

**The County of Santa Cruz**  
**Integrated Community Health Center Commission**  
**MEETING AGENDA**

February 4, 2021 @ 11:00 am

**MEETING LOCATION:** Microsoft Teams Meeting or Teleconference Call Information - 831-454-2222: Code: 850702 / 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

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. January 7, 2021 Meeting Minutes – Recommend for Approval
4. Strategic Plan Update
5. Social Justice
6. Quality Management Committee Update
7. Financial Update
8. CEO/COVID-19 Update/ CZU Lightening Complex Fire Update

**Action Items from Previous Meetings:**

Action Item	Person(s) Responsible	Date Completed	Comments
<b>QI Measure for Mental Health and Behavioral Health concerns. On 10/1/20 minutes. Follow up next 2-3 months.</b>	Raquel		
<b>E-mail Conflict-of-Interest form to commission. DocuSign format.</b>	Mary		

Next meeting: March 4, 2021 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting or Teleconference Call Information - 831-454-2222: Code: 850702 / 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060



# The County of Santa Cruz Integrated Community Health Center Commission

**Minute Taker: Mary Olivares**

Minutes of the meeting held February 4, 2021.

**TELECOMMUNICATION MEETING:** Microsoft Teams Meeting - or call-in number 831-454-2222: Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	Administrative Services Manager
Mary Olivares	Admin Aide
<b>Meeting Commenced at 11:08 am and Concluded at 12:30 pm</b>	
Excused/Absent:	
Absent: Gustavo Mendoza	
1. Welcome/Introductions	
2. Oral Communications:	
3. January 7, 2021 Meeting Minutes - Action item	
Review of January 7, 2021 Meeting Minutes – Recommended for Approval. Caitlin pointed out under topic 7, last sentence between training and on there was a period between the words that should not be there. With this change Rahn made the motion to accept minutes with reflected correction. Caitlin second, and the rest of the members present were all in favour.	
4. Strategic Plan Update	
Raquel e-mailed the strategic plan in draft format to commissioners this morning. She stated this is a two-year action plan beginning 7/2021 to 6/2023. She stated this plan still needs to go back to the Quality Management Committee for more review. Raquel stated they are working on an operational plan that ties to the HSA strategic plan. Raquel projected the plan to the commissioners, and they reviewed it together for any suggestions or edits. Raquel stated she will be bringing this back to the commission for final approval in May or June. The question was asked who is responsible for following up on action items and implementation. Raquel stated every objective will have an assigned committee but that she will track progress. Raquel stated once this is operationalized, she will give quarterly updates on implementation.	
5. Social Justice	
This month Caitlin circulated a request for applications that came from the California Department Public Health. She stated this document does an excellent job of drawing the link between structural racism and persistent health inequities and the need to look at health holistically from the very roots. Caitlin shared definitions with commissioners. She stated we need to have this understanding that systems have been set up in such a way to privilege some groups and present disadvantages to other groups. As we move to the new strategic plan, how are we designing those systems we are operating in the county and do they support those that have been disadvantaged. Caitlin stated that she appreciates the intention of this group to learn and support health equity as it flows through the strategic plan and as we center in our decision making.	
6. Quality Management Committee Update	
Raquel reported the customer service training in January had very poor attendance due to the shortage of staff on leaves and clinic demands. The training was set up to accommodate 25 staff members from each clinic. She stated they quickly pivoted with the consultants. It was then decided to have the consultant record the training sessions and convert them to webinars for our employees. We will give our employees six months to complete these webinars. Raquel gave an update on Peer Review. She stated we have automated chart reviews for each of our providers. They will receive one chart to audit of their peers and receive a check off list of what to look at while doing chart reviews. Raquel stated we are moving to a digital way of reviewing charts and that they will be using DocuSign for signatures on chart reviews. Raquel stated each	

provider will have one chart to review on a monthly basis. Raquel also gave an update on the recovery team meeting. She stated they are always looking at ways to improve our mass vaccine clinics. She stated each clinic is coming together to identify mass vaccination challenges and strengths. She also stated we were awarded a hypertension grant to purchase self-monitoring blood pressure cuffs for our patients. Lastly, Raquel reported she attended a meeting this morning from the CAO's office on embedding equity in our Operational Plans and about 80 other county employees were in attendance. She stated that they want to create a commission to address racism and they are helping to define equity definitions and recommending data share. She stated this was well represented with different county departments.

#### 7. Financial Update

Julian reported the data he is presenting is for the first two quarters of this fiscal year. He stated as of today the second round of budget submissions are due. He stated he had to submit three scenarios for this coming year. First Scenario – with furlough at 7.5%, Second Scenario - with half a furlough at 3.75% reduction, and the third scenario - no furlough. Julian also reported on the following:

- Expenditures - July through December we had about 16 million of expenditures. We are under budget in terms of our spending. We had a lot of expenditures COVID related these are being covered through FEMA funds and other funds.
- Overall Clinics – Santa Cruz had an increase in visits. HPHP had a slow down since first quarter most likely due to space issues, and Watsonville had a slight increase I do expect this to increase moving forward.
- Missed Opportunities - Our no shows rate is at 28%, which is under the national average. We want to get patients in that have cancelled or missed appointments.
- Net Collection Rate – when we claim for a visit, we are looking for 90% currently we are at 112% we've been receiving overpayments for patients that are Medical-Medicare. We pay this back during reconciliation.
- Charge Review Days – We had a significant decrease on average this last month. The average time for claims waiting to be reviewed is 42 days. We are aiming for one week.
- Age of Money Balance – This is another metric that looks at the speed, (claims that are older than 90 days) we are at 44.5%. We want this to be at the 30% range.
- Days of Open Encounters - Our agreement with our physicians is to have their charts closed within 6 day, we are at 3.7 days right now, we are meeting this metric.
- Days in Accounts Receivable - This calculates how long it takes for us to get paid once a claim submitted. At one point we were up to 100 days then down to 80 days and in December up to 97 days. We are engaging an outside vendor due to staff medical leaves.

Julian stated that eventually we will be reimbursed for our COVID vaccinations and administration fees, we must bill the state directly and this process has not been created yet. Total amount for reimbursement is \$16.83 first dose, \$28.96 second dose, plus .10 cents for each shot. He also stated we will be contracting with OCHIN for their billing support team to help us catch up with claims and maximize revenue collection.

#### 8. CEO/COVID-19 Update

Amy thanked the commissioners for writing a letter requesting an extension on our HRSA Operational Site Visit, this was extended to July of 2021. Amy reported they have a strong candidate for the vacancy of Medical Director and that the new Director of Nursing will be starting with us on 2/16/21. Amy also stated that street medicine should be starting very soon, and the new van should be coming any day. Amy stated to the commissioners that a conflict-of-interest form was sent to all of them in DocuSign format for their signatures. She stated we need these signed by the time HRSA comes in July. Dinah asked Mary to e-mail staff that have not submitted their conflict-of-interest forms. Lastly, Amy gave a vaccine update. She stated Public Health receives the vaccine and we are obligated to vaccinate the way CDPH tells us to. Amy stated there are Multi-County Entities that receive their vaccines separate than we at HSA - Public Health receive it. These entities can prioritise as they want following federal guidelines. We are approved to vaccinate patients 65 and over, Medi-Cal eligible patients, and if some are coming as health workers/care takers we are able to vaccinate them. Amy also stated they have come up with a vaccine strike team for individuals that are homebound or having difficulty in getting out to get their vaccines. She stated you can go to [santacruzhealth.org](http://santacruzhealth.org) for daily updates.

#### Action items:

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**Next Meeting:** March 4, 2021 11:00 am - 1:00 pm  
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

Minutes approved \_\_\_\_\_  
(Signature of Board Chair or Co-Chair)

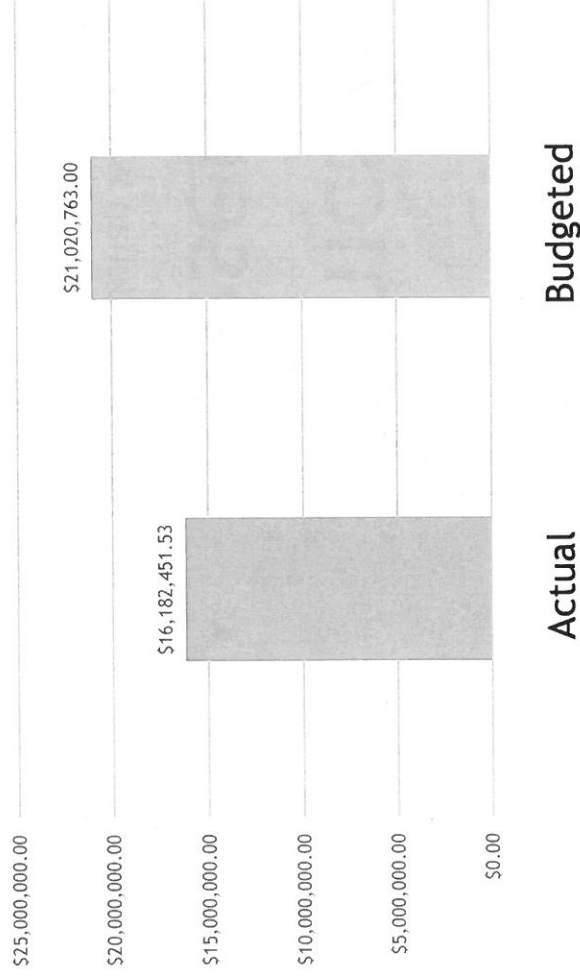
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(Date)



# Clinics Fiscal Presentation

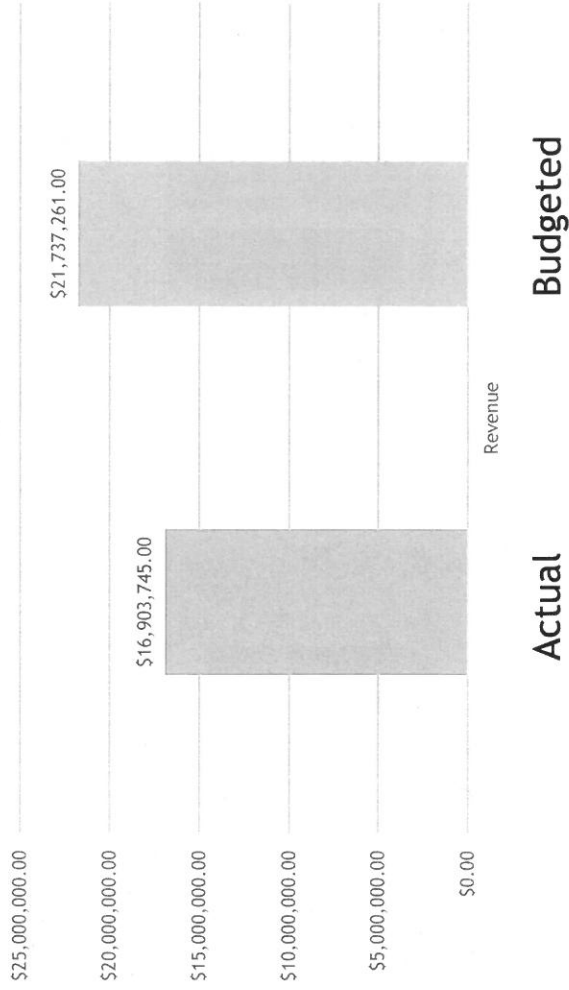
Amy Peeler, Julian Wren, and Raquel Ruiz  
2-4-21

### Actual vs Budgeted Expenditures



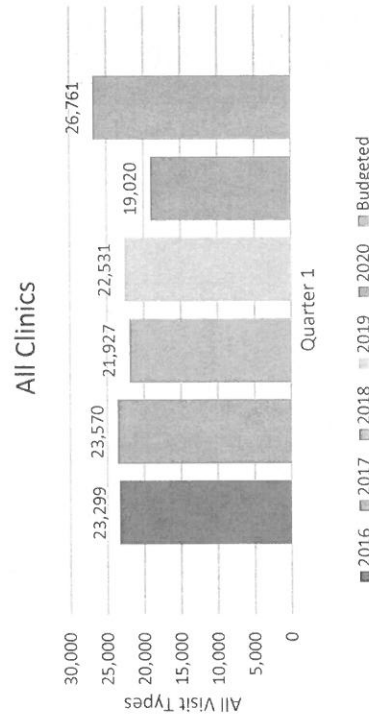
Data July-Dec 2020

Actual Revenue vs Budgeted Revenue

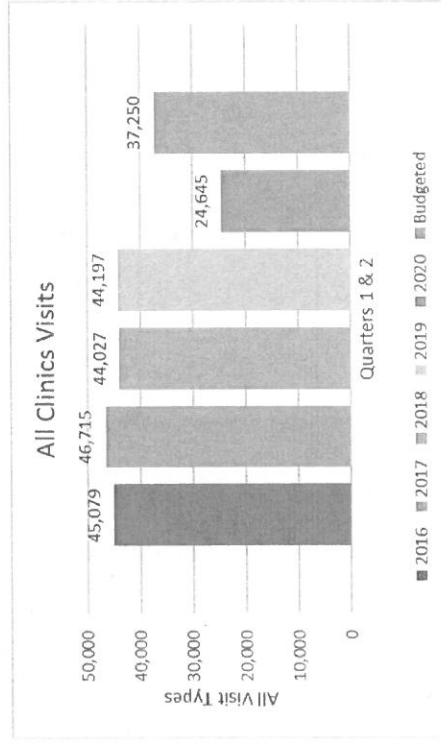


\*Actual includes expected Accounts Receivable

# Visit Totals July-Dec 2020: All Clinics



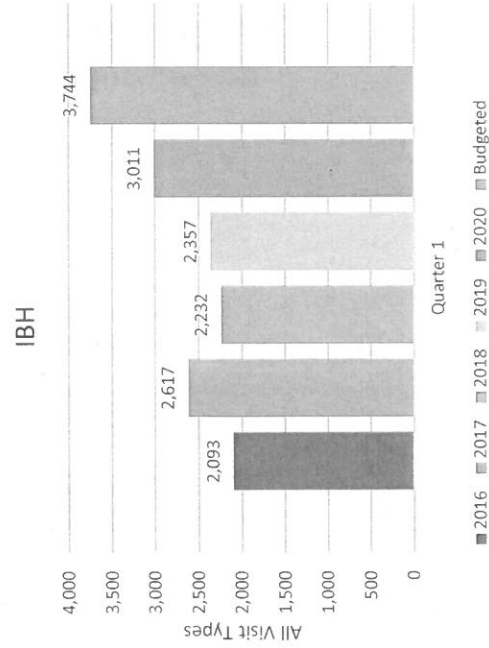
**Difference from Budgeted: -39%**  
**\*Included IBH in 2020 total.**



**Difference from Budgeted: -33%**  
**\*Included IBH in 2020 total.**

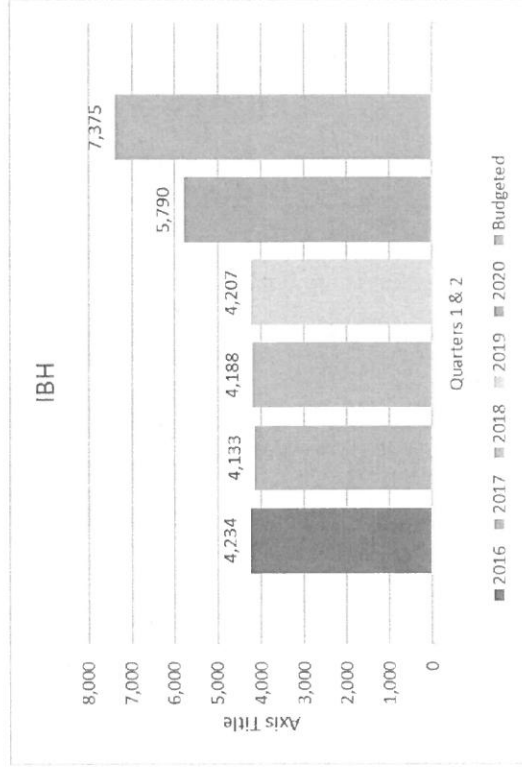


# IBH VISITS July-Dec 2020



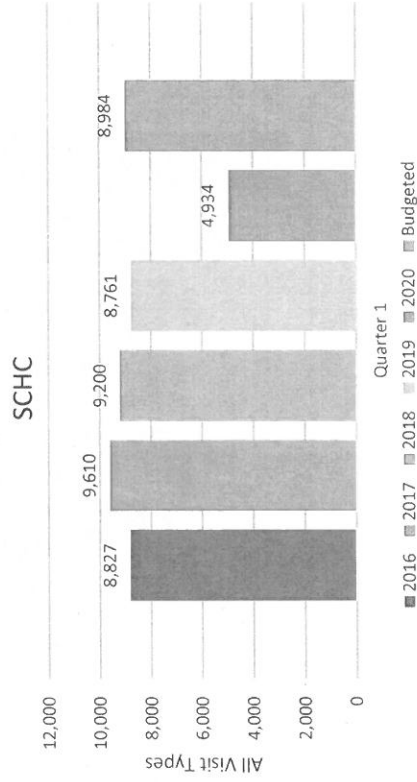
Difference from Budgeted: -24%

Data July-Dec 2020



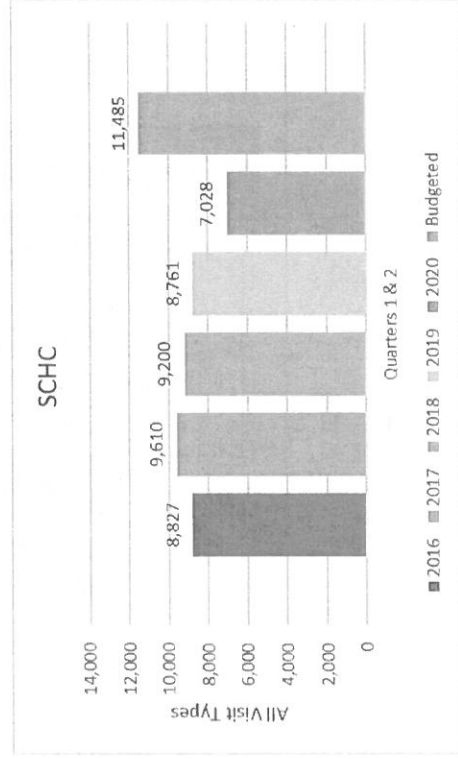
Difference from Budgeted: -26%

# SCHC VISITS July-Dec 2020



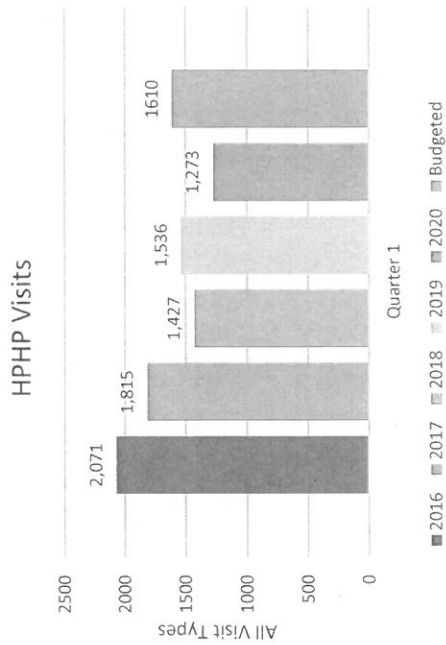
Difference from Budgeted: -45%

Data July-Dec 2020



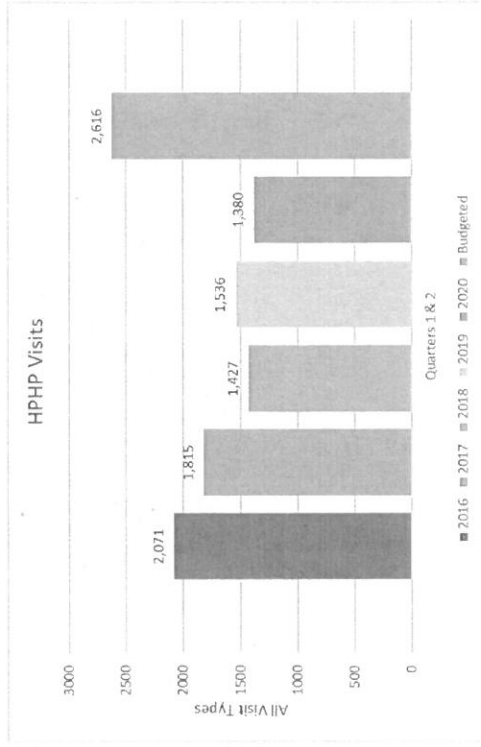
Difference from Budgeted: -38%

# HPHP CLINIC VISITS July-Dec 2020



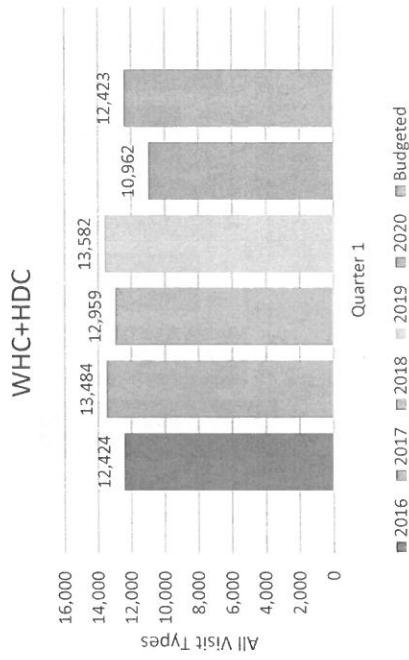
**Difference from Budgeted: -20%**

Data July-Dec 2020

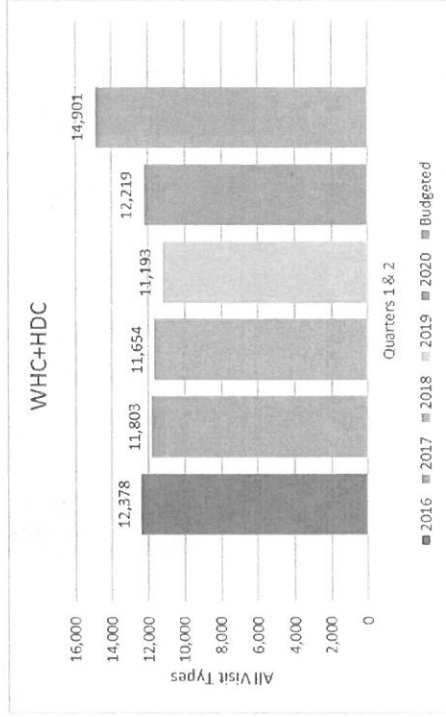


**Difference from Budgeted: -47%**

# WHC VISITS July-Dec 2020



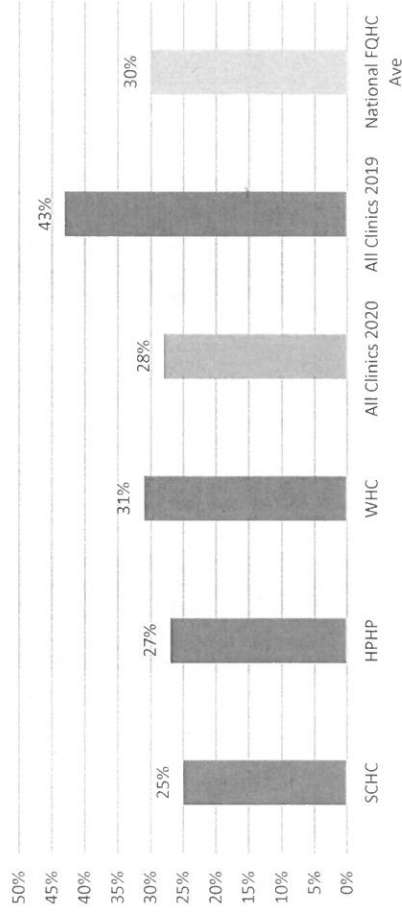
Difference from Budgeted: -12%



Difference from Budgeted: -17%

# Missed Opportunities

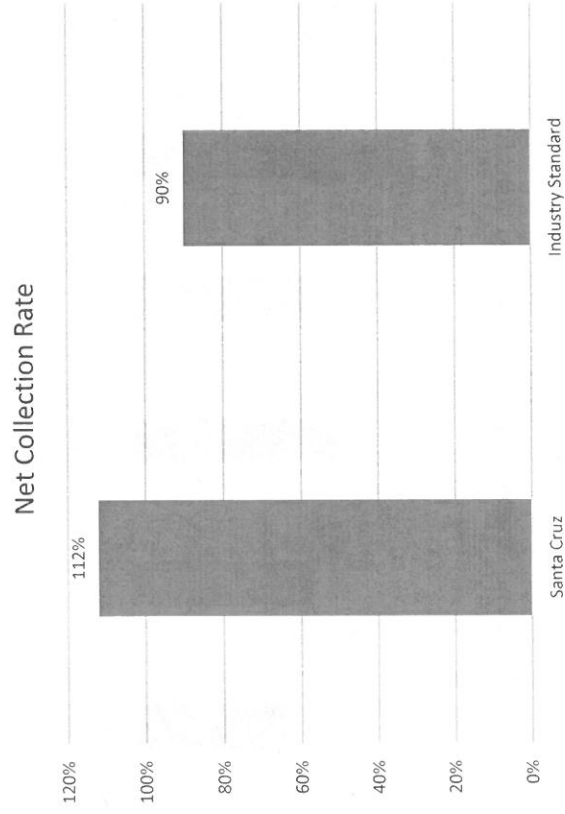
1st & 2nd Quarter No Show+Canceled Visits Rate



No show + Canceled Visits = Missed Opportunity

Data July-Dec 2020

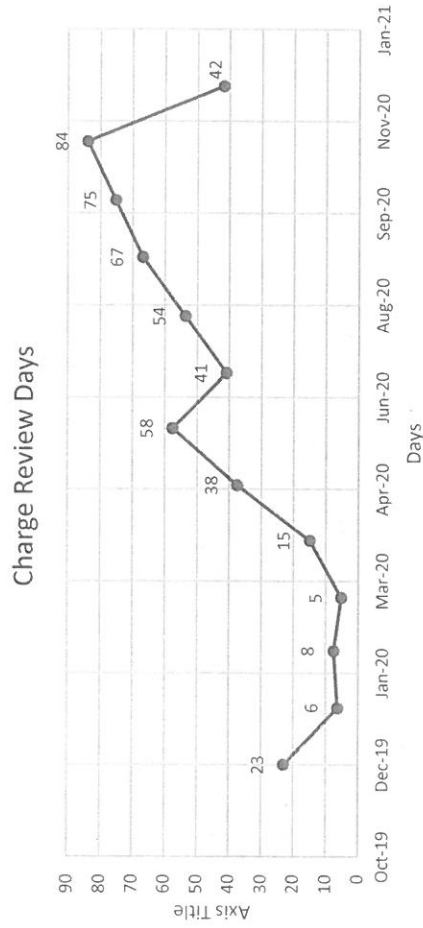
# Net Collection Rate



**Net collections** is a measure of a medical practice's effectiveness in collecting reimbursement dollars.

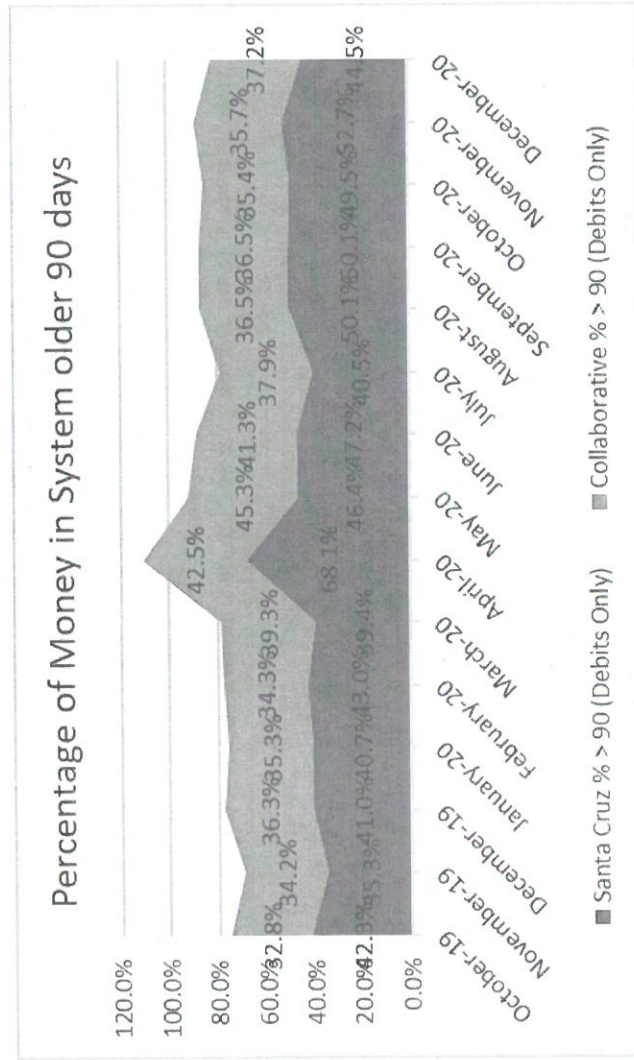
Data July-Dec 2020

# Charge Review Days



Average number of days between the date of service and original date of posting for charges posted during the last full month.

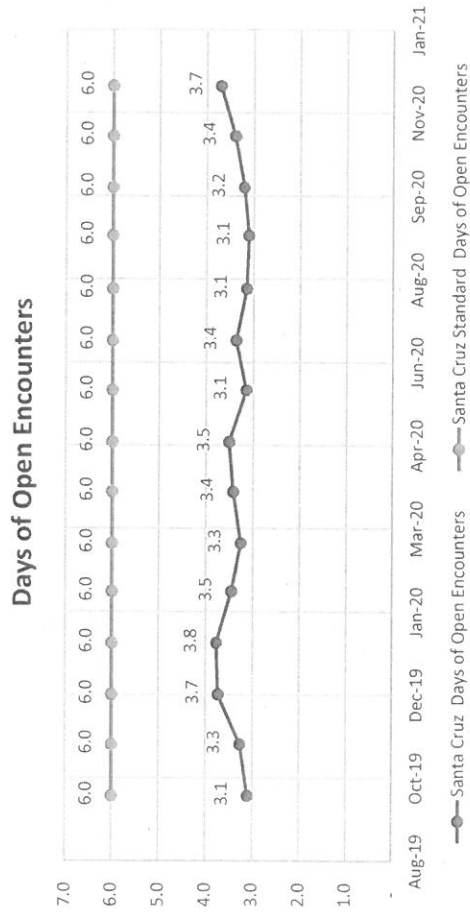
# Age of Money Balances



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.

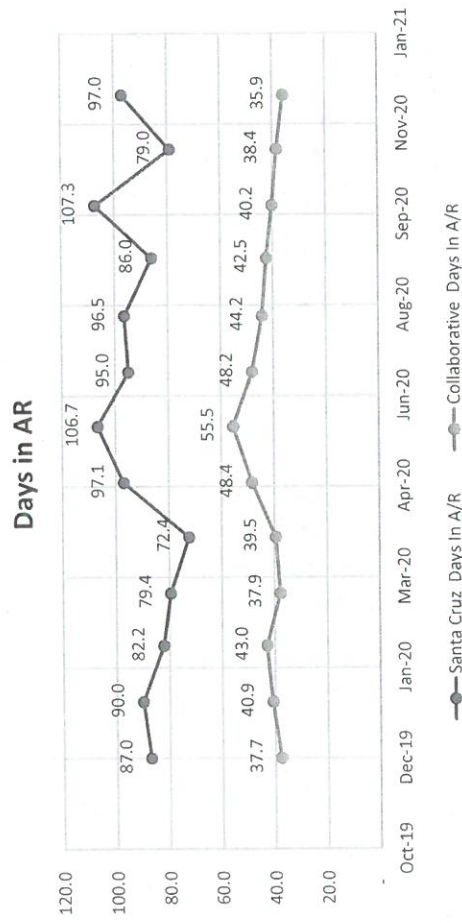


# Days of Open Encounters



Open Encounters are those patient encounters that have yet to be "closed" by the provider in the EMR. Since the encounter has not been closed, the charges have not been exported to the PM for billing.

# Days in Accounts Receivable



Total A/R on the last day for the previous month divided by the ADC.

# Synopsis

- ▶ Visits are still below where we had budgeted for this FY.
- ▶ We are doing well with handling now show and canceled visits.
- ▶ Our Net Collection rate is very good.
- ▶ We have met our first charge review goal of 42 days.
- ▶ We have decreased the amount of time charges sit in our billing system before adjudication.
- ▶ The number of days it takes to close charts are well below expectation.
- ▶ Our Accounts Receivable days remain above where we want it to be at 97 days when we ultimately want to be in the 68-day range.

# Opportunities/Goals

- ▶ Offer to a Medical Director (adds .5 FTE)
- ▶ Adding 1.0 FTE Clinic Physician for this FY
- ▶ 3 physicians are increasing their hours from part time to full time (adds 1.5 FTE of revenue) this quarter
- ▶ Added revenue from any providers added before July 1 and increased hours.
- ▶ I have seen a slight improvement in the gap between visit counts and the budgeted visit counts for FY 20-21 overall

# Opportunities/Goals

- ▶ Work on opening clinic to patients to increase visit volume safely.
- ▶ Work on decreasing missed opportunities.
- ▶ Continue to work on decreasing the days between the visit to the date billing posts charges (we met our goal of decreasing by 10%).
- ▶ Continue to decrease the age of money in our system.

Data July-Dec 2020

# Opportunities/Goals

- ▶ Reimbursement for COVID vaccinations Administration fees
- ▶ Contracting with OCHIN for their Billing Support Team to supplement ours to help us catch up with claims and maximize revenue collection.
- ▶ Awarded HRSA Hypertension grant \$54,088 for this year and another \$90,872 for next fiscal year.
- ▶ Maximize our ability to vaccinate for public health and to be able to collect the \$45.43 per patient per two dose vaccine from Medicare and Medi-Cal.
- ▶ Decrease the overall time between review of charges and payment (A/R).

# Staff Vacancies

- ▶ \*1 FTE Sr. Mental Health Client Specialist
  - ▶ \*2 FTE Medical Assistants
  - ▶ \*1 FTE Director of Nursing
  - ▶ \*1 FTE Medical Director (Emeline)
  - ▶ \*1 FTE Clinic Nurse I/II
  - ▶ \*1 FTE Clinic Nurse III
  - ▶ \*2 FTE PHN I/II, alt. CN II/III
  - ▶ \*1 FTE Psych/NP
  - ▶ \*1 FTE Psychiatrist
  - ▶ \*2 FTE Clinic Physician
  - ▶ \*2 Lead Medical Assistants
  - ▶ \*1 Certified Acupuncturist
  - ▶ \*1 Administrative Services Officer II
- ▶ Total Vacancy FTEs: 17
- ▶ Total Revenue Generating FTE: 9

Data July-Dec 2020

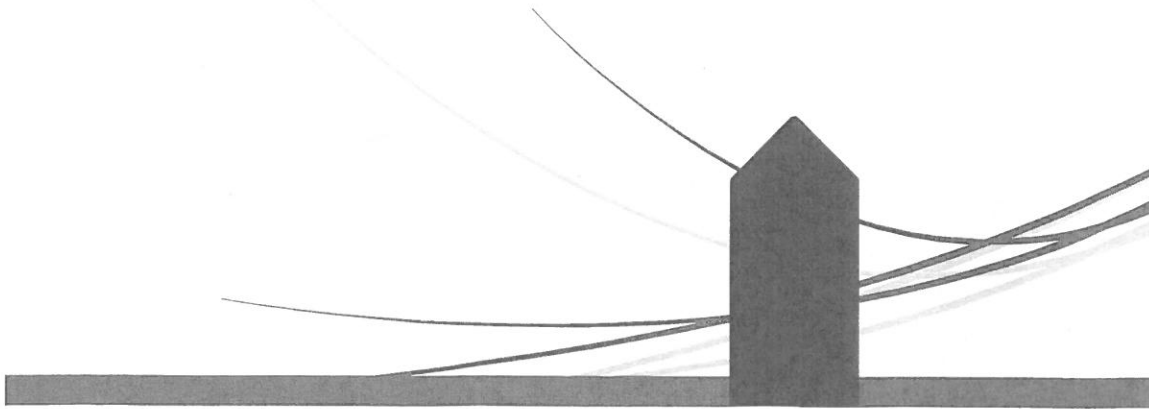
# References

- ▶ <https://www.radixhealth.com/blog/patient-access-fqhcs>: “Patient Access and FQHCS: 4 Takeaways from CHI”
- ▶ <https://www.radixhealth.com/blog/reducing-high-no-show-rates>: “The No-Show Epidemic”
- ▶ All Visits Report retrieved from Report Portal on 1/29/20.
- ▶ Clinics Provider Productivity Report retrieved from the Report Portal on 1/29/20.
- ▶ HSA Financials Report dated 12/31/20.
- ▶ Revenue Cycle Score Card December 2020



# Quality Management Report

February 4, 2021





## Quality Management Committee Peer Review and Risk Management Committee

- Continuing Quality Improvement Projects (diabetes, BMI, cervical and colorectal cancer screenings)
- Customer Service Training
- Peer Review Committee: Automating Chart Review Monthly Assignments using digital DocuSign System. GO LIVE: February 16<sup>th</sup>
- COVID-19 Recovery Team: Mass Vaccine Clinics
- Operational Plan Equity Training (this morning)
- Clinic Two Year Strategic Plan- July 2021 through June 2023
  - Target Date for Approval: April or May 2021
- HRSA Uniform Data System (UDS) Data Due February 15<sup>th</sup>
  - Goal: Submit by February 9<sup>th</sup>.



# Operational Plan Equity Training (this morning)

- ▶ Equitable programs and policies benefit everyone
- ▶ Equity Definitions-Common Language
- ▶ Measuring Disparities to inform our Operational Plan
  - ▶ Data Share (Income, Education, etc.)
- ▶ Equity Resource Guide (DRAFT)
- ▶ Inclusion and Systemic Equity
  - ▶ Hiring, promotion and career development
  - ▶ Changing biased policies and practices
- ▶ Ultimately the County will create a Commission to address Racism



# Operational Plan-Action Planning Documents

Focus Area 1: Organizational Culture

Focus Area 2: Operational Excellence

Focus Area 2: Community Collaboration-Patient Outreach, Education and Quality Care

