



Ventura County Community Health Center (CHC) Board Meeting Minutes

Theresa Cho, MD
Ventura County Ambulatory Care Chief
Executive Officer
Medical Director CHC
Executive Director

Marth Ann Knutson
County of Ventura
Assistant County Counsel

Chaya Turrow
CHC Board Clerk

**Meeting Minutes May
23, 2024
12:30 - 2:00 PM**

**2240 E Gonzalez Rd,
Suite 200
Oxnard, CA 93036**

CHC BOARD MEMBERS:

DAVID TOVAR, District 3
Chair

RALPH REYES, District 3
Vice Chair

ESPY GONZALEZ, District 2
Secretary

RENA SEPULVEDA, District 1
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

MELISSA LIVINGSTON, District 1

JAMES MASON, District 5

Call to Order:

David Tovar called the meeting to order at 12:34 PM.

1. Roll Call

David Tovar	Present
Ralph Reyes	Absent
Espy Gonzalez	Present
Rena Sepulveda	Present
Manuel Minjares	Absent
Renee Higgins, MD	Present
Melissa Livingston	Present
James Mason	Present

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Theresa Cho, MD, HCA – Ambulatory Care

Lizeth Barretto, HCA – Ambulatory Care
Allison Blaze, HCA - Ambulatory Care
Manny Buabeng, HCA – Ambulatory Care
Michelle Meissner, HCA - Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Andrew Keshmiri, HCA - Ambulatory Care
Tony Strohbusch, HCA - Ambulatory Care
Christina Woods, HCA – Health Care Plan
Dee Pupa, HCA – Health Care Plan

Public Present

Dr. Melody Schniepp

3. Public Comments

Action Items:

4. Approval of CHC Board Meeting Agenda for May 23, 2024

Board Member Mason motioned to approve the meeting agenda with the edit of moving item nine to before item six. Board Member Livingston seconded. Motion passed.

5. Approval of CHC Minutes for April 25, 2024

Board Member Mason motioned to approve. Board Member Higgins seconded. Motion passed.

Presentation Items:

6. Urgent Care Providers Staffing Hours & Availability

Dr. Seong Kang presented regarding the FQHC Urgent Care Staffing hours and availability. Dr. Kang is an doctor at the Las Posas clinic and the Schedule Coordinator for the urgent cares. There are six urgent cares and five at the FQHCs. Dr. Kang said the busyness of the urgent cares ebbs and flows, but it is usually busiest in the morning. The volume is also dependent on the day and time of the year. The average patients seen per day in 2023 shows the highest of 29.98 on Mondays, then a slow decrease the remainder of the week.

Q3 showed a significant volume decrease, then it jumped back up in Q4. This is due to flu and Covid season, which is busy between October to February. There is usually a dip in the summer months.

The industry standard for urgent care providers is 4.5 patients per hour. Board Member Higgins confirmed if this was just for physicians? Yes. For our FQHC's urgent cares, we are only adding one more patient per hour with one more provider (2 – 2.4/hr → 3 – 3.4/hr). Dr. Kang mentioned that an objection may be the wait times? We did not have a good way to monitor this before Cerner, so we have minimal information and data.

The patient satisfaction comparison shows that a patient's overall experience is almost the same (75.7% at Magnolia vs 77.9% at Conejo) based on one provider versus two providers.

There are some additional factors to consider, such as Magnolia sees 25% more patients annually, and Conejo isn't open on Sundays.

Dr. Kang said that the Ambulatory Care leadership looked at the best ways to serve each FQHC and the patients. The first option is to move to a system with one primary care physician and one physician's assistant or nurse practitioner. The second option is to add a second physician for just the mornings. The third option is to schedule walk-ins to come back when the urgent cares are less busy. Board Member Higgins asked when the leadership team plans to implement the ideas. Dr. Kang confirmed summer. Dr. Blaze said that at Sierra Vista, they have a PCP at the urgent care in the morning, who then works their regular shift at the clinic in the afternoon. Las Islas will start with something similar. Schedules, currently, are very impacted.

Board Chair Tovar asked about the patient make-up? Dr. Kang said mainly Spanish speaking. These patients tend to see urgent cares as an ER. The team uses Language Line, the translation app, clinic wide. But many providers also speak Spanish.

Action Items:

7. Approval to Submit HRSA Grant: Expanding Behavioral Health

Ms. Turrow explained there is a federal funding opportunity to expand behavioral healthcare to our patients. The grant is a two-year funding opportunity with up to \$600k for the first year and up to \$500k for the second year. There is the opportunity for the second year to be added to our base grant.

We will propose to hire, train, and onboard medical assistants and medical office assistants as support to the behavioral health clinicians. The additional support staff will help with linkage to depression screening. Additionally, we will propose to provide dialectical training to our behavioral health team.

Board Member Higgins asked if the staff will be fixed term. Hopefully not, but we must be careful in case we are not awarded the continued funding.

Board Member Mason asked where Community Health Workers come from? CHWs are county employees. Dr. Cho explained that there is a broad description of what they provide. Board Member Mason asked if they're under a provider/payment schedule? Yes.

Board Member Mason moved to approve the submission of the Behavioral Health HRSA grant. Board Secretary Gonzalez seconded. Motion passed.

8. Nominations for CHC Board Officers (Chair, Vice Chair, Secretary, and Treasurer)

During the April meeting, board members Ralph Reyes, Renee Higgins, and Rena Sepulveda volunteered to be a part of the nomination committee. The nomination committee nominated Ralph Reyes as the Chair, Rena Sepulveda as the Vice Chair, Espy Gonzalez as the Secretary, and James Mason as the Treasurer.

There was also discussion about removing or keeping the Treasurer. Ms. Turrow explained that the Treasurer was important to review and understand any of the financial information provided to the CHC Board regarding the FQHCs. The Treasurer can act as a liaison between the CHC

Board and the fiscal team.

Each nominated board member accepted their position. Ralph Reyes was not in attendance but accepted his nomination during the nomination committee meeting.

Board Chair Tovar motioned to approve the CHC Board Officer Nominations. Board Member Livingston seconded. Motion passed.

9. Review and Approval of FYTD December 2023 Fiscal Report

Jason Cavender presented the FYTD December 2023 Fiscal Report. Mr. Cavender shared the FQHC Net Patient Revenue and Provider Visits from July 2023 to December 2023. Over the past three years, the Net Patient Revenue has been trending consistently right around \$71M. The Net Operating Income has been trending greater, up to -\$41M. The Net Patient Revenue is what we expect to collect, the gross revenue with write-offs. The Net Operating Income/(Loss) is the amount with salaries, etc. subtracted. The Provider Visits are right around 350K – 360K.

Mr. Cavender also shared the Net Patient Revenue per Provider Visit. The rates have had a steady increase over the past three years, and the new average temporary rate would increase significantly due to rate re-setting at seven FQHC clinics: West Ventura, Conejo, Las Islas North, Las Islas South, Mandalay Bay, Moorpark, and Magnolia West. This is good news because we expect to see the rate remain higher. Board Member Higgins asked if the rates are usually up every October, but not by this much? Dr. Cho confirmed and said that it is retroactive once approved.

The FQHC Statement of Revenue and Expenses Comparative - The Salaries and Wages provides the biggest loss due to general salary increases based on wage inflation and market-based increases. Purchased Services include security, cleaning, janitorial, Maxim healthcare (who provides temp nurses). This is \$700K annualized and the Expanding Covid-19 grant funding covers \$380K. The Medical Supplies line item increased because of increased pharmaceuticals. Board Member Mason asked if Medline had any competition. Mr. Cavender said they were the main vendor, but Cardinal was another vendor used.

Finally, Mr. Cavender shared the Ventura County Medical System's Budget. This includes the clinics and the hospital. Since the income is earned together, the fiscal team wants to show together. The FY 23-24 Projection is a loss of \$3.7M. The FY 24-25 Proposed Budget targeted net income is \$417K. The FY 25-25 Proposed Budget Improves on the FY 23-24 Projection by \$4.1M. Board Member Mason asked, if possible, to see both the combined budget and just the clinic budget. Dr. Cho said we can, but when it gets all chopped up, it may present differently. Board Chair Tovar also requested if it would be possible to see the budget month by month for the past quarter.

Board Member Livingston motioned to approve the FYTD December 2023 Fiscal Report. Board Member Higgins seconded. The motion passed.

Presentation Items:

10. 2023 UDS Data Review

Michelle Meissner shared the 2023 UDS Data Review presentation. UDS, Universal Data

System, is due in February and covers the full year prior. It is a HRSA requirement and includes demographics, volumes, quality, and fiscal.

In 2023, our clinics saw 95,314 total individuals. Of those, 5,374 were individuals experiencing homelessness. Ms. Meissner said that the teams are working with operations to get better information from the front office teams. The patients by age have remained mostly the same throughout the past several years. Similarly to other years, our demographics are more heavily female for the universal population, and more heavily male for the homeless population. 86.1% of the universal population is white, with 66% of that population being of the Hispanic, Latino/a or Spanish origin. The homeless population shows similar numbers with 87.23% being white, and 51.82% of that population being of Hispanic, Latino/a, or Spanish origin.

Many of the patients in both the universal and homeless population speak English, while almost a third in the universal population speak Spanish. Also, 1.46% speak Mixteco, which provides a bit of challenge, but the Language Line app helps. The team struggles to capture patients' sexual orientation. There are 44.76% that are unknown. It is part of the electronic screener (Tonic), but sometimes the patient doesn't fill the question out. Board Member Higgins asked what the questions are, if they have consulted with the DEI group, and if maybe it is the selection of options that always change? Ms. Meissner clarified that they have previously met with DEI, but it hasn't been looked at in 18 months. Dr. Cho also said that the questions asked in the screeners are reflective of UDS. Board Secretary Gonzalez asked if this is a survey, which Ms. Meissner confirmed it is and they do it this way, hoping the patient feels their answers are more discreet. The data is better pulled with the homeless population – 26.04% unknown. Gender identity is very similar to the percentages reported for sexual orientation, due to the information being collected on the same screener.

The information collected for the patient's socioeconomic status is going the wrong direction, with less information collected. There is a big gap in data, with zero people reporting their FPL is over 200% from over 5,000 people in 2022 and 43,000 people reporting unknown. Additionally, telehealth visits are decreasing. This is good, as it shows that more patients are visiting in person.

The top diagnoses seen in both universal and the homeless population included hypertension (number one for both populations), diabetes, overweight/obesity, and anxiety. Other substance related disorders ranked fourth for the universal population, and other mental disorders ranked fifth for the homeless population. The top services for both the universal and homeless population included influenza vaccine (number one for both), selected immunizations, and health supervision age 0-11. The universal population also had smoking cessation, and HIV tests as top services – replacing Covid-19 with more standard services. Although, Covid-19 diagnostic tests were still a top service for the homeless population, as well as PAP tests.

Clinical Quality Measures

- Prenatal care visits dipped this year, although the clinics are still performing above the national average.
- Childhood immunizations are a continued challenge and dropped below the national average.
- The cervical cancer screenings decreased just slightly, but the clinics are still screening

above the national average. The clinics did see an increase in cervical cancer screenings with MediCal patients.

- Breast cancer screenings are just above the national average and are slowly increasing.
- Weight Assessment and Counseling Follow-Ups for pediatrics and adults are improving, but still not where the team wants the numbers to be.
- The tobacco use screening and cessation counseling is well above the national average and continues to improve.
- Statin therapy is trending in the wrong direction since it has not been focused on recently, therefore the teams will move this to the forefront.
- Colorectal cancer screenings are right at the national average and is a key measure the teams focus on.
- Depression screenings and follow up show a substantial improvement, although still below national average. The teams are ensuring iPads are being handed out with screeners. Board Member Higgins asked when Tonic started. Ms. Meissner said Spring 2021 and all clinics were live by August 2021.
- HIV screenings have gone up almost 5% this year.
- Depression remission at twelve months is within .5 percentage points of the national average. When patients are screened and diagnosed, the clinic teams get them intervened with the behavioral health integration team and programs.
- The HIV linkage to care dropped significantly in 2021 and 2022 but increased significantly in 2023. This is due to the very small number of patients (~7).
- The team continued to see improvements in heart attack and stroke treatment.
- Dental sealants for children between six and nine has a volatile performance. The teams hope that these numbers improve with the dental expansion.

Finally, the teams show adequate performance with low birth weights. The lower performance the better with this data. These numbers correlate with timely prenatal care. Additionally, the number of patients is very small. The clinics showed a notable improvement (+4%) in blood pressure control, which the blood pressure cuff program through HRSA helped significantly. Uncontrolled diabetes is also trending in the right direction. Pre-pandemic was strong, and the clinics are now getting closer to the pre-pandemic numbers.

The team sustained above-average performance in prenatal care in the first trimester, cervical cancer screenings, tobacco use screenings, and IVD (aspirin for stroke). Key improvements included depression screening, HIV screening, controlling high blood pressure, diabetes care, and depression remission at 12 months. Improvement opportunities include childhood immunizations, depression screening and follow up, colorectal cancer screenings, statin therapy, and dental sealants. Additionally, the team is working with operations to come up with solutions to improve the demographic collection. One option is a timer to reset fields with new collection data.

Discussion Items:

11. Continued Business

a. Board Recruitment

Ms. Turrow reminded the Board Members that there is still a need for additional board members. Able to accept consumer and non-consumer members.

12. Executive Director Evaluation

Ms. Turrow explained that the Executive Director Evaluation will take place in the Fall. There will be a new HCA Director who will present the evaluation during the meeting. Additionally, there will be a closed portion of the meeting.

13. CEO Update – Theresa Cho, MD - HCA, Ambulatory Care

Dr. Cho announced that the organization was awarded a QIP award. Ms. Meissner and Dr. Stern are doing a fantastic job and leading the way. Our organization was one of the top performers. Our budget is determined on success with these programs. Additionally, Gold Coast Health Plan has quality measures for our clinics to reach, which then adds to our preexisting budget. This will add \$5 million to an additional program with four more measures. It is a bit more of a burden on the clinics and some are difficult to meet – such as asthma and mental health.

As some may have heard, Santa Paula Hospital is closing their Labor and Delivery unit. The three FQHCs in the area will have no changes. There are five physicians within the three FQHCs that provide OB care.

Addiction medicine services (MAT – medication assisted treatment) are important. We are expanding these services at Magnolia with a fellow from the Addiction Medicine Fellowship Program at VCMC. The fellow will provide primary care and addiction medicine services.

The team is changing the strategy with the John Flynn clinic to focus on pediatrics – wellness and children services.

14. Board Comments

Board Member Higgins is attending the prescriber series at the Hyatt and will talk to primary care physicians to understand how to alleviate concerns on addiction.

Board Member Higgins asked if possible to receive a list of current providers? Dr. Cho confirmed that the team will send out the list shortly.

15. Staff Comments

None.

16. Adjournment – **Adjourn 2:04 pm**

Audio files of the CHC Co-Applicant Board meetings are available by contacting the CHC Co-Applicant Board Clerk at chcboardclerk@ventura.org

Minutes submitted by: Chaya Turrow, CHC Board Clerk

**Next Meeting: Thursday, June 27, 2024
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**