUDGET	FY 19-20 As of 1-31-20 YTD ACTUALS	FY 19-20 January YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 January ACTUALS	FY 19-20 January Variance	FY 19-20 Jan % of Budget
REVENUES									
PROGRAM INCOME									
Medicaid	\$ (39,270,200)	\$ (22,907,617)	\$ (20,168,773)	\$ 2,738,844	88%	\$ (3,272,517)	\$ (3,113,774)	\$ 158,743	95%
Medicare	(5,478,400)	(3,195,733)	(3,621,052)	(425,318)	113%	(456,533)	(563,524)	(106,990)	123%
Self-pay (includes HAP)	(1,772,100)	(1,033,725)	(1,193,326)	(159,601)	115%	(147,675)	(168,456)	(20,781)	114%
LOCAL AND STATE FUNDS									
State/Local Funds-TSAC/GF	(9,387,616)	(5,476,109)	(4,713,757)	762,352	86%	(782,301)	(874,393)	(92,092)	112%
FEDERAL 330 GRANT	(2,100,000)	(1,225,000)	(1,051,826)	173,174	86%	(175,000)	(175,000)	-	100%
OTHER FEDERAL FUNDING									
ADAP	(766,000)	(446,833)	(607,147)	(160,314)	136%	(63,833)	(86,463)	(22,630)	135%
TOTAL REVENUE	\$ (58,774,316)	\$ (34,285,018)	\$ (31,355,881)	\$ 2,929,137	91.5%	\$ (4,897,860)	\$ (4,981,610)	\$ (83,751)	101.7%
EXPENDITURES									
PERSONNEL									
PERSONNEL	\$ 22,208,800	\$ 12,955,133	\$ 13,640,080	\$ 684,947	105%	\$ 1,850,733	\$ 1,979,660	\$ 128,927	107%
FRINGE BENEFITS	14,195,500	8,280,708	7,418,370	(862,339)	90%	1,182,958	1,114,623	(68,335)	94%
TOTAL PERSONNEL	36,404,300	21,235,842	21,058,450	(177,392)	99%	3,033,692	3,094,283	60,592	102%
TRAVEL									
PHD Carpool	62,200	36,283	35,008	(1,275)	96%	5,183	5,318	134	103%
Transportation - Local Mileage	26,100	15,225	11,859	(3,366)	78%	2,175	1,475	(700)	68%
Training and Travel	88,500	51,625	24,480	(27,145)	47%	7,375	3,182	(4,193)	43%
TOTAL TRAVEL	176,800	103,133	71,347	(31,786)	69%	14,733	9,975	(4,758)	68%
SUPPLIES									
Medical Supplies	630,400	367,733	384,069	16,336	104%	52,533	62,596	10,062	119%
Office Supplies	168,000	98,000	90,383	(7,617)	92%	14,000	8,648	(5,352)	62%
Pharmaceuticals	6,724,000	3,922,333	2,721,805	(1,200,528)	69%	560,333	412,404	(147,929)	74%
Bus Tokens	20,000	11,667	-	(11,667)	0%	1,667	-	(1,667)	0%
TOTAL SUPPLIES	7,542,400	4,399,733	3,196,257	(1,203,476)	73%	628,533	483,647	(144,886)	77%
CONTRACTUAL									
Janitorial Services	303,500	177,042	159,593	(17,449)	90%	25,292	39,397	14,105	156%
Physician Fees	2,080,900	1,213,858	1,468,350	254,492	121%	173,408	240,627	67,219	139%
Professional Services	816,000	476,000	413,997	(62,003)	87%	68,000	110,529	42,529	163%
TOTAL CONTRACTUAL	3,200,400	1,866,900	2,041,940	175,040	109%	266,700	390,552	123,852	146%
OTHER									
Building Maintenance	35,200	20,533	18,056	(2,478)	88%	2,933	(4,825)	(7,758)	-164%
Communications	287,600	167,767	160,309	(7,458)	96%	23,967	22,957	(1,009)	96%
Data Processing	912,100	532,058	459,300	(72,758)	86%	76,008	-	(76,008)	0%
Liability Insurance	361,800	211,050	210,819	(231)	100%	30,150	30,117	(33)	0%
Malpractice Insurance	452,600	264,017	292,369	28,352	111%	37,717	41,767	4,050	0%

Santa Barbara County Public Health Department Health Care Centers
 Financial Monthly Report for CHC/HCH Grant H80CS00046
 For the Month of January 2020 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 1-31-20 BUDGET	FY 19-20 As of 1-31-20 YTD ACTUALS	FY 19-20 January YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 January ACTUALS	FY 19-20 January Variance	FY 19-20 Jan % of Budget
Other Clinical Expenditures	268,500	156,625	161,839	5,214	103%	22,375	35,145	12,770	157%
Other Office Expenditures	1,309,700	763,992	829,735	65,743	109%	109,142	271,238	162,096	249%
Public Health Lab Services	90,000	52,500	51,254	(1,246)	98%	7,500	539	(6,961)	6%
Rents & Leases	141,600	82,600	68,095	(14,505)	82%	11,800	9,536	(2,264)	81%
Services County Provided	146,200	85,283	54,954	(30,330)	64%	12,183	26,315	14,132	216%
Utilities	404,200	235,783	258,064	22,281	109%	33,683	36,164	2,481	107%
TOTAL OTHER	4,409,500	2,572,208	2,564,793	(7,415)	100%	367,458	468,954	101,496	128%
TOTAL DIRECT COSTS	\$ 51,733,400	\$ 30,177,817	\$ 28,932,787	\$ (1,245,030)	95.9%	\$ 4,311,117	\$ 4,447,411	\$ 136,296	103.2%
INDIRECT COST (13.61% OF TADC)	7,040,916	4,107,201	3,937,752	(169,449)	95.9%	586,743	605,293	18,550	103.2%
TOTAL BUDGET	\$ 58,774,316	\$ 34,285,018	\$ 32,870,539	\$ (1,414,479)	95.9%	\$ 4,897,860	\$ 5,052,704	\$ 154,845	103.2%
Net Surplus/ Deficit	\$ (0)	\$ (0)	\$ 1,514,658	\$ 1,514,658		\$ (0)	\$ 71,094	\$ 71,094	

Santa Barbara County Public Health Department

Community Health Center Board

Financial Statement Narrative for January, 2020

Includes variances over \$100K, either YTD or MTD

<u>Financial Results:</u>	<u>Year to Date</u>	<u>January</u>
Revenues:	\$31,355,881	\$4,981,610
Expenditures:	<u>\$32,870,539</u>	<u>\$5,052,704</u>
Net Surplus/(Deficit):	<u>(\$1,514,658)</u>	<u>(\$71,094)</u>
<u>Revenue Highlights:</u>	<u>Year to Date Variance (91.5%)</u>	<u>January Variance (101.7%)</u>
<u>Over (Under) Budget</u>		
Medicaid/Medicare:	(\$2,313,526)	\$51,753
Self-Pay (HAP):	\$159,601	\$20,781
Local/State Funds:	(\$762,352)	\$92,092
Federal 330 grant:	(\$173,174)	\$0
ADAP:	\$160,314	\$22,630
<u>Expenditure Highlights:</u>	<u>Year to Date Variance (95.9%)</u>	<u>January Variance (103.2%)</u>
<u>Over (Under) Budget</u>		
Personnel/Benefits:	(\$177,392)	\$60,592
Pharmaceuticals:	(\$1,200,528)	(\$147,929)
Physician Fees:	\$254,492	\$67,219
Other Office Expenses:	\$65,743	\$162,096
Indirect Costs:	(\$169,449)	\$18,550

Financial Results Discussion

Our Community Health Center financial results for January 2020 reflect a negative *month to date* net financial impact of **(\$71,094)** and *year to date* net financial impact of **(\$1,514,658)**.

Year to date, our revenues are at 91.5% of budget and our expenditures are at 95.9% of budget. Medi-Cal revenues for the month were below our fixed monthly budget, but are showing improvement. The Health Centers can continue to make improvements to see more patients to not only provide more care, but also make significant progress on our *year to date* deficit.

Revenue Highlights:

We have negative variances for the following:

- Medicaid and Medicare Revenue – Medi-Cal and Medicare (when combined) came in below budget for January, but are showing some improvement.
- Local/State Funds – Below budget for this point in the fiscal year. We hope to improve our Medi-Cal revenues to use less of these local funds.
- Federal 330 Grant Funds – Below budget due to timing of drawdowns of funds. We are performing the drawdowns more often to stay current.

We have positive variances for the following:

- Self-Pay/HAP – Above budget due to an increased volume of services in our Health Access Program for Family Planning – mostly in north county.
- ADAP – Above budget due to an increased volume of HIV/AIDS drugs distributed from our pharmacies.

Expenditure Highlights:

We have positive variances for the following:

- Salaries and Benefits – Trending pretty much right at budget for the month to date and year to date.
- Pharmaceuticals – Purchases still lag behind budget because of a lower volume of pharmacy prescriptions than anticipated. We anticipate expenditures to increase as the health centers fill provider vacancies and increase visit and prescription volume.
- Indirect Costs - These costs are based on a percentage of total direct costs. So, since total direct costs are under budget, these costs are too.

And negative variances for:

- Physician Fees – Over budget as we have been using far more contracted physician labor than budgeted. This appears to be due to physician vacancies and higher than anticipated use of locum tenens and other contract physicians.
- Other Office Expenditures – Over budget in January and slightly year to date as we have caught up payment for invoices from OCHIN Epic for monthly maintenance of our Electronic Health Record Software.

MEETING DATE: February 18, 2020

AGENDA ITEM NO.: VII.1b

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 18, 2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Annual Audit Presentation

RECOMMENDATION:

That the Board: Review and approve the annual Financial and Single audit reports and that no corrective action plan is necessary as there are no findings specific to the health center programs.

DISCUSSION/BRIEF SUMMARY OF ITEM:

Review and Approval of Fiscal Year 2018-19 Comprehensive Annual Financial Report (CAFR) for Santa Barbara County and the *Single Audit*, required by the Federal Government for organizations with over \$750,000 annually in federal grant award funds.

The full text of the audits can be found below:

https://www.countyofsb.org/uploadedFiles/auditor/Content/FY2018_19CAFR.pdf

<https://www.countyofsb.org/uploadedFiles/auditor/Documents/SAR2019.pdf>

Hard copies are available by request.

Health Care Centers
Public Health Department
Financial Audits for YE 6/30/2019

Community Health Center Board

February 26, 2020

Background

Per grant authority, the Health Resources and Services Administration (HRSA):

- ❖ *An annual independent financial audit must be performed in accordance with Federal audit requirements, and;*
- ❖ *A corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report should be submitted to the CHC Board.*

2

Independent Financial Audit and “Single Audit”

- ❖ Independent Financial Audit:
 - ❖ *Comprehensive Annual Financial Report (CAFR).*
- ❖ “Single Audit”
 - ❖ *Separate audit of Federal Awards, only.*
- ❖ *No separate audit of just Health Center programs is required by HRSA at this time.*
- ❖ *County uses Brown Armstrong, CPAs*
 - ❖ *Extensive County experience*
- ❖ *County Auditor-Controller’s office has approved this report.*

3

Comprehensive Annual Financial Report (CAFR)

- o The County’s Annual Audit is called the “CAFR” and is 213 pages.
- o The Health Center Operations are not broken out from the rest of the Public Health department financial information.
- o The County of Santa Barbara has a “clean” opinion (page 9) meaning “no material or reportable issues were found”.

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The "Single Audit" Report

Health Care Centers Federal Awards are included with all other County federal awards

There were no findings or corrective actions related to the Health Center Programs. No follow up or corrective action plan is necessary.

o ACA Grants for New and Expanded Services:	\$1,225,222
o Consolidated Health Centers grant	\$822,988
o <u>Subtotal for Federal Funding:</u>	<u>\$2,048,210</u>

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Recommendations for Approval

- a) Accept and approve the report on the FY 18-19 Independent Financial Audit and FY 18-19 "Single Audit" and the continued use of Brown Armstrong CPAs by the County of Santa Barbara.
- b) Accept and approve that there are no findings specific to the Health Centers programs and that no corrective action plan is necessary.



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**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19th 2020

To: Health Center Board

From: Policy Review Committee

Subject: Policy Recommendations

RECOMMENDATION:

That the Board approve the policies referenced below as reviewed and approved by the Policy Review Committee.

DISCUSSION:

The Policy Review Committee recommends the Board vote to approve the following policies reviewed during the month of January 2020.

<u>POLICY NO.</u>	<u>TITLE</u>
1. 99-C-126	Sliding Scale Fees, Descriptions, Guidelines, and Procedures
2. 16-C-612	Expansion of Continuing Medical Education for Special Duty Physicians
3. 02-C-162	Sample Medication Policy
4. 07-C-302	Criteria for 340B and Non-340B Prescriptions
5. 06-C-276	Independent Contractor Invoice & Approval Processing
6. 02-I-163	Infection Control: Definitions of Sterilization Disinfection and Cleaning Classification of Instruments, Equipment, and Items for Patient Care
7. 02-I-164	Infection Control: Guidelines for All Disinfection Practices
8. 02-I-165	Infection Control: Instrument Cleaning Prior to Sterilization or High-Level Disinfection
9. 02-I-166	Infection Control: Neutralization of Glutaraldehyde Solutions Prior to Disposal
10. 02-I-167	Infection Control: High-Level Disinfection of Instruments Except Endoscopes and their Accessories
11. 02-I-172	Infection Control: Standard and Transmission-Based Precautions
12. 03-I-181	Infection Control: Low-Level Disinfection of Non-Critical Items Including Environmental Surfaces
13. 16-I-619	Infection Control: Negative Pressure Airborne Infection Isolation (All) Rooms
14. 95-I-060	Infection Control: Autoclave Care and Use (Counter Top)
15. 06-C-276	Independent Contractor Invoice and Approval Processing
16. 06-C-289	Cell Phone Communication Device (personal) usage at Santa Barbara Co. Public Health Clinics
17. 07-C-297	Patients Who Arrive Late for Their Medical Appointments
18. 07-C-303	Dual Coverage and Private Insurance Contracts
19. 08-C-316	Payment Policy
20. 09-C-441	Patient Identification

	Number: 99-C-126
Prepared By: Suzanne Jacobson, CPA, Chief Financial Officer	Effective Date: 02/27/2020 Original Date: 01/01/1989
Authorized By: Suzanne Jacobson, CPA, Chief Financial Officer; Douglas Metz, DPM, MPH, Deputy Director PCFH	Next Review Date: 2/27/2021
TITLE: Sliding Scale Fees, Descriptions, Guidelines, and Procedures	

POLICY

The Public Health Department (PHD) Health Care Centers (HCCs) use a Sliding Fee Schedule, which offers discounted or nominal fees for services to uninsured persons with incomes up to 200% of the Federal Poverty Level (FPL). The Sliding Fee Schedule determines, based on gross family income, family size, and federal poverty levels, the percentage or portion of billed charges that the patient pays. The Sliding scale discounts apply to all services in scope of the Public Health Service Section 330(e) grant for the PHD HCCs. Individuals and families below 100% of the federal poverty level can be offered a full discount, although the PHD/HC Board has chosen to have a nominal, fixed charge. Homeless persons, individuals without conventional housing and/or Ryan White Program patients will continue to qualify for the Homeless special account and/or the Ryan White Program and fall under a separate policy (see References). Sliding fees do not apply to visits only for *Forms Completion or Clearance Exams*.

PURPOSE

The goal, by providing care for the uninsured at the Public Health Department, is to improve the health of the communities by preventing disease, promoting wellness, and ensuring access to needed health care. This policy will provide guidance to PHD staff on how to determine the applicable Sliding Fee Scale for an eligible patient through a system that:

- Does not create barriers to care
- Is in compliance with Federal Requirements
- Is easy to understand and administer for health center staff
- Is easy to understand for health center patients
- Establishes appropriate fees and charges for patients

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 16-C-612</p>
<p>Prepared By: Polly Baldwin, MD, Medical Director</p>	<p>Effective Date: 3/11/2020</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Original Date: 1/1/2016</p>
<p>TITLE: Expansion of Continuing Medical Education for Special Duty Physicians</p>	<p>Next Review Date: 3/11/2021</p>

POLICY

The physicians at the Public Health Department (PHD) are allotted funds for Continuing Medical Education (CME) based on their union contracts. Supervising Physicians and Providers who provide special duties or care for special populations may be allotted up to \$500.00 per fiscal year over the amount of their agreed-upon CME for training related to their special duties with the PHD.

PURPOSE

To give support to physicians who are performing special services for the PHD.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 02-C-162</p>
<p>Prepared By: Carol Millage, PharmD, Pharmacy Director</p>	<p>Effective Date: 01/27/2020</p> <p>Original Date: 4/1/2007</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review: 01/27/2021</p>
<p>Title: Sample Medication Policy</p>	

POLICY:

The Santa Barbara County Public Health Department (PHD) will provide patients with sample medications when available at no charge. The following procedure will guarantee legal adherence to regulations regarding receipt, dispensing, recall and disposal of sample prescription medications.

PURPOSE:

The purpose of samples is to provide a trial of a medication, a supply of medication until patient assistance medication order arrives, or access to medications for patients with insufficient medication coverage or no medication coverage through insurance programs and for those who cannot use the Patient Assistance Program (PAP) or the medication they need is not available through Patient Assistance Programs. The Business and Professional Code (Sec. [4076](#), [4170](#), 4171, 4172, [4180](#)), the Health and Safety Code (Sec. [1206](#)) and the Nursing Practice Act ([Sec. 2725.1](#)) provide much of the legal and regulatory framework for dispensing sample medications.

	Number: 07-C-302
Prepared By: Carol Millage, PharmD Pharmacy Director	Effective Date: 1/28/2020
	Original Date: 11/30/2007
Authorized By: Dana Gamble, Assistant Deputy Director PCFH	Next Review Date: 1/28/2021
TITLE: Criteria for 340B and Non-340B Prescriptions	

POLICY

The PHD Pharmacies are required to adhere to strict regulations to prevent diversion, duplication in discounts, and other non-compliance issues associated with the HRSA 340B program. The PHD Pharmacies make every effort to fill only prescriptions that qualify as 340B with 340B inventory and any other prescriptions outside of the 340B program with non-340B inventories.

PURPOSE

The purpose of this policy is to ensure that pharmacy and clinic staff understands how to differentiate 340B eligible from non-340B eligible prescriptions.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 06-C-276</p>
<p>Prepared By: Dana Gamble, Assistant Deputy Director PCFH</p>	<p>Effective Date: 1/31/2020</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Original Date: 7/1/2011</p>
<p>TITLE: Independent Contractor Invoice & Approval Processing</p>	<p>Review Date: 1/31/2021</p>

POLICY

It is the policy of the Public Health Department (PHD) to compensate Independent Contractor Providers for their services in a timely and efficient manner in compliance with departmental and County policy. This policy applies to the Health Center Administrator (HCA) processing payments for Independent Contractors through the PHD Fiscal Services Division.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-163</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: 1/1/2020 Original Date: 1/1/2020</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 1/1/2021</p>
<p>TITLE: Infection Control: Definitions of Sterilization, Disinfection, and Cleaning Classifications of Instruments, Equipment, and Items for Patient Care</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control.

PURPOSE

To provide a safe environment for patients and staff at Public Health Department clinics by preventing the transmission of pathogens through understanding standardized definitions and procedures for cleaning, disinfecting, and sterilizing instruments and equipment.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-164</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: 1/1/2020 Original Date: 11/1/2010</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 1/1/2021</p>
<p>TITLE: Infection Control: Guidelines for All Disinfection Practices</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control.

PURPOSE

To provide a safe environment for patients and staff at Public Health Department clinics by preventing the transmission of pathogens through understanding cleaning and disinfection processes for semi-critical equipment.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-165</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: January 1, 2020 Original Date: September 1, 2010</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: December 1, 2020</p>
<p>TITLE: Infection Control: Instrument Cleaning Prior to Sterilization or High-Level Disinfection</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control.

PURPOSE

To standardize instrument cleaning prior to sterilization or high-level disinfection to prevent the spread of diseases from patient to patient.

Thorough cleaning and rinsing must precede sterilization or high-level disinfection in order for the process to be effective. Soil can provide physical protection, and harbor large concentrations of microorganisms. Instruments that have not been effectively cleaned of soil, or that have not been properly rinsed of detergent may inactivate, or reduce the effectiveness of, high-level disinfectants and sterilizers.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-166</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: September 1, 2010</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: Neutralization of Glutaraldehyde Solutions Prior to Disposal</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control and neutralization of glutaraldehyde solutions prior to disposal.

PURPOSE

To neutralize and safely dispose of glutaraldehyde solutions (MetriCide, Cidex, Rapicide) used in the clinics for High-level Disinfection of semi-critical items.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-167</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: November 18, 2009</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: High-Level Disinfection of Instruments <u>Except</u> Flexible Endoscopes and their Accessories</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control of instruments with high-level disinfection.

PURPOSE

To provide a safe environment for patients and staff at Public Health Department clinics by preventing the transmission of pathogens through standardizing cleaning and disinfection procedures in order to prevent the spread of disease from patient to patient.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 02-I-172</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: September 1, 2010</p>
<p>Authorized By: Dr. Polly Baldwin, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: Standard and Transmission-Based Precautions</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for standard and transmission-based precautions for infection control.

PURPOSE

To provide a safe environment for patients and staff at Public Health Department clinics by preventing the transmission of pathogens, and provide guidelines for compliance with Cal/OSHA Bloodborne Pathogen Exposure Control Plan, Title 8, §5193 and Cal/OSHA Aerosol Transmissible Diseases Standard, Title 8, §5199.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 03-I-181</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: November 1, 2010</p>
<p>Authorized By: Dr. Polly Baldwin, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: Low-Level Disinfection of Non-Critical Items Including Environmental Surfaces</p>	

POLICY

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control and low-level disinfection of non-critical items including environmental surfaces.

PURPOSE

To prevent the transmission of disease to patients and staff at the Public Health Department clinics through effective disinfection of non-critical items and surfaces.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 16-I-619</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: March 24, 2004</p>
<p>Authorized By: Dr. Polly Baldwin, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: Negative Pressure Airborne Infection Isolation (All) Rooms</p>	

POLICY

The Santa Barbara County Public Health Department works to prevent the spread of tuberculosis and other aerosol transmissible diseases (ATD) through engineering controls, administrative controls, and personal respiratory protection.

PURPOSE

To prevent the spread of infectious disease in our health care centers, negative pressure airborne infection isolation (All) rooms are used as an engineering control to restrict suspected infectious disease patients to a predetermined area during their medical evaluation process.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 95-I-060</p>
<p>Prepared By: Marc Goldsmith, Safety Officer; Yvette Calhoun, RN, Performance Improvement Coordinator; Kelly Lazarus, Contracts Unit Supervisor</p>	<p>Effective Date: February 1, 2020 Original Date: April 15, 1997</p>
<p>Authorized By: Dr. Polly Baldwin, Medical Director</p>	<p>Next Review Date: January 1, 2021</p>
<p>TITLE: Infection Control: Autoclave Care and Use (Counter Top)</p>	

POLICY

It is the policy of the Santa Barbara County Public Health Department to prevent the transmission of pathogens through cleaning, disinfection, sterilization and proper care and use of counter top autoclaves.

PURPOSE

To standardize care and use of counter top autoclaves for Registered Nurses, Licensed Vocational Nurses, and Medical Assistants, and assure uniform cleaning, disinfection and sterilization of instruments and equipment in all clinics.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 06-C-276</p>
<p>Prepared By: Dana Gamble, Assistant Deputy Director PCFH; Kendall Johnston, PCFH AOP Sr.</p>	<p>Effective Date: 1/31/2020</p> <p>Original Date: 7/1/2011</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Review Date: 1/31/2021</p>
<p>TITLE: Independent Contractor Invoice & Approval Processing</p>	

POLICY

It is the policy of the Public Health Department (PHD) to compensate Independent Contractor Providers for their services in a timely and efficient manner in compliance with departmental and County policy. This policy applies to the Health Center Administrator (HCA) processing payments for Independent Contractors through the PHD Fiscal Services Division.

	Number: 06-C-289
Prepared By: Douglas Metz, DPM, MPH, Deputy Director PCFH	Effective Date: 3/1/2020 Original Date: 12/1/2006
Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH	Next Review Date: 3/1/2021
TITLE: Cell Phone/Communication Device (Personal) Usage at Santa Barbara County Public Health Clinics <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 3/27/2019 (See Board Meeting minutes) </div>	

POLICY

It is the intention of Santa Barbara Public Health Clinics to provide care to patients in a professional manner and not have patient care interrupted by non-emergent personal cell phone calls including text messages.

PURPOSE

The purpose of this policy is to establish guidelines for the usage of Personal Cell Phones/Communication Devices for all staff members of Santa Barbara County Public Health Clinics. It is necessary to provide these guidelines to maintain professionalism in all areas of the workplace.

	Number: 07-C-297
Prepared By: Jeanie Sleigh, Health Center Administrator	Effective Date: 1/1/2020
Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH	Original Date: 3/12/2007
TITLE: Patients Who Arrive Late for Their Medical Appointments	Next Review Date: 1/1/2021

POLICY

Patients are encouraged by providers and staff to arrive on time for all medical appointments in PHD clinics. Patients who arrive more than 5 minutes late may be asked to reschedule their appointment depending on the clinic schedule.

PURPOSE

To insure efficient clinic flow and to insure that patients who arrive on time for appointments are not caused to have excessive wait times due to patients who arrive late for appointments. Also, to accommodate, to the fullest extent possible, patients who request a same-day appointment and are placed on stand-by.

	Number: 07-C-303
Prepared By: Suzanne Jacobson, Deputy Director, PHD Administration; Medical Practices Committee	Effective Date: 1/1/2020 Original Date: 8/12/2008
Authorized By: Suzanne Jacobson, Deputy Director, PHD Administration; Dr. Douglas Metz, Deputy Director, PCFH	Next Review Date: 1/1/2021
TITLE: Dual Coverage and Private Health Insurance Contracts <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 12/19/2018 (See Board Meeting minutes) </div>	

POLICY

The Public Health Department (PHD) Health Care Centers (HCC) serve the target safety net populations of the uninsured and the underinsured, such as those that qualify for Medi-Cal, Medicare, and other public programs. All reasonable efforts are made to participate in third party private insurance available to our population.

However, the Mission of the department as a County-based safety net provider is not to compete with the private providers in the community and, unless adequate access does not exist in the community for eligible patients, the PHD will not generally participate in private HMO, EPO, and PPO plans. The Health Care Centers participate in selected contracted private insurance plans specific to their targeted population as defined below. All efforts are made to assist patients by educating them on how to use their insurance benefits and by explaining the concept of seeing their assigned providers for routine care, if not assigned to the PHD HCCs. Also, an intradepartmental committee meets quarterly to assess access to providers for the HCC target population and for those with private insurance, including those insured under the Health Benefit Exchange programs.

PURPOSE

- To ensure that all reasonable efforts are made to contract with available third party payers to ensure access to healthcare for all County residents while not “competing” with the private community providers (as a county safety net provider).
- To define the guidelines for patients who call or present at the HCCs that have dual insurance coverage and/or are covered by HCC contracted insurance companies.

	Number: 08-C-316
Prepared By: Douglas Metz, DPM, MPH, Deputy Director PCFH; Suzanne Jacobson, CPA, Chief Financial Officer	Effective Date: 01/01/2020 Original Date: 01/01/2014
Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH	Next Review Date: 01/01/2021
TITLE: Payment Policy	

POLICY

Public Health Department Health Center policy is that payment is expected at the time of service and that all reasonable attempts and efforts will be made to collect a payment. This will be in done in accordance with Federally Qualified Health Center (FQHC) principles: a) no patient can be turned away based on their inability to pay for clinic services; b) the department will utilize a sliding fee scale to charge patients based on their income and family size (information gathered at registration); and, c) paying only a nominal fee or inability to pay any fee will not be a barrier to care. Pharmacy services are not included as part of the FQHC visit.

PURPOSE

To provide clear direction to staff and patients about the guidelines for payment for services provided.

	Number: 09-C-441
Prepared By: Dr. Douglas Metz, PCFH Deputy Director	Effective Date: 1/1/2020
Authorized By: Dr. Douglas Metz, PCFH Deputy Director	Original Date: 2/4/2013
TITLE: Patient Identification	Next Review Date: 1/1/2021

POLICY

Staff will properly identify patients by actively reviewing/requesting two forms of identification from the patient prior to the provision of any care, treatment or services provided. The acceptable forms of patient verification are: patient photo confirmed in the Electronic Health Record (EHR), the patient states their name, or patient states their date of birth.

PURPOSE

To improve the accuracy of patient identification and improve patient safety by minimizing the possibility of patient information or a test result being attributed to another patient; To prevent documentation of or application of a treatment, an encounter, or a medication being provided to the incorrect patient.

	Number: 11-C-560
Prepared By: Jeanie Sleigh, Health Center Administrator	Effective Date: 01/18/2020 Original Date: 9/1/2011
Authorized By: Douglas Metz, DPM, MPH, Deputy Director, PCFH	Next Review Date: 1/18/2021
TITLE: Retention of State Program Certification Forms – Every Woman Counts (EWC)	

POLICY

It is the policy of the County of Santa Barbara Public Health Department to comply with State requirements that mandate the retention of original signatures of clients participating in the various programs offered by the State.

PURPOSE

For the purpose of auditing, the Health Care Centers (HCC) will retain the following forms:

- Every Woman Counts (EWC) (CDPH 8699) up to 7 years after the person is no longer an active patient of PHD
- Cancer Detection Consent and Privacy Form (CDPH 8478) up to 7 years after the person is no longer an active patient of PHD

	Number: 11-C-561
Prepared By: Jeanie Sleigh, Health Center Administrator	Effective Date: 1/10/2020 Original Date: 7/1/2011
Authorized By: Douglas Metz, DPM, MPH, Deputy Director, PCFH	Next Review Date: 1/10/2021
TITLE: Practice Management System - Cancellation Codes	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 1/23/2019 (See Board Meeting minutes) </div>	

POLICY

When canceling (removing) a scheduled appointment in the PHD Practice Management System (PMS), all Health Care Center staff will use a set of standard cancellation codes to enter a reason for the action.

PURPOSE

To assist in the management of access to care for the benefit of PHD patients and to provide a defined process for staff when documenting appointment activity.

	Number: 11-C-564
Prepared By: Health Center Administrators/AOP Ills	Effective Date: 2/11/2020 Original Date: 9/6/2011
Authorized By: Dr. Douglas Metz, Deputy Director	Next Review Date: 2/11/2021
TITLE: Practice Management System – Searching and Registering Patient Information	

POLICY

All Santa Barbara County Public Health Department employees are to utilize a uniform process to search and register a patient into the Practice Management system (PMS) to ensure efficiency in creating and registering patient information.

PURPOSE

To describe the format and procedure for searching, creating and registering patient information within the PMS to promote accuracy and quality of data entry, eliminate duplicate entries within the system and enable better continuity of care.

Applicable staff is anyone who registers patients and may include:

- *Front Office, Back office*
- *Clinical Staff*
- *Laboratory Staff*

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 13-C-581</p>
<p>Prepared By: Jeanie Sleigh, Health Center Administrator</p>	<p>Effective Date: 3/1/2020</p> <p>Original Date: 4/1/2013</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director, Dr. Douglas Metz, Deputy Director</p>	<p>Next Review Date: 3/1/2021</p>
<p>TITLE: Surveying Patient Experience</p>	

POLICY

To assure that the Santa Barbara County Health Care Centers (SBCHCC) meet the needs of our patient community and as per HRSA program requirements, patients are surveyed on their experiences with providers and Health Care Center (HCC) staff. This information is gathered and reported regularly to the Medical Quality Improvement (MQI) Committee, the Compliance Committee, PHD Executives and the SBCPHD Community Health Center Board of Directors.

PURPOSE

To establish a policy and procedure for the frequency, method, reporting and response to patient satisfaction surveys.

	Number: 13-C-588
Prepared By: Polly Baldwin, MD, Medical Director	Effective Date: 2/27/2020 Original Date: 08/20/2013
Authorized By: Polly Baldwin, MD Medical Director and Douglas Metz, DPM, MPH, Deputy Director	Next Review Date: 2/27/2021
TITLE: EHR Desktop Coverage and Reassignment of Patient's Primary Care Provider for Physician and Health Care Practitioner Users Who Are Separated, Reassigned or On Extended Absence	

POLICY

When a Physician or Health Care Practitioner (Provider) separates from the Public Health Department (PHD), or is reassigned to a new "Location of Care" (LOC) or is absent for an extended time, his or her Electronic Health Record desktop will be managed to prevent interruptions in patient care. Patients assigned to providers who have separated or changed LOC will be reassigned as needed to a new Primary Care Provider (PCP).

PURPOSE

- To assure continuity of responsibility for patient care in the EHR during the transition period when a provider is separated, reassigned or absent for a prolonged time.
- To describe the process by which a reassignment of responsibility for a patient to a new provider occurs.

	Number: 17-C-621
Prepared By: Ralph Barbosa, HCH Program Coordinator	Effective Date: 03/01/2020
Authorized By: Dr. Douglas Metz, Deputy Director	Original Date: 01/23/2017
TITLE: HRSA Sexual Orientation & Gender Identity (SOGI) Data Collection and Patient Care	Next Review Date: 03/01/2021

POLICY

It is the policy of the Santa Barbara County Health Care Centers to collect Sexual Orientation and Gender Identity for all patients age 18 and older at least once per calendar year and whenever requested by the patient.

PURPOSE

Health Resources and Services Administration (HRSA) expects health centers to establish routine data collection systems to support patient-centered, high-quality care for LGBT individuals. As with all demographic data, this information is generally self-reported by patients or their care-givers if the patient cannot answer the questions themselves. Health centers are encouraged to collect demographic data for every patient, but collecting sexual orientation and gender identity data from patients less than 18 years of age is not mandated. Sexual orientation and gender identity can play a significant role in determining health outcomes. Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall.

	Number: 18-C-640
Prepared By: Douglas Metz, DPM, MPH Deputy Director PCFH	Effective Date: 2/11/2020 Original Date: 6/1/2011
Authorized By: Douglas Metz, DPM, MPH Deputy Director PCFH	Next Review Date: 2/11/2021
TITLE: Client Comments	

POLICY

The Public Health Department requires the use of the Client Comments Database to capture compliments and complaints from the public. Comments will be routed to the appropriate staff for follow-up. If a program has a comments or complaints tracking process in place, such as Environmental Health Services and Animal Services, the Client Comments Database will be used only to track customer service complaints and/or issues that require executive attention.

PURPOSE

The purpose of this policy is to capture negative comments that identify areas where improvement or additional attention is needed and to capture positive comments to recognize staff who are providing excellent customer service. Comment tracking will help facilitate proper follow-up and provide a history if a complaint appears to be unresolved. The policy supports the County's core ACE values, specifically customer-focus. Internal comments from employees are to be submitted using Employee Suggestions on the PHD intranet.

	Number: 94-C-008
Prepared By: Terry Boyd-Gamson, Health Care Program Coordinator	Effective Date: 2/11/2020 Original Date: 10/1/2014
Authorized By: Polly Baldwin, MD Medical Director; Douglas Metz, MPH Deputy Director	Next Review Date: 2/11/2021
TITLE: General Relief Physicals	

POLICY

The Public Health Department (PHD) Health Care Centers will provide physical examinations to determine fitness for work and complete the General Relief form W-349 for certain patients referred from the Department of Social Services. The General Relief physical does not include treatment or follow up visits.

PURPOSE

The purpose of both the General Relief physical and completion of the General Relief form is to determine the patient’s fitness for work based on the patient’s physical illness or injury. This does not affect the patient’s ongoing eligibility for the General Relief Program (See attached program description). With the Medi-Cal expansion under the Affordable Care Act (ACA), most of the General Relief patients will qualify for Medi-Cal.

Therefore three possible patient populations that may present for General Relief physicals at the PHD have been identified:

- Uninsured patients
- Patients covered under State Medi-Cal (until they are assigned a Primary Care Provider.
- Patients covered under CenCal Health Medi-Cal (CenCal) and assigned to the PHD Health Care Centers as their Primary Care Provider (PCP) or not assigned to a Primary Care Provider (PCP)

Patients covered under CenCal and assigned to an outside PCP must be sent to their assigned PCP.

	Number: 94-C-012
Prepared By: Jeanie Sleigh, Health Center Administrator	Effective Date: 2/1/2020 Original Date: 3/12/2007
Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH	Next Review Date: 2/1/2021
TITLE: Broken and Follow-Up Appointment Scheduling	

POLICY

Health Care Center (HCC) scheduling practices are important to ensuring access to care. When a patient misses a scheduled appointment without notification to the HCC, an opportunity for care is lost for both that patient and for others who may have been able to use that appointment slot. When scheduling patient appointments, staff will remind patients to notify the HCC if they need to cancel or reschedule their appointments. If a patient misses a scheduled appointment, staff will take appropriate action based on the patient’s clinical situation. Likewise for patients who keep their appointments, follow-up will be arranged at the end of their visit based on the patient’s needs and clinical situation.

PURPOSE

To insure ensure appropriate clinical follow-up of patients, insure timely access to care for all patients who rely on the HCCs for medical care and to maintain at least 85% kept appointment rates.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 94-C-047</p>
<p>Prepared By: Dr. Douglas Metz, Deputy Director</p>	<p>Effective Date: 2/27/2020 Original Date: 6/1/2003</p>
<p>Authorized By: Dr. Douglas Metz, Deputy Director</p>	<p>Next Review Date: 2/27/2021</p>
<p>TITLE: Domestic Violence Injury Reporting</p>	

POLICY

Public Health Department Clinics shall comply with Section 11160-11162 of the California Penal Code. This law requires that any health professional who provides any medical services for any physical condition to a patient must make a report to law enforcement about domestic abuse if, during the course of providing medical care, the practitioner reasonably suspects that the patient is suffering from a wound or other injury stemming from domestic violence.

PURPOSE

This policy is necessary to insure compliance with domestic violence injury reporting laws. The law also prohibits supervisors or managers from impeding or inhibiting the reporting duties of staff and makes failure to report a misdemeanor.

	Number: 99-C-128
Prepared By: Dr. Douglas Metz, PCFH Deputy Director	Effective Date: 3/1/2020 Original Date: 6/1/2003
Authorized By: Dr. Douglas Metz, PCFH Deputy Director	Next Review Date: 3/1/2021
TITLE: Elder and Dependent Adult Abuse Reporting <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 3/27/2019 (See Board Meeting minutes) </div>	

POLICY

Public Health Department clinics shall comply with Welfare and Institutions Code sections 15630-15632. This law requires that any health practitioner who, within the scope of his/her employment has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect or is told by the elder or dependent adult that he/she experienced physical abuse, abandonment, abduction, isolation, financial abuse or neglect, including by acts of omission, must report this to Adult Protective Services or law enforcement.

PURPOSE

This policy is necessary to insure compliance with elder and dependent adult abuse reporting laws. This law also provides that reporters shall not incur either civil or criminal penalties for reporting however failure to report or impeding reporting in accordance with the law is a misdemeanor punishable by not more than six months in county jail, a fine of not more than \$1,000, or both.

	Number: 06-C-283
Prepared By: Administrative Office Professional Sr.(AOPSr), Patient Accounting	Effective Date: 02/01/2020 Original Date: 06/23/2008
Authorized By: Suzanne Jacobson, CFO	Next Review Date: 02/01/2021
TITLE: CenCal Health Patients with 3rd Party Liability Payers	

POLICY

Public Health Department will provide services to our CenCal Health patients with 3rd party liability payers.

PURPOSE

The intent of this policy is to provide guidance to all Office Professionals, regarding the process of patients with CenCal Health the Regional Health Authority coverage and its involvement with 3rd party payers (motor vehicle accident, injury sustained at a business, like a store). This policy excludes injuries sustained at a patient's place of work.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 99-C-121</p>
<p>Prepared By: Ralph Barbosa, HCH Program Coordinator</p>	<p>Effective Date: 2/18/2020 Original Date: 9/1/2005</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Next Review Date: 2/18/2021</p>
<p>TITLE: Identifying Patients Experiencing Homelessness</p>	

POLICY

Public Health Department (PHD), Health Care Centers (HCC) will accurately screen all health center patients at the time of their initial registration and at the first visit of the year when the patient was identified to be experiencing homelessness. The Health Care for the Homeless (HCH) program (HRSA grant funding under Public Health Service Act Section 330(h)) is integral to the PHD as it provides funding to support care provided to the homeless community and it confers the Federally Qualified Health Center (FQHC) status for the PHD.

PURPOSE

- To define a procedure for identifying and documenting patients who are experiencing homelessness
- To ensure that each patient’s living situation is accounted for in treatment and care
- To ensure compliance with the Bureau of Primary Health Care’s annual ([Uniform Data System \(UDS\)](#)) reporting requirements on homeless patients served.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 07-C-299</p>
<p>Prepared By: Ralph Barbosa, HCH Program Coordinator</p>	<p>Effective Date: 2/18/2020</p> <p>Original Date: 1/10/2008</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Next Review Date: 2/18/2021</p>
<p>TITLE: Health Care for the Homeless Certification</p>	

POLICY

It is the policy of the Public Health Department (PHD) to screen every patient for homelessness and to treat those with medical needs regardless of insurance or inability to pay. Certification must be renewed at least annually or anytime financial ability to pay changes.

PURPOSE

This policy defines a procedure for screening all homeless patients for eligibility, and enrolling those who qualify, for the Health Care for the Homeless Sliding Scale Discount Program.

MEETING DATE: February 26, 2020

AGENDA ITEM NO.: VII.3

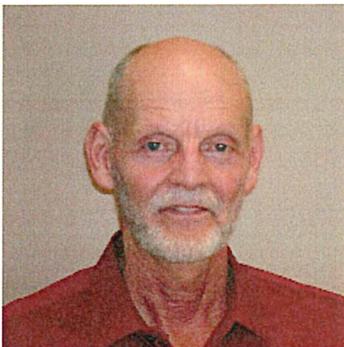
**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020
To: Health Center Board
From: Dr. Polly Baldwin
Subject: Approval of Provider Appointments

RECOMMENDATION:

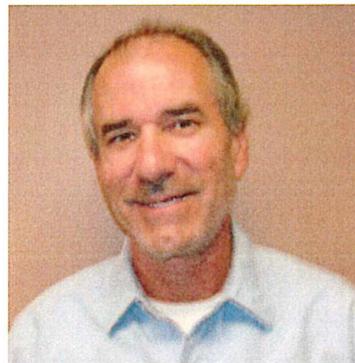
That the Board: Vote to approve the reappointment of:

- Douglas Duncan, MD FHCC Family Practice
- Linda Chu, MD SBHCC Family Practice
- Margaret "Peggy" Dodds, MD CHCC Pediatrics
- Duane Deamicis, NP FHCC Family Practice
- Rani Falconer, NP LHCC Pediatrics



DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers approved by Board Delegate



MEETING DATE: February 26, 2020

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020

To: HC Board

From: Melissa Gomez RN

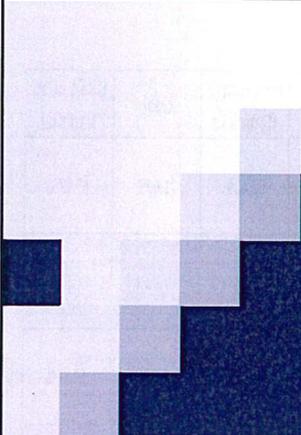
Subject: Quality Update-2020 monthly quality improvement measures update (January data)

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.



Monthly Medical Quality Update performance improvement measures 2020

Melissa Gomez RN CCM 02/2020

SBCPHD
Quality Improvement

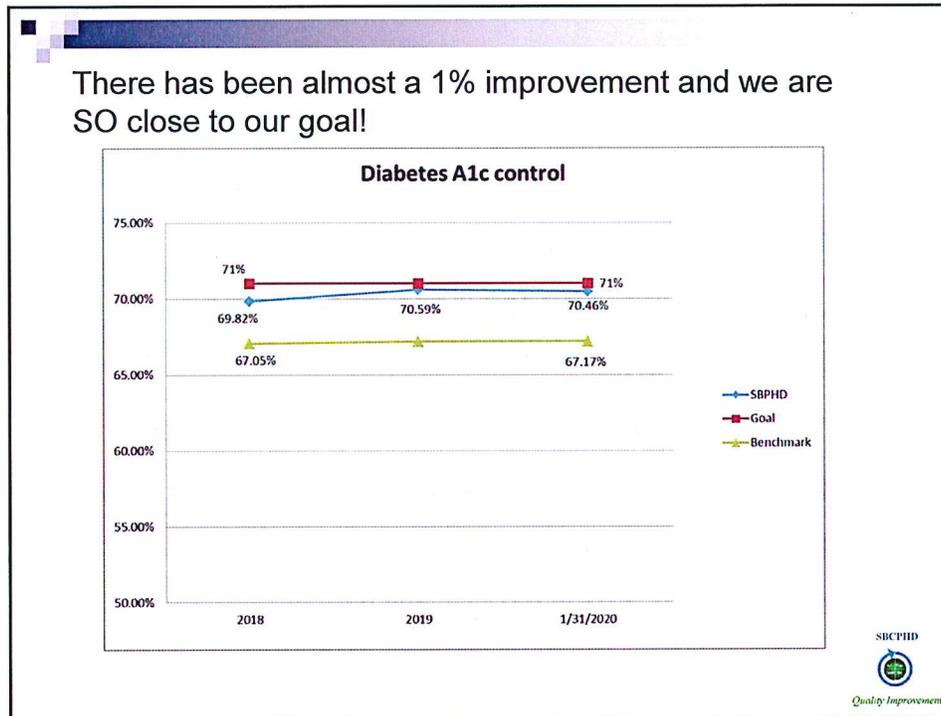
Measures for Improvement 2019

- 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

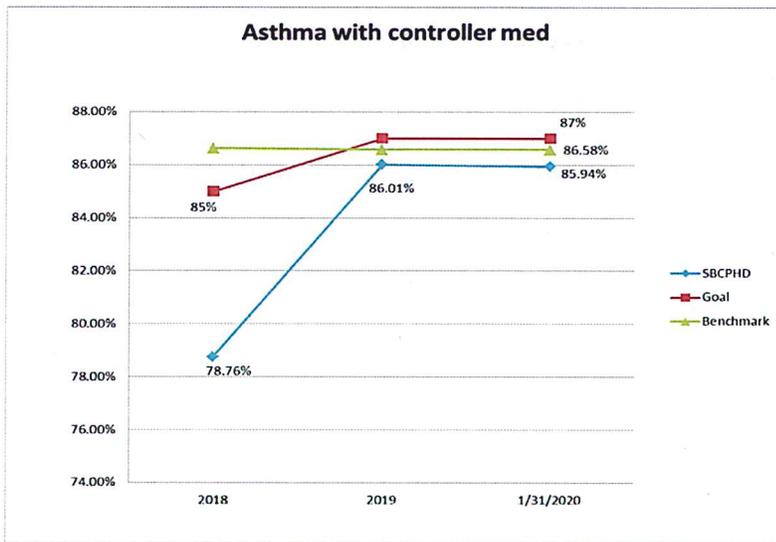
SBCPHD
Quality Improvement

Performance Measure 2019 EPIC(2/1/19 to 1/31/19)	Patients	Percentage	Homeless	Percentage	Goal	HRSA 2018 National
	Total		Total	Homeless		
HbA1c 9 or less	2120	70.46%	65	52.42%	71.00%	67.17%
	3009		124			
Asthma- persistent asthma and on controller medication	330	85.94%	18	85.71%	87.00%	86.58%
	384		21			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2898	56.77%	119	42.20%	65.00%	63.26%
	5105		282			
Depression Screening with intervention if screening is positive	7906	51.17%	447	51.98%	60.00%	70.57%
	15450		860			
Mammography -women 50-74 q2 years	1565	51.29%	15	12.10%	59%	58.4%
	3051		124			

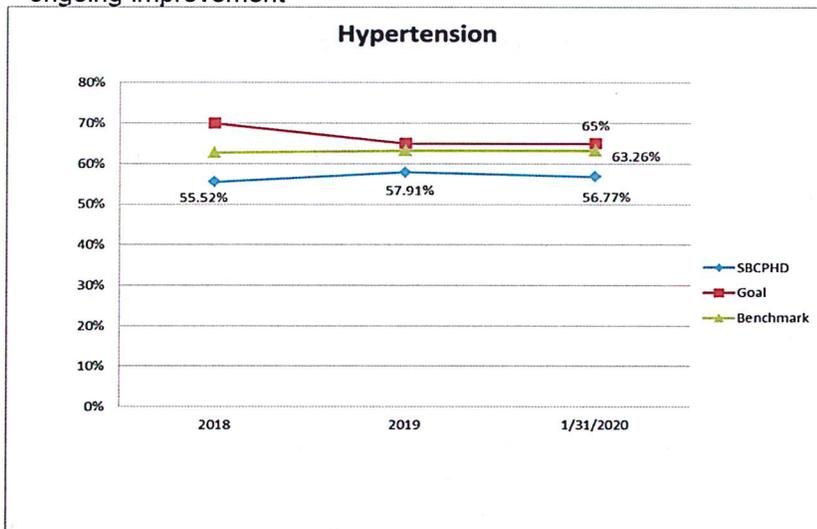




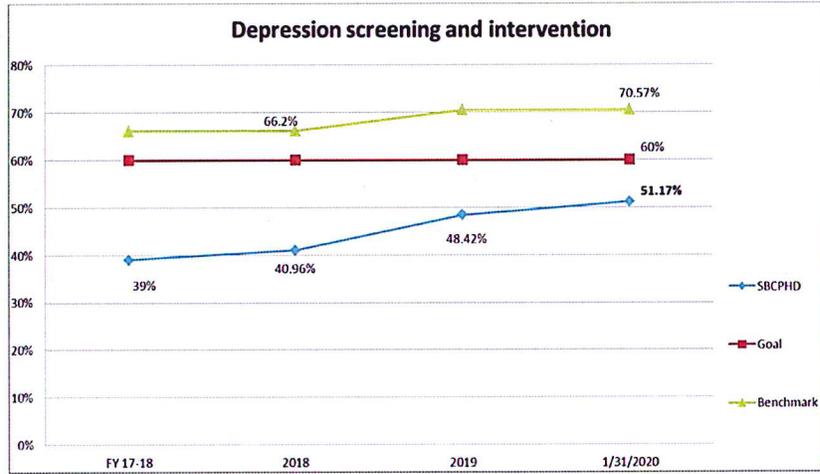
We have seen a 7.18% improvement in this measure over the past year ! As we continue to work on improved asthma action plans and training on diagnosis codes we should see ongoing improvement.



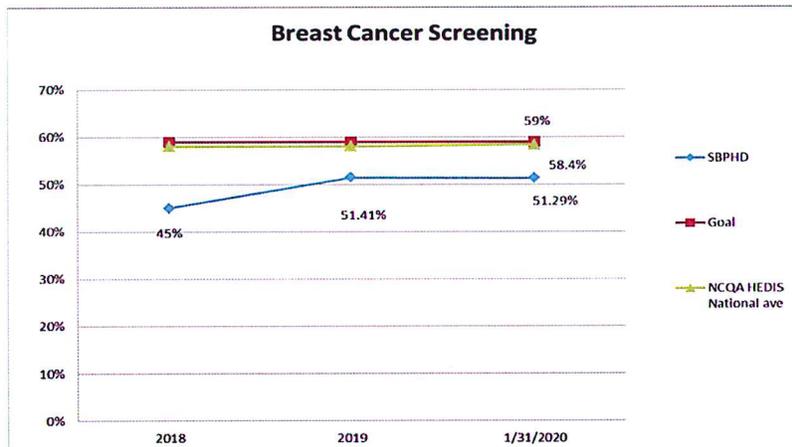
There has been a gradual improvement in blood pressure control this past year. We will continue to address this measure, and anticipate ongoing improvement

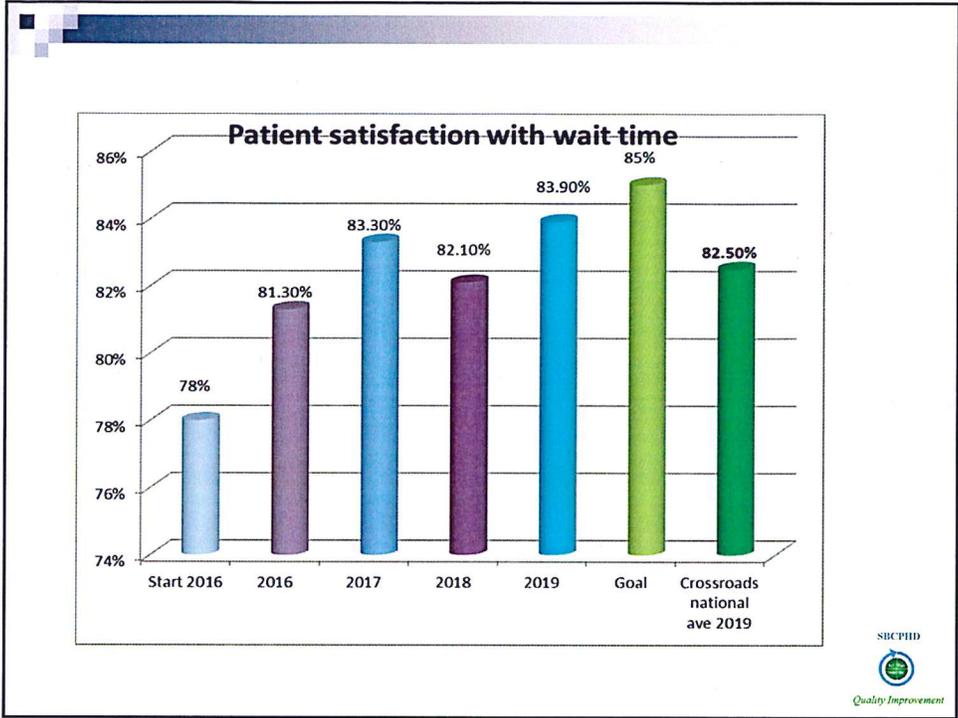


After extensive review, and training- including updated policies and workflows, we have seen over a 10% improvement on depression screening and intervention in the past year. **PROGRESS!** We will continue to focus on this measure closely as we have a long way to go but we are much closer to reaching 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

After the annual grant report submission in February and once we receive the updated measures that HRSA (health resources and service administration) will be looking at for 2020, we may update/change the measures we want to focus on. At that time the Medical Quality Improvement Committee will identify the new measures for the Primary Care and Family Health Performance Improvement Plan, and any changes will be added to this monthly report.



MEETING DATE: February 26, 2020

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 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, February 26, 2020
To: Health Center Board of Directors
From: Dr. Douglas Metz, Executive Director, Health Centers
RE: E.D. Report

Focus Area	Monthly Highlights
<ul style="list-style-type: none"> • HRSA Relations (Ralph Barbosa, Dana Gamble) 	<ul style="list-style-type: none"> ▪ SAC grant continuation application completed and submitted 9/261 (Have not heard back as of 2/18/20) ▪ UDS Report Annual Data Preparations
<ul style="list-style-type: none"> • Santa Barbara (Paola Hurtado) 	<ul style="list-style-type: none"> ▪ Completed and submitted After Action Summary from Disaster Preparedness Exercise ▪ Staff attended Human Trafficking Training ▪ Staff participated in Fire Extinguisher training facilitated by our Safety Officer ▪ Multiple staff members collaborated on the text messaging reminder QI project ▪ HCA worked with Mission Linen to reduce costs while still providing necessary garments
<ul style="list-style-type: none"> • Franklin (Elvira Lopez) 	<ul style="list-style-type: none"> ▪ PCMH coordinator presented a year in review and areas of focus for this year's re-certification ▪ New Behavioral Health Specialist, Elspeth Mills, PsyD joined the FHCC team ▪ Staff attended the Human Trafficking Training ▪ Staff attended the Law and Ethics training ▪ Laura Balbuena, RN joined the FHCC team
<ul style="list-style-type: none"> • Carpinteria (Jeanette Gumber) 	<ul style="list-style-type: none"> ▪ New CHCC HCA hired; to begin on 1/13 -- Transition plan being implemented ▪ Working with Social Services to bring eligibility worker to CHCC--in progress ▪ Staff completed Cybersecurity training
<ul style="list-style-type: none"> • Santa Maria (Michael Camacho-Craft) 	<ul style="list-style-type: none"> ▪ Initiated Pediatrics service planning ▪ Sponsored & attended Human Trafficking Training ▪ Improved Depression Screening from 31% to 51%, with goal of 75%
<ul style="list-style-type: none"> • Lompoc (Jeanie Sleigh) 	<ul style="list-style-type: none"> ▪ LHCC Quarterly Team Meeting focused on Revenue and Visit Increase Strategies ▪ Dr. Annette Ndagano returned to her position as Staff Pediatrician at LHCC ▪ Completed and submitted After Action Summary from Disaster Preparedness Exercise ▪ Attended and presented LHCC Nutrition Services Programs as Best Emerging Practices at the WIC/Breastfeeding Summit in Sacramento ▪ Staff attended Human Trafficking Training
<ul style="list-style-type: none"> • Healthcare for the Homeless (Ralph Barbosa) 	<ul style="list-style-type: none"> ▪ Homeless Death Review Team Report Final Preparations
<ul style="list-style-type: none"> • Pharmacy (Carol Millage) 	<ul style="list-style-type: none"> ▪ Capture RX /Rite Aid contract Pharmacies approved by the Board of Supervisors ▪ Rite Aid contract pharmacies registered with HRSA

<ul style="list-style-type: none"> ● Clinical Lab (Linda Weisman) 	<ul style="list-style-type: none"> ▪ Prepared for CAP Inspection expected sometime between February and May ▪ Continued recruitment for vacant limited-term Clinical Lab Scientist and limited-term Lab Assistant <ul style="list-style-type: none"> ○ Covering for the vacancies has been difficult and the staff remain flexible and make adjustments, as necessary ▪ Finalized contracts for Beckman Coulter equipment to replace outdated and unsupported analyzers
<ul style="list-style-type: none"> ● Health Information Management / HIPAA / Data Security (Dana Gamble, June English, Laura Lui) 	<p>Privacy</p> <ul style="list-style-type: none"> ▪ 1/30/20 meeting of Privacy and Security and County Privacy Officers ▪ No federal reporting will be necessary for 2019 incidents <p>Training</p> <ul style="list-style-type: none"> ▪ Tallies of workforce trained to date (based on results updated through last week for testing) <ul style="list-style-type: none"> ○ Compliance 579 ○ Privacy 650
<ul style="list-style-type: none"> ● PCMH (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) 	<ul style="list-style-type: none"> ▪ Franklin and Carp staffs working diligently with Karla Quintana (PCMH Coordinator) to prepare for re-recognition coming up later this year
<ul style="list-style-type: none"> ● Customer Service (Health Center Administrators) 	<ul style="list-style-type: none"> ▪ Dana reported last quarter's satisfaction survey summary at today's Board meeting

PATIENT VOLUME REPORT
January 2020

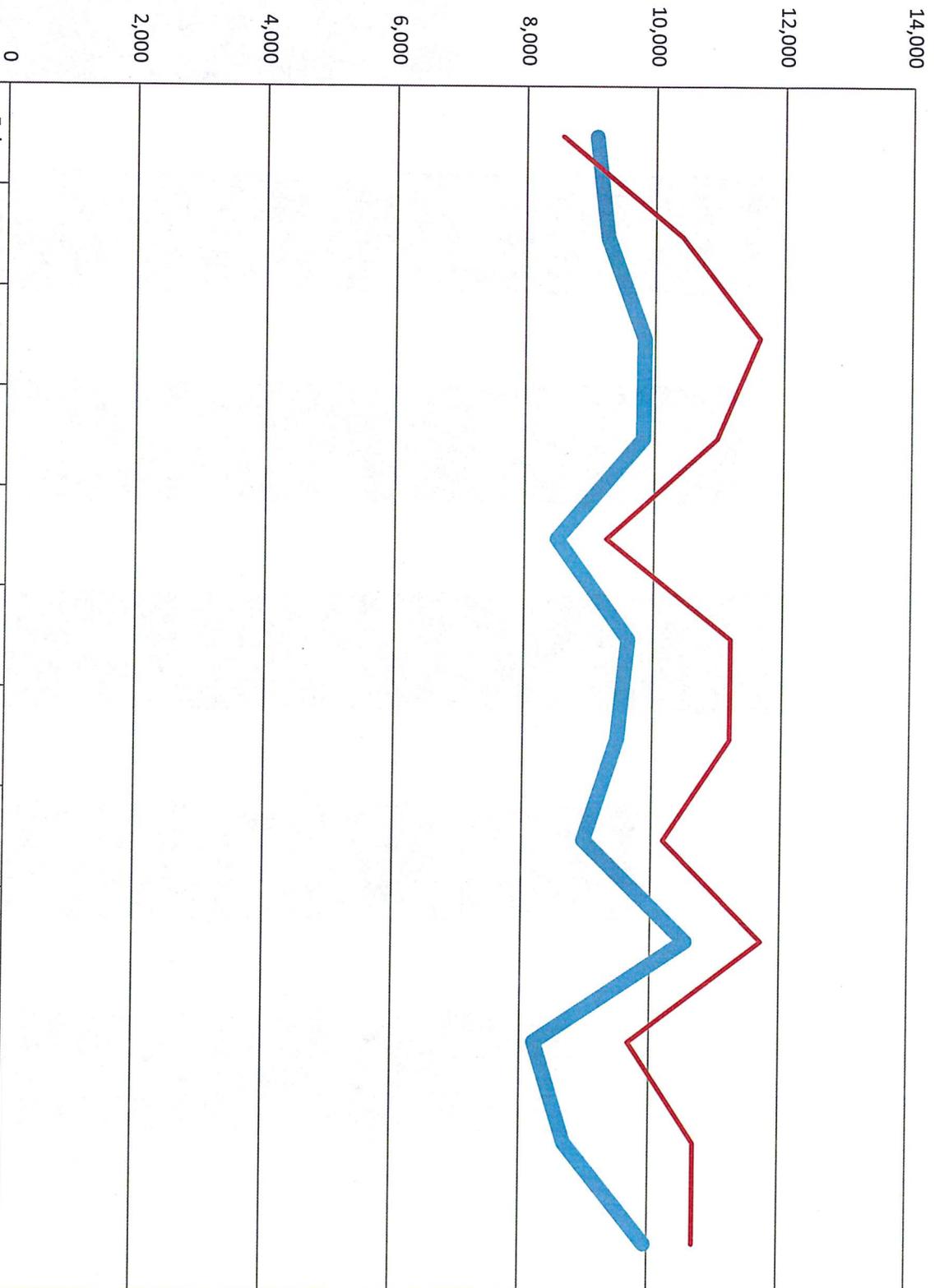
Site	"Billable" Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
Carpinteria HCC	756	543	572	441	36 visits / day – increase by 38% over last month
Franklin HCC	1,172	963	899	756	56 visits / day – increase by 22% over last month
<i>Franklin Elementary School Clinic (1 evening/wk)</i>	0	2	0	2	
Lompoc HCC	3,195	2,689	2,428	2,057	152 visits / day - increase by 19% over last month
Santa Barbara HCC	2,352	2,024	1,708	1,492	112 visits / day - increase by 17% over last month
Santa Maria HCC	2,208	2,183	1,467	1,461	105 visits / day – slight increase over last month
Homeless Shelters (3 sites combined)	132	156	111	121	
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	132	139	131	138	
TOTALS	9,947	8,699	7,316	6,468	Note: <i>December pt. visits/day = 474, an increase of 14% over last month but short of the monthly daily target of 509 by 7%</i> Summary: A substantial increase over patients per day seen over last month, although still a bit short of the goal. Good progress seen, as initiatives to increase visits at each site are underway.
% difference of pts/day from previous month	14% increase of daily pts over last month				

CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

Metric	Current Benchmark	Actual This Month	Last month	Notes
Pt visits / Clinical FTE	16 overall visits / 1.0 clinical FTE	~12 visits/1.0 FTE	Not reported	25% below target of 16
% of unfilled appointment slots	<10%, not counting purposely unfilled "day-off" open access slots)	*	*	*Epic Reporting System not yet available
No show rates	<15%	Avg. across all sites = 14%	Avg. across all sites = 13%	This does not include BH providers whose avg. NS rate = 30%
"Third Next Available" (TNAA) Appointment (routine primary care)	< 14 days	~5 days (average across all sites)	~17 days (average across all sites)	These reports are now being run monthly as a snapshot on the last day of each month
Clinic Waiting Time (Cycle Time: registration to provider visit)	< 45 min.	*	*	These metrics will be automated in Epic; not yet reliable enough to be reportable

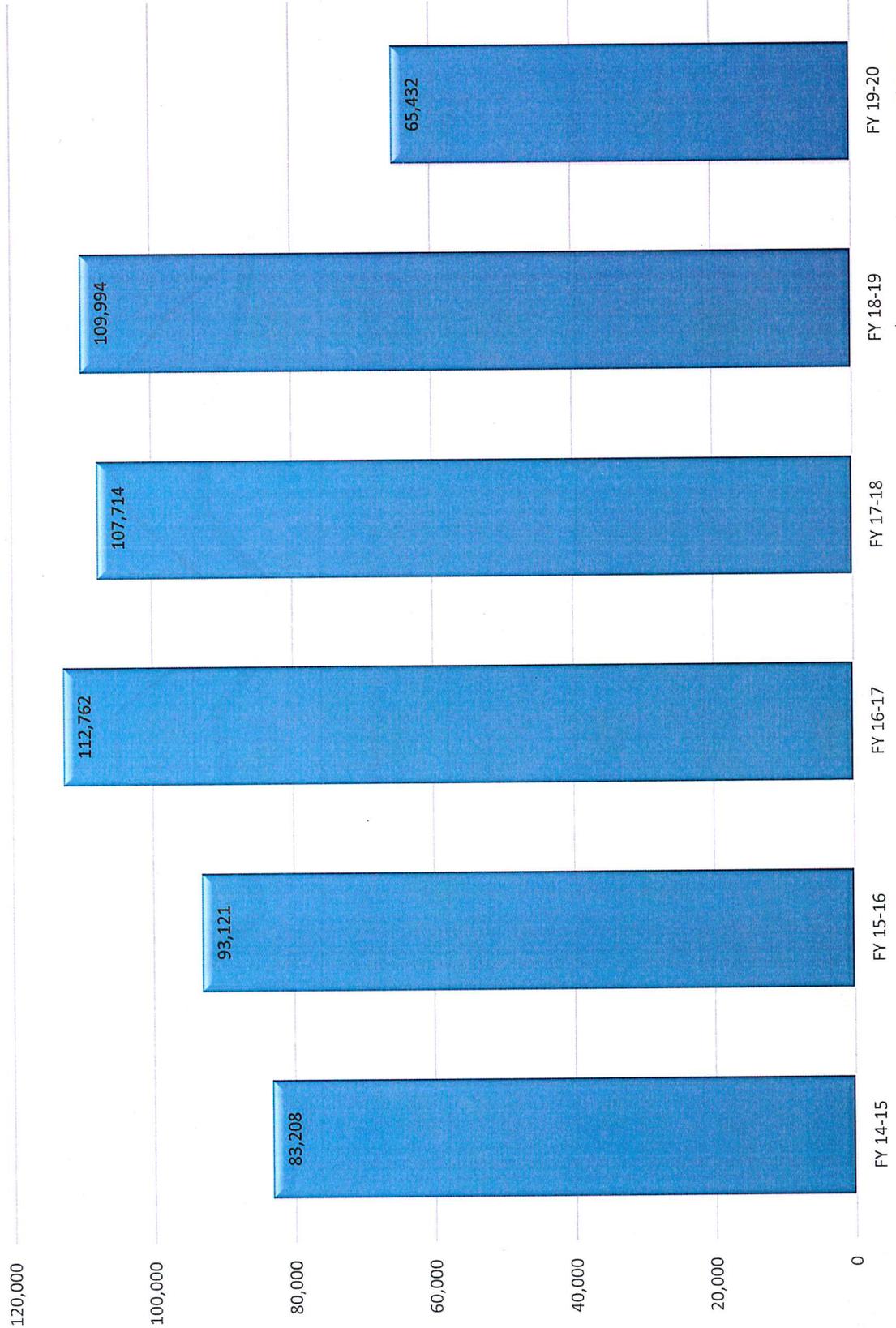
*Some metrics reports are still being written for the new system

Patient Visit Trending Over 12 Months



Month	Visits-actual	TARGETS
Feb	9,080	8,561
Mar	9,262	10,418
Apr	9,836	11,623
May	9,824	10,969
Jun	8,503	9,265
Jul	9,611	11,200
Aug	9,459	11,200
Sep	8,957	10,181
Oct	10,540	11,709
Nov	8,219	9,672
Dec	8,699	10,690
Jan	9,947	10,690

FY Visits Over Years



MEETING DATE: February 26, 2020

AGENDA ITEM NO.: VII.6

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: February 19, 2020

To: HC Board

From: Douglas Metz

Subject: Minding the Gap Discussion

RECOMMENDATION:

For Board discussion; vote not required

DISCUSSION/BRIEF SUMMARY OF ITEM:

Continuation from the January 2020 HC Board Meeting in regards to PHD efforts to increase patient visits strategies, Health Center marketing, increasing revenue and decreasing expenditures.