



Board Meeting Minutes

February 9, 2016
2:30 p.m. – 3:30 p.m.
DOC Room, 635 N. Erie Street, Toledo, Ohio 43604

Call to Order

The meeting was called to order at 2:35 p.m.

Roll Call

Present:

Elworth Turner
Ann Cipriani
Jacky Dale
Joseph Dake
Nancy Brown-Schott
Melisa Blasingim
Patricia Chatman
Richard Meeker

Staff

Barbara Gunning, Director of Health Services
David Grossman, MD, Health Commissioner
Jennifer McCloskey, Biostatistician
Joanne Melamed, CFO
Rebecca Anderson, Clinic Supervisor
Shannon Lands, PIO

Guest

Mallory Rinckey, Public Health Student

Absent:

Al Stephens
Carol Shull
Kathy Vasquez
Linda Parra
Mina Aiad

Introductions

Approval of Minutes

January meeting minutes were emailed/mailed to Board Members for their review prior to the meeting. A vote was taken. Minutes approved as written.

Motion: Approve January Meeting Minutes			
Made: J. Dale		Second: A. Cipriani	
Members	Aye/Yea	No/Nay	Abstain
All Members Present	8	0	0

Executive Director Report

B. Gunning reported that the continuation grant application for \$681,000 was submitted on time to HRSA. The UDS report for services that we provide is going to be submitted by February 15th. J. McCloskey and M. Rickney have been doing chart audits and working with the billing

department and electronic health record provider to improve communication between the two electronic systems.

There is a conference in Columbus for all FQHC's at the end of February that J. McCloskey and R. Anderson will be attending.

Dr. David Grossman Health Commission responded to a question regarding the potential development of a year-long strategic plan to monitor progress towards FQHC goals (including increased clinic usage). He indicated that the Toledo-Lucas County Health Department Board of Health is currently considering methods to reduce costs in the very near future and the health centers are something that is being explored.

After discussion, the Board members do not believe that there has been sufficient time to evaluate the development, implementation, quality and sustainability for the FQHC since the formation of the BOD in September, 2015.

A motion was made by Patricia Chapman and seconded by Nancy Brown-Schott to draft a letter to be submitted to the BOH.

The letter was drafted and sent to Dr. Donna Woodson President, Lucas County Regional BOH. See letter attached as an addendum.

Finance and Budget Report

J. Melamed summarized the Profit/Loss Comparison report, Clinic Usage for August – December for both Health Center locations, Billable Visits by Month and Revenue report.

Motion: Approve Finance and Budget Report			
Made: R. Meeker		Second: P. Chatman	
Members	Aye/Yea	No/Nay	Abstain
All Members Present	8	0	0

Committee Development

B. Gunning discussed the need for two committees per the bylaws, Performance Improvement and Coordinating Committees and asked for volunteers. J. Dake will be heading the Performance Improvement Committee. Another member is needed. At the March meeting we will determine who will be on the Coordinating Committee.

Quality Improvement, WLCC Breakdown by Age, UDS Overview, Patient Centered Home Overview and Board Member Forum – TLCHC.Boards.net

J. McCloskey gave a Powerpoint presentation that addressed the above topics. Please see attached presentation.

Adjournment

Motion: Adjournment			
Made: J. Dale		Second: A. Cipriani	
Members	Aye/Yea	No/Nay	Abstain
All Members Present	8	0	0

Next Meeting

Tuesday, March 8, 2016, 2:30 – 3:30 p.m.

Nancy Brown-Scott, Secretary

Date

FQHC Board Meeting

2-9-16

Quality Improvement

Patient Intake Form Study

- ▶ Background information through Public Health Quality Improvement exchange
- ▶ Random sample of 100 new patients from 8/1/15-12/1/15 across all clinics and locations
- ▶ List generated from Allscripts PM
- ▶ Adult intake forms, 56 patients were counted, 3 were omitted
- ▶ Pediatric intake forms, 36 patients were counted, 1 was omitted
- ▶ 2 forms from STD clinic and 2 forms from Pregnancy Tests were omitted

Form 1

17 measures
Adults: 85% of the form was filled out on average
Pediatrics: 76% of the form was filled out on average

Form 2

4 measures
Measure 2: Not filled out or incorrectly filled out
Adults: 76% complete
Pediatrics: 74% complete

Adult Form 3

12 measures
Adult: 91% complete

Pediatric Form 3

30 measures
Pediatric: 67% complete

Form 4

1 measure, whether form was
complete or not
Adults: 70% complete
Pediatrics: 80% complete

Conclusions and Further Study

- Grand Total: 83% of the Adult Forms were filed out
- Grand Total: 69% of Pediatric Forms were filed out
- Implications for new patient intake forms:
 - Layout
 - Amount of information on a given page
 - Current patients have the correct forms (older pediatric patients should be given either an adult health history form or a modified adult health history form).
 - Directions

WLCC Breakdown of Residents by Age

Age Group	Number of Residents	Percentage of Total
0-4	10	1.5%
5-9	15	2.3%
10-14	20	3.1%
15-19	25	3.8%
20-24	30	4.6%
25-29	35	5.4%
30-34	40	6.2%
35-39	45	6.9%
40-44	50	7.7%
45-49	55	8.4%
50-54	60	9.1%
55-59	65	9.8%
60-64	70	10.5%
65-69	75	11.2%
70-74	80	11.9%
75-79	85	12.6%
80-84	90	13.3%
85-89	95	14.0%
90-94	100	14.7%
95-99	105	15.4%
100-104	110	16.1%
105-109	115	16.8%
110-114	120	17.5%
115-119	125	18.2%
120-124	130	18.9%
125-129	135	19.6%
130-134	140	20.3%
135-139	145	21.0%
140-144	150	21.7%
145-149	155	22.4%
150-154	160	23.1%
155-159	165	23.8%
160-164	170	24.5%
165-169	175	25.2%
170-174	180	25.9%
175-179	185	26.6%
180-184	190	27.3%
185-189	195	28.0%
190-194	200	28.7%
195-199	205	29.4%
200-204	210	30.1%
205-209	215	30.8%
210-214	220	31.5%
215-219	225	32.2%
220-224	230	32.9%
225-229	235	33.6%
230-234	240	34.3%
235-239	245	35.0%
240-244	250	35.7%
245-249	255	36.4%
250-254	260	37.1%
255-259	265	37.8%
260-264	270	38.5%
265-269	275	39.2%
270-274	280	39.9%
275-279	285	40.6%
280-284	290	41.3%
285-289	295	42.0%
290-294	300	42.7%
295-299	305	43.4%
300-304	310	44.1%
305-309	315	44.8%
310-314	320	45.5%
315-319	325	46.2%
320-324	330	46.9%
325-329	335	47.6%
330-334	340	48.3%
335-339	345	49.0%
340-344	350	49.7%
345-349	355	50.4%
350-354	360	51.1%
355-359	365	51.8%
360-364	370	52.5%
365-369	375	53.2%
370-374	380	53.9%
375-379	385	54.6%
380-384	390	55.3%
385-389	395	56.0%
390-394	400	56.7%
395-399	405	57.4%
400-404	410	58.1%
405-409	415	58.8%
410-414	420	59.5%
415-419	425	60.2%
420-424	430	60.9%
425-429	435	61.6%
430-434	440	62.3%
435-439	445	63.0%
440-444	450	63.7%
445-449	455	64.4%
450-454	460	65.1%
455-459	465	65.8%
460-464	470	66.5%
465-469	475	67.2%
470-474	480	67.9%
475-479	485	68.6%
480-484	490	69.3%
485-489	495	70.0%
490-494	500	70.7%
495-499	505	71.4%
500-504	510	72.1%
505-509	515	72.8%
510-514	520	73.5%
515-519	525	74.2%
520-524	530	74.9%
525-529	535	75.6%
530-534	540	76.3%
535-539	545	77.0%
540-544	550	77.7%
545-549	555	78.4%
550-554	560	79.1%
555-559	565	79.8%
560-564	570	80.5%
565-569	575	81.2%
570-574	580	81.9%
575-579	585	82.6%
580-584	590	83.3%
585-589	595	84.0%
590-594	600	84.7%
595-599	605	85.4%
600-604	610	86.1%
605-609	615	86.8%
610-614	620	87.5%
615-619	625	88.2%
620-624	630	88.9%
625-629	635	89.6%
630-634	640	90.3%
635-639	645	91.0%
640-644	650	91.7%
645-649	655	92.4%
650-654	660	93.1%
655-659	665	93.8%
660-664	670	94.5%
665-669	675	95.2%
670-674	680	95.9%
675-679	685	96.6%
680-684	690	97.3%
685-689	695	98.0%
690-694	700	98.7%
695-699	705	99.4%
700-704	710	100.0%

UDS Overview

What is the UDS?

- Standardized reporting system for health centers
- Includes:
 - Demographic information
 - Types and quantities of services
 - Quality of care
 - Cost and efficiency

Why is it Important?

- ▶ Effectiveness
- ▶ Guide Decisions
- ▶ Development and Improvement
- ▶ Performance



Tables to Be Completed

Table	Table Description
Table 1a	Demographics
Table 1b	Performance by age and gender
Table 1c	Performance by race/ethnicity and language
Table 2	Performance by insurance status
Table 3	Staffing and efficiency
Table 4a	Service for health care staff
Table 4b	Health care diagnosis and services rendered
Table 5a	Quality of care measures
Table 5b	Health care costs and charges
Table 6a	Financial audit
Table 6b	Financial performance
Table 7	Chronic care
Table 8	Health care delivery, health care quality, and health financing

Demographics

- ▶ Zip Code
- ▶ Age and Gender
- ▶ Ethnicity/Race/Linguistics
- ▶ Income
- ▶ Insurance status

Staff

- ▶ FTE
- ▶ Patient visits
- ▶ Total patients
- ▶ Continuity of staff

Measure	At least 100% of cases	FTE	Visits per FTE	Patients
1. Total Patients	1,112	1,112	1	1,112
2. Total Patients	1,112	1,112	1	1,112
3. Total Patients	1,112	1,112	1	1,112
4. Total Patients	1,112	1,112	1	1,112
5. Total Patients	1,112	1,112	1	1,112
6. Total Patients	1,112	1,112	1	1,112
7. Total Patients	1,112	1,112	1	1,112
8. Total Patients	1,112	1,112	1	1,112
9. Total Patients	1,112	1,112	1	1,112
10. Total Patients	1,112	1,112	1	1,112
11. Total Patients	1,112	1,112	1	1,112
12. Total Patients	1,112	1,112	1	1,112
13. Total Patients	1,112	1,112	1	1,112
14. Total Patients	1,112	1,112	1	1,112
15. Total Patients	1,112	1,112	1	1,112
16. Total Patients	1,112	1,112	1	1,112
17. Total Patients	1,112	1,112	1	1,112
18. Total Patients	1,112	1,112	1	1,112
19. Total Patients	1,112	1,112	1	1,112
20. Total Patients	1,112	1,112	1	1,112

Clinical Measures

- ▶ Diagnoses and care of chronic conditions
- ▶ Preventative services

Section 2 - Ischemic Vascular Disease (IVD), Aspirin or Antithrombotic Therapy			
Aspirin or Other Antithrombotic Therapy	Total Patients Aged 18 And Over With IVD Diagnosis or AMI, CABG, or PTCA Procedure (n)	Estimated Number Patients with Aspirin or other Antithrombotic Therapy	Estimated % Patients with Aspirin or other Antithrombotic Therapy
MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy	436,419	335,367	76.8%

PCMH Overview

Background

- ▶ Patient Centered Medical Home
- ▶ Standards where the patient and their health care needs are the focus
- ▶ Improves patient outcomes, patient and providers satisfaction, and decreases health care costs
- ▶ Providers and patients work as a team to improve patient care
- ▶ As of February 2014, 7,044 practices were recognized as PCMH

Patient-Centered Access

- ▶ Focuses on:
 - ▶ Appointment availability (same-day, outside normal business hours)
 - ▶ Alternative types of encounters
 - ▶ Ways to improve access

Team Based Care

- ▶ Focuses on:
 - ▶ Defining roles
 - ▶ Communication through meetings
 - ▶ Training
 - ▶ Active involvement in quality improvement

Population Health Management

- ▶ Focuses on:
 - ▶ Data collection of
 - ▶ Preventative Care
 - ▶ Immunizations
 - ▶ Chronic Care
 - ▶ Medications

Care Management and Support

- ▶ Focuses on:
 - ▶ Patient preferences and treatment goals

Care Coordination and Care Transitions

- ▶ Focuses on:
 - ▶ Agreements with other health care providers
 - ▶ Tracking referrals

Performance Measurement and QI

- Focuses on:
 - Continuous monitoring of clinical quality measures and improvement
 - Patient surveys

Forum: lchc.boards.net



The screenshot shows the lchc.boards.net forum interface. At the top is a navigation bar with links: Home, Search, Register, Login, Post New, and Profile. Below the navigation bar is a table titled "The 5 clinical quality measures". The table has columns for "Measure", "Status", "Date", and "Last Post".

Measure	Status	Date	Last Post
1. Patient Satisfaction	1	1	10/10/10 10:10 AM
2. Patient Safety	1	1	10/10/10 10:10 AM
3. Patient Quality of Care	1	1	10/10/10 10:10 AM
4. Patient Access to Care	1	1	10/10/10 10:10 AM
5. Patient Health Status	1	1	10/10/10 10:10 AM