

# Community Health Council

## Community Health Council Board Meeting Minutes

**Date:** Monday, December 9th, 2019

**Time:** 6:00 PM

**Location:** Gladys McCoy Building, Room 850

**Approved:**

**Recorded by:** Priscilla Hunter

### Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	Y
David Aguayo	Board Member	Y
Fabiola Arreola	Vice Chair	N
Jon Cole	Member-at-Large	N
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	Y
Tara Marshall	Chair	Y
Susana Mendoza	Board Member	Y
Harold Odhiambo	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	ICS Director	Y
Keri Barnett	Nursing Supervisor, East County Health Center	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Patricia Charles-Heathers	Health Department Director	Y
Brieshon D'Agostini	Primary Care Strategy and Innovation Manager	Y
Adrienne Daniels	ICS Deputy Director	Y
Angela Hall	Interim Regional Nurse Manager, East County Health Center	Y
Amy Henninger	ICS Deputy Medical Director	Y
Priscilla Hunter	Administrative Analyst	Y
Toni Kempner	Clinic Manager, Health Services Center	Y
Michele Koder	Pharmacy and Lab Services Director	N
Mark Lewis	Senior Manager Business Operations	Y
Ryan Linskey	ICS Quality Program Manager	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y

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<b>Dawn Shatzel</b>	<b>ICS Quality Director</b>	<b>Y</b>
<b>Mayra Slobig</b>	<b>Operations Supervisor, Health Services Center</b>	<b>N</b>
<b>Tasha Wheatt-Delancy</b>	<b>Primary Care Services Director</b>	<b>Y</b>

**Guests:** Nina McPherson and Jane Sayner

## Action Items:

- Mark notes that the monthly dashboard report printout is slightly blurred and he will send out a document that is more legible.
- Adrienne will send out some information about the health center funding bill in an email by the end of the week.

## Decisions:

- Approved the November 2019 meeting minutes
- Approved updates to ICS Policy 01.19- Provider Assignment and Selection
- CHC members elect 2020 Executive Committee members for Chair, Secretary, and Member at Large (1)

**The meeting was called to order at 6:07 pm by Chair, Tara Marshall.**

**The Meeting Ground Rules were presented by Board Member, Wendy Shumway.**

**Noted that quorum was met.**

## **November 2019 Meeting Minutes Review (Vote required)**

*(See Document - November CHC Meeting Minutes)*

*Questions and comments raised by CHC members.*

- Tamia Deary asked about a question mark (?) on page 4 of the November meeting minutes next to the written motion to approve the November minutes. Priscilla stated that the question mark was entered in error and corrected it on the original document.

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

**Motion by David to approve the November 2019 Meeting Minutes.**

**Seconded by "D"eb .**

**7 aye; 0 nay; 2 abstain (Wendy and Iris were not at the November meeting)**



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## *Motion carries*

### **Commissioner Susheela Jayapal**

Commissioner Jayapal talked to board members and guests about her work as a county commissioner for District 2 (N and NE Portland) and some of the current projects she's involved in. She discussed some of her top priorities as a council member:

- Eliminating Disparities
  - With a focus on low income communities in her district, commissioner Jayapal is working to make sure that communities of color who still live in N and NE Portland are being served where they live and have access to the resources within their communities
- La Clínica de Buena Salud
  - In addition to the services provided at this clinic, Commissioner Jayapal is working on opportunities to partner with other community organizations in the "Cully Neighborhood" on how to greater serve this community and make sure the community members needs are being met.

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

- Iris asks Commissioner Jayapal if all the Multnomah County Commissioners work together to address and discuss broader county issues. Commissioner responds letting Iris know that the commissioners often meet to work on county issues as a whole and that it's a large portion of what they do.
- Tamia asks Commissioner Jayapal if the county commissioners have already started working on or will begin to work on issues surrounding the Transgender community and their access to healthcare. Commissioner Jayapal responds letting Tamia know that she is working with constituents of the community as well as MCHD Public Health Department to get a better understanding of what the needs are.
- David asks Commissioner Jayapal what resources, if any, are being provided to community members who are being pushed out of N and NE Portland due to rising cost of living. Commissioner Jayapal said that prior resources that community previously had access to, are still available in neighborhoods they are moving to and she is continually working on having resources remain in their old neighborhoods since a lot of members come back to N and NE Portland Health Centers to receive healthcare.
- Vanetta mentions that in the ICS Audit Report, there's a question about

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where the Primary Care resources are going and if they're being extended East since that's where a lot of displaced residents are moving to. Commissioner Jayapal adds that there are still quite a few Medicaid eligible patients living in N and NE Portland and she has a goal to keep some of the health resources in that community.

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

### **Licensing and Credentialing Report**

*(See Document -Licensing and Credentialing Update 12.19)*

Amy Henninger, ICS Deputy Medical Director, reported out on onboarding and start dates for ICS Medical and Dental Providers.

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

### **Monthly Budget Report- September Financials and Visits Report**

*(See Document-Monthly Dashboard-September 2019)*

Mark Lewis reports out on September Financials and Visits report. **ACTION ITEM: Mark notes that the monthly dashboard report printout is slightly blurred and he will send out a document that is more legible.** Mark reports an increase in Primary Care billable visits at School Based Health Centers in September. One item of note Mark mentions is after further review of the completed report, some costs on financials were included that should not have been (necessary changes made to the report are noted in red). Another item of note Mark mentions is the total amount of grants are lower than anticipated because the state mental health grants have not yet been recorded.

*Questions and comments raised by CHC members:*

- Wendy asks Mark what is a commercial payor, as listed in the report. Mark responds letting Wendy know that commercial payers are payers other than Oregon Health Plan; which could include private pay and self pay.
- Iris asks Mark what does "reproductive health" mean in the gross collection rate portion of the report. Mark responds that reproductive health encompasses all reproductive health payers.

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

### **ICS.01.19 Provider Assignment and Selection Policy Update**

*(See Document-ICS.01.19 ICS Primary Care Provider and Selection)*

Brieshon D'Agostini, Primary Care Strategy and Innovations Manager, provides



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updates to committee members and guests on the Primary Care Provider Assignment and Selection Policy- these updates include:

- Language change in the purpose and statement portion of the policy to align with policies updated last month.
- Removed procedure change that required leadership approval for patient transfer request. As it is now an industry standard, patients are transferred in real time.

*Questions and comments raised by CHC members:*

- Harold asks Brieshon what is the wait time for a patient to be transferred. Brieshon responds letting Harold know that three business days is the standard for transfers.
- Wendy asks Brieshon how patients are notified when their care has been transferred to a new provider. Brieshon responds that the Patient Access Center relays this information; in addition, there are materials in the clinic with information for patients who are asking for a request and staff who process the request will have information to give to the patient(s).

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

***Motion by Wendy to approve the new ICS.01.19 policy as presented***

***Seconded by Pedro.***

***9 aye; 0 nay; 0 abstain***

***Motion carries***

### **Patient Satisfaction Survey Report**

*(See Document-2019 Patient Satisfaction Survey Combined)*

Ryan Linskey, ICS Quality Project Manager, reports on the Annual Patient Satisfaction Survey. Some highlights of the report include:

- East County Health Center collected most of the surveys for Dental
- Primary Care had a 24% increase in survey calls
- Mid County Health Center collected most of the surveys for Primary Care
- Dental patients surveyed reported an increase in satisfaction in the cleanliness of the dental clinics where they receive their care.
- Dental patients surveyed reported an increase in satisfaction in the care that they get at their dental clinic.
- Primary Care patients surveyed reported an increase in satisfaction in recommending their healthcare team to family and friends who need healthcare.

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- Primary Care patients surveyed reported an increase in satisfaction in front desk staff being helpful.

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

- Pedro asks Ryan what the colors mean on the report (red, yellow and green). Ryan responds that any response rates below 70% "need improvement" are highlighted in red; yellow means that the percentage has increased (beyond 70) and green means the response rate is good.
- Dave asks if there is a policy that requires providers to review health history with their patients. Christine Palermo, ICS Dental Operations Manager, lets Dave know that she's not sure if it's stated in a policy but it's required for all dentists to do so.
- Dave asks Ryan if the questions are answered on a scale when being answered by patients. Ryan confirms that they are.
- Susana asks why survey response rates for question 1 (dental survey) are all red and what actions are being taken to improve this? Christine let's Susana know that dental is currently having some setbacks with getting patients in for appointments and they are working on ways to get more patients in and get appointments done in a timely manner. Vanetta adds that there is also a shortage of dental assistants working within the county which can also be cause for less patients being seen in dental.
- Tamia requests that information presented in future survey reports include the methodology and Ryan agrees and will relay this to the Quality team.

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

### **Executive Officer Elections**

(See Document- Executive Officer Slate)

CHC Council Members vote to elect a new CHC chair, Secretary and one Member at Large. Their two-year terms will begin on January 1, 2020

CHC chair- **Harold Odhiambo**

Secretary- **Pedro Sandoval Prieto**

Member-at-Large- **Jon Cole**

### **ICS Strategic Updates**

Adrienne Daniels, ICS Deputy Director, reports out on ICS strategic updates. Updates include the following:

- Living Yoga, in partnership with the ICS Community Health Workers Program, did



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not receive the grant submitted to Cambia Health to provide Trauma Resiliency Training to staff members.

- The Health Services Center - HIV Clinic received the Cascade AIDS Project Community Hero award for 2019. Tamia represented the CHC at the awards ceremony. Linda and Wendy attended as well.
- The HRSA site visit is scheduled to take place in February 2020
- The County Auditor's Audit for Primary Care is complete and will be presented to the county commissioners and the public on December 19th at the County Board meeting.
- Legislators are trying to pass a bill for 5 years continued funding for the national community health center program. This would eliminate the funding cliffs that community health centers have been facing recently for at least the next 5 years.

*Questions and comments raised by CHC members:*

- Iris asks who the co-sponsors are, of the health center funding bill. Adrienne responds letting Iris know that she will follow up when she has more information.  
**ACTION ITEM: Adrienne will send out some information about this bill in an email by the end of the week.**
- Harold asks Adrienne how the council can support the bill being pushed forward. Adrienne said that NACHC sends out emails asking for support including suggestions on how to advocate for health centers.

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

### **Council Business Committee Updates**

Dave reports out on the CHC Finance Committee meeting, which took place on November 15th. The committee suggested adding a metric to the Monthly Dashboard for the capacity of clinic visits in addition to the actual billable visits because the number of visits does paint an accurate picture of the financial wellness of each clinic.

Iris reports out on CHC Quality Committee meeting, which took place on December 6th. The Quality team (staff) is working on a pilot program for patient feedback from each visit at the Rockwood clinic using iPad kiosks. They want to have interpreters who have assisted during the visit with the provider, also assist patients with the kiosk whose language isn't included (the software only accommodates for the 2-3 most commonly spoken languages) in order to be inclusive of all patients. The committee also reviewed the most recent complaints and incidents report. Ryan added he could provide one years worth of incident trends at the February 2020 public meeting.

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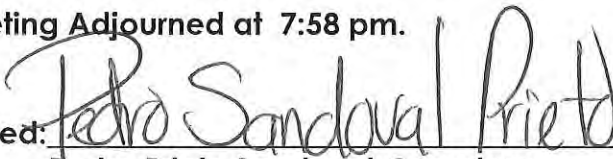
Tara reports that the Executive Committee met on November 21st. The County Auditor and her staff presented their recommendations to the committee after an 18 month long audit process which included patient and staff interviews. They reported high praise and overall satisfaction from patients with very few suggestions for improvements. Some of their recommendations included hiring a Financial Director specifically for ICS, creating a special revenue fund specific to ICS, changing the call center greeting to include the most common languages used by our patient population, and developing a provider retention plan.

This is Tara's last meeting as the outgoing Chair. The group thanked her for being a great leader and invited her to come to a meeting anytime. Her term as a board member has also ended, but she will consider returning after a break.

**Next CHC public meeting- 1/13/2020 at the Gladys McCoy Building**

**Meeting Adjourned at 7:58 pm.**

Signed:



Date:

01-13-2020

Pedro Prieto Sandoval, Secretary



Community Health Council  
Public Meeting Agenda

Monday, December 9, 2019

6:00 - 8:00 pm

Gladys McCoy Building, 850



*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 (Treasurer); Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary (Member-at-Large); Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
<b><u>Call to Order/Welcome</u></b>	<ul style="list-style-type: none"><li>Chair, Tara Marshall</li></ul>	6:00-6:05 (5 min)	Call to order Review processes
<b><u>Minutes</u></b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Review and approve the November Minutes</li></ul>	6:05-6:10 (5 min)	Council votes to approve and Secretary signs
<b><u>Commissioner Susheela Jayapal</u></b>	<ul style="list-style-type: none"><li>Introductions</li><li>Commissioner Susheela Jayapal</li></ul>	6:10-6:30 (20 min)	Council member introductions and Commissioner discusses her community health priorities
<b><u>Licensing and Credentialing Report</u></b>	<ul style="list-style-type: none"><li>ICS Medical Director, Dr Marty Grasmeder</li></ul>	6:30-6:40 (10 min)	Council receives report
<b><u>Monthly Budget Report Sept Financials and Visits Reports</u></b>	<ul style="list-style-type: none"><li>Senior Manager Business Operations, Mark</li></ul>	6:40-6:50 (10 min)	Council receives report

	Lewis		
<b><u>ICS.01.19 Provider Assignment and Selection Policy Update</u></b>	<ul style="list-style-type: none"> <li>Strategy and Innovation Manager Primary Care, Brieshon D'Agostini</li> </ul>	6:50-7:00 (10 min)	Council discussion and vote
<b><u>Break</u></b>		7:00-7:10 (10 min)	Take a break and mingle
<b><u>Patient Satisfaction Survey Report</u></b>	<ul style="list-style-type: none"> <li>Quality Project Manager, Ryan Linskey</li> </ul>	7:10-7:30 (20 min)	Council receives report
<b><u>Executive Officer Election</u></b>	<ul style="list-style-type: none"> <li>CHC Coordinator, Linda Niksich</li> </ul>	7:30-7:40 (10 min)	Council votes via ballot Linda and Tara to verify results
<b><u>ICS Strategic Updates</u></b>	<ul style="list-style-type: none"> <li>ICS Deputy Director, Adrienne Daniels</li> </ul>	7:40-7:50 (10 min)	Council receives Health Center and Strategic Plan Updates
<b><u>Council Business Committee Updates</u></b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> <li>Finance and Quality Committee Updates</li> </ul>	7:50-8:00 (10 min)	Council receives updates from Chair and Sub Committees (if they have met since last update)
<b><u>Adjourn Meeting</u></b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	8:00	<b>Goodnight!</b>



Update:  
Licensing and Credentialing  
December 2019

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Dr. Marty Grasmeder,  
ICS Medical Director

# Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
Sayali Kulkarni	On Call	FNP	9/26/2019	Family Practice
Sara Miller	ECHC	FNP	9/24/2019	Family Practice
Gina Cardona	On Call	FNP	10/3/2019	Family Practice
Emma Moore	RCHC	FNP	10/08/2019	Family Practice
Kelly Nardo	SHC	FNP	08/22/2019	Family Practice
Amy Peck	MCHC	FNP	9/3/2019	Family Practice
Lenin Aquino	On Call	DMD	11/12/2019	Dentist



# Future Staff

Name	Clinic	Provider	Hire Date	Specialty
Krista Kaufman	MCHC	FNP	12/31/2019	Family Practice
Sarah Meyer	ECHC	LCSW	12/3/2019	Social Work
Anh-Thu Nguyen	On call	DMD	1/7/2020	Dentist

## ReCredential Approval since September 2019

- Primary Care = 16
- School Based = 2
- Dental = 0

## Recredential Applications submitted (not yet approved) since September 2019

- Primary Care = 16
- Dental = 0



# Multnomah County - Federally Qualified Health Center

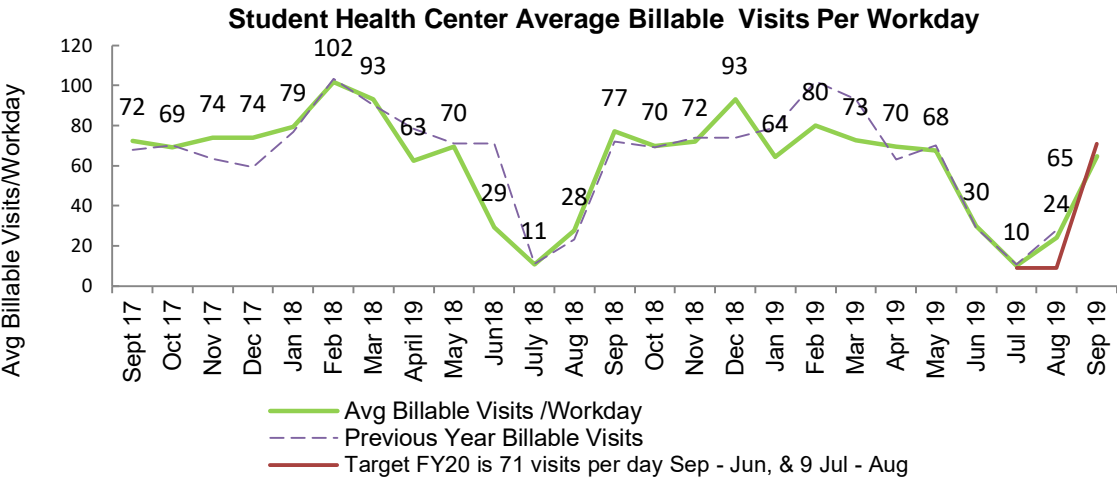
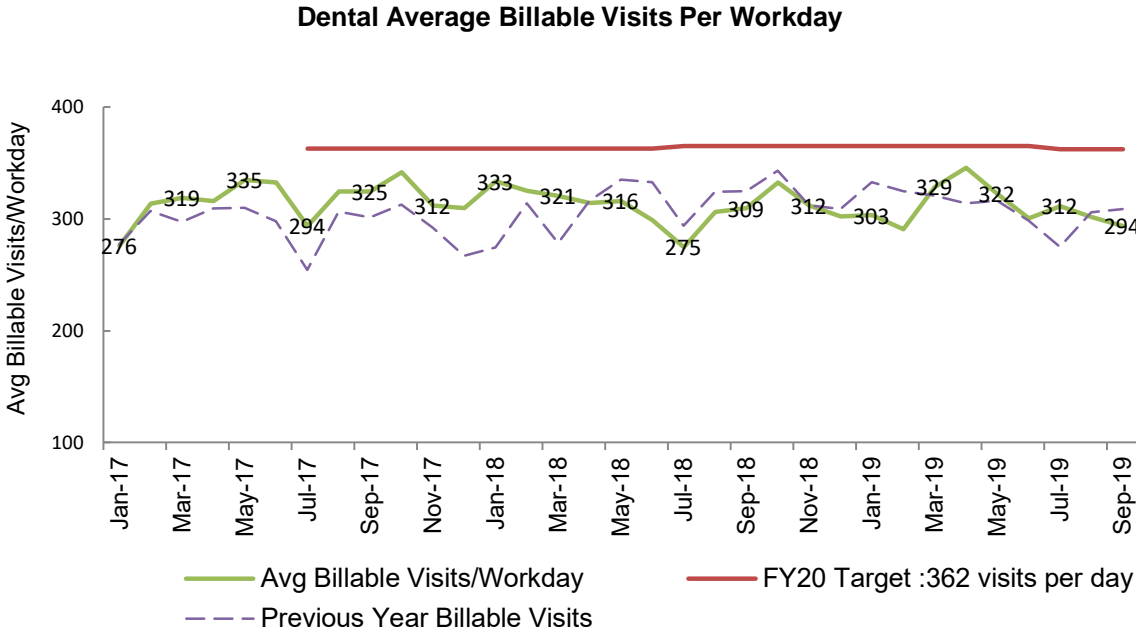
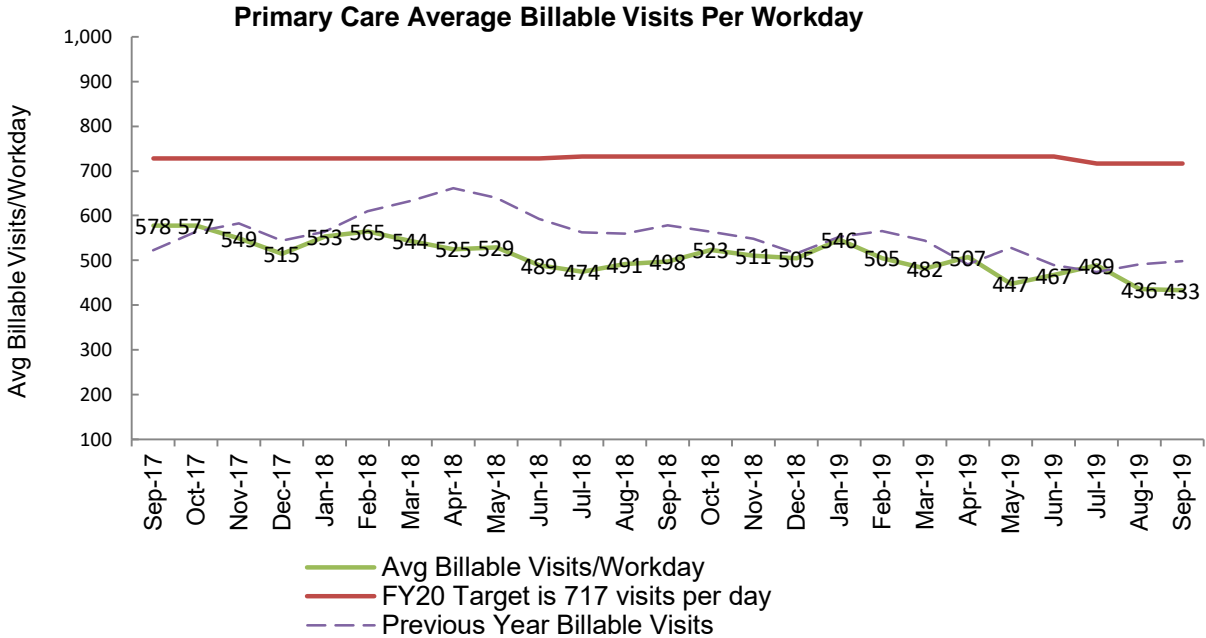
## Monthly Dashboard

Sep 2019

Prepared by: [Larry Mingo](#)



# FQHC Weekly Billable Visits Per Department

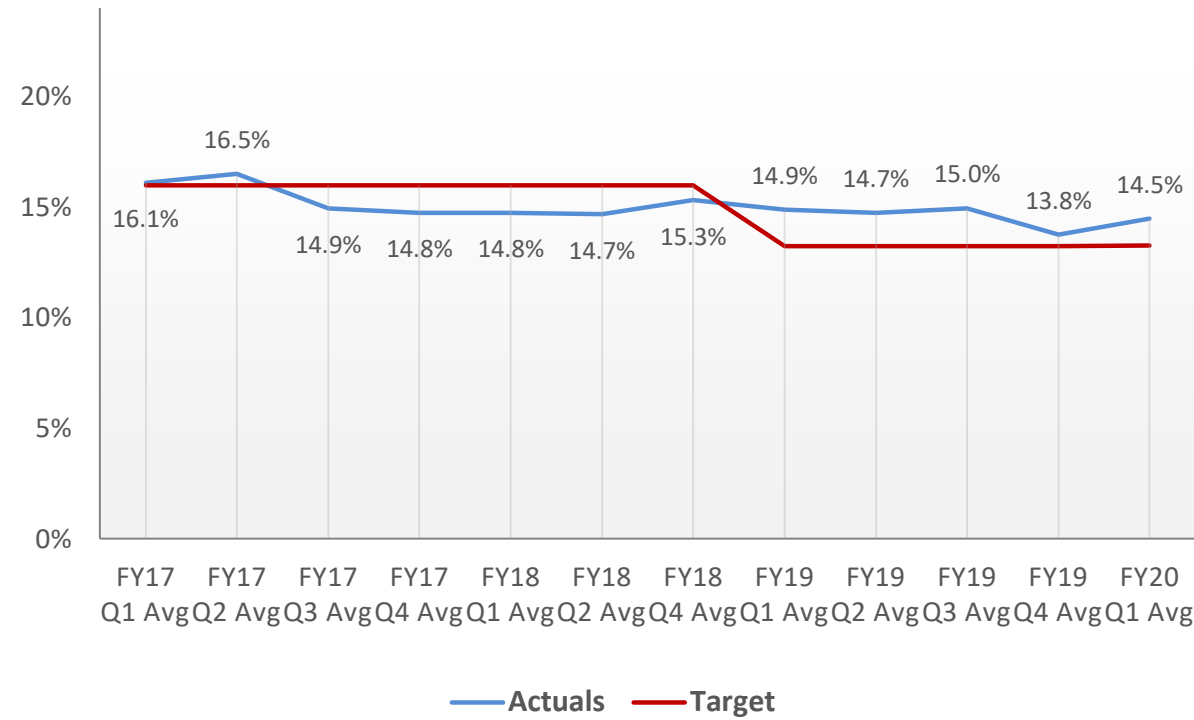


\* SBHC clinics are closed during the month July except Parkrose SBHC

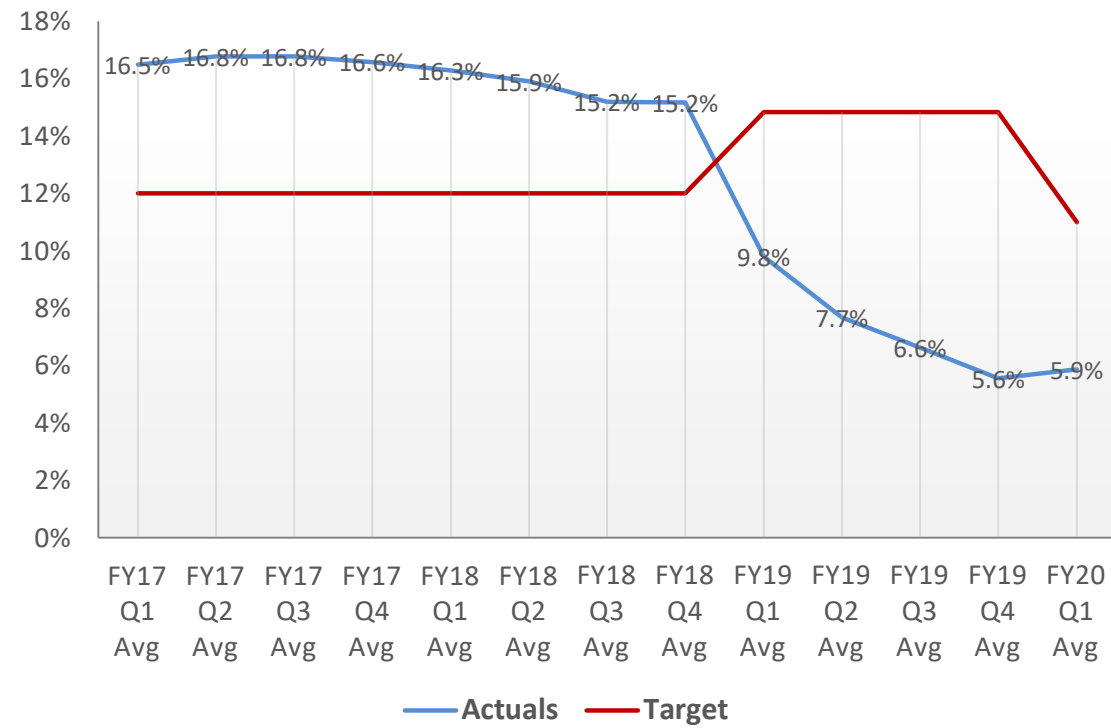
Notes: Primary Care and Dental visit counts are based on an average of days worked.  
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

# Monthly Percentage of Uninsured Visits for FQHC Centers

Percentage of Uninsured Visits in Primary Care

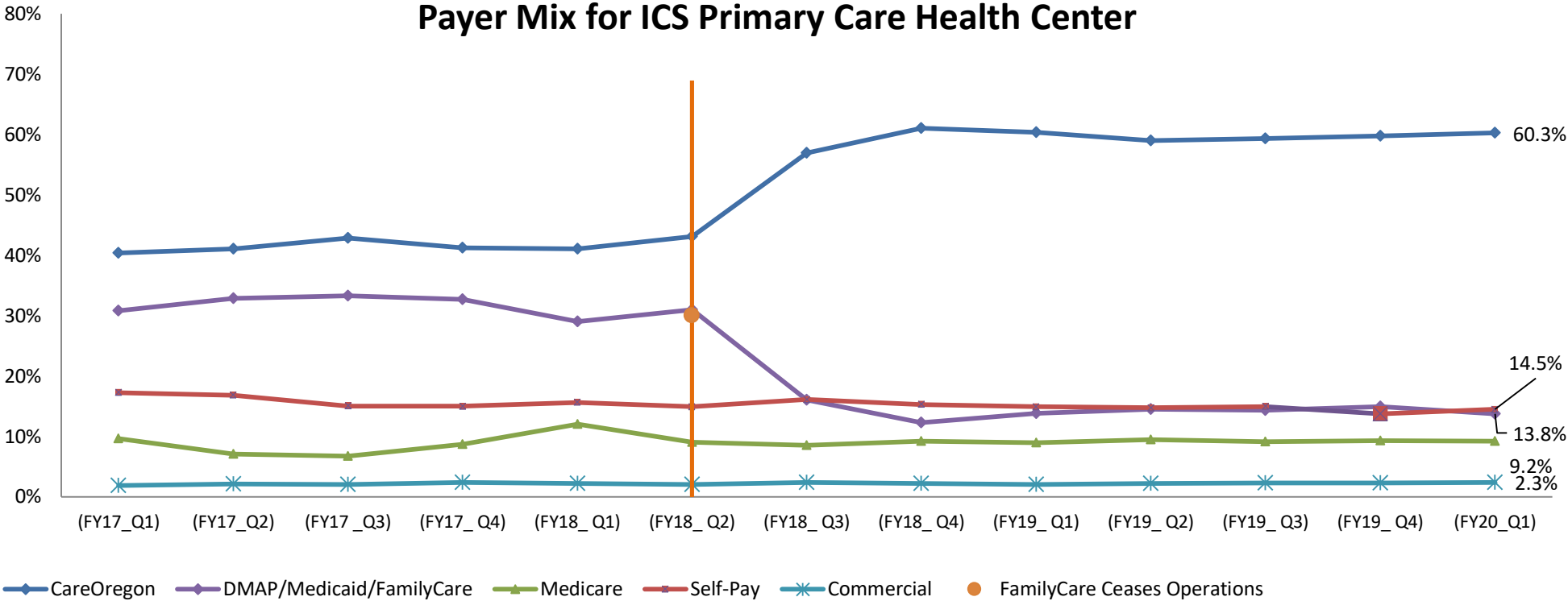


Percentage of Uninsured Visits in ICS Dental



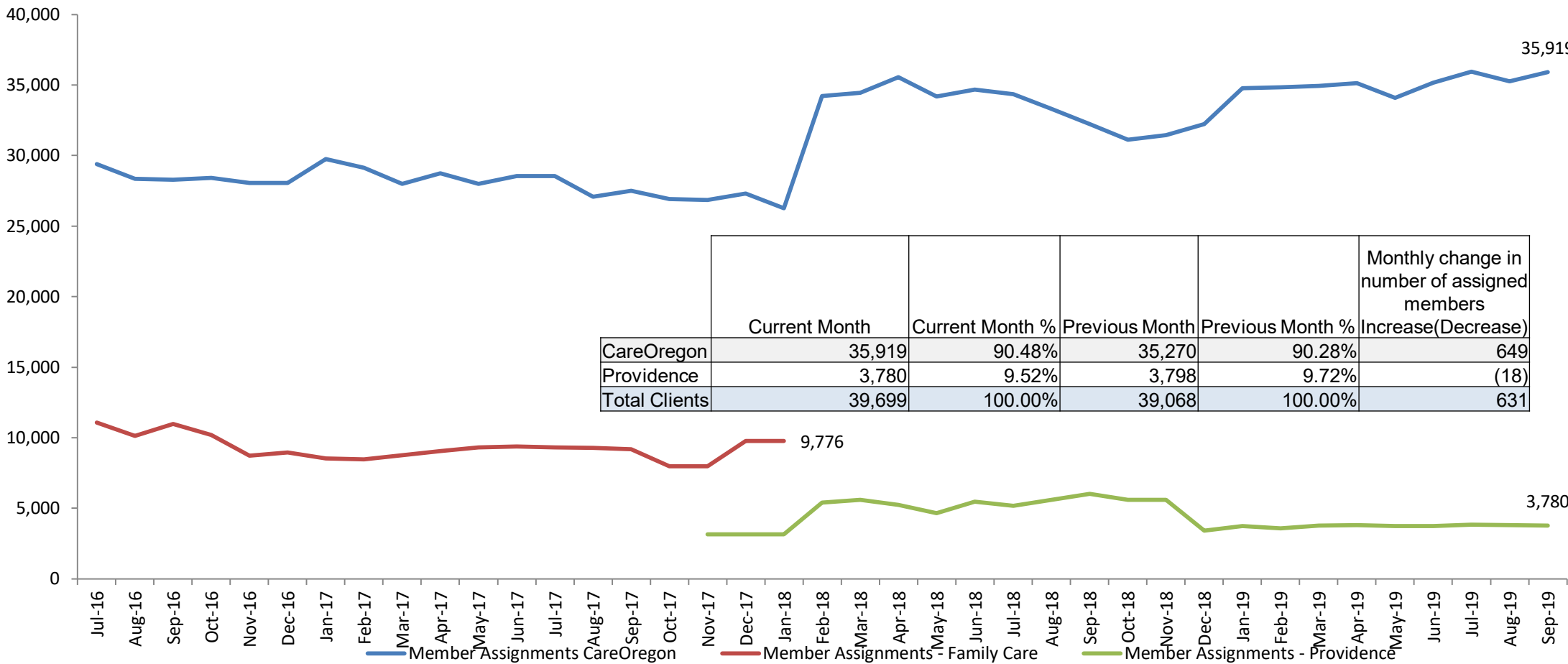
Comments:  
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%  
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%





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

OHP Primary Care Member Assignments



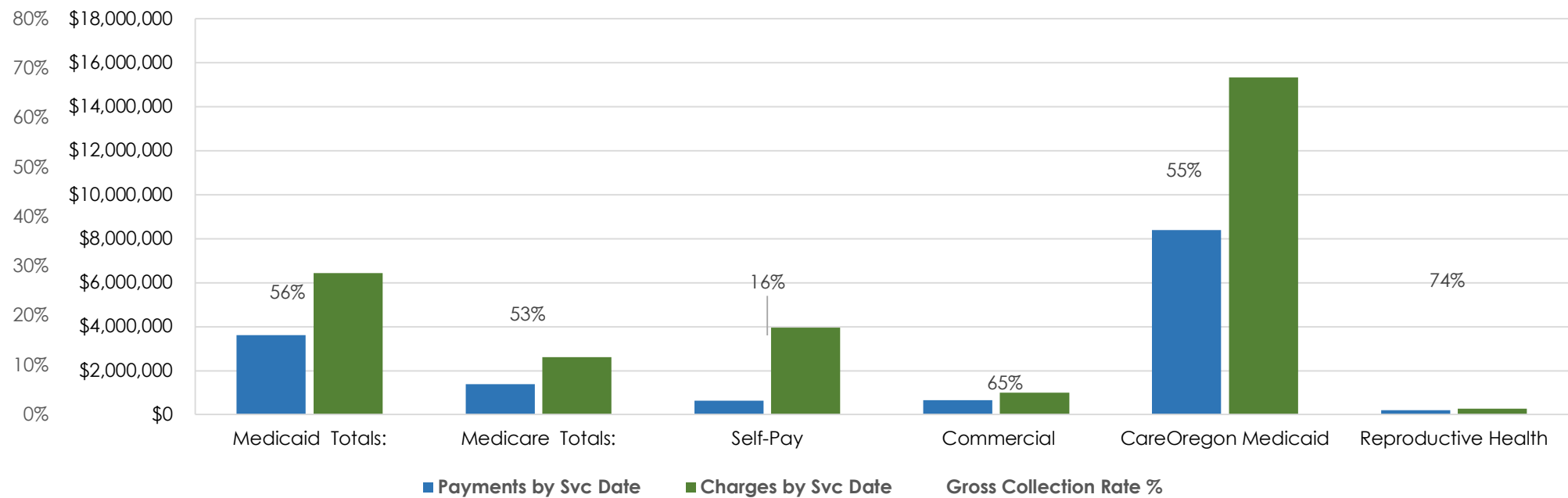
CareOregon FY20 average: 35,708  
Providence FY20 average: 3,805

# FQHC Gross Collection Rate by Payer

## March 2018 – September 2019

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	\$3,605,326	\$1,387,767	\$636,054	\$649,558	\$8,384,257	\$197,039
Charges by Svc Date	\$6,429,806	\$2,622,846	\$3,965,519	\$1,003,610	\$15,331,579	\$267,534
Gross Collection Rate %	56%	53%	16%	65%	55%	74%

Collection Rate by Payer (Visits dates Mar 2018 - Sep 2019)







Multnomah County Health Department  
 Federally Qualified Health Center Financial Statement  
 For Period Ending September 30, 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 September 30, 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 September 30, 2019

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September Target: 25%

	Adopted Budget	Revised Budget	Budget Change	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>Revenue</b>									
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ 5,957	\$ 6,634	\$ 6,683	\$ -	\$ -	\$ -
General Fund	\$ 11,447,820	\$ 11,447,820	\$ -	\$ 961,109	\$ 957,959	\$ 961,279	\$ -	\$ -	\$ -
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 570,116	\$ 1,654,676	\$ 1,052,012	\$ -	\$ -	\$ -
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 165,822	\$ 260,303	\$ 239,849	\$ -	\$ -	\$ -
Grants - All Other	\$ 9,316,223	\$ 9,316,223	\$ -	\$ 260,242	\$ 685,613	\$ 657,556	\$ -	\$ -	\$ -
Health Center Fees	\$ 101,367,399	\$ 101,367,399	\$ -	\$ 2,701,914	\$ 15,061,267	\$ 5,833,564	\$ -	\$ -	\$ -
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 70,020	\$ 84,041	\$ 86,395	\$ -	\$ -	\$ -
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 141,210,782</b>	<b>\$ 141,210,782</b>	<b>\$ -</b>	<b>\$ 4,735,180</b>	<b>\$ 18,710,495</b>	<b>\$ 8,837,338</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Expense</b>									
Personnel	\$ 93,124,347	\$ 93,170,825	\$ 46,478	\$ 7,226,645	\$ 7,122,474	\$ 7,165,144	\$ -	\$ -	\$ -
Contracts	\$ 4,770,314	\$ 4,729,689	\$ (40,625)	\$ 205,587	\$ 221,687	\$ 485,107	\$ -	\$ -	\$ -
Materials and Services	\$ 16,623,150	\$ 16,612,630	\$ (10,520)	\$ 1,338,876	\$ 1,393,348	\$ 1,658,297	\$ -	\$ -	\$ -
Internal Services	\$ 26,083,970	\$ 26,088,637	\$ 4,667	\$ 797,366	\$ 1,491,180	\$ 3,414,947	\$ -	\$ -	\$ -
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 141,210,782</b>	<b>\$ 141,210,782</b>	<b>\$ -</b>	<b>\$ 9,568,474</b>	<b>\$ 10,228,689</b>	<b>\$ 12,723,496</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (4,833,294)</b>	<b>\$ 8,481,805</b>	<b>\$ (3,886,158)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>





**Multnomah County Health Department**  
**Federally Qualified Health Center Financial Statement**  
 For Period Ending September 30, 2019

Community Health Centers - Page 4										September Target:	25%
	Adopted Budget	Revised Budget	Budget Change	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Year to Date Total	% YTD
<b>Revenue</b>											
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,273	24%
General Fund	\$ 11,447,820	\$ 11,447,820	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,880,347	25%
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,276,804	33%
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 665,974	8%
Grants - All Other	\$ 9,316,223	\$ 9,316,223	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,603,411	17%
Health Center Fees	\$ 101,367,399	\$ 101,367,399	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,596,745	23%
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 240,457	23%
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Total</b>	<b>\$ 141,210,782</b>	<b>\$ 141,210,782</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,283,012</b>	<b>23%</b>
<b>Expense</b>											
Personnel	\$ 93,124,347	\$ 93,170,825	\$ 46,478	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,514,264	23%
Contracts	\$ 4,770,314	\$ 4,729,689	\$ (40,625)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 912,382	19%
Materials and Services	\$ 16,623,150	\$ 16,612,630	\$ (10,520)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,390,520	26%
Internal Services	\$ 26,083,970	\$ 26,088,637	\$ 4,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,703,493	22%
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
<b>Total</b>	<b>\$ 141,210,782</b>	<b>\$ 141,210,782</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,520,659</b>	<b>23%</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (237,647)</b>	

Notes:

Financial Statement is for Fiscal Year 2020 (July 2019 - June 2020). Columns are blank/zero until the month is closed.

Management recently reviewed the list of services that are in scope for FQHC reporting. One Mental Health service type, Youth Care Coordination Wraparound, was reclassified from in scope to out-of-scope. This service is funded almost entirely by Medicaid, plus some grant funding. We do not provide qualifying treatment services under this program. The impact of this reclassification is a \$5.6 million reduction in the FQHC budget. The table above has been revised to reflect this change, with updated numbers shown in red.

<b>Title:</b>	<b>Primary Care Provider Assignment and Selection</b>		
<b>Policy #:</b>	<b>ICS.01.19</b>		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:		Approved by:	/s/ Vanetta Abdellatif, ICS Director /s/ Tara Marshall, CHC Chair
Related Procedure(s): N/A			
Related Standing Order(s): N/A			
Applies to: Health Center Managers and Supervisors, Physicians, Nurse Practitioners, Physician Assistants, Clinic Staff, and Patient Access Center (PAC) Staff			

## PURPOSE

This policy ensures the accurate and timely assignment of Primary Care (Medical and Dental) clients to a Primary Care Provider (PCP). It aims to increase client and provider satisfaction, improve continuity of care, and improve delivery of care. It clarifies ambiguous language, states strategies, defines requirements and provides references to related standards and documentation.

## DEFINITIONS

Term	Definition
New Patient	<p><b>Primary Care:</b> A new Primary Care patient is defined as someone who HAS NOT had an ICS <u>primary care</u> health center visit* within the last 3 years.</p> <p><b>Dental:</b> A new Dental patient is defined as someone who HAS NOT had a visit* in an ICS <u>dental</u> clinic within the last 3 years.</p> <p><i>* Includes nurse, immi, flu, etc visits. A Corrections Health visit does not count as a Primary Care or Dental visit</i></p>
Established Patient	<p><i>A patient's status with Primary Care and Dental are completely independent of each other.</i></p> <p><b>Primary Care:</b> An established Primary Care patient is defined as someone who HAS had an ICS <u>primary care</u> health center visit within the last 3 years. This includes Refugee Screening visits with a provider.</p>

**Dental:** An established Dental patient is defined as someone who HAS had a comprehensive dental exam visit in an ICS dental clinic within the last 3 years.

## POLICY STATEMENT

Multnomah County is committed to a client centered approach to PCP assignment/reassignment and to equity in client volumes for PCPs. We value patient choice and work to accommodate patients' and families' needs during visits to health centers. We work to contact patients before removing them from our care. Procedures address specific application of this policy statement.

## REFERENCES AND STANDARDS

N/A

## PROCEDURES AND STANDING ORDERS

See attached

## RELATED DOCUMENTS

Name
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Attachment A – Primary Care Provider Assignment, Selection, and Removal Procedures
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## POLICY REVIEW INFORMATION

Point of Contact:	Brieshon D'Agostini, Primary Care Strategy and Innovation Manager
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Supersedes:	N/A
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<b>Title:</b>	ICS Primary Care Provider Assignment and Selection Procedure
<b>Procedure #:</b>	ICS.01.19, Attachment A
<b>Program:</b>	Primary Care
<b>Point of Contact:</b>	Brieshon D'Agostini, Primary Care Strategy and Innovation Manager
<b>Approver:</b>	Tasha Wheatt-Delancy, Primary Care Services Director
<b>Updated:</b>	11/2019

## Purpose

This procedure provides detail to support ICS.01.19 Primary Care Provider Assignment and Selection Policy

## Contents

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## 1. Assignment for Clients without assigned PCP

### A. New Clients

Step	Procedure	Responsible Party
1	Schedule client with available PCP that fits client's service needs	PAC or Front Desk
2	At check-in, assign client the PCP they are seeing that day	Front Desk

### B. Established Clients without PCP

Step	Procedure	Responsible Party
1	Check previous appointments. Schedule client with provider they have seen before, if possible, or any other PCP that fits client's service needs.	PAC or Front Desk
2	At check-in, confirm client has been seen within the last year.	Front Desk
3	Assign client the PCP they are seeing that day, or a different PCP if the client requests it.	Front Desk

## 2. Patient Transfer/Reassignment of PCP

### A. Client requests different PCP (at same clinic or different clinic):

Step	Procedure	Responsible Party
1	<p>PAC/scheduler offers an appointment to establish care and changes the PCP in Epic. PAC confirms the patient has the new address. If patient schedules appointment, enter "Transfer from [previous clinic/PCP last name]"</p> <p><i>NOTE: if new PCP or team has any questions or clinical concerns about the transfer, they should immediately contact clinic leadership to review and make a determination. Denial of a transfer request should be noted in the patient's Priority</i></p>	Staff who receive the request

	<i>Messages.</i>	
<b>2</b>	PAC/scheduler sends inbasket message to previous care team and new care team with standard language	Staff who receives the request
<b>3</b>	Previous and new care teams and providers communicate about the patient's care as needed.	Previous and new care teams

**B. PCP requests client be transferred to a different PCP in the same clinic:**

Step	Procedure	Responsible Party
<b>1</b>	Contact clinic leadership to request the change before contacting the client. Include reason(s) for request.	Current PCP
<b>2</b>	Review request and make determination (include clinical and operational review). Consider reason for request and any alternative solutions.  If approved: Remove previous PCP with appropriate Termination Code Add new PCP Send staff message to new Care Team to welcome	Clinic Leadership
<b>3</b>	WITHIN 3 BUSINESS DAYS OF RECEIVING MESSAGE Contact client to welcome them to the new team and PCP  NOTE: if new PCP has any questions or clinical concerns about the transfer, they should immediately contact clinic leadership to review and make a determination. Denial of a transfer request should be noted in the patient's Priority Messages.	Receiving Care Team

**D. Provider Transfer or Departure**

Step	Procedure	Responsible Party
<b>1</b>	Determine timeline for transition and complete the <a href="#">Provider Transition Checklist</a>	Clinic Leadership

### 3. PCP Removals

#### A. Automatic removal after 3 years

Step	Procedure	Responsible Party
<b>1</b>	<p>In June of every year:</p> <p>Run batch list of clients who have not had a visit or Care STEP in the previous 3 years. Automatically Remove PCP from these clients.</p> <p>Run a batch list of clients who have not had a visit in the previous 3 years, but have had a Care STEP. Send list to Nurse Manager to review. List should include patient name, MRN, DOB, phone number, assigned PCP, last visit date, last Care STEP date, last encounter date.</p>	Clinical Systems Information (CSI)
<b>2</b>	Designate clinic staff or team member to review each client chart and determine if the client is actively engaging in care	Nurse Manager or designee
<b>3</b>	<p>Review list of clients:</p> <p>If client is engaged, team should contact client to schedule an appointment</p> <p>If client is not engaged or appears to have transferred care outside of MCHD, remove PCP using the appropriate Epic Termination Code.</p>	Designated clinic staff or team member

#### B. Client informs provider or staff that they have established care outside of MCHD.

Step	Procedure	Responsible Party
<b>1</b>	Remove PCP using the appropriate Epic Termination Code	Staff that receives the information

### C. Client lost to follow-up

Step	Procedure	Responsible Party
<b>1</b>	<p>Attempt to reach patient at least two times, including: One phone call documented in chart One letter documented in chart</p> <p>If no response is obtained from client then use appropriate EPIC termination code to remove PCP.</p>	Staff or Provider attempting outreach

### D. Outside indication that client has established PCP outside of MCHD

Step	Procedure	Responsible Party
<b>1</b>	If a client's record in Care Everywhere indicates they have received at least two visits with an external PCP, use appropriate EPIC termination code to remove PCP.	Staff or Provider looking in Care Everywhere



## Appendix: EPIC Termination Codes

When a client changes providers, leaves the clinic or otherwise becomes inactive, staff track these changes under the PCP tab in client registration. Although many more codes appear on the “Reason for Change” list in Epic, staff should use a code from the below list that seems most appropriate for the situation. Each code has a corresponding definition. Please consult with the Operations Supervisor if you are unsure of which code to use.

<b>Epic Termination Code</b>	<b>Description</b>
<b>Administrative Reason</b>	Client has been terminated from services for a violation of rules
<b>Client Deceased</b>	Client is Deceased
<b>Client Left MCHD Services</b>	Client has left MCHD for another health system locally (Washington, Multnomah, Clark, Clackamas, Columbia, or Yamhill County). This could be another health system such as Providence or Kaiser or a private physician in Vancouver
<b>Client Relocated to Other Location</b>	Client has moved out of the service area (six counties listed above). This can mean moving as close as Salem or as far as Florida
<b>Lost to Follow-up</b>	Client has fallen out of care without being referred or transferred to another provider and has not reported moving out of the area.

# 2019 Dental Survey Report (all clinics)

[Demographics](#)

[Survey Results](#)

[Q11- Q14 Likert Scores](#)

[Year to Year Comparison](#)

[Comparison By Clinic](#)

## Welcome!



Welcome to the 2019 Dental Survey Report! Please use the [blue](#) navigator tool across the top to change views. You can also use the [green](#) filters to narrow down the results. (i.e.: by clinic or provider).

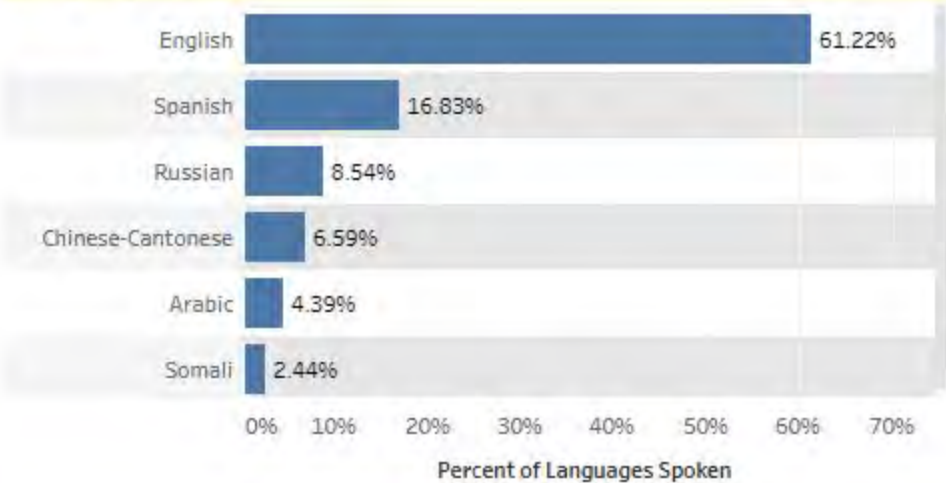
## Key Statistics:

Dates surveyed: 07/24/19 - 10/8/19  
Total number of surveys collected: 410  
Total number of calls made: 1,500  
Response Rate: 27%

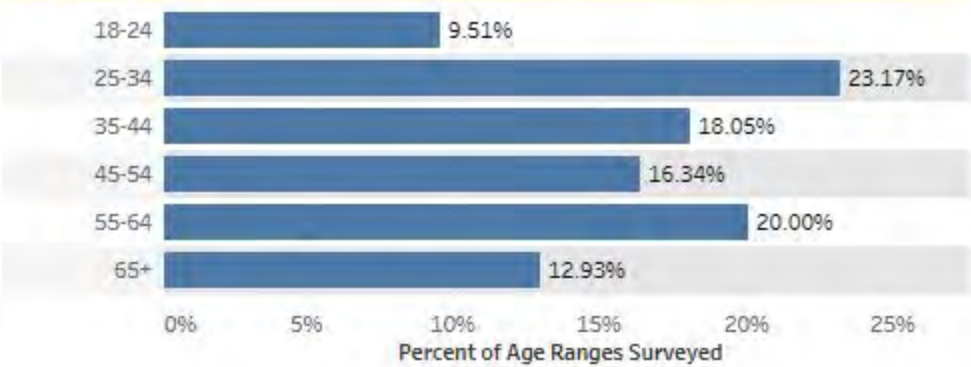
Select Clinic:

(All)

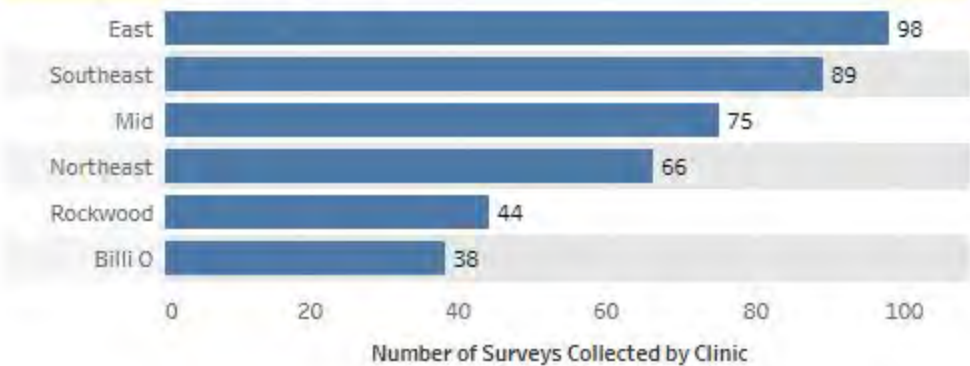
### Language Spoken



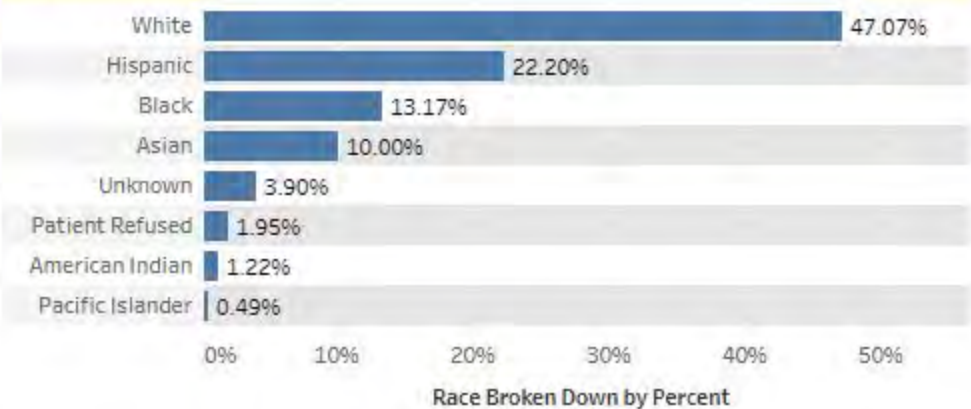
### Age Range



### Surveys Collected by Clinic



### Race



# Dental Year To Year Comparison

**Green: Meets Target** (80%-100%)      **Yellow: Watch** (70%-79%)      **Red: Needs Improvement** (0%-69%)

\*Note for 2019: Q11 - Q14 were calculated taking the avg. likert scale percent.

Question	Year				
	2015	2016	2017	2018	2019
Q1. How often can you get an appointment when you need one?	53%	52%	62%	63%	69%
Q2. When I first arrive, I know right away where I need to check in and the process is easy?					86%
Q3. When you call with a question, how often do you hear back from someone within two business days?	62%	85%	71%	81%	82%
Q4. How often does your Dental provider review your health history with you?	71%	79%	74%	74%	74%
Q5. How often does your Dental provider explain any exams or procedures before starting?	82%	88%	87%	85%	80%
Q6. How often does your Dental provider explain things in a way that is easy to understand?	55%	74%	65%	77%	83%
Q7. How often does your provider listen to you? (provider could be dentist or hygienist)	80%	88%	85%	88%	87%



Q8. Do you feel your Dental provider cares about you as a person?	74%	96%	84%	82%	82%
Q9. During your appointment, how often did clinic staff treat you with courtesy and respect?		89%	87%	88%	82%
Q10. Would you recommend this clinic to your friends and family? (methodology changed in 2017 from yes, no to likert scale)		78%	91%	79%	85%
Q11. The care you get at our Dental Clinic? (methodology changed in 2019)			68%	68%	88%
Q12. Your experiences with the front desk staff at our Dental Clinic? (methodology changed in 2019)			70%	74%	90%
Q13. Are you satisfied w/ the care you received from your dental assistant? (methodology changed in 2019)			81%	80%	92%
Q14. The cleanliness of the clinic? (methodology changed in 2019)			88%	85%	93%

# 2019 Patient Satisfaction Survey Report (all clinics)

Demographics	Survey Results	Provider Satisfaction Scores	Comparison By Clinic	What Matters Most to Patients	Year to Year Comparison
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## Welcome!

Welcome to the 2019 Primary Care Cumulative Survey Report! Please use the blue navigator tool across the top to change visualizations.



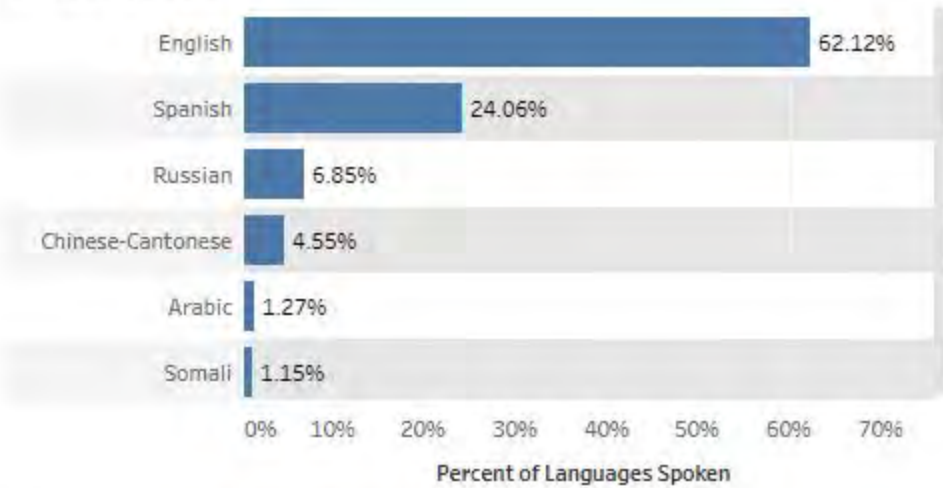
## Key Statistics:

Dates surveyed: 11/30/18 - 12/2/19  
Total number of survey collected: 1650  
Total number of calls made: 6066  
Response Rate: 27%

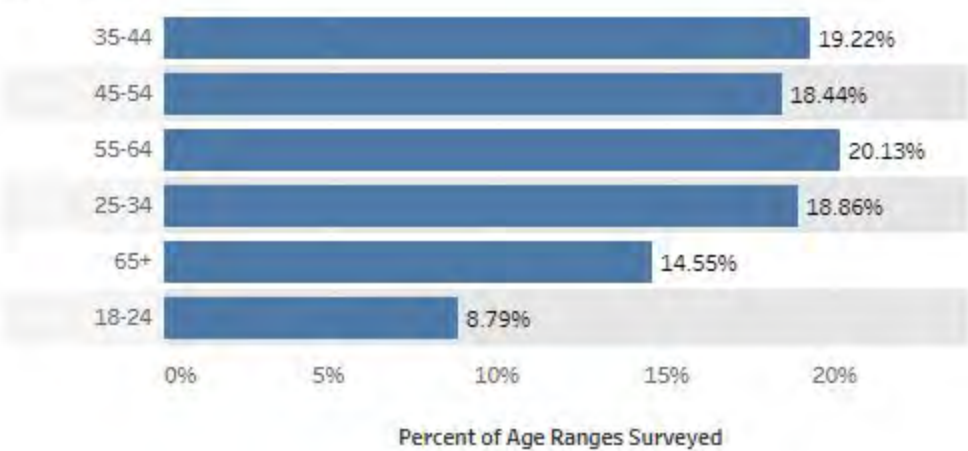
Select Clinic:

(All)

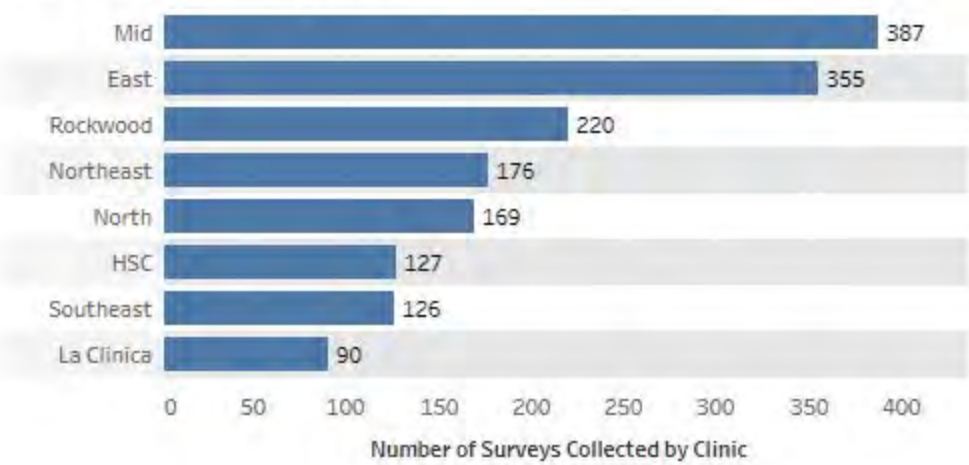
## Language Spoken



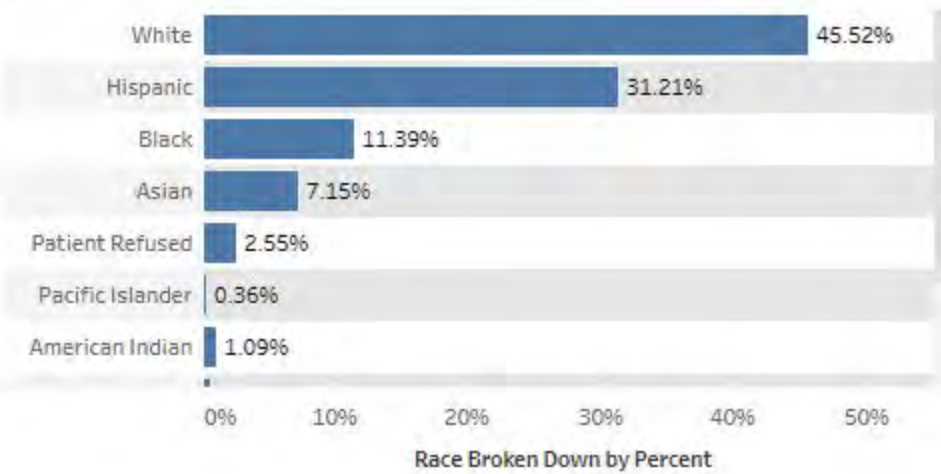
## Age Range



## Surveys Collected by Clinic



## Race





# Primary Care Year To Year Comparison

Select Clinic:

(All) ▼

**Green: Meets Target** (80%-100%)

**Yellow: Watch** (70%-79%)

**Red: Needs Improvement** (0%-69%)

Question	Year			
	2016	2017	2018	2019
1. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	66%		66%	74%
2. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question within 24 hours?	70%	60%	72%	78%
3. In the last 6 months, how often did this provider listen carefully to you?	93%	90%	88%	92%
4. In the last 6 months, how often did this provider show respect for what you had to say?			90%	92%
5. In the last 6 months, how often did this provider spend enough time with you?			83%	86%
6. In the last 6 months, how often did this provider seem to know the important information about your medical history?	85%	88%	86%	91%
7. How often does your provider seem informed and up-to-date about care you received from specialists?	88%	79%	87%	90%
8. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	77%	75%	75%	85%
10. How often does your health care team explain things in a way that is easy to understand?	88%	90%	85%	88%

# Primary Care Year To Year Comparison

Select Clinic:

(All) ▼

**Green: Meets Target** (80%-100%)

**Yellow: Watch** (70%-79%)

**Red: Needs Improvement** (0%-69%)

Question	Year			
	2016	2017	2018	2019
11. In the last 6 months, how often did the provider's office talk to you about the prescription medicines you were taking?			83%	89%
12. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?			66%	75%
13. In the last 6 months, how often did your health care team show concern about your emotional well-being and how you were feeling?		86%	77%	82%
14. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or caus			73%	73%
15. In the last 6 months, how often were front desk staff at this provider's office as helpful as you thought they should be?	82%	85%	79%	87%
16. In the last 6 months, how often did front desk staff at this provider's office treat you with courtesy and respect?		92%	85%	88%
17. When you visit the clinic, how often are you treated in a way that respects your cultural needs, language needs and /or individual needs?		90%	92%	95%
18. In the last 6 months, how often did the health care team consider or include your cultural practices as part of your health goals?		65%	86%	92%
22. I would recommend my health care team to family and friends who need health care.		85%	79%	84%



## What Matters Most to Patients?

## 2018 Adult 6-Month Survey 3.0 with/without PCMH items Overall Top Box Scores

Composite/Item	CAHPS DB Overall
<b>Getting Timely Appointments, Care, and Information</b>	<b>66%</b>
Got appointment for urgent care as soon as needed	67%
Got appointment for check-up or routine care as soon as needed	71%
Got answer to question during regular office hours on same day	59%
<b>How Well Providers Communicate With Patients</b>	<b>85%</b>
Provider explained things clearly	85%
Provider listened carefully	86%
Provider showed respect	89%
Provider spent enough time	83%
<b>Helpful, Courteous, and Respectful Office Staff</b>	<b>79%</b>
Office staff was helpful	73%
Office staff courteous and respectful	85%
<b>Providers' Use of Information to Coordinate Patient Care</b>	<b>73%</b>
Provider knew important information about your medical history	78%
Provider's office followed up with test results	75%
Talked about prescription medicines at each visit	67%
<b>Talking with You About Taking Care of Your Own Health (PCMH)</b>	<b>55%</b>
Someone from provider's office talked with patient about specific health goals	66%
Someone from provider's office asked if there were things that made it hard for patient to take care of health	45%
<b>Patients' Rating of the Provider</b>	
Rating of provider	80%
<b>Other Individual PCMH Items</b>	
<b>Access To Care</b>	
Got information about what to do if care is needed on evenings, weekends, or holidays	72%
<b>Coordination of care</b>	
Patient saw a specialist for a particular health problem	60%
Provider seemed informed and up-to-date about care from specialist	63%
<b>Comprehensiveness</b>	
Someone from provider's office talked about worrying/stressful aspects of patient's life	56%



## 2018 Adult 6-Month Survey 3.0 with/without PCMH items Overall Top Box Scores

Composite/Item	CAHPS DB Overall
<b>Getting Timely Appointments, Care, and Information</b>	<b>66%</b>
Got appointment for urgent care as soon as needed	67%
Got appointment for check-up or routine care as soon as needed	71%
Got answer to question during regular office hours on same day	59%
<b>How Well Providers Communicate With Patients</b>	<b>85%</b>
Provider explained things clearly	85%
Provider listened carefully	86%
Provider showed respect	89%
Provider spent enough time	83%
<b>Helpful, Courteous, and Respectful Office Staff</b>	<b>79%</b>
Office staff was helpful	73%
Office staff courteous and respectful	85%
<b>Providers' Use of Information to Coordinate Patient Care</b>	<b>73%</b>
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Provider's office followed up with test results	75%
Talked about prescription medicines at each visit	67%
<b>Talking with You About Taking Care of Your Own Health (PCMH)</b>	<b>55%</b>
Someone from provider's office talked with patient about specific health goals	66%
Someone from provider's office asked if there were things that made it hard for patient to take care of health	45%
<b>Patients' Rating of the Provider</b>	
Rating of provider	80%
<b>Other Individual PCMH Items</b>	
<b>Access To Care</b>	
Got information about what to do if care is needed on evenings, weekends, or holidays	72%
<b>Coordination of care</b>	
Patient saw a specialist for a particular health problem	60%
Provider seemed informed and up-to-date about care from specialist	63%
<b>Comprehensiveness</b>	
Someone from provider's office talked about worrying/stressful aspects of patient's life	56%