



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
July 25, 2024
12:30 - 2:00 PM

2240 E Gonzalez Rd,
Suite 280
Oxnard, CA 93036

CHC BOARD MEMBERS:

RALPH REYES, District 3
Chair

RENA SEPULVEDA, District 1
Vice Chair

ESPY GONZALEZ, District 2
Secretary

JAMES MASON, District 5
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

MELISSA LIVINGSTON, District 1

DAVID TOVAR, District 3

LORETTA DENERING, DrPH, MPH,
District 2

Call to Order:

Ralph Reyes called the meeting to order at 12:37 PM.

1. Roll Call

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

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Theresa Cho, MD, HCA – Ambulatory Care
Martha Knutson – County Counsel
Lizeth Barretto, HCA – Ambulatory Care
Allison Blaze, HCA - Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Elizabeth Galway, HCA – Ambulatory Care
Michelle Meissner, HCA – Ambulatory Care
Dee Pupa, HCA – Health Care Plan
Christina Woods, HCA – Health Care Plan

Public Present

Bryan Toledano
Samuel Phang, MD

3. Public Comments

Bryan Toledano is a union representative raising awareness of physician burnout. Mr. Toledano shared surveyed results from union physicians within the FQHCs. The bell curve shows dissatisfaction. Physicians are not feeling supported, and there is a push and pull between meeting the quality standards. A major concern for the physicians is wanting to reduce their hours. Many are part time but spend time charting when they aren't working. Many have thought about leaving, relating to burn out. Their follow up care toward patients is a part of their concern. Mr. Toledano said that physicians believe there is a communication gap between physicians and the leadership. Many do not know about the CHC Board meetings.

Board Vice Chair Sepulveda asked how many physicians are represented. Mr. Toledano said 72 total, and 50 answered the survey. Board Treasurer Mason asked if all are represented by UAPD. Mr. Toledano confirmed only primary care physicians are represented.

The second public comment came from Dr. Samuel Phang, representing a physician part of the union. Dr. Phang said he works part time, but still works six days a week. He appreciates taking the time to improve quality and patient access, but nobody who works with patients is a part of the quality meetings where decisions are made. The urgent care doctors feel like they are not heard. Dr. Phang suggests adding employees to the decision making.

Board Member Higgins asked if there was a message that goes out to the medical director when processes change? Dr. Phang said that all clinics have monthly meetings for an hour, but this is not enough. He believes that the meetings with employees are antagonistic. Board Treasurer Mason said he would like to see this information over time.

Action Items:

4. Approval of CHC Board Meeting Agenda for July 25, 2024

Board Member Higgins motioned to approve the meeting agenda. Board Vice Chair Sepulveda

seconded. Motion passed.

5. Approval of CHC Minutes for June 27, 2024

Board Treasurer Mason motioned to approve. Board Secretary Gonzalez seconded. Motion passed.

6. Presentation and Approval of Quality Assessment & Performance Improvement (QAPI) Program and Plan

Michelle Meissner shared the updates made to the Quality Assessment and Performance Improvement Program and Plan. Most of the changes were cosmetic.

In the 2024 Goals and Objectives, these were adjusted from past few years because the team succeeded in recovery with access to care and preventative care. The goal now is to do better. Patient Satisfaction remains a goal year over year. The Demographics are not where they need to be. The Access to Care goal also remains the same. The team met the service goal of 70% by leveraging the text messaging platform and lowering the number of calls received. The Clinical Quality measures are updated every year. Dental Services are usually a goal, and this year the narrative is rewritten to focus on Magnolia Dental and expanding dental at Pediatric Diagnostic Center. Also increasing the staff at both clinics. Finally, the team updated the Behavioral Health goal to include the developed workflows for patients being discharged from the emergency departments and updates to Tonic forms.

7. Presentation and Approval of Q2 Quality Update

Michelle Meissner shared the Q2 Quality Update.

Q2 performance showed that the team has met about half of the measures. The clinics have done well with children's care in the first part of the year, meeting all six of the preventative care measures. The screening for depression metric still shows a large gap, but the clinics halved the goal since the first quarter. The diabetes care gap is higher than we want to see.

Q2 Quality Initiatives

The 2023 QIP Performance data was submitted in June, and the team is expected to receive full funding of \$85 million. The team over-performed on 21 metrics, which helped to make up for the missed metrics. Performance highlights included improvements in HIV Viral Load Suppression, Depression Screening, Lead Screening, and Chlamydia Screening. Due to DHCS budget issues, the team will not be audited until 2025.

The team also more than exceeded Gold Coast QIPP 2023 projections and is expected to achieve full funding of \$12.5 million. The program becomes harder in 2024 with added metrics.

There are metric changes to the depression screening. The metric now requires the patient to have a visit. The Tonic re-screening timers were adjusted at the beginning of June. IT purchased 330 new iPads and has started deploying them, but the team did not want to disrupt workflows, so it has been a bit of a process. The team has also created a

projection table, where they are leveraging total population for each clinic to have a visit in a year. The clinics have done a great job at course correcting.

The state has put an increased focus on the follow up after ED visits for substance use and mental illness (FUA and FUM). Our clinics have hired new emergency room navigators, who are certified alcohol and drug counselors that meet with patients in the VCMC emergency department and telephonically and work to connect patients to appropriate substance use / mental health resources. The challenge our team faces is that there is currently only one Navigator, and the phone calls are less successful.

Gold Coast has added asthma medication ratio as an added metric. It has been very challenging to move the needle because the care gap is so few patients. Improvement efforts include clinic interventions, whole person care, GCHP advocacy, and technical solutions.

Patient Experience

The complaints and grievances data points are similar to other quarters. The specific clinic breakdowns show the most at AFMC and Sierra Vista. Communication and attitude / courtesy of staff are the largest complaints and grievances. The complaints by health plan match the patient population of each health plan. Complaints about wait time have decreased throughout the quarter and complaints about accessibility are continuing the downward trend since Q3 2023. Dr. Blaze's hiring has helped with accessibility.

Incident reporting is reported by staff. The quality team prefers to see more incidents reported to improve or fix the problem and not place blame. Incidents for Q2 have increased since Q1. The two largest incidents are aggression and falls.

Board Treasurer Mason reminded Ms. Meissner that it would be great to see the reports by clinic, weighted by distribution. Ms. Meissner said that is still in the works.

Board Secretary Gonzalez motioned to approve the Q2 Quality Report. Board Vice Chair Sepulveda seconded the motion. The motion passed.

8. Fiscal Review and Approval

Jason Cavender shared the FYTD March 2024 Fiscal Report.

Mr. Cavender shared the Net Patient Revenue and Provider Visits. This showed that the provider visits are trending consistently. Additionally, the operating loss has improved from the last report.

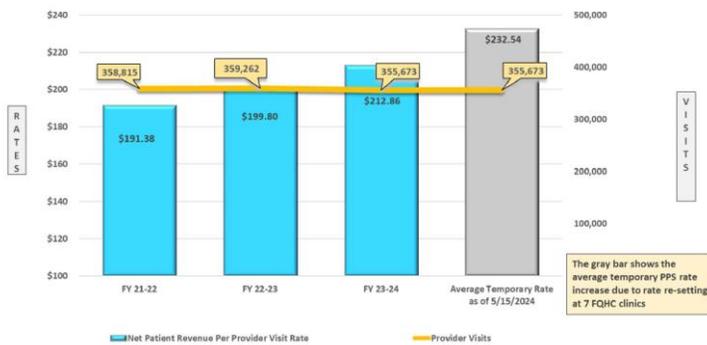
FQHC Net Patient Revenue and Provider Visits
FY 21-22, FY 22-23 and Annualized FYTD 23-24: Jul-Mar



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Mr. Cavender also shared the Net Patient Revenue Per Provider Visits. The average temporary rate (shown in gray) is the blue bar with the temporary PPS rate included. The rates are going up consistently.

FQHC Net Patient Revenue Per Provider Visits
FY 21-22, FY 22-23 and Annualized FYTD 23-24: Jul-Mar



Thirdly, Mr. Cavender shared the Statement of Revenue and Expenses Comparative Annualized. Salaries and wages are increasing because of market rate adjustments. Medical supplies include Medline (largest vendor) and pharmaceuticals. The pharmaceutical costs are up due to an increase in supplies and the cost of medicines.

**FQHC Statement of Revenue and Expenses Comparative
Annualized FYTD 23-24: Jul-Mar and FY 22-23**

	Annualized FYTD 23-24	FYE 22-23	Variance	% Variance
Provider Visits	355,673	359,262	(3,589)	-1%
Net Patient Revenue	\$ 75,707,318	\$ 71,781,211	\$ 3,926,108	5%
Operating Expenses:				
Salaries & Wages	60,434,134	55,636,347	(4,797,787)	-9%
Employee Benefits	23,887,549	23,191,256	(696,293)	-3%
Depreciation/Amortation	4,249,369	5,085,007	835,638	16%
Interest Expense	27,387	31,560	4,173	13%
Medical Supplies	8,898,630	6,368,717	(2,529,913)	-40%
Office Expense	507,083	494,649	(12,433)	-3%
Professional Fees - Physician	5,751,685	5,744,530	(7,155)	0%
Purchased Services	7,352,282	5,365,857	(1,986,425)	-37%
Rents & Leases	1,376,124	906,203	(469,920)	-52%
Supplies	1,765,912	645,152	(1,120,760)	-174%
Utilities	723,170	626,048	(97,122)	-16%
Total Operating Expenses	\$ 114,973,325	\$ 104,095,327	\$ (10,877,998)	-10%
Net Operating Income/(Loss)	\$ (39,266,007)	\$ (32,314,116)	\$ (6,951,890)	-22%

Finally, Mr. Cavender shared the Ventura County Medical System (VCMS) Budget Summary. The overall budget is positive with a targeted net income of \$417,839. The year-end projection has also improved by a positive \$4.6M. The clinics and hospital are together for supplemental funding, too.

**Ventura County Medical System (VCMS) Budget Summary
FY 23-24 Adopted Budget, FY 23-24 Year-End Projection, and FY 24-25 Proposed Budget Comparative**

Ventura County Medical System Budget Summary					
(In millions)	FY 2023-24 Adopted Budget	FY 2023-24 Year-End Projection	FY 2024-25 Proposed Budget	Change From YE FY 23-24 to Proposed Budget	% Change
Revenues	\$ 665.4	\$ 674.2	\$ 721.3	\$ 47.1	6.9%
Expenses	\$ 673.7	\$ 677.9	\$ 720.9	\$ 43.0	6.3%
Net Income (loss)	\$ (8.3)	\$ (3.7)	\$ 0.4	\$ 4.1	
	-1.2%	85%	0.4%		

FY 23-24 Projection is (\$3.7M)
FY 24-25 Proposed Budget targeted net income is \$417K
FY 24-25 Proposed Budget improves on the FY 23-24 Projection by \$4.1M

The overall budget position for VCMS is positive with a targeted net income of \$417,839. Year-end projection have improved from FY 2023-24 Budget by a positive \$ 4.6 million cutting the budget loss for FY 2023-24 from a negative loss of \$8.3 million to a projected negative loss of \$3.7 million. The overall budget plan improves the projected year-end loss position by \$ 4.1 million for a budgeted net income of \$417,839 for FY 2024-25.



Board Treasurer Mason requested to see clinics on their own, without being attached to the hospital.

Board Member Higgins motioned to approve the Fiscal Report. Board Member Denering seconded the motion. The motion passed.

Discussion Items:

9. Continued Business

a. Grants Updates

Ms. Turrow shared that the team submitted the Expanded Hours grant. The grant was focused on expanding operational hours at a few Oxnard and Santa Paula clinics into the evening and early morning. If awarded, the funding begins in December.

Ms. Turrow also shared that the Service Area Competition is due on Thursday, September 26. The team will be working diligently over the next two months to complete the grant.

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

Dr. Cho shared that we will plan a Magnolia Dental Ribbon Cutting.

Dr. Cho also shared that she is the new Health Care Agency Director. She plans to remain as Executive Director for the CHC Board until a new Ambulatory Care Chief Executive Officer is hired.

Dr. Cho followed up on the quality reports. She said we partner with Gold Coast Health Plan by bringing children in for events and providing incentives. We have a couple Back to School events at Las Islas and Mandalay Bay coming up.

Additionally, there is a Financial Resetting Plan. Dr. Cho explained that this is mixed in with the hospital's financials, but we need to wait for their audit to finalize. Dr. Blaze said that they're working on triggers for FY 2025. The MCO tax, which impacts funds to the hospitals, is on the ballot in November. CDPH is looking for gaps. It is daunting to think what is at stake with the metrics.

Board Treasurer Mason asked if there is a replacement for Dr. Cho as CEO. Dr. Cho said that Dr. Blaze is the current interim, but she does not want the permanent position.

11. **Board Comments**

Board Member Livingston requested a follow up comment from Dr. Cho based on the public comments about physician burn out.

Dr. Cho said that physician burn out is a real thing. There are a lot of nurses and other team members supporting the administration. The EHR (electronic health record) is a universal problem. The team is looking into getting an AI scribe with Cerner. Additionally, there are quarterly patient care meetings with UAPD and Dr. Phang where they address what physicians feel they cannot do. There are also bi-monthly huddles twice per day and a bi-monthly newsletter with important information. Also seeing that physicians want autonomy. We have been at or even below the level of patients per year. Staff attrition is low, but Dr. Blaze has hired more than we have ever lost.

Board Member Higgins asked what stage we are at with AI. Dr. Cho confirmed that we are at the cap. Dr. Blaze said the feedback is welcomed and the leadership team does recognize there is a bit of change fatigue.

Dr. Higgins asked if/why there is only one navigator in ED. Ms. Meissner said there is a contract between Gold Coast and Behavioral Health. There are supposed to be two. Dr. Denering said they have also talked about it, but it is a matter of resources.

Board Chair Reyes shared that Big Lots in Santa Paula is going out of business, in case Dr.

Cho wants to consider for a new facility.

12. Staff Comments

Ms. Barretto shared that Magnolia Dental had one delay with sprinklers, second delay with Xray machines, and third with HRSA approval. Finally received approval from HRSA last week, plan to open on August 7th. Will be open two to three days per week. Dentists are currently onboarding. In private FQHCs, they designate the site as intermittent. We do not have a mechanism to do this through licensing. We will need to submit a letter to DHCS to add Magnolia Dental to PDC with our PPS rates.

Ms. Pupa suggested reaching out to Gold Coast to create grant for extended hours.

13. Adjournment – Adjourn 2:07pm

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, August 22, 2024
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**