Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)
Special UDS Report Meeting

Meeting Minutes

February 14, 2022 / 11:00 AM – 11:30 AM

Meeting Location

Due to Public Health Emergency Via Skype: To see/share documents on the screen, go to
https://www.zoomgov.com/j/1617847166?pwd=ZUhvWThrNTU3VWxrLytsT2hQYXJtUT09
Meeting ID: 161 784 7166
Passcode: 713662
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+16692545252,1617847166# US (San Jose)
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Meeting Attendees

Members: Elise Bluemel, Laurine Bohamera (not yet ratified), Paula Lomazzi, Namitullah Sultani, Jan Winbigler
Staff: Rachel Callan, John Dizon, Joy Galindo, Sharon Hutchins, Susmita Mishra, Robert Rushing, Mehrabuddin Safi, Vanessa Stacholy

Topic
Opening Remarks • *Chair Winbigler conducted roll call. Ms. Winbigler then gave the floor to Dr. Hutchins.*
Attestation • *Dr. Hutchins asked all CAB members to delete table 12a from their email and any copies they downloaded or saved because the original table sent out contained PHI. This is a HIPAA violation. She asked members to please review and sign the attestation form once they destroy the copies and return the signed form to Mr. Safi or Dr. Hutchins so that the HIPAA investigation can proceed.*

UDS Report
• *Dr. Hutchins gave an overview of the process of the creating the report.*
• *Dr. Hutchins presented highlights from the UDS report. These included*
  ○ *Table 0: The most common zip codes of residence for patients are 95820 -- the Oak Park area; 95824 -- Lemon Hills/Fruitridge Manor; and 95823 --West side, North of Laguna / Parkway area.*
  ○ *Table 3A – Demographics (Age and Sex Assigned at Birth)*
  ▪ *SCHC sees more female patients than male (very typical for healthcare providers).*
  ▪ *Age*
  ➢ *28.7% pediatric (0-17)*
  ➢ *66.4% working age (18-64)*
  ➢ *4.9% seniors (65+)*
  ○ *Table 3B – Demographics (Race, Ethnicity, Language, SOGI)*
  ▪ *Race*
  ➢ *Nearly the majority of patients self-classify as White, just under one third as Asian.*

- *The Afghan population is divided on how they self-report race; some report being Asian others White/Caucasian.*
- *Ethnicity: About 39% Hispanic, 57% Non-Hispanic, 4% unknown/refused to report*
- *Language status: The majority, 57.1%, of patients say they are best served in a language other than English. This is lower than last year (over 60% last year).*
- *Sexual orientation is unknown for one third of patients.*
- *Gender identity is unknown for one quarter of patients.*

- *Table 4 – Economic Characteristics*
  - *Poverty*
    - *More than two thirds of SCHC's patients live at or below 100% of the federal poverty level*
    - *Just over one quarter of patients have not disclosed their income and/or their household size in order for their FPL status to be known. FPL cannot be calculated without both of these characteristics. Disclosing these items is not required, unless the patient wishes to apply for a Sliding Fee Discount.*
    - *Sliding fee discounts are allowable under HRSA regulations for those living at or below 200% of FPL.*
  - *Medical Insurance*
    - *Kids*
      - *94% of children are insured, mostly through Medi-Cal.*
      - *6% are uninsured.*
    - *Adults*
      - *Almost one third of adult SCHC patients are uninsured; this includes Healthy Partners patients.*
      - *63.2% are on Medi-Cal.*
      - *5.4% of patients have Medicare alone or Medicare and Medi-Cal ("Medi/Medi").*
      - *Only 0.1% of adult patients have private insurance.*
        - ✓ *Ms. Winbigler asked for clarification around the Healthy Partners program. If patients are not eligible for Medi-Cal or Medicaid, does that mean that they have not done the paperwork to be enrolled or that they are not eligible for the program?*
          - * *Ms. Callan responded that Healthy Partners patients are only eligible for emergency Medi-Cal not full Medi-Cal. They are not considered to be insured.*
          - * *Mr. Rushing added that the limited coverage that Sacramento County provides to Healthy Partners patients is not considered to constitute insurance for the purposes of reporting for UDS. So these folks are classified as "uninsured."*
    - *Capitation vs. Fee-for-Service (FFS)*
      - *Dr. Hutchins explained that FFS is the "traditional" way doctors have been paid in the US. In this method, each service has a charge associated with it.*
      - *Capitation is a newer payment method that became more popular with the Affordable Care Act. The idea is to incentivize quality care. The provider/clinic is paid a set amount per month per patient (some plans differentiate payments by medical complexity of patients).*
      - *SCHC now only has capitated agreements.*
      - *SCHC does see patients with FFS Medi-Cal or Medicare, but these are not assigned to SCHC as patients. This table asks us to report only assigned patients.*
  - *Special Populations*
    - *Patients experiencing homelessness:*
      - *SCHC had a huge increase in reported homeless in 2021 vs. 2020. This is mostly due to retraining staff to ask this question and follow up when patients do not fill it in on the intake form. The increase is also due to more services at Loaves and Fishes.*
      - *Of the homeless patients, the vast majority (85%) are doubling up.*

- *Veterans: Only 46 (less than one-half of one percent of patients) self-declared as veterans in 2021.*
- *Public Housing: Nearly all patients in 2021 were seen at a SCHC site that is within the HRSA-set radius for public housing – 98.7%. SCHC used to report 100% of patients in this category when the only sites were Broadway and Loaves & Fishes. However, SCHC has since added behavioral health sites at schools, in partnership with the Sacramento County Office of Education, and a few school sites are not located within this set radius of public housing.*

- *Table 5: Staff and Utilization*
  - *Dr. Hutchins indicated that in 2021, SCHC had 27,974 reportable visits in person and just under 10,000 reportable visits through telehealth. The percentage of visits conducted via telehealth was 26%.*
    - *Ms. Bohamera asked for clarification on what constitutes a "reportable" visit.*
    - *Mr. Rushing responded that, for UDS purposes, when a provider of a certain type treats a patient using independent medical or mental health judgment, the visit is "reportable." Other visits for which the provider did not need to make an independent judgment are not reportable through UDS.*
  - *Of all (reportable) medical visits in 2021,*
    - *72.4% were with a physician; and*
    - *72.2% occurred in person.*
  - *Of all (countable) mental health visits in 2021,*
    - *The vast majority (67.3%) were with a licensed marriage and family therapist; and*
    - *The vast majority (92.3%) were in person.*
  - *Of all (countable) SCHC visits in 2021,*
    - *Just over one quarter (26.3%) used telehealth.*
  - *Most SCHC providers are physicians.*
- *Table 6a – Selected Conditions*
  - *Dr. Hutchins explained that this table shows the number of reportable visits of patients with particular diagnoses (regardless of the reason for their visit) and the number of patients with certain diagnoses.*
  - *191 unique patients seen in 2021 were diagnosed with COVID, for a total of 231 visits (i.e. some were seen more than once).*
  - *The most common conditions of patients seen in 2021 were*
    - *Hypertension – 2,000 patients; followed by*
    - *Diabetes – 1,618; then*
    - *Overweight and obesity – 1,594; then*
    - *Anxiety disorders – 1,107; then*
    - *Depression – 1,095; then*
    - *Other mental disorders excluding substance abuse – 905.*
- *Table 6b – Quality of Care Measures*
  - *Dr. Hutchins compared each percentage to that in 2020, indicating whether performance had improved, worsened, or stayed the same. See handout for specifics.*
- *Table 7 – Health Outcomes and Disparities*
  - *Dr. Hutchins told CAB members that a full discussion of this important table would take longer than the time available, and that she would present this at the upcoming March CAB meeting.*
- *Table 8a*
  - *Dr. Hutchins indicated that Table 8a shows revenue and expenses. It is important to note that we are required to report revenue SCHC received in 2021 for earlier years. For example, DHCS sends us reconciliation payments one to three years after the service was delivered. Similarly, the Department of Revenue Recovery (DRR) continues to collect on old bills and this revenue trickles in. All these must be counted for UDS in calendar year 2021. This is different*

from how the County handles revenue and expenses, so these numbers will be different from the Financial Status Reports that CAB reviews monthly.

- *A key point to note in this table is that SCHC spent more than $1 million on interpretation for patients. While California regulations require Health Plans to pay for interpretation for their patients, SCHC often has to do so since it is difficult for patients to access the Health Plan services. SCHC is working with the Health Plans to reduce this amount.*

- *Table 9d – Patient Related Revenue*
  - *Dr. Hutchins reminded attendees that it is important to note that this table includes revenue from other periods that was granted late (e.g. from DHCS or DRR) to SCHC.*
    - *Dr. Mishra asked why there was no value shown for CHIP Medicaid.*
      - *Dr. Hutchins responded that in California, Medi-Cal covers what would be the CHIP program, unlike in many other states.*
    - *Ms. Bluemel asked what "CHIP" was.*
      - *Dr. Hutchins indicated that this is the Children's Health Insurance Program, which predated the Affordable Care Act.*
        - ✓ *Mr. Rushing added that CHIP is a Clinton-era program separate from Medicaid in many other states. In California, almost all kids get "full-scope" Medi-Cal coverage, regardless of citizenship status.*
    - *Ms. Winbigler asked Mr. Rushing to identify the top three things in the table that were concerning or notable.*
      - *First, Mr. Rushing indicated that the number in row 13, column f, "Bad Debt Write Off," is an artifact. It does not mean that many patients went bankrupt from COVID or something else. Rather, it shows the total amount that resulted when the County Department of Revenue Recovery released patients who participated in the County Medically Indigent Services Program from debts that may be many years (or more than a decade) old. We must report this amount yearly for UDS. This does not impact on-going Health Center operations.*
      - *Second, Mr. Rushing pointed to row 2a, column c2. This is revenue received in 2021 from services provided up to three years earlier. Delayed reimbursement is common for the California Department of Health Care Service.*
      - *Third, Mr. Rushing mentioned that he expected that we would not get a DHCS reimbursement payment this year, because the state gave us a payment in January 2021 and another in December 2021.*
- *Table 9E – Other Revenues*
  - *Dr. Hutchins explained that this table shows grants and other sources of funding (i.e. realignment funding from the state) that CAB is very familiar with from multiple discussions.*
- *Appendix D*
  - *Dr. Hutchins stated that this appendix showed screening for social determinants of health (SDOH). She said it was important to know that SCHC does not document patient SDOH in a way that can be extracted easily from OCHIN for this report. For example, the appendix shows that only one patient was recorded as having a challenge with transportation. This is obviously not true. To get into this report, providers must use record information for the patient in a special module in OCHIN that most are not yet familiar with.*
- *Appendix E*
  - *Dr. Hutchins reviewed the appendix showing 230 cases in which SCHC staff "assisted" a patient to navigate the healthcare system.*
  - *Dr. Hutchins asked Ms. Callan to comment on "assists" through our contract with Sac Covered. She stated that she believes the total number is close to 800.*
    - *Ms. Callan specified that the total number is 811.*
- *Appendix F – Workforce*

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- *This appendix covers training programs. SCHC works very closely with UC Davis on multiple training programs. Dr. Hutchins explained that SCHC also has relationships with a few other training programs, but the vast majority of learners at SCHC come from UCD.*

- *Chair Winbigler asked if attendees had any remaining questions or comments on the UDS report.*
  - *No attendees had additional questions or comments.*
- *Ms. Bluemel moved to approve that staff submit the UDS report to HRSA.*
- *Mr. Sultani seconded the motion.*
- *All members in attendance voted to approve that staff submit the UDS report to HRSA.*

Other Urgent Items – *Group*

- *No attendee brought an urgent issue forward for discussion.*

Public Comment – *Namitullah Sultani, Vice-Chair*

- *No members of the public were present.*

Closing Remarks and Adjourn –

- *Chair Winbigler adjourned the meeting at 11:52 AM.*

Next Meeting: February 18, 2028 / 9:30-11:00 AM

The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Due to the public health emergency created by the COVID-19 pandemic, in person meetings are not permitted at this time. Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.