County of Solano
Community Healthcare Board
Regular Meeting

September 21, 2022
12:00 pm-2:00 pm
Conference Call Microsoft Teams
MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 446 778 066#

On June 13, 2022, due to a surge of COVID-19 in Solano County, it was advised and decided by the Solano County Health Officer, the Clinic Operations Officer and the Chair of the Board that the June 15. 2022, Community Healthcare Board Meeting be held as a virtual meeting, and future meetings, until there is a notable decrease in the COVID surge in Solano County. The meeting on September 21, 2022, will be held via teleconference. To join in for audio only, please use the dial in number and Conference ID above.

The County of Solano Community Health Board does not discriminate against persons with disabilities. If you wish to participate in the meeting and you require assistance to do so, please call Solano County Family Health Services at 707-784-8775 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

Public Comment: To submit public comment, please see the options below.

Teleconference: Contact the Clerk at 707-784-8775.

Mail:

If you wish to address any items listed on the Agenda by written comment, please submit comments in writing to FHS Community Healthcare Board Clerk by U.S. Mail. Written comments must be received no later than 8:30 A.M. on the day of the meeting. The mailing address is: Solano County H&SS, ATTN: FHS CHB Clerk (MS 9-100), P. O. Box 4090, Fairfield, CA 94533. Copies of comments received will be provided to the Board and will become part of the official record but will not be read aloud at the meeting.

Phone:

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-323-457-3408, and Conference ID: 446 778 066#. No attendee ID number is required. Once entered in the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

Non-confidential materials related to an item on this Agenda, submitted to the Board after posting of the agenda at:
https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/ and Family Health Service clinics located at 1119 E. Monte Vista, Vacaville, CA; 2101 Courage Drive, Fairfield, CA; 2201 Courage Drive, Fairfield, CA; and 365 Tuolumne Drive, Vallejo, CA., will be updated at
https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/ and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

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AGENDA

1) **CALL TO ORDER – 12:00 PM**
   a) Welcome
   b) Roll Call

2) **UPDATE BY DEPUTY COUNTY COUNSEL**

   On June 13, 2022, due to a surge of COVID-19 in Solano County, it was advised and decided by the Solano County Health Officer, the Clinic Operations Officer and the Chair of the Board, that the June 15. 2022, Community Healthcare Board Meeting be held as a virtual meeting, with consideration of the safety of the Board Members and meeting participants, until there would be a notable decrease in the COVID surge in Solano County. At the August 17, 2022, meeting, a majority of the Board voted to make AB 361 findings to allow teleconferencing without compliance with the requirements of Government Code section 54953(b)(3). The prior findings expire the earlier of September 17, 2022, or such time the Board makes subsequent AB 361 findings.

   County Counsel recommends the Board consider making AB 361 findings before each meeting.

   ACTION ITEM: Consider making the findings that:
   i)   Pursuant to Government Code section 8625, Governor Gavin Newsom declared a State of Emergency in the State of California on March 4, 2020, as a result of the threat of the Coronavirus (COVID-19) pandemic; and the proclaimed State of Emergency remains in effect; and,
   ii) As of the date of this Meeting, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution the state Legislature; and,
   iii) The California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations (CCR), Section 3205(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,
   iv) Based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D), the Board finds

that state or local officials have imposed or recommended measures to promote social distancing; and,

v) Title 8 of the California Code of Regulations, Section 3205(c) requires the County to establish, implement and maintain a COVID-19 Prevention Program, which the County has done; and,

vi) The County's COVID-19 Prevention Program either recommends or requires County employees to social distance or not to enter County facilities under certain circumstances; and,

vii) Starting from October 2021, the Board previously made findings that the requisite conditions existed for its legislative bodies to conduct its meetings without complying with Government Code section 54953(b)(3); and,

viii) As a result, the Board hereby proclaims that state officials have imposed or recommended measures to promote social (physical) distancing based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D); and,

ix) The Board will conduct open and public remote teleconferencing meetings in accordance with AB 361 immediately upon making these findings until the earlier of (1) October 21, 2022, or (2) such time that the Board makes subsequent findings in accordance with Government Code section 54953(3)(3) to extend the time during which the Board may continue to teleconference without compliance with Government Code section 54953(b)(3), or (3) the Governor or the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency.
(Government Code section 54953(e)(3).)

3) **APPROVAL OF THE SEPTEMBER 21, 2022, AGENDA**

4) **APPROVAL OF THE AUGUST 17, 2022, MINUTES**

5) **PUBLIC COMMENT**

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

6) **PROJECT DIRECTOR / CLINIC OPERATIONS OFFICER REPORT**

   a) Health Center Operations Update – Dona Weissenfels
      i) Health Center Activities, Internal & External Update
      ii) Operational Dashboards
         • Call Center Update / Metrics
   b) Community Needs Assessment-Solano County Family Health Center Patient Origin & Service Area Analysis, August 2022 – Dona Weissenfels
      i) **ACTION ITEM:** The Board will consider acceptance of the Solano

County Family Health Center Patient Origin & Service Area Analysis, August 2022.

c) Staffing Update – Toya Adams

7) OPERATIONS COMMITTEE REPORTS

a) Hiring Credentialing Update – Elise Lenox
b) Uniform Data System (UDS) and Grants Update – Noelle Soto
c) Quarterly Quality Improvement Report – Dona Weissenfels
d) Evaluation of QI/QA Program– Dr. Michele Leary
   i) **ACTION ITEM**: The Board will consider approval of the Evaluation of QI/QA Program.

8) UNFINISHED BUSINESS

a) Credentialing Privileging Policy and Procedure Update – Dona Weissenfels and Cheryl Esters
b) HIPS/HIPAA Training – This training will be scheduled to be presented to the Board, after new members are added to the Board.
   i) **ACTION ITEM**: The Board will consider and provide direction to schedule a HIPS/HIPAA Training for the Board on a date proposed by Compliance.
c) Confidentiality Form – This form will be presented and distributed to the Board Members and must coincide with HIPAA Training.
d) Community Healthcare Board Self-Assessment Form – It was decided by the Board at the April 20, 2022, Meeting to be revised by the Board.

9) DISCUSSION

a) Board Member Recruitment Status and Update
b) Proposed dates are Wednesday, October 26, 2022, and Wednesday, November 2, 2022, for a virtual Budget Workshop, presented to the Board Members, hosted by Nina Delmendo
   i) **ACTION ITEM**: The Board will vote for the virtual Budget Workshop to be held on Wednesday, October 26, 2022, or Wednesday, November 2, 2022
c) 2022 California Primary Care Association Annual Conference, scheduled October 27-28, 2022, in Sacramento
   i) **ACTION ITEM**: The Board will consider approval of board member(s) to attend the 2022 California Primary Care Association Conference.
d) NACHC 2022, CHI & Expo Conference Recap – Chair Ruth Forney and Dona Weissenfels
e) Board Member discussion of holding meetings in person or continue to meet virtually.
   i) **ACTION ITEM**: The Board will consider and provide direction on holding meetings in person or continue to meet virtually.

10) BOARD MEMBER COMMENTS

11) **PARKING LOT (These items are postponed, until further notice.)**

    a) Compliance Training and Robert's Rules Review

    b) Health Center Marketing Campaign & Website Design

12) **NEXT COMMUNITY HEALTHCARE BOARD MEETING**

    DATE: October 19, 2022

    TIME: 12:00 PM

    TO JOIN: Telephone Conference Call:
            Dial: +1-323-457-3408, Conference ID: 446 778 066#
            Teleconference: Contact the Clerk at 707-784-8775

13) **ADJOURN**

County of Solano
Community Healthcare Board
DRAFT

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, August 17, 2022
Video and Telephone Conference Call

Members Present:

At Roll Call: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Sandra Whaley, Deborah Hillman and Brandon Wirth

Members Absent: Don O'Conner, Tracee Stacy

Staff Present:

Dona Weissenfels, Dr. Michele Leary, Toya Adams, Noelle Soto, Anna Mae Gonzales-Smith, Tess Lapira, Nina Delmendo, Elise Lenox, Lavona Hamilton, Todd James, Julie Barga, Janine Harris, Cynthia Coutee, Robert Wieda, Danielle Seguerre-Seymour, and Patricia Zuñiga.

1) **Call to Order – 12:00 p.m.**

   a) Welcome

   b) Roll Call

2) **Update by Deputy County Counsel**

   On June 13, 2022, due to a surge of COVID-19 in Solano County, it was advised and decided by the Solano County Health Officer, the Clinic Operations Officer and the Chair of the Board, that the June 15. 2022, Community Healthcare Board Meeting be held as a virtual meeting, with consideration of the safety of the Board Members and meeting participants, until there would be a notable decrease in the COVID surge in Solano County. At the July 20, 2022, meeting, a majority of the Board voted to make AB 361 findings to allow teleconferencing without compliance with the requirements of Government Code section 54953(b)(3). The prior findings expire the earlier of August 20, 2022, or such time the Board makes subsequent AB 361 findings.

   County Counsel recommends the Board consider making AB 361 findings before each meeting.

   i) **ACTION ITEM:** The Board will consider making the findings as noted in Agenda item 2) a) i), ii), iii), iv), v), vi), vii), viii), and ix), due to the surge of COVID-19 in Solano County, and as recommended by the Solano County Health Officer and FHS Clinic Operations officer, whether it may pose imminent danger, to the Board Members to meet in person, and if the Board makes subsequent findings to pose imminent danger, thus Board may continue to meet virtual.

   Motion: To accept and approve the findings of the Governor's Bill AB 361 and move forward to meet via teleconference.

   Motion by: Mike Brown and seconded by Sandra Whaley

   Discussion: None.

   Ayes: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Sandra Whaley, and Deborah Hillman

Nays: Brandon Wirth.

Abstain: None.

Motion Carried – The Board moved forward with a virtual meeting.

3) **Approval of August 17, 2022, Agenda**

Chair Ruth Forney mentioned that a Board Member wanted to add an agenda item, regarding sharing information about an upcoming conference, but the Board Member was not present at the meeting to present the information, so the board member could suggest the topic to be added to the agenda at the September meeting, and present the information about the conference.

Motion: To approve the August 17, 2022, Agenda

Motion by: Brandon Wirth and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Sandra Whaley, Deborah Hillman and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

4) **Approval of the July 20, 2022, Minutes**

Motion: To approve the July 20, 2022, Minutes

Motion by: Mike Brown and seconded by Anthony Lofton

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Sandra Whaley, and Deborah Hillman

Nays: None

Abstain: Brandon Wirth

Motion Carried

5) **Public Comment**

None.

6) **Project Director/Clinic Operations Officer Report**

   a) Health Center Operations Update – Dona Weissenfels
      i) Health Center Activities, Internal & External Update

- Dona announced that externally, Ole Health Centers and the Community Healthcare Centers were in the process of merging 17 sites, and with the merger over 71,000 patients would be served. HRSA still needed to approve the merger and address any questions and concerns.

- Dona mentioned that internally, FHS missed celebrating Health Centers Week with the public, due to the lack of a budget and staff shortage, but she shared a short video clip about the history of Federally Qualified Health Centers (FQHCs) with FHS staff and the Board Members. She received positive feedback and the information about the history of FQHCs was new to some. She would start early next year to organize an event in 2023.

- Dona stated that internally, Greg Facktor was assisting with reviewing and revising the Community Needs Assessment and they hoped to complete it in September. Meetings would be scheduled for project planning and preparation for the upcoming Operations Site Visit (OSV), in the fall of 2023.

- Dona announced that a Safety Coordinator, named Ted Garza was hired to oversee safety for patients and staff within Health & Social Services. She met with Ted, who would be touring the clinics, in the future. She also mentioned that a safety plan was needed for all clinic sites, in preparation of an emergency.

   ii) Operational Dashboards

      ◆ Call Center Update / Metrics

- Dona stated that all dashboards were a "work in progress". In relation to the call centers, the number of calls had increased, but a fair percentage of incoming calls were missed due to staff shortage and that the clinics are working on areas of improvement and standardization.

   iii) OCHIN Epic Update

- Dona reported that progress was being made and she planned to hold a virtual Town Hall Meeting, for all FHS staff and Board members to attend and would give an update.

b) Staffing Update – Toya Adams

   i) Toya mentioned since the last meeting, a new Clinic Registered Nurse started at the Fairfield Pediatrics, and a Clinic Registered Nurse, Senior was expected to start August 22, 2022. On September 6, 2022, they expected a new Medical Records Technician, Senior at Fairfield and a half time Clinic Registered Nurse at Vacaville.

   ii) She stated there would be Registered Dental Assistant Interviews held on August 11 and 18, 2022. They continue to recruit for a Bilingual OAII, for the Vallejo Clinic, Front Office position, Medical Assistants and mid-level positions (Nurse Practitioners/Physician Assistants).

   iii) Dona gave a generous "Thank You" to Toya Adams and Noelle Soto, for their effort in supervising at the Fairfield and Vacaville Dental clinics as the Dentist Manager position is still vacant. She also mentioned recruitment is still ongoing for a Dentist Manager.

7) Operations Committee Reports

a) Hiring Credentialing Update – Elise Lenox

   i) Elise mentioned that the half time Clinic Registered Nurse was credentialed.

ii) Elise stated that she would be starting credentialing on three (3) Touro Physician Assistants that are expected in the fall, who would also be reviewed by Partnership HealthPlan of California (PHC) and that they would be scheduled to work one day per week in the clinics.

iii) Revalidating – She mentioned that there is one (1) clinic provider and two (2) dentists that are being revalidated.

b) FY 2023/2024 Budget Development Update – Nina Delmendo

i) Nina mentioned that the FY 2023/2024 County Staff Budget Kickoff meetings would start in a couple weeks.

ii) Nina reminded the board members about a Budget Workshop that she and Tess Lapira hosted, last year, for the board members and the meeting participants, on October 27, 2021. She asked the board members whether it would be helpful to host another Budget Workshop in the next couple of months. It was noted that the board members agreed to holding a Budget Workshop, and that Nina would present a couple dates at the September meeting, so the board members could vote on a date to hold the Budget Workshop. This would be an agenda item and action item, for the September 21, 2022, meeting.

c) FY 2021/2022 Year End Report – Nina Delmendo

Nina presented and reviewed the FY 2021/2022 Year End Report of FHS, with the board members. Please reference the handout titled, *"County of Solano Dept 7580 – Family Health Services Year End Variance – Final, Fiscal Year 2021/22"*.

i) Vice Chair Mike Brown, had a couple questions regarding the line item showing the cost of Malpractice Insurance. He also asked Nina whether she could find out the number of malpractice claims and whether any amount of money was awarded. Nina said she would seek the information, and report back to the board members at the September 21, 2022, meeting.

8) **Unfinished Business**

a) Credentialing Privileging Policy and Procedure Update – Dona Weissenfels and Cheryl Esters

i) There was no update, but with the Greg Facktor contract in place, they will be asked to provide their recommendations, in finalizing the policy.

b) HIPS/HIPAA Training – This training will be scheduled to be presented to the Board, after new members are added to the Board.

c) Confidentiality Form - This form will be presented and distributed to the Board Members and must coincide with HIPAA Training.

d) Community Healthcare Board Self-Assessment Form – It was decided by the Board at the April 20, 2022, meeting to be reviewed and revised by the Board.

9) **Discussion**

a) Board Member Recruitment Status and Update

i) Chair Ruth Forney and Dona Weissenfels, mentioned that they continue to reach out to the community and patients.

b) Board Member Application received from Robert Wieda.

i) Chair Ruth Forney, announced that a board member application was received from Robert Wieda, who was a member of the board last year, but was called out of state for several

months. She also mentioned that it was confirmed that he is officially a patient of Family Health Services effective 8/16/2022, and if he was approved as a board member, he would be considered a Consumer Member on the board.

ii) The Executive and Membership Committees reviewed the Board Member Application, submitted by Robert Wieda, and recommends the Board's approval for Robert Wieda to become a Community Healthcare Board Member.

iii) **ACTION ITEM**: The Board will consider Robert Wieda to become a Community Healthcare Board Member.

Motion: The Board will consider Robert Wieda to become a Community Healthcare Board Member.

Motion by: Mike Brown and seconded by Sandra Whaley

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Sandra Whaley, Deborah Hillman and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

10) **Board Member Comments**

   i) None.

11) **Parking Lot (These items are postponed, until further notice.)**
   a) Compliance Training and Robert's Rules Review
   b) Health Center Marketing Campaign & Website Design

12) **Next Community Healthcare Board Meeting (virtual)**

   DATE: September 21, 2022
   TIME: 12:00 p.m.
   TO JOIN Telephone Conference Call:
   Dial: 1-323-457-3408, Conference ID: 446 778 066# (please announce your name)
   Teleconference: Contact the Clerk: 707-784-8775

13) **Adjourn**

Meeting was adjourned at 1:08 p.m.

Handouts:

- County of Solano Dept 7580 – Family Health Services Year End Variance – Final, Fiscal Year 2021/22
- Family Health Services Community Healthcare Board 2022 Annual Calendar updated June 15, 2022.

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MEMORANDUM

To: Family Health Services Community Healthcare Board

From: Dona Weissenfels, Clinic Operations Officer

Date: September 13, 2022

Subject: Solano County Family Health Services Patient Origin & Service Area
          Analyses August 2022

To: Family Health Services Community Healthcare Board Members:

The attached Solano County Family Health Services Patient Origin & Service Area Analyses,
August 2022, was prepared by Greg Factor & Associates, in preparation of the upcoming Health
Resources Services Administration (HRSA) Operations Site Visit (OSV), planned in the fall of
2023.

It is recommended for the Solano County Family Health Services Community Healthcare Board
to re-approve the following 15 zip codes for Solano County Family Health Service's designated
service area: 94533, 94590, 94571, 94534, 94585, 94591, 94589, 94592, 94510, 95688,
95620, 95694, 95687, 94503, 94535.

Thank you for your consideration.

GFA | GREG FACKTOR & ASSOCIATES

Solano County Family Health Services
Patient Origin & Service Area Analyses
August 2022

Per the Federal Health Resources & Services Administration's (HRSA's) Federally Qualified Health Center (FQHC) Program Compliance Manual (Chapter 3: Needs Assessment):

- Solano County Family Health Services (SCFHS) must define (and annually review) the boundaries of the catchment area to be served (service area). This may be done by annually reviewing its service area based on where current patient populations reside. ZIP codes are captured at initial registration and patient addresses are confirmed at each visit. ZIP codes reported on HRSA Form 5B include the ZIP codes <u>in which at least 75 percent of current health center patients reside.</u>

- The following is a table of the number of SCFHC patients seen from July 1, 2021 through June 30, 2022 and the zip codes in which they live.

Time Frame: July 1, 2021 – June 30, 2022

	ZIP CODE	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS
ZIP Codes Included in Current Designated Service Area per SCFHS's HRSA Form 5B	94533	6,716	35.19%	35.19%
	94590	2,509	13.15%	48.34%
	94591	1,836	9.62%	57.96%
	94585	1,754	9.19%	67.15%
	95688	1,716	8.99%	76.14%
	95687	1,565	8.20%	84.34%
	94589	910	4.77%	89.11%
	94534	556	2.91%	92.02%
	94510	412	2.16%	94.18%
	95620	339	1.78%	95.96%
	94571	177	0.93%	96.89%
	94503	61	0.32%	97.21%
	94592	35	0.18%	97.39%
	94535	18	0.09%	97.48%
	95694	15	0.08%	97.56%
ZIP Codes NOT Included in Designated Service Area	95696	35	0.18%	97.75%
	94558	31	0.16%	97.91%
	95690	22	0.12%	98.02%
	94806	17	0.09%	98.11%
	95625	14	0.07%	98.19%

	ZIP CODE	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS
	94512	12	0.06%	98.25%
	94804	11	0.06%	98.31%
	94801	10	0.05%	98.36%
	< 10 patient in each ZIP code	313	1.64%	100.00%
Patient Numbers	Total	19,084	100.00%	
	ZIP Codes in Proposed Service Area	18,619	97.56%	
	ZIP Codes Not in Service Area	465	2.44%	

Conclusion:

As shown in the above table, the ZIP codes of the current designated service area, per SCFHS's HRSA Form 5B, correspond to 97.56 percent of SCFHS's patients' residences, which is compliant with the HRSA requirement of the service area representing where at least 75 percent of health center patients reside. Figure 1 below shows the service area and SCFHS's sites as well as other FQHCs and Look-Alikes in the service area.

It is recommended for the SCFHS Board to re-approve the following 15 ZIP codes for SCFHS's designated service area: 94533, 94590, 94571, 94534, 94585, 94591, 94589, 94592, 94510, 95688, 95620, 95694, 95687, 94503, 94535.

Figure 1: SCFHS's Service Area per HRSA Form 5B
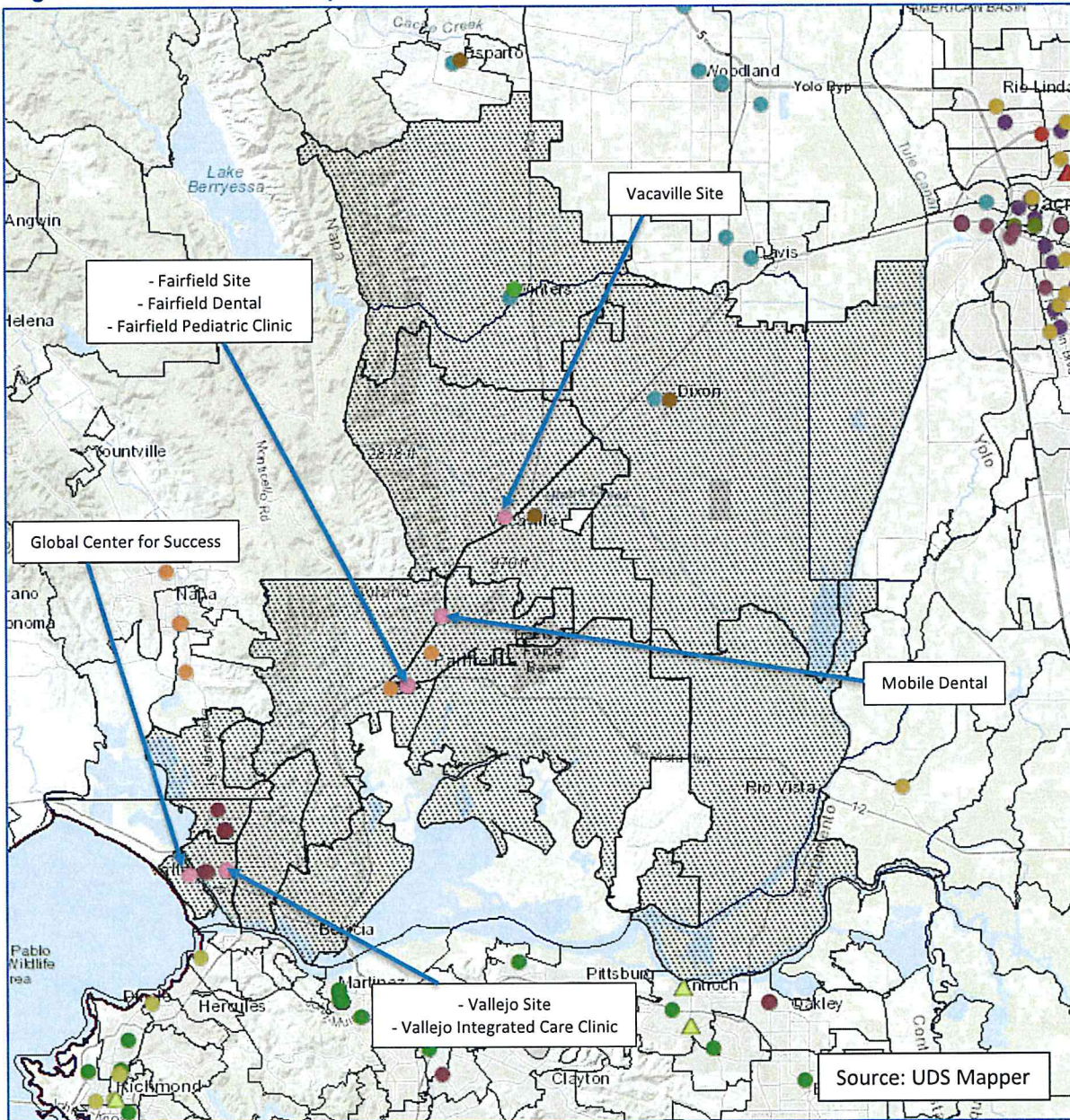
Note: Multi-color dots and triangles on the above map represent locations of
existing FQHCs (dots) and FQHC Look-Alikes (triangles)

2021 Health Center Program Highlights
Uniform Data System Trends

August 9, 2022

Data and Evaluation
Office of Quality Improvement
Health Resources & Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Health Center Program Fundamentals

Serve High Need Areas
- Must serve a high need community or population (e.g., HPSA, MUA/P)

Patient Directed
- Private non-profit or public agency that is governed by a patient-majority community board

Comprehensive
- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)

No One is Turned Away
- Services are available to all, with fees adjusted based upon ability to pay

Collaborative
- Collaborate with other community providers to maximize resources and efficiencies in service delivery

Accountable
- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.

HRSA Health Center Program

The Uniform Data System (UDS)

- Standardized health center reporting system
- Required by Section 330 of Public Health Service Act
- Annual reports submitted by health centers by 2/15
- Annual changes announced via UDS Program Assistance Letter (PAL)
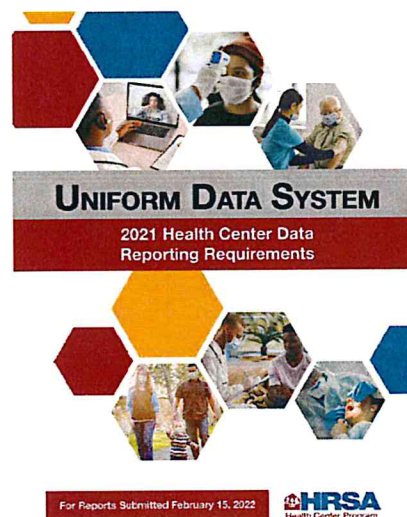- UDS Manual provides reporting instructions

UDS is updated every year to:
- ✓ Align with national reporting standards
- ✓ Keep pace with the current healthcare environment
- ✓ Reflect stakeholder feedback
- ✓ Ensure evaluation of bureau and Departmental priorities

Patient Characteristics	Services Provided and Diagnoses	Staffing Information by Service	Clinical Quality Measures	Financial Information

HRSA Health Center Program

Notable Changes to 2021 UDS Reporting

- COVID-19 (Table 6A)
  - Vaccination measure added (replacing vaccine question added to Appendix E: for 2020 reporting).
  - Testing, diagnosis codes added
- Quality of Care Measures (Table 6B)
  - Updated to align with eCQM (electronic clinical quality measure) specifications
- HIV PrEP (Line 21E)
  - Reporting guidance added to help health centers more accurately capture number of patients

UNIFORM DATA SYSTEM
2021 Health Center Data Reporting Requirements

For Reports Submitted February 15, 2022 **HRSA** Health Center Program

Visit 2021 UDS Manual

HRSA Health Center Program

Expanding Access to the Health Center Model of Care

In 2021, HRSA-funded health centers provided comprehensive primary care to a record *30.2 million patients, a 43% increase over the past 10 years.*
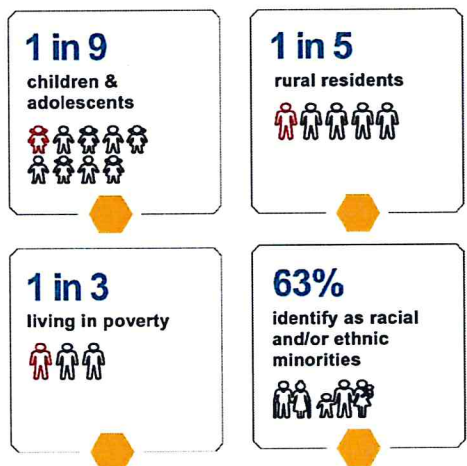
2012

- **21.1 million patients**
- **1,198 health centers**
- **Over 8,900 delivery sites**

VS.

2021

- **30.2 million patients**
- **1,373 health centers**
- **Over 14,000 delivery sites**
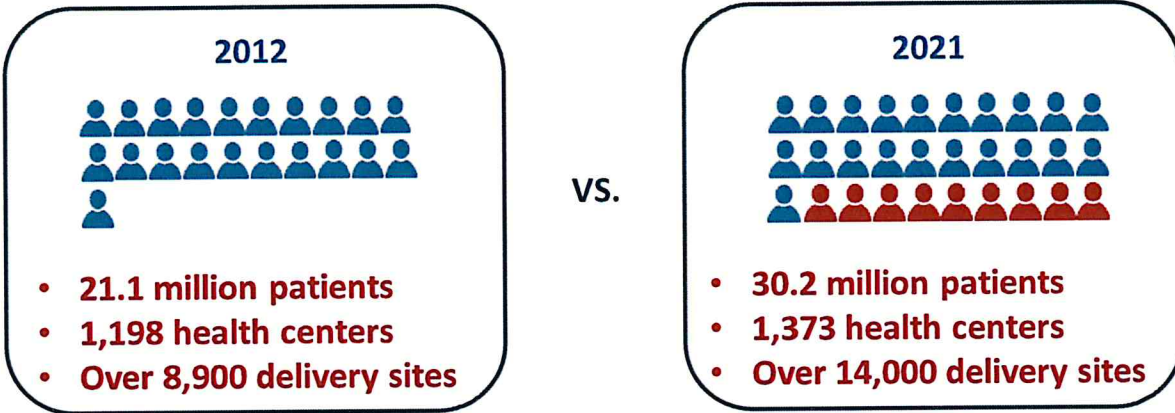
= 1,000,000 patients

Source: Uniform Data System, 2012, 2021 - Table 3B
[1]EHBs UDS Rollup Report, 2012 and 2021

HRSA
Health Center Program

Advancing Health Equity

Health centers provide affordable, high-quality primary health care to **more than 30 MILLION** people in the U.S. each year. That includes:

1 in 9
children & adolescents

1 in 5
rural residents

Nearly
1.3M
experiencing homelessness

1M+
agricultural workers

1 in 3
living in poverty

63%
identify as racial and/or ethnic minorities

Nearly
770K
school-based health center patients

Nearly
390K
Veterans

HRSA
Health Resources & Services Administration

Source: Uniform Data System, 2021 - Table 3A, Table 3B, Table 4, Table 6A
*Poverty defined as having income ≤100% Federal Poverty Guidelines

HRSA
Health Center Program

FHS **2021** UNIFORM DATA SYSTEM (UDS) REPORT
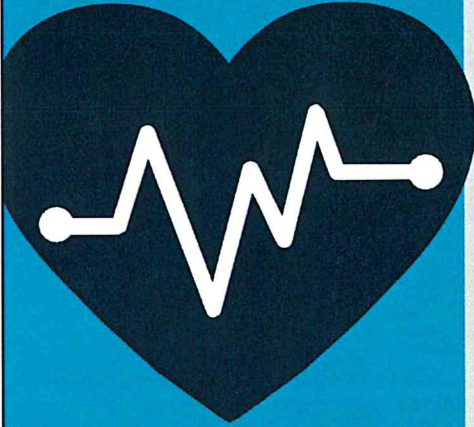
Universal Patient Population

Patients Served: **19,741**

Ages 0-17	6,558	(33.2%)
Ages 18-64	10,091	(55.2%)
Ages 65 and Over	2,282	(11.6%)

Patient Visits: **65,318**

13.9% were Virtual Visits

Healthcare for the Homeless (HCH) Patient Population

47.6% of Universal Patient Population

Patient Visits: **31,678 (48.5%)**

14.8% were Virtual Visits

FHS UNIVERSAL PATIENTS

CHANGE IN TOTAL PATIENTS

- 2019: 22,698
- 2020: 19,569
- 2021: 19,741
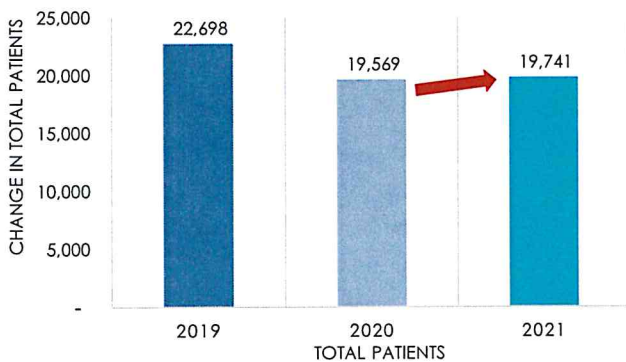
TOTAL PATIENTS

OVERALL HCP

Total Patients +5.6% increase

FHS PATIENTS

Universal +0.9% increase

HCH   -6.5% decrease

HEALTH CENTER PROGRAM RECOVERY

"Health centers are rebounding from the effects of COVID-19, with the total number of health center patients and visits returning to pre-pandemic levels."

FHS HEALTHCARE FOR THE HOMELESS PATIENTS

CHANGE IN TOTAL PATIENTS

- 2019: 9,898
- 2020: 10,056
- 2021: 9,400

TOTAL PATIENTS
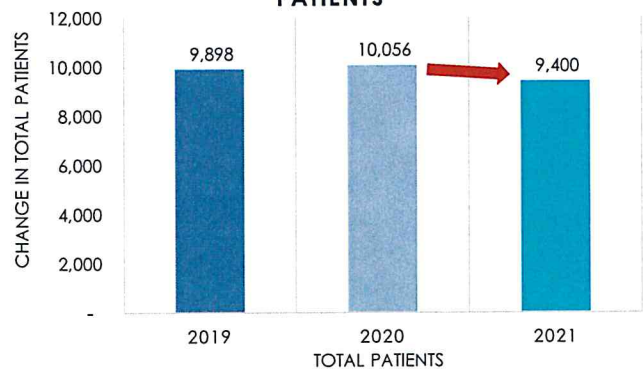
FHS UNIVERSAL CARE SERVICES

Medical | Dental | Mental Health Services | Substance Use Disorder Services

2021
- 40,647
- 20,599
- 3,992
- 80

2020
- 41,951
- 15,925
- 3,267
- 112

2019
- 53,855
- 17,337
- 3,061
- 1,624

CHANGE IN TOTAL VISITS
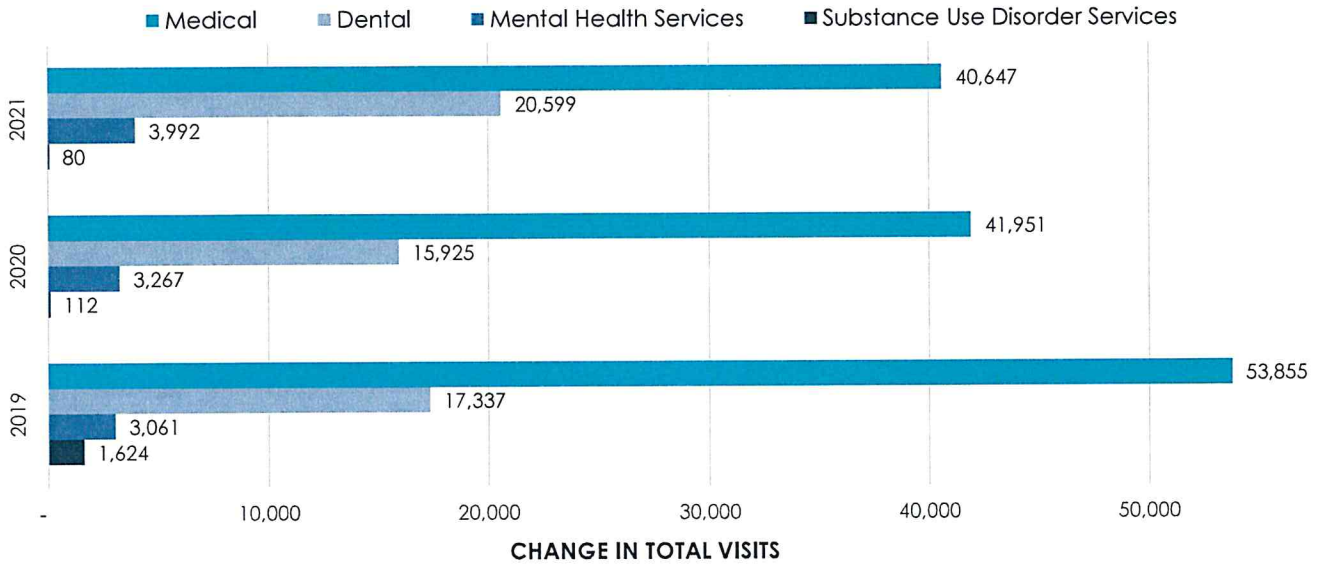
FHS HEALTHCARE FOR THE HOMELESS CARE SERVICES

Medical | Dental | Mental Health Services | Substance Use Disorder Services

2021
- 21,613
- 8,023
- 1,997
- 45

2020
- 22,997
- 6,089
- 1,720
- 82

2019
- 20,723
- 5,700
- 1,514
- -

CHANGE IN TOTAL VISITS
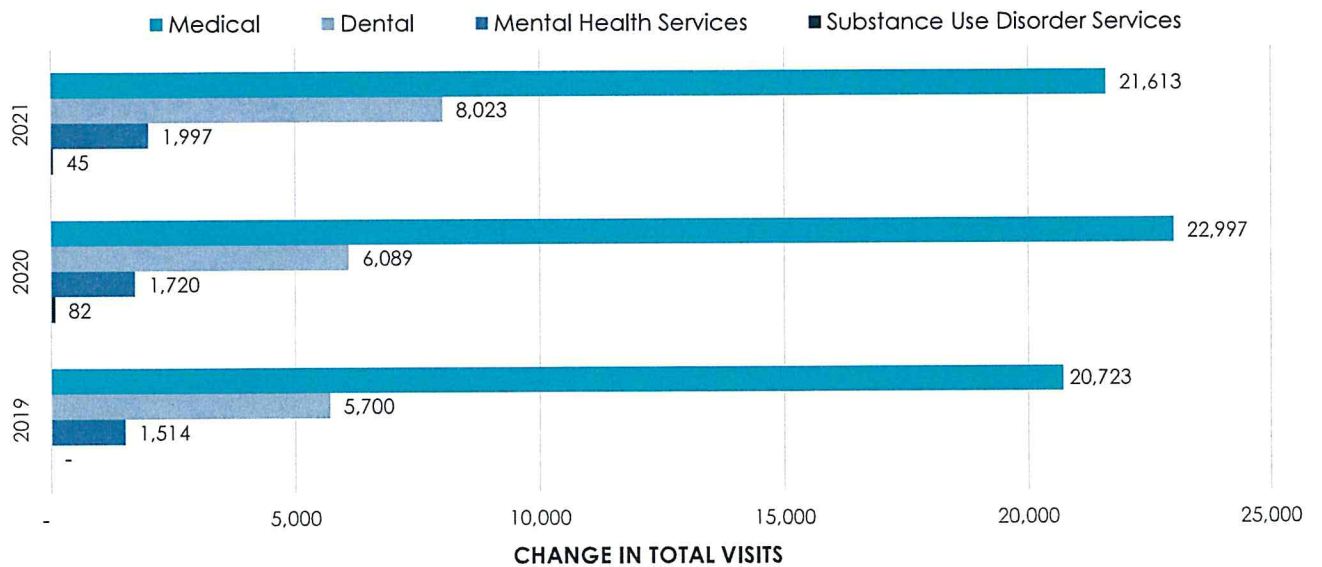
FHS STAFFING
Medical Care Services

CHANGE IN FULL TIME EQUIVALENTS (FTEs)

2019 | 2020 | 2021

Physicians, Advanced Practice Professionals: 21.68, 17.75, 14.56
Nurses, Other Medical Personnel: 65.91, 60.52, 49.63
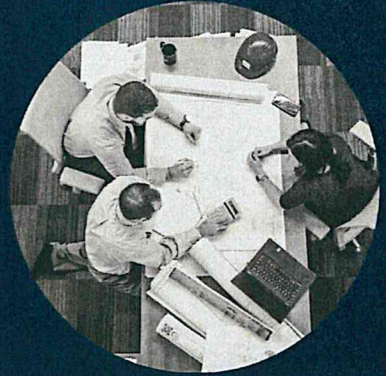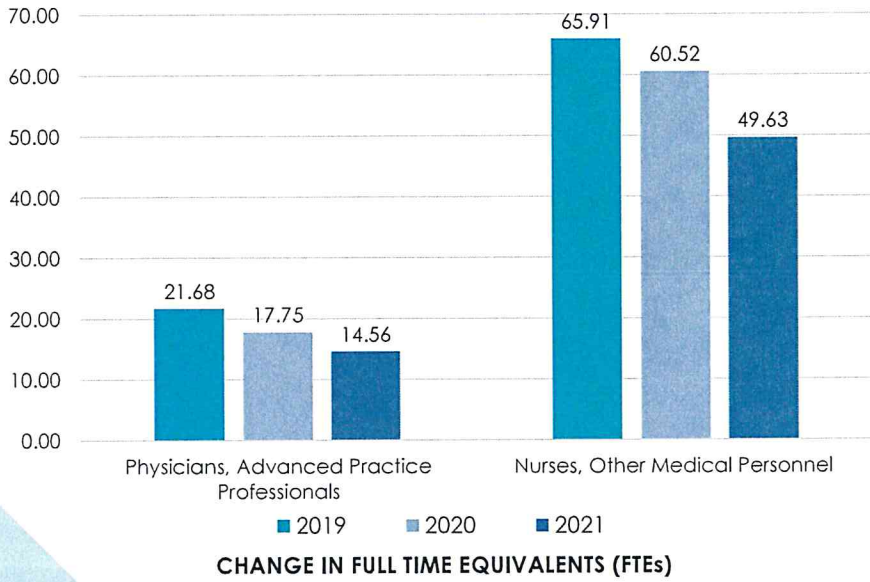
FHS
2021
UDS
REPORT

FHS STAFFING
Dental Services

CHANGE IN FULL TIME EQUIVALENTS (FTEs)

2019 | 2020 | 2021

Dentists: 7.03, 7.21, 6.98
Other Dental Personnel: 14.15, 17.15, 16.62
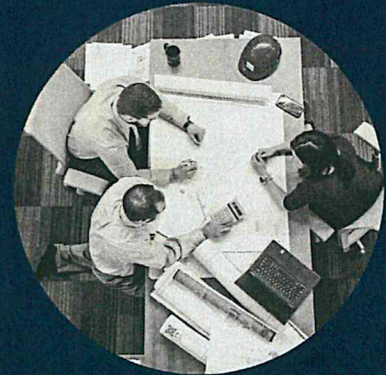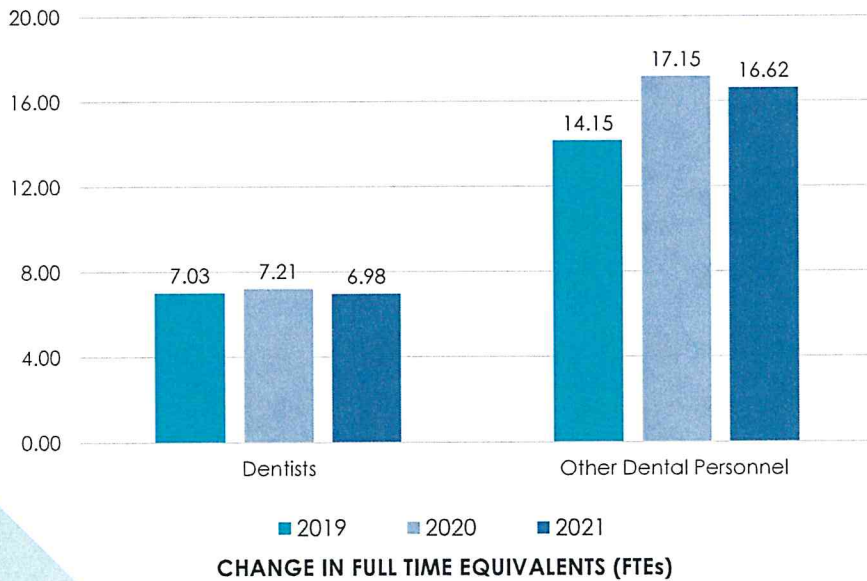
FHS
2021
UDS
REPORT

2021 FHS UDS REPORT HIGHLIGHTS
UNIVERSAL POPULATION

Patient Demographic	Percent of Patients
Patients that identified as **Racial and/or Ethnic Minority**[1]	44.7%
Patients best served in a **Language Other than English**	17.2%
Patients with **Income ≤200% Federal Poverty Guidelines**[2]	29.3%
Patients with **Medicaid as their Principal Medical Insurance**	83.2%

[1]Based on patients with known race and/or ethnicity, [2]Based on patients of known income

2021 FHS UDS REPORT HIGHLIGHTS
HEALTHCARE FOR THE HOMELESS POPULATION

Patient Demographic	Percent of Patients
Patients that identified as **Racial and/or Ethnic Minority**[1]	49.4%
Patients best served in a **Language Other than English**	18.2%
Patients with **Income ≤200% Federal Poverty Guidelines**[2]	28.9%
Patients with **Medicaid as their Principal Medical Insurance**	81.7%

[1]Based on patients with known race and/or ethnicity, [2]Based on patients of known income

Community Healthcare Board Clinical Quality Improvement Report
Solano County Family Health Services
Month: September 2022

TABLE OF CONTENTS

The below information reflects critical components related to Risk Management & Quality Improvement activities for Family Health Services:

I. CLINICAL QUALITY

Terms Defined

Quality Improvement Program (QIP)- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2022.

QIP Diabetes HbA1c Good Control

Fairfield Adult
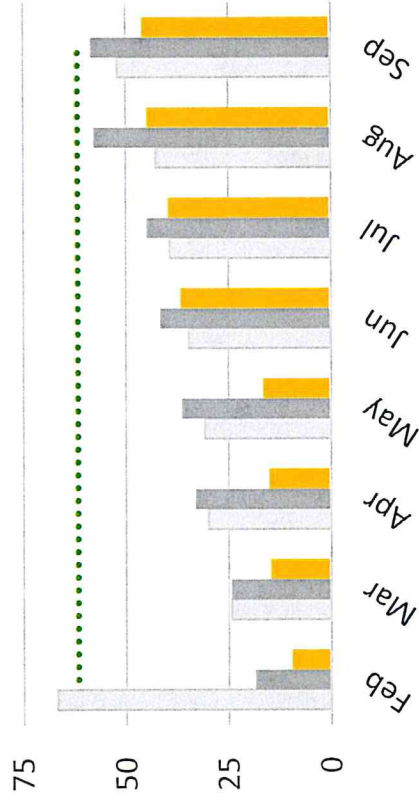
Vacaville
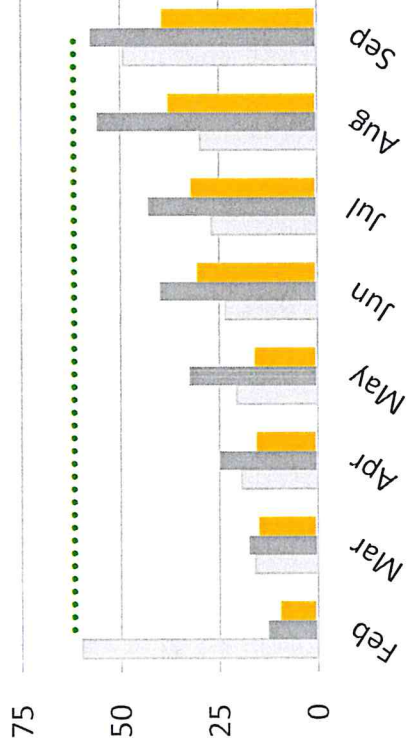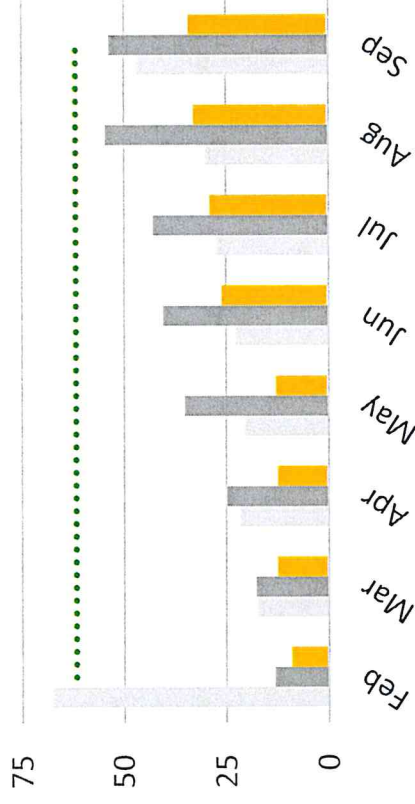
Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	45.88%	+90	61.63%
Vacaville	39.22%	+64	
Vallejo	33.90%	+131	

2020   2021   2022   ...... Target

Note: 1st manual upload of HbA1c readings in October 2022

2

QIP Controlling High Blood Pressure

Fairfield Adult
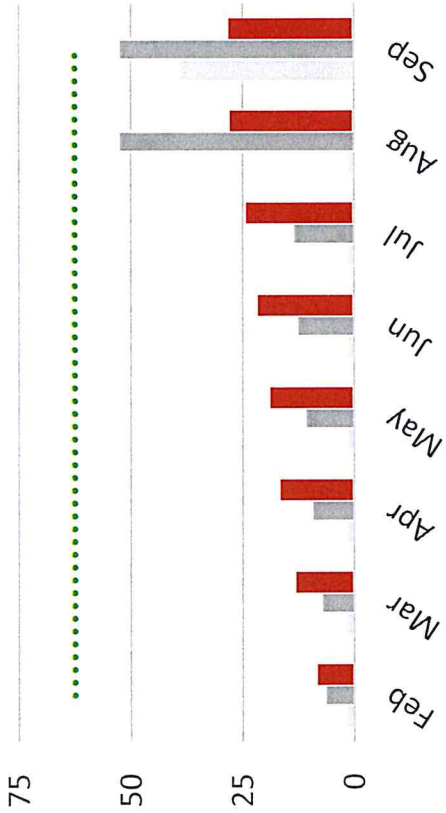
Vacaville
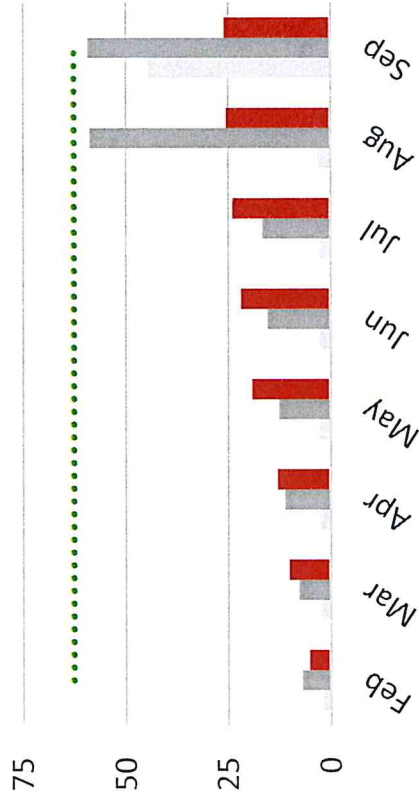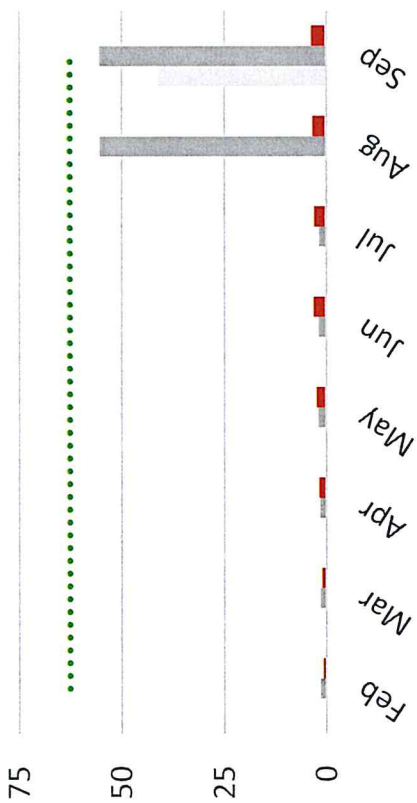
Vallejo

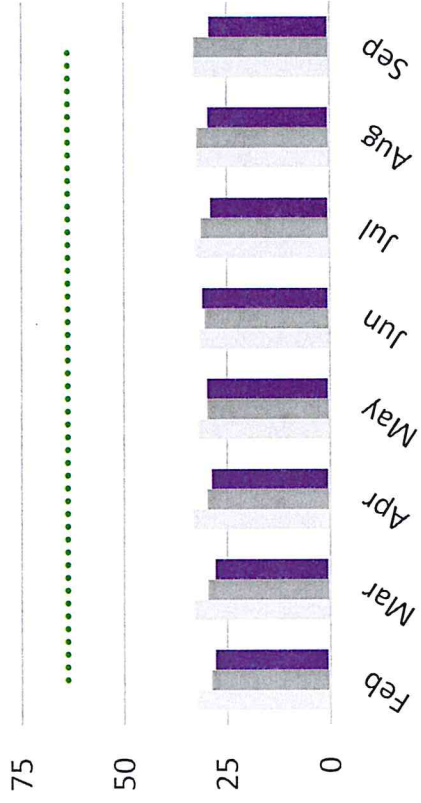| Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	27.89%	+189	62.53%
Vacaville	25.77%	+96	
Vallejo	3.52%	+352	

2020   2021   2022   ••••• Target

Note: 1st manual upload of blood pressure readings in October 2022

3

QIP Cervical Cancer Screening
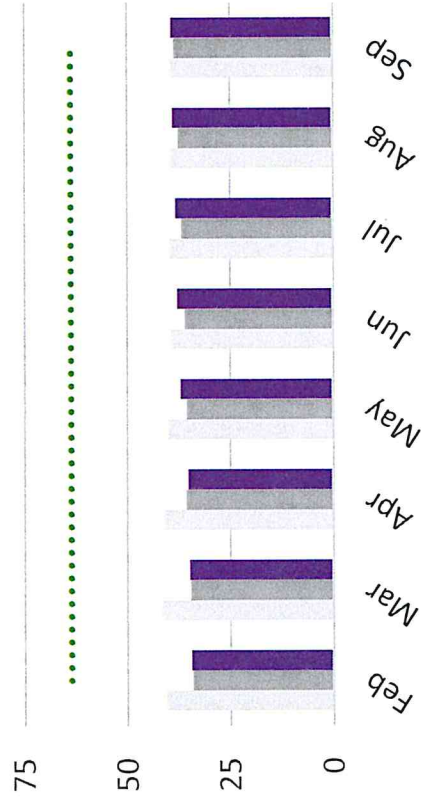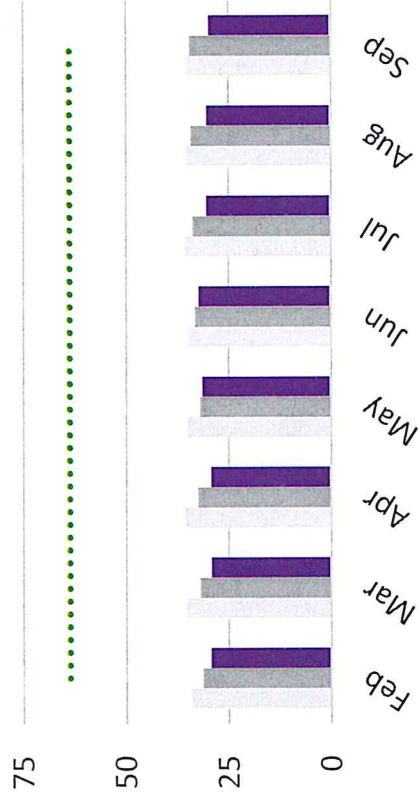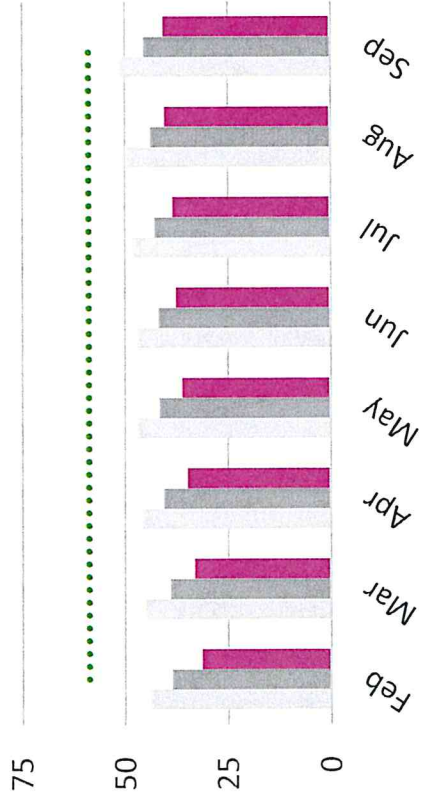
Fairfield Adult

Vacaville

Vallejo

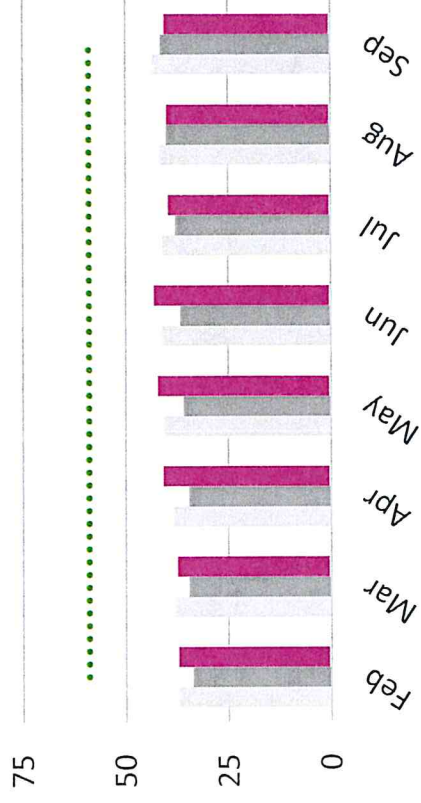| Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	39.12%	+600	63.66%
Vacaville	29.04%	+549	
Vallejo	29.69%	+1,060	

Legend: 2020   2021   2022   ⋯⋯ Target

4

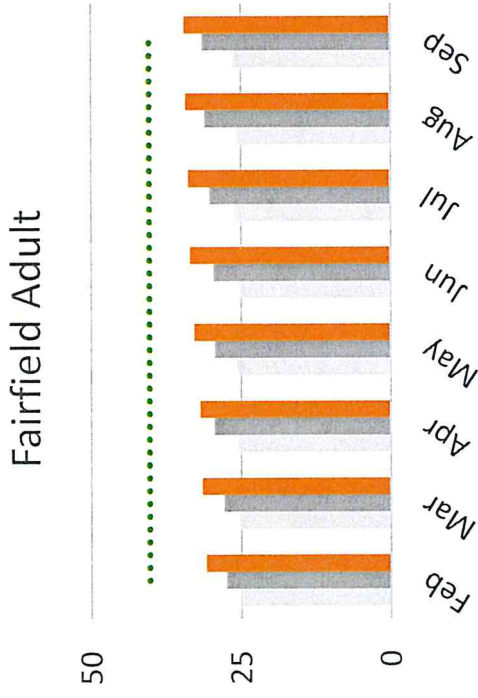# QIP Breast Cancer Screening
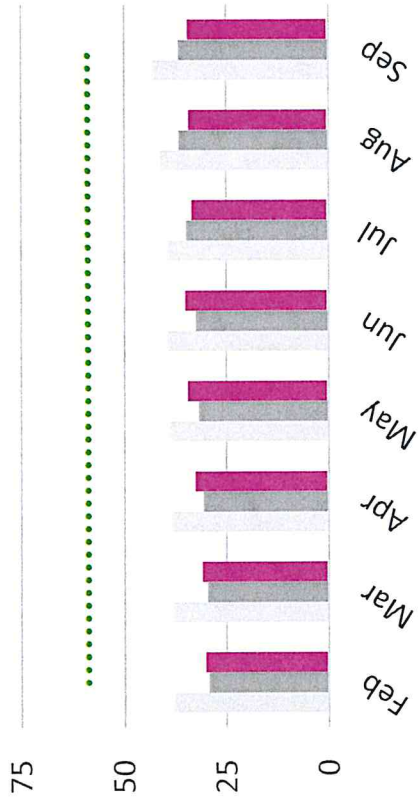
Fairfield Adult

Vacaville
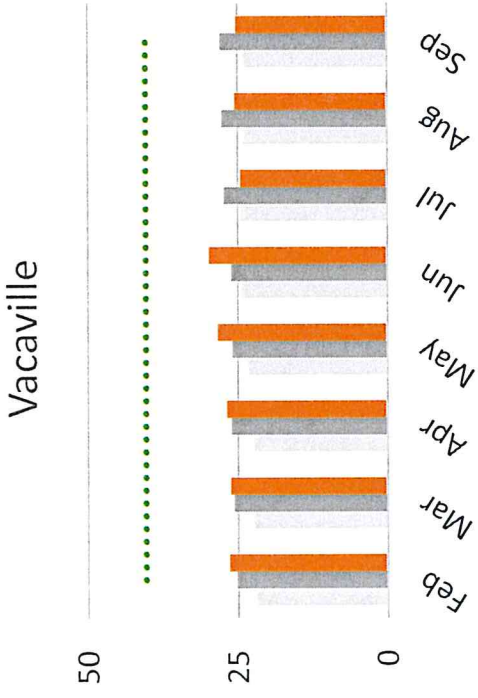

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	40.56%	+123	58.70%
Vacaville	40.36%	+62	
Vallejo	34.25%	+152	

2020   2021   2022   ········ Target

QIP Colorectal Cancer Screening
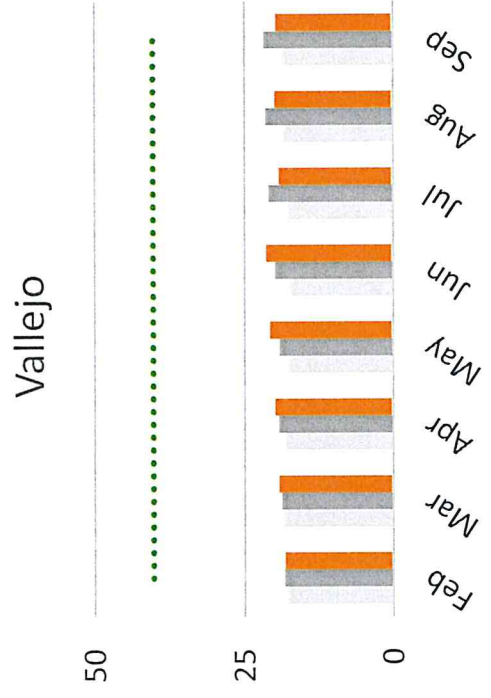
Fairfield Adult

Vacaville

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	34.36%	+93	40.23%
Vacaville	25.17%	+152	
Vallejo	19.57%	+398	

2020   2021   2022   ••••• Target

6

QIP Asthma Medication Ratio
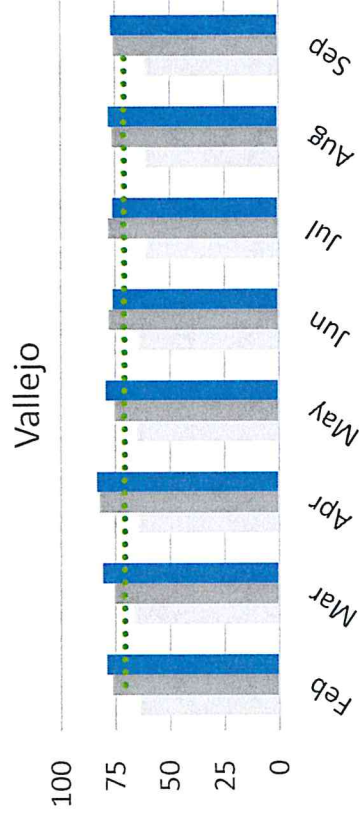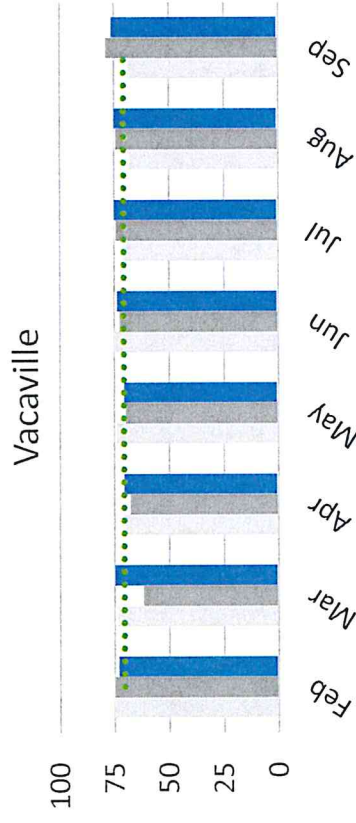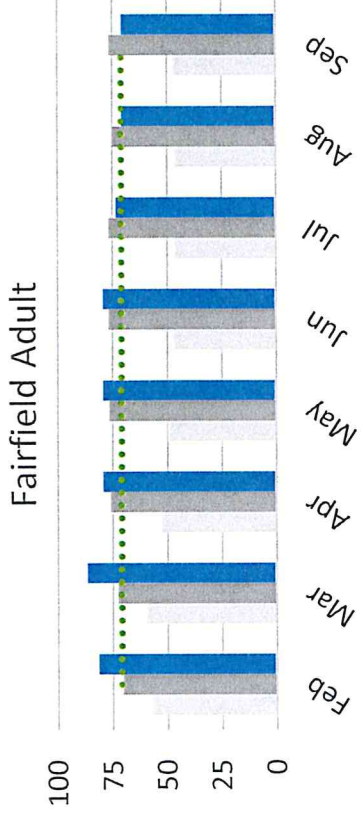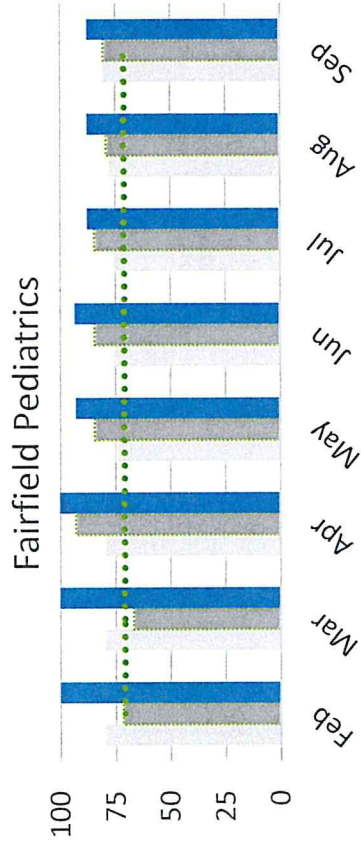
Fairfield Pediatrics

Fairfield Adult

Vacaville

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target		Target Score
Fairfield Pediatrics	87.50%	Target Met (-2)		70.67%
Fairfield Adult	70.37%	+1		
Vacaville	76.19%	Target Met (-1)		
Vallejo	76.67%	Target Met (-1)		

2022   2021   2020   ••••• Target

QIP Well Child First 15 Months

Fairfield Pediatrics
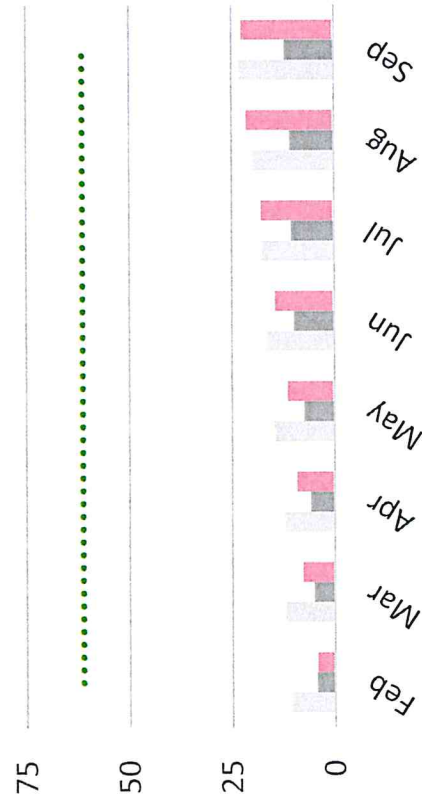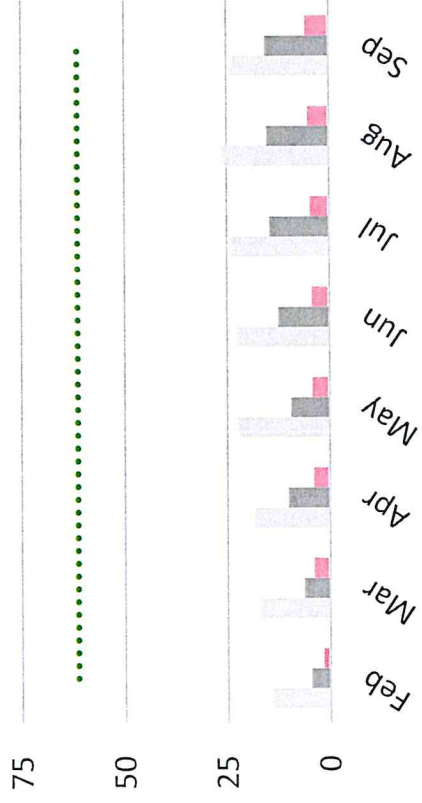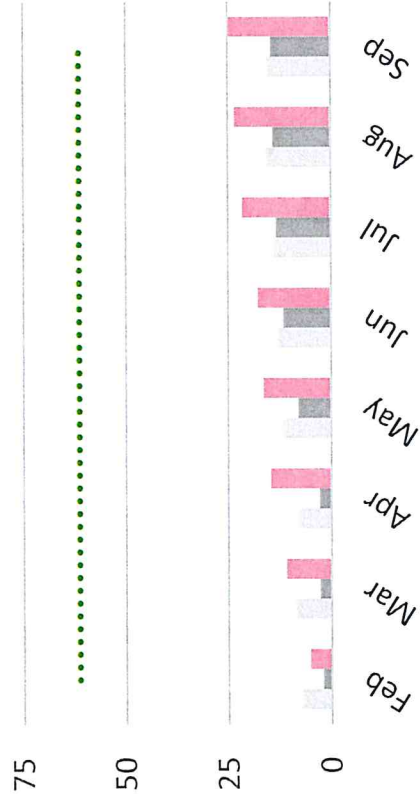
Vacaville

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	22.50%	+47	61.25%
Vacaville	5.71%	+20	
Vallejo	24.69%	+30	

2020　　2021　　2022　　······ Target

QIP Child and Adolescent Well Care Visits
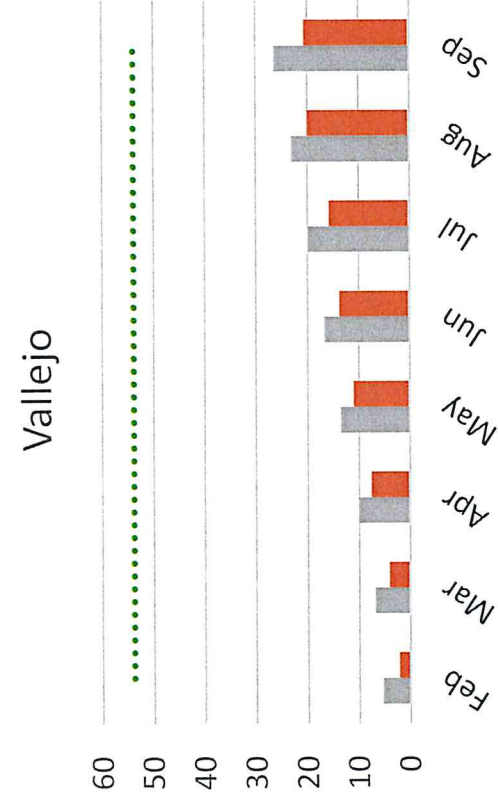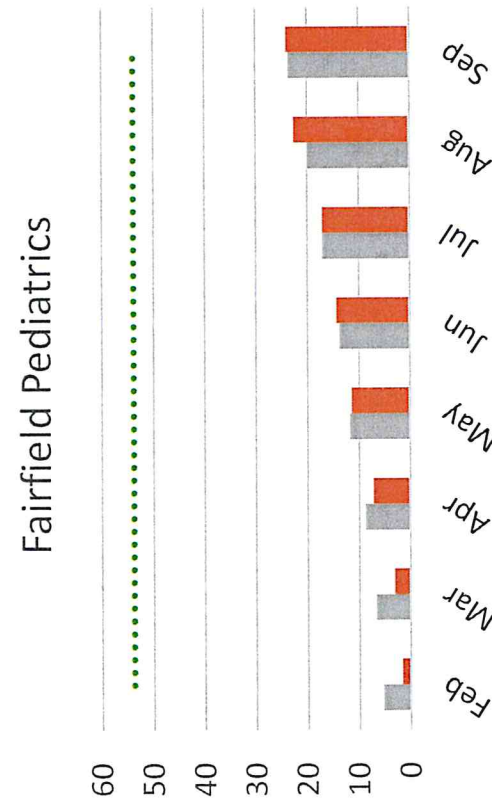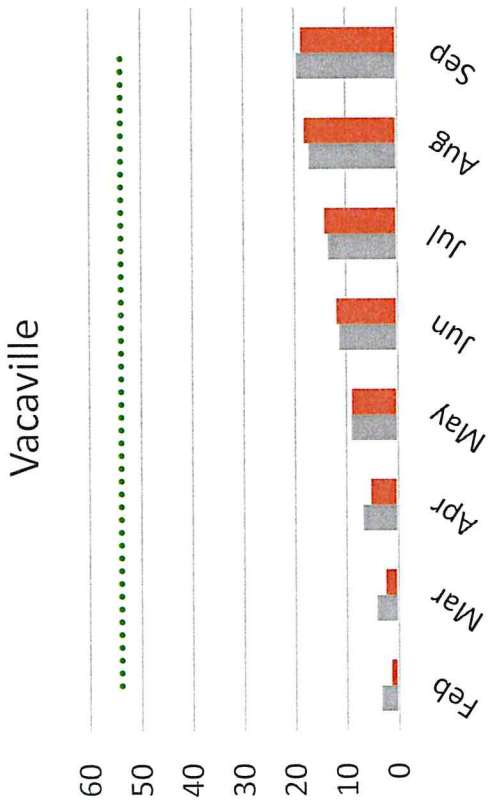
Fairfield Pediatrics

Vacaville

Vallejo

Legend: 2021 ▇ | 2022 ▇ | Target ·······

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	23.91%	+1,098	53.83%
Vacaville	18.63%	+509	
Vallejo	20.52%	+1,095	

Note: New measure in 2021

9

QIP Childhood Immunizations
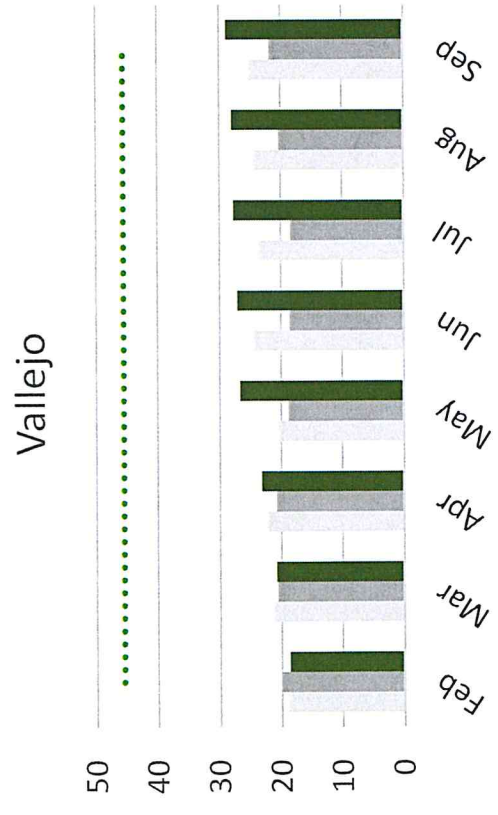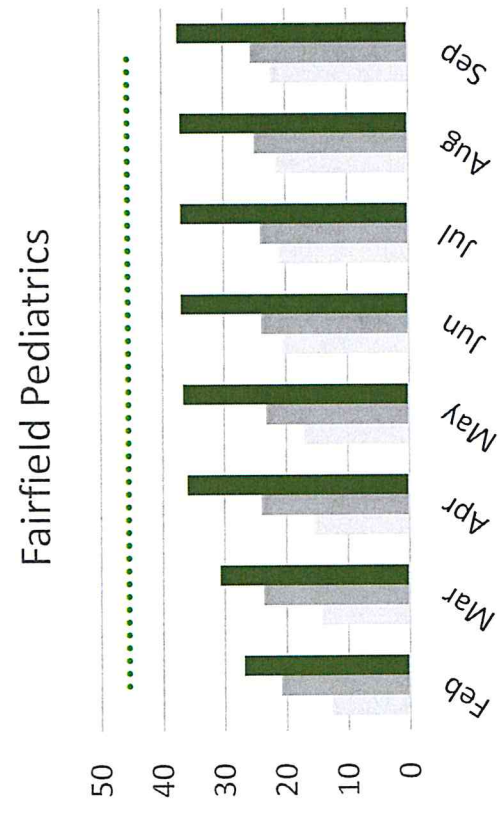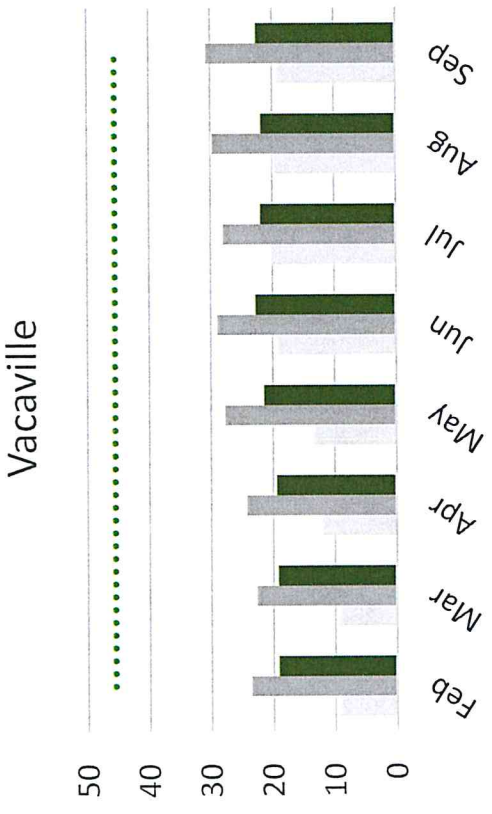
Fairfield Pediatrics

Vacaville

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	37.39%	+19	45.50%
Vacaville	22.55%	+24	
Vallejo	28.77%	+37	

2020   2021   2022   ······ Target

QIP Adolescent Immunizations

Fairfield Pediatrics
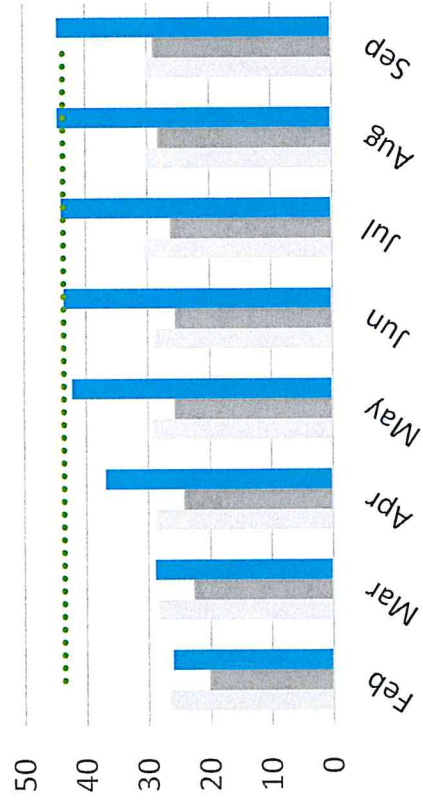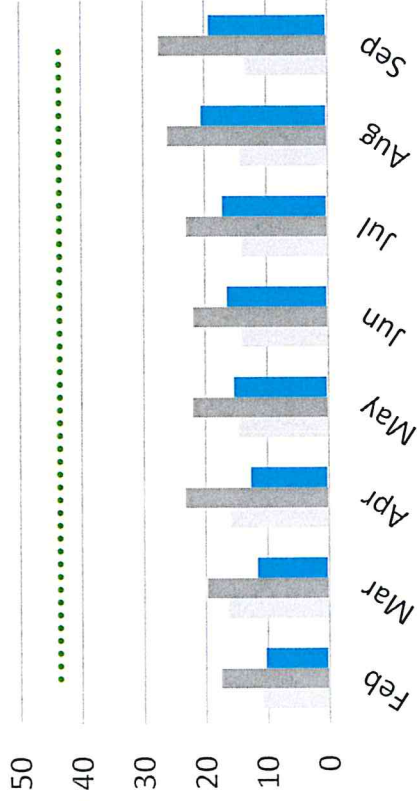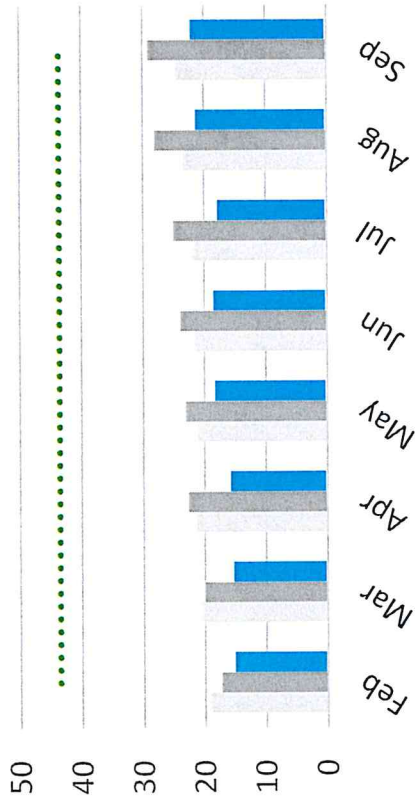
Vacaville

Vallejo

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	44.44%	Target Met (-2)	43.55%
Vacaville	19.15%	+23	
Vallejo	22.02%	+47	

2020   2021   2022   ...... Target

11

QIP Counseling for Nutrition for Children/Adolescents
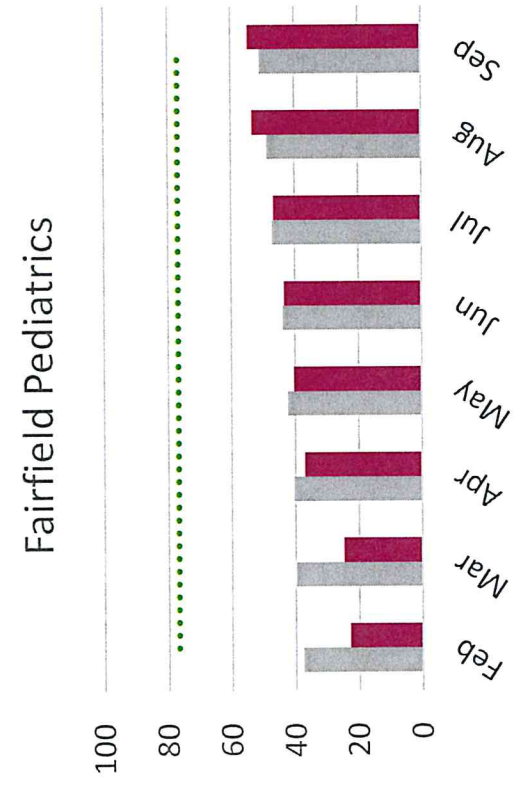
Fairfield Pediatrics

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	54.50%	+327	76.64%

QIP Counseling for Physical Activity for Children/Adolescents

Fairfield Pediatrics

Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	53.69%	+283	72.81%

2021 2022 ······ Target

Note: New measure in 2021

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MEMORANDUM

To: Family Health Services Community Healthcare Board

From: Dona Weissenfels, Clinic Operations Officer

Date: September 8, 2022

Subject: QI/QA Biannual Evaluation

To: Family Health Services Community Healthcare Board Members:

Introduction
The Family Health Services (FHS) Quality Improvement/Quality Assurance Plan is established to ensure that FHS carries out the commitment to patient care and safety while concurrently implementing plan for the improvement of the health of its members and delivery of services. The QI/QA Plan is supervised by the Chief Medical Officer (CMO) and is designed to align with FHS strategic plan. The focus of the FHS QI/QA Plan is to deliver high quality patient care.

Program Overview
FHS' QI/QA Plan applies to all clinical and operational activities. The scope of the QI/QA Plan is over-reaching and meant to serve as a guide to all QA/QI work across the organization. This document focuses on the following:

- Meeting all requirements of the QI/QA Plan required by HRSA for all 330 clinics as a program requirement
- Setting guidelines for the quality structure within the organization
- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes
- Patient safety, including adverse events
- Addressing quality assurance requirements from government agencies
- Reporting on quality data as required by contracts (example: managed care organizations)
- Describing key initiatives
- Addressing findings identified by FHS through audits and assessments

Community Health Board Responsibilities QI/QA Plan
The FHS QI/QA Plan is reviewed biennially and modified as required in collaboration with the QI/QA Committee, Board, and Leadership Team. The Plan is approved by the Community Healthcare Board of Directors. The Community Healthcare Board ensures, via reports from the QI/QA Committee and CMO that systems are in place to measure the quality of care indicators

including patient satisfaction, access to care, quality of clinical care, health status of patients, and productivity. The Community Healthcare Board has ultimate oversight in establishing and maintaining the QI/QA Program.

Evaluation Tool

Attached to this Memorandum is a copy of the QI/QA Plan Checklist and Self-Assessment Tool 2022. The tool is used to evaluate the effectiveness of the QI/QA Plan. The Tool is broken down into the following areas for review,

Element 1: The Written QI/QA Plan
Element 2: QI/QA Plan Structure and Participant Responsibilities
Element 3: Data Gathering, Tracking, Trending, Analysis, Monitoring, Protected Reviews
Element 4: QI/QA Activities
Element 5: QI/QA Supporting Documents – Health Center Protocol Document Checklist

Findings:

A copy of the completed Evaluation Tool is attached to this Memorandum for Review. A summary of the findings are as follows:

Element 1: The Written QI/QA Plan
Present: All elements were present, 1.1, 1.2, 1.3, 1.5
Not Present: 1.4, The QI/QA plan and implementation strategy are reviewed and updated biennially by the QI/QA Committee. Major revisions to the plan are submitted to the Board for approval.
Minutes of changes during the span of the most current QI/QA Plan are not present. Committee work was impacted by the pandemic, resulting in less documentation and assurance that items were sent to the CHB for review/approval.
Corrective Action: Build into the QI/QA Committee process a workflow to ensure major changes are sent to the CHB for review/approval.

Element 2: QI/QA Plan Structure and Participant Responsibilities
Present: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9

Element 3: Data Gathering, Tracking, Trending, Analysis, Monitoring, Protected Reviews
Present: 3.2, 3.3, 3.4, 3.5, 3.6, 3.7
Not Present: 3.1, Protected periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by FHS is completed.
Corrective Action: QI/QA Committee defines utilization & quality of services. Develop reporting based on definition for the CHB. Place periodic assessment of utilization/quality on the CHB agenda for review/discussion.

Element 4: QI/QA Activities
Present: 4.1, 4.2, 4.3, 4.4, 4.5

Element 5: QI/QA Supporting Documents – Health Center Protocol Document Checklist
Present: QI/QA report generation and oversight
Not Present: Policies and Procedures that address Quality, Patient Safety, Grievances, QI Assessments
Corrective Action: Review of existing documentation. Create policies and procedures to address deficient areas/supporting documentation.

Overall Recommendations:
Foundationally the QI/QA Program in intact. Of heightened concern moving forward is the staffing levels for Quality. There is an urgent need to hire a Quality Manager to ensure compliance of the program. Special emphasis on policies and procedures to accompany the programs outlined in the QI/QA Plan must be addressed before the next Operations Site Visit (OSV).

QI/QA Plan Checklist and Self-Assessment Tool 2022
Family Health Services – Solano County

ELEMENT 1: The Written QI/QA Plan

1.1 The center has a written quality improvement (QI) quality assurance (QA) plan or program and a companion implementation strategy to systematically improve health care delivery and health outcomes for patients serviced by the health center. The scope of the QI/QA plan and strategy is organization wide.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

1.2 The QI/QA plan is anchored by a statement of purpose that delineates specific quality improvement aims and priorities for the health center. The statement of purpose also informs the plan's strategy for creating a system to track, trend, and evaluate data and generate reports on clinical and operational quality indicators.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

1.3 The QI/QA plan and implementation strategy are reviewed and approved by the board at least every three years as evidenced by the date of the governing board attestation/minutes.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

1.4 The QI/QA plan and implementation strategy are reviewed and updated annually by the QA/QI committee. Major revisions to the plan are submitted to the board for approval.

Present   Not Present ☑

Observations/Comments/Recommendations

Elements not present 1.4. Major revisions to the QI/QA Plan have not systematically been submitted and provided to the CHB for review and approval. The period-of-time during the pandemic disrupted this process of review and reporting.

1.5 The QI/QA plan includes definitions of key quality management terms such as the following:

Present ☑

Quality ☑

Quality Assessment ☑

Quality Improvement ☑

Root-Cause Analysis ☑

Process Improvement ☑

PDSA Cycles ☑

Patient Safety ☑

Patient Grievances ☑

Quadruple AIM ☑

Patient Satisfaction ☑

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

ELEMENT 2: QI/QA Plan Structure and Participant Responsibilities

2.1 The Board of Directors approves the QI/QA plan and implementation strategy and oversees the QI/QA Committee.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.2 The Board of Directors appoints an individual responsible for leading the implementation of the QI/QA plan for the entire organization. This appointee chairs the QI/QA committee. This role should be filled/supervised by a clinical director whose focus of responsibility is to support the QI/QA plan.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.3 The Chair of the QI/QA committee reports to the Board of Directors Quarterly

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.4 The Board of Directors reviews the status and outcomes of quality improvement initiatives at least annually.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.5 The Board of Directors approves the implementation strategy for key quality improvement initiatives identified by the QI/QA Committee.

Key quality improvement initiatives/strategies are identified by the QI/QA and implemented.

The QI/QA Chair in conjunction with the QI/QA committee or quality subgroup identifies additional areas to study and analyze for future quality improvement initiatives/strategies.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.6 The Chair (appointed by the Board of Directors) selects a QI/QA Committee that is multidisciplinary and represents different divisions within the organization.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.7 The QI/QA committee reports directly to the Chair.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

2.8 The QI/QA Committee oversees the daily QI/QA activities and is empowered by the Board of Directors to assign tasks as needed to health center staff (e.g. data collections, documentation).

Present ☑   Not Present

Observations/Comments/Recommendations

2.9 The QI/QA Committee meets at least six times per year.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

ELEMENT 3: Data Gathering, Tracking, Trending, Analysis, Monitoring; Protected Reviews

3.1 Protected periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by FHS is completed.

Present   Not Present ☑

Observations/Comments/Recommendations

Not present: 3.1 Protected periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by FHS is incomplete.

Corrective Action: QI/QA Committee defines utilization & quality of services. Develop reporting based on definition for the CHB. Place periodic assessment of utilization/quality on the CHB agenda for review/discussion/decision.

3.2 The QI/QA Chair and Committee have the authority to direct health center staff, including providers on gathering data

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.3 The QI/QA Chair and Committee have the authority to ensure that data is appropriately entered into patient records/documentation.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.4 The QI/QA Chair and Committee develop systems for:

Continuous problem identification and analysis through defined methodologies, PDSA etc.

Comprehensive data collection & analysis.

Corrective action plans.

Tracking, trending, monitoring patient information which may include testing results and or missing or irregular data.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.5 Collected data is reported to the QI/QA Committee for analysis, discussion and action.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.6 Data is systematically collected, tracked, trended, displayed and analyzed to identify trends, patterns and performance levels.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.7 The QI/QA Chair and Committee review and analyze the data collected using national evidence based quality standards and metrics. Includes Joint Commission, UDS, HEDIS, And Patient Centered Health Homes etc.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

3.8 The Chair of the QI/QA Committee reports no less than quarterly to the Board of Directors on trends and patterns in the organization, the status of current quality initiatives and recommendations for action steps needed to address pressing concerns that have surfaced during the quarterly reporting period.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

ELEMENT 4: QI/QA Activities

4.1 Based on dashboard data and analysis topics for QI/QA may include a range of clinical and operational activities deemed to be in the best interest of the patients at FHS.

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

4.2 Predetermined evidence-based measures of quality are used to monitor each selected subject area. These may include measures such as:

UDS Data Set ☑

QIP/HEDIS ☑

Joint Commission N/A

Patient Centered Medical Health Home N/A

Local and National Quality Benchmarks N/A

Present ☑　　　　　　　Not Present

Observations/Comments/Recommendations: No Comments

4.3 Short-term projects address issues identified on the QI/QA Dashboards and make initial evaluations.

Present ☑　　　　　　　Not Present

Observations/Comments/Recommendations: No Comments

4.4 Long term projects are undertaken to improve operations, safety, and quality of care and health outcomes for patients.

Present ☑　　　　　　　Not Present

Observations/Comments/Recommendations: No Comments

4.5 The Model for Improvement or similar quality improvement methodologies are used to frame, design and implement short and long-term projects (includes Plan, Do, Study, Act (PDSA cycles) and other quality methodologies).

Present ☑   Not Present

Observations/Comments/Recommendations: No Comments

ELEMENT 5 – QI/QA Supporting Documents – Health Center Protocol Document Checklist

5 Documents that support HRSA QI/QA Program (OSV Audits)

Policies that establish the Quality Improvement/Quality Assurance (QI/QA) program

QI/QA related operating procedures or processes that address:

- o   Clinical guidelines, standards of care and/or standards of practice
- o   Patient safety and adverse events, including implementation of follow-up actions
- o   Patient Satisfaction
- o   Patient Grievances
- o   Periodic QI/QA assessments
- o   QI/QA report generation and oversight

Present   Not Present ☑

Policies and Procedures that address Quality, Patient Safety, Grievances and QI Assessments missing or partially in place. Not reviewed systematically by the CHB for approval.

Corrective Action: Review of existing documentation. Create policies and procedures to address deficient areas/supporting documentation and practices. Present finished documentation to the CHB and establish an annual cycle for review.

Systems and/or procedures for maintaining and monitoring the confidentiality, privacy, and security of patient records

Present ☑   Not Present

Sample Documentation requested during the OSV
Sample of patient satisfaction results
Sample of two QI/QA assessments from the past year and/or the related reports

QI/QA Plan Checklist and Self-Assessment Tool 2022
Family Health Services – Solano County

Will Review in depth with GFA 2022/2023 to ensure compliance. Several areas are present, but need improvement or revision noted below.

Section 330(k)(3)(C) of the PHS Act; and 42 CFR 51c.110, 42 CFR 51c.303(b), 42 CFR 51c.303(c), 42 CFR 51c.304(d)(3)(iv-vi), 42 CFR 56.111, 42 CFR 56.303(b), 42 CFR 56.303(c), and 42 CFR 56.304(d)(4)(v-vii)

Requirements

- The health center must have an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and [clinical] management and maintains the confidentiality of patient records.

  - **Present** ☑　　　　　　**Not Present**

- The health center's ongoing QI/QA system must provide for all of the following:

  - Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high quality patient care; and

  - Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Such assessments must:

    - Be conducted by physicians or by other licensed health professionals under the supervision of physicians;

    - Be based on the systematic collection and evaluation of patient records;

    - Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and (needs improvement)

    - Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

  - **Present** ☑　　　　　　**Not Present**

- The health center must maintain the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, the health center must not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of HHS or his/her designee with appropriate safeguards for confidentiality of patient records.

QI/QA Plan Checklist and Self-Assessment Tool 2022
Family Health Services – Solano County

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- The health center has a board-approved policy/policies that establishes a QI/QA program. This QI/QA program addresses the following:

    o The quality and utilization of health center services;

    o Patient satisfaction and patient grievance processes; and (needs improvement)

    o Patient safety, including adverse events.

- Present ☑   Not Present

- The health center designates an individual(s) to oversee the QI/QA program established by board-approved policies. This individual's responsibilities would include, but would not be limited to, ensuring the implementation of QI/QA operating procedures and related assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures.

- The health center has operating procedures or processes that address all of the following:

    o Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;

    o Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary; (needs improvement)

    o Assessing patient satisfaction; (needs improvement)

    o Hearing and resolving patient grievances; (needs improvement)

    o Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and (needs improvement)

    o Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services. (needs improvement)

- Present ☑   Not Present

Many elements present, however in need of additional review and strengthening. Developed last OSV and then left untouched. Must review and assess compliance.

QI/QA Plan Checklist and Self-Assessment Tool 2022
Family Health Services – Solano County

- The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:

    o Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and

    o The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

    - Present ☑   Not Present

- The health center maintains a retrievable health record (for example, the health center has implemented a certified Electronic Health Record (EHR) for each patient, the format and content of which is consistent with both Federal and state laws and requirements.

    - Present ☑   Not Present

- The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements.

    - Present ☑   Not Present

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines whether the position designated with responsibility for the QI/QA program (for example, Clinical Director, QI Director) is full-time, part-time, or combined with another position, and whether it is filled by an employee or via contract.
    - Present ☑   Not Present

- The health center determines whether the position designated with responsibility for the QI/QA program is filled by a physician, other licensed health care professional (for example, registered nurse, nurse practitioner), or other qualified individual (for example, an individual with a Master of Public Health or a Master of Healthcare Administration).

    - Present ☑   Not Present

- The health center determines which QI/QA methodologies to use.

    - Present ☑   Not Present

QI/QA Plan Checklist and Self-Assessment Tool 2022
Family Health Services – Solano County

- The health center determines the type of patient health record system that it will use.
  - Present ☑   Not Present

- The health center determines the format, content, and focus of QI/QA reports.
  - Present ☑   Not Present

MEETING *the* MOMENT
Moving Toward A Healthy Horizon
Sacramento, CA
Safe Credit Union Convention Center

October 27-28

CALIFORNIA PRIMARY CARE ASSOCIATION
2022 ANNUAL CONFERENCE

THURSDAY, OCTOBER 27, 2022

7:30 – 9:00 AM **REGISTRATION / CHECK-IN**
West Lobby (Level 1)

7:30 – 9:00 AM **CONTINENTAL BREAKFAST / EXHIBITOR NETWORKING**
Exhibit Hall A

9:00 – 10:30 AM **WELCOME, LAND ACKNOWLEDGEMENT & GENERAL SESSION**
Exhibit Hall B

10:30 – 10:45 AM **BREAK & EXHIBITOR NETWORKING**
Exhibit Hall A

10:45 AM – 12:15 PM **BREAKOUT SESSIONS**

Statewide Policy Updates on Behavioral Health & Primary Care Integration *(A4-A6)*
This roundtable session will focus on policy hot topics in key domains relevant to primary care and behavioral health integration: CalAIM, workforce, and telehealth. Speakers represent primary care and behavioral health associations collaborating through the pioneering Delta Center California (DCC) initiative. DCC aims to accelerate care improvement and integration through state policy solutions and local practice change. Ultimately, DCC intends to promote a care system that better meets the goals and needs of individuals and families while also centering racial equity and lived expertise.

> ***Speakers:***
> *Allie Budenz, MPA, Deputy Director of Quality Assurance, CPCA*
> *Adrienne Shilton, Director of Public Policy, California Alliance for Children and Families*
> *Bambi Cisneros, Assistant Deputy Director Managed Care Health Care Delivery Systems, Department of Health Care Services*
> *Erika Cristo, Assistant Deputy Director - Community Services & Licensing and Certification, Behavioral Health, Department of Health Care Services*
> ***Moderator:*** *Rachel Tobey, Director, JSI California*

Sustaining and Innovating Dental Programs in FQHCs (A2-A3)
Learn strategies to sustain, innovate, and expand dental programs at your health center.

> *Speakers:*
> *Brianna Pittman, California Dental Association*
> *Dr. Ariane Terlet, DDS, Chief Dental Officer, La Clinica de la Raza*
> *Dr. Yogita Thakur DDS, MS, Chief Dental Officer, Ravenswood Family Health Center*

Powered by the Sun:
Benefits of Solar Powered Microgrids for Resiliency and Financial Savings (A7-A8)
Throughout California, years of record-breaking fires, floods, and high wind events have led to increasing power shutoffs, leaving hundreds of critical health facilities without power for days on end. This can lead to impacts on patient care as well as loss of financial resources. In this session, participants will learn how a solar + battery microgrid works; explore the cost-benefit analysis; new rules and rebates, incentives, federal energy equity initiatives and financing options. It will also review the firsthand experience of a CA health center's efforts to achieve resiliency during outage.

Speakers:

> *Amanda Carbajal, MPH, Associate Director of Health Center Operations, CPCA*
> *Andrew Macalla, Health Resiliency Advisor, Direct Relief*
> *Mitesh Popat, CEO, Marin Community Clinics*
> *Rebecca Regan, CEO, Capital Link*

Improve Workforce Culture through Self and Collective Care (A9-A11)
Session to discuss the challenge of workplace burnout and analyze how leaders can improve organizational culture by focusing on building racial equity and practicing self and collective care by all members of staff. Session will discuss how leaders can improve team dynamics, including addressing power dynamics and justice, equity, diversity, and inclusion in the workplace, build trust, and foster high performance. We will discuss how health center leaders can focus on self-care and shifting culture to build a high performing, diverse, and inclusive workforce.

> *Speakers:*
> *Michelle Fernández Gabilondo, DSW, MSW, Associate Director of Workforce Development, Association of Clinicians for the Underserved*
> *Helen Rhea Vernier, MSc, Training Specialist, Association of Clinicians for the Underserved*
> *Christy Ward, CEO, Share Our Selves*

12:15 – 12:45 PM	**LUNCH** *Exhibit Hall B*	
12:45 – 2:30 PM	**AWARDS & GENERAL SESSION** *Exhibit Hall B*	
2:30 – 3:00 PM	**EXHIBITOR NETWORKING** *Exhibit Hall A*	

3:00 – 4:30PM   **BREAKOUT SESSIONS**

Building Healthy Communities through Advocacy and Leadership *(A4-A6)*
In Fall 2020, AltaMed implemented the Advocacy and Leadership Academy, a 5-module training for community stakeholders to enhance their public speaking skills and understanding of the legislative process in order to become active participants in their Community Health Center's advocacy efforts. The goal of this program is to give patients, employees, and community members the opportunity to sharpen their skills by giving them the tools to advocate for their community and their Health Centers.

> *Speakers:*
> *Rolando Chavez, MPA, Senior Policy Analyst, AltaMed Health Services*
> *Berenice Nuñez Constant, SVP Government Relations & Civic Engagement, AltaMed Health Services*
> *Colleen Rivas, Consultant, AltaMed Health Services*

To Thrive in CalAIM, We Need an APM *(A2-A3)*
CalAIM is DHCS' transformation of Medi-Cal into a system that values whole-person care, access to social determinates of health, and customized intensive services for complex and vulnerable populations. Often, CHCs lament not having enough flexibility to provide value-based care, like CalAIM demands of providers in the system. We will deconstruct how an APM will afford participating FQHCs the flexibility to deliver care in effective and innovative ways not reimbursed under volume-based PPS. And, how this value-based approach aligns with success in the Medi-Cal delivery system of the future.

> *Speakers:*
> *Allie Budenz, MPA, Deputy Director of Quality Assurance, CPCA*
> *Aleida Kasir, Care Neighborhood Clinical Program Manager, Community Health Center Network*
> *Jessica King, Principal Consultant, Elevation Health Partners*
> *Laura Miller, Department of Health Care Services*
> *Andie Martinez Patterson, CEO, Alameda Health Consortium/Community Health Center Network*

Utilizing Lapse Detection to Increase Revenue *(A7-A8)*
Patient coverage statuses change constantly and EMR systems are not set up to regularly monitor these coverage events. The result? A reduction in covered patients and missed billing opportunities. With approximately 5% of patients dropping from public coverage every month, if your clinic isn't actively tracking these drops, you may be leaving a lot of money on the table. In this session, we will discuss how your organization can approach this problem and work effectively to ensure the most revenue for your clinic, all while providing the best experience for your patients.

> *Speakers:*
> *Everett Lebherz, Chief Executive Officer, PointCare*
> *TBD, Health Center*

Business Continuity Planning in Emergency Management *(A9-A11)*
Innovative partnerships between community health centers and academic institutions are revolutionizing the training, recruitment and retention of health professionals in underserved communities. Learn how a community health center partnered with MD and PA programs to create a direct pipeline for local students to become the future health care leaders of their community. Gain an understanding of these training models to brainstorm how you can establish similar partnerships with your local institutions and work with them to transform your health center workforce.

> *Speakers:*
> *Nora O'Brien, MPA, CEM, Chief Executive Officer, Connect Consulting Services*
> *Brenda Smith, MPH, CHEP, Program Manager II EOC/EM, Northeast Valley Health Corporation*

4:30 – 7:00 PM   **RECEPTION & EXHIBITOR PRIZE DRAWINGS**
Exhibit Hall A

7:30 – 8:30 AM   **BREAKFAST & EXHIBITOR NETWORKING**
Exhibit Hall A

8:30 – 10:00 AM   BREAKOUT SESSIONS

Abortion Access and the Role of the FQHC *(A4-A6)*
This year, the U.S. Supreme Court is reviewing a direct challenge to the long-standing legal protections of abortion services under Roe v. Wade. Should the Court overturn Roe or allow a pre-viability ban to remain in place, people in over half of the states in the country will lose access to abortion care.

Many FQHCs have long operated under the assumption that the Hyde Amendment prohibits community health centers from providing abortion services. But this session will explore ways in which FQHCs in California can compliantly combat the threat to abortion rights and access nationwide. A health center panelist will present their experiences providing abortion care with practical examples.

> ***Speakers:***
> *Deborah Rotenberg, Shareholder and Chief Executive Officer, DJR Garcia*

Clinical and Care Mini Sessions
Join your colleagues in a more informal setting for these mini sessions and share best practices, challenges, and solutions in a facilitated peer-to-peer discussion. These shorter sessions will provide opportunities for both learning and networking thanks to their interactive and conversational format.

8:30 – 9:10AM	
Achieving Statewide Data Sharing for Community Health Center Advocacy	**Advancing Health Equity in Primary Care**
Advocating on behalf of CHCs with up-to-date data is crucial when telling the story of health centers. CPCA, in partnership with the Health Center Controlled Networks (HCCNs) and CHCs engaged in a data sharing collaborative to assist with reporting current data to decision makers at the state capitol. In this session you will hear from all partners and learn the strategies used to partner and engage in data sharing for advocacy. Participants will hear lessons learned and best practices on statewide level data sharing between all stakeholders. *(Meeting Room 1)*	The CA Improvement Network is focused on effectively integrating equity into health care improvement projects. In partnership with HealthBegins, CIN published "A Toolkit to Advance Racial Health Equity in Primary Care Improvement", to help organizations that provide, pay for, or support primary care to center racial equity in improvement efforts. This session will review how CIN leaders came together to develop the toolkit, what concrete opportunities, recommendations, and resources exist to advance racial health equity, and how these concrete strategies integrate into the practice level. *(A2-A3)*
Fernan Caparas, Chief Technology Officer, BlueNovo	
Danielle Oryn M.D., Chief Medical Officer, Redwood Community Health Coalition	**Rishi Manchanda, CEO, HealthBegins*
Cindy Keltner, Director of Care Transformation, California Primary Care Association	

9:20 – 10:00AM	
Patient Access to Medicines How health centers can pivot post 340B transition. *(Meeting Room 1)* *TBD*	**Challenges to Addressing Methamphetamine Use for Primary Care** The opioid epidemic has evolved into a combined stimulant epidemic, with escalating stimulant and fentanyl-related overdose deaths. The proposed workshop will describe the current use of stimulants (cocaine and methamphetamine) and fentanyl across California. We will evaluate the health conditions presented in primary care by individuals who use stimulants and fentanyl, and the strategies for addressing use. Finally, we will describe a toolkit initiative addressing substance use that aims to better prepare and support practitioners working in community health settings across California. *(A2-A3)* *Candy Jorteg, MD, Chief Medical Officer, Humboldt Independent Practice Association* *Sherry Larkins, PhD, Medical Sociologist, UCLA* *Richard Rawson, PhD, Research Psychologist, UCLA*

How to Leverage Federal Grants to Grow Your Mission and Programs *(A7-A8)*

Join Angie Buckingham Melton, Vice-President in the Nonprofit Practice at McAllister & Quinn, for an informative discussion of federal grants. She will discuss the different types of HHS grants available for health centers, how health centers can prepare for grant applications, and tips for successful submissions. Angie will also discuss Congressional Community Project Funding (formerly called earmarks) and how this type of funding is similar to and different from federal grants.

> *Speakers:*
> *Angie Melton, JD, Vice-President, McAllister & Quinn*
> *CAPT Sheila Pradia-Williams, R.Ph, MBA, Bureau of Health Workforce Health Resources and Services Administration*

Lessons Learned in CalAIM:
How Health Plans are Collaborating to Serve Our Most Vulnerable Patients *(A9-A11)*

This panel discussion will dig into developments within the Medi-Cal program that impact how Managed Care Plans, delegated entities, and health centers care for the comprehensive health of their patient populations. Specifically, the panelist will discuss the impact of Managed Care procurement, alternative payment methodology, CalAIM initiatives and the special terms and conditions on the delegated model of Medi-Cal.

> *Speakers:*
> *Cordia Losh, Chief Strategy Officer, Wellspace Health*
> *Sabra Matovksy, Chief Executive Officer, Health Care LA IPA*
> *Robert Moore, MD, MPH, MBA, Chief Medical Officer, Health Services Department*
> *Martha Santana-Chin, MediCal President, HealthNet*

10:00 – 10:15 AM   BREAK & EXHIBITOR NETWORKING

10:15 – 11:45 AM   BREAKOUT SESSIONS

Policy Hot Topics *(A4-A6)*
Moderated panel discussion on policy hot topics.

> ***Speakers:*** *TBD*

Transformation Efforts toward Value Based Care with Alternative Payment Model: Lessons Learned *(A2-A3)*
Value Based Care initiatives will lead to the provision of quality health care for the patient's community health centers (CHCs) serve. CPCA developed a Cohort 0 collaborative that convened 14 health centers to work in partnership on being successful in the APM. Participants received a transparent data profile with metrics that showed individual CHC scores. The profile was used to identify colleagues in which CHCs could use as a resource. This session will highlight how Cohort 0 CHCs have collaborated to lead them at being successful in the APM leading to Value Based Care.

> ***Speakers:***
> *Cynthia Keltner, Director of Care Transformation, CPCA*
> *Yui Nishiike, Family Nurse Practitioner, LifeLong Medical Care*
> *Debra Rosen, Director of Quality & Health Education, Northeast Valley Health Corporation*

Surviving the Great Resignation *(A7-A8)*
In this session, the presenter will discuss key drivers of resignation - individuals leaving the workforce – including early retirement, lack of childcare, and alternative sources of income besides working. They will discuss how to identify signs of staffing issues in the health center, and their impact. There will be a discussion on whether minimum wage matters anymore, evaluating possibilities for remote work, and re-orienting health center finances to staffing realities. Lastly, we will discuss the difficult 2023 budget.

> ***Speakers:***
> *Curtis Degenfelder, President, Curt Degenfelder Consulting*
> *Eloisa Perard, President & CEO, QueensCare Health Centers*

Building Community Health Center Capacity to Advance Health Equity *(A9-A11)*
The racial reckoning across the US has heightened our awareness of systemic racism, racial inequities, and the need to build capacity among Community Health Center leadership to advance health equity for Black Indigenous People of Color. During this session, you will hear from a panel of CHC executive leaders and cohort participants who will share their experiences in the Leadership Equity Program and challenges and opportunities in advancing anti-racism and organizational innovations and place-based strategies centered on Justice, Equity, Diversity, and Inclusion (JEDI).

> ***Speakers:***
> *Tracy Mendez, MPP, MPH, Chief Strategic Officer, Redwood Community Health Coalition*
> *Jarrett Nicholson, Manager of Member Services Department, Open Door Community Health Centers*
> *Buddy Orange, Senior Vice President of Justice, Equity, Diversity and Inclusion, CPCA*
> *Magdalena Sunshine Serrano, Director of Behavioral Health and Psychiatry Services, Community Health Centers of the Central Coast*

11:45 AM – 12:15 PM	**LUNCH** *Exhibit Hall B*
12:15 PM	**EXHIBITOR BINGO PRIZE RAFFLE** *Exhibit Hall B*
12:15 – 1:30 PM	**CLOSING KEYNOTE: DR. ESTHER CHOO** *Exhibit Hall B*
1:30 PM	**CONFERENCE CONCLUDES**

EDUCATIONAL SESSION TRACKS:

POLICY & ADVOCACY

CLINICAL & CARE INNOVATIONS

BUSINESS INNOVATIONS

STRATEGIC LEADERSHIP

2022 CPCA Annual Conference

DATE: October 27-28, 2022

Online registration closes at 4:59 p.m. (Pacific) Monday, October 10, 2022.

Visit the [conference webpage](#) for more detailed information.

LOCATION:
Safe Credit Union Convention Center
1400 J Street
Sacramento, CA 95814

FEES
Register online before August 1, 2022 and receive early bird pricing. A $50 savings!
Onsite registrations will be charged an additional $175. All annual conference rates cover the full 2-day conference.
Separate registration is required for user groups and pre-conference events.

CPCA Member	Non-CPCA Member
• Health Center:$875	• Non-Health Center: $1,075
• Community Board Member: $700	• Community Board Member: $875
• Associate: $967.50	

Student
• Full Time: $300*

Proof of COVID vaccine will be required. You can upload a copy of your vaccine card [here](#) after registering.

Students must be able to show proof of current enrollment of at least 12 credit hours at a post-secondary academic institution. If this requirement is not fulfilled, you will be billed the full rate depending upon membership status.

Please note our new cancellation policy listed below effective 11/1/21.

HOW TO REGISTER
In order to register for any CPCA event, you must first be logged in to your account. If you do not have an account, you can create one. If you do not remember your login credentials, please email training@cpca.org. Once logged in, click the **Register** button, answer any questions that appear on the screen and click **Save Responses**. Continue scrolling to the bottom of the page and click **Proceed to Checkout**. Lastly, complete all payment details and click, **Submit**. You will receive one immediate email with a receipt of your order. Subsequent emails will follow with additional details. You can watch our brief registration tutorial video [here](#). If you still have difficulty, please contact training@cpca.org.