

**Knox County Community Health Center (KCCHC)
Co-Applicant Board
January 21, 2021
Minutes**

The Knox County Community Health Center Co-Applicant board meeting was held January 21st, 2021 at the Knox Public Health building and through the online platform Zoom. The following were in attendance:

Board Members:	Knox County Public Health / Health Center:
Nixon, Jay, President, In Person	Belangia, Lane, CEO
Lenthe, Jim, Internet	Bixler, Shelbi, Administrative Assistant
Hillier, Linda, Phone	Robinson, Stacey, Fiscal Supervisor
Kurtz, Matthew, Internet	Snyder, Nanette, Clinical Coordinator
Tazewell, Peg, Secretary, Internet	Thomas, Kristi, Administrative Assistant
Tope, Ann, Phone	Mowry, Alayna, Communications Coordinator
Jones-Perkins, Lori, Internet	Frazee, Joyce, HR
White, Bruce, Internet	
	Guests:
	Burgie MediaFusion, Internet
Absent:	
Boyd, Jodi	
Burdette, Patricia	
Wythe, Mike, Pro-Tem,	
Hawkins, Todd, Internet	

1. Convention

1.1. Call to Order

The Meeting was called to order by President, Jay Nixon, at 11:39a.m.

1.2. Acceptance of the Agenda

Jay Nixon requested a motion be made to approve the agenda Jim Lenthe made a motion to accept the agenda. Bruce White seconded the motion: in the negative; none. The agenda was approved.

1.3. Approval of December 17, 2020 KCCHC Board Minutes

Peg Tazewell made a motion to approve the December, 17, 2020 KCCHC Board Minutes. Lori Jones-Perkins seconded the motion; in the negative; none. The motion was approved.

1.4. Public Participation

1.4.1. Burgie MediaFusion

Lane introduced Burgie MediaFusion and informed the Board that Barb Burgie would be presenting towards the end of the meeting.

2. Special Reports

2.1. Communications Coordinator:

For more detailed information, see Attachment 1 – Promotional Report 1

For more detailed information, see Attachment 2 – Social Media

For more detailed information, see Attachment 3 – Spectrum

2.2. Knox County Health Center Medical Director:

2.2.1. 4th Quarter 2020 Quality Measure Report: No findings at this time.

- 2.2.2. 4th Quarter 2020 Patient Satisfaction Survey Report – No findings at this time.
- 2.2.3. 4th Quarter 2020 Peer Review Report – No findings at this time.

Dr. Martinson shared: *There is a good opportunity to develop the type of culture the Health Center (HC) wants to grow into this year as a new provider is starting soon. He recommended focusing on the following items for the year 2021:*

1. *Improvement in how the center addresses chronic disease management with blood pressure and diabetes management with the patients served here.*
2. *Char closure, a new 72-hours policy. Proposed policy changes for chart closure will be moved to Monday mornings at 9:00a.m.*
3. *Preventative health measures should be improved with specific concentration on childhood vaccinations and age appropriate screenings for all patients.*
4. *Communication about re-admission for patients or hospital “frequent flyers” to minimize this for the hospitals.*

This will help serve our patients better.

2.3. QI Coordinator/Clinical Supervisor

Nan Snyder reported in addition to the written report: *AZARA Drive has been updated and the reports within the program have been completed where the date can be looked at in real time. Everything is done now at the end of the month as far as the reports used to monitor patient needs and progress with quality measures. This program automatically looks at all of the UDS measures and gives an overview of how components of each measure have been documented for each patient visit in the center. Capturing real data and progress or lack thereof allows the QI staff to do patient planning first things in the morning before a patient comes into the center. AZARA helps to guide clinical decisions for staff so they can see where they are with risk factors and see what they need that day so we stop missing important screenings or relative medical/other information. It lists all diagnosis and social determinants of health patients may be experiencing which can help plan better when patients come in for their visit. In addition to real-time reporting it also has dashboards to compare where we are and where we need to be in capturing data to help improve patient outcomes. Full implementation of AZARA Drive will begin February and fully integrated with daily use by March.*

Lane Belangia: *This is a significant step closer to achieving patient centered medical home recognition. The designation of PCMH would help pay for a full-time equivalent employee for the program monitoring. We hope to recognize this designation within the year 2021. Susan Musgrave has been working towards improving the scheduled times for the vaccinations. This time has been reduced from 30-minute time slots from 45-minutes. There is still a large demand for immunizations other than COVID-19 within the Health Center and Susan has been working hard to meet the demand of both of these needs.*

For more detailed information, see Attachment 4 – QI Coordinator Report

2.4. Dental Supervisor Report:

Lane Belangia reported: *Knox County Dental saw their first patient last Wednesday. Currently half of the schedule for the remainder of the week and for the next week have been filled. Minor issues have been resolved. You will be asked to recommend hiring for the Danville clinic later in the meeting. The clinic will be available four days a week providing primary dental services Monday-Thursday 8:00a.m.-6:30p.m. Friday’s Dr. Cheek, oral surgeon will see clients and is the only Medicaid surgeon within a 2.5-3-hour radius of our Health Centers. With this, he brings Dr. Cheek brings a much-needed service to this area and saving our patients an extended drive out of the country to receive services. It should be noted that we receive regular referrals from Coshocton for Dr. Cheek’s services, he is a great asset to have in the center’s dental clinics. Plans for a grand opening are being made, stay tuned for more information. Laura Nance has stepped down from the supervisor position and will remain active as a registered dental hygienist and the search has begun for her replacement*

2.5. CEO Report:

Lane Belangia reported in addition to the written report: Jackie Neighbarger will be leaving the center, she has accepted a position as medical director for the Kenyon Medical Center. We are saddened she is leaving but know the move offers great opportunity for her and her family. Jackie has been with the agency/health center for 5 years and started seeing patients on a part time basis before the center was funded. She helped build the center's medical into a full-time family practice. Jackie's last day will be January 28th. Another NP has been interviewed, Brandi Pennington. She is interested in the loan re-payment opportunity the center offers and has experience with the Medicaid population. Dr. Reed has highly recommended her to us. She will start Feb 1st. Without the assistance of KCH we would not be able to hire a replacement for Jackie as fast as we have. We are currently looking for a third experienced NP to fill vacancies within the schedule. Final adjustment of physical footprint will be made in the center in order to provide more room and have 2 providers working at the same time.

CRO update from onsite visits: we are officially 100% deficit free. HRSA accepted all policy adjustments, HR information about the immunization records for staff, and the multiple changes in scope we submitted. No action plan has been given to the center at this time therefore there is no negative impact with future funding. While this is our second OSV to date with the best results the center and administration staff are still learning how HRSA accepts policy and procedures to be followed. The entire OSV was a great learning experience for this team.

The center was awarded a new notice of award, (NOA) for the supplemental funding to support efforts in helping to control Hypertension in the health center patient population at approximately \$95,000 which will be expended over the next three years. The centers will purchase new vital sign monitoring equipment for the clinics and for patients to help with self-monitoring. Outside the CARES Act that is the only supplemental funding released.

In the board packet we have put information in regarding the CLIFF. This is an appropriate spending package that has passed and allows longer term funding for the health center program where in the past it has been tied to short term funding. Now centers can spend the energy and efforts they had been using for advocacy and legislation and focus on patient care.

The Health Center continues to operate and see as many patients on-site and in person all services despite Covid-19 continuing in the area at high infectious levels which in turn lengthens appointment times. The center will be pulling some staff for the COVID vaccination clinics over the next several months as vaccination efforts from the public entity are partially supported by center resources. On February 13th, we will start the second round of vaccine doses and will also be starting to vaccinate a lower age group with first round vaccinations.

Linda Hillier: Does the board follow the same procedures to get their shots as everyone else?

Lane Belangia: Yes, we encourage all board members to get their vaccination. We don't let anything expire and therefore they might get called.

Linda Hillier: I called yesterday and the lady I spoke with took my name and phone number. Is there going to be home health people coming out for vaccinations?

Lane Belangia: Yes, we will call you back at a closer time for that particular clinic. Yesterday we did a drive-up clinic for those who have mobility issues so that is an option as well.

Linda Hillier: Reason I am asking is because I am coming out to the next meeting in person and was wondering if I would be able to get my shot then.

Lane Belangia: The dates probably won't coincide with the meetings. Julie Miller is a good contact for most vaccination questions.

Linda Hillier: Where do we stand within the county so far as the virus?

Lane Belangia: As far as I know we are still red.

For more detailed information, see Attachment 5 –Extending Funding for CHC

For more detailed information, see Attachment 6 –CEO Report

2.6. Finance Report:

Stacey reported in addition to the written report: *The December report shows an increase with RAP payment at 27%. AR is starting to level out a bit and with the new dental office it will probably start changing again more toward increased days in AR. We received \$1,420 in refund from Worker's Comp and the 340B program. No AR reports were generated this month due to a problem in generating the reports in the electronic medical record. The credentialing and contracting problem with United Healthcare has been solved for the first time in a year. On January 15th the FQHC contract was signed and we think the claims that have been denied or put on hold will be billed going back to 2018. We started the year with \$300,000 in the fund balance. This is by far the most ever in our "bank" account.*

For more detailed information, see Attachment 7 –Expense and Revenue Report

For more detailed information, see Attachment 8 –Finance Report

For more detailed information, see Attachment 9 –Budget Highlights

For more detailed information, see Attachment 10 –Monthly Scorecard

3. New Business

3.1. Finance

3.1.1. Income and Expense

Jim Lenthe made a motion to accept the KCCHC December 2020 Finance Report. Peg Tazewell seconded the motion: in the negative; none. The motion was approved.

Peg Tazewell: We received the information in detail including both expenses and revenue reports that Stacey has just discussed with us. We didn't see anything that was of concern regarding over spending or line items that are out of budgeted allowances. Because of drawing down COVID funds the center shows a very healthy financial situation at this time. We assume there will be more COVID money provided to the center this year, even without the additional funding the center is still in a good financial state.

3.2. Contracts

3.2.1. Renewal of Infidium contract for clinical consulting services in the Knox County

Community Health Center starting January 1, 2021 through December 31, 2021 with remote work at \$200/hour and \$2,000/day as scheduled.

Peg Tazewell made a motion to recommend to the Board of Health the approval of the contract with Infidium, effective January 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

3.2.2. Recommended approval of the Memorandum of Understanding between the Knox County Community Health Center and Behavioral Health Partners of Central Ohio, Inc. for mental health counseling services with no monetary value, executed February 1, 2021 through December 31, 2021.

Peg Tazewell made a motion to recommend to the Board of Health the approval of the Memorandum of Understanding between Knox County Community Health Center and the Behavioral Health Partners of Central Ohio Inc. for mental health counseling, effective February 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

3.2.3. Recommended approval of the Memorandum of Understanding between the Knox County Community Health Center and Danville Family Dental for dental referral services, with no monetary value, executed on February 1, 2021 through December 31, 2021.

Bruce White made a motion to recommend to the Board of Health the approval of the Memorandum of Understanding between Knox County Community Health Center Danville Family Dental for dental referral services, effective February 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

3.2.4. Recommended approval of the Memorandum of Understanding with The Mount Vernon Municipal Court Probation Department for SUD (substance use disorder) services with no monetary value, executed on January 1, 2021 through December 31, 2021.

Lori Jones-Perkins made a motion to recommend to the Board of Health the approval of the Memorandum of Understanding with The Mount Vernon Municipal Court Probation Department for SUD services, effective January 1st, 2021. Peg Tazewell seconded the motion: in the negative; none. The motion was approved.

3.2.5. Recommended approval of the Memorandum of Understanding with The Main Place, Inc. for SUD (substance use disorder) services with no monetary value, executed on February 1, 2021 through December 31, 2021.

Ann Tope made a motion to recommend to the Board of Health the approval of the Memorandum of Understanding with The Main Place, Inc. for SUD services, effective February 1st, 2021. Linda Hillier seconded the motion: in the negative; none. The motion was approved.

3.3. Board Approvals

3.3.1. Approval to re-appoint Mike Wythe to the Knox County Community Health Center Co-Applicant Board for a 5-year term effective, January 1st, 2021.

Jim Lenthe made a motion to re-appoint Mike Wythe to the Knox Community Health Center Co-Applicant Board for a 5-year term effective January 1st, 2021. Lori Jones-Perkins seconded the motion: in the negative; none. The motion was approved.

3.3.2. Approval to re-appoint Jay Nixon to the Knox County Community Health Center Co-Applicant Board for a 5-year term, effective January 1st, 2021.

Bruce White made a motion to re-appoint Jay Nixon to the Knox Community Health Center Co-Applicant Board for a 5-year term effective January 1st, 2021. Lori Jones-Perkins seconded the motion: in the negative; none. The motion was approved.

3.3.3. Grant temporary privileges to Brandi Pennington, APRN-CNP within scope as a Certified Nurse Practitioner at the Knox County Community Health Center for 90 days starting January 21, 2021.

Matthew Kurtz made a motion to grant temporary privileges to Brandi Pennington effective January 1st, 2021. Lori Jones-Perkins seconded the motion: in the negative; none. The motion was approved.

3.3.4. Grant temporary privileges to Trista Mullins, DMD for practice within scope as a Doctor of Medicine in Dentistry at Knox County Dental for 90 days starting January 21, 2021.

Peg Tazewell made a motion to grant temporary privileges to Trista Mullins effective January 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

3.3.5. Approve the following KCCHC policies:

- *Sliding Fee Audit*

Peg Tazewell made a motion to accept the new policy for Sliding Fee Audit. Matthew Kurtz seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: This policy is coming to the board for approval because of the public health agency's state audit. By having this in place, we will be able to show proof of policy to support the procedure of the State audits. Stacey Robinson is the owner of the audit and will keep track of and report the results to myself and the agency.

For more detailed information, see Attachment 11 – Sliding Fee Audit Policy

4. Board information non-action items

4.1. Burgie MediaFusion

Bar Burgie Reported the following: *Hoping to gather some information to begin our journey in helping the marketing strategy of this health center. Our team has started doing research pertaining to conversations with Lane and Alayna. We are excited to see how we can position and keep the Health Center active and busy by targeting the correct platforms and patients. There is obviously a need to increase patient awareness. The process will work as follows: Start all planning doing a deep dive research and complete a discovery phase. We will interview clients, attain feedback from board members, and compare to what we are able to see online in regard to feedback and requests. We just installed an analytics program to determine where patient communication is coming from. We will provide recommendations on how to drive clients to the Health Center. For the process to take place, we need some information. We will also be sending out a lengthier questionnaire as a follow up to the few questions I will be asking you now.*

Burgie Media: *When you think and are sharing/discussing the CHC, what are the words you use to describe it?*

Bruce White: *The word I use is integrated care because it speaks to people. We, (KCH) have primary care practices but where we fall short is getting the comprehensive service approach where the Health Center has this to offer all patients and is a part of regular practice for them. We don't have behavioral health components as example. Traditional medical sites don't treat patients this way and we should. Dental is so important to the entire health picture for the patient and the Health Center model makes sense on how they perform that integrated care.*

Jim Lenthe: *When asked I tell people they need to go there and talk to people to see how they run the center. All staff are so nice and accommodating. My wife has always gone to Jackie and when she learned that Jackie was leaving she was so upset. She took good care of her. They need to see the facility and meet the people who are making it so successful. The staff make the difference.*

Jay Nixon: *We take private pay, Medicaid, Medicare, and private insurance and you are not going to get turned away. I like to emphasize that when I am talking to people.*

Matthew Kurtz: *I like to emphasize they don't run away Medicaid patient. Most providers are full and won't take those patients. There is a full spectrum care of Medicaid for all patients to benefit from.*

Lori Jones-Perkins: *Make sure that they are separate from the Health Department, most people don't realize that.*

Peg Tazewell: *We have parents that often-had care for their children but neglect care for themselves. We have been trying to get that message out to our parents to get them in there, it's a one-stop shop and can receive care for all their needs. The Health Center partners with the hospital and think that's important to our communities' members.*

Barb Burgie: *As far as target markets and demographics, what areas do you think need to have more focus and that are not hearing the message?*

Peg Tazewell: *19-25-year old's need reached. Seniors are more engaged with physicians especially as they become aware of Medicare. We have this young adult middle age population that is not getting long term health care need. They many times do not have a lifestyle that helps them to make changes and important healthcare decisions. This has a natural impact on their children and can influence them to not follow good healthy habits. Lane, are we meeting the number of seniors?*

Lane Belangia: *The percentage of Medicare seniors is 6%. Our biggest age group is 10-55-year old's. We also do not see a lot of pediatric patients and look to target seniors for the advantages that we can offer related to savings and lower cost of services compared to other providers.*

Matthew Kurtz: *The medication is something that can be leveraged and marketed to folks. We can connect with the dispensaries who have struggles in helping patients with high cost of medications.*

Lane Belangia: *This new policy was developed from something that came out of the onsite visit. We were told to look into housing a Pharmacy on site, the revenue potential would enhance our 340B program. We have talked with the hospital with other diagnostic things we can add like pharmacy, diagnostics, and phlebotomy.*

Barb Burgie: *I am going to send out 10 more questions in a PDF format that you can fax or email back. I will follow up and fill out the survey within the next 7-10 days. You can give you're incites (and leave some blank that don't apply). Going to do this with clients and patients so we can get a full 360 approach to see how the Health Center is viewed and how to position you in a market place.*

5. Health Commissioner – Board of Health Update

Lane Belangia reported: Julie continues to lead the COVID efforts with COVID vaccination clinics. If any questions come up reach out to Julie.

6. Adjournment

Having no further business, Jay Nixon made a motion to adjourn the meeting. Jim Lenthe seconded the motion; in the negative; none.

The meeting adjourned at 12:44 p.m.

Jay Nixon
President

Mike Wythe
Pro-Tem