



Ventura County Community Health Center (CHC) Board Meeting Agenda

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

Lisa Canale
County of Ventura
Assistant County Counsel

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

**Meeting Minutes
January 26, 2023
12:30 - 2:00 PM**

Zoom Virtual Meeting

Link:

<https://us02web.zoom.us/j/81070247262?pwd=QkZQaVZ5ek9SU0lLQnZiTG1SYlExZz09>

**Meeting ID: 810 7024 7262
Passcode: 291025**

**Teleconference:
+1 669 900 6833**

CHC BOARD MEMBERS:

DAVID TOVAR, District 1
Chair

JAMES MASON, District 5
Vice Chair

RALPH REYES, District 3
Secretary

RENA SEPULVEDA, District 1
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

SUSAN WHITE WOOD, District 5

MELISSA LIVINGSTON, District 4

ESPY GONZALEZ, District 2

ROBERT RUST, District 3

MONIQUE NOWLIN, District 1

Call to Order:

David Tovar called the meeting to order at 12:30 PM.

1. Roll Call

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

CHC BOARD MINUTES

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Theresa Cho, MD, HCA – Ambulatory Care
Lizeth Barretto, HCA – Ambulatory Care
Tim Hawkins, HCA – Ambulatory Care
Christina Woods, HCA - VC Health Care Plan
Martin Hahn, HCA – Ambulatory Care
Yolanda Huerta, HCA – Ambulatory Care
Michelle Meissner, HCA – Ambulatory Care

Public Present

Irene Ornelas – LCSW Health Industry Liaison w/ Santa Paula Unified School District

3. Public Comments - None

Action Items:

4. Approval of CHC Board Meeting Agenda for January 26, 2023

Ms. Turrow requested an amendment to the agenda – moving item seven, Sliding Fee Discount Program Updates, to discussion rather than action item. Board Member Minjares motioned to approve the agenda with the amendment; Board Member Nowlin seconded. The motion passed with no dissensions or abstentions.

5. Approval of CHC Minutes for December 15, 2022 and January 12, 2023

Board Member Reyes motioned to approve the minutes; Board Member Gonzalez seconded. The motion passed with no dissensions or abstentions.

6. Review and Ratify the Expanding COVID-19 Vaccination Grant from HRSA

Ms. Turrow explained that VCCHC was awarded \$914,305 through HRSA’s American Rescue Plan to expand COVID-19 vaccinations. Most of the funding will be to hire extra help and temporary staff to expand vaccine access. The post-award application was submitted on January 6th. Additionally, this was sent to the Board of Supervisors for approval this past Tuesday, January 24th.

Dr. Cho reassured the board that this will not disrupt any services already provided in the clinics. The staff hired will be through a temporary agency. This is a six-month program and a one-time fund. The program is meant to supplement as a walk-up event for the community, where anyone can access COVID-19 vaccines, flu vaccines, and childhood vaccines.

Board Vice Chair Mason moved to ratify the HRSA grant; Board Member Sepulveda seconded. The motion passed with no dissensions or abstentions.

7. Review and Approve the Sliding Fee Discount Program

This item was approved to move to discussion. Mr. Hawkins shared updates to the Sliding Fee Discount Program (SFDP), specifically the services schedule and the associated costs.

There are six schedules. Mr. Hawkins shared the costs associated with each schedule, which are in line with the federal poverty guidelines.

- Schedule A is the primary care services and day-to-day medical visits.
 - The top of the SFDP is \$25 at 200% of FPL. When exceeded to 350% and greater than 350%, the fee increases to \$35 and \$50.
- Schedule B is lists most of primary specialty work – dieticians, optometry, physical therapy, podiatry, nephrology, orthopedics, rheumatology, non-procedural bariatrics, ultrasound, psychiatric services.
 - Schedule B is about \$5 more than Schedule A, with exception to the greater than 350% FPL being \$10 more.
- Schedule C is for common lab tests.
 - Mr. Hawkins recommends a range between \$6 and \$15, with the top of SFDP being \$9 for these elements of care.
- Schedule D are basic dental services, x-rays, fillings, sealants, and scaling.
 - The pricing range is between \$10 and \$80, with the top of SFDP being \$40.
- Schedule E is more basic procedural services – dental not included in Schedule D, joint injections, colonoscopy, migraine Botox, and 29 minutes or less procedures.
 - The pricing range is between \$20 and \$140, with the top of SFDP being \$80.
- Schedule F includes more complicated procedures – vasectomies, circumcisions, IUD placement/removal, Nexplanon, toenail removal, and procedures lasting longer than 30 minutes.
 - Recommending between \$20 - \$160, with the top of SFDP being \$80.
- Schedule G includes blood pressure and retinal screenings, standalone x-rays, nurse visits (i.e. shots), and in-clinic labs.
 - Proposing a \$0 payment for SFDP, and \$5 for self-pay.

Board Vice Chair Mason questioned if dollar amounts are low, are we making the most rational decision? Mr. Hawkins confirmed that there is a bit of a balance needed to hit with rate schedules. But as a rule, our organization does not turn away anyone if they cannot pay, and failure to pay will not result in the encounter being canceled.

Dr. Cho said this is meant to simplify the SFDP so those that need care can get in without barriers. There is now MediCal eligibility for 50 and up, so there are some that may enroll in MediCal who weren't eligible before. The other piece to note is we receive funding through GPP (Global Payment Program). This is a waiver program where our organization gets paid per person for uninsured individuals visiting our clinics, and the reimbursement is quite favorable, therefore it not only makes sense through a community obligation, but financially.

Board Chair Tovar advised that 350% FPL for a family of four in 2020 it was \$97K. This is a great move forward that everyone gets healthcare services that they need.

Board Member Gonzalez asked if patients will be informed prior to their visit how much their procedure will be? Mr. Hawkins said care providers are required to advertise their rates and provide good faith estimates about a week prior to the scheduled encounter.

8. Review and Approval of Quality Updates

Ms. Meissner presented quality updates from Q4 2022.

- Year-End Performance Summary
 - Ms. Meissner shared there was a lot of green on the board, which is almost opposite of where it was last year.
- Quality Improvement Work in Q4 of 2022.

- Assigned clinic managers and medical director teams their own key metric and requested they conduct a Plan-Do-Study-Act (PDSA) cycle at their own clinics.
 - Improvement work focused on key measures, specifically well-woman and child visits, immunizations, chronic disease management, etc.
 - Overarching themes for improvement were targeted outreach through phone calls, text messaging, and postcard mailers. Also worked on cleaning up technology tools and leverage alerts in EHR system. Additionally, many clinics offered extra half-day and Saturday clinics targeting specific measures.
 - Takeaways: Avoid missed opportunities as much as possible. Also, when support staff is chart checking, they are identifying cancer screenings, immunizations, and other things the patient is due for which can be addressed at the visit.
- Well-Child Visits
 - Rolled out a partnership with Gold Coast Health Plan to offer point-of-care incentives (\$25 gift card) for well-child visits at Mandalay Bay. Mandalay Bay had 565 well-child exams in Q4 - improved by almost 3%.
- Tonic Updates
 - Rolled out additional forms and additional questions to existing forms. These went live in all clinics on December 19, and have since done 700 ACEs and PEARLs screenings.
 - Adverse Childhood Experiences Screenings (ACES) and PEARLs. These are in support of the Behavioral Health Integration program.
 - Added a question about the patient's preferred pronouns.
 - Board Member Gonzalez asked about ACEs/PEARLs being available in Spanish and if there was a way to add Mixteco? Ms. Meissner confirmed that Spanish and English are the only two languages supported on electronic screeners and said Mixteco isn't traditionally a written language. Ms. Meissner and Ms. Barretto confirmed there are a few trilingual staff available system wide as translators.
 - Board Chair Tovar asked if patients are helped through these screeners with a health worker. Ms. Meissner explained that it varies by clinic, based on where the screeners are taking place.

Ms. Meissner presented the Incident Reporting in 2022.

- Complaints and Grievances for 2022
 - Averaging around 100 per quarter. Includes things that come through payers and what team receives directly.
 - 50% total comes to Ambulatory Care.
 - Complaints are usually anything that can be resolved quickly (access issues, medication refills, etc.)
 - Grievances are a much smaller percentage but take one week to one month to respond. Most are related to access.
 - Board Vice Chair Mason asked if the grievances are delegated to the clinic, or is it cross-functional? Ms. Meissner said her team receives grievances directly, but there are some that go through the payers. Many times, our team is focused on the investigation and Gold Coast on the member communication. Dr. Cho said we do have regular meetings with Gold Coast. There is collaboration and communication on the backend.

Finally, Ms. Meissner shared new quality improvement initiatives.

- Well-Child Passports – This is for children under two. Any immunizations they’re due for, screening tests, visits, etc. The passports would provide a user-friendly tool that will also improve performance.
- Tonic Consent Forms - Working on adding consent forms for screeners with notice of privacy practices to the iPads.
- Ongoing work to clean up the EHR alerts related to quality.
- GCHP Point of Care Incentives Expansion – Next site expansion is Pediatric Diagnostic Clinic.
- Recertification for tobacco cessation counseling trained staff.
- PDSA Cycles – The team wants to leverage the learnings and turn them into a more operationalized best practice, where the team is following more standardized processes.
- Patient Satisfaction Surveys – Working to revamp the way that encounters and visits are categorized and add more relevant questions.

Board Member Nowlin makes a motion to ratify and approve. Board Member Higgins seconds the motion. The motion passes with no dissensions or abstentions.

9. **Review and Approval of Updates to AC.30 Timeliness of Documentation Policy**

Dr. Cho shared this policy that has come to the board previously but needs to be reapproved based on minor edits. The policy is to ensure our providers document timely. The expectation is that providers will document notes and billing within 72 hours, with negative consequences if they do not – delay in care to patient if waiting on a referral to a specialist, complicates payments, etc. This policy’s timeline is mirrored to the hospital.

Dr. Higgins asked if there was any data with a before and after of doctors completing their notes? Dr. Cho said there was some data from internal data and from the revenue cycle director who looked at both primary care and specialty. There was improvement in documentation timeline, but the team struggles more with specialists. The team has been able to identify the stragglers and get them help with the EHR.

Board Vice Chair Mason makes a motion to ratify and approve. Board Member Reyes seconds the motion. The motion passes with no dissensions or abstentions.

10. **Review and Approval of determination that the legally required circumstances to meet virtually still exist: (*Government Code, § 54953, subdivision (e)(3)*)**

Board Member Rust moved to approve to continue meeting virtually. Board Member Minjares seconded. The motion passed with no dissensions or abstentions.

Presentation Items:

11. **Presentation of Updates in the Health Care for the Homeless Clinic**

Ms. Huerta is the program administrator for Health Care for the Homeless. The clinic operates Monday thru Friday 8am to 5pm and is directly across from VCMC main address.

The clinic provides health assessments, diagnoses, and treatment for homeless and transitionally homeless individuals. Also provides opioid overdose prevention, training and education and distribution of Narcan kits, as well as partner with Public Health for a needle exchange program. Additionally, offers hospital transitions care.

HCH also offers Medication Assisted Treatment and counseling services with dual diagnosis. Treatment also includes continuity of care and case management through depression screenings, a warm handoff to outpatient clinic, and working closely with Whole Person Care staff to assist with referrals, transportation, sober living, etc.

There was a 19.2% visit increase from FY 2020-21 and the clinic is projected a 10% visit increase. Ventura County is performing above California and Nationally in individuals receiving an appointment in 30 days or less. Ventura County is doing a great job ensuring patients are receiving high quality care and following up timely to continue the recovery process.

The Backpack Medicine Program focuses on the population that has limited access to healthcare. The team goes to river bottoms, encampments, and parks, with the goal to link the individuals to long-term services. Events take place two times a week. Mondays focus on primary care services and Thursdays they focus on addiction medicine services.

Finally, HCH has four One Stop locations in Ventura, Oxnard, Camarillo, and Santa Paula. These locations include behavioral health assessments, food stamp assistance, free TB and HIV tests, Oxnard's job club, risk assessments, shower pods, clothing, sack lunches, etc. The One Stop services served 2,305 individual clients last year.

Dr. Higgins asked if patients are still getting mail? Ms. Huerta confirmed that mail service is Monday thru Friday morning and afternoon. The attendees can use the One Stop address as their own.

Board Chair Tovar said Tuesday was the homeless count. It was good to see the impacts of homelessness in the community. Board Member Minjares was also part of the count.

Discussion Items:

12. Review the Updates made by the Bylaws Committee

Board Chair Tovar said that the intent of the updates made to the Bylaws was to fall in line with the actions the Board takes. This CHC Board is a different structure than other HRSA boards. Ensure that the bylaws conform to the Board's actual role, which is reviewing and approving.

Board Chair Tovar said that the bylaws are attempting to be more inclusive with the executive committee, by adding the Treasurer. Board Vice Chair Mason said the Executive Committee is not used as a vehicle to avoid a Board decision.

Ms. Barretto explained that the next step is to review with legal counsel. Once finalized, we will bring to CHC Board for a two-thirds approval.

13. Continued Business

a. Grants Update

Ms. Turrow shared that a progress report was submitted last week for the Hypertension grant. Purchased almost all blood pressure cuffs, just finalizing the funding. The staff at each clinic are steadily handing the cuffs out and are seeing great progress with blood pressure control.

Additionally, submitted ARPA progress report last week. All aspects except the UDS+ portion are completed, which will be completed within the next month.

The team is preparing for UDS, which is due in less than a month. The team meets weekly to ensure the submission is on track.

The Operational Site Visit (OSV) is coming up in May. The team is preparing and meeting weekly to ensure all applicable information is accurate and ready for review. Ms. Barretto said for the OSV we may need some bios and initial applications – but we may be missing some and may be reaching out.

Additionally, Ms. Barretto said that for those who are consumer members, the team will need to start pulling the billing report of their last visit. If consumer members have not been to one of the FQHC facilities recently, they need to visit soon.

14. **CEO Update – Dr. Theresa Cho, HCA, Ambulatory Care**

Dr. Cho shared a presentation for the warming shelter. The folks that were there were Public Health, HSA, American Red Cross – and these organizations found an acute need for medical health. Many of the individuals had foot sores from walking in wet shoes in the rain. Dr. Cho and team got a call over the rainy weekend to help. The mobile van was available to help within a couple hours. Ms. Barretto and Dr. Cho also jumped in to pick up wound supplies and antibiotics. Dr. Cho hopes that this was a prelude to a resurrection of the mobile van services.

Call Center Update

- The volume of the calls across the system: 1.1M per year, 500+ per day.
- Many staff are responding by text message and almost all clinics have text messaging services.
- WELL-Health, now called Artera, is operating very well. Overall deliverability is 98.25%, over 850K outbound messages, and an 82.83% response rate.

Finally, the registration staff will be participating in Back-to-Basics Front Office Training to provide uniformity across the clinic system. There are over 200 staff scheduled for training.

15. **Board Comments**

Chair Tovar would highly suggest participating in the County's count. It was very impactful. The event provided an understanding of the social drivers that have impacted their lives and coming into homelessness.

16. **Staff Comments**

No staff comments.

17. **Adjournment – 1:59 adjourn.**

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, February 23, 2023