Budget Retreat Minutes
December 5, 2022
6-8 PM, Southeast Health Center

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

CHCB Board Members Present:
Tamia Deary- Member-at-Large
Pedro Sandoval Prieto- Secretary
Susana Mendoza- Consumer Board Member

CHC Staff Present:

Adrienne Daniels- Interim Executive Director
Hailey Murto - Board Liaison
Grace Savina- Community Engagement Strategist
Jeff Perry- Chief Financial Officer
Maya Jabar-Muhammad- Executive Support Manager
Bernadette Thomas- Chief Clinical Officer
Debbie Powers- Deputy Director, Clinical Operations and Integration
Anirudh Padmala- Deputy Director

Time Topic/Presenter	Discussion	Action Items/ Follow-Up
6:00-6:05 **(5 min)**	Meeting starts 6:21 PM Ice breaker: Name, title, did you make a snowman in the snow yesterday?	
6:05-8 pm **Jeff Perry** Budget Presentation	<u>Role of the board in budget planning</u>: Provide input to ensure the health center has all of the resources they need to do their work. Finance committee gives input and helps steer financial decisions, but this does not get the input of the full board <u>Goal of tonight</u>: make sure board is able to give feedback on priorities and budget needs. <u>Our Strategic Values:</u> Our People: this is our center, and leads/drives our decisions 1. Health Center of Choice 2. Financial Stewardship 3. Operational Excellence 4. Advance Health Equity Q: How did you identify these strategic values? Did you find out through surveys and questionnaires or through the clinics? A: The CHCB Board. This was created/identified through the strategic plan with the board. <u>SWOT Analysis:</u>	Future presentation request: Practice Management Redesign

S-strengths
W-weaknesses
O-opportunities
T-threats

Identifying what we do well: our locations, our communication

Weaknesses: what can we do better? Areas where we can move a weakness into a strength– for example, we work for a large government agency– that means we can't always act quickly,

Opportunities: new markets

Threats: program stability, federal/state policy changes, political effects, sustaining inter capabilities, loss of staff, inflation

When putting together the budget, these are things we have to keep in mind.

Q: So we have fewer threats, or more strengths to balance them?
A: We want the threats list to be as small as possible.

Comment: Would recommend adding competition and compliance to list of threats

Q: Are there other items we should add to these categories?
A: Client dissatisfaction could be a threat, but improving client satisfaction could also be an opportunity.
A: Innovation and program expansion should be added as opportunities.

Q: Under weaknesses, what is meant by bureaucratic paralysis?
A: In a big organization, we can't always get things done as quickly as we would like to. There are a lot of rules that often guide how quickly we are able to get things done.

Q: What do you mean when you say innovation?
A: New ideas, that either improve programs or the way we do things, i.e. we brought in a new company to do patient surveys, and in a way that was more innovative than before. It brings info from other sources, including other languages. Innovating is looking to do things in new and improved ways than we were before.

Q: How would this impact the budget? Would we be adding things?
A: This means we are making a decision to change how we do the work. Sometimes this would impact the budget, sometimes it

wouldn't.

Budget questions: These are questions that are recommended for board members to think about when considering budget planning.

Q: Would we be able to edit these questions?
A: Yes, this list is just for ideas. We can ask any question we want.

<u>Pharmacy:</u>

You'll notice these slides align with the strategic goals from the previous slide.

Financial Stewardship:

- Reinvestment of pharmacy revenue into direct pt care services
    - Identify alternate funding source for ICS laboratory
    - Expansion of the clinical pharmacy program

Optimize revenue

- Expansion of contract pharmacy agreements
- Increase pharmacy capture rate
- Expansion of mail and delivery services

Operational Excellence:

- Leading with race
- Establish clinical quality metrics

Health center of choice

- New PCC/La Clinica pharmacy

Advance health equity

- Workforce shortage
    - Launch of WFD program for pharmacy technicians

Comment: Pharmacy bought the robot. It would be great to bring someone from pharmacy back to discuss the robot, because that's a great example of innovation.

Q: How would the robot help the PCC students or recruiting for new staff?
A: Many of our patients who get complex sets of medications, the robot does the filling of those prepackaged medications for us. This helps us stay competitive in the market. The humans do the work the humans need to do, which is interact with patients, while the robot

fills the medication.

We hope to increase the number of patients who use our pharmacy services.

Dental Program:
Operation excellence:

- Quality, Access, and Engagement
    - COD/ICS partnership
- Improve operational efficiency
    - Increase schedule utilization and decrease no-shows

Q: How do we decrease the no-shows?
A: We already do follow up with the patient. In FY24 we will bring advanced access to the dental program. This means decreasing time between when a patient is scheduled and when their appt is.

Financial Stewardship:

- Performance improvement
    - Increase collection rate

Advance Health Equity

- Workforce shortage
    - Launch PCC climbs to address EFDA and hygienists

Health center of choice:

- PCC/La Clinica

Primary Care:

Our People:

- workforce development
    - advanced practice clinician (APC) fellowship

Comment: Having a program like this (APC fellowship) lets people come into the program, learn, and make sure good people are doing good work. They can make sure for themselves if this is a good fit for them, and then they can get a panel of patients.

- provider retention
    - indirect patient care time
    - team anchor model
    - long visits for complex patients

Comment: Having longer visits for patients who need it is great. As someone who needs an interpreter, I would love to have longer visits.

Health center of choice:

- Optimize access
    - Advanced access scheduling- allows for patients to schedule sooner, less wait time before their appt
    - Practice management redesign

Advance health equity

- Supportive Programming
    - Hospital transitions of care (delayed because of the pandemic)
    - eReferrals (allows us to connect our patients more quickly to care)
    - RN Care Management and Standing Order (getting nurses closer to pts)
    - Growth of Clinical Pharmacy program (more participation of clinical pharmacists in team-based care)

Q: If we're referring patients somewhere else to see a specialist- is that every clinic?
A: I anticipate that most referrals will be managed virtually. The referral will be managed by a computer, and patients will get their results at their clinic. At every health clinic.

Comment: I would like every clinic to have every type of specialist referral. He was at Rockwood, and he had to travel far to reach that specialist. There isn't a specific person for patients to go to to get a specialist referral.

<u>Integrated Behavioral Health:</u>

Health Center of Choice:

- Increase Access
    - Mental health services expansion
    - Advanced Access Scheduling

Q: Why don't we provide more behavioral health services?
A: It's a function of how we get paid. We don't get paid for these services, so we don't provide them as much. We are working with a specialist to figure out how to do this, and we go through Care Oregon / Integrated Behavioral Health.

Q: Is that because it's something they don't think needs to be covered by an FQHC? We have the worst access in the country. How does the federal program not supersede the state rules?
A: States decide how, and how much, you get paid. The crisis is a function of the way the payment system is designed. The model is designed to reinforce the scarcity in the system.

The reimbursement rate is the majority of our revenue. We can't get paid, because we don't have an opportunity through OHA. Is that correct?

Q: Will these clinicians be available in all languages?
A: Trying to recruit linguistically and culturally diverse clinicians. We are trying to change the way we recruit for these positions.

Q: Why does the organization do a bridge with PCC?
A: We are hoping to do that with PCC when we move clinics, and we do that with dental assistants.

- Transitions of care

<u>Student Health Centers:</u>
Our People
- Maintain staffing status quo

Health Center of Choice
- Increase partnership with primary care

<u>Medical Director's Office:</u>

Our People:
- Recruitment
    - Development of provider support specialist (in languages our patients speak, shorten time for recruitments)
- Expansion of credentialing and enrollment
    - Advance payor enrollment
    - Quarterly peer review for ICS clinicians and providers

Advancing health equity
- Advancement of leading with race

Bargaining
- Pharmacist -new unit (more to come)
- Dental -successor (more to come)

Anirudh-
Population Health Approach

- Looks at how the things around us impacts care and care delivery

Population Health: Years ahead

- Transformative medicaid 1115 waiver
- Re-envision programs that are interoperable and connect different aspects of cre
- CoE 2.0

Allows for housing assistance for more than 6 months, allows for food assistance, care for children– looking at how these interact with how we deliver care.

Population health program: Centers of Excellence model– launched last fiscal year– re-envision this model, so we can try to get at care that is community-centered and community-driven. In the next year, we hope to look at where things intersect and interact, so we can do it differently and do it better.

Adrienne (filling in for Brieshon):
Quality and Compliance:

- Quality Improvement
- Quality Assurance
- Compliance
- Safety
- Privacy and Medical Records
- Patient Experience

Making sure care is high-quality, safe. Medicaid waiver changes the way we are paid, and is based on quality metrics. This is always important, but especially this year.

In the past, we have done this by

- co-led trainings
- shared communications
- standard tools
- equity as standard work
- process and system improvement

Looking at what we can do to be more efficient, innovating, and improve outcomes

Would like to focus on these in the next year as main points of

improvement in Quality:

- Lifting administrative burden (identified as a weakness)
- Quality improvement (continuing complaints and satisfaction work, Ryan White grant,
- Systems and technology (improving how we receive complaints– investing in software so we can centrally analyze the data we collect on complaints)

Ryan White– lifts administrative burden from providers, improves quality

Comment: Providing mental health services is amazing. If you don't know how to access mental health services– this affects other aspects of your life, and the lives of people around you.

Comment: At our last meeting, there was a great question about customer service. Right now, we are looking at individual cases, but we also need to be looking at trends, so we can see at the programmatic level what we need to change.

Comment: Tamia has been asking everyone who provides us quarterly reports to also provide trends, so we can see how things are going in a visually simple way. That is something we'll see more of in the future, as we get more data year by year.

Comment: At quality, we're looking at how we can better look at social determinants of health and info we get from feedback surveys, and look at are we impacting SDHs? It is not fully formed yet, but we are hoping to take information from multiple sources.

Comment: We talked about programs to introduce more folks from the community to the health center. We've been in touch with PCC, Mt Hood, and other schools where our medical assistants get their education, so we can introduce them to our programs, get service hours, and want to continue to work with the county.

Call for feedback for next steps/alignment with budget planning:

Q: How often do we need to approve this budget? Every time there is a change?

A: The board needs to approve the budget annually. That is what we're doing now. The other time is when we submit to HRSA, because they are on the calendar year. That means it's the budget the board already approved, but 6 months in the past and 6 months in the future. The board does not need to approve the budget every

time there is a change to it. If you had to come together every did you did or did not hire someone. The board does need to approve bigger changes, i.e. if we are moving 25% of our resources somewhere else. They also need to approve new funding.

Q: What kind of help do you need from us board members to approve the budget?
A: We would like to know: Do the strategic goals and visions that we went over in this presentation feel like they still feel right for this year? Or should there be changes to our focus for this upcoming year for the board to do the work they want to do?

Comment: Like I mentioned before, I think we need to focus on having fewer threats and weaknesses so we can have more strengths and more opportunities.

Comment: Would like to call out some of these threats. Loss of staff. We have been strengthening the program to build up doctors to be good providers, so they're less likely to leave. I need to hear from board members if they see that as a threat that needs to be addressed, so we can keep/increase resources for that program.

Comment: I appreciate that we got this information in Spanish, because in our meeting last year, we did not have this info. Now, we can converse, and we can understand better what is going on.

Jeff: That's great feedback. Soon, we'll be seeing this presentation with numbers, so we can start to put this all together.

Comment: When we talked today about the loss of staff. What we talked about today would help keep staff longer. If doctors have less stress, and can stay longer with clients, that will help with keeping staff.

Comment: Every time we talk about the budget, it helps for us to all come together, learn about it. We need more board members to show up and participate.

Comment: Critical that we focus on pharmacy expansion, mail-in delivery services– expand revenue where revenue is occurring. For workforce program, we do not always have the ability to give staff competitive pay. These are all well-thought out and we are doing a good job at proactively addressing issues. There are a couple of things that need to be expanded in terms of priorities– PCC/La Clinica needs to be an effective transition. Would like expansion of that transition as a priority. I would also like to see concrete

	language around prioritizing value-based care, so we are able to optimize value-based care. Measuring success is a work in progress, so we know what we need to do to get paid. Board members are asking for more information about this. Q: Practice management redesign: does that have anything to do with how the appts are scheduled? A: Yes, we are working on that. We can present on this in the future. It's an exciting project, and I think we're going to get a lot of good responses from our patients.	

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

Scribe taker name/email:
Hailey Murto
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Minutes approved, virtually, at the January 9, 2023 Public Meeting