

**Knox County Community Health Center  
Co-Applicant Board  
July 18, 2019  
Minutes**

The Knox County Community Health Center Co-Applicant board meeting was held July 18, 2019. The following were in attendance:

<b>Board Members:</b>	<b>Knox County Health Dept. Staff:</b>
Cline, Jeremiah	Belangia, Lane, CEO
Hillier, Linda	Hunter, Katie, Fiscal Coordinator
Kurtz, Matthew	Robinson, Stacey, Fiscal Supervisor
Tazewell, Peg, Secretary	Mowry, Alayna, Marketing
Tope, Ann	Nance, Laura
White, Bruce	Phillips, Ashley, Administrative Assistant
	Dr. Larry Reed, Community Health Center Medical Director
	Snyder, Nan, QI Coordinator/Clinical Supervisor
<b>Absent:</b>	<b>Guests:</b>
Harry, L.J.	Harmer, Jeff, Board of Health
Hawkins, Todd, Treasurer	Holbrook, Kelly, Consumer
Lenthe, Jim	Magers, Anna-marie, RDH, Community Health Center
Nixon, Jay, President	
Wythe, Mike, Pro-Tem	

**1. Convention**

An Informational Meeting was called to order by Secretary, Peg Tazewell, at 11:37 a.m. due to not having a quorum met yet.

**1.4. Public Participation**

Kelly Holbrook, a consumer of the Community Health Center, attended the meeting as she is interested in serving on the Co-Applicant Board.

**2. Special Reports**

**2.1. Marketing / Public Relations Report:**

**Alayna Mowry reported in addition to her written report:**

- Patient Appreciation Day at the Danville site is scheduled for Saturday, October 5<sup>th</sup> at Memorial Park from 11a-2p. The Health Center will also be promoting its services at the Danville varsity football game the night prior.

*For more detailed information, see Attachment 1 – [Promotional Report](#)*

## **2.2. QI Coordinator Report:**

**Nan Snyder reported in addition to her written report:**

- 528 unduplicated patients visited the Health Center last month. This included 186 new patients. Visit counts (806) are total number of visits within the Health Center. The Health Center's numbers are trending in the right direction.
- The QI Council re-convened in July and discussed a few UDS measures to focus on: adolescent BMI, physical activity/nutrition activities / educational opportunities within Knox County for clients, and patient satisfaction. The goal is to create a more effective survey for patients to complete upon the end of their visit.
- New Intake paperwork has been implemented. Nan gave each board member a new intake paperwork packet and asked to track the time it takes them to complete it and encouraged board members to provide feedback at the next board meeting.

*Peg Tazewell: Can clients fill this paperwork out electronically?*

*Nan Snyder: Not yet. We are working on opening our patient portal, implementing kiosks for patient check-in, and having a Facebook link for clients to complete this paperwork prior to arriving at their appointment. Paperwork is also mailed out to clients prior to their visit, but oftentimes clients forget to bring it in with them.*

*Linda Hillier: Would you like us to bring the completed paperwork back to the next meeting?*

*Nan Snyder: Yes, please. We'd like to know what you think of it, how long it takes you, etc.*

*You'll also have an understanding of the information we are required to collect since we are an FQHC.*

**Dr. Reed, Medical Director, reported on the 2<sup>nd</sup> quarter quality measures:**

- The Health Center is doing fairly well with quality measures. Struggled a bit with hypertension numbers as there was an influx of new patients newly diagnosed with hypertension, which doesn't allow enough time to get the numbers down.
- Remain within striking range of appropriate numbers for the cervical screening measure. If patients have completed cervical screenings elsewhere, Health Center staff can follow-up and document within ECW where the screening took place and that can count for the measure.
- Tobacco screenings and interventions are both going well. Tobacco cessation relies much on the patients' willingness to enter into cessation.
- Colorectal screenings remain a challenge. Promotional and incentive efforts didn't seem to increase patients' response to completing screenings. However, if patients indicate they've completed a screening in the past, staff can follow-up and enter such information into ECW.
- A1C measure remains within the goal at 27%. Patient compliance is key for this measure.

- Depression screenings are within the goal as well. Current percentage of compliance is 91% and the goal is 70%.
- Vaccines remain a challenge as, in order to be in compliance, patients must have received all vaccines by the age of 2 upon their first Health Center visit. The latest percentage is 33%, with the goal being 60%.
- BMI achievements are visibly shown in current data.
- Remain in compliance with the Coronary Artery Disease measure as the current rate is 94% and the goal is 80%.
- Although dental sealant numbers aren't exactly where they need to be, data is adequate since Dr. Saale's start. The Health Center is currently at 33% with the goal being 60%.
- The Health Center has no data for the HIV measure as there aren't any encounters with patients in this quality measure.

*Alayna Mowry: Does that still include the flu shot?*

*Dr. Reed: Yes, when in season. Parent refusal doesn't count and documented allergic reaction to one of the immunizations can be used as a numerator where it doesn't count against us.*

*Lane Belangia: And, many times, children don't visit the Health Center prior to age 2.*

*Matthew Kurtz: So, this is an all or nothing measure.*

*Nan Snyder: Any child seeing the Health Center for any reason is applicable for this measure.*

*For more detailed information, see Attachment 2 – [OI Coordinator Report](#)*

*For more detailed information, see Attachment 3 – [New Intake Paperwork](#)*

*For more detailed information, see Attachment 4 – [Second Quarter Quality Measures 2019](#)*

Bruce White entered the meeting at 11:55 a.m., making the quorum.

*The Informational Meeting was adjourned at 11:56 a.m.*

## **1. Convention**

### **1.1. Call to Order**

The meeting was called to order by Secretary, Peg Tazewell at 11:57 a.m.

### **1.2. Acceptance of Agenda**

Ann Tope made a motion to accept the agenda. Bruce White seconded the motion: in the negative; none. The motion was approved.

### **1.3. Approval of minutes**

#### **1.3.1. Approval of June 20, 2019 KCCHC Board Minutes**

Matthew Kurtz made a motion to approve the June 20, 2019 KCCHC Board Minutes. Ann Tope seconded the motion: in the negative; none. The motion was approved.

### **2.3. Dental Supervisor Report:**

**Laura Nance reported in addition to her written report:**

- Two interviews are set up for an Expanded Functions Dental Assistant

*For more detailed information, see Attachment 5 – [Dental Supervisor Report](#)*

### **2.4. CEO Report:**

**Lane Belangia reported in addition to the written report:**

- **CEO Report:**
  - September 9, 2019 the Danville site will be open full time whether it's funded as a New Access Point or a satellite clinic. Medical services will be offered from the beginning. If the Health Center is funded as a New Access Point, services must be up and running within 120 days. If the Danville site doesn't have the capacity to provide these services in full, patients would be linked to the Mount Vernon site and the Health Center would remain in compliance with HRSA. Outreach begins next week for the Danville site.
  - Received an award determination for the Integrated Behavioral Health Services grant. Haven't received word of confirmation for the oral health infrastructure and Danville New Access Point grants.
- **Monthly Scorecard:**
  - Charges / claims billed increased from the prior month. Dental services continue to be the main charges, but medical claims are vamping up and medical providers are becoming busier. With a significant increase in charges / claims billed, there should be an increase in revenue within the next month.
  - Current AR remains relatively the same. The largest amount of money for outstanding claims is within the 0-60 day mark. When staff first started addressing this, most claims were at the 180+ range. This means that claims are being processed in real time manner. The goal is to get the average days in AR below 40, if not 35, with the current average being 45 days in AR.
  - It's important for the Co-Applicant Board to see what types of patients are visiting the Health Center. The percentage of Medicaid patients is a bit low, with a current percentage of 32% and the state average being 45%.

***Bruce White:** Is the percentage of patients visiting the Health Center with Medicare typically this low?*

***Nan Snyder:** Yes. It seems that most elderly clients already have established care in this area.*

**Lane Belangia:** *I think there are two things we can do to address increasing our percentage of Medicare patients: 1. Encourage them to seek our dental services as Medicare doesn't cover dental services and those patients can use the sliding fee scale for a discounted rate. 2. Focus on annual wellness visits. They come to us right now for immunizations (flu, shingles, etc.), and we need to do a better job of getting them back in the door for an annual wellness check to generate that provider visit. Immunization do not count as visits as, more often than not, they don't see a provider when receiving the immunizations.*

- RFI Update:
  - Ohio Department of Medicaid (ODM) has a RFI (request for information) to examine the current 5, managed Medicaid providers and are considering opening up the availability for other insurances to be a part of Medicaid. Any board member who has suggestions on how Medicaid can better service patients in a FQHC can complete a questionnaire.
  - The Ohio Association of Community Health Centers are looking at carving the Medicaid patient into the 340B program and they support ODM taking over and overseeing the management and allocation of services from Medicaid insurances (i.e. Buckeye, Paramount, Caresource, United Healthcare, and Molina). This would also internalize the credentialing and enrollment procedures which would be more effective.

**Matthew Kurtz:** *The ODM Director is very responsive and in-touch with patients, serving as a patient advocate.*

**Lane Belangia:** *The ODM Director is a keynote speaker at the Fall OACHC conference. We will bring information on this conference to the next board meeting.*

- Ohio Comprehensive Primary Care Program:
  - There are currently 16 FQHC's participating in the Comprehensive Primary Care Program (CPC), which is a Medicaid program. By signing up for this program in fall of 2019, it would enable the Health Center to receive additional funding by providing good care for Medicaid patients. Patients are classified into 3 tiers, with tier 1 being a standard, healthy patient and tier 3 being a patient with chronic disease or co-morbidities. Medicaid monitors the FQHC's claims and can see services provided and outcomes received. They reimburse FQHC's based on the patients seen and their tier levels. A tier 1 patient would generate revenue of approximately \$4/month, while a tier 3 patient generates approximately \$60/month. In the past in order to participate in CPC, a FQHC had to have the PCMH (Patient Centered Medical Home) designee (which is a very large undertaking) and now this requirement has since been removed. There will be more information and a better understanding of the financial impact it may have on the Health Center in months to come.

*For more detailed information, see Attachment 6 – [CEO Report](#)*

### **2.5. Finance Report:**

**Stacey Robinson reported in addition to the written report:**

- Wrap payments accounted for 26% of last month's revenue, bringing in \$22,317.63.
- Received \$1,376.58 in the 340B account with three prescriptions being filled.

*Lane Belangia: You can see the days balance breakdown. Note that the breakdown for 0-30 days and 180+ days were completely inverted 6 months ago. Our financials are going in the right direction.*

*For more detailed information, see Attachment 7 – [Finance Report](#)*

## **3. New Business**

### **3.1. Finance**

#### **3.1.1. Income and Expense**

Ann Tope made a motion to accept the KCCHC June 2019 Finance Report. Matthew Kurtz seconded the motion: in the negative; none. The motion was approved.

### **3.2. Contracts**

**3.2.1. Accept approval of Letter of Commitment with Baker's IGA for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant.**

Bruce White made a motion to accept approval of Letter of Commitment with Baker's IGA for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant. Jeremiah Cline seconded the motion: in the negative; none. The motion was approved.

*Lane Belangia: These three letters of commitments have already been approved by the Board of Health, signed by the Health Commissioner and are awaiting my signature. Tami Ruhl, Creating Healthy Communities grant coordinator at the health department, had a little money leftover in her grant and was aware we had a diabetes action plan from HRSA. We have collaborated to create the Produce Prescription Program with three local agencies. A patient visits the Health Center and is recognized as being diabetic or pre-diabetic. We then provide good medical care, education materials and set up a consultation with our diabetes counselor. In doing so, once the patient meets with the diabetic counselor, they are eligible to receive a \$30 coupon or a \$60 coupon if there are 2 or more individuals within the same household. This is a six-month trial and we will collect data on outcomes of this program.*

**3.2.2. Accept approval of Letter of Commitment with Mount Vernon Farmer's Market for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant.**

Bruce White made a motion to accept approval of Letter of Commitment with Mount Vernon Farmer's Market for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant. Jeremiah Cline seconded the motion: in the negative; none. The motion was approved.

**3.2.3. Accept approval of Letter of Commitment with Yellowbird Foodshed for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant.**

Bruce White made a motion to accept approval of Letter of Commitment with Yellowbird Foodshed for the Produce Prescription Program for a maximum amount of \$4,000 paid out of the Creating Healthy Communities grant. Jeremiah Cline seconded the motion: in the negative; none. The motion was approved.

**4. Health Commissioner – Board of Health Update**

**Lane Belangia reported:**

- A workforce committee has been established to examine the Siemens property. As this moves forward, there may be an opportunity for Co-Applicant board members to serve on this committee to discuss space, clinic operations, etc. All space in the Health Center is currently maximized.
- No measles cases have been confirmed for Knox County. Franklin County Public Health is offering two free measles immunization clinics this weekend.
- Zach Green, Interim Admin/Ops Director is examining current policies and procedures' regarding Ebola as the outbreak continues in Congo.
- Lyme Disease continues to be a high prevalence.

*Lane Belangia: There aren't a lot of options for relocation around this area. We are doing our best to relocate and keep the Health Center within the Knox County Health Department. The Siemens building is a great opportunity and gives us the ability to partner with other social service, public agencies.*

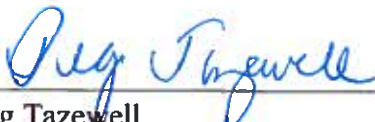
*Mike Wythe: What Siemens building is this?*


*Lane Belangia: It's across the street from the credit union on West Chesnut Street.*

## 5. Adjournment

Being no further business, Bruce White made a motion to adjourn the meeting. Ann Tope seconded the motion; in the negative, none. The motion was approved.

The meeting adjourned at 12:22 p.m.

  
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Peg Tazewell  
Secretary

  
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Lane Belangia  
Community Health Center CEO