

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

January 3, 2024 @ 4:00pm - 5:00pm

MEETING LOCATION: In-Person - 1430 Freedom Blvd., Suite F, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060 will connect through Microsoft Teams Meeting or call in (audio only) +1 916-318-9542, 500021499# United States, Sacramento Phone Conference ID: **500 021 499#**

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. December 6, 2023, Meeting Minutes – Action Required
4. 2024 Operational Objectives – Action Required
5. Stipends for Commissioners
6. Board Composition and Meeting Times
7. Quality Management Update
8. Financial Update
9. CEO/COVID-19 Update

<u>Action Items from Previous Meetings:</u>	Person(s)	Date	Comments
Action Item	Responsible	Completed	

Next meeting: Wednesday, February 7, 2024, 4:00pm - 5:00pm **Meeting Location: In-Person** - 1430 Freedom Blvd., Suite F, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) United States, Sacramento Phone Conference ID: **500 021 499#**

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held January 3, 2024

TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number +1 916-318-9542 – PIN# 500021499#

Attendance	
Len Finocchio	Co-Chair Officer
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Maximus Grisso	Member
Michelle Morton	Member
Michael Angulo	Member
Miku Sodhi	County of Santa Cruz, Asst. Director of HSA
Amy Peeler	County of Santa Cruz, Chief of Clinics
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Manager
Julian Wren	County of Santa Cruz, Admin Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 4:03 pm and concluded at 5:00 pm	
Excused/Absent:	
Excused: Christina Berberich Absent: Tammi Rose Excused: Gidget Martinez	
1. Welcome/Introductions	
Commissioners and staff introduced themselves to new member Michael Angulo.	
2. Oral Communications:	
None	
3. December 6, 2023, Meeting Minutes – Action Required	
Review of December 6, 2023, Meeting Minutes – Recommended for Approval. Dinah moved to accept minutes as presented. Marco second, and the rest of the members present were all in favor.	
4. 2024 Operational Objectives – Action Required	
Raquel reported on the 2024 Health Center Operational Goals, which are: 1) HSA-Health Centers will identify the main factors limiting access to care, disaggregated by zip code, including voices of our patients, 2) complete an interim expansion plan for the Homeless Persons Health Project (HHP) to meet the need of the current patient population and evaluate options to expand, 3) identify opportunities to develop a training on cultural humility and health equity with 75 percent staff participation and 4) design a sustainable training program, supporting the organization's strategic plan focus areas of operational excellence and community collaboration, with 75 percent staff participation. Raquel also reported on the 2024 Clinical Quality Goals, which are: 1) Cervical Cancer Screening - Increase cervical cancer screening rates at Santa Cruz County HSA Health Centers, 2) Child and Adolescents Well-Care Visits - Increase the rate of Child and Adolescent Well-Care Visits and, 3) Breast Cancer Screening - Increase breast cancer screening. Rahn moved to accept the 2024 Operational Objectives as presented. Marco second, and the rest of the members present were all in favor.	
5. Stipends for Commissioners	
Amy was happy to report that the Board of Supervisors approved \$75.00 stipends for commissioners. Amy will find out process and report back on this.	
6. Board Composition and Meeting Times	
Amy stated it is important that the commission meet in person. She will send survey out to commissioners next week and report back results at next meeting.	
7. Quality Management Update	
Raquel reported that HHP provided an update on their quality improvement project, Medication Assisted Treatment (MAT) intervention during code blue response to accidental overdoses. Raquel also reported they reviewed the 2024 Clinical Goal Setting and on the patient satisfaction survey results, Raquel reviewed patient satisfaction survey with commissioners. She stated this was sent out via text message blast, and the response rate was about 20%. Raquel presented quality improvement project that	

resulted from the data gathered from the satisfaction survey which are: access to care, standardizing templates maximizing every visit, sending out lab documents through MyChart, and the launching of a centralized call center.

There was much discussion and grievance with the commissioners regarding MyChart and long waiting holds when calling clinics. Some of the topics that were discussed was:

- Really hard to get through phone lines, long waits on phone.
- Commissioner visited Watsonville Clinic, no mention of MyChart, Commissioner brought it to staff's attention.
- Commissioner asked why they don't have access to Nurses, MA's and other staff on MyChart.
- Not having access to all their personal providers on MyChart.

Action items follow up: Invite EPIC site specialist, Jessica McElveny to next meeting, MyChart outreach to patients, orient patients to use MyChart, and what does clinics plan to do to increase participation?

Clinics: Refresh staff of workflow on registering patients to MyChart

Commissioners would like updates at future meetings to hear what the call center measures are, measures you will be tracking, workflows, and quarterly reports on how the call center is doing.

Raquel also reported that Peer Review and Risk Management Committee met and reviewed six patient deaths. Two out of the six had alcohol use disorder related causes of death. Raquel also reported they are starting to keep track of the fentanyl overdoses.

8. Financial Update

Amy reported that our net county cost is at 5.2 million. Amy also reported on the following: Open encounters, are currently at 2.9 days; Claim acceptance is at 99%; Days in AR, are currently at 61 days. Amy lastly reported some of the things we are implementing to minimize the deficit: Running reports to have primary care providers close encounters, running reports to identify payments missing Wrap payments to revise and rebill, reviewing schedules to streamline process, prioritizing critical spending, delaying non-critical spending, moratorium on non-essential travel, implementing automation where possible, re-prioritizing billing focus, reduce denials, increase average daily charges and reduce total accounts receivable.

9. CEO/COVID 19 update

Amy reported that all Californian's regardless of documentation status and age are now eligible to apply for Medi-Cal but would need to meet Med-Cal eligibility to qualify. She also reported Amy McEntee was offered the position of Medical Director at the Watsonville Health Center, she will start in early April. Amy will be sending survey out next week to find out commissioners' availability to meet. Amy also asked commissioners if they knew anyone that was interested in becoming a commission member, please send them her way as there is one vacancy.

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Minutes approved _____ / / _____
(Signature of Board Chair or Co-Chair) (Date)



Health Centers Division

Quality Management Report

December 2023



Quality Management Committee

- Quarterly Quality Improvement Presentation–HPPH. Medication Assisted Treatment (MAT) Intervention During Code Blue Response to Accidental Overdose
- 2024 Clinical Goal Setting
- Patient Satisfaction Survey Results



Peer Review and Risk Management Committee

- 6 patient deaths were reviewed.
- 2 out of the 6 had Alcohol Use Disorder related causes of death.



Health Centers Division

Integrated Community Health Center Commission

January 3rd, 2024

Total Expenditures by Program

BUDGET UNIT	BUDGET	ACTUAL	ESTIMATED ACTUALS	BUDGET TO ESTIMATED ACTUAL VARIANCE
WATSONVILLE CLINIC	12,562,317.00	4,561,778	11,315,834	-1,246,483
CLINIC ADMINISTRATION	10,769,610.00	2,760,190	10,943,796	174,186
EMELINE CLINIC	9,933,880	3,987,566	9,621,263	-312,617
CORAL STREET CLINIC (HPHP)	6,888,531.00	2,565,971	6,342,027	-546,504
MENTAL HEALTH FQHC	9,630,380.00	2,391,287	9,630,380	0
WATSONVILLE DENTAL	1,909,200.00	790,807	1,564,150	-345,050
IBH	5,237,584.00	1,701,877	4,462,808	-774,776
TOTAL EXPENDITURES	56,931,502	18,759,476	53,880,258	-3,051,244

Total Revenues by Program

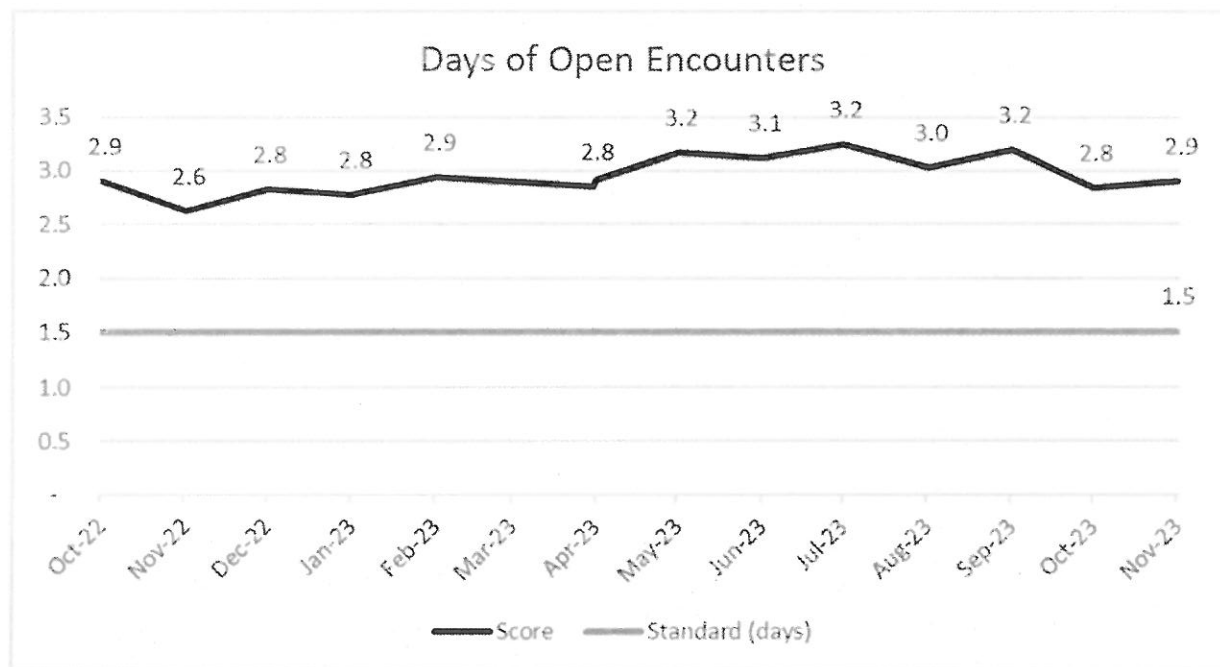
BUDGET UNIT	BUDGET	ACTUAL	ESTIMATED ACTUALS	BUDGET TO ESTIMATED ACTUALS VARIANCE
WATSONVILLE CLINIC	14,400,690	3,020,404	14,180,973	-219,717
CLINIC ADMINISTRATION	3,827,027	88,385	1,618,038	-2,208,989
EMELINE CLINIC	8,595,407	2,370,299	7,297,287	-1,298,120
CORAL STREET CLINIC (HPHP)	6,098,694	749,416	5,585,863	-512,831
MENTAL HEALTH FQHC	9,630,380	2,351,252	9,630,380	0
WATSONVILLE DENTAL	2,864,025	953,602	3,142,433	278,408
IBH	13,385,030	1,123,877	5,276,426	-8,108,604
TOTAL REVENUES	58,801,253	10,657,235	46,731,400	-12,069,853

Total Clinic Revenue vs Expenditure Detail

All Clinics	BUDGET	ACTUAL	ESTIMATED ACTUALS	BUDGET TO ESTIMATED ACTUALS VARIANCE	Actual Percentage Of Budget Used
EXPENDITURE	56,898,410	18,942,984	53,914,056	-2,984,354	33%
50-SALARIES AND EMPLOYEE BENEF	35,382,386	13,678,991	32,847,147	-2,535,239	39%
60-SERVICES AND SUPPLIES	7,417,619	2,987,584	7,258,317	-159,302	40%
70-OTHER CHARGES	4,508,292	24,201	4,508,292	0	1%
80-FIXED ASSETS	734,388	1,197	516,476	-217,912	0%
90-OTHER FUNDING USES	97,875	0	0	-97,875	0%
95-INTRAFUND TRANSFERS	8,757,850	2,251,011	8,783,824	25,974	26%
REVENUE	58,866,253	10,657,235	50,619,354	-8,246,899	18%
15-INTERGOVERNMENTAL REVENUES	7,638,506	579,927	3,753,342	-3,885,164	8%
19-CHARGES FOR SERVICES	50,520,875	9,584,422	45,342,143	-5,178,732	19%
23-MISC. REVENUES	706,872	492,887	1,523,869	816,997	70%
TOTAL BOTTOM LINE	1,967,843	-8,285,749	-3,294,702	-5,262,545	

Open Encounters

Lower is Better



Open Encounters are those patient encounters that have yet to be “closed” by the provider in the Electronic Medical Record.

Since the encounter has not been closed, the charges have not been exported to the PM for billing.

Claim Acceptance

Higher is Better

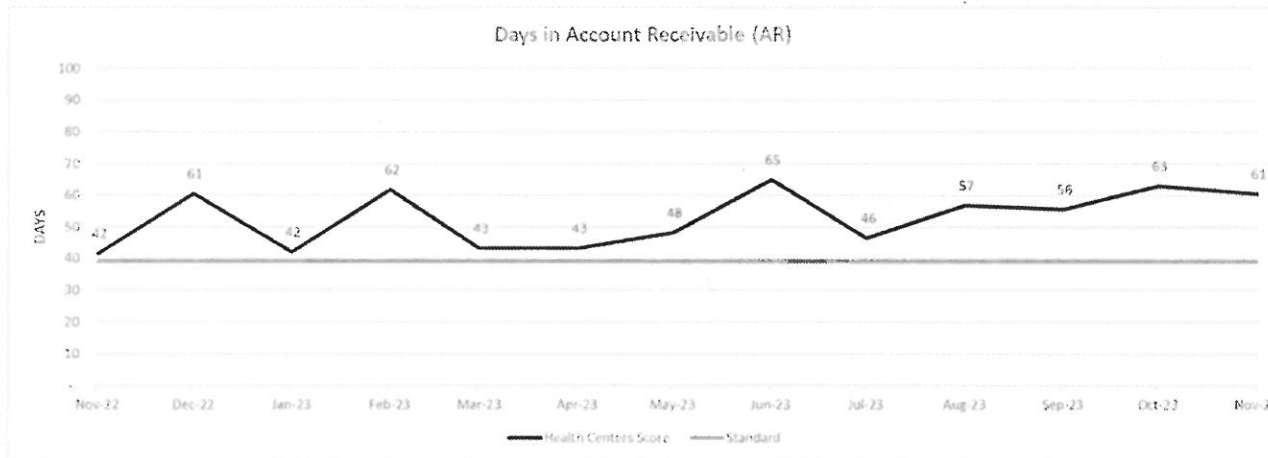


The Claim Acceptance Rate is the percentage of claims that when submitted to the clearinghouse make it successfully to the insurance payor.

A high Acceptance Rate indicates that your “pre-claim” RC processes are working well to limit errors before the claim is sent.

Days in AR

Lower is Better

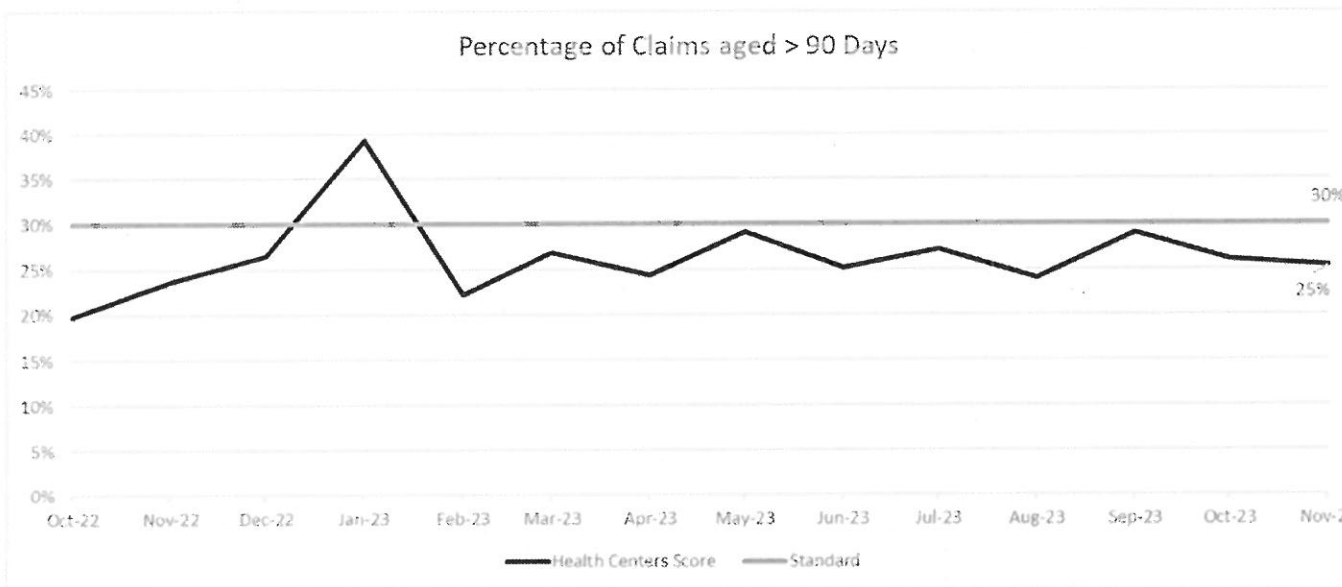


Days in A/R is an approximation for the average length of time that an account balance is active.

Another way to state that is the average length of time between the date that a charge is posted to the system and the date that charge balance is reduced to zero.

Aged Claims

Lower is Better



This metric measures the percentage of the total A/R that is over 90 days old.

Similar to Days in A/R, it can be used as a measure for how long it takes to fully resolve balances.

However, this metric will also let you know if you have older balances accumulating in the system.

What are we doing to minimize deficit

- Running reports to have primary care providers close encounters
- Running reports to identify payments missing Wrap payments to revise and rebill
- Reviewing schedules to streamline process
- Prioritizing critical spending
- Delaying non-critical spending
- Moratorium on non-essential travel
- Implementing Automation where possible
- Re-prioritizing billing focus
- Reduce denials
- Increase average daily charges
- Reduce Total Accounts Receivable