

# Community Health Council

## Community Health Council Board Meeting Minutes

**Date:** Monday, July 9, 2018

**Time:** 6:00 PM

**Location:** McCoy Building, 10<sup>th</sup> Floor Conference Room

**Approved:**

**Recorded by:** Jordana Sardo

### Attendance:

Board Members	Title	Y/N
David Aguayo	Board Member	Y
Fabiola Arreola	Member-at-Large	Y
Sue Burns	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Robyn Ellis	Board Member	N
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Secretary/Treasurer	Y
Wendy Shumway	Board Member	Y
Iris Hodge	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Jordana Sardo	Executive Specialist	Y
Tasha Wheat-Delancy	Primary Care Services Director	Y
Mark Lewis	Interim Business Services Director	Y
Linda Niksich	Community Health Council Liaison	Y
Len Barozzini	Dental Director	Y
Dawn Shatzel	Quality Director	Y
Marty Grasmeder	Medical Director	Y

**Guests:** Katie Thornton, Dani Bernstein, Harold Odhiambo, Cassandra Westgate, and Myranda Harris,

### Action Items:

- Re: Complaints Report - A comparison report will be presented for next time and future reports will contain more context. Linda will report back on the nature of the complaints at NEHC.
- Re: Budget Report - Mark will bring more details next month about decrease in

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visits. Mark will bring a breakdown of internal drivers for Internal Services expenses to the next meeting.

### **Decisions:**

- Approved the June 2018 Meeting Minutes
- Approved the 2nd Quarter Complaints Report
- Approved the Monthly Budget Report
- Approved the Licensing & Credentialing Report
- Approved Annual UDS Report
- Approved staff to engage Feldman Tucker to review the draft MOA for CHC.
- Approved ICS/Strategic Plan and HD Updates

**The meeting was called to order at 6:13 pm by Chair, Tara Marshall.**

**The Meeting Ground Rules were presented by Vice-Chair, Wendy Shumway.**

**Noted that quorum was met.**

### **June 2018 Meeting Minutes Review**

*(See Document - June 2018 CHC Meeting Minutes)*

*No other questions or comments were raised by CHC members.*

***Motion by Sue to approve the June 2018 Meeting Minutes.***

***Seconded by Jon.***

***8 aye; 0 nay; 0 abstain***

***Motion carries***

### **2nd Quarter Complaints Report**

*(See Document - Scope Change in Hours for SHCs)*

Dawn Shatzel reported on complaints from April thru June, 2018 and noted that out of 30-33,000 patients, in Q2 there were 24 complaints -- 8 in dental program and 16 in medical program. NEHC had the highest number of complaints at 7. She reported that for 2018 complaint totals 51% of the time, patients ask to be contacted following their complaint and 43.1% do not. Total complaint breakdown by program was 51% medical, 45.1% Dental, and 3.9% divided among School Health Center, Pharmacy and Patient Access Center. By category, the highest number of complaints broke down into clinical care, customer service, pain management, provider interaction and Telephone.



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### *Questions and comments raised by CHC members:*

Iris thought the numbers were positive and raised that it would benefit the board to compare this quarter with the previous quarter, so they can see trends. Vanetta agreed. A comparison report will be presented for next time and future reports will contain more context.

Sue wondered what was the nature of the complaints at NEHC and whether the health center has an issue the board should be aware of.

Jon wondered if complaints were coming from one client? Linda will report back on the nature of those complaints.

Wendy asked what the resolution rate was following the complaint.

Dawn explained the process to follow through with the client and will share this feedback and questions with Kimmy Hicks who typically reports this data.

Fabiola asked about the process to handle complaints. Dawn shared that within five business days the client is contacted. Once a complaint is lodged, a quality team member talks with the provider or clinic manager to gather information and then a staff person reaches out to that client. Sometimes the medical directors will make the call to the client.

*No other questions or comments were raised by CHC members.*

***Motion by Wendy to accept the 2nd Quarter Complaints Report***

***Seconded by Iris***

***8 aye; 0 nay; 0 abstain***

***Motion carries***

### **Monthly Budget Report**

*(See Document - Monthly Dashboard-June 2018)*

Mark Lewis, Interim Director of Business Operations, reviewed the May 2018 Monthly Dashboard. He reported there was a visit decline in April and May, although Dental's billable visits increased due to dental team changes. David asked why there had been a decrease. Mark explained that the number of workdays increased which threw the average off. He'll dig deeper and bring more details next month.

The Percentage of Uninsured Clients for Dental is getting closer to the target of 12%.

The Payer Mix for Primary Care reflects the state's decision to redetermine the medicaid population. DMAP/Medicaid dipped to 11.3%.

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Mark reviewed the annual budget and noted that it did not include June's data. He noted there is likely to be a surplus as the fiscal year closes.

### *Questions and comments raised by CHC members:*

- David asked whether the federal risk sharing adjustment would impact federal funding. Vanetta sought clarification, whether David meant the federal budget exchange. She explained that the majority of MCHD clients do not receive a subsidy. Our clients are either uninsured or on medicaid. The feds are saying that they do not plan to help states that fund non-OHP people.
- David asked about the uptick in capital outlay and Mark said he would check on the expenses.
- David wondered what Internal Services expenses were targeted for and Mark explained that those expenses will come in higher. There are internal drivers, such as a change in occupancy rates with new building. He will get a breakdown of drivers for next meeting. Vanetta welcomed ideas on how to control those costs.
- Wendy shared that budget language was confusing. She asked who she could meet with to interpret language. Vanetta shared that the Finance Committee can address that, once they are officially chartered and start their work. Understanding budgets is not easy and takes time to interpret the lingo.

*No other questions or comments were raised by CHC members.*

***Motion by Jon to accept the Budget Report***

***Seconded by Wendy***

***8 aye; 0 nay; 0 abstain***

***Motion carries***

### **Licensing & Credentialing Report**

*(See Document - Licensing & Credentialing Report)*

Marty Grasmeder, ICS Medical Director, reviewed the new and anticipated providers and briefly shared their backgrounds and which health centers they would be located at. New providers are: Sophia Hargett PMHNP at Mid County; Candice Hunter FNP at East County; and Luis Sanchez FNP at East County. He noted many of the new providers speak multiple languages.

He added that OHSU is designating 2 of their OBGYN staff to work at our clinics.



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No questions or comments were raised by CHC members.

**Motion by Sue to accept the Licensing & Credentialing Report**  
**Seconded by Pedro**  
**8 aye; 0 nay; 0 abstain**  
**Motion carries**

### **Annual UDS Report**

*(See Document - Annual UDS Report)*

*Unified Data Systems:*

*Vanetta, Len and Marty reported on the 2017 Uniform Data Stems.*

In compliance with federal funding, ICS is required to collect information and submit it to the feds. The data helps identify trends and measure who we are serving and the services provided, compared with other FQHCs across the country. The whole document is 120 pages, so these are highlights. It's important to be familiar with these numbers. Keep in mind the term is on a calendar year, and it takes until late the following year to scrub the numbers.

These areas align with ICS' strategic goals:

- Quality and Safety - Improved by 3.9% on cervical cancer screening measure; improved by 13.6% on dental sealant;
- Person-Centered and Culturally Relevant - we served people 200% below the federal poverty level; 64% of clients were Latino or non-white; 46% best served in language other than english.
- Fiscally Sound and Accountable - Costs were \$143,191,051 for 276,855 visits and 66,327 clients; There were 66,327 total UDS patients (includes patients not in ICS, in misc programs) and 64,421 total ICS patients. The UDS patient growth from 2009 and 2017 reflects closing the Westside Clinic in 2013 and clients went to CCC. In 2017, we saw fewer assignments from CCOs, the bad winter weather shuttered health centers for a longer period than anticipated; we also used to count patients in the public health program, but that didn't meet the federal criteria so we had to stop counting them. The feds have not decreased funds yet, but we need to increase patients. The map with poverty calculation is a needs assessment. We go where the poverty is and the poverty is moving east.

Trends over time:

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Homeless patients by year 2017 was 3,144 up from 2,670 in 2016. There is more need and a need for better record keeping. This applies to services to veterans too in how we collect that information.

The feds use fewer race categories than we do. The graph demonstrated that it is not just people of color who are in need.

Payer mix by year - none/uninsured went from 30% in 2013 to 16% in 2017.

Gender information in 2017 is a work in progress. We've made progress in collecting data and more training that increases the level of comfort to ask and starting collecting data will help. These numbers help us to drive clinical tests and what people need to be healthy.

There are 16 quality measures to report to HRSA. We applied goals to these measures:

- Access to prenatal care - goal is 80%, we're at 77%
- Adult weight: we're at 30% of goal; supposed to come up with plan for patient;
- Asthma goal is 88%, we're at 85%
- Birth weight - goal is less than 7%, we're at 6.3%;
- CAD LIPID Therapy - we had been at goal but how to collect the data changed so now we are under goal.
- Cervical Cancer 70% at goal;
- Child Immunization - goal is 32%, we're at 21.8%
- Child weight, height weight and plan for bmi - goal is less than 30%, we're at 51%
- Colorectal cancer - due in part to a blip in how we can collect specimens, our goal is 53%, but we're at 49.7%;
- Dental Sealants - goal is 50%, we're at 56.9%, which is great!
- Depression - goal 65% and at 68%
- Diabetes - goal 27%, at 27%,
- HIV linkage - goal is 90%, at 92%
- Hypertension is a little below goal
- IVD - goal is 65%, how to collect data changed mid-year
- Tobacco goal is 93%, at 95%

*Questions and comments raised by CHC members:*

David asked whether the issue with colon rectal cancer had been resolved and Marty affirmed a more secure method of specimen collection was being utilized.



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*No other questions or comments were raised by CHC members.*

***Motion by Wendy to accept the Annual UDS Report  
Seconded by Fabiola  
8 aye; 0 nay; 0 abstain  
Motion carries***

### **OSV Action Plan Update & National HC Week**

*(See Document - OSV Action Plan Update & National HC Week)*

Adrienne Daniels, ICS Deputy Director, reported that as a result of the HRSA OSV, we needed to take steps to come into compliance. Regarding Billing and Collections, the CHC voted to approve the updated sliding fee discount policy and fee waiver policy; these changes are reflected on the website and poster communication was rolled out. Regarding the Budget Action Plan, the CHC voted to re-approve FY18 budget, and CHC voted to approve FY19 budget.

Now we need to develop a robust Memorandum of Agreement, per HRSA, so the board can exercise their authority.

ICS needs to draft a legal document and would like to engage a separate legal team to provide input on what FQHC rights are. Feldesman Tucker Leifer Fidell is a legal team that has provided legal advice to FQHCs nationally. We'd like to pay them to examine the MOA. The county is looking at it from their perspective. ICS is asking the CHC to affirm this legal team to move forward.

*Questions and comments raised by CHC members:*

Iris asked if we have to have a MOA because of HRSA agreements? Adrienne explained that we have to have a co-applicant agreement. It's not robust enough. It needs to reflect the relationship between the two organizations.

Pedro wondered whether the HRSA requirements include all services provided. Adrienne explained that the agreement only covers how this board makes decisions.

Wendy thought it helped to see the roles of each entity. Adrienne added that the current agreement shows the scope of authority, but it is not a legal document, a MOA is a legal document. The CHC will vote on it.

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Sue expressed concern with agreeing to an open ended expense for the law firm. Adrienne explained the Multnomah County has very strict rules on contracting. Contracts that are for more than \$10K require a request for proposals process, but for less than that, we can engage with that entity. An outside legal team to make the MOA robust would cost less than 10K. Sue wondered how much under 10K? Vanetta added that they are drafting the contract to be less than \$5K for a \$143 million dollar budget in order to protect the interests of the CHC. We want to truly cover all the bases.

Iris wondered how the firm was chosen. Adrienne shared that when she started looking at this requirement to draft a new MOA, she interviewed other health center directors about their experience. At the NACHC conference, Feldman Tucker held learning sessions about HRSA. They were clearly experts in the field and had the expertise needed specifically for CHCs.

Motion: CHC approves staff the engage Feldman Tucker to review the draft MOA for CHC.

*No other questions or comments were raised by CHC members.*

***Motion by David to accept the motion***  
***Seconded by Wendy***  
***8 aye; 0 nay; 0 abstain***  
***Motion carries***

National Health Center Week (August 12-18)

Adrienne announced that MCHD plans to celebrate National Health Center Week on August 31 at the NPHC grand reopening. The theme is superheroes. The Executive Committee will consider who to invite -- local officials, members of the government relations team who has put legislation forward. A roster of guests to honor will be brought to CHC.

### **ICS/Strategic Plan and HD Updates**

Vanetta Abdellatif, ICS Director and Co-Interim Health Department Director, provided an ICS/Strategic Plan update as they relate to the ICS Values.

NACHC conference - We budget for 2 CHC members to attend this development conference each year. The conference is in August, and Sue and David are interested. Vanetta will not be attending this one.



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Volunteer Award - The entire council was honored and the Volunteer Award ceremony. Linda will email speech.

CHC Retreat- We had a wonderful retreat. Some of the highlights were revisiting ground rules, the card board culture, and updating the mission statement. Also, the meeting agendas will follow more closely the vision, and how to frame our work under strategic values. We agreed to find Board of County Commissioners meetings that CHC members would be interested in attending. At the Kimberly McNally training for supervisors, she brought up mission moments, to take time as leadership to hear stories about staff who make lives better for clients. We need to integrate that in our communication. Incredible work is being done and hearing those concrete stories is very impactful. We'll send notes from the retreat.

We also plan to tour the new HDHQ with leadership. The move date is spring of 2019.

She added that Stark Street, has been renamed SW Harvey Milk.

*Questions or comments raised by CHC members:*

- 

***Motion by Iris to accept the ICS Strategic Plan and HD Updates.***

***Seconded by Jon***

***8 aye; 0 nay; 0 abstain.***

***Motion carries***

### **Nominating Committee Update:**

- Tara said the committee will meet July 17
- Reminder to guests that they must attend 3 meetings to be eligible for CHC membership. Interested parties should contact Tara or Linda for more information on board membership.

*No questions or comments were raised by CHC members.*

### **Executive Committee Update:**

- Tara reported the committee met on June 25th. New exec members are Jon and Fabiola; Sue is now vice-chair and Pedro is sec/treasurer;
- They reviewed the minutes and crafted the agenda for this meeting
- Adrienne went over HRSA OSV

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*No questions or comments were raised by CHC members.*

*Motion by Sue to accept the Committee Updates.*

*Seconded by David*

*8 aye; 0 nay; 0 abstain.*

*Motion carries*

**Meeting Evaluation:**

- Food was delicious but needed limes and peanut sauce
- Thanked guests

**Meeting Adjourned at 7:59 pm.**

Signed:  Date: 8/13/2018  
Tara Marshall, Chair



Community Health Council  
Public Meeting Agenda

Monday, July 9, 2018

6:00-8:00 pm

McCoy Building: 426 SW Stark St., 10th  
Floor



*Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."*

**Our Meeting Process Focuses on  
the Governance of Community Health Centers**

- Use Group Agreements (in English and Spanish) located on name tents
- Meetings are open to the public
- Guests are welcome to observe**
- Use timekeeper to focus on agenda
- Use note cards for questions/comments outside of agenda items and for guest questions

**Council Members**

Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Secretary/Treasurer); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
<b>Call to Order/Welcome</b>	<ul style="list-style-type: none"><li>Chair, Tara Marshall</li></ul>	6:00-6:05 (5 min)	Review meeting processes
<b>Minutes</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Review and approve June CHC Minutes</li></ul>	6:05-6:10 (5 min)	Council votes to approve and Chair signs for the record
<b>2nd Quarter Complaints Report</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>ICS Quality Director, Dawn Shatzel</li></ul>	6:10-6:20 (10 min)	Council discussion and vote to accept report
<b>Monthly Budget Report</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Interim Director of Business Operations, Mark Lewis</li></ul>	6:20-6:30 (10 min)	Council discussion and vote to accept report
<b>Licensing &amp; Credentialing Report</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>ICS Medical Director, Dr. Marty Grasmeder</li></ul>	6:30-6:40 (10 min)	Council discussion and vote to accept report

<b>Annual UDS Report Part I</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Interim Co-Director HD, Vanetta Abdellatif, ICS Dental Director, Len Barozzini, ICS Medical Director, Dr. Marty Grasmeder, and ICS Quality Director, Dawn Shatzel</li> </ul>	6:40-7:00 pm (20 min)	Council discussion and vote to accept
<b>BREAK</b>	<ul style="list-style-type: none"> <li>All</li> </ul>	7:00-7:10 (10 min)	Meet and greet
<b>Annual UDS Report Part II</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Continued...</li> </ul>	7:10-7:30 (20 min)	Council discussion and vote to accept report
<b>OSV Action Plan Update &amp; National HC Week</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>ICS Deputy Director, Adrienne Daniels</li> </ul>	7:30-7:40 (10 min)	Council discussion and vote to accept report
<b>ICS/Strategic Plan Updates</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Co-Interim Health Department Director and ICS Director, Vanetta Abdellatif</li> </ul>	7:40-7:50 (10 min)	Vote to accept report
<b>Council Business Committee Reports</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	7:50-7:55 (5 min)	Vote to accept reports
<b>Meeting Evaluation</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
<b>Adjourn Meeting</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	8:00	<b>Goodnight!</b>





# ICS Complaints

Quarter 2 (April - June 2018)

Department Name

## **Total # of complaint for Q2 is 24:**

### **DENTAL: 8**

Billi Odegard	4
Southeast Dental	2
Rockwood Dental	1
Northeast Dental	1

### **MEDICAL: 16**

Patient Access Center	1
Student Health Center	1
Northeast Medical	7
East County Medical	2
Rockwood Medical	2
Mid County Medical	2
North Portland Medical	1

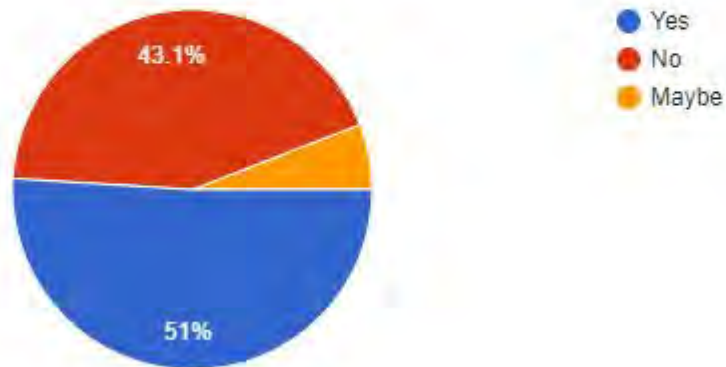




**51% of the time clients do not want to be contacted; 43.1% of the time they do.**

Does the person making the complaint want to be contacted?

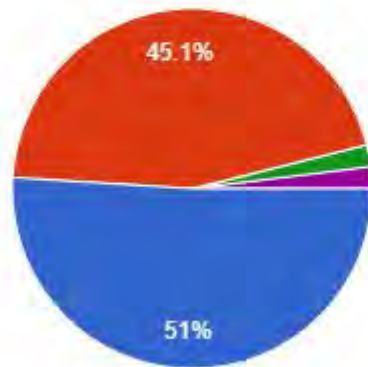
51 responses



## Program Area

### Service Area

51 responses



- Medical
- Dental
- Pharmacy
- Student Health Center (formerly SBHC)
- Patient Access Center (PAC)





**Total Complaints by Category:**

Clinical Care 6

Customer Service 3

Records not received in timely manner 1

Interaction with another client 1

Pain Management 3

Provider Interaction 3

Referral Issue 1

Scheduling Appt 2

Telephone 3

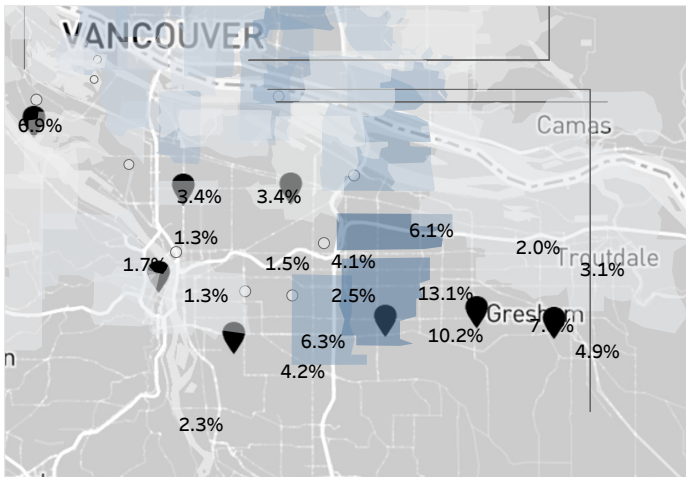
Waiting too long in the exam room 1



## UDS Patient

Patients are individuals who have at least one reportable visit during the reporting year. To be counted as having met the visit criteria, the interaction must be documented, face-to-face contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment in the provision of services to the patient.

% of UDS Patients by Zipcode **Darker blue = more patients**



**Total UDS Patients**

**66,327**

**Total ICS\* Patients**

**64,421**

	Patients	Clinic Visits
Medical	50,648	163,751
Dental	25,718	75,165
Mental Health	6,690	26,989

Homeless

Student Health Center

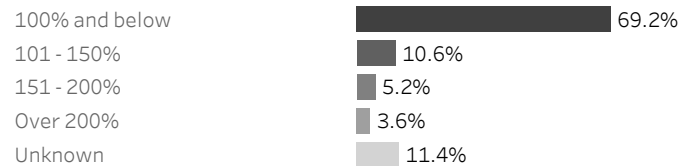
Veterans

**3,144**

**5,996**

**724**

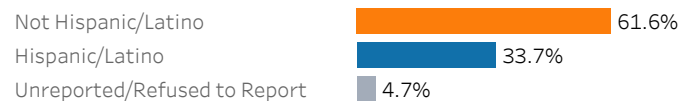
% of Patients by Income as % of FPL



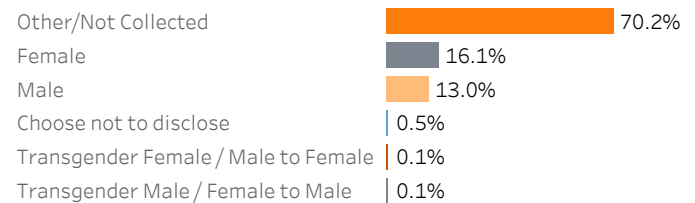
% of Patients by Medical Insurance



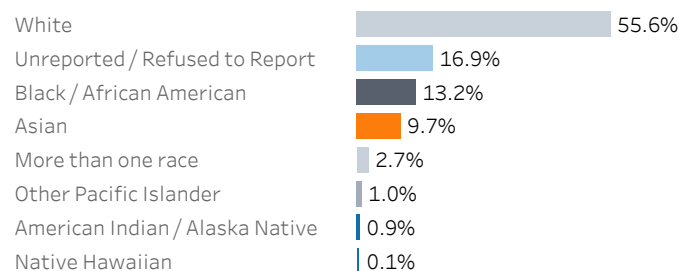
% of Patients by Ethnicity



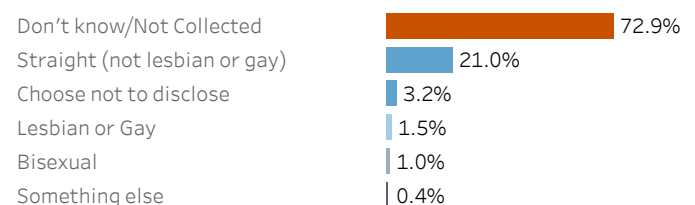
% of Patients by Gender Identity



% of Patients by Race



% of Patients by Sexual Orientation



\*Includes only the following sites:

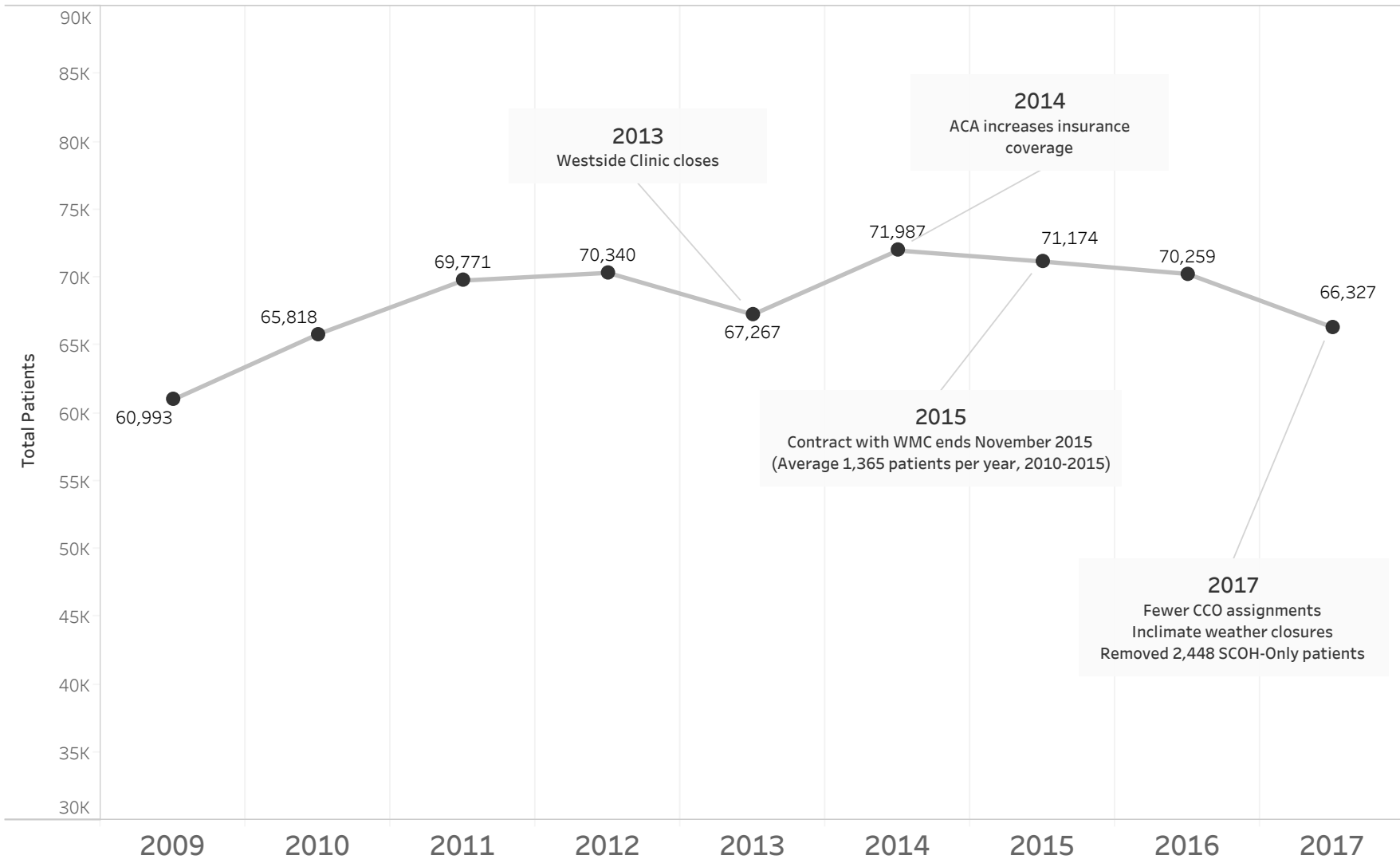
EAST COUNTY DENTAL	MID-COUNTY DENTAL	NORTHEAST PC	SHCs
EAST COUNTY PC	MID-COUNTY PC	ODEGAARD DENTAL	SOUTHEAST DENTAL
HSC HLTH SVCS CTR	NORTH PORTLAND PC	ROCKWOOD DENTAL	SOUTHEAST PC
LCDBS PC	NORTHEAST DENTAL	ROCKWOOD PC	ST FRANCIS DINE PC

**Related Health Center Program Requirements**

Program Monitoring and Data Reporting Reporting Systems,  
Quality Improvement/Assurance Plan, Board Authority

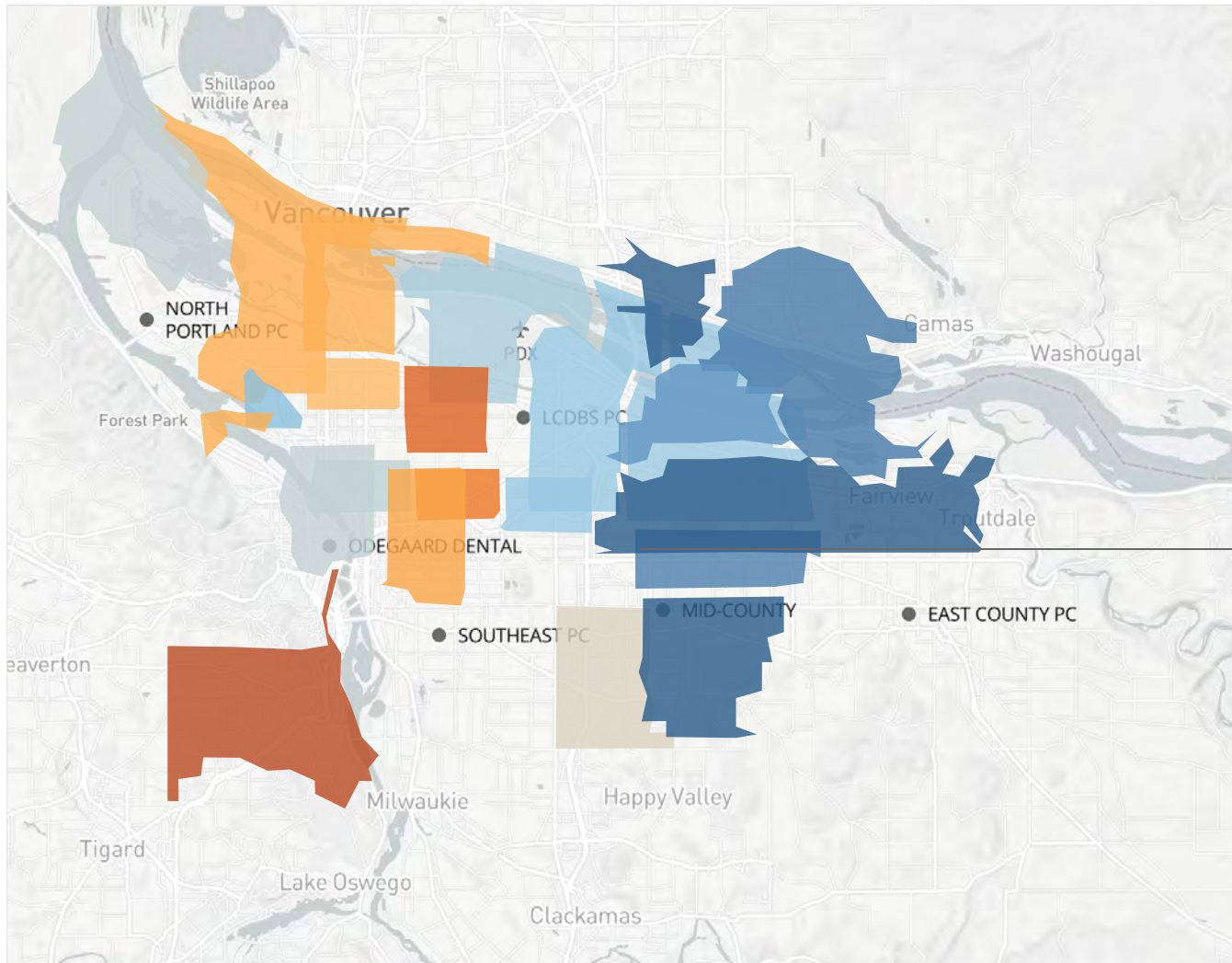


## FQHC Patients by Year



## Where is Our Patient Population Growing and Shrinking?

2009 vs 2017 Patients

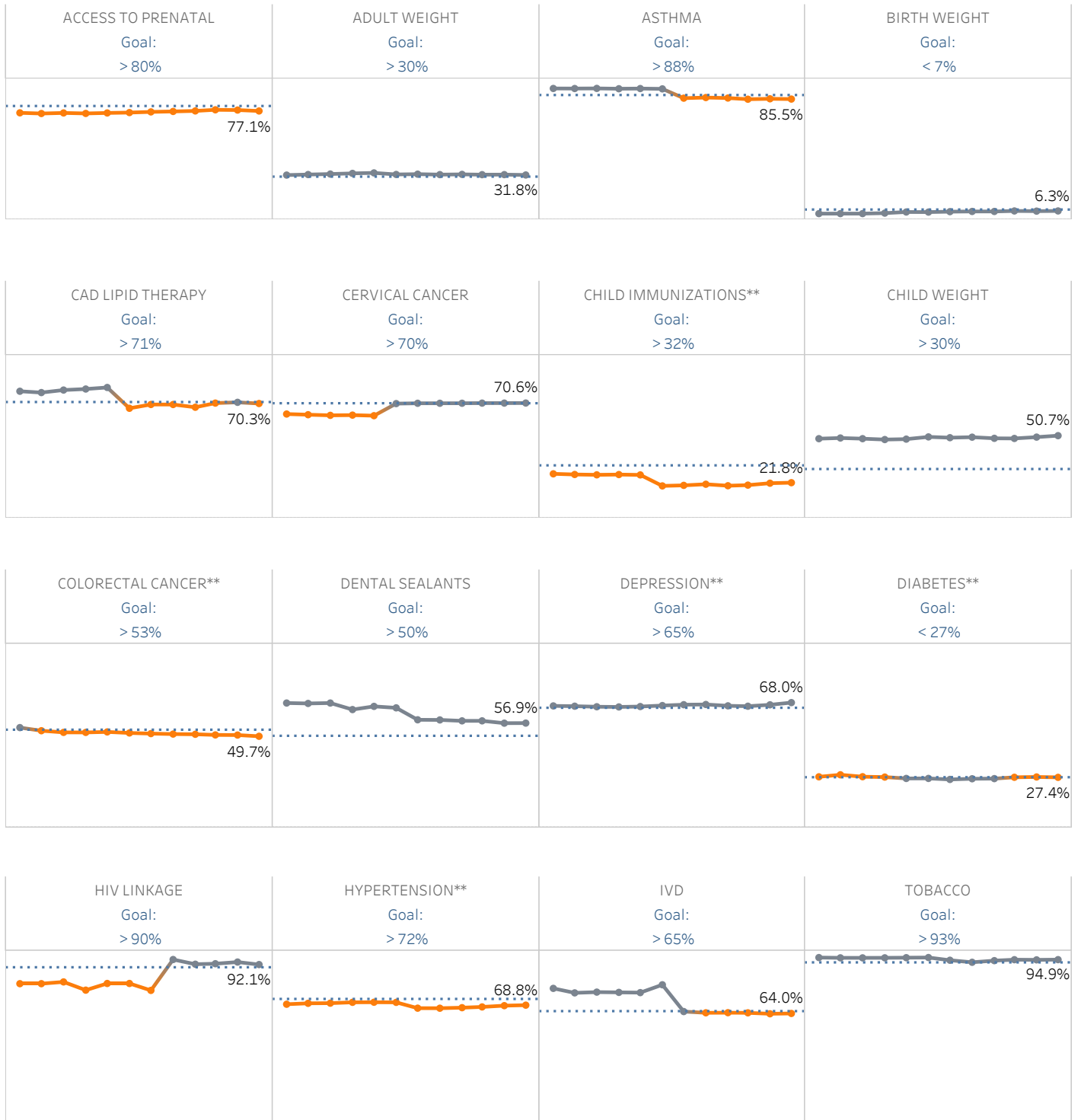


Zip code	2009 Patients ----> 2017 Patients (% Change)
97024	962 ----> 1,345 (40%)
97030	3,891 ----> 4,663 (20%)
97060	1,600 ----> 2,066 (29%)
97080	2,295 ----> 3,218 (40%)
97202	1,507 ----> 1,527 (1%)
97203	4,517 ----> 4,574 (1%)
97205	427 ----> 396 (-7%)
97206	3,083 ----> 2,800 (-9%)
97209	1,062 ----> 1,146 (8%)
97211	2,425 ----> 2,257 (-7%)
97212	876 ----> 836 (-5%)
97213	1,286 ----> 976 (-24%)
97214	838 ----> 852 (2%)
97215	539 ----> 441 (-18%)
97216	1,550 ----> 1,627 (5%)
97217	2,432 ----> 2,260 (-7%)
97218	2,173 ----> 2,232 (3%)
97219	808 ----> 538 (-33%)
97220	2,585 ----> 2,709 (5%)
97230	3,917 ----> 4,054 (3%)
97233	6,825 ----> 8,684 (27%)
97236	4,834 ----> 6,780 (40%)
97266	4,189 ----> 4,176 (0%)



# Progress on UDS Clinical Quality Measures

UDS Goal..... | orange = goal not met | Last Data Point (Labeled) = May 2018 Results



\* Each point represents a rolling 12-month period except the HIV Linkage measure which begins January 1st of the given year for all points

**Related Health Center Program Requirements**  
 Program Monitoring and Data Reporting Reporting  
 Systems, Quality Improvement/Assurance Plan, Board  
 Authority

# Multnomah County Health Department

## Monthly Dashboard

**May 2018**

Prepared by: [Papa Diallo](#)

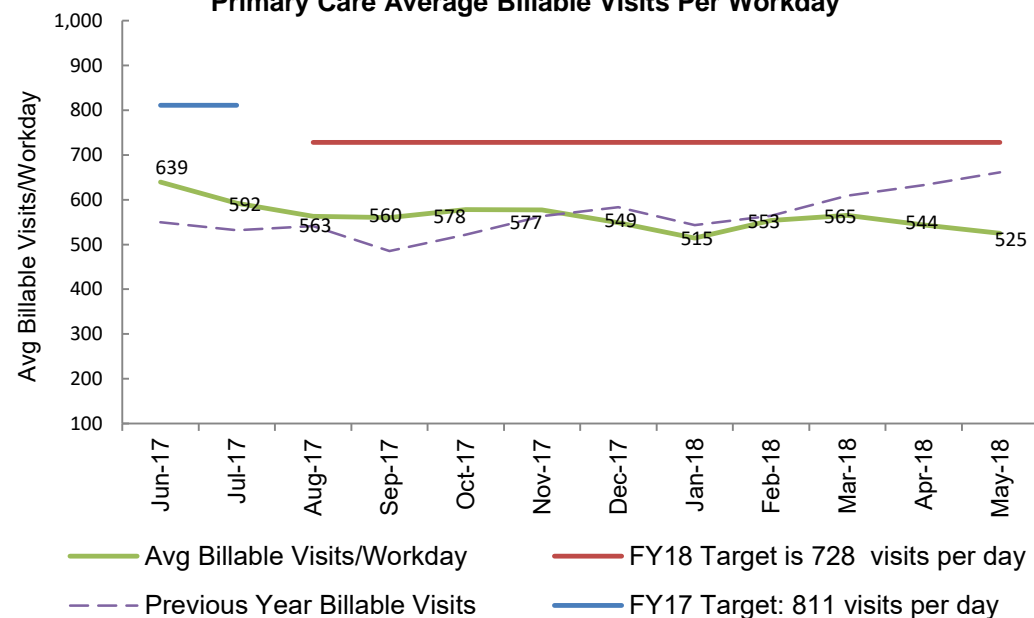




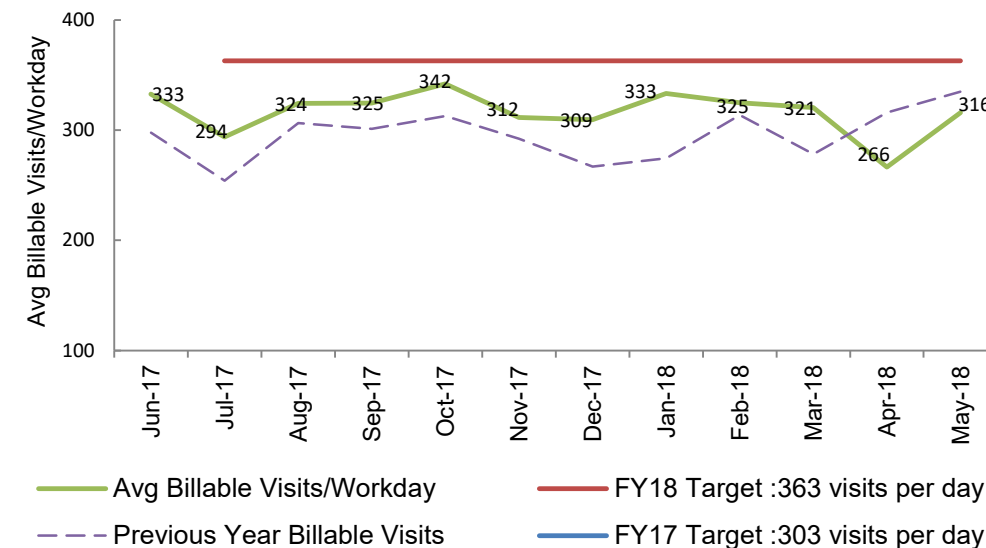
# Multnomah County Health Department

## Weekly Billable Visits Per Department

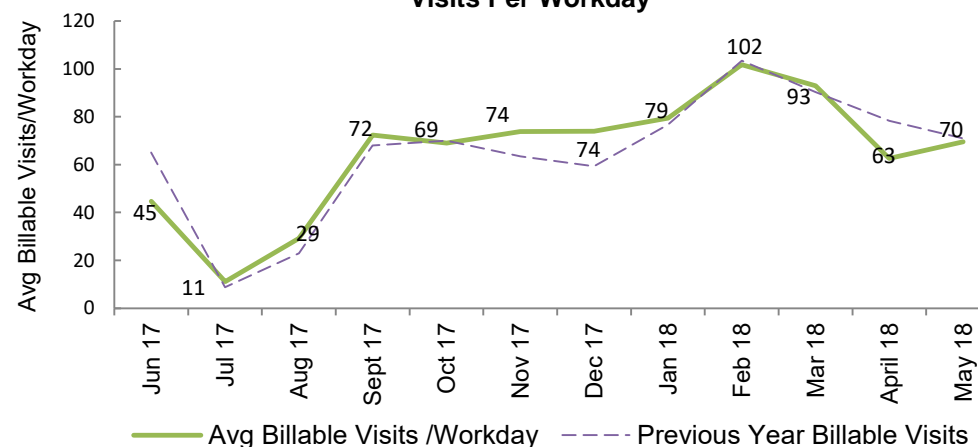
### Primary Care Average Billable Visits Per Workday



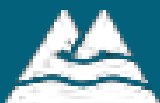
### Dental Average Billable Visits Per Workday



### School-Based Health Center Average Billable Visits Per Workday



Notes: Primary Care and Dental visit counts are based on an average of days worked.  
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.



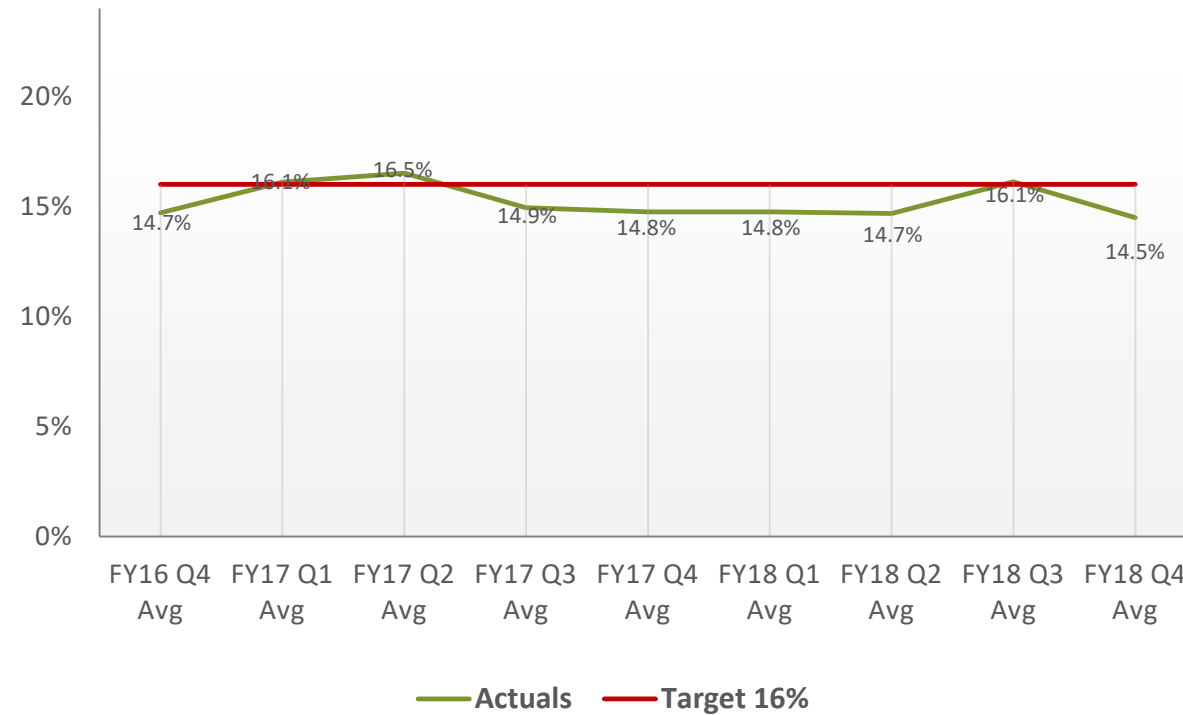




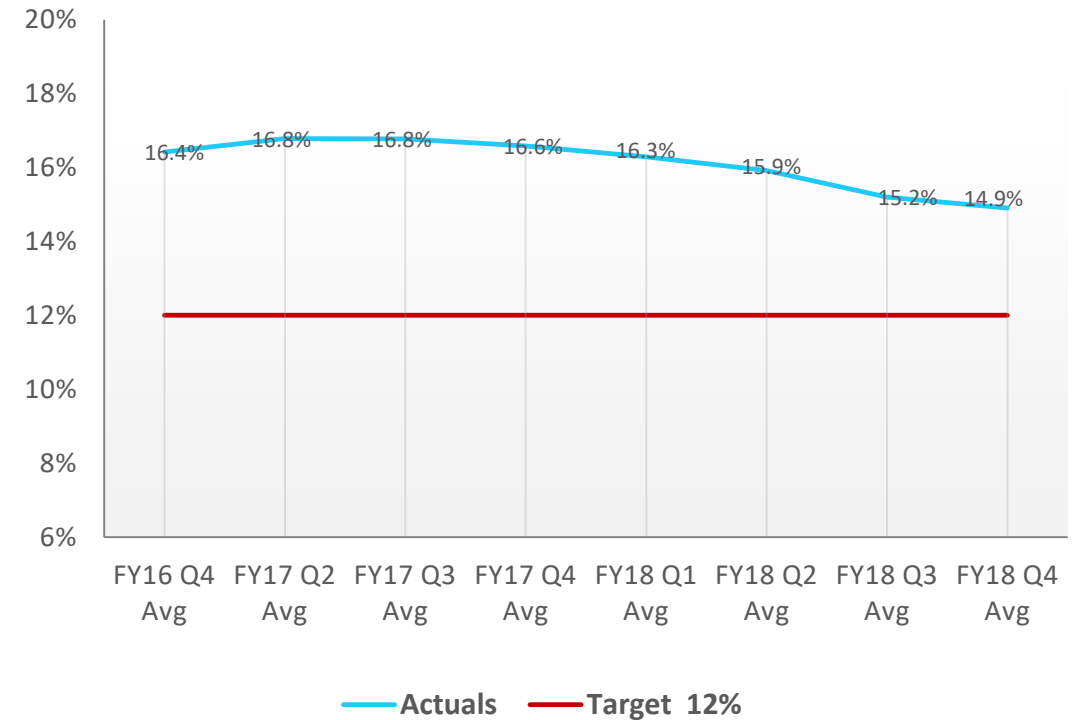
# Multnomah County Health Department

## Monthly Percentage of Uninsured Visits for ICS Primary Care Health Center

Percentage of Uninsured Visits in Primary Care



Percentage of Uninsured Visits in ICS Dental

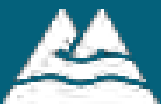


\* Quarter#4 only includes April and May 2008 Data

### Comments:

ICS Dental data shows a slight change between run dates with the amount of uninsured patients declining with each new week.

The reason for this is the Dental Clinics try to check insurance coverage two days prior to the appointment. If they are unable to establish insurance coverage a client is marked as self-pay. Once insurance is confirmed via the re-work self-pay report the status is then changed to reflect correct coverage.

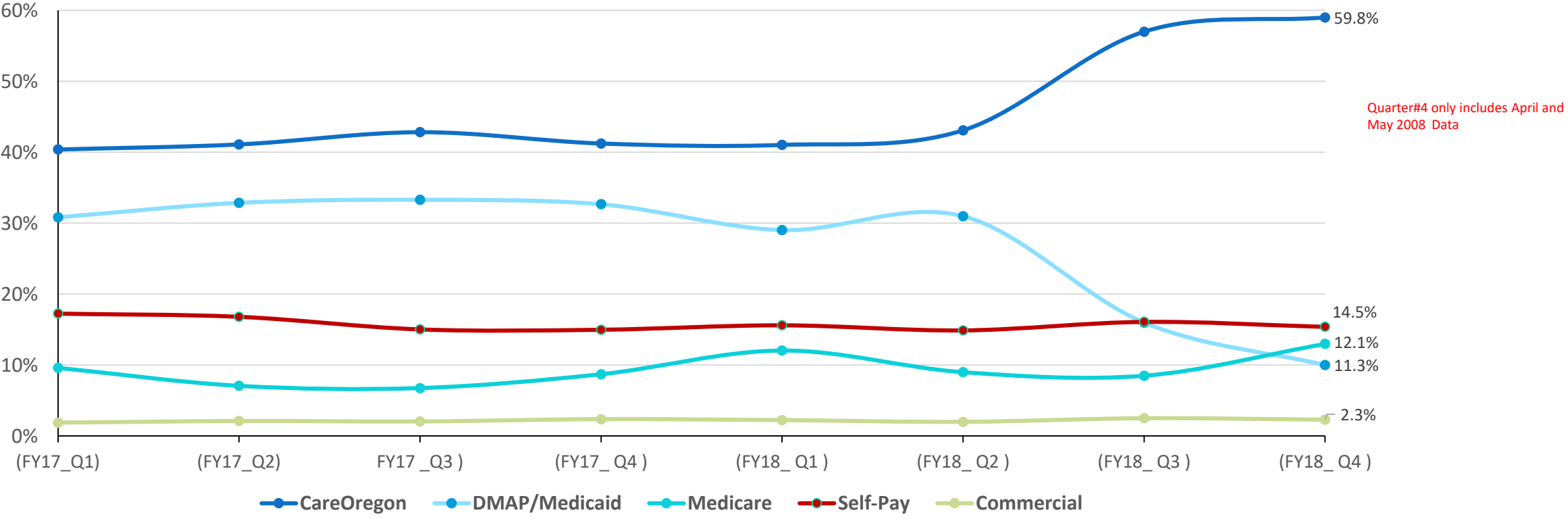




# Multnomah County Health Department

## Monthly Percentage of Visits by Payer for ICS Primary Care Health Center

Payer Mix for ICS Primary Care Health Center



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

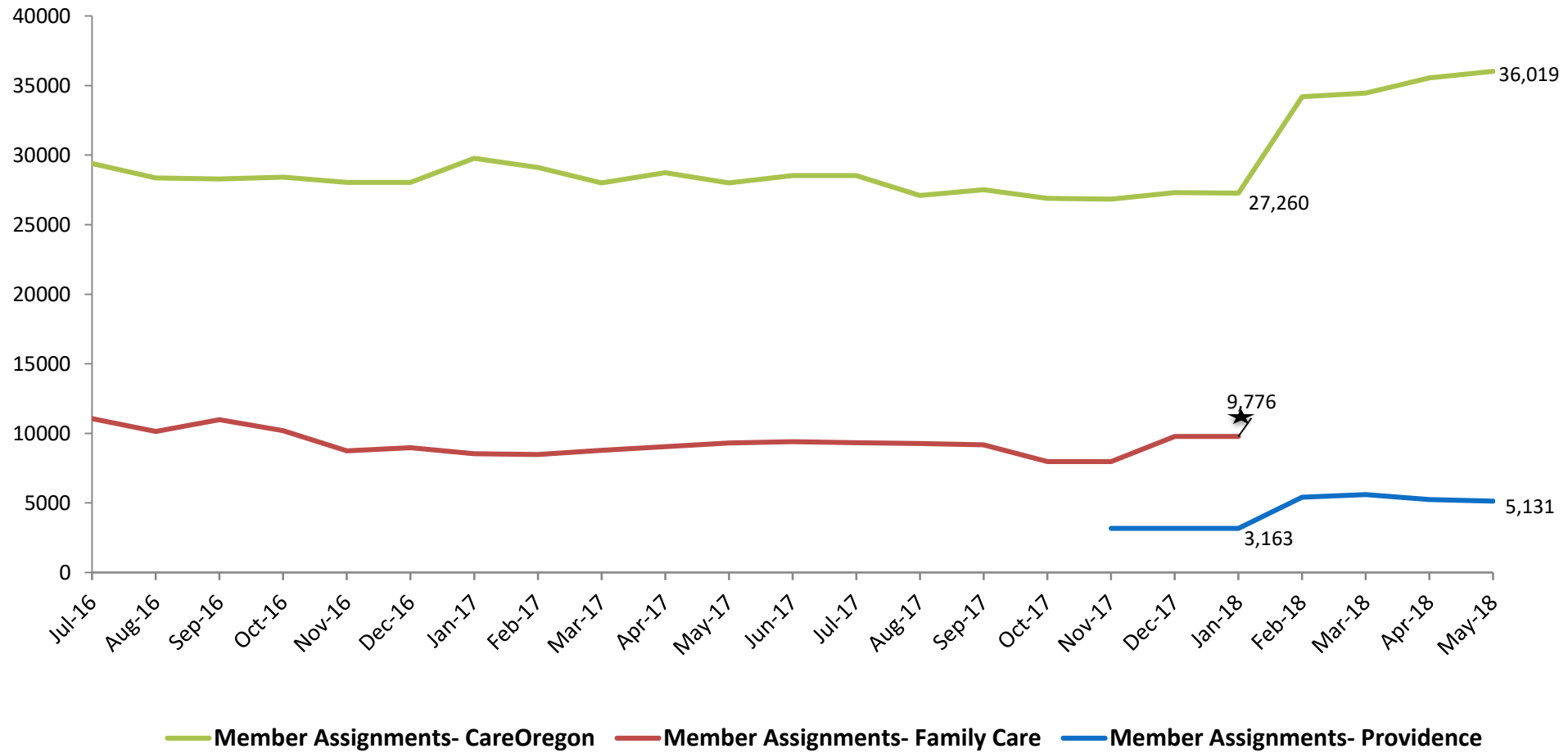




# Multnomah County Health Department

## MCHD Primary Care CareOregon OHP & Family Care Member Assignments

Primary Care Member Assignments



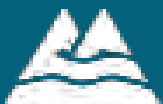
Notes:

FamilyCare FY17 average is 9,466

FamilyCare FY18 average is 9,039

CareOregon FY17 average is 28,561

CareOregon FY18 average is 29,566







**Multnomah County Health Department**  
**Community Health Centers: Financial Statement**  
 For Period Ending May 2018

**Community Health Centers - Page 1**

**May Target:**

	Revised Budget	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
<b>Revenue</b>							
General Fund	\$ 5,912,269	\$ 546,166	\$ 537,811	\$ 499,415	\$ 511,418	\$ 537,604	\$ 553,374
Grants - BPHC	\$ 9,557,198	\$ -	\$ -	\$ -	\$ 1,674,851	\$ 839,677	\$ 1,793,244
Grants - Incentives	\$ 7,903,961	\$ -	\$ 120,749	\$ 754,674	\$ 1,579,331	\$ 994,901	\$ 2,158,618
Grants - All Other	\$ 4,914,201	\$ -	\$ 291,825	\$ 345,545	\$ 456,837	\$ 505,626	\$ 706,797
Health Center Fees	\$ 94,743,442	\$ 6,958,089	\$ 7,469,051	\$ 7,520,606	\$ 7,584,293	\$ 8,270,340	\$ 6,817,334
Self Pay Client Fees	\$ 909,786	\$ 86,287	\$ 108,524	\$ 82,488	\$ 109,307	\$ 91,564	\$ 95,729
<b>Total</b>	<b>\$ 123,940,857</b>	<b>\$ 7,590,542</b>	<b>\$ 8,527,960</b>	<b>\$ 9,202,728</b>	<b>\$ 11,916,037</b>	<b>\$ 11,239,712</b>	<b>\$ 12,125,096</b>
<b>Expense</b>							
Personnel	\$ 77,084,758	\$ 6,004,330	\$ 6,917,202	\$ 6,102,184	\$ 5,861,741	\$ 6,396,686	\$ 5,954,438
Contracts	\$ 2,347,826	\$ 55,756	\$ 293,303	\$ 284,187	\$ 270,815	\$ 304,417	\$ 229,617
Materials and Services	\$ 22,206,493	\$ 1,346,379	\$ 1,132,461	\$ 1,122,410	\$ 1,482,379	\$ 1,232,232	\$ 1,245,577
Internal Services	\$ 22,147,322	\$ 1,192,466	\$ 1,916,329	\$ 1,907,025	\$ 2,261,847	\$ 1,832,303	\$ 2,955,382
Capital Outlay	\$ 154,458	\$ 14,762	\$ -	\$ -	\$ 6,095	\$ -	\$ -
<b>Total</b>	<b>\$ 123,940,857</b>	<b>\$ 8,613,693</b>	<b>\$ 10,259,295</b>	<b>\$ 9,415,806</b>	<b>\$ 9,882,877</b>	<b>\$ 9,765,638</b>	<b>\$ 10,385,014</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ (1,023,151)</b>	<b>\$ (1,731,335)</b>	<b>\$ (213,078)</b>	<b>\$ 2,033,160</b>	<b>\$ 1,474,074</b>	<b>\$ 1,740,082</b>

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed



**Multnomah County Health Department**  
**Community Health Centers: Financial Statement**  
**For Period Ending May 2018**

**Community Health Centers - Page 2**

**May Target:**

	Revised Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to Date Total
<b>Revenue</b>								
General Fund	\$ 5,912,269	\$ 535,613	\$ 568,462	\$ 558,267	\$ 477,171	\$ 520,197	\$ -	\$ 5,845,498
Grants - BPHC	\$ 9,557,198	\$ 858,784	\$ 941,935	\$ 867,820	\$ 891,396	\$ 873,537	\$ -	\$ 8,741,244
Grants - Incentives	\$ 7,903,961	\$ 421,420	\$ -	\$ 1,310,179	\$ -	\$ 1,086,373	\$ -	\$ 8,426,245
Grants - All Other	\$ 4,914,201	\$ 466,552	\$ 932,846	\$ 418,960	\$ 151,419	\$ 596,473	\$ -	\$ 4,872,880
Health Center Fees	\$ 94,743,442	\$ 7,684,192	\$ 8,464,510	\$ 7,595,973	\$ 7,182,097	\$ 7,824,898	\$ -	\$ 83,371,383
Self Pay Client Fees	\$ 909,786	\$ 94,503	\$ 86,599	\$ 109,267	\$ 70,518	\$ 95,047	\$ -	\$ 1,029,833
<b>Total</b>	<b>\$ 123,940,857</b>	<b>\$ 10,061,064</b>	<b>\$ 10,994,352</b>	<b>\$ 10,860,466</b>	<b>\$ 8,772,601</b>	<b>\$ 10,996,525</b>	<b>\$ -</b>	<b>\$ 112,287,083</b>
<b>Expense</b>								
Personnel	\$ 77,084,758	\$ 6,357,261	\$ 6,200,610	\$ 6,148,522	\$ 5,980,549	\$ 6,337,155	\$ -	\$ 68,260,678
Contracts	\$ 2,347,826	\$ 151,362	\$ 346,608	\$ 144,237	\$ 169,618	\$ 587,939	\$ -	\$ 2,837,859
Materials and Services	\$ 22,206,493	\$ 1,049,991	\$ 1,158,831	\$ 1,344,439	\$ 1,566,918	\$ 1,365,845	\$ -	\$ 14,047,462
Internal Services	\$ 22,147,322	\$ 1,605,606	\$ 2,240,607	\$ 2,181,724	\$ 1,807,105	\$ 1,682,339	\$ -	\$ 21,582,733
Capital Outlay	\$ 154,458	\$ -	\$ -	\$ 38,323	\$ 14,872	\$ -	\$ -	\$ 74,052
<b>Total</b>	<b>\$ 123,940,857</b>	<b>\$ 9,164,220</b>	<b>\$ 9,946,656</b>	<b>\$ 9,857,245</b>	<b>\$ 9,539,062</b>	<b>\$ 9,973,278</b>	<b>\$ -</b>	<b>\$ 106,802,784</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ 896,844</b>	<b>\$ 1,047,696</b>	<b>\$ 1,003,221</b>	<b>\$ (766,461)</b>	<b>\$ 1,023,247</b>	<b>\$ -</b>	<b>\$ 5,484,299</b>

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed

92%



92%

% YTD

99%

91%

107%

99%

88%

113%

91%

89%

121%

63%

97%

48%

86%

Update:  
Licensing and Credentialing  
July 2018

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Dr. Marty Grasmeder,  
ICS Medical Director

# Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
Sophia Hargett	Mid County	PMHNP	06/05/2018	Psych NP
Candice Hunter	East County PC	FNP	4/3/2018	FNP
Luis Sanchez	East County PC	FNP	3/13/2018	FNP



# Future Staff

Name	Clinic	Provider	Hire Date	Specialty
Alyssa Colwell	Mid County	MD		Contracted OB
Monica Gulley	Mid County	MD	7/3/2018	Family Medicine
Adam Hoverman	On call	DO	7/3/2018	
Rian Johnson	Northeast	FNP	9/11/2018	Family Practice
Divneet Kaur	Mid County	MD	9/27/2018	
Janice Lee	Southeast	MD	9/11/2018	
Rochelle Paquette	East County	FNP	9/25/2018	Family Practice
Sara Stevens	North Portland	PMHNP	7/23/2018	Psych NP
Jacqueline Webb	On call	FNP	3/24/2015	Family Practice
Virginia Weeks	Health Service	MD	9/11/2018	Family Medicine
Keenan Yanit	Mid County	MD		Contracted OB

## ReCredential Approval since March 2017

- Primary Care = 10
- School Based = 1
- Dental = 0

## Recredential Applications submitted (not yet approved) since March 2017

- Primary Care = 4
- Dental = 0