Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, July 8th, 2019
Time: 6:00 PM
Location: Gladys McCoy Building, Conference Room 150

Approved: **Recorded by:** Jordana Sardo
Attendance:

Board Members	Title	Y/N
Deborah Abney	Board Member	Y
David Aguayo	Treasurer	N
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Iris Hodge	Board Member	N
Tara Marshall	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Tamia Dreary	Board Member	Y
Harold Odhiambo	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
Fran Davison	Senior Management Auditor	Y
Anna Johnston	Executive Primary Care Support Analyst	Y
Marty Grasmeder	ICS Medical Director	Y
Mark Lewis	Interim Director Business Operations	Y
Ryan Linskey	Quality Project Manager	Y
Michele Koder	Interim Pharmacy and Lab Director	Y
Linda Niksich	Community Health Council Coordinator	N
Len Barozzini	Dental Director	Y
Jordana Sardo	Executive Specialist	Y
Chris Nytko	Lab Manager	Y
Dawn Shatzel	Quality Director	Y
Alex Lehr O'Connell	Senior Grants Management Specialist	Y

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Guests: Deborah Williams (ithealth.com); Yazmin Navarro (Student of Public Health @OHSU)

Action Items:

- For future Complaints and Incidents Reports, Ryan will add what the most common complaint is for each clinic.

Decisions:

- Approved the June 2019 Meeting Minutes
- Approved Increasing Saturday Dental Clinics

The meeting was called to order at 6:08 pm by Chair, Tara Marshall.

The Meeting Agreements were presented by Board Member, Wendy Shumway.

Noted that quorum was met with 9 members in attendance (7 needed for quorum)

June 2019 Meeting Minutes Review (Vote required)
(See document - June 2019 CHC Meeting Minutes)

Motion by Jon Cole to approve the June 2019 Minutes.
Seconded by Wendy Shumway.
9 aye; 0 nay;
Motion carries

2nd Quarter Complaints/Incidents
(See document, "Complaints and Incidents Handout")

- Ryan Linskey and Michele Koder shared the 2nd Quarter Complaints/Incidents report.
- Q2 reflects similar trends as Q1. SEHC had the most complaints of the health centers, Dental had one more complaint reported than Medical, and the majority type was Customer Service.
- In consultation with the CHC, the Quality Committee is piloting a comment kiosk at Rockwood Health Center to solicit more immediate feedback and rate service.
- A complaint workgroup is working to classify complaints to better identify actual complaints and diminish the subjectivity of what qualifies as a complaint.
    - ***Question:*** Harold wondered what is the biggest complaint in each clinic.
    - ***Answer:*** Ryan will add that for future reports.
    - ***Question:*** Tamia wondered is customer service complaints reflected a trend for a certain person or health center.
    - ***Answer:*** Ryan noted that complaints are broad in scope.
    - ***Question:*** Pedro asked which categories the dental complaints fell into.
    - ***Answer:*** Ryan replied they are a combination between dental and medical. He volunteered to provide screenshots to review in the minutes or at a later time.
    - ***Question:*** Tamia asked if it would be useful to track whether a complaint was submitted or the client spoke to a manager?
    - ***Answer:*** Ryan explained that we can identify whether a complaint came from within the health center or was filed through Care Oregon. Currently, clinic managers retain the discretion on what qualifies as a complaint.

- ***Question:*** Tamia asked if there will be more information for managers on how to proceed when approached by a client with a complaint.
- ***Answer:*** Ryan replied that the goal is to identify the complaint and give managers tools on how to address them. Currently, complaints that go directly to managers are not tracked.

- Vanetta added that the goal currently is to create an agreed upon approach, particularly when the criteria of a complaint is challenging to discern. Jon asked how repeat complaints from the same person are managed. Ryan shared that the current policy mandates that every complaint matters.
- Ryan reported that there is a new matrix for Incidents on the staff webpage as electronic forms. More forms are being submitted and a Root Cause Analysis is applied to those events.
- Michele Koder reported on pharmacy dispensing errors. Out of more than 95,000 prescriptions there were 14 dispensing errors, a decrease from Q1.

Monthly Budget Report: Mark Lewis Interim Director of Business Operations
(See document, "Combined May 2019 Dashboard Financial Statement")

- Mark reviewed the monthly budget report which reflected billable visit declines in Dental, Primary Care, and School Health. He noted that School Health is low due to summer vacation.
- The number of uninsured visits in dental dropped
- The payer mix is unchanged
- Behavioral Health was the farthest below the "Revenue Target" due to vacancies and challenges with sufficient billing.
- There will be no financials next month but he will report on operational figures.

Questions and comments raised by CHC members:

- None

Annual UDS Report: Part I
(See document, "2018 CHC Presentation - Handout")

- Vanetta, Marty, Dawn and Len presented the Uniform Data System report that summarizes patient demographics, services, quality of care, costs and revenue. All FQHCs are required to submit this annual report to HRSA.
- Marty and Dawn shared that a lot of work goes into tracking and measuring metrics for CareOregon, HealthShare, and HRSA. Improvements have been made on several Quality and Safety measures which have financial impacts and may qualify our FQHC for an annual quality award.
- The federal poverty level is roughly $24,000 for a family of four. When the average rent is $2,000 locally, we have a financially vulnerable population.
- The total of UDS patients is 63,726; these are unduplicated patients. The challenge is to

increase this number in the face of increased competition for Medicaid clients. In addition, the external social and political environment can make it difficult for some community members to come into our system of care

- The total of ICS Patients for 2018 was 61,873.
    - ***Question:*** Pedro asked what the difference is between the UDS and ICS patient totals.
    - ***Answer:*** Vanetta explained that UDS reflects all of the service programs in the FQHC; ICS is the majority of the FQHC within the health department, but not all of it.
- Vanetta reviewed a map indicating where demand for our services, poverty, and the number of patients we serve is growing, particularly in East County. The Federal Poverty Line (FPL) chart indicates the percentage of patients below the FPL is growing.
- Data collection of Race and Ethnicity is improving. The categories shown are HRSA driven. Regretfully, the categories are not very descriptive. The last five years indicate a growing percentage of patients who identify as people of color.

Break for 10 minutes...

Annual UDS Report: Part II

- The uninsured Rate for Medicare has remained consistent but Vanetta noted this population is increasing.
- In 2018, we started gathering data on Patients by Gender Identity; this is a significant part of identifying and reducing health disparities and accurate SOGI data has been gathered for roughly 30% more of patients, though efforts to improve this process continue. At this time, the EPIC system does not include a category for "Non-Binary", so the Health Center cannot document this category. It would be a national correction to make.
    - ***Question:*** Harold wondered what the "Don't Know" measured in the Sexual Orientation chart since it is a high percentage.
    - ***Answer:*** Vanetta clarified it reflected that the clinic did not know. She agreed it was high but lower than last year.
    - Wendy suggested updating the language of the slide to clarify.
- FQHCs by year -- our patient numbers are nearly as low as 2009. We need more patients and plans are in the making for a marketing campaign to publicize we are open for business. Vanetta solicited ideas from the Council.
    - Tamia suggested working with staff on that issue, and talking to community organizations, especially refugees groups around getting patients in;
    - Vanetta added our mission is to remove barriers to care. Medicaid organizations need to know we want patient assignments. Community Health Workers works with many organizations and they could be an important resource.
    - Tamia suggested working with organizations that excel at social media. Perhaps host a collaborative meet and greet with community partners.
    - Pedro offered to provide pamphlets to people he meets in a church where he works and verbally explain the safety of ICS health centers. It would be important to share information in English and Spanish.

- Adrienne will bring more pamphlets to the next CHC meeting.
- The Homeless clients chart reflects a drop in numbers because the earlier reporting was not accurate. Vanetta thought it would be helpful for primary care leadership to find out whether there was more to that decrease.
- School Health Centers (SHC) numbers are steady and the SHC at Reynolds HS is opening this fall.
- HRSA has asked us to track the number of veterans. We've discovered that a significant number of women do not identify as veterans.
- Marty reported on the clinical quality measures (CQM) summary. The HIV linkage to care measure reflects that clients start receiving treatment the day they are diagnosed which is vastly above the "within 90 days" goal.

Scope Change: Dental Saturdays (Vote required)
(see document, "CHC Presentation Summary Increasing Saturday Clinics)

- Len reported that he anticipates a decrease in client visits with the implementation of and transition to a new electronic dental records system, called Wisdom. Wisdom is the dental module within EPIC, our current electronic medical records system that will integrate a patient's dental and medical records, creating a single electronic record for each patient. This is coming in October. To mitigate this loss and meet year end CareOregon metrics, and keep access for patients, he asked the Council for approval to allow five dental clinics to operate on Saturdays.

Motion by Pedro Sandoval Prieto to approve Scope Change: Dental Saturdays.
Seconded by Deborah Abney.
9 aye; 0 nay;
Motion carries

ICS Director's Update

- Homeless question - count went down because of how we are capturing homeless status; living with others, but still homeless, living with others temporarily.
- Volunteer Award Ceremony - slides of the event were shown.
- Update: Coates and Kokes branding organization, met with senior leadership team, enjoyed meeting the CHC; no presentation yet
- Securing a contract with consult deep financial analysis of organization; Curt Degenfelder, October prelim report; as medicaid numbers going down, not unique in financial challenge;

Council Business
Committee Updates

Finance and Nominating Committee

- Tamia will join the Nominating Committee with Jon and Tara. They still need a member at large for the Executive Committee

Executive Committee Update:

- Met on June 20. They discussed the upcoming National Health Center celebration and considered inviting as special guests Jennifer Williamson, Rob Nosse, or Ginny Burdick. The theme for National Health Center WEek this year is, "Rooted in Communities".
- The Fall board retreat is planned for either October 12 or 19. Please reply to the date choice.
- Fabiola and Tara met with Chair Kafoury about the Co-applicant Agreement as necessary to reflect changes. The Committee also reviewed the agenda for tonight.

Quality Committee Update

- Wendy updated the group. The Quality Committee met on July 2nd. They reviewed the 2nd Quarter Complaints and Incidents Report, and the pilot program for patient feedback. An iPad system will allow feedback at the end of each visit. They suggested interpreters help patients as part of their visit to provide feedback in their language.

  No questions or comments were raised by CHC members.
  - o

Meeting Evaluation/General updates:

- Adrienne - Thank you to Anna and Jordana
- Thanked guests
- Wendy appreciated how feedback was acknowledged

Meeting Adjourned at 7:44pm.

Signed: Pedro Sandoval Prieto **Date:** 8/12/2019

Pedro Sandoval Prieto, Secretary

Community Health Council
Public Meeting Agenda

Monday, July 8, 2019
6:00-8:00 pm
McCoy Building: 619 NW 6th Avenue, Room 150

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 Meeting 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 "D"eb Abney; Dave Aguayo; Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary; Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Chair, Tara Marshall • Icebreaker/ Introductions	6:00-6:10 (10 min)	Call to order Review processes Introductions with Icebreaker
Minutes **VOTE REQUIRED**	• Review and approve the June Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs for the record
2nd Quarter Complaints/Incidents	• Quality Project Manager, Ryan Linskey and Clinical Pharmacist Lead, Michele Koder, PharmD	6:15-6:30 (15 min)	Council receives report
Monthly Budget Report	• Senior Manager Business Operations, Mark Lewis	6:30-6:45 (15 min)	Council receives report

Annual UDS Report **PART I**	• ICS Director, Vanetta Abdellatif; • ICS Medical Director, Dr Marty Grasmeder; • ICS Dental Director, Dr Len Barozzini; • ICS Quality Director, Dawn Shatzel	6:45-7:00 (15 min)	Council receives UDS Report
BREAK	• All	7:00-7:10 (10 min)	Meet and greet
Annual UDS Report PART II	• As listed in Part I	7:10-7:25 (15 min)	Council receives UDS Report
Scope Change: Dental Saturdays **VOTE REQUIRED**	• Dental Program Manager, Christine Palermo	7:25-7:35 (10 min)	Council discussion and vote
ICS Director's Updates	• ICS Director, Vanetta Abdellatif	7:35-7:45 (10 min)	Council receives updates
Council Business **Committee Updates**	• Executive Committee Update; Chair, Tara Marshall • Quality/Finance Committee Updates; Committee Chairs Iris and David	7:45-7:55 (10 min)	Council receives updates from Chair and Committees
Meeting Evaluation	• Chair, Tara Marshall	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
Adjourn Meeting	• Chair, Tara Marshall	8:00	**Goodnight!**

Complaints Report

Reported Complaints | Complaint by Type

Multnomah County

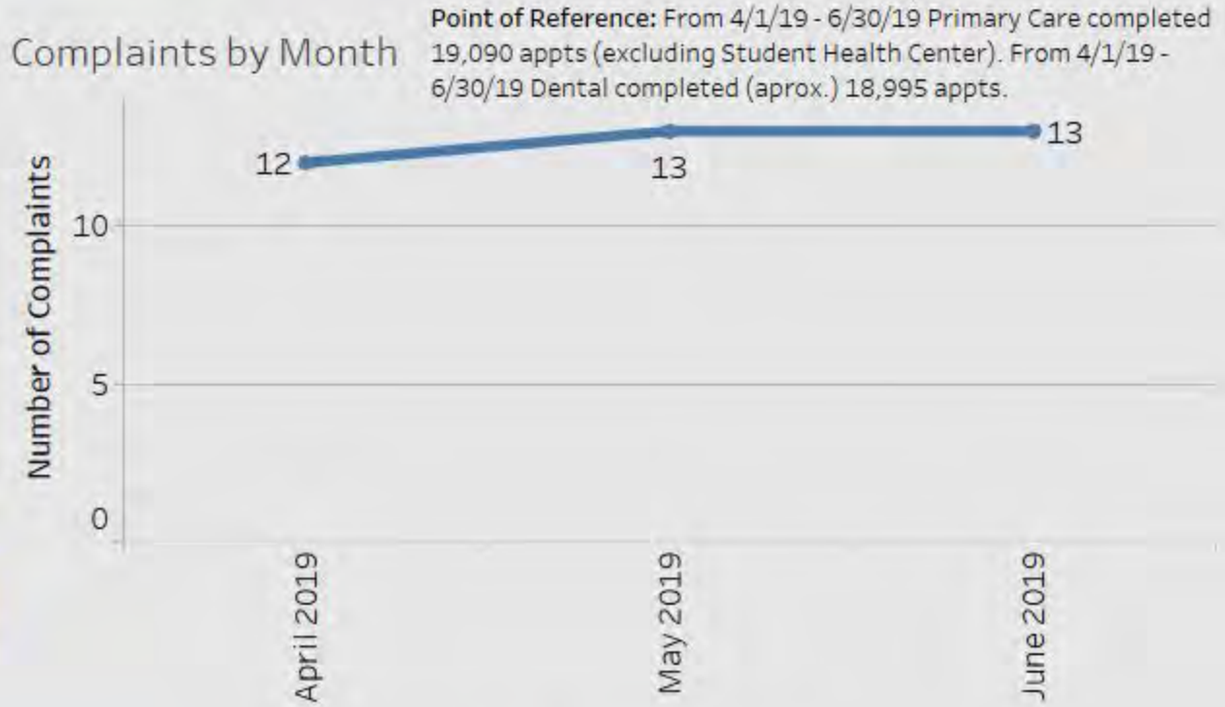
Reported Complaints

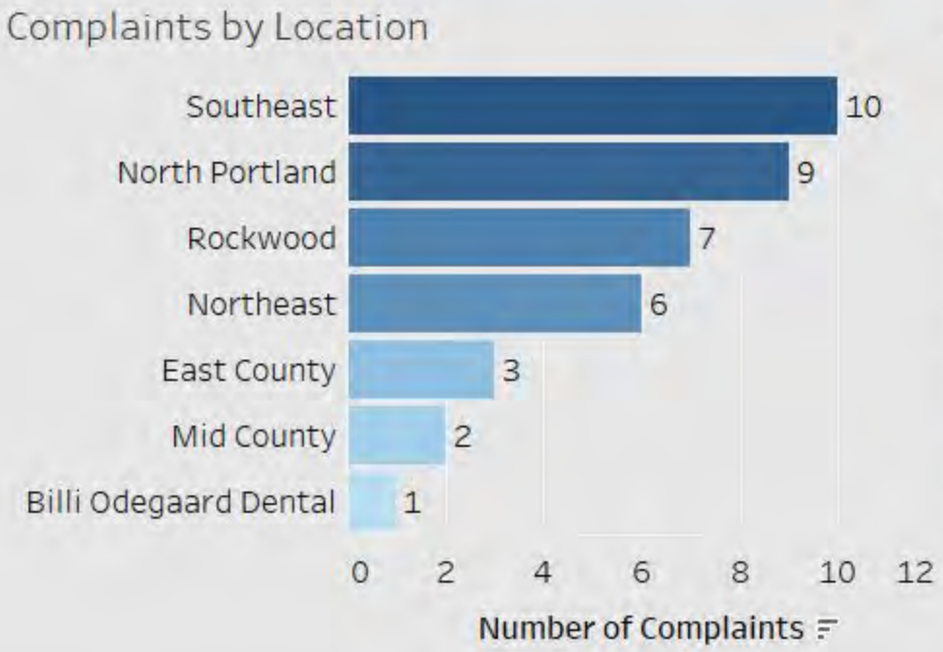
This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

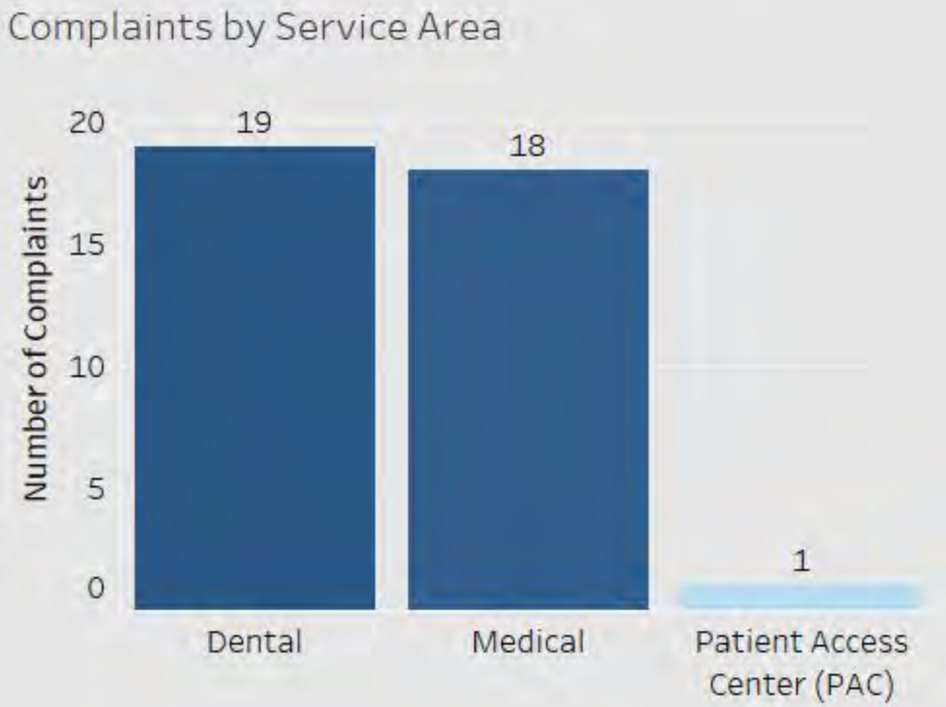
Use the filters below to further explore the data!

By Service Area: (All)

By Quarter: 2019 Q2

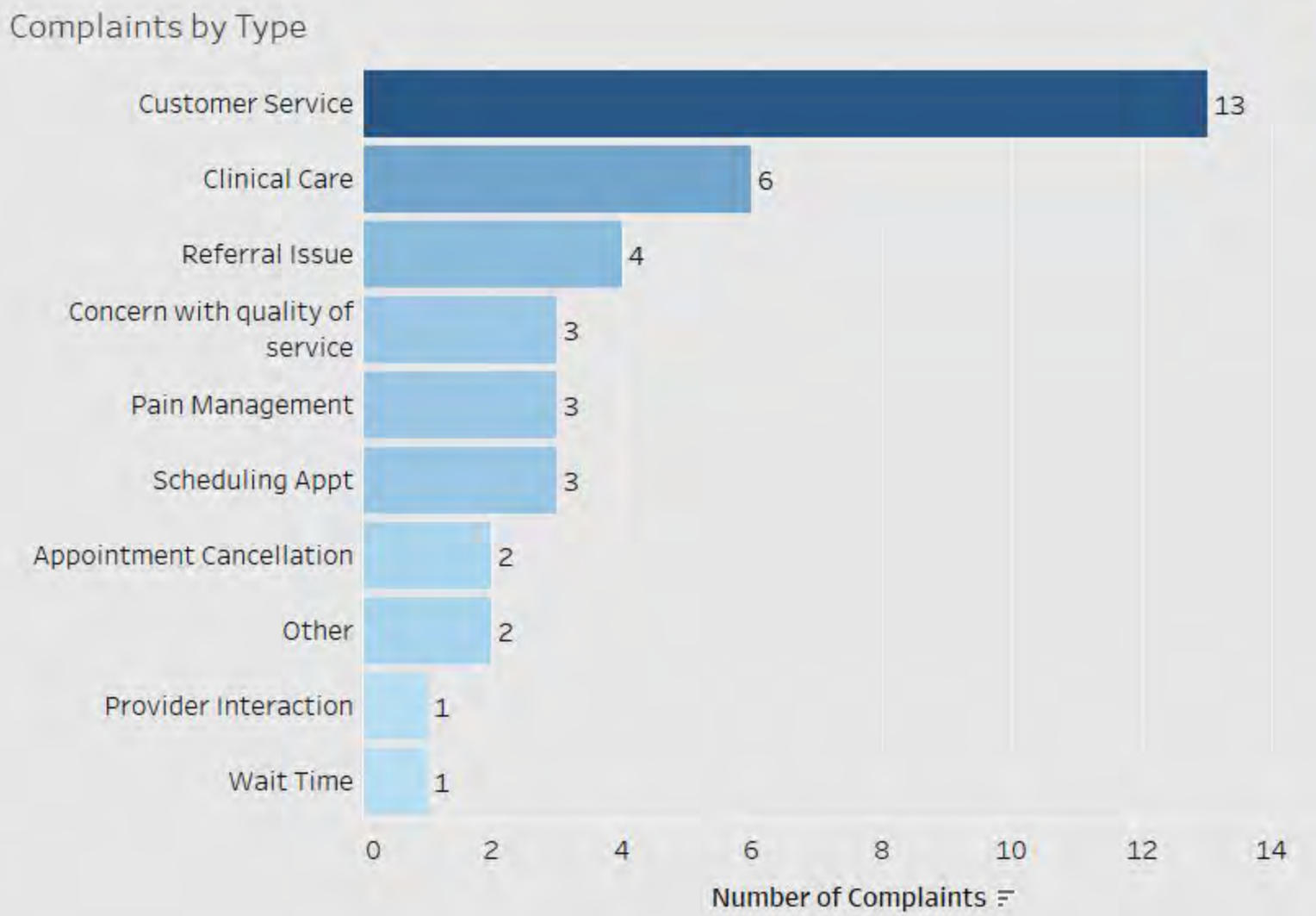






Complaints Report

Reported Complaints | Complaint by Type



By Service Area

(All)

By Quarter

2019 Q2

Incidents Report

Point of Reference: From 4/1/19 - 6/30/19 Primary Care completed 19,090 appts (excluding Student Health Center). From 4/1/19 - 6/30/19 Dental completed (aprox.) 18,995 appts.

Multnomah County

Reported Incidents

This report displays all of the incidents reported to ICS. Use the toolbar across the top to jump to *Incidents by Type*.

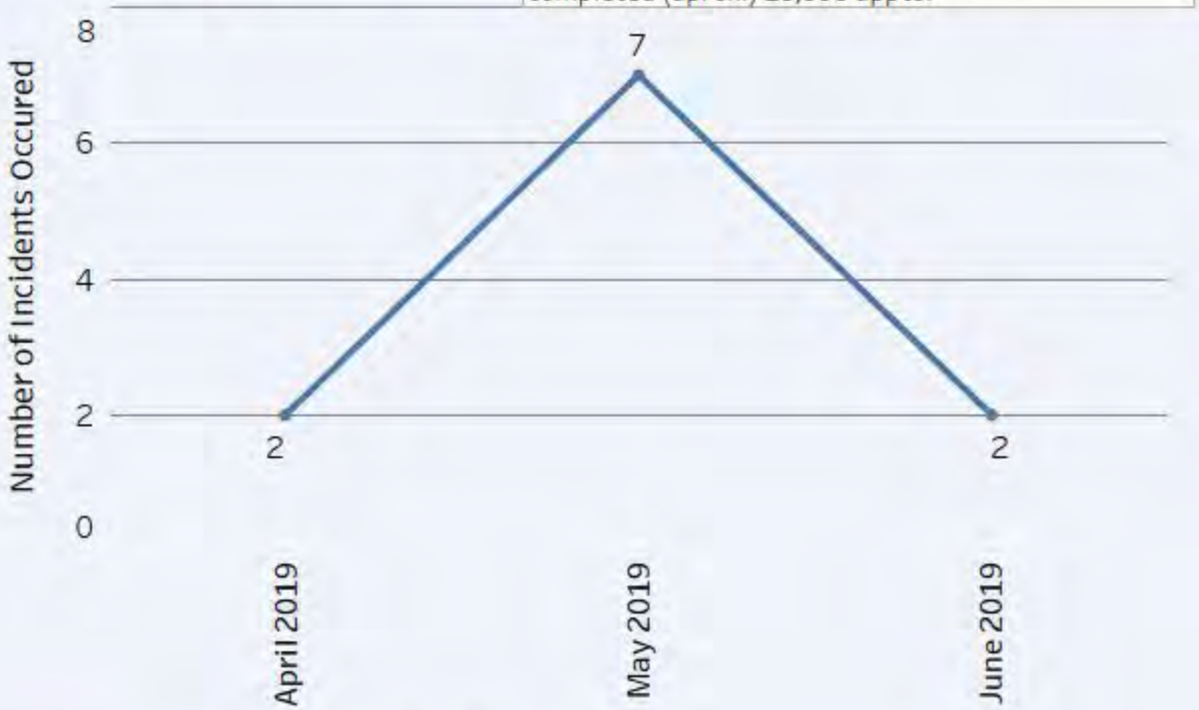
Use the filters below to further explore the data!

By Service Area
(All)

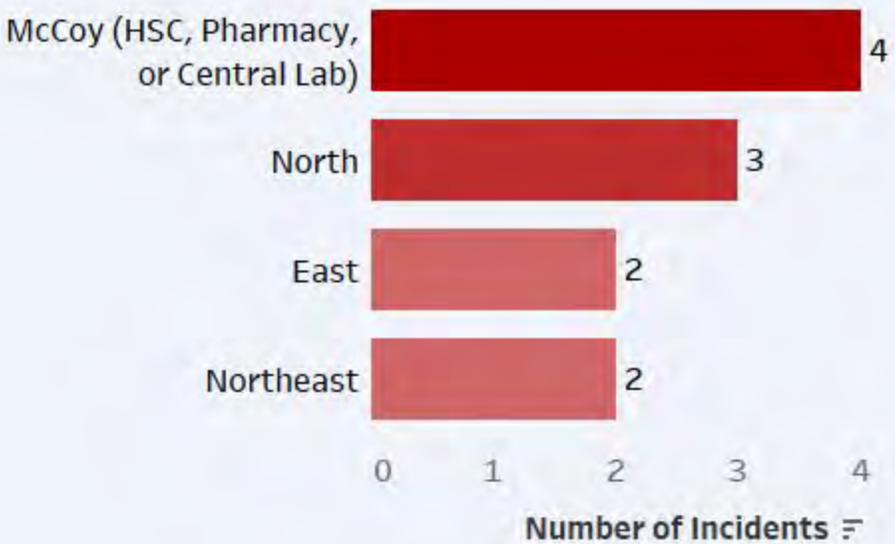
By Quarter:
2019 Q2

Subject Person Affected by Event:
Client

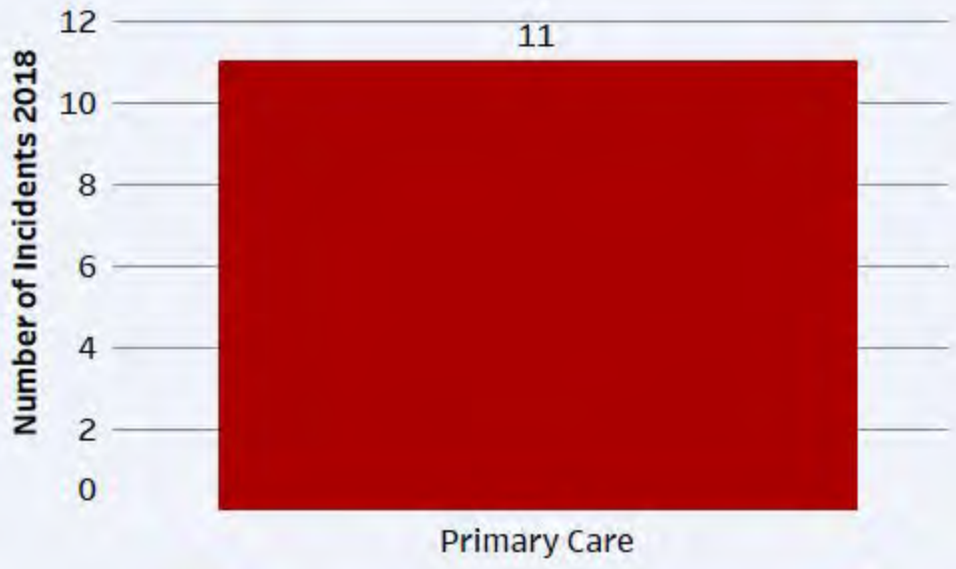
Incidents by Month



Incidents by Location



Incidents by Service Area



Incidents Report

Type of Incident

Multnomah County

Use the filters below to further explore the data!

By Quarter:
2019 Q2

By Service Area
(All)

Subject Person:
Client

Incidents Report

Reported Pharmacy Medication Dispensing Errors

Point of Reference: In Q2 MCHD Pharmacies filled 95,730 prescriptions.

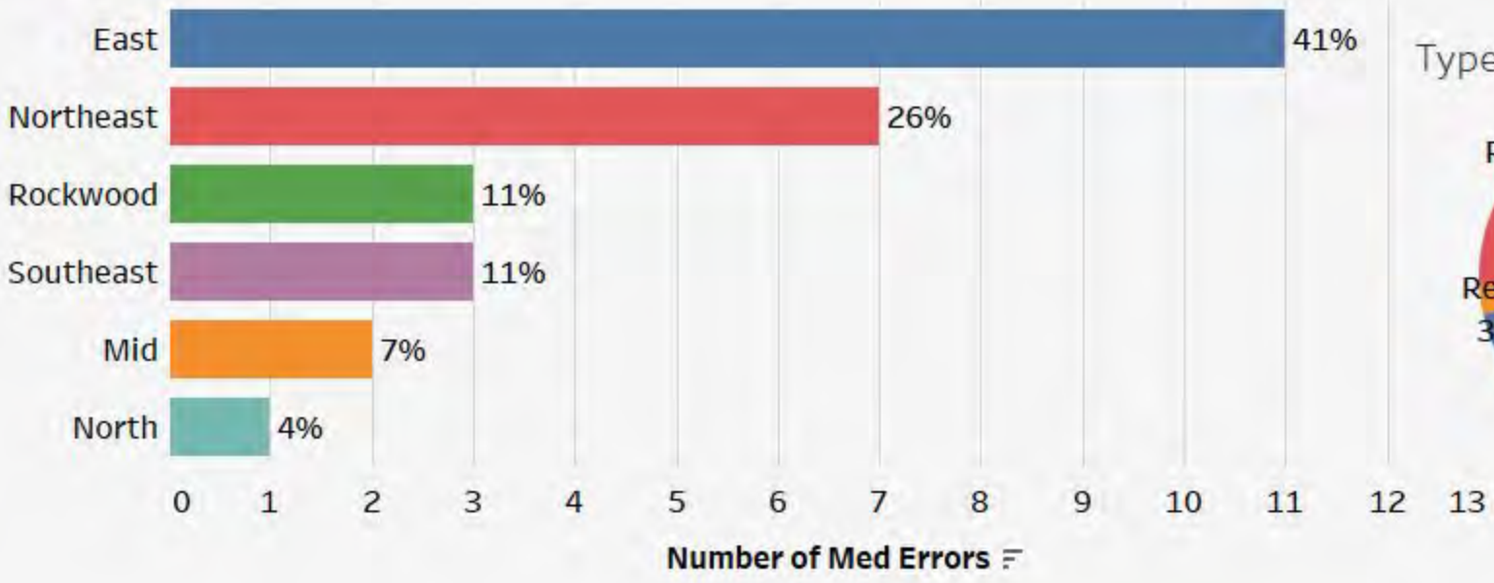
Number of Med Dispensing Errors by Quarter

Use the filters below to further explore the data!

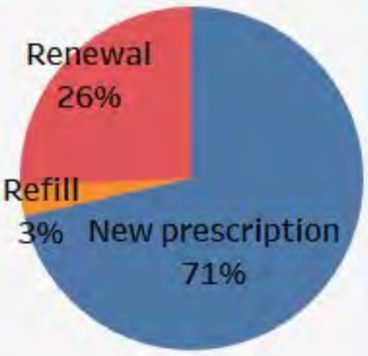
Quarters
(Multiple values)

By Pharmacy
(All)

Pharmacy Name



Type of Prescription

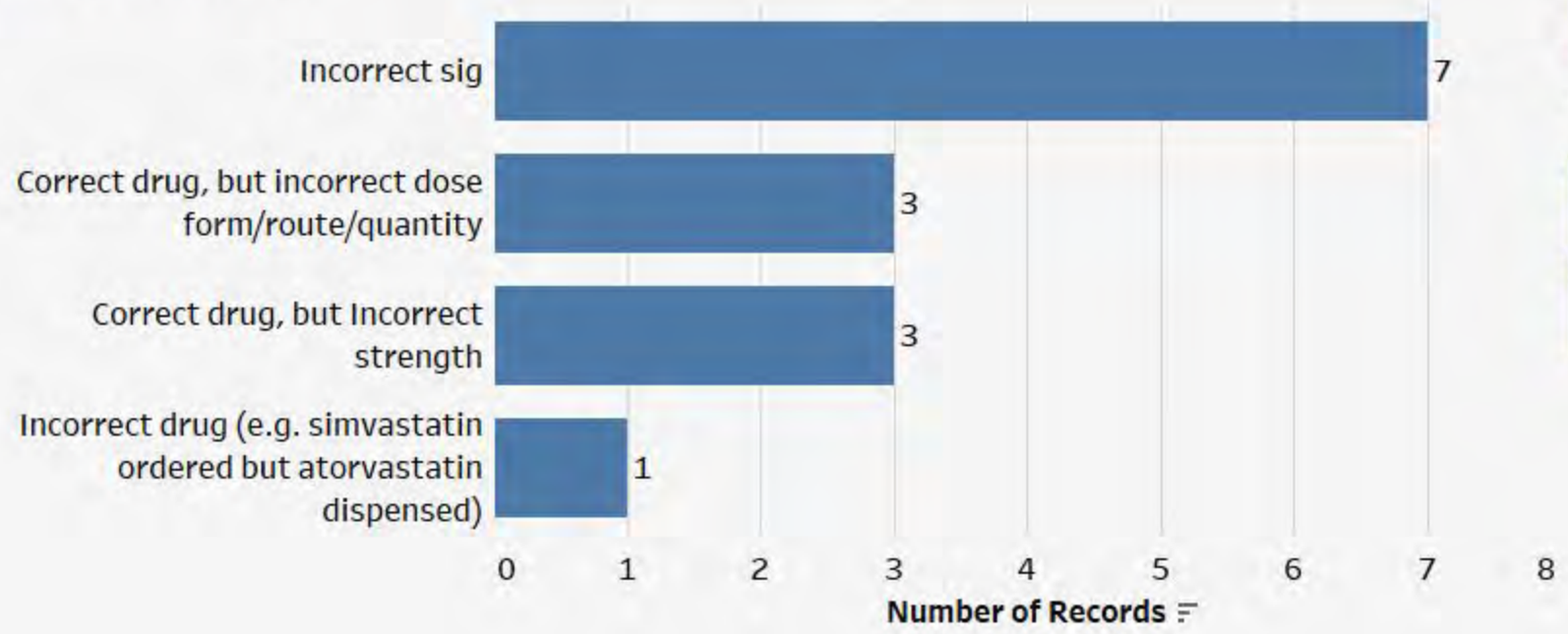


Incidents Report

Type of Pharmacy Medication Dispensing Error

Multnomah County

Description of Error

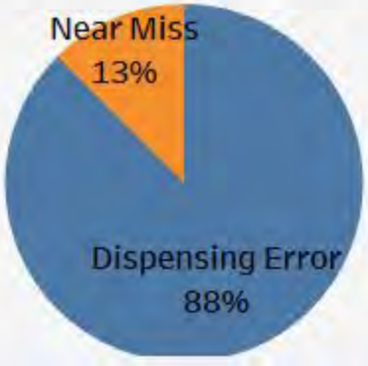


Use the filters below to further explore the data!

Quarters
2019 Q2

By Pharmacy
(All)

Type of Pharm Error (Near Miss not include in other calculations)



Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

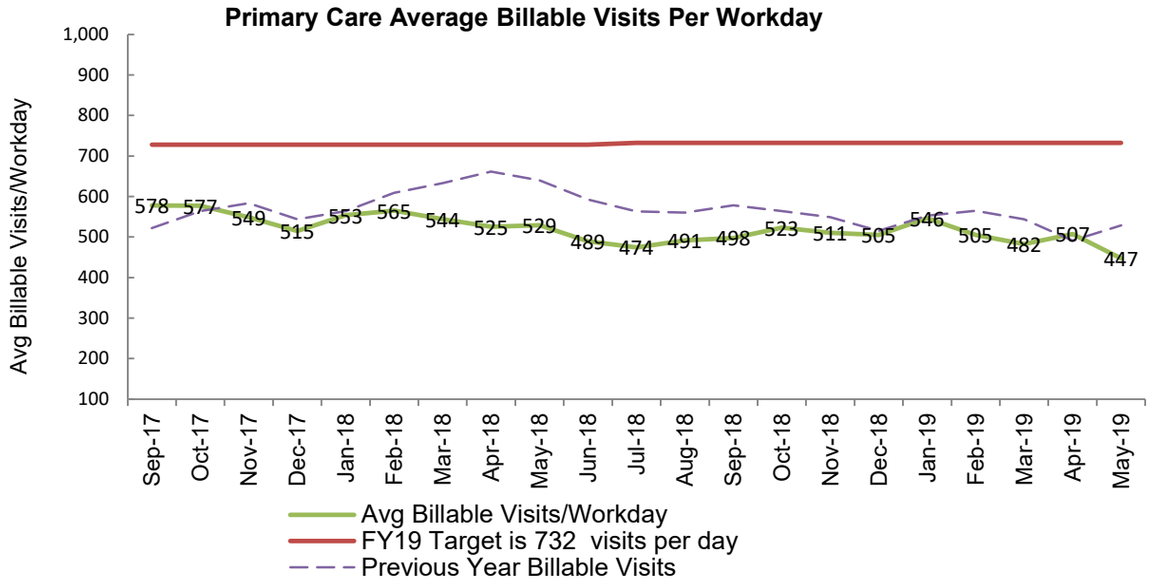
Multnomah County - Federally Qualified Health Center

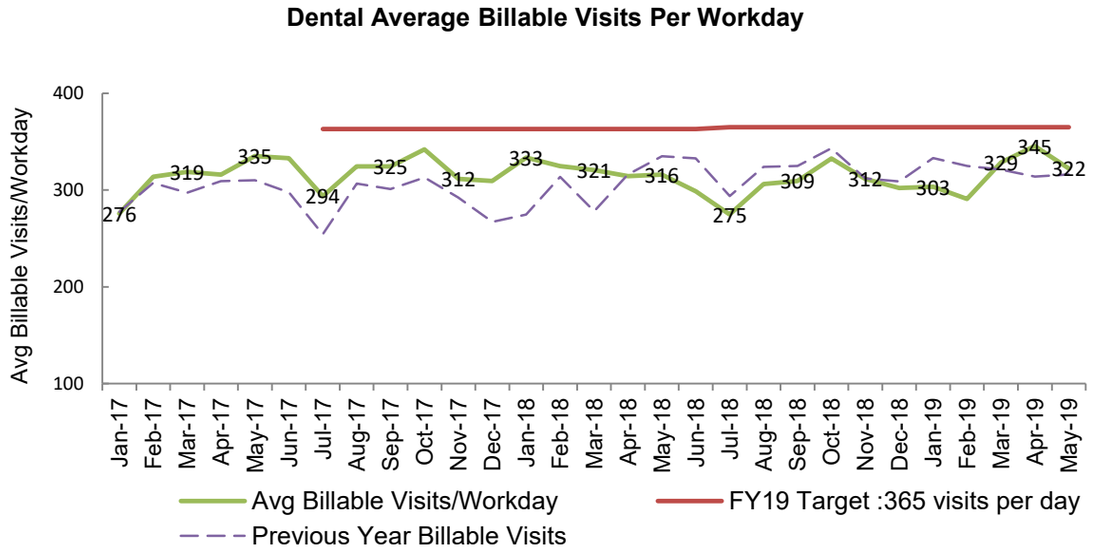
Monthly Dashboard

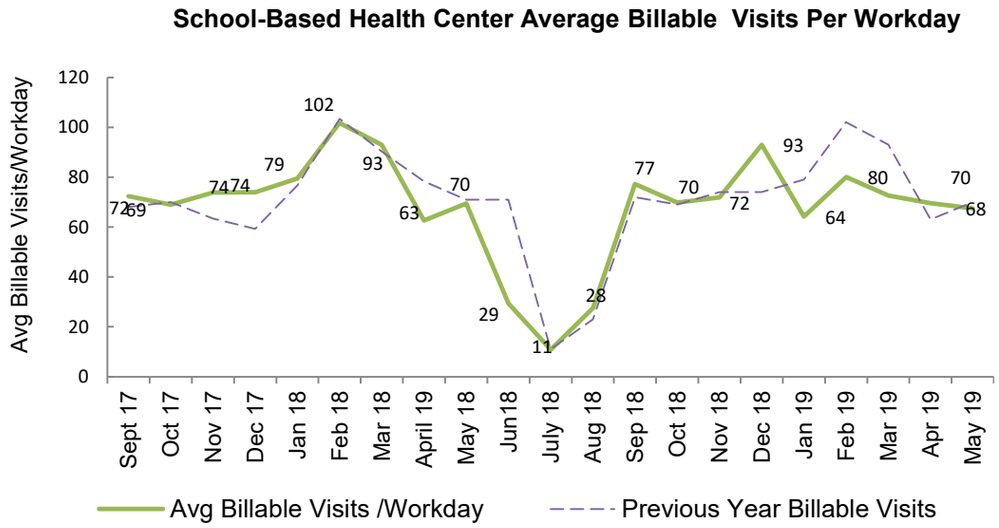
May 2019

Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



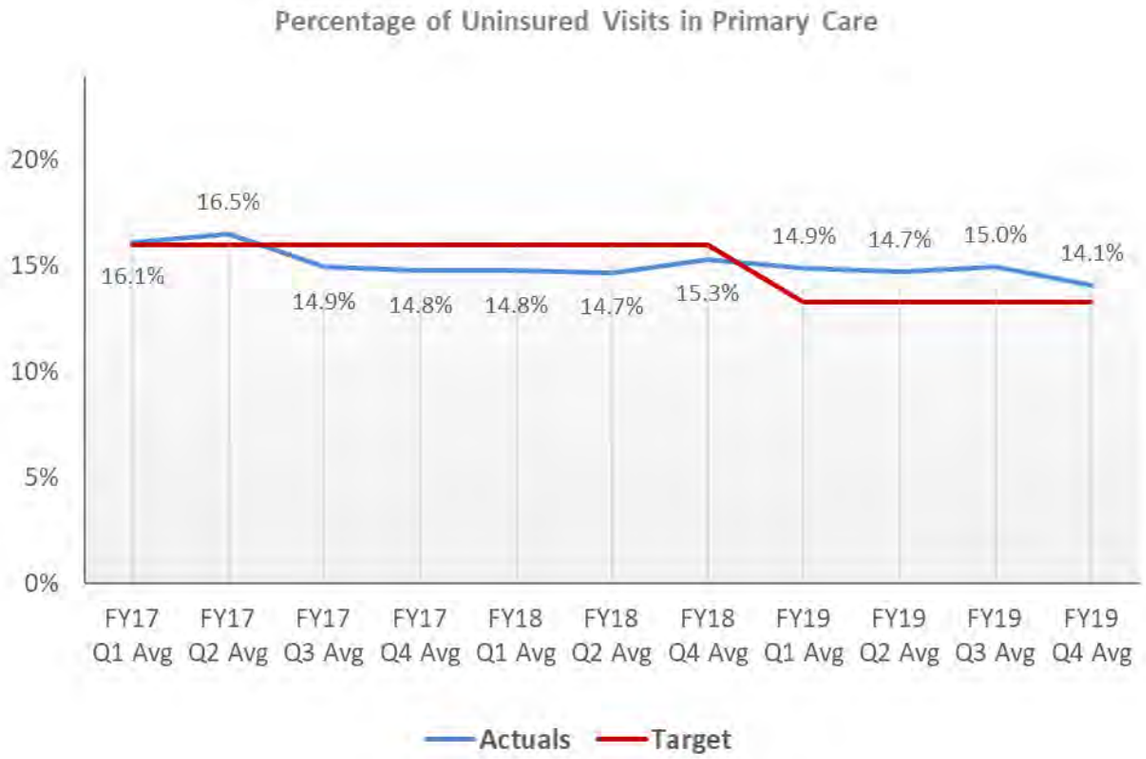


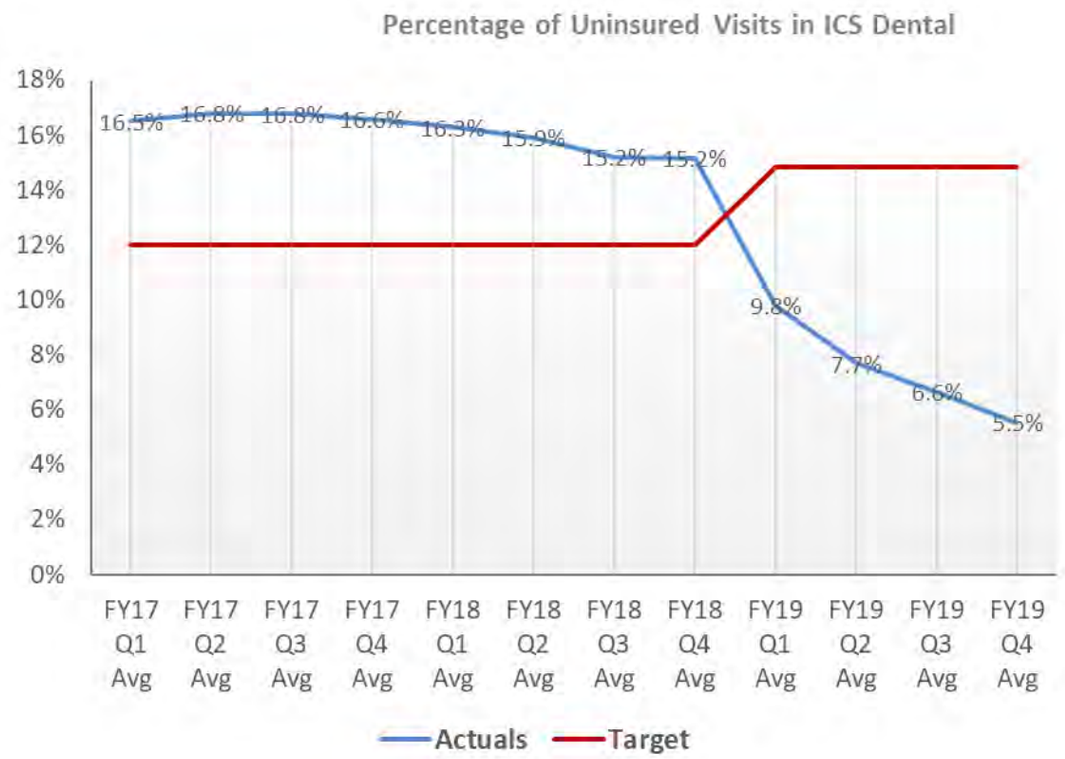


* SBHC clinics are closed during the month July except Parkrose SBHC

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.

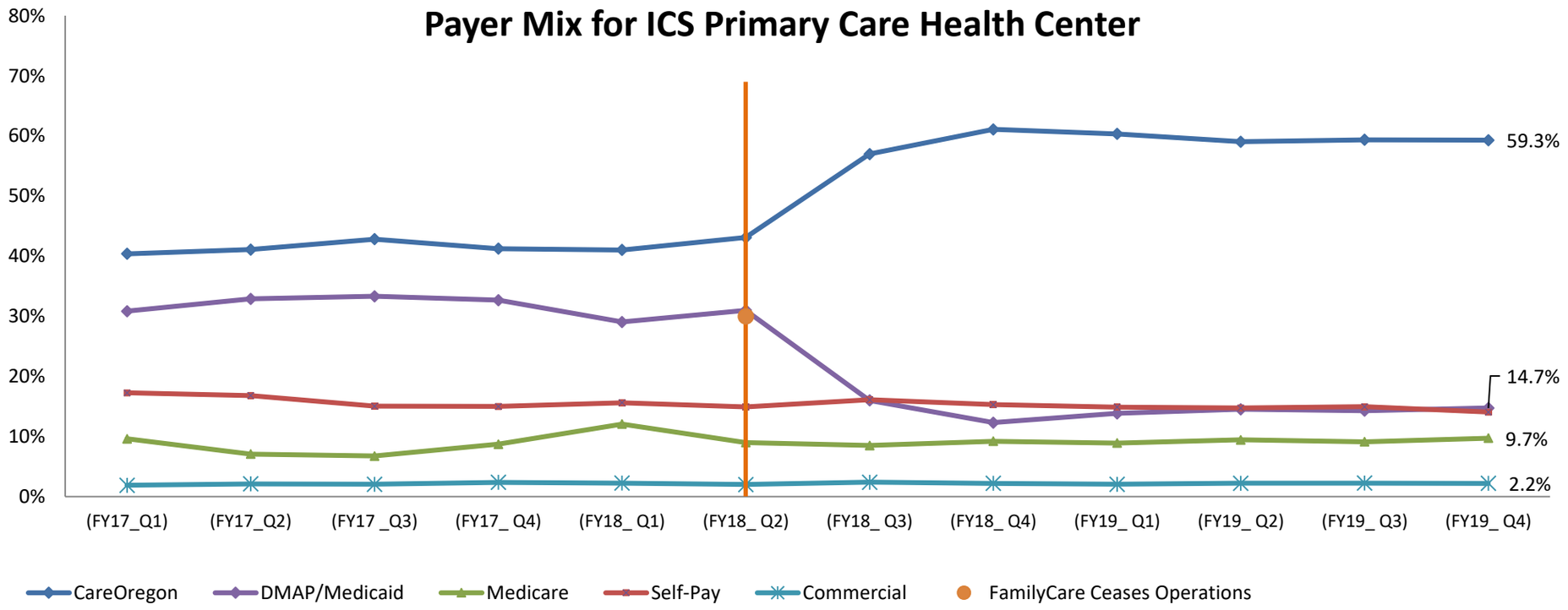
Monthly Percentage of Uninsured Visits for FQHC Centers





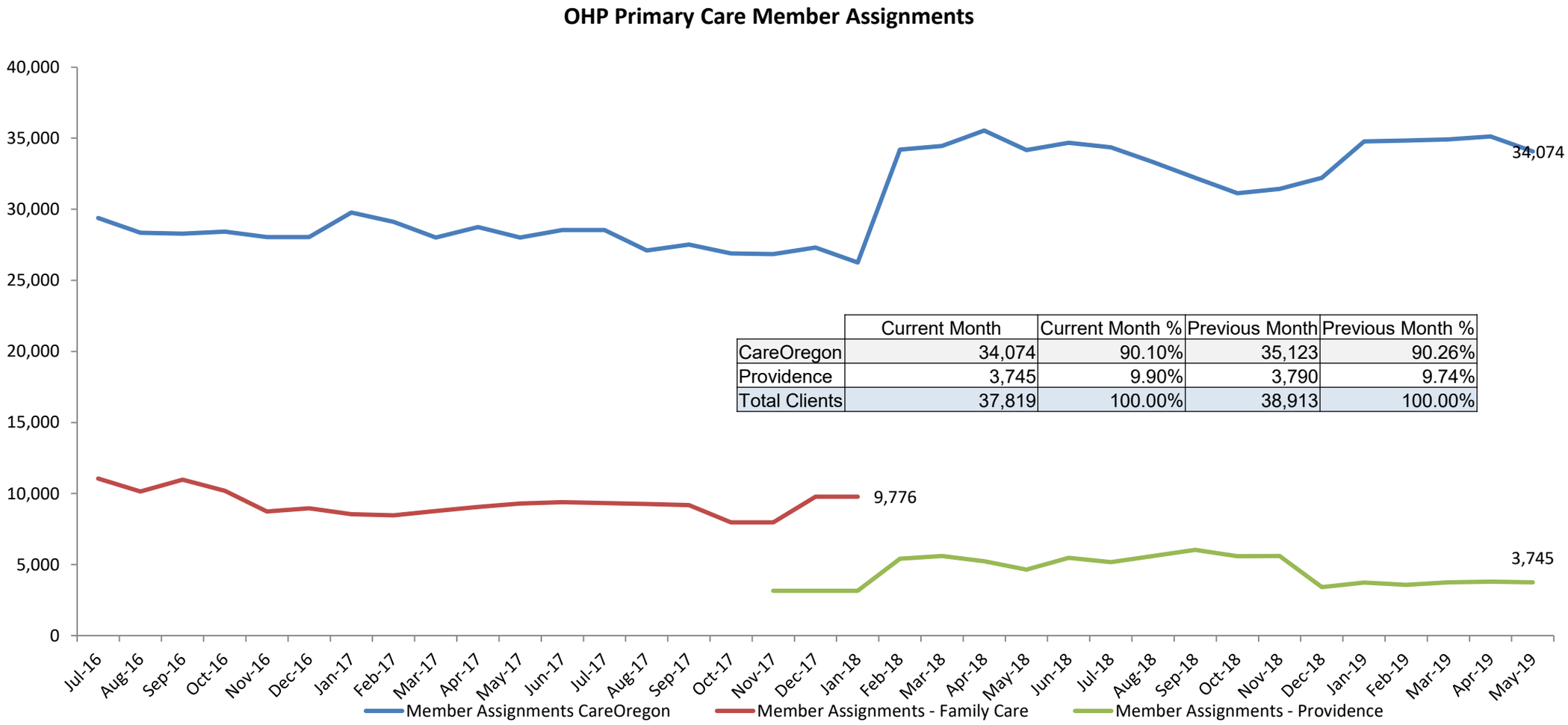
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%

FQHC Monthly Percentage of Visits by Payer for ICS Primary Care Health Centers



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

FQHC Primary Care Member Assignments

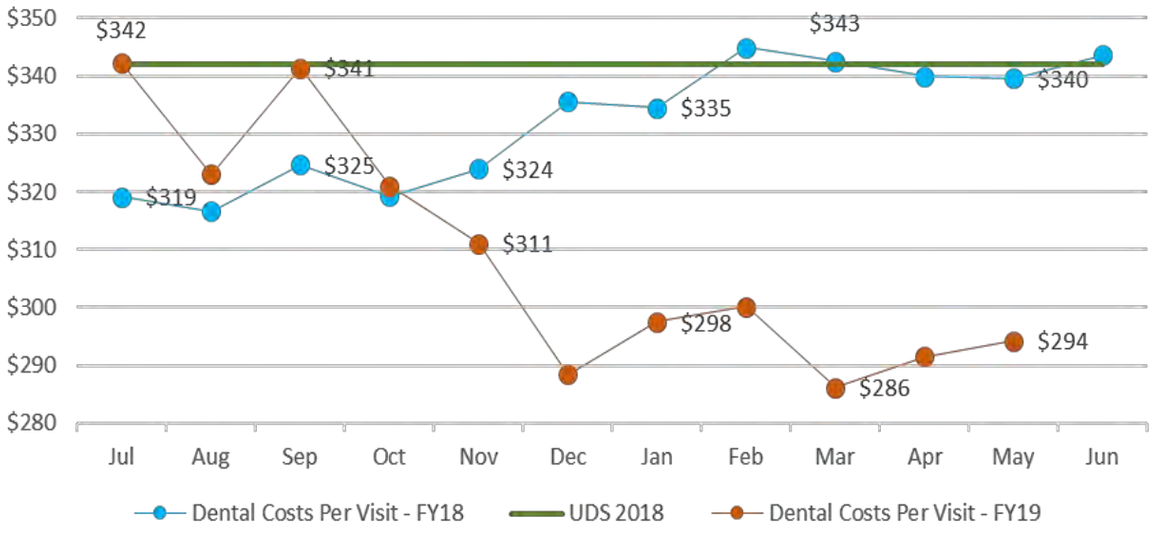


	Current Month	Current Month %	Previous Month	Previous Month %
CareOregon	34,074	90.10%	35,123	90.26%
Providence	3,745	9.90%	3,790	9.74%
Total Clients	37,819	100.00%	38,913	100.00%

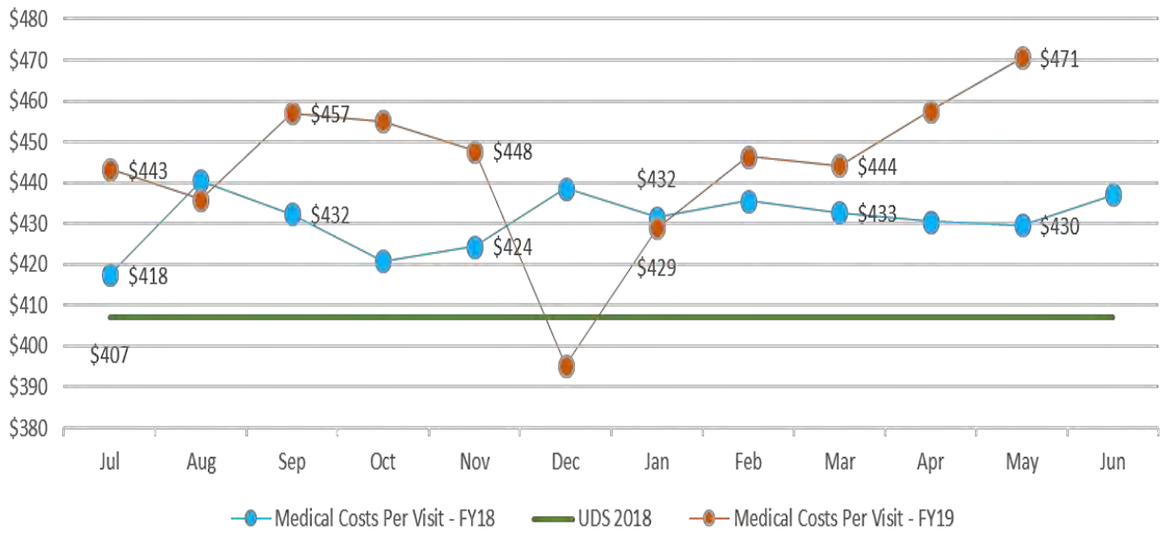
CareOregon FY19 average: 33,491
Providence FY19 average: 4,547

Key UDS Indicators
Jul 2017 – May 2019

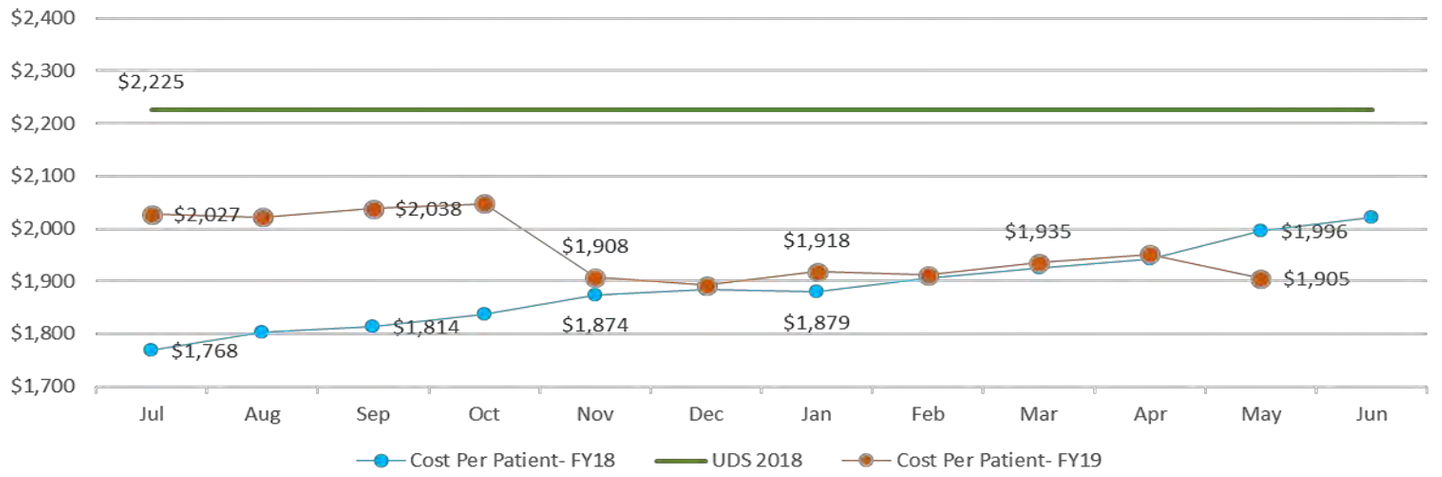
Dental Cost Per Dental Visit



Med Cost per Med Visit

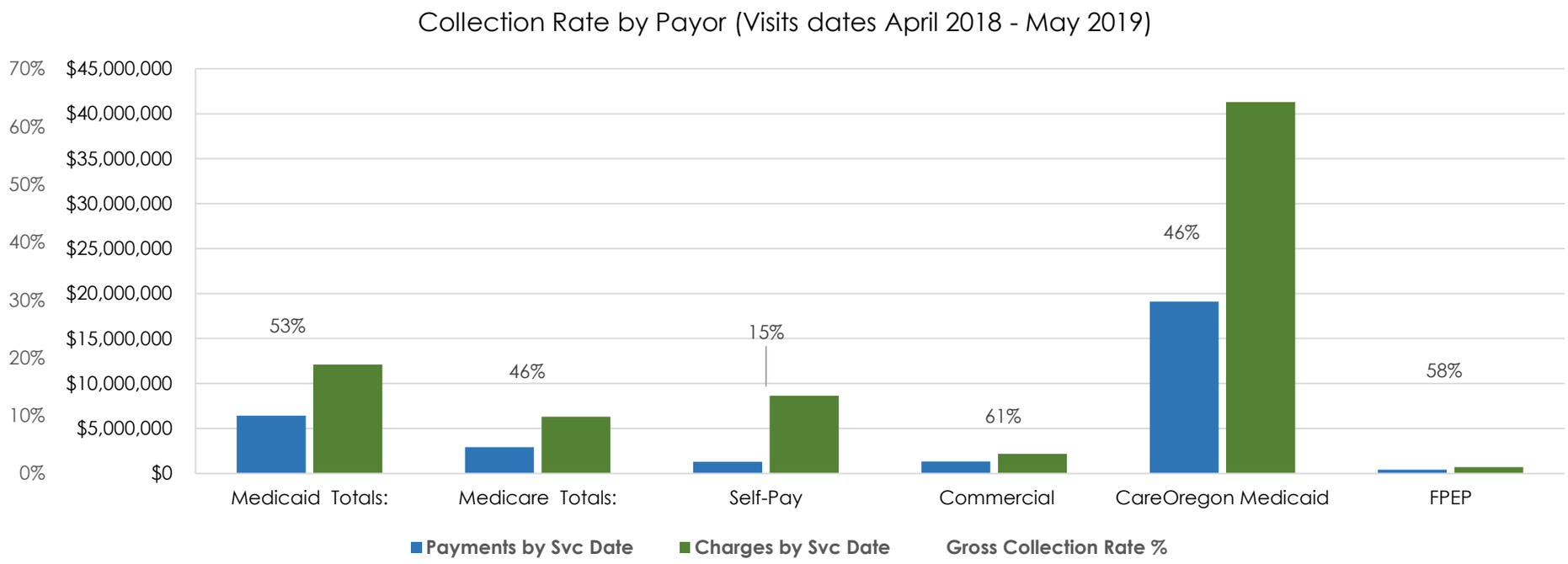


Cost Per Patient: Rolling 12 Months



FQHC Gross Collection Rate by Payer
March 2018 – May 2019

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	FPEP
Payments by Svc Date	$6,419,149	$2,916,755	$1,299,283	$1,337,716	$19,111,455	$419,550
Charges by Svc Date	$12,104,588	$6,318,160	$8,650,640	$2,192,159	$41,312,144	$717,852
Gross Collection Rate %	53%	46%	15%	61%	46%	58%



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 2019

Community Health Centers - Page 1

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – BPHC: The Bureau of Primary Health Care grant revenue is isolated here. This grant is sometimes known as the Primary Care 330 (PC 330) grant.

Grants – Incentives: External agreements that are determined by meeting certain metrics.

Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits.

Contracts: professional services that are provided by non-County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non-personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 2019

Community Health Centers - Page 2

Internal Services

Facilities/Building Management	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count(HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost $5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 2019

Community Health Centers - Page 3

May Target: 92%

	Adopted Budget	Revised Budget	Budget Variance	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Revenue									
Behavioral Health	$ 5,394,614	$ 5,394,614	$ -	$ 395,899	$ 395,357	$ 386,929	$ 392,315	$ 315,304	$ 239,775
General Fund	$ 10,510,645	$ 10,497,645	$ (13,000)	$ 880,918	$ 882,684	$ 992,021	$ 924,144	$ 894,914	$ 996,625
Grants - BPHC	$ 9,967,847	$ 9,967,847	$ -	$ -	$ -	$ 1,710,117	$ 781,367	$ 935,417	$ 865,926
Grants - Incentives	$ 7,326,480	$ 7,326,480	$ -	$ -	$ 1,068,109	$ 2,340,693	$ 498,640	$ 1,500	$ 4,354,540
Grants - All Other	$ 9,392,798	$ 9,415,223	$ 22,425	$ 384,509	$ 370,555	$ 862,642	$ 1,015,074	$ 620,246	$ 995,304
Health Center Fees	$ 96,332,757	$ 96,332,757	$ -	$ 7,807,405	$ 9,042,004	$ 8,052,219	$ 7,717,611	$ 9,970,501	$ 5,744,877
Self Pay Client Fees	$ 1,127,294	$ 1,127,294	$ -	$ 86,553	$ 100,907	$ 76,035	$ 105,026	$ 98,354	$ 87,054
Write-offs	$ -	$ -	$ -	$ 209,416	$ -	$ -	$ -	$ -	$ 2,691,933
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 9,764,700	$ 11,859,615	$ 14,420,656	$ 11,434,177	$ 12,836,236	$ 15,976,034
Expense									
Personnel	$ 94,202,326	$ 94,257,953	$ 55,627	$ 7,027,910	$ 7,335,971	$ 7,174,182	$ 8,172,851	$ 8,042,358	$ 7,623,316
Contracts	$ 4,994,483	$ 4,952,788	$ (41,695)	$ 234,197	$ 178,587	$ 897,067	$ 217,171	$ 762,433	$ (74,025)
Materials and Services	$ 13,978,032	$ 13,973,151	$ (4,881)	$ 1,065,843	$ 1,191,908	$ 1,327,446	$ 1,512,088	$ 1,558,757	$ 861,177
Internal Services	$ 26,381,694	$ 26,382,068	$ 374	$ 1,167,854	$ 2,089,623	$ 2,117,172	$ 2,425,022	$ 2,054,471	$ 2,095,802
Capital Outlay	$ 495,900	$ 495,900	$ -	$ -	$ -	$ 17,730	$ 10,116	$ -	$ -
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 9,495,803	$ 10,796,090	$ 11,533,597	$ 12,337,248	$ 12,418,019	$ 10,506,270
Surplus/(Deficit)	$ -	$ -	$ -	$ 268,897	$ 1,063,526	$ 2,887,058	$ (903,071)	$ 418,217	$ 5,469,764

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 2019

Community Health Centers - Page 4										May Target:		92%
	Adopted Budget	Revised Budget	Budget Variance	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Year to Date Total	% YTD
Revenue											
Behavioral Health	$ 5,394,614	$ 5,394,614	$ -	$ 370,276	$ 370,761	$ 289,214	$ 379,437	$ 380,515	$ -	$ 3,915,782	73%
General Fund	$ 10,510,645	$ 10,497,645	$ (13,000)	$ 1,013,762	$ 1,021,983	$ 877,232	$ 875,687	$ 876,328	$ -	$ 10,236,298	98%
Grants - BPHC	$ 9,967,847	$ 9,967,847	$ -	$ 797,522	$ 482,291	$ 887,434	$ 781,689	$ 918,497	$ -	$ 8,160,260	82%
Grants - Incentives	$ 7,326,480	$ 7,326,480	$ -	$ 88,722	$ 56,797	$ 164,067	$ 137,710	$ 125,270	$ -	$ 8,836,047	121%
Grants - All Other	$ 9,392,798	$ 9,415,223	$ 22,425	$ 512,554	$ 915,062	$ 937,668	$ 583,155	$ 1,250,538	$ -	$ 8,447,307	90%
Health Center Fees	$ 96,332,757	$ 98,942,757	$ 2,610,000	$ 9,078,057	$ 6,345,850	$ 8,515,158	$ 7,661,406	$ 8,474,445	$ -	$ 88,409,533	89%
Self Pay Client Fees	$ 1,127,294	$ 1,127,294	$ -	$ 94,935	$ 72,148	$ 84,277	$ 106,879	$ 96,265	$ -	$ 1,008,432	89%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,901,349	
Total	$ 140,052,435	$ 142,671,860	$ 2,619,425	$ 11,955,828	$ 9,264,892	$ 11,755,050	$ 10,525,963	$ 12,121,858	$ -	$ 131,915,009	92%
Expense											
Personnel	$ 94,202,326	$ 94,257,953	$ 55,627	$ 7,811,373	$ 7,174,182	$ 7,258,404	$ 7,575,281	$ 7,518,616	$ -	$ 82,714,443	88%
Contracts	$ 4,994,483	$ 4,952,788	$ (41,695)	$ 359,308	$ 401,713	$ 513,048	$ 459,991	$ 863,351	$ -	$ 4,812,841	97%
Materials and Services	$ 13,978,032	$ 16,583,151	$ 2,605,119	$ 1,698,999	$ 1,258,877	$ 1,602,225	$ 1,526,578	$ 1,507,003	$ -	$ 15,110,901	91%
Internal Services	$ 26,381,694	$ 26,382,068	$ 374	$ 1,704,422	$ 2,101,871	$ 2,101,509	$ 1,983,067	$ 2,052,607	$ -	$ 21,893,420	83%
Capital Outlay	$ 495,900	$ 495,900	$ -	$ -	$ 5,303	$ -	$ 16,792	$ 6,590	$ -	$ 56,531	11%
Total	$ 140,052,435	$ 142,671,860	$ 2,619,425	$ 11,574,102	$ 10,941,946	$ 11,475,186	$ 11,561,709	$ 11,948,167	$ -	$ 124,588,137	87%
Surplus/(Deficit)	$ -	$ -	$ -	$ 381,726	$ (1,677,054)	$ 279,864	$ (1,035,746)	$ 173,691	$ -	$ 7,326,871	

Notes:
Financial Statement is for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed.

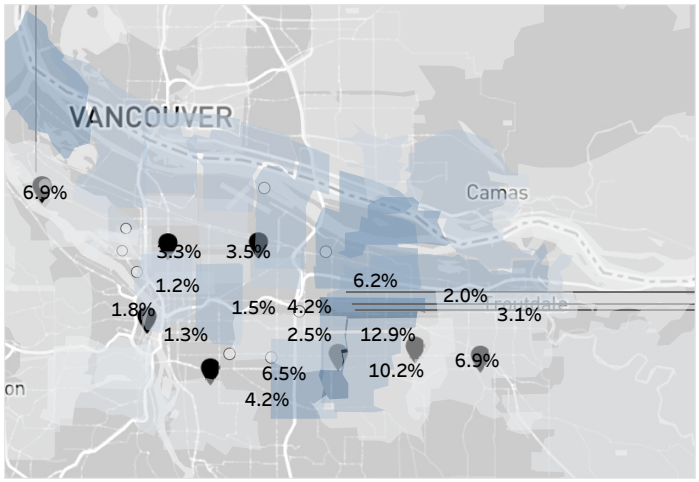
Beginning with the May 2019 report, there is a new line for "Write-offs." Historically write-offs have not been shown on this report. Due to an unusually large write-off in our favor in December 2019 related to the Workday software implementation, we have determined that this category is relevant for this report.

The revised budget on the May 2019 report includes a bud mod to increase Pharmacy revenue and expenditures by $2.61 million.

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

63,726

Total ICS* Patients

61,873

	Patients	Clinic Visits
Medical	46,892	145,258
Dental	26,642	78,841
Mental Health	6,096	25,029

Homeless Patients	Student Health Center	Veterans
2,096	5,919	774

% of Patients by Income as % of FPL

100% and below	67.4%
101 - 150%	11.6%
151 - 200%	5.1%
Over 200%	3.9%
Unknown	12.1%

% of Patients by Medical Insurance

Regular Medicaid (Title XIX)	70.3%
None/Uninsured	15.9%
Medicare (Title XVIII)	7.9%
Private Insurance	5.8%

% of Patients by Ethnicity

Not Hispanic/Latino	60.4%
Hispanic/Latino	34.4%
Unreported/Refused to Report	5.3%

% of Patients by Gender Identity

Other/Not Collected	42.9%
Female	30.7%
Male	24.9%
Choose not to disclose	1.2%
Transgender Female / Male to Female	0.1%
Transgender Male / Female to Male	0.1%

% of Patients by Race

White	53.3%
Unreported / Refused to Report	18.3%
Black / African American	13.2%
Asian	9.8%
More than one race	3.2%
Other Pacific Islander	1.1%
American Indian / Alaska Native	1.0%
Native Hawaiian	0.1%

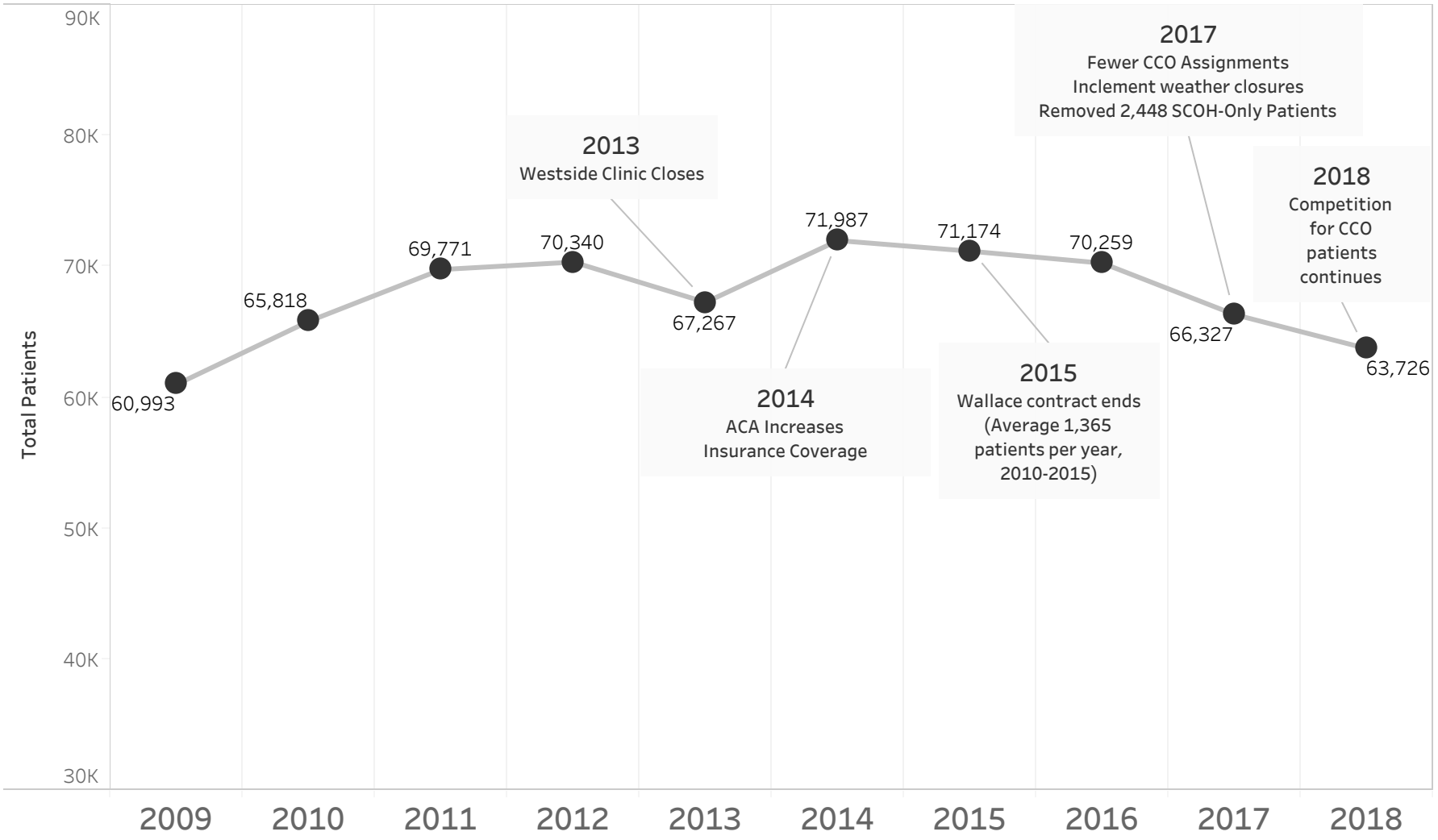
% of Patients by Sexual Orientation

Don't know	47.1%
Straight (not lesbian or gay)	40.3%
Choose not to disclose	8.0%
Lesbian or Gay	2.1%
Bisexual	1.8%
Something else	0.7%

*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

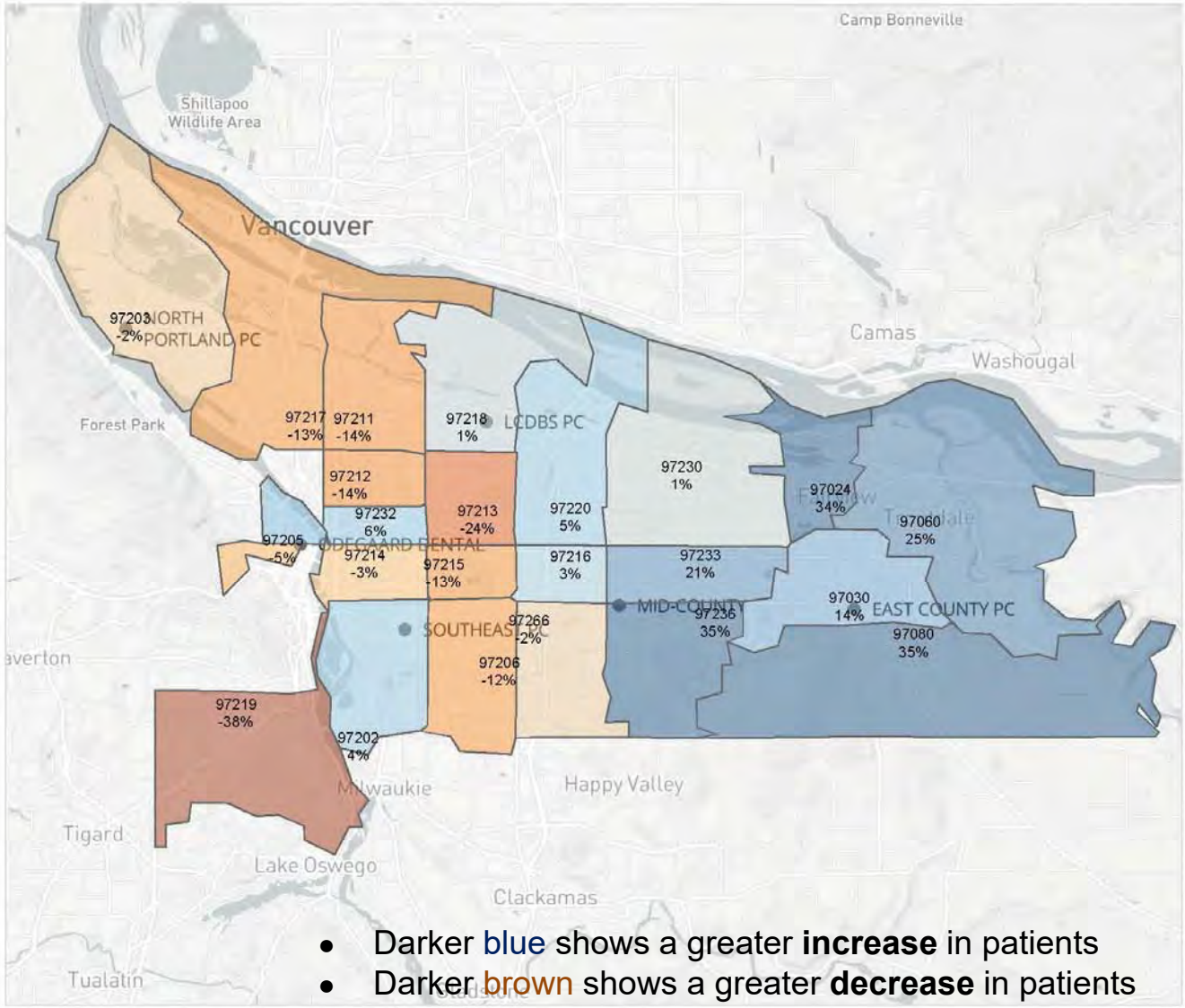
FQHC Patients by Year



The marks are labeled by sum of Total Patients per year.

Where is Our Client Population Growing and Shrinking?

2009 Patients vs 2018 Patients



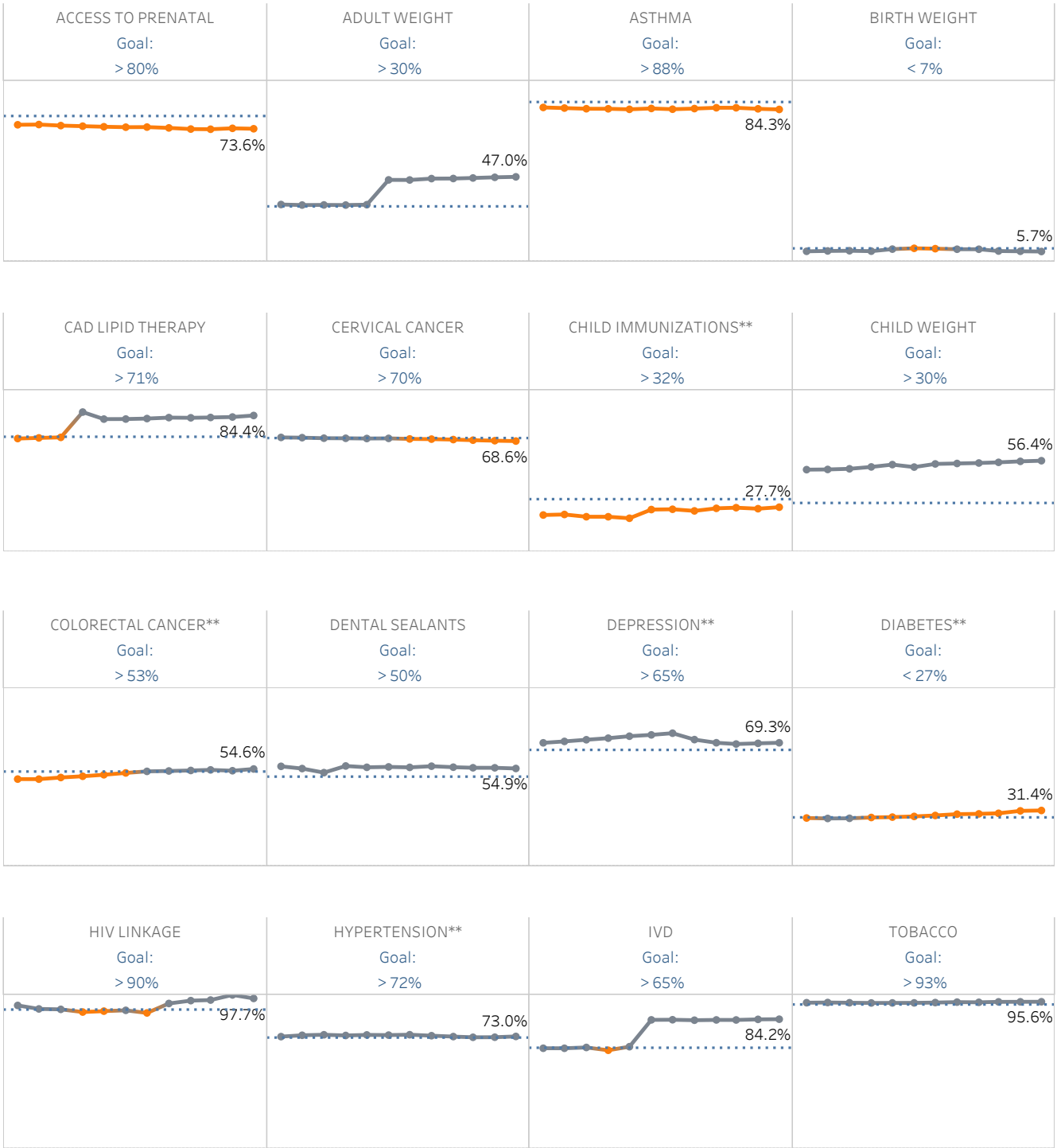
Zip code	2018
97024	962 ---> 1,291 (34%)
97030	3,891 ---> 4,422 (14%)
97060	1,600 ---> 2,005 (25%)
97080	2,295 ---> 3,104 (35%)
97202	1,507 ---> 1,574 (4%)
97203	4,517 ---> 4,415 (-2%)
97205	427 ---> 404 (-5%)
97206	3,083 ---> 2,703 (-12%)
97209	1,062 ---> 1,155 (9%)
97211	2,425 ---> 2,096 (-14%)
97212	876 ---> 751 (-14%)
97213	1,286 ---> 982 (-24%)
97214	838 ---> 810 (-3%)
97215	539 ---> 469 (-13%)
97216	1,550 ---> 1,589 (3%)
97217	2,432 ---> 2,124 (-13%)
97218	2,173 ---> 2,199 (1%)
97219	808 ---> 503 (-38%)
97220	2,585 ---> 2,702 (5%)
97230	3,917 ---> 3,953 (1%)
97232	309 ---> 326 (6%)
97233	6,825 ---> 8,232 (21%)
97236	4,834 ---> 6,529 (35%)
97266	4,189 ---> 4,124 (-2%)

- Darker blue shows a greater **increase** in patients
- Darker brown shows a greater **decrease** in patients

INSTRUCTIONS: **1. Select Goal** UDS **2. Select Site** All

UDS CQMS by Month*

UDS Goal..... | orange = goal not met | results for most recent month on label | May, 2019



Multnomah County

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

** PCPM Measure

*** Includes all patients regardless of payor/insurance (self-pay, Medicaid, Medicare, commerical)

Community Health Council

Increasing Saturday Dental Clinics Remainder of 2019

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation: July 2019	Program / Area: ICS/Dental
Presenters: Christine Palermo	

Project Title and Brief Description:

Increasing Saturday Dental Clinics remainder of 2019.

- The Dental Program needs flexibility to open additional Saturdays at 5 Dental clinics based on the need of meeting end of year CareOregon metrics and to make up for anticipated lost productivity during Wisdom transition.

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Describe the current situation:

- We are currently open at Mid-County Dental for Saturday care. MCHD partners with CareOregon Dental to help clients get the dental services they need and to set up goals/metrics that each clinic has to meet that demonstrates improved oral health at the population level.
- We will be transitioning to a new EHR in October 2019. This transition will require 1.5 days of training for all staff and reduced schedules for the first 3 weeks of “going live” reducing the amount of patients we can see.

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Community Health Council

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Why is this project, process, system being implemented now?

- · We want to be proactive now to ensure our patients are seen in a timely manner and that we are able to meet our year-end metrics and productivity targets.

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Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)*

- For the last several years, MCHD dental program has worked to meet state quality targets for sealants and getting as many patients, that have been assigned to us, seen during the calendar year as possible. This work continues, and we need to increase access points for our patients. The decrease in productivity during our Wisdom implementation puts us at risk to not meet our metrics or productivity targets.

List any limits or parameters for the Council's scope of influence and decision-making

· * We are looking for the Council's approval of opening Saturday clinics, between July and December 2019, at any and/or all dental clinics based on data received from CareOregon Dental regarding projected calendar year targets and fiscal year productivity.

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Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)*

Community Health Council

Patients will get the care they need and MCHD will receive up to $1 million in incentive money for meeting our metrics and the dental program will have increased access to meet productivity targets.
Briefly describe the outcome of a “NO” vote or inaction by the Council *(be sure to also note any financial outcomes)* Dental program would not have the capacity to meet quality metrics and would not earn full amount. Quality Incentive dollars at risk could be as much as $1M. Lost productivity for Wisdom transition could be up to $600,000
Which specific stakeholders or representative groups have been involved so far? • Dental leadership • CHC . .
Who are the area or subject matter experts for this project? *(& brief description of qualifications)* • Dental leadership team (Dental Director, Dental Program Manager, Operations Supervisors, Senior Program Specialist) . .
What have been the recommendations so far? • Increased outreach to engage patients in their oral health, resulting in a need for additional clinic days on Saturdays. . . .

Community Health Council

How was this material, project, process, or system selected from all the possible options? • MCHD dental clinics are at capacity Monday through Friday, and wait times are very long at some of our clinics. Additional Saturday clinics would allow us to schedule many more patients and help us reach our end of year targets, securing the future of the program and the level of service we provide to our patients					

Council Notes: