



Ventura County Community Health Center (CHC) Board Meeting Minutes

Theresa Cho, MD
Ventura County Ambulatory Care
Chief Executive Officer
Medical Director
CHC Executive Director

Marth Ann Knutson
County of Ventura
Assistant County Counsel

Chaya Turrow
Ventura County Ambulatory Care
CHC Co-Applicant Board Clerk

Meeting Minutes
July 27, 2023
12:30 - 2:00 PM

2240 E Gonzales Rd
Suite 200,
Oxnard, CA 93036

CHC BOARD MEMBERS:

DAVID TOVAR, District 3
Chair

RALPH REYES, District 3
Vice Chair

ESPY GONZALEZ, District 2
Secretary

RENA SEPULVEDA, District 1
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

SUSAN WHITE WOOD, District 5

MELISSA LIVINGSTON, District 4

JAMES MASON, District 5

ROBERT RUST, District 3

MONIQUE NOWLIN, District 1

Call to Order:

David Tovar called the meeting to order at 12:33 PM.

1. Roll Call

David Tovar	Present
Ralph Reyes	Present
Espy Gonzalez	Present
Rena Sepulveda	Absent
Manuel Minjares	Present
Renee Higgins, MD	Present
Susan White Wood	Absent
Melissa Livingston	Present
James Mason	Present
Robert Rust	Present
Monique Nowlin	Present

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Dr. Cho introduced Liwei Chiang is Ambulatory Care’s new CFO. He joined the team about a month ago, right at the end of the fiscal year. He came from the Health Care Plan and understands the county’s financial management system, which is a big asset for the Ambulatory Care team. Prior to the County, Mr. Chiang worked as the CFO and Senior Vice President for a managed care provider network. He hopes to help improve the financial performance with the payors and the operational efficiency with various medical costs.

Theresa Cho, MD, HCA – Ambulatory Care CEO
Lizeth Barretto, HCA – Ambulatory Care
Allison Blaze, MD, HCA – Ambulatory Care
Liwei Chiang, HCA, - Ambulatory Care
Luis Torres, HCA – Ambulatory Care
Michelle Meissner, HCA – Ambulatory Care
Christina Woods – HCA – Ventura County Health Care Plan
Martha Ann Knutson – County Counsel

Public Present

None

3. Public Comments

None

Action Items:

4. Approval of CHC Board Meeting Agenda for July 27, 2023

Board Vice Chair Reyes motioned to approve the agenda; Board Member Livingston seconded. The motion passed with no dissensions or abstentions.

5. Approval of CHC Minutes for June 22, 2023

Board Member Mason motioned to approve the minutes; Board Member Rust seconded. The motion passed with no dissensions.

6. Review and Approve Q2 Quality Report – Michelle Meissner, HCA Ambulatory Care

Ms. Meissner presented the Q2 Quality Update. Ms. Meissner shared the key metric performance for the first half of the year. As previously mentioned, the quality team broke the key metrics into sections: Well Care for Teens and Adults, Children’s Preventative Care, Chronic Disease Management, and Cancer Screening. The team first focused on well care and children’s preventative care, which are showing positive results in the metrics. It has been tough for children well care visits and childhood immunizations because there are so many metrics to meet. There are 25 vaccine components, one of which is flu and Q2 is not during flu vaccine season.

Some care gaps are much larger than others. For example, colorectal cancer screening. A couple years ago, the US Preventative Task Force adjusted the metrics to go down to age 45 instead of 50. Our quality metrics take a bit of time to catch up, therefore, this is the first year

where quality focused on this metric. There are now five years of patients that are in this metric that were not there before. The team is working with the clinics to move this metric, and they are also planning to do some text campaigns to improve.

Board Member Minjares asked what the asthma metric targets. Ms. Meissner explained that it is a complicated metric because it is getting asthmatic patients on controller medications as opposed to Albuterol, which is something that more heavily relies on the patient's responsibility, than on our team's control. Board Member Nowlin asked about asthma with older adults because they are used to using Albuterol and don't want the pill medication. Ms. Meissner also mentioned that the data is skewed because of the number of inhalers needed per person based on their situation, i.e. children in multiple households.

Board Member Mason asked what the percentage of well care visits is children not in school? Ms. Meissner said that this metric is 3-21 years old, so most are school aged children. She said the biggest fallout are the older ages because they don't have the same school requirements, or they finished all their vaccines. Board Member Higgins asked if anyone else can meet these metrics because it seems impossible. Ms. Meissner is unsure but knows most are struggling to meet. Board Member Rust asked if negative care gap is good? Ms. Meissner confirmed that, "yes...except comprehensive diabetes care". Some of the key metrics, like depression, is screened for everyone, not just those diagnosed depressed.

QIP performance data was submitted on 6/15. The clinics met the vast majority of metrics during submission. Because the team overperformed or met the target with enough of a buffer, we were able to recoup funding for some of the failed metrics, and received full funding, about \$85M. The data is now in the technical review stage, and the team is waiting to hear back if there are any questions or findings. The official virtual audit is in mid-August. Board Member Mason asked if they have historically hit these targets? Ms. Meissner said that they have not met their targets over the past couple years, but the State has given us mitigation to overcome, which is usually 95-100% of funding range.

Ms. Meissner also spent a large portion of Q2 working with GCHP negotiating a new quality improvement agreement. Gold Coast is providing us with \$25M of incentive funding to meet the key metrics. The team has standing meetings on a monthly basis and a weekly basis for data exchange. They are also working on data infrastructure to transmit the EHR data that the plan doesn't necessarily see. The biggest bucket of funding goes to metric performance. The thresholds are difficult and bridge the bar even further as to what the team is wanting to accomplish. There will be a lot more of in-person visits to push to meet these metrics. Gold Coast set the bar at a pretty high level so may not get the full funding. Board Chair Tovar said the SUD follow up visits are a huge metric for GCHP.

Ms. Meissner further explained the asthma medication ratio – although care gap isn't giant, moving 25 patients is a big lift. The team has been piloting a couple PDSA cycles at Sierra Vista and Magnolia to do phone outreach and miniscule case management for these patients. Called the patients and talked to them about how they felt their asthma control was. Ran into instances where the patient is refilled automatically, even if they aren't using. Our team called the patient's pharmacy on their behalf to cancel that auto refill. Spoke to 12 patients out of 20 at Magnolia. They were overall happy with the help. Four of the twelve were on auto refills and six needed follow ups with their PCPs. The team will try and roll out to other sites with more nursing staff on the quality team.

Continued to leverage text messaging outreach with 15 campaigns at 8 different clinics. Focusing on things that patients can walk in and accomplish with a nurse visit. The text campaigns have worked to schedule some well child visits and immunizations. Scheduled 28 patients in one morning at one clinic.

In regard to cancer screenings – these are small texting campaigns with one clinic at a time, due to system limitation. Mammograms and FIT card returns have a better response rate. Moorpark had a 13.76% response rate for mammogram screening. FIT card returns at Magnolia had a 50% response rate.

Ms. Meissner shared the complaints and grievances by quarter and by source. During this quarter, those received through Ambulatory Care are down quite a bit, which prompted our team to talk with clinics in detail to see why the number went down. By clinic, seeing spikes in east county due to phone wait time and access-related complaints. By category, attitude and courtesy, and phone wait times were the highest complaints. Encouraging staff to be kind, accessible, and helpful. Ms. Woods pointed out that accessibility has gone down from the previous quarter, even though it is the highest complaint. The accessibility to text and get an appointment has helped. Most complaints are unique individuals and not call backs. Board Chair Tovar asked if the metrics were everyone. Ms. Meissner confirmed.

During this quarter, the team improved accessibility at Las Islas South. There were challenges with drop-off lanes and curbs being too tall. There was progress with re-scraping and repaving the drop-off areas and more clearly defining the handicap walkway. Also working on a new door for the other entrance with a push button.

Ms. Meissner shared the current projects. The team is expanding access for well child and well women visits with afterhours and Saturday visits. Dr. Stern is working on standardizing vaccines, starting with childhood vaccines. She convened a task force, that includes some providers, the DON, and some MAs. We have a wide variety as to what the clinics use (i.e. three vs two rotavirus series), so that patients don't have to compensate for changes via clinics. Additionally, the team is expanding point-of-care testing with more machines. The team recently started the next phase on the Tonic project by focusing on demographic collection (race, ethnicity, veteran, homeless, farmworker, etc.). Constantly working on EHR alert clean up and enhancements. Also working on RN chronic disease outreach and education with both the asthma project and blood pressure cuff project. Finally, working on the adverse event reporting and re-training. Ensuring those who work with complaints and grievances know how to report on it. Recently, there have been changes on what patients can see in their health record, so we have to be careful of what is charted.

Board Member Nowlin motioned to approve the Q2 Quality Report. Board Vice Chair Reyes seconded the motion. The motion passed with no dissensions or abstentions.

Discussion Items:

7. Continued Business

a. Other Grants Updates

Ms. Turrow discussed the Test to Treat grant provided by CDPH. The last day of the grant was June 30 and we submitted our final report on July 7. But we can continue

using the funding through September 30. We will be purchasing Cepheid machines and vital monitor machines for a few clinics.

Additionally, Ms. Turrow talked about the Expanding COVID-19 Vaccine grant through HRSA. This grant has been extended through the end of the year. We received an additional \$27K, which will be used toward more staffing, especially with the upcoming flu season. The team just recently submitted progress reports for this grant, as well as the Hypertension grant.

8. CEO Update – Dr. Theresa Cho, HCA, Ambulatory Care

Dr. Cho explained that the Gold Coast quality project is going to be a heavy lift for us. The team typically does pretty well with QIP but won't get an A+ with Gold Coast because it is designed to be hard. QIP expects us to improve by closing a gap by 10%, whereas Gold Coast wants us to get from 20%-90% in one year. To meet this metric, our teams would, potentially, have to do these screenings at the detriment of other care. Ms. Meissner will need a lot of help this year. Reaching these metrics will also require collaboration with VCMC.

The team is working on a big EHR project with training 850 people on an upgraded Cerner process. Ms. Barretto has done a great job ensuring we have a training process in place. This will happen end of September/October.

Ambulatory Care has been exploring the possibility of engaging in an APM (alternate payment model). The State has tried to find a way to launch APMs and it has been delayed until January 2024. There are a lot of questions and exploration still happening. Board Chair Tovar said it's great the state is exploring, but because they're moving to regional rate setting, Gold Coast is going to move into a very competitive group. From the Gold Coast perspective, they're putting out \$100M in incentive funding over the next few years. There will be quite bit out there to support the change. Board Chair Tovar is all for the APM and integrating Community Health Workers into the practices. Dr. Cho mentioned the positive is for those that are not necessarily for the providers, but social workers, etc. In the current system, we don't get paid for those positions and this is a more sustainable way to support those workers.

The renovations at Santa Paula Medical Clinic will go until fall of this year. In the meantime, we have an alternative location on March Street with half a dozen exam rooms. Tentative move in date is second week of August. The patients have moved to Santa Paula West and Santa Paula Hospital Clinic and will soon move to the March Street location.

Board Member Mason asked if we are members of Primary Care Association and have access to their advocacy and resources. Mr. Chiang is doing a training through CPCA, but we are not members. Dr. Cho said it is quite pricey, and they did a benefit to cost analysis, and maybe not membership, but participate in some of their educational series. Board Member Higgins said we may have used to be members.

9. Board Comments

Board Chair Tovar thanked the Board for a great year and is excited to continue next year.

10. Staff Comments

Ms. Turrow mentioned that August will be her last meeting prior to leave and Ms. Barretto will take over as CHC Board Clerk for a few meetings.

11. Adjournment – Adjourn 1:32pm.

Audio files of the CHC Co-Applicant Board meetings are available by contacting the CHC Co-Applicant Board Clerk at chcboardclerk@ventura.org

Minutes submitted by: Chaya Turrow, CHC Board Clerk

**Next Meeting: Thursday, August 24, 2023
2240 E Gonzales Road, Suite 200, Oxnard, CA 93036**