Meeting Minutes

February 17, 2023 9:30 AM to 11:00 AM

Meeting Location

4600 Broadway, Conference Room 2800 or by ZoomGov at https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRkInUT09

Meeting ID: 161 889 7122 Passcode: 153371

CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler, Paula Lomazzi, Namitullah Sultani SCHC Leadership: Sharon Hutchins, Noel Vargas, Susmita Mishra SCHC Staff: Robyn Alongi, Zack Staab, Community Members: Belinda Brent

Торіс

Opening Remarks and Introductions – Jan Winbigler, Chair

• Ms. Winbigler started the meeting and performed the roll call.

Review of 01/20/23 CAB meeting minutes

• Dr. Hutchins explained that there was a mix-up with the meeting minutes from the 1/20/23 meeting. She is working on finding the original document.

Review of 02/03/23 CAB Budget meeting minutes

- Ms. Winbigler asked if there were comments, concerns or changes that should occur with the minutes. No concerns or comments were heard.
- Ms. Bluemel made a motion to approve the 02/03/23 CAB Budget meeting minutes as proposed. Ms. Fryer seconded the motion to approve the 02/03/23 CAB Budget meeting minutes as proposed.
 - <u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Nicole Miller, Jan Winbigler, Paula Lomazzi, Vince Gallo (Mr. Sultani was not heard during this vote. He arrived shortly after).
 - <u>No votes</u>: None

Review of 02/14/23 CAB UDS meeting minutes

- Ms. Winbigler asked if there were any comments or concerns with the 02/14/23 CAB UDS meeting minutes.
- Ms. Bluemel noticed that Ms. Lomazzi was listed as being present at the meeting when, in fact, she was not.
- The minutes will be updated before being entered into the official database.

- Ms. Bohamera made a motion to approve the 02/14/23 CAB UDS meeting minutes as revised. Ms. Bluemel seconded the motion to approve the 02/14/23 CAB UDS meeting minutes as revised.
 - <u>Yes Votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler, Paula Lomazzi, Namitullah Sultani
 - o <u>No votes</u>: None

Brief Announcements – All

• Dr. Hutchins invited those attending the Strategic Planning meeting in person at 11:15 am to have lunch following this meeting at 11 am.

Health Resources and Services Agency (HRSA) Project Director Update - Dr. Mendonsa

• DEFERRED

Medical Director Update - Dr. Mishra

- The first item on Dr. Mishras' report was the UOP proposal for collaborative space. Dr. Mishra informed the group that SCHC received a proposal from UOP and that the center would like to move forward with figuring out the logistics of the proposal.
 - Dr. Mishra pointed out that the Health Center can proceed with the proposal as a satellite clinic or as a brand new site. These two options effect the Health Centers reimbursement rate in different ways. There is also a consultant helping the Health Center sort through the options with UOP and the collaborative space. Once a decision is made on the UOP proposal, then SCHC will inform HRSA.
 - The Health Center needs to decide whether or not Family Medicine is the best program to move to the new space. Dr. Mishra believes Family Medicine would be a good fit because they see the full spectrum of a lifespan from birth to older age, and that program has also been looking to expand. However, Dr. Mishra said, the Accreditation Council of Graduate Medical Education (ACGME) has specific, rigid requirements on how a Family Medicine residency program has to be structured. The Health Center and UOP would need to meet these requirements should they decide to move Family Medicine into the collaborative space.
 - The Health Center has not heard specifics on what the costs associated with the UOP collaborative space would be. Dr. Mishra said that a bi-weekly meeting with staff and UOP had been set up, which would hopefully allow staff to chip away at the questions that need answered.
 - A CAB member asked where the new center would be located. Dr. Mishra responded that it would be located on Broadway where the Sac Food Bank was formerly located.
 - Dr. Mishra explained that when opening a new space it is in good faith to make sure that other FQHC's and clinics in the area do not feel as though there is added competition. The Health Center will reach out to WellSpace, who has a location near the new site, to get their support. Dr. Mishra pointed out that if a letter of support cannot be attained from WellSpace, then showing HRSA that the medical needs of the community are not being met would lend support to the need for another health center site.

- An attendee asked if there is a second choice if Family Medicine does not work out in the new space. Dr. Mishra responded that UOP seemed to be willing to meet all the necessary requirements of the collaborative space, thus alternatives are not currently being looked at.
- The second item on Dr. Mishras' report was School-Based Mental Health as SCHC satellite clinics. There was not much to report on in this area, other than staff are hoping to have a meeting next week with HRSA to see why the approval of several satellite clinics is being held up.
- The third item on Dr. Mishras' report was the Quality Improvement (QI) Plan.
 - Dr. Mishra asked Ms. Brent, a member of UCD's QI department, to speak on this item. Ms. Brent said that big changes were in order for the QI plan this year. For instance, there are going to be changes in the structure of how project teams are supported and how measures are prioritized. Another item being looked at is training in project management for mid-level management and supervisors to help them support quality improvement. A QI project management training session has been scheduled for February 22, 2023.
- The last item on Dr. Mishras' report was the street medicine program.
 - Dr. Mishra said we have a lot to learn in this space because it is a completely different approach to taking care of members of the community. The Health Center is working to figure out how to ensure that street medicine visits are billable. Billing can be difficult since some patients do wish to share personal information, while others are hesitant to receive care during their first few visits.
 - Under a new California program, there are four options to receive funding for the street medicine program, one of which is called HHIP funding.
 - Kaiser and Anthem have already sent SCHC information on how to receive HHIP. The center is hoping to hear back from the other health plans soon. Dr. Mishra expects the total funding from HHIP may be in the 150k to 200k range.
 - In terms of the long term financial sustainability of the street medicine program, the health plans have sent a letter to the state requesting programs like street medicine to specify what type of provider they want to be. The options for street medicine would be to receive funding as a street medicine PCP, with all the stipulations that come with that, or to receive funding as a street medicine referring provider. Dr. Mishra explained that receiving funding as a street medicine PCP may have higher rates however, both options come with pros and cons. A decision on this must be made in the next couple of months, at which time the health plans will be notified and contracts will be written.
 - A CAB member asked if it was possible to negotiate with the health plans to potentially receive funding as both a street medicine referring provider and as a street medicine PCP.
 - Dr. Mishra responded that she was hopeful that the health plans and SCHC could work something out where the street medicine program would operate as a PCP and pull down the higher rate. Her hope with this is that the health plans wouldn't expect the same performance as those that come with brick and mortar locations.

Quality Improvement and Compliance – Dr. Hutchins

- Dr. Hutchins presented the 2023 proposed CAB Compliance Calendar.
 - Grants category:
 - Dr. Hutchins said that SCHC was awarded the Service Area Competition (SAC) grant. The health center is not currently planning to directly apply to any additional grants at this time. The

Health Center has to remain flexible should any grants arise that fit the strategic plan of the center, Dr. Hutchins explained. The semi-annual and quarterly reports to HRSA for the grants that the Health Center has already been awarded are included on the calendar. Budget: 0 CAB reviews the budget every February before it is submitted. That action was completed earlier this year. Depending on the state of the economy. SCHC may look at the potential for growth requests towards the calendar of the fiscal year, which would need to be reviewed by CAB. Sliding Fee Discount Program 0 Another item that will need to be reviewed this year by CAB is the Sliding Fee Discount Policy and Procedure. Congress has reset the federal poverty level and CAB needs to determine whether or not the discounts that the Health Center provides are still appropriate. The SFDP P&P will likely come to CAB in March, once approved by the Finance Committee. There is no required schedule for looking at the CAB's by-laws, however, the Governance 0 Committee has identified some issues related to recruitment and approval of new members that Dr. Hutchins wants the CAB to look at. Dr. Hutchins pointed out that there will be elections for CAB Chair and Vice-Chair coming 0 up in the fall. The Governance Committee will be working on a recruitment plan in July or June. Dr. Hutchins reminded the group that they will need to perform their annual evaluation of 0 the Project Director, Dr. Mendonsa. That evaluation is scheduled on the calendar for October 2023. Mr. Vargas asked for clarification on what the project director performance evaluation looks like. Ms. Winbigler explained that the evaluations are different every year. This year's tool had fewer questions since Dr. Mendonsa was so new to the position when the evaluation was carried out. Ms. Winbigler noted that the review for 2022 included evaluations of Mr. Safi, Dr. Hutchins, and Dr. Mishra that were presented to Dr. Mendonsa. Dr. Hutchins then presented a review of patient complaints, grievances, and health and safety concerns from 2022. While staff is only required to present this information to CAB once a year, Dr. Hutchins 0 would like to have it presented more frequently. This way CAB would to be able to identify any patterns or concerns with the Health Center. Changes need to be made in procedure for the complaint data to be more accurate, and Dr. Hutchins is expecting better data to be compiled later this year. Dr. Hutchins explained that the word "variance" is typically used in the field to cover both 0 complaints and grievances. When patients complain directly to the Health Center about a problem that they have experienced, the word "complaint" is used. When patient concerns are sent to the Health Center from a health plan or independent provider association (IPA), these re called "grievances." Dr. Hutchins wanted to make the group aware that the complaints listed could be directed at anybody, for instance, from the Quest draw station. Quest is an independent entity and SCHC can't do anything with the complaints directed at them. There were 14 provider-directed complaints with a request to change PCP, 8 of those were granted. Dr. Hutchins explained that she was deferring from detailing the other complaints until procedures were fixed. At present,

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	staff are not recording each complaint nor routing them correctly. Management is dealing with this issue.	
0	For grievances, Dr. Hutchins noted, that the Health Center classifies grievances by level of gravity:	
	Level 1 – Access Challenges	
	Level II – Disrespectful behavior or policy violation Level III – Issues impacting patient safety	
	 In 2022, 9 Level I grievances were received, 17 Level II grievances, and 3 Level III grievances. Dr. Hutchins said she classifies the grievance level based on what the patient told their health plan. After that, she assigns an appropriate coordinator to investigate the grievance. The Grievance Committee reviews patterns and trends. 	
	 Dr. Hutchins asked if anyone had any questions. No questions were received. 	
	 Dr. Hutchins moved on to summarize the patient safety concerns from 2022 Health and safety concerns are reviewed by the Health and Safety committee after investigation by Dr. Mishra. 	
	 In 2022, there were seven instances of the wrong vaccine being given to a patient. The registry staff who made 4 of those 7 errors was terminated. 	
	 Dr. Hutchins wanted to make clear that every time SCHC identifies a problem, the goal is determine how the Health Center can mitigate the issue and prevent a similar issue from happening in the future. As an example, Dr. Hutchins said that a new color coded system was implemented for vaccines in the refrigerator to help make it easier to identify the right vaccine. Ms. Brent pointed out that it is often the case with these reports that the number of complaints and grievances listed are just the tip of the iceberg, as in, a patient does not always take the time to have their concern heard. 	
• Fin	• Finally, Dr. Hutchins presented the 2022 Provider Report Card Summary to CAB. Dr.	
Hu	tchins thanked Ms. Alongi for her hard work in finalizing the report.	
0	Provider report cards are often used in the field, but were used for the first time (at least in a long time) at SCHC in 2022. The purpose is to present providers with a quarterly report on how they performed on high priority quality metrics individually versus their peers in their program.	
0	In Pediatrics, SCHC is not doing as well on key quality metrics as in the past, in part due to COVID and in part to the high volume of refugees. In some cases, young refugees come to the United States having not had a certain vaccine (rotavirus), and as a result it is impossible to "catch up" on the recommended vaccine schedule.	
0	Dr. Hutchins wanted to point out that the 2022 Year End Provider Report Card Summary includes all patients, including Healthy Partners, homeless and uninsured patients – this can result in lower target scores.	
0	A participant asked whether a health plan counts when a patient refusing to receive care in a certain area as an example of non-compliance with that quality measure. Dr. Hutchins and others confirmed this is indeed the case. This is also the reason that performance on quality metrics is never expected to be 100%.	
CAB G	overnance	
• Co	mmittees Updates to CAB – Committee Chairs	
0	Clinical Operations – Mr. Gallo	

- Mr. Gallo informed the group that the Clinical Operations Committee did not meet since the last CAB meeting.
 - Policies and Procedures: NA
 - Program Summary: NA
- Finance Committee *Ms. Bohamera*
 - January Financial Status Report (FSR)
 - Ms. Bohamera said the 2023-2024 SCHC budget has been approved and submitted. There is no impact to our budget allocation at this time. Overall, January looked about the same as the previous month and the Health Center is expected to underspend their budget authority by 550k – when revenue is added in the amount is 1.5 million. Ms. Bohamera talked about how SCOE is a concern, and there may need to be a change in the contact language with them. In revenue and reimbursement, the Health Center is remaining at budget until the SCOE contract is figured out.
 - Grant updates
 - Ms. Bohamera indicated that SHCC expected a lot of claims to have been submitted in the last couple weeks, activity of which will be reflected on next month's grant summary.
 - > For the refugee grant, SCHC will be submitting revisions to the state shortly.
 - SCHC's SAC application was successful. SHC hs received notice that it will receive a new three year "main grant" from HRSA for 3/1/23 to 2/28/26.
 - The Health Center received a majority of the annual grantaward at this time. In approximately August or September the Health Center enter should receive the remaining portion of this grant.
- o Strategic Planning Ad Hoc Committee
 - Ms. Fryer noted in her report that a large portion of the upcoming Strategic Planning meeting, occurring directly after this meeting, will be dedicated to revising the vision and mission statements as well as the Health Center's stated values.
- o Governance Committee Ms. Winbigler
 - On behalf of Ms. Winbigler, Dr. Hutchins attempted to play a Roberts Rules of Order training video: How to Make a Motion, Part I. Unfortunately, the group was not able to hear the sound.
 - Ms. Winbigler made a proposal to adjourn early for committee members to watch the video in the comfort of their own homes. Ms. Bluemel thought this was a great idea, and asked for the link to the video be sent out immediately.

March Monthly Meeting Items – All

- HRSA Project Director Report
- HRSA Medical Director Report
- *2023 Sacramento County Health Center Quality Improvement Plan
- Patient Feedback Survey results (Nov-Dec 2022)
- Committee Updates
 - *Policy and Procedure Review:
 - PP 01-08: Mission Statement and Values
 - PP 11-01: Sliding Fee Discount Program
 - Program Review: TBD
 - February Financial Status Report
 - o Recruitment and Training Updates
 - Strategic Planning Updates

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Public Comment Period

- Vice-Chair Fryer opened the floor for comments.
- Ms. Bluemel commented that she would see everyone in the Strategic Planning Committee at 11:15 am. No other comments were offered.

Closing Remarks and Adjourn – Jan Winbigler, Chair

• The meeting was adjourned by Ms. Winbigler at 10:54 am.

<u>Next Meeting</u>: Friday, March 17, 2023 / 9:30-11:30 AM

*Items that require a quorum and vote.

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This agenda, the minutes (once prepared and approved) and handouts for this meeting can be found on the CAB website: https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx