

**County of Solano  
Community Healthcare Board  
Regular Meeting**

April 16, 2025  
12:00 pm – 2:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Room Location: Multi-Purpose Room

---

**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE APRIL 16, 2025 AGENDA**

**3) 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.

**REGULAR CALENDAR**

**4) APPROVAL OF MINUTES**

Approval of the March 19, 2025, draft meeting minutes.

**5) CLINIC OPERATIONS REPORTS**

**Written Report submitted?**

- |   |     |
|---|-----|
| a) Staffing Update – Cynthia Coutee                   | YES |
| b) Credentialing Update – Cherry Violanda             | YES |
| c) HRSA Grants Update(s) – Noelle Soto                | YES |
| d) Grievances/Compliments – Pierce Leavell            | YES |
| e) H&SS Compliance – Krista McBride                   | YES |
| f) Finance & Revenue Cycle Management – Nina Delmendo | YES |
| g) Referrals – Cynthia Coutee                         | YES |
| h) OCHIN EPIC Update(s) – Dona                        | NO  |
| i) QI Update – Han Yoon                               | YES |
| j) FHS Clinic Q-Matic Stats – Noelle Soto             | YES |

**County of Solano  
Community Healthcare Board  
Regular Meeting**

- 6) **CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS**  
Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
  - i) H&SS Compliance Report – Resolution Status
  
- 7) **HRSA PROJECT OFFICER REPORT**
  - a) Health Center HRSA Project Officer Update – Dona Weissenfels
    - i) Health Center Activities – Internal and External Update
    - ii) Strategic Plan Report Update
      - Board Discussion for a Strategic Plan Session
  
- 8) **BUSINESS GOVERNANCE**
  - a) Review and consider approval of the Quarterly Financial Report – Nina Delmendo
    - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report
  
  - b) Review and consider approval of the Monthly Quality Improvement Report – Han Yoon
    - i) **ACTION ITEM:** The Board will consider approval of the Monthly Quality Improvement Report
  
  - c) CHB Executive Committee update – Board Membership Bylaws review
  
- 9) **DISCUSSION**
  - a) Collection of completed Project Officer/CEO evaluations
  - b) CHB Self-Assessment Form review
  - c) Board Training Webinar Purchase update – Dona Weissenfels
  - d) NACHC Conference – Chicago, IL
  
- 10) **BOARD MEMBER COMMENTS**
  
- 11) **ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:**  
DATE: May 21, 2025  
TIME: 12:00 pm – 2:00 pm  
LOCATION: Multi-Purpose Room  
2201 Courage Drive  
Fairfield, CA 94533



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

**REGULAR GOVERNING BOARD MEETING MINUTES**

Wednesday, March 19, 2025

In Person Meeting

**Members Present:**

At Roll Call: Michael “Mike” Brown, Marbeya Ellis, Ruth Forney (arrived at 12:32 pm), Charla Griffith, Gerald Hase, Deborah Hillman, Seema Mirza, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

**Members Absent:** Etta Cooper, Rovina Jones, Anthony Lofton, and Don O’ Conner.

**Staff Present:** Cynthia Coutee, Dona Weissenfels, Dr. Cameron Kaiser, Dr. Bela Matyas, Dr. Michele Leary, Dr. Reza Rajabian, Emery Cowan, Han Yoon, Kelly Welsh, Krista McBride, Nina Delmendo, Noelle Soto, Pierce Leavell, Whitney Hunter, Danielle Seguerre-Seymour, Katreena Dotson, Kathryn Power, and Jennifer Durst.

**1) Call to Order – 12:09 PM**

a) Welcome

b) Roll Call

c) Introductions

i. Dr. Bela Matyas introduced Health & Social Services (H&SS) Deputy Health Officer, Dr. Cameron Kaiser, who had been with the department for approximately two years. Dr. Kaiser also serves as the Tuberculosis (TB) lead and provider in Family Health Services (FHS), as well as the manager for Centers for Disease (CDC) immunization and emergency programs in Public Health (PH). Dr. Matyas added that Dr. Kaiser has previously worked as a Health Officer with Riverside County for 10 years, as well as a primary care provider for 25 years.

ii. Dona Weissenfels introduced Partnership Healthplan of California’s (PHC) Senior Manager of Performance Improvement, Jennifer Durst. Dona explained that Jennifer would be working with FHS on the quality metrics and improvement the quality measures.

- Gerald Hases asked Jennifer how long she had been with PHC. Jennifer stated since January and added that she worked at a few different health centers, as a quality improvement director over a 10-year span.

**2) Approval of the March 19, 2025, Agenda**

Discussion: None.

Motion: To approve the March 19, 2025, Agenda.

Motion by: Brandon Wirth and seconded by Sandra Whaley.

Ayes: Michael “Mike” Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Seema Mirza, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, and Brandon Wirth.



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

Nays: None.

Abstain: None.

Motion Carried.

**3) Public Comment**

- No public comments.

**Regular Calendar**

**4) Approval of Minutes**

Approval of the February 19, 2025, draft meeting minutes.

Discussion: None.

Motion: To approve the February 19, 2024, draft meeting minutes.

Motion by: Deborah Hillman and seconded by Sandra Whaley.

Ayes: Michael "Mike" Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Seema Mirza, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

Nays: None.

Abstain: Marbeya Ellis.

Motion Carried.

**5) Clinic Operations Reports**

- a) **Staffing Update** — Cynthia Coutee *(Please reference the "FHS Staffing Update – March 19, 2025")*
- Cynthia reported that there were three Clinic Registered Nurses (RN) selected for background, but two of the candidates declined. She confirmed that one Dental Assistant, one Dentist, two Licensed Marriage & Family Therapists (LMFT), and four Medical Assistants (MA) were already in background. Cynthia stated that the Office Supervisor interviews were in progress. She added that one LMFT and one MA began employment on March 17, 2025, while a Nurse Practitioner vacated on February 22, 2025.
  - Tracee Stacy asked the reasoning for the Clinic RN's declination and Cynthia explained that pay was a factor and that one candidate decided to stay with their current employer. Tracee mentioned that the information would help when recruitment discussion comes up in the future.
- b) **Credentialing Update** – *(Please reference the "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – March 2025")*



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

- Dona Weissenfels recognized the Credentialing Team for working with FHS to credential two Chiropractic providers and assist with bringing a new service to the medical clinics.
  - Brandon Wirth referred to “Report Pending” comment in the Sanction Screening portion of the report. Dona assured the Board that there were no concerns with the providers that are coming into FHS and stated that the background process is rigorous. She mentioned that Barton & Associates also screens their clients before beginning the background process with the County.
- c) **HRSA Grant Update(s)** — Noelle Soto – *(Please reference the “Health Resources and Services Administration (HRSA) Grant Updates – March 19, 2025”)*
- Noelle announced that Family Health Services (FHS) completed Phase 1 of the 2024 Ryan White Services Report (RSR) before the February deadline. Phase 2 would be submitted before March 31, 2025.
  - Noelle also provided an update on the 2024 Uniform Data System (UDS) submission, stating that the HRSA reviewer initially requested additional information due to the recent federal funding cuts. The response was received by the reviewer and would be submitted to federal bucket that goes to Congress for finalization.
- d) **Grievances/Compliments** — Pierce Leavell *(Please reference the “Grievance Reports, April-December 2023; January– December 2024 and January-February 2025” and “Grievance Category Definitions”)*
- Pierce informed the Board that 16 grievances were filed in the Scheduling, Quality of Care, Referrals, and Access to Care categories. He reported that all were a Level 1 Severity Rating, stating inconvenience, but no harm.
  - There were no questions from the Board.
- e) **H&SS Compliance** — Krista McBride *(“Department of Health & Social Services-Administration Division: Compliance & Quality Assurance-CHB Incident Report Update-February 2025”)*
- Dona Weissenfels stated that with consideration to the Board’s suggestions at the February 19, 2025 CHB Meeting, she and Krista discussed revising the report format. Krista explained that the Compliance Team handles all incidents within H&SS and that each incident is filed on the online portal. She reported that two FHS incidents were filed in February: False information was inputted in a patient’s electronic health record (Safety, Client – Quality of Care) and a patient had access to a restricted area of the FHS clinic (Security – Unauthorized Physical Access). Krista further mentioned that the incidents were referred to FHS Leadership to be addressed and resolved by way of training and/or process improvement. The resolution status was updated in the portal.
  - Tracee Stacy inquired about more information regarding the incident resolutions and suggested that the report reflect a status such as “resolved” or “pending”.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo and Whitney Hunter *(Please reference the Operations Report – Finance February 2025: “Solano County Expenditure and Revenue Report FHS – February 2025”, Family Health Services – Fund 902, BU 7580; and Operations Report – Revenue Cycle Report – February 2025: “Solano County FHS Revenue Cycle Report – Total Encounters – Through February 28 2025”)*
- Finance Report
- Nina Delmendo reported that the Mid-Year Budget was presented to the County Board of Supervisors on March 11, 2025. Tracee Stacy had questions about the budget and the deficits. Nina referred to the “Family Health Services – Fund 902, BU 7580” document that included an explanation of the decreases in the revenues and expenditures in the Mid-Year projection,



## County of Solano Community Healthcare Board DRAFT

compared to the Working Budget, resulting in no change in the Net County Cost. It was noted that an increase to the 1991 Public Health Realignment is required to balance the revenue deficit. The report also mentioned contributing factors, recommended action and pending Encounter issues.

- Deborah Hillman, Mike Brown and Tracee inquired about the number of patients that a provider should be seen a day. Dr. Bela Matyas explained that the expectation is 14 patients in a 9-hour day, at 20 minutes with the patient, two hours for paperwork and a lunch break. Dona Weissenfels stated that other clinics can see 18 to 30 patients but clarified that FHS does not have the appropriate schedules to see patients at that volume. Dr. Matyas added that as a Federally Qualified Health Center (FQHC) the patient population, like the homeless, requires more service and quality of care. He mentioned that the goal is to improve scheduling capabilities, optimize the call center, front office, and quality by adjusting the budget. Tracee asked when all the clinics started accepting new patients again and if it improved. Dona and Dr. Matyas confirmed middle of 2024, increasing patients by 10%, but has not improved due to the Epic transition and scheduling issues.

### Revenue Cycle Report

- Whitney Hunter reported that there was a 15% decline in encounters, from January to February. She attributed the drop to February being a shorter month.
  - There were no questions from the Board.
- g) **Referrals Report** — Cynthia Coutee (*Please reference the “Family Health Services Referrals – Time Period February 2025”; “Five Day History of Referrals – March 10th – 14th”*)
- Cynthia reported that in February FHS had 1,044 referrals, including 846 for Adult, 198 for Pediatric, as well as 500 specialty referrals. As of March 11th, there were 1,180 referrals, 3840 pending Consultation Notes. Cynthia added that in February there was an overtime workgroup that completed 233 referrals. She stated that the processing time was delayed to 30 days due to the holidays and referral Medical Assistants having to provide direct patient care coverage.
  - Cynthia announced that testing for automated referral completion was still in progress because the system was not pulling the data needed to close the referral. However, she did report that the MA’s have started a new process of completing internal referrals for nutrition, OMM and behavioral health.
  - There were no questions from the Board.
- h) **OCHIN EPIC Update(s)** —Dona Weissenfels
- Dona and Dr. Michele Leary informed the Board that an immense amount of information and data was received with the new Epic system. The FHS Team needed to adjust and delegate electronic tasks and determine best practices to resolve the workflow issues. Dona mentioned that maintenance will continue for the next six months.
  - Annabelle Sanchez asked if patient scheduling in Epic is generating revenue. Dona confirmed that the tools in Epic are more efficient compared to the previous NextGen system.
- i) **QI Update** – Han Yoon
- Han and Dr. Bela Matyas informed the Board that FHS was placed on a Corrective Action Plan (CAP) by PHC as a result from the low 2023 and 2024 quality scores. They explained that Well Child Visits, Adolescence Visits, Breast Cancer Screening and Cervical Cancer Screening were the selected goals to meet with a 25% score.
  - Ruth Forney mentioned that multiple follow-up methods can be successful. Dr. Matyas stated that the goal is to get all patients on the online portal to increase the contact efforts.



## County of Solano Community Healthcare Board DRAFT

- Brandon Wirth and Tracee Stacy requested a written progress report with an update on the quality measures. They also suggested utilizing funds to create a communication program or provide incentives. Dona Weissenfels announced that FHS would be meeting with Jennifer Durst and the PHC Quality Team, following the CHB Meeting, to address and determine an action plan for meeting the four measures. Kathryn Power assured the Board that PHC is dedicated to partnering with FHS to be successful by servicing their network of patients. Jennifer stated that there are millions of dollars for gaining Quality Improvement Plan (QIP) points.
  - Mike Brown acknowledged that FHS has been working hard to create a plan to overcome the many obstacles. Annabelle Sanchez noted that there was transparency regarding the CAP between the staff and management, understanding the overall goal. Deborah Hillman attested to the clinic improvement by sharing her own experience with the call center, mentioning that the wait times dropped from an hour and a half in December to 20 minutes recently.
- j) **FHS Clinic Q-Matic Stats** — Noelle Soto – *(Please reference the “Clinic Metrics – Queue Management (Q-Matic) Stats – March 19, 2025”)*
- Noelle Soto referred to the Clinic Metrics – Queue Management (Q-Matic) Stats report, confirming that there was a slight change in February due to the short calendar month, but is on trend from January.
  - There were no questions from the Board.

### 6) CHB Follow-up to Clinic Quality and Operational Reports

Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.

- Dona reiterated the new format of the Compliance Report, to better meet the Board’s needs, as well as Brandon Wirth’s suggestion to provide a detailed report on the quality measures progress for next month.
- Tracee Stacy inquired about the having to vote on the reports. Kelly Welsh confirmed that a Board Member can request an agenda topic without a vote unless it was an Action Item. Ruth Forney and Annabelle Sanchez complimented the revised Compliance report, as it was easier to understand.

### 7) HRSA Project Officer Report

a) Health Center HRSA Project Officer Update – Dona Weissenfels

i) Health Center Activities – Internal and External Update

#### External News:

- Dona reported that with the New Administration, Congress passed a continuing resolution that extended mandatory and discretionary funding for community health centers through the end of the fiscal year, September 30, 2025. She encouraged the Board to be aware of what is happening that could impact the clinics and from reliable sources. She expressed concern when the fiscal year ends and acknowledged needing a long-term plan.
- Ruth Forney mentioned that Congressman Garamendi was holding a Zoom meeting to address the community about the current events.
- Annabelle Sanchez asked for reliable news sources. Dona confirmed that California Primary Care Association and National Association of Community Health Centers (NACHC) are trusted agencies. Dona added that the online Uniform Data submissions and reports were removed because it included Diversity, Equity and Inclusion (DEI) statistics, which is information that is analyzed and used to help outreach and serve the community better.



## County of Solano Community Healthcare Board DRAFT

### Internal News:

- Dona announced that FHS will continue to contract with Touro University of California for another three years. She explained that Touro professors/providers partner with FHS and work a couple days in the clinics.
- Dona discussed that Facktor Health would be working with FHS, beginning in March through June, to assist with monitoring and expanding schedules to increase patient capacity and generate more revenue.
- Dona informed the Board that on March 31st, two Chiropractor providers will start rotating between the three clinics, providing the new services to FHS patients. This will be considered a triggering event, thus allowing FHS to request a new rate setting. She stated that the preboarding process has been smooth for the Chiropractic doctors.
- Dona reported that a Licensed Marriage and Family Therapist (LMFT) started in the Fairfield Pediatric clinic, focusing on integrated behavioral health and identify patients that need additional support. This process would include warm hand off from the providers, Adverse Childhood Experiences (ACE) testing and a potential to see 10 – 12 patients a day.
- Tracee Stacy followed up regarding the County employee that could assist with obtaining tablets for FHS families. Dr. Bela Matyas instructed Tracee to send their contact information, so he can reach out.

### **8) Business Governance**

- a) Review and consider approval of the Dax Co-Pilot Policy 500.10 – Dr. Michele Leary
  - i) **ACTION ITEM:** The Board will consider approval of the Dax Co-Pilot Policy.

Discussion: Dr. Michele Leary explained to the Board that Dax Co-Pilot is an artificial intelligence (AI) transcription application that is downloaded to the provider’s phone to document (with the patient’s permission) the conversation between the provider and patient. The app will filter and remove non-medical conversations and create an adhesive patient visit summary. She stated that the policy is presented for approval so that the product can be used in the clinics. Deborah Hillman asked if it was a robot. Dr. Leary clarified that it was a phone application. Dr. Bela Matyas explained that the product will save providers time and stated that the AI portion is the built-in dictionary. Annabelle Sanchez agreed that the app will save time and streamline the note-taking process. Mike Brown addressed a typo found in the policy document.

Motion: To accept and the approve the pending grammatical change to the Dax Co-Pilot Policy.

Motion by: Brandon Wirth and seconded by Ruth Forney.

Ayes: Michael “Mike” Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Seema Mirza, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

Nays: None.

Abstain: None.



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

Motion carried.

**9) Discussion**

- Tracee Stacy requested follow-up on the discussion of a presentation from Drug Safe Solano and Narcan implementation in the clinics, specifically for the homeless population. Dr. Bela Matyas stated that the County is still working on the policy. He added that Narcan cannot be dispensed without having the proper training but confirmed that Behavioral Health and Public Health have field homeless programs, where Narcan is dispensed. Dr. Michele Leary mentioned that the clinics dispense when Narcan inventory is received, but is not typically handed out, it is prescribed. Annabelle Sanchez expressed support for community education. Tracee asked if the Board is interested in having the presentation. Mike Brown asked how the presentation would benefit the Board. Dr. Leary commented that everyone in the health care field, including the Board, should have access to the information. Kelly Welsh advised that if a Board Member wants to make a motion to add the topic to a future agenda and vote.

Motion: To invite Drug Safe Solano to hold a presentation at a future CHB Meeting.

Board Member

Comments: Charla Griffith asked what Drug Safe Solano would be presenting. An unknown Board Member clarified that the organization would explain who they are and what they do for the community.

Motion by: Sandra Whaley and seconded by Marbeya Ellis.

Ayes: Michael "Mike" Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Seema Mirza, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion carried.

- Kelly Welsh followed up on the discussion from the March 19, 2025 CHB Meeting regarding Board Member, Anthony Lofton. Dona Weissenfels stated that no one has been able to get a hold of Anthony. Kelly referred to the CHB Bylaws and mentioned that the Board can hold a special election at a regular meeting or after the regular meeting to fill Anthony's term. Mike Brown asked if the position is required to be filled since Anthony cannot be reached. Dona answered no. Additionally, Mike asked Kelly how to proceed. Kelly recommended to get a verbal resignation and send a letter, confirming the Board's acceptance to the resignation. Dr. Matyas asked about removal for numerous absences. Kelly stated that it can be discussed in the CHB Executive Meeting. Brandon Wirth referred to the CHB Bylaws and encouraged the Board Members to review the removal process. He also suggested that the Executive Board add it to the next CHB Meeting Agenda, added that these topics should be address in Board Member



## County of Solano Community Healthcare Board DRAFT

Comments section of the Agenda. Ruth Forney added that there were other Board Members that have missed meetings. Tracee added that if a topic is requested, it should be submitted to the Executive Members before a determined deadline, to be added the upcoming meeting.

### 10) Board Member Comments

- Tracee Stacy reported that in February Mental Health Meeting, Proposition 1 was brought up, as well as the clinics and PHC. She expressed that the programs should be utilizing the same tools and suggested collaborating, requesting to add the topic to a future agenda. Dona Weissenfels confirmed that the LMFT's are working between FHS and BH, building the partnership. Dr. Bela Matyas explained that treatment methods and approaches are not the same, so the same tools could not be utilized.
- Ruth Forney commented that the approved CHB Meeting Minutes have not been accessible online. Dona Weissenfels clarified that since Patricia Zuniga retired, the position remains vacant, but assures the Board that the Meeting Minutes will be posted.

### 11) Adjourn: To the Community Healthcare Board Meeting of:

**DATE:** April 16, 2025  
**TIME:** 12:00 PM — 2:00 PM  
**Location:** Multi-Purpose Room  
2101 Courage Drive  
Fairfield, CA 94533

The Meeting was adjourned at 1:56 PM.

### 12) Closed Session

- a) Project Officer/CEO Evaluation Continuation.

Handouts in the Agenda Packet:

- CHB March 19, 2025 Meeting Agenda
- CHB February 19, 2025, draft meeting minutes
- Clinic Operations Report – FHS Staffing Update – March 19, 2025
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – March 2025
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates – March 19, 2025
- Clinic Operations Report – Grievance Reports, April-December 2023, January–December 2024 & January-February 2025”
- Clinic Operations Report – Grievance Category Definitions
- Clinic Operations Report – Department of Health & Social Services-Administration Division: Compliance & Quality Assurance-CHB Incident Report Update-February 2025
- Clinic Operations Report – Finance February 2025 – Solano County Expenditure and Revenue Report FHS – December 2024
- Clinic Operations Report – Family Health Services – Fund 902, BU 7580
- Clinic Operations Report – Revenue Cycle Report – February 2025 – Solano County Family Health Services Revenue Cycle Report – Total Encounters Through February 28, 2025



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

- Clinic Operations Report – Family Health Services Referrals – Time Period February 2025
- Clinic Operations Report – Five Day History of Referrals – March 10th – 14th (distributed at the CHB Meeting)
- Clinic Operations Report – Clinic Metrics – Queue Management (Q-Matic) Stats – March 19, 2025
- Family Health Services – DAX CoPilot Policy – Policy Number 500.10

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **a) Staffing Update**

# Community Health Care Board

## Family Health Services Staffing Update

CHB Meeting Date: April 16, 2025

Number of Active Candidates - County
*Clinic Registered Nurse - 2 *Dental Assistant (Registered) - 1 *Medical Assistant - 4 *Nurse Practitioner - 2 *Physician Assistant - 3

Number of Active Candidates - Touro
No Active Candidates

Number of Active Candidates - Locum Tenens
No Active Candidates

Number of Active Candidates - Volunteer
No Active Candidates

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) <b>Extra Help</b> - 1 Clinic Physician Supervisor - 1 Clinic Registered Nurse - 3 Dental Assistant (Registered) - 1 Dentist - 2 Health Education Specialist <b>Extra Help</b> - 2 Health Services Manager, Senior - 1 Medical Assistant - 6 Mental Health Clinician - 1 Nurse Practitioner/Physician Assistant - 3 Nurse Practitioner/Physician Assistant <b>Extra Help</b> - 1 Office Supervisor - 1

Interviews in Progress
Health Services Clinic Manager, Senior - TBD

Expected New Hires + Recently Hired Staff
*Chiropractor - 2- Start Date: 04/01/2025 *Licensed Marriage & Family Therapist - 2 - Start Date: 04/01/2025 *Nutritionist - Start Date: TBD *Physician Assistant - Start Date: 04/14/2025

Vacancies/Departures
No Vacancies/Departures

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **b) Credentialing Update**

**FHS Credentialing, Provider Enrollment, & Sanction Screening Status Report**  
**FHS Community Healthcare Board**  
 April 2025

**Sanction Screening**

	Sanction Screening Number Screened	Sanction Screening Exclusions Found
TOURO/FHS LOCUMS	20	Report pending
H&SS FHS County Employees	121	Report pending
<b>TOTALS:</b>	141	<b>Report pending</b>

**Credentialing: 12 Re-Credentialing: 3**

	Number of Active Credentialing & Re-Credentialing (classification: #)	Partnership Provider Enrollment Numbers
TOURO	Physician Assistant: 0	Submitted to Partnership: 0 Approved by Partnership: Pending Submission to Partnership:
FHS LOCUM	Chiropractor: 2	Submitted to Partnership: 2 Approved by Partnership: Pending Submission to Partnership:
H&SS FHS County Employees & Candidates	LMFT: 2 Physician Assistant: 1 Registered Dental Assistant: 1 Medical Assistant: 5 PH Nutritionist: 1 Lactation Educator & Counselor: 1 Nurse Practitioner – 1 Physician - 1	Submitted to Partnership: 5 Approved by Partnership: 1 Pending Submission to Partnership: 1

**Enrollments, Re-Credentialing, & Re-Validations**

**Partnership – NEW Provider Enrollments Totals**

Pending Submission: 1 (NP – County)

Submitted: 6

Pending Approval: 7

Approved: 1

**Partnership – Provider Re-Credentialing Totals**

Pending Submission: 0

Submitted: 1

Pending Approval: 3

Approved:

**Denti-Cal – Provider Revalidations**

None During this Reporting Period

**NPI Program/Site Revalidations**

None During this Reporting Period

**PAVE (Medi-Cal) and PECOS (Medicare)**

Upon Request

# Community Healthcare Board

## 5) Clinic Operations Reports:

c) HRSA Grants Update(s)

**Clinic Operations Report:** Health Resources and Services Administration (HRSA) Grant Updates

- Family Health Services (FHS) 2024 Ryan White Services Report (RSR):
  - Completed Phase 1 (February 3<sup>rd</sup>) and Phase 2 (March 31<sup>st</sup>)
  - After review and acceptance by HRSA, data summary will be presented to CHB.
  
- FHS 2024 Uniform Data System (UDS):
  - Completed Phase 1 (February 15<sup>th</sup>) and Phase 2 (March 31<sup>st</sup>).
  - After review and acceptance by HRSA, data summary will be presented to CHB.

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

**d) Grievances/Compliments**

# GRIEVANCE REPORT 2023

- Quality of Care
- Referrals
- Privacy
- Access to Care
- Safety
- Scheduling
- Other



# GRIEVANCE REPORT 2024

- Quality of Care
- Referrals
- Privacy
- Access to Care
- Safety
- Scheduling
- Other



# GRIEVANCE REPORT 2025

- Quality of Care
- Referrals
- Privacy
- Access to Care
- Safety
- Scheduling
- Other



## Grievance Category Definitions

- **Quality of Care**
  - Complaints that allege concerns about substandard care from providers, which may include but are not limited to, misdiagnosis, poor bedside manner, negligent treatment, delay in treatment, under prescribing, and/or inappropriate prescribing.
- **Access to Care/Timeliness**
  - Complaints that allege concerns about the affordability of care, follow-up completed in a timely manner, availability of providers to treat patients, and providers located in relatively close proximity to patients.
  - **Scheduling**
    - Sub-category under Access to Care/Timeliness that deals with complaints associated with the patient’s ability to schedule services in a timely manner.
  - **Referrals**
    - Sub-category under Access to Care/Timeliness that deals with complaints associated with the ordering, processing, and follow-up of patient referrals.
- **Safety**
  - Complaints that allege concerns about errors, adverse effects, and preventable injuries to patients associated with their health care.
- **Privacy**
  - Complaints that allege concerns about personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).
- **Other**
  - Complaints that do not fall into any of the above categories.

## Grievance Severity Rating

Level	Description	Definition	Example
1	<ul style="list-style-type: none"> <li>• No harm</li> <li>• Inconvenience</li> </ul>	<ul style="list-style-type: none"> <li>• The event effected the patient but did not cause physical harm.</li> <li>• Processes appropriate, patient disagreed.</li> </ul>	<ul style="list-style-type: none"> <li>• A pain management contract process with which the patient disagrees.</li> <li>• An employee displayed rudeness to a patient.</li> <li>• Patient experienced long hold time on the phone.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Temporary harm (mild or moderate)</li> </ul>	<ul style="list-style-type: none"> <li>• Caused temporary harm to the patient, resulting in the need for additional treatment.</li> <li>• Caused a delay in time-sensitive care.</li> </ul>	<ul style="list-style-type: none"> <li>• A delay to a patient in getting prescription medications.</li> <li>• A lack of follow-up requested following a procedure.</li> </ul>
3	<ul style="list-style-type: none"> <li>• Significant harm</li> </ul>	<ul style="list-style-type: none"> <li>• Significant harm to the patient occurred, up to and including death.</li> </ul>	<ul style="list-style-type: none"> <li>• A patient received a misdiagnosis.</li> <li>• A patient experienced an unanticipated complication or infection.</li> <li>• A patient’s oncology referral was not processed.</li> </ul>

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **e) H&SS Compliance**



**To:** Solano County Community Healthcare Board  
**From:** Krista McBride, Compliance & QA Analyst  
**Date:** April 2, 2025  
**Subject:** CHB Incident Report Update [March 2025]

---

## **Incident Report Update March 1 – March 31, 2025**

Solano County Health & Social Services Compliance & Quality Assurance Unit manages the department's incident reporting program; including a hotline number (707) 784-3198 and an online portal <https://solanocounty.cqs.symplr.com/Portal> for the submission of incident reports.

### **1 Incident reported in March 2025:**

**01 Safety, Workforce – Injury/Illness/First Aid**  
Possible exposure to active Tuberculosis by patient

**RESOLVED**

From March 1 through March 31, one (1) incident report was received through the incident reporting program. This incident report was referred to the Medical Services leadership team and Solano County Risk Management Unit for review, follow up, training opportunities or process improvement. During March 2025, the one (1) report received was for an incident. There were zero (0) privacy, security or breach reports in March 2025.

Contact: Krista McBride, Compliance & QA Analyst, Health & Social Services Department  
(707) 784-8722 and [ksmcbride@solanocounty.gov](mailto:ksmcbride@solanocounty.gov)

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **f) Finance & Revenue Cycle Management**

OPERATIONS REPORT - FINANCE  
MARCH 2025

SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
MARCH  
2025

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 MID YEAR BUDGET	FY2024/25 YTD ACTUALS THROUGH MAR 2025	Actuals as a % of MY Budget	
<b>EXPENDITURES</b>					<b>Notations</b>
<b>Salaries &amp; Benefits</b>					
Salaries - Regular	16,306,079	12,378,802	8,398,878	68%	
Salaries - Extra Help	17,000	53,540	28,309	53%	
Salaries - OT/Callback/Standby	69,874	120,622	101,588	84%	
Staffing costs from other divisions (net amount)	133,070	126,160	58,847	47%	
Benefits	10,561,338	7,067,056	5,140,692	73%	
Accrued Leave CTO Payoff	20,000	115,448	119,005	103%	
Salary Savings	(2,789,326)	-	-	#DIV/0!	
<b>Salaries &amp; Benefits Total</b>	<b>24,318,035</b>	<b>19,861,628</b>	<b>13,847,319</b>	<b>69.72%</b>	
<b>Services &amp; Supplies</b>					
Office Expense and Supplies	172,363	75,058	61,022	81%	Drinking water, household expenses, and trash services.
Communications	138,331	149,715	106,634	71%	
Insurance	1,000,703	1,000,703	415,809	42%	Budget includes cost of Liability Insurance and Malpractice Insurance. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	73,780	45,927	34,568	75%	Q-Matic. BioRad. Caltronics. Steris.Life Technologies. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	45,503	37,800	26,054	69%	Monthly charges for vehicles assigned to County Departments; personal mileage.

SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
MARCH  
2025

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 MID YEAR BUDGET	FY2024/25 YTD ACTUALS THROUGH MAR 2025	Actuals as a % of MY Budget	
<b>EXPENDITURES</b>					<b>Notations</b>
<b>Services &amp; Supplies (continued)</b>					
Buildings - Maintenance, Improvements, Rent & Utilities	258,458	187,018	141,408	76%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	623,605	598,145	389,891	65%	Henry Schein. McKesson. TheraCom.
Controlled Assets & Computer Related Items	151,940	91,954	94,698	103%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	207,600	117,667	56,443	48%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	1,019,565	676,755	244,373	36%	Budget includes the following contracts: >Allied Security >Simi Group >Waystar/Trizetto (electronic claims management) >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Gebbs (Medical Coding Consultant) >Factor Consultants >UHC Solutions (Recruitment services)
DoIT	2,152,500	2,397,403	1,408,914	59%	
Software & Maintenance or Support	690,031	954,932	663,671	69%	Budget includes the following: >Next Gen >OCHIN >Orchard Software
Professional Licenses & Memberships	27,871	7,881	9,442	120%	
Education, Training, In-State Travel, Out of State Travel	25,290	1,873	1,873	100%	
Other	69,758	34,929	27,206	78%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescan
<b>Services &amp; Supplies Total</b>	<b>6,657,298</b>	<b>6,377,760</b>	<b>3,682,008</b>	<b>58%</b>	

SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
MARCH  
2025

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 MID YEAR BUDGET	FY2024/25 YTD ACTUALS THROUGH MAR 2025	Actuals as a % of MY Budget	
<b>EXPENDITURES</b>					<b>Notations</b>
<b>Other Charges</b>					
Interfund Services - Professional	712,944	712,944	305,135	43%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Audit	-	-	-	#DIV/0!	
Interfund Services - Other	64,285	92,005	49,592	54%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	15,000	-	-	#DIV/0!	Training for community health board members (originally NACHC CHI Expo conference attendance)
<b>Other Charges Total</b>	<b>792,229</b>	<b>804,949</b>	<b>354,726</b>	<b>44%</b>	
<b>Contracts/Client Support</b>					
Contracted Direct Services	1,492,000	2,805,468	1,310,865	47%	Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,700	23,398	15,949	68%	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>1,514,700</b>	<b>2,828,866</b>	<b>1,326,814</b>	<b>47%</b>	
<b>Equipment</b>					
Equipment	49,604	82,012	44,604	54%	
<b>Equipment Total</b>	<b>49,604</b>	<b>82,012</b>	<b>44,604</b>	<b>54%</b>	
<b>Administration Costs</b>					
H&SS Administration	2,957,878	2,889,859	1,512,244	52%	
Countywide Administration	1,312,262	1,312,262	1,312,262	100%	
<b>Administration Costs Total</b>	<b>4,270,140</b>	<b>4,202,121</b>	<b>2,824,506</b>	<b>67%</b>	
<b>TOTAL EXPENDITURES</b>	<b>37,602,006</b>	<b>34,157,336</b>	<b>22,079,977</b>	<b>65%</b>	

SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
MARCH  
2025

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 MID YEAR BUDGET	FY2024/25 YTD ACTUALS THROUGH MAR 2025	Actuals as a % of MY Budget	
<b>REVENUES</b>					<b>Notations</b>
<b>Payer Revenues</b>					
Payer Revenues	23,355,466	13,270,281	13,426,577	101%	Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay (estimated payback not reflected)
<b>Payer Revenues Total</b>	<b>23,355,466</b>	<b>13,270,281</b>	<b>13,426,577</b>	<b>101%</b>	
<b>Federal/State Revenues</b>					
1991 Realignment (Under insured/Uninsured/PH Services)	1,386,906	1,386,906	693,453	50%	
Federal Direct - COVID (one time funding)	100,405	131,949	57,887	44%	Rollover for HRSA Capital Grant funds
Federal Grants	2,047,990	2,051,890	567,814	27.67%	Budget includes: >CHC Base grant >RWC
Federal Other	56,608	40,472	40,472	100%	\$1M Congressional earmark
American Rescue Plan Act (ARPA)	1,276,497	1,769,361	-	0%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,617,600	1,155,731	461,693	39.95%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries; QIP payment received in March
<b>Program Revenues Total</b>	<b>6,486,006</b>	<b>6,536,309</b>	<b>1,821,319</b>	<b>28%</b>	
<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>29,841,472</b>	<b>19,806,590</b>	<b>15,247,896</b>	<b>77.0%</b>	
<b>TOTAL EXPENDITURES vs TOTAL REVENUES</b>					<b>Notations</b>
<b>TOTAL EXPENDITURES</b>	<b>37,602,006</b>	<b>34,157,336</b>	<b>22,079,977</b>	<b>65%</b>	Includes \$51,834 of expenditures from FY2023/24, but paid in FY2024/25.
<b>TOTAL REVENUES</b>	<b>29,841,472</b>	<b>19,806,590</b>	<b>15,247,896</b>	<b>77%</b>	
<b>DEFICIT (SURPLUS)</b>	<b>7,760,534</b>	<b>14,350,746</b>	<b>6,832,081</b>	<b>48%</b>	
County General Fund	4,708,209	4,708,209	3,531,157		
<b>DEFICIT (SURPLUS) after CGF**</b>	<b>3,052,325</b>	<b>9,642,537</b>	<b>3,300,924</b>		

\*\*Deficit to be funded with 1991 Realignment and/or County General Fund

REVENUE CYCLE REPORT  
MARCH 2025

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
REVENUE CYCLE REPORT  
TOTAL ENCOUNTERS\*  
Through March 31, 2025**

	Annual Target	Monthly Target	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target Mar 2025 9 mths	Over (Shortfall)
<b>MEDICAL</b>																	
County Providers	46,688	3,774	1,915	1,736	1,085	1,239	1,328	1,628	2,131	1,820	1,990				14,872	34,581	(19,709)
Touro	4,364	364	383	319	208	213	230	226	225	208	254				2,266	3,275	(1,009)
Locum	1,453	230	446	433	378	430	461	387	500	380	694				4,109	1,991	2,118
<b>TOTAL MEDICAL</b>	<b>52,505</b>	<b>4,368</b>	<b>2,744</b>	<b>2,488</b>	<b>1,671</b>	<b>1,882</b>	<b>2,019</b>	<b>2,241</b>	<b>2,856</b>	<b>2,408</b>	<b>2,938</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21,247</b>	<b>39,847</b>	<b>(18,600)</b>
<b>TOTAL MENTAL HEALTH</b>	<b>3,640</b>	<b>121</b>	<b>84</b>	<b>80</b>	<b>57</b>	<b>38</b>	<b>27</b>	<b>30</b>	<b>54</b>	<b>36</b>	<b>59</b>				<b>465</b>	<b>1,089</b>	<b>(624)</b>
<b>TOTAL DENTAL</b>	<b>19,900</b>	<b>1,547</b>	<b>1,321</b>	<b>1,223</b>	<b>1,035</b>	<b>910</b>	<b>916</b>	<b>1,140</b>	<b>1,297</b>	<b>1,124</b>	<b>1,241</b>				<b>10,207</b>	<b>14,265</b>	<b>(4,058)</b>
	<b>76,045</b>	<b>6,036</b>	<b>4,149</b>	<b>3,791</b>	<b>2,763</b>	<b>2,830</b>	<b>2,962</b>	<b>3,411</b>	<b>4,207</b>	<b>3,568</b>	<b>4,238</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>31,919</b>	<b>55,201</b>	<b>(23,282)</b>

\* Open encounters not included. Targets based on Adopted Budget.

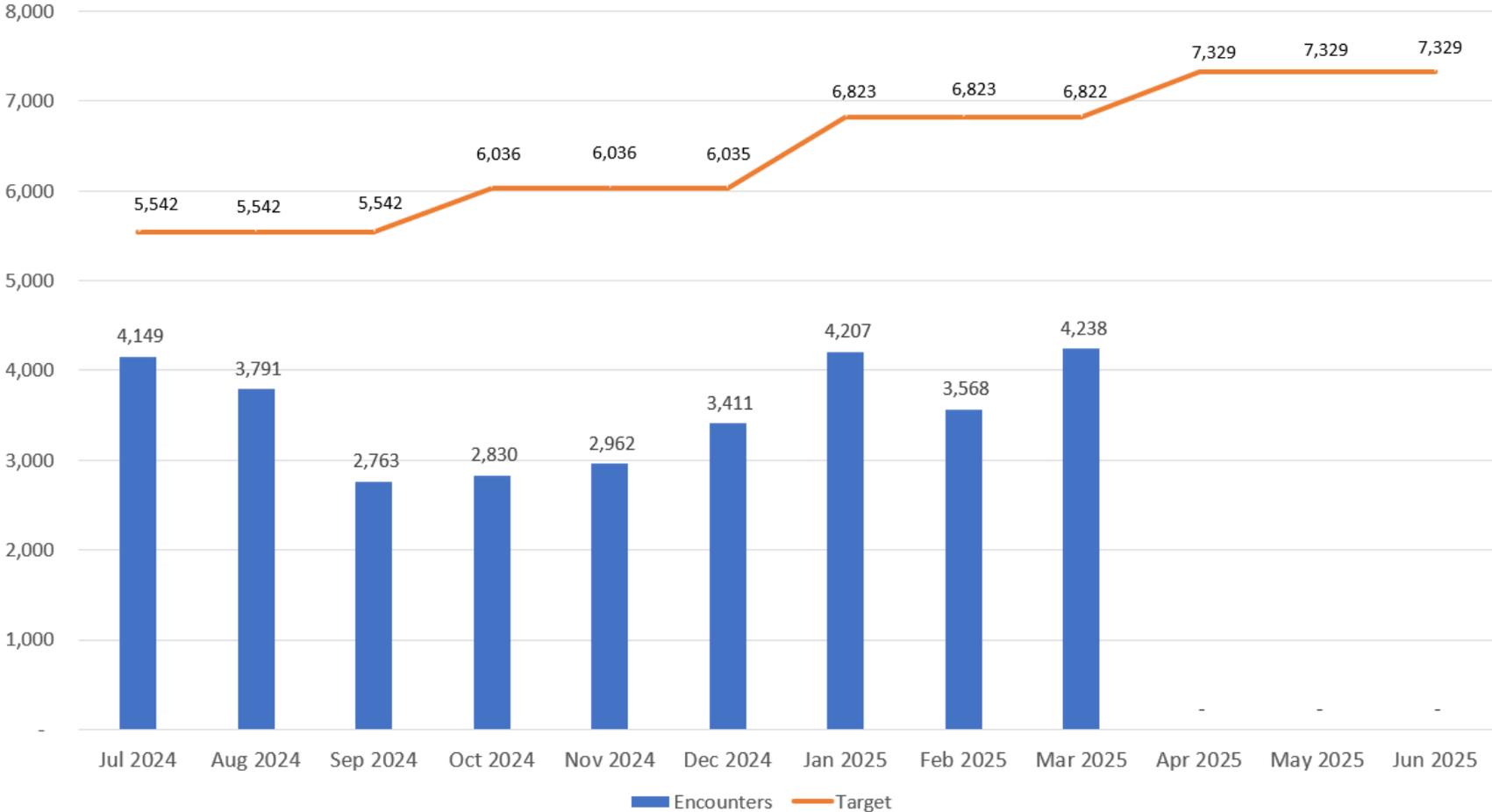
**DEFINITIONS**

**ENCOUNTER** *An interaction between a patient and a healthcare provider for the purpose of providing healthcare services or assessing the health status of a patient*

**BILLABLE ENCOUNTER**

1. Healthcare provider
  - > Physician
  - > Physician Assistant
  - > Nurse Practitioner
  - > Dentist
  - > Licensed Clinical Social Worker
2. Must take place in the "4 walls" of the FQHC
3. Medically necessary
4. Billing limited to one visit per day with certain exceptions

Solano County Health and Social Services  
 Family Health Services  
 Total Qualified Encounters  
 (Medical, Dental, Mental Health)  
 FY2024/25



# Community Healthcare Board

## 5) Clinic Operations Reports:

g) Referrals



**Time Period March 2025**

**Referrals 1260**

**Adult-1045 Pediatrics-215**

<b>Adult Specialty Referrals</b>	<b>Ordered</b>	<b>Peds Specialty Referrals</b>	<b>Ordered</b>
Cardiology	67	Dermatology	26
Gastroenterology	103	ENT (Ear, Nose, Throat)	15
Ophthalmology	170	Nutrition	23
Orthopedics	73	Ophthalmology	11
Physical Therapy	106	Physical Therapy	12
<b>Total to Specialties: 606</b>			

The above report reflects the total number of referrals for the month of March.

The total number of referrals in the Workque as of April 8<sup>th</sup> were **1,191 referrals** with **4561** referrals deferred pending specialist consultation notes. Currently we are processing **22** days out.

We continue to work on processing referrals, as quickly as possible. Since this last report we had 3 referral workgroups and during those time we processed 416 referrals over 3 Saturdays.

The referral team continues to work hard despite the ongoing challenges. We had one of our full-time referral team members return from maternity leave so glad to have her back and add more consistency to the day-to-day referral coverage. As always, we continue to work towards processing referrals within 10 days to meet our Partnership metric.

Respectfully Submitted,

*Cynthia Coutee*

Cynthia Coutee, Clinic Manager-Vacaville

# Community Healthcare Board

## 5) Clinic Operations Reports:

h) OCHIN EPIC Update(s)

**\*NO REPORT\***

# Community Healthcare Board

## 5) Clinic Operations Reports:

i) Quality Improvement Update

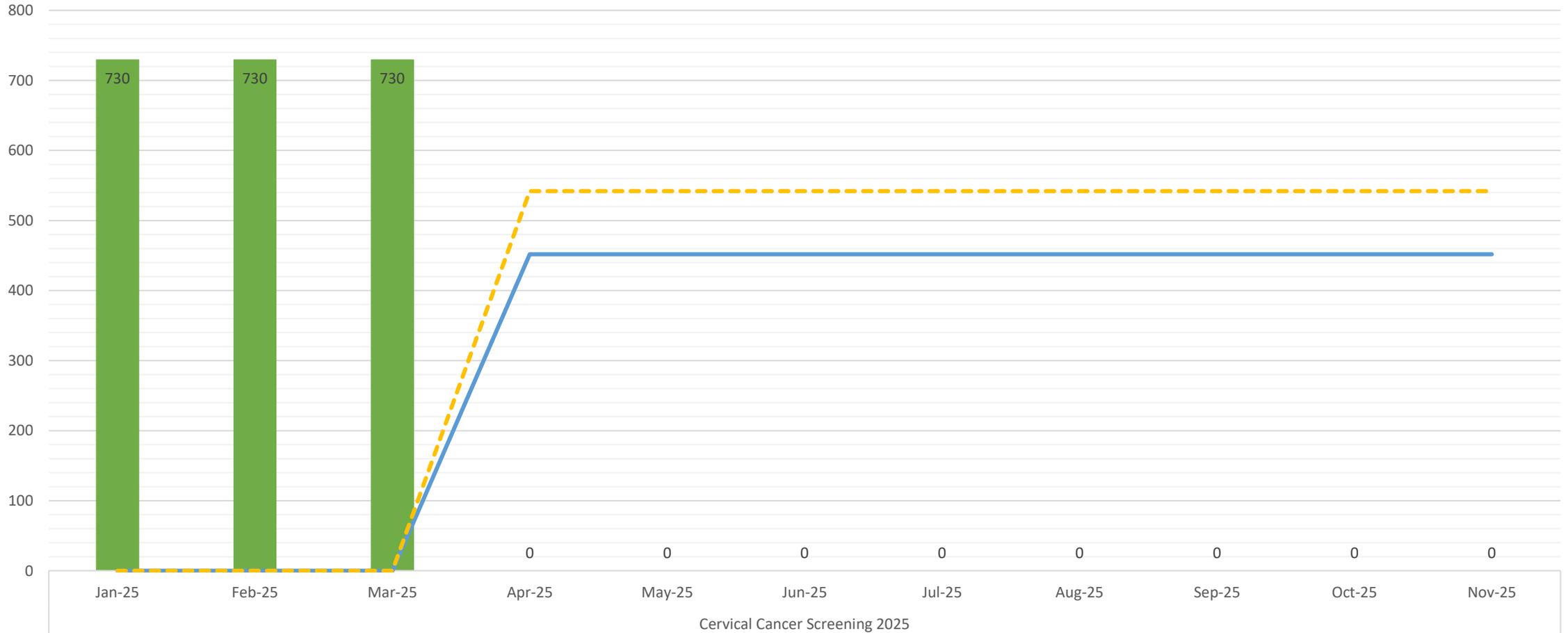
# 2025 MODIFIED QIP

SOLANO COUNTY FAMILY HEALTH SERVICES



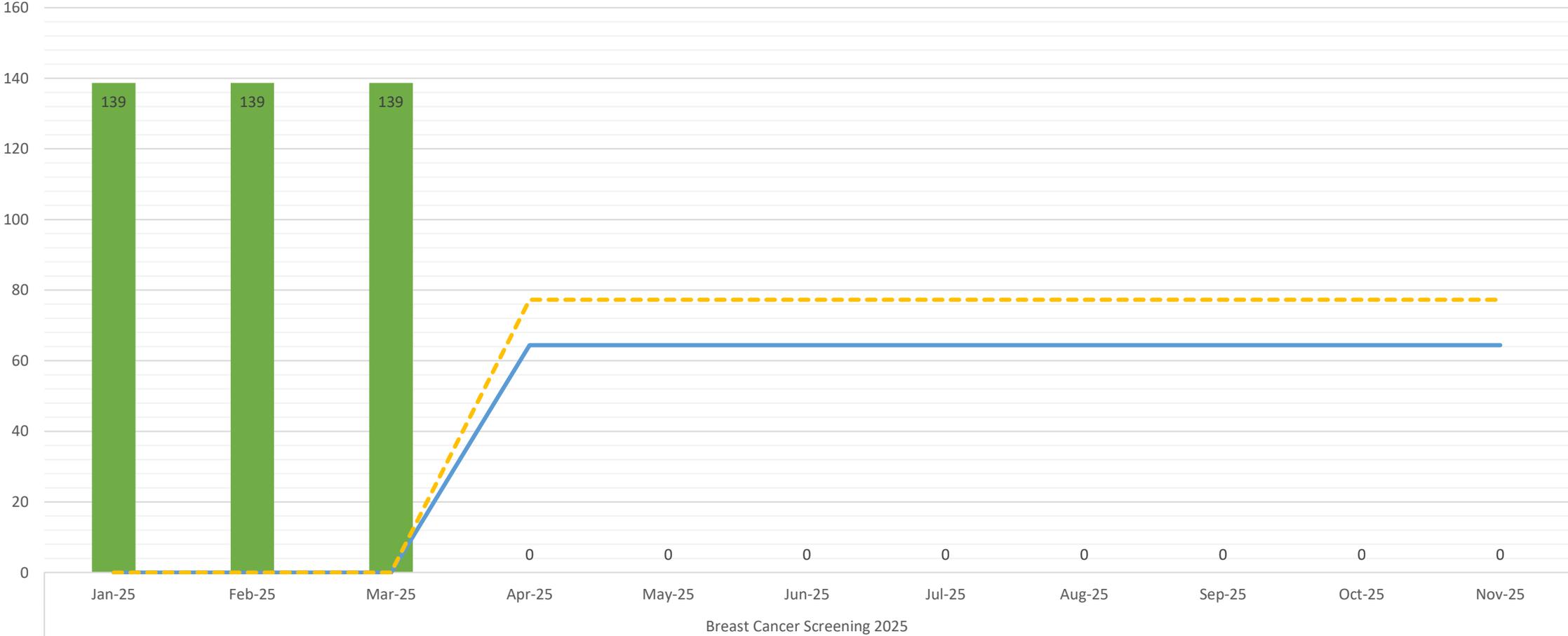
# 2025 MODIFIED QIP CERVICAL CANCER SCREENING BETWEEN 1/1/25 AND 11/30/25

Achieved Target Target w/ No-Shows



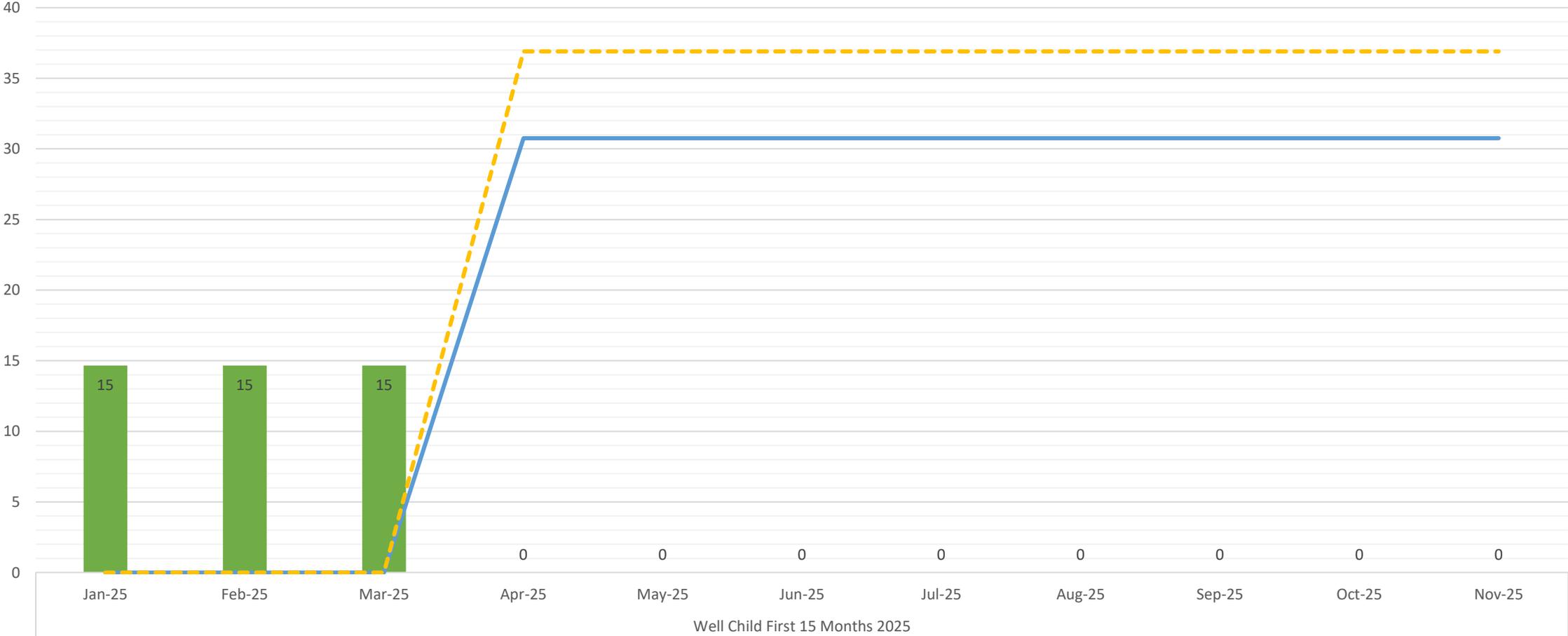
# 2025 MODIFIED QIP BREAST CANCER SCREENING BETWEEN 1/1/25 AND 11/30/25

Achieved Target Target w/ No-Shows



**2025 MODIFIED QIP**  
**WELL CHILD 6 X 15 MONTHS**  
BETWEEN 1/1/25 AND 11/30/25

Achieved Target Target w/ No-Shows

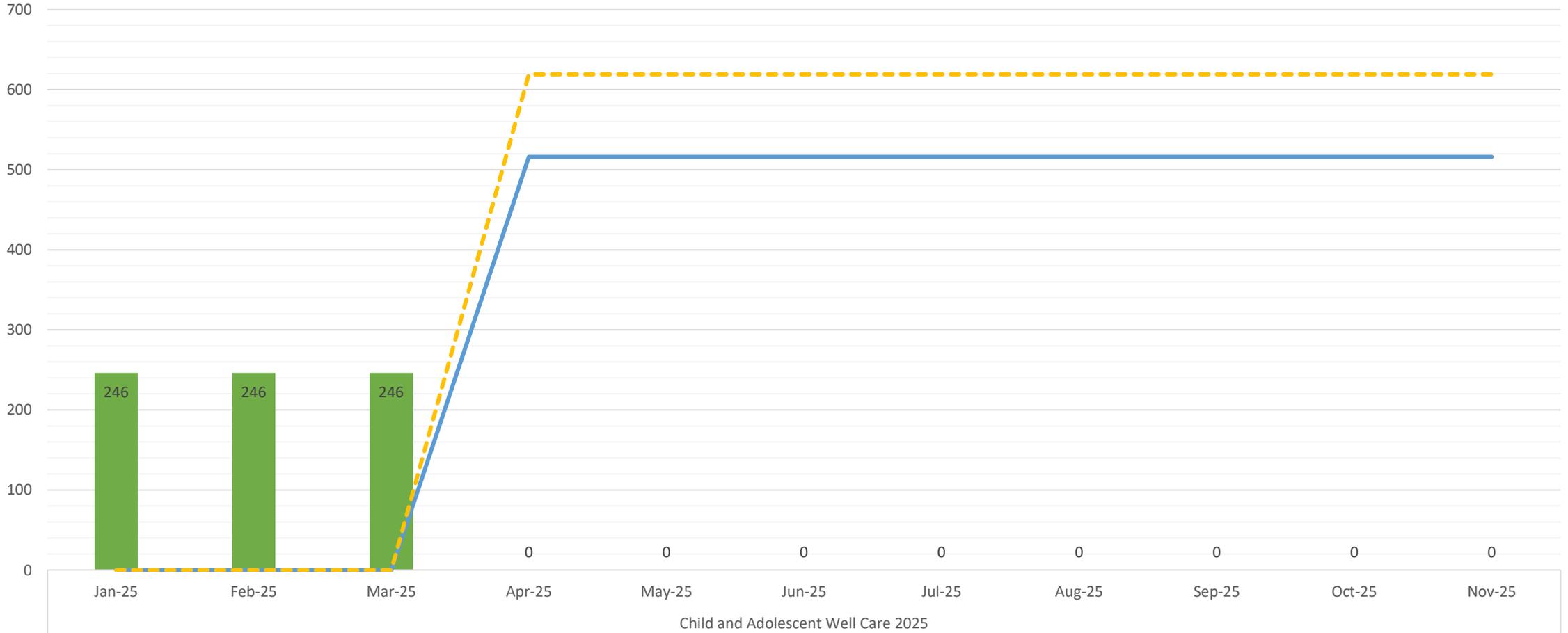


# 2025 MODIFIED QIP

## ANNUAL WELL CHILD VISITS (3-17)

BETWEEN 1/1/25 AND 11/30/25

Achieved Target Target w/ No-Shows





**Family Health Services  
Quality Assurance/Quality Improvement  
Committee Meeting Minutes**

**Date: Friday, October 11, 2024,                      Time: 1:00 p.m. – 2:00 p.m.**  
**Meeting Location: MS Teams,                      Call in number: +1 323-457-3408**  
**Conference ID: 671 432 851#,                      Meeting ID: 265 883 284 738#,**  
**Password: juJYA6**

<b>Members (x indicates attendance)</b>			
<input type="checkbox"/> Michele Leary, Co-Chair	X Reza Rajabian	<input type="checkbox"/> Brandon Wirth	X Elizabeth Coudright
<input type="checkbox"/> Dona Weissenfels	X Kaitlyn Riley	X Athena Gabriel	<input type="checkbox"/> Amber Searcy
X Michelle Stevens	X Daniel Klein	X Esperanza Garcia	<input type="checkbox"/> Pierce Leavell
<input type="checkbox"/> Shabnam Chabi	<input type="checkbox"/> Karla Bailey	X Trielle Robinson	X Katreena Dotson
<input type="checkbox"/> Rodney Faucett	<input type="checkbox"/> Sharon Vaca	X Maria Torres	X Noelle Soto
X Han Yoon	X Cynthia Coutee	X Rebecca Cronk	X Sylvia Martin

<b>Agenda Topics</b>	<b>Discussion</b>	<b>Action Items &amp; Due Date</b>	<b>Speaker(s)</b>
<b>Welcome</b>	Greetings <ul style="list-style-type: none"> <li>Han started the meeting going over what the meeting will be covering. The Quality Team presented the current 2024 QIP measure scores per clinic. Esperanza started, followed by Athena, Katreena, and lastly Sylvia. The team also presented current and future projects.</li> </ul>		Han
1. 2024 QIP Reporting	2024 Measurement Year – current status <ul style="list-style-type: none"> <li>*Childhood Immunizations (CIS 10), Adolescent Immunization (IMA 2), and Blood Lead Screening</li> <li>*Child &amp; Adolescent Well Care, Well Child First 15 months of life (WCC 0-15), Controlling High Blood Pressure, and HbA1c Good Control</li> <li>*Diabetes Retinal Eye Exam and Cervical Cancer screening</li> <li>*Colorectal Cancer Screening and Breast Cancer Screening               <ul style="list-style-type: none"> <li>The Quality Team explained the excel table being presented for the 2024 PHC QIP Measurement Year, there were 4 tabs reviewed by location. 1<sup>st</sup> tab being FF Peds, 2<sup>nd</sup></li> </ul> </li> </ul>		Espi  Athena  Katreena Sylvia

	<p>tab FF Adult, 3<sup>rd</sup> tab Vacaville, and 4<sup>th</sup> tab Vallejo. Measures for both Adult and Peds were presented for each clinic. Esperanza went through our current QIP Score per clinic for Childhood Immunizations (CIS 10), Adolescent Immunizations (IMA 2), and Blood Lead Screening. Athena went over Well Child Visits, Well Child First 15 Months of Life, Controlling High Blood Pressure, and HbA1c Good Control. Katreena continued by going over Cervical Cancer Screening and Diabetes Retinal Eye Exam. Lastly, Sylvia went over Colorectal Cancer Screening and Breast Cancer Screening Measures. The information that was shared was the definition of each measure, the current QIP Score (percentage), target goal of 90<sup>th</sup> percentile (percentage), and the number of patients needed to reach the 90<sup>th</sup> percentile (full points) for each measure per clinic.</p>		
<p>2. 2024 QA/QI Projects</p>	<p>*“Physical &amp; Iz’s day” – Dr. Stevens on 10/16</p> <p>*WCC 0-15 Centering – getting ready for Session 4 on 11/5 and “A1c and BP days” – Camille Cook (starting 10/24, every Thursday until 2<sup>nd</sup> week of Dec)</p> <p>*“Pap days” – Camille Cook (starting 10/17, following week every Tues/Wed until 3<sup>rd</sup> week of Dec)</p> <p>*CRCS (Cologuard) and Mamo orders – we continue to work on these as time permits</p> <ul style="list-style-type: none"> <li>• The Quality team continued with presenting current projects per measure. Esperanza went over current projects for Pediatrics. A “Physical &amp; Vaccine day” has been set up with Dr. Stevens in FF Peds on Oct 16<sup>th</sup>. Targeting a mix of CIS 10, IMA 2, Well Child Visits, and WCC 0-15 months. The Quality Team has discussed more dates to come with Dr. Stevens. Discussion has started on possibly incorporating some dates in the future with providers schedules to get some of these patients in for physicals and vaccines, in hopes of at least meeting the 50<sup>th</sup> percentile (partial points). Some of the immunizations measure, we are close to meeting. Therefore, we would like to get in as many physicals as possible to be able to meet both immunizations measures.</li> <li>• Athena continued speaking about Pediatrics, the WCC 0-15 months-Centering Parenting project. This project covers Health Equity and the WCC First 15 Months of Life measure. We are getting ready for Session 4, which will be on 11/5/24. We have started to brainstorm/discuss a future cohort for our next WCC 0-15 months-Centering Parenting project. Which means we will be needing to target pregnant moms now, since this is a 2-year project. We may target babies born, Nov 2024, Dec 2024, and/or Jan 2025. We are hoping to start a new cohort in Vallejo, but this is just the beginning of the discussion. Athena moved onto the next project being “BP/A1c days” with Camille Cook, which is starting on 10/24. Essentially these appts will be on the QA/QI RN/MA schedule. But if the patient does not come within range, the appt/encounter then becomes an office visit, where Camille will then consult with the patient. These days</li> </ul>		<p>Espi Athena</p> <p>Katreena</p> <p>Sylvia</p>

	<p>will be every Thursday until the 2<sup>nd</sup> week of December.</p> <ul style="list-style-type: none"> <li>• Katreena continued speaking about the “Pap days” with Camille Cook. Camille is a Locum who has had her contract extended from October to December to help with QA/QI, specifically for the Cervical Cancer Screening measure. We will be conducting “Pap days” which will be every Tuesday and Wednesday w/Camille. Camille comes back on 10/15 and 10/16 and will be in Epic training with Shae and Jasmine. Her first “Pap day” will 10/17 to slowly transition her into Epic. Tuesdays and Wednesday following 10/17, Camille will be continuing with “Pap days” up until the 3<sup>rd</sup> week of December, including 12/17 &amp; 12/18. Athena pointed out that according to our Threshold Report, we are far from meeting the Cervical Cancer Screening measure, so we do not expect to meet the measure. But the plan is to obtain data (i.e. the kept appt rate) to help us next year, in hopes of helping us get Locums on board specifically for Quality measures. Katreena added that this is a 3-year initiative and starting now will help us gain momentum with this measure to be in a better situation next year. We will eventually be double, possibly triple booking, so Camille will have a heavy schedule.</li> <li>• Athena continued discussing a few on-going projects for Colorectal Cancer Screening. Our concentration is really with Cologuard, we continuously outreach to patients reminding them to send in their kits and we make sure kits are being ordered. For Breast Cancer Screening, we are doing our best (with our skeleton crew) to outreach to patients to remind them to get their mammogram completed. For the team, these two measures are worked on when time permits.</li> <li>• Katreena ended with asking to please do not schedule pap smears on the QA/QI Pap days. If you have a patient that is due for a pap, please contact one of the members of the Quality Team, so that we can cross-reference the patient with our Cervical Cancer Screening Care Gap list to see if they qualify for being in the measure. If they are not on our care gap list, then please put them on your own schedule. Athena stated that the Quality Team is working on getting a Quality schedule created, with limited permission, meaning that only the Quality Team can schedule on their own schedule. So that there is no confusion regarding other staff scheduling on the Quality schedule.</li> </ul>		
3. Discussion	<p>Open for comments, questions, or concerns</p> <ul style="list-style-type: none"> <li>• Question per Kate Riley – <i>Now that we have switched to Epic, have we implemented any “hard stops” for Care Gaps in the charting area where it would remind us, patient is due for a mammo or for an eye check? We do see it on Cares, but it would be nice to see it in the chart before I close it.</i></li> <li>• Answer per Sylvia – <i>I don’t think that there have been “hard stops” discovered. I think as of now it will be on that left-hand tab “the storyboard”, where it shows the care gaps</i></li> </ul>		Han

	<p><i>that the patient is due for. Unfortunately, we aren't really sure if there will be alert possibilities.</i></p> <ul style="list-style-type: none"> <li>• <i>Answer per Han – I don't think there is any "hard stop", but care gaps do show on the patient's storyboard on the left.</i></li> <li>• <i>Comment per Kate – I think that if that could be implemented, I think our numbers would be higher.</i></li> <li>• <i>Comment per Athena – I agree with you Kate. I think that is part of the care gap list on the storyboard for the patients. I know that some of these measures have been inputted in there, but not all. Unfortunately, we aren't a part those meetings, so I think that would be a Dr. Leary question. But thank you for your point because I do agree with you. If we can find anything out from Dr. Leary, we will definitely share it with you and also pass along your suggestion.</i></li> <li>• <i>Comment per Kate – I will run it by Shae as well.</i></li> <li>• <i>Comment per Athena – Yes, any angle we can use would be great.</i></li> <li>• <i>Comment per Kate – Also a reminder to staff to do Cares because I've gotten some push back. But now that we are in Epic and we know how to use it, a good reminder for Providers to be on top of this stuff while we are transitioning.</i></li> <li>• <i>Question per Athena – When you say Cares, do you mean Care Guidelines (NextGen lingo)?</i></li> <li>• <i>Answer per Kate – Yes</i></li> <li>• <i>Comment per Athena – Ok. Yes, we definitely agree with you. Thank you for that Kate.</i></li> <li>• <i>Comment per Kate – I think it's all about reminding us.</i></li> <li>• <i>Comment per Han – Any other questions or feedback? If not that's all we have for this month. Our main focus for this last quarter will be "Pap days" &amp; "BP/A1c days" with Camille Cook. We are also trying to meet some of the measures that we are really close to meeting such as Peds measures. Thank you.</i></li> </ul>		
--	--	--	--

<b>Next Meeting</b>	<b>Future Meetings</b>
Friday, December 6, 2024	We meet every other month
<b>Time</b>	<b>Location</b>
1:00 p.m. – 2:00 p.m.	MS Teams (meeting details above)



**Family Health Services  
Quality Assurance/Quality Improvement  
Committee Meeting Minutes**

**Date: Friday, December 6, 2024,      Time: 1:00 p.m. – 2:00 p.m.**  
**Meeting Location: MS Teams,      Call in number: +1 323-457-3408**  
**Conference ID: 240 894 562#,      Meeting ID: 241 948 910 934#,**  
**Password: YhoTDV**

<b>Members (x indicates attendance)</b>			
X Michele Leary, Co-Chair	X Kaitlyn Riley	<input type="checkbox"/> Pierce Leavell	X Katreena Dotson
X Dona Weissenfels	X Daniel Klein	<input type="checkbox"/> Brandon Wirth	X Maria Torres
X Michelle Stevens	<input type="checkbox"/> Karla Bailey	X Athena Gabriel	X Trielle Robinson
<input type="checkbox"/> Shabnam Chabi	<input type="checkbox"/> Sharon Vaca	X Esperanza (Espí) Garcia	X Elizabeth Coudright
<input type="checkbox"/> Rodney Faucett	X Cynthia Coutee	X Sylvia Martin	<input type="checkbox"/> Amber Searcy
<input type="checkbox"/> Han Yoon	<input type="checkbox"/> Rebecca Cronk	X Eugenia Sandoval	X Noelle Soto
X Reza Rajabian	X Elizabeth Pena	X Lydia Bauer	X Kylie Vallimont

<b>Agenda Topics</b>	<b>Discussion</b>	<b>Action Items &amp; Due Date</b>	<b>Speaker(s)</b>
<b>Welcome</b>	<p>Greetings – Welcome everyone</p> <p>Introduction of new Quality member (Eugenia)</p> <ul style="list-style-type: none"> <li>Athena started the meeting going over what the meeting will be covering. She also introduced the newest member to the Quality Team; Eugenia Sandoval. The Quality Team presented the current 2024 QIP measure scores per clinic. Esperanza started, followed by Katreena, Athena, and lastly Sylvia. The team also presented current and future projects.</li> </ul>		Athena
1. 2024 QIP Reporting - current status	<p>2024 Measurement Year – current status</p> <p>*Cervical Cancer Screening, HbA1c Good Control, and Diabetes-Retinal Eye Exam</p> <p>*Controlling High Blood Pressure and Breast Cancer Screening</p> <p>*Well Child 1<sup>st</sup> 15 months (WCC 0-15), Blood Lead Screening, and Adolescent Immunizations (IMA 2)</p>		<p>Espi</p> <p>Katreena</p> <p>Athena</p>

	<p>*Colorectal Cancer Screening, Childhood Immunizations (CIS 10), Child and Adolescent Well Care</p> <ul style="list-style-type: none"> <li>The Quality Team explained the excel table being presented for the 2024 PHC QIP Measurement Year, there were 4 tabs reviewed by location. 1<sup>st</sup> tab being FF Peds, 2<sup>nd</sup> tab FF Adult, 3<sup>rd</sup> tab Vacaville, and 4<sup>th</sup> tab Vallejo. Measures for both Adult and Peds were presented for each clinic. Esperanza went through our current QIP Score per clinic for Cervical Cancer Screening, HbA1c Good Control, and Diabetes-Retinal Eye Exam. Katreena continued by going over Controlling High Blood Pressure and Breast Cancer Screening. Athena went over, Well Child 1<sup>st</sup> 15 Months of Life, Blood Lead Screening, and Adolescent Immunizations (IMA 2). Lastly, Sylvia went over Colorectal Cancer Screening, Childhood Immunizations (CIS 10), and Child and Adolescent Well Care. The information that was shared was the definition of each measure, the current QIP Score (percentage), target goal of 90<sup>th</sup> percentile (percentage), and the number of patients needed to reach the 90<sup>th</sup> percentile (full points) for each measure per clinic.</li> <li>It was pointed out that QIP eReports is incorrect, when listing a Pediatric measure on our FF Adult Clinic, instead of in our FF Pediatric Clinic, specifically the Child and Adolescent Well Care measure. In 2024, there were 2 patients in the denominator for the Child and Adolescent Well Care at our FF Adult clinic. Since one of the two patients had already met the measure, we decided to address this issue in 2025. If we had addressed this Pediatric measure mistakenly listed under our FF Adult clinic, we would have lost the QIP \$ already earned. To put it into perspective, we had already earned \$49,000 for the one patient meeting the measure, it would increase to \$63,000 if we get the second patient in for a physical to meet this specific measure. With that being said, we will be addressing this issue in 2025, getting this measure moved over from FF Adult to FF Pediatrics. Additionally, we've targeted the second patient and have been able to get them scheduled for an appointment. We are hopeful to meet this measure for our FF Adult Clinic.</li> </ul>		Sylvia
2. 2024 QA/QI Projects	<p>Remaining "Pap Days" w/Camille Cook</p> <ul style="list-style-type: none"> <li>The Quality team continued with presenting current projects per measure. Esperanza went over the five remaining "Pap Days" w/Camille Cook, which are 12/10, 12/11, 12/13, 12/17, and 12/18.</li> </ul>		Espí

	<p>Remaining “A1c/BP Days” on the sa336 QA/QI schedule</p> <ul style="list-style-type: none"> <li>Katreena continued discussing the last two remaining “A1c/BP Days” on the FF sa336 QA/QI schedule, which are on 12/12 and 12/16. Sylvia and Espi have been the MA’s on these days. One point that was stressed is that the Quality Teams has been noticing that not all clinics are doing the required two BP checks before the patient leaves the appointment. It is important to remember that when a patients BP is high, to please do another BP check before the patient leaves their appointment.</li> </ul> <p>WCC 0-15: Centering Parenting–Session 4: 11/5/24 &amp; Session 5: 2/4/25</p> <ul style="list-style-type: none"> <li>Athena finished with discussing the WCC 0-15: Centering Parenting Project. We started with five families and are now down to three families. Our 4<sup>th</sup> session was on 11/5. Session 5 is on 2/4/2025 and the final session 6 is on 3/4/2025. We are brainstorming with what we will be doing for the next cohort, possibly run in our Vallejo Clinic. We have been working with PHC and different departments to help identify pregnant moms, so that we have a cohort of babies that we can target for the next WCC 0-15 months: Centering Parenting Project.</li> </ul>		<p>Katreena</p> <p>Athena</p>
3. Presentation	<p>Prescription for Play (P4P)</p> <ul style="list-style-type: none"> <li>Dr. Stevens ended the meeting with her presentation. The presentation is regarding the importance of play in early childhood development. We will be starting the P4P project in March or April of 2025. Please see presentation for further information.</li> </ul>		Dr. Stevens
4. Discussion	<p>Open for comments, questions, or concerns</p> <ul style="list-style-type: none"> <li>Question per Kate Riley – <i>We are only doing two BP checks, if the first one is high, correct?</i></li> <li>Answer per Katreena – <i>Yes, that is correct. If a patients BP is within range, there is no need to do a second BP reading. So, if a patients BP is out of range, then yes, please make sure you are doing that second BP check. On a regular basis, we have been seeing that not all clinics have been doing two BP readings, especially when their first BP comes in out-of-range.</i></li> <li>Comment per Kate Riley – <i>Ok, that’s what I thought you meant. Understood.</i></li> <li>Question per Kate Riley – <i>In 2025, are we looking to implement additional “Pap Days” or “A1c/BP Days” for other providers?</i></li> <li>Answer per Katreena – <i>Yes</i></li> </ul>		Athena

	<ul style="list-style-type: none"> <li>• Answer per Dona Weissenfels – <i>If we get a grant from HRSA, we will be opening Saturday clinics that will be Quality measure focused. We have been waiting for this HRSA grant to come through, it’s a two-year grant that will allow us to extend our hours. This grant is worth about \$1 million which would help fund the clinics. So, we can specifically bring in people who have gaps in care, which proves to be difficult, squeezing in these patients during the week into our regular daily schedule for those coming in with sickness. It would therefore be more preventative focused. So, we will wait and see what the result are of the grant.</i></li> <li>• Comment per Dona – <i>I just wanted to say that you all have done a great job this year. It’s a little hurtful to see that we are so very close to meeting some of our goals, but we have to remember that we implemented a new EHR system this fall, and that we are not at 100% scheduling capacity. So, lesson learned. But I am incredibly proud of the work we’ve done and how close we have gotten. And I’m really looking forward to 2025 because I know that you all will not only meet but exceed these benchmarks. So, job well done, thank you.</i></li> <li>• Comment per Athena – <i>Thank you Dona, Dr. Leary, and Dr. Stevens for your continued support. I have sent out the 2025 dates for the QA/QI Committee meetings. We will not be having a meeting in January, but we will in February. In 2025, we will be holding these meeting in the months of February, March, May, June, August, September, October, and December. As you all know, QIP eReports is down the first quarter of every year to pull data and get us our tallies for this year. We look forward to continuing to provide information to you all. Happy Holidays and a Happy New Year Everyone. See you all next year.</i></li> </ul>		
--	--	--	--

<b>Next Meeting</b>	<b>Future Meetings</b>
<p><b>*There will be no meeting in January 2025</b> Friday, February 14, 2025</p>	<p><b>Months we will be having meetings for 2025:</b> February, March, May, June, August, September, October, and December</p>
<b>Time</b>	<b>Location</b>
1:00 p.m. – 2:00 p.m.	MS Teams (meeting details above)



**Family Health Services  
Quality Assurance/Quality Improvement  
Committee Meeting Minutes**

**Date: Friday, February 14, 2025,      Time: 1:00 p.m. – 2:00 p.m.**  
**Meeting Location: MS Teams,      Call in number: +1 323-457-3408**  
**Conference ID: 842 666 856#,      Meeting ID: 277 293 687 369#,**  
**Password: vE7rB6WW**

<b>Members (x indicates attendance)</b>			
<input type="checkbox"/> Michele Leary, Co-Chair	X Kaitlyn Riley	<input type="checkbox"/> Pierce Leavell	<input type="checkbox"/> Katreena Dotson
X Dona Weissenfels	X Daniel Klein	<input type="checkbox"/> Brandon Wirth	<input type="checkbox"/> Maria Torres
X Michelle Stevens	X Karla Bailey	X Athena Gabriel	<input type="checkbox"/> Trielle Robinson
X Shabnam Chabi	<input type="checkbox"/> Sharon Vaca	<input type="checkbox"/> Esperanza Garcia	X Elizabeth Coudright
<input type="checkbox"/> Rodney Faucett	X Cynthia Coutee	<input type="checkbox"/> Sylvia Martin	<input type="checkbox"/> Amber Searcy
X Han Yoon	<input type="checkbox"/> Rebecca Cronk	X Eugenia Sandoval	X Noelle Soto
X Reza Rajabian			

<b>Agenda Topics</b>	<b>Discussion</b>	<b>Action Items &amp; Due Date</b>	<b>Speaker(s)</b>
<b>Welcome</b>	*Greetings – Welcome everyone <ul style="list-style-type: none"> <li>Han started off the meeting welcoming everyone, stating that this is the first QA/QI Committee Meeting for 2025. Han continued with what the team will be presenting; Eugenia will be going over Adult measure, while Athena will be presenting Pediatric measures, results pertaining to the 2024 QIP measure scores per clinic. The team also presented current and future projects.</li> </ul>		Han
1. 2024 QIP Reporting	*Cervical Cancer Screening, Breast Cancer Screening, Colorectal Cancer Screening, HbA1c Good Control, Diabetes-Retinal Eye Exam, and Controlling High Blood Pressure *Child and Adolescent Well Care, Well Child 1 <sup>st</sup> 15 months (WCC 0-15), Adolescent Immunizations (IMA 2), Childhood Immunizations (CIS 10), and Blood Lead Screening <ul style="list-style-type: none"> <li>The Quality Team explained the excel table being presented reflects results of what we ended with for the 2024 PHC QIP Measurement Year; each measure was gone over, per clinic: Fairfield (FF) Pediatrics (Peds), Fairfield (FF)Adult, Vacaville, and</li> </ul>		Eugenia  Athena

	<p>Vallejo. Measures for both Adult and Peds were presented for each clinic. Eugenia went through the results of the Adult measures, for Cervical Cancer Screening, Breast Cancer Screening, Colorectal Cancer Screening, HbA1c Good Control, Diabetes-Retinal Eye Exam, and Controlling High Blood Pressure. Athena went over Pediatric Measures; Child and Adolescent Well Care, Well Child 1<sup>st</sup> 15 Months of Life (WCC 0-15), Adolescent Immunizations (IMA 2), Childhood Immunizations (CIS 10), and Blood Lead Screening. The information that was shared was the definition of each measure, the final 2024 QIP Score (percentage), target goal of 90<sup>th</sup> percentile (percentage), and the number of patients that were needed to reach the 90<sup>th</sup> percentile (full points) for each measure per clinic.</p> <ul style="list-style-type: none"> <li>• It was addressed that we have 2 children; an 8 and a 16-year old, that have mistakenly been capitated to our FF Adult clinic instead of capitated to our FF Pediatric Clinic. This has been addressed with Partnership (PHC), PHC admits that this is their mistake, but that they need to hear from the parent of the patient in order to change their capitation. So, correcting these children’s capitation from FF Adult to FF Peds has turned out to be much more complicated than originally thought.</li> <li>• Han ended with asking if anyone had any questions. When looking at the scores, it does look very underwhelming, but at one point we only had 1 person working on all of these quality measures. Moving forward in 2025, we are hoping that these scores will improve. So, does anyone have any questions?</li> <li>• Question per Karla Bailey – <i>Yes, it is a little underwhelming when seeing these numbers, but I was wondering, how are you guys getting all of this data? Are you scrubbing charts of all of our PHC patients? How are you gathering the information?</i></li> <li>• Answer per Han – <i>This data is from PHC, we obtain Care Gap Lists from PHC eReports. Our capitation keeps increasing monthly, when this data was pulled, more than 28K patients were capitated to our clinics. And in 2025, capitation is going to be more than 30K patients. Each month it keeps increasing.</i></li> <li>• Answer per Athena – <i>So, it’s double-fold, we can’t always trust the information that PHC gives us. We access our Care Gap Lists from PHC per each measure. Since capitation changes monthly, PHC identifies all patients capitated to us monthly, per measure. The Quality Team then does our due diligence, per measure, usually surrounded around a project and first checks the patient’s eligibility, making sure that they are capitated to Family Health Services (FHS) and that they have PHC insurance. We then continue with scrubbing charts, to make sure that PHC has the most up-to-date and correct information. For example, with Controlling High Blood Pressure, HbA1c Good Control, and Well Child visits measures, PHC does not always</i></li> </ul>		
--	---	--	--

	<p><i>have the most up-to-date information, therefore we will have to upload this information. So, yes PHC does provide us with a capitation lists, per measure, but it isn't always accurate, so we therefore need to scrub charts to ensure accuracy of information. This past year was especially difficult because we were working in two EHR systems: NextGen and OCHIN Epic. So, work had to be done in both EHR systems.</i></p>		
2. 2025 QA/QI Projects	<p>*Tuesdays, Wednesday, and Thursdays “Pap Days” w/Camille Cook          *Incorporating HbA1c &amp; BP checks on Camille Cook’s schedule          *Wednesdays “Physical Days” w/Dr. Stevens until end of March          *WCC 0-15: Centering Parenting–Session 5: 2/4/25 &amp; Session 6: 3/4/25</p> <ul style="list-style-type: none"> <li>Eugenia discussed current 2025 Adult projects - “Pap Days” w/Camille Cook @ our FF Adult Clinic focusing on women’s health. We started this project mid-January; Camille holds her “Pap Days” on Tuesday, Wednesdays, and Thursdays, up until the end of March. At the same time if they are due for a Breast Cancer Screening (mammogram), we make sure to get that order requisition ready for the provider to sign-off on, closing the Care Gap. We also have been incorporating Blood Pressure and HbA1c check appointments on Camille’s schedule in hopes of meeting those measures as well. It has been a little difficult outreaching to patients who are due for a cervical cancer screening, because not a lot of patients want to schedule this type of appointment and although we’ve done a lot of calling, patients aren’t calling back. But we are starting to try new things, such as different ways of outreaching to patients, utilizing Artera, automatic text messaging/ phone call system. We are hoping since patients aren’t calling back, maybe outreaching in a different way, patients will respond through text message. We just started with Artera recently, sending out our 1<sup>st</sup> campaign and are preparing to send an even larger 2<sup>nd</sup> campaign next week. Another project we’ve worked on that we just got finished today is a Cologuard multi-patient order program, with the help of PHC, Exact Sciences will send out Cologuard bulk orders to patients that we’ve identified. We were given a huge Care Gap list consisting of thousands of patients on our Colorectal Cancer Screening measure. We scrubbed as many charts as we could within the time frame given to provide a list back to PHC to work with Exact Sciences in sending Cologuard kits to patients in hopes of closing the gap with Colorectal Cancer Screenings.</li> <li>Athena stated that for the past few weeks we’ve been working on the Cologuard bulk order project, so if there are any providers in this meeting, if you have seen Camille’s schedule, there aren’t many appointments scheduled because we’ve had to stop outreaching in making pap appointments because of the Colorectal Cancer Screening</li> </ul>		Eugenia  Athena

	<p>project. As Eugenia said, we just got finished with the Cologuard project, so we will start outreaching to patients again to schedule pap's on Camille's schedule as soon as this meeting is over.</p> <ul style="list-style-type: none"> <li>• Question per Karla Bailey – <i>When Quality has a group of patients, are you just using the one provider to schedule them? Or are you going to each clinic and assigning providers, maybe a specific provider is going to do pap's for half of the day? Has this idea been approached or is it just the one provider in Fairfield?</i></li> <li>• Answer per Athena – <i>Really the approach is different per measure. Each project is usually surrounded by a measure. For example, Colorectal Cancer Screening, we received a care gap list consisting of over 6K patients capitated to FHS, that are specifically in that particular measure. The 6K patients includes all clinics. So, we don't just work on Fairfield patients, we work all the clinics patients. And for this specific project, we had to scrub as many charts as possible to help us identify, if they were due for their Colorectal Cancer Screening. So, we put together a Bulk order list of patients due for their cancer screening, specifically utilizing Cologuard working with PHC and Exact Sciences to send out Cologuard kits to patients in a bulk order fashion. So, it really depends on the project. Now if you want to talk about the Cervical Cancer Screening, that project is being run with Camille Cook here in the Fairfield clinic. Again, it depends on the project. Typically, when we start a project, we usually start it in our FF Adult or FF Peds clinic. This is because the Quality Team is here in Fairfield. Although, we continue to gain buy-in from the rest of the clinics to be able to conduct projects in those clinics. Trying to get a project over to Vallejo or Vacaville can be an up-hill battle because we usually need a provider, an MA, and a room, and since we are so short staffed right now it is difficult to get projects started beyond the Fairfield clinic. But we do continue to try.</i></li> <li>• Comment per Han – <i>We've had this conversation with Kaitlyn Riley and I know that Eugenia has been shadowing her and her MA regarding the care gap list that shows up in OCHIN Epic. So, our approach moving forward is to take care as many care gaps as possible when a patient is here for an appointment.</i></li> <li>• Comment per Karla Bailey – <i>Yes that is what I do, when a patient comes in I take care of as many care gaps as I can and I also try and empower my MA to go through my day to identify any care gaps and to pend the order and I will sign off on it. In my point of view, as many eyes that can be in the chart to catch these care gaps the better which may be miniscule, but it also may help. But it's a start.</i></li> <li>• Comment per Eugenia – <i>We definitely agree with you. I have been shadowing Kate and her MA and they are doing exactly what you are saying you encourage your MA</i></li> </ul>		
--	---	--	--

	<p><i>to do. They will probably be our Champions over here in Fairfield because they are a Provider/MA pairing that are identifying and communicating the care gaps. For example, the MA goes over the care gaps and sees that they are due for a mammogram, so the MA pends the order to the Provider. What the Quality Team is hoping to work on next is coming up with a step-by-step workflow for the Providers and the MA's, so that all Provider/MA pairings are on the same path in identifying and closing these care gaps. If we close these care gaps its not only good patient care, but meeting measures which in the end will provide the clinics more money. So, this is something we are definitely wanting to head towards. The plan is to start with Kate Riley and her MA, since it is already what they are doing, we are then hoping to move onto the rest of the Provider/MA pairings to follow. Karla it seems like you are already doing this, so thank you for your effort!</i></p> <ul style="list-style-type: none"> <li>• <i>Question per Kaitlyn Riley – How do we get everyone else on the same page? Have we set up any training in Vallejo or Vacaville? Maybe Karla can be our Vallejo trainer?</i></li> <li>• <i>Comment per Karla Bailey – I would be happy to!</i></li> <li>• <i>Comment per Han – Good question Kate.</i></li> <li>• <i>Answer per Karla Bailey – I think the issue is because we are so short staffed and that there are some Providers that don't have MAs, some Providers don't see women's health, some providers are only here one or two times a week, so the MAs get shuffled around, so I found that it's kind of hard to facilitate change.</i></li> <li>• <i>Answer per Eugenia – Yes, I think that you are completely right. Which is why at this point, we'd like to work on creating a workflow to share with the Provider/MA pairings in hopes of reminding them to pay attention to the care gap list in OCHIN Epic so that we can try and meet some of those measures. In a perfect world, we wouldn't be so understaffed, but I think it's been this way since COVID. So, we are hopeful that with a clear workflow it will get better.</i></li> <li>• <i>Comment per Karla Bailey – Well you guys are doing great work, trying to get all this together. Just let me know how we can help on this end.</i></li> <li>• <i>Comment per Eugenia – Thank you so much and yes if you have volunteered for Vallejo, we may be in contact with you once we are ready to move on to Vallejo to get you and your MA to hopefully be our quality champion in Vallejo.</i></li> <li>• <i>Comment per Han – Thank you Karla.</i></li> <li>• <i>Comment per Karla – You're welcome.</i></li> <li>• <i>Athena continued discussing the current 2025 Peds projects – Dr. Stevens has committed her Wednesdays up until the end of March for “Physical days”. Espi has</i></li> </ul>		
--	---	--	--

	<p>been scheduling these physicals, whether it be for the WCC 0-15 months, the Well Child 15-30 months, and even Well Child visits 3-17 year-old measures. We found that with the Childhood (CIS 10) and Adolescent Immunization (IMA 2) measures, most of our patients need a physical, so we can't even utilize the RN/MA schedule for vaccines. Because of that we figured we would utilize Dr. Steven's Wednesdays for physicals. Another project we have been working on is the WCC 0-15 months – Centering Parenting. We had Session #5 on 2/5/25, we started off 5 families and ended up with 3 and in this last session only one family showed. That baby received a blood lead screening because she had just turned one years old. We also celebrated her birthday. Our final meeting, Session #6 will be on 3/4/25, which will be our last session with this first cohort. We are not sure if we will be continuing this project with another cohort because we may have other Peds projects that will take priority. This is all for our current Peds projects. I will now hand it over to Dr. Stevens, who has a small fluoride varnish presentation to share.</p>		
<p>3. Presentation</p>	<p>*Fluoride Varnish</p> <ul style="list-style-type: none"> <li>• Dr. Stevens presented her PowerPoint fluoride varnish presentation. She had a video to share, but since the audio wasn't working, she instructed staff to view it on their own. It is a very informative video on the importance of fluoride. Dr. Stevens and Dr. Rajabian worked together to develop the fluoride varnish program which will be starting the Spring of 2025 at both FF Peds and FF Dental. They will be targeting 6 months – 5-year olds at the Well Child visits, for all children who have teeth. The importance of fluoride is that it stops the early tooth decay that is very prevalent in our patient population, it slows down the process of the demineralization of the enamel, and it helps prevent cavity causing bacteria in the mouth. This fluoride can be done every 3-6 months, which is covered by PHC. The plan is that the RDA's will come over to FF Peds and show the MAs how to apply the fluoride varnish. I have shared this information with Shab, Jasmine, and Shae to help build it in OCHIN Epic. Sharon was able to order it in FF Peds, I am not sure if Tara Lopez (Vacaville Lead MA) and Leah Nichols (Vallejo Lead MA) were able to order it in Vallejo and Vacaville. We would like to start this in April, they would like to get it started before the summer rush of physicals. Dr. Rajabian if you would like to add anything, pls do.</li> <li>• Dr. Rajabian continued - Thank you Dr. Stevens. It is great to collaborate with FF Peds to help our patient population. We are trying to get a hold of this Caries progression in children. As Dr. Stevens mentioned anybody who has teeth who are under 6 years old, it is a very simple application process, as you will see in the YouTube video. It is pretty benign, very simple. I think the toughest thing is trying to</li> </ul>		<p>Dr. Stevens</p>

	<p>get the kid to cooperate with you. But you guys in Peds are pros at this, since you guys are giving injections and vaccinations, this should not be a problem at all. So, we look forward to working with FF Peds to get this project going.</p> <ul style="list-style-type: none"> <li>• Dr. Stevens asked if anyone has any questions. No one had any questions.</li> <li>• Han ended the meeting.</li> </ul>		
4. Discussion	Open for comments, questions, or concerns		Athena

<b>Next Meeting</b>	<b>Future Meetings</b>
Friday, March 14, 2025	<b><i>Months we will be having meetings for 2025:</i></b> February, March, May, June, August, September, October, and December
<b>Time</b>	<b>Location</b>
1:00 p.m. – 2:00 p.m.	MS Teams (meeting details above)

# Community Healthcare Board

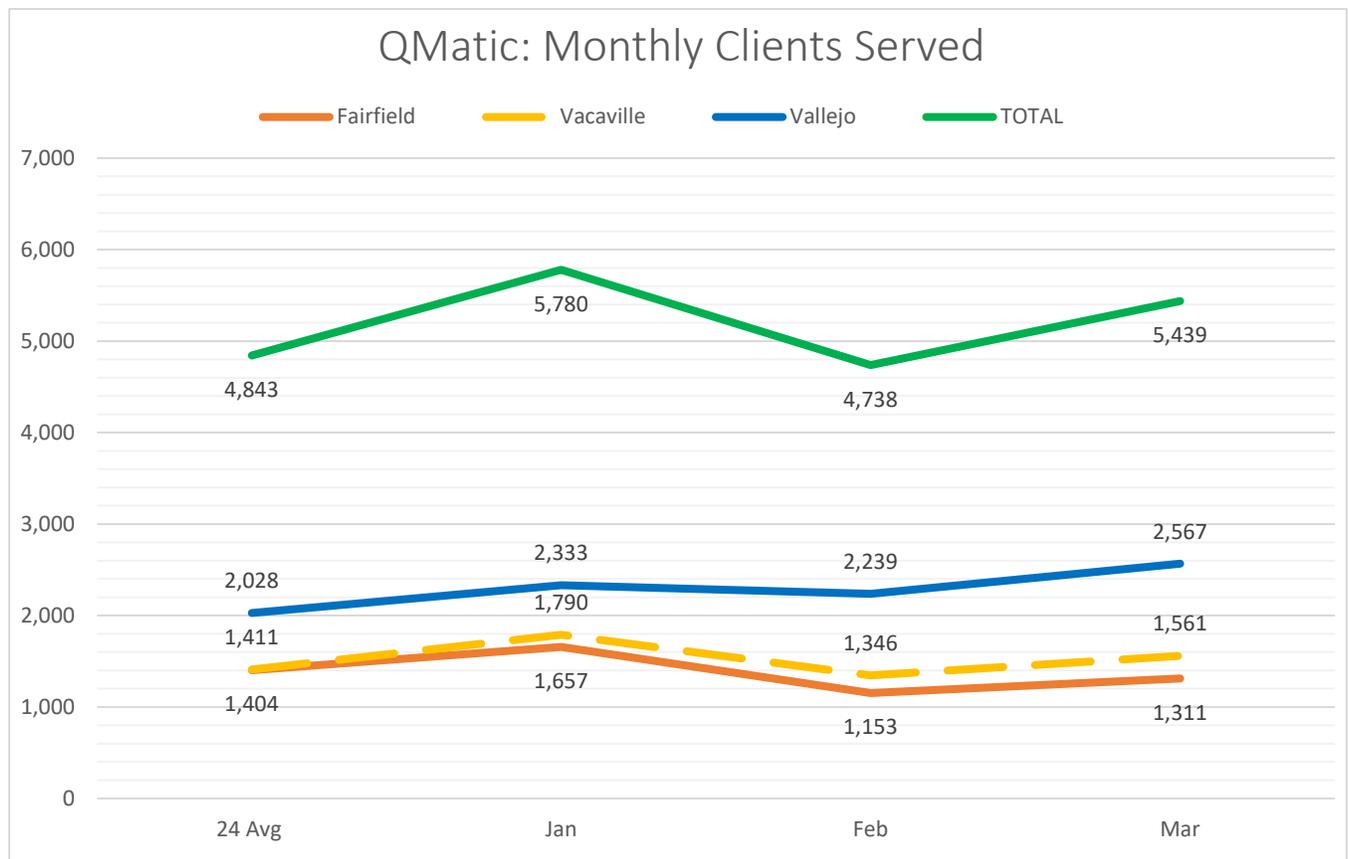
## 5) Clinic Operations Reports:

j) FHS Clinic Q-Matic Stats

**Clinic Operations Report:** Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served			
	2024 Average	Jan	Feb	Mar
<b>Fairfield</b>				
Lab	93	101	60	43
Medical (Adult)	1,311	1,556	1,093	1,268
<b>Subtotal</b>	<b>1,404</b>	<b>1,657</b>	<b>1,153</b>	<b>1,311</b>
<b>Vacaville</b>				
Dental	589	723	579	703
Medical (Adult & Peds)	822	1,067	767	858
<b>Subtotal</b>	<b>1,411</b>	<b>1,790</b>	<b>1,346</b>	<b>1,561</b>
<b>Vallejo</b>				
Dental & Medical (Adult & Peds)	1,935	2,223	2,100	2,400
Lab	93	110	139	167
<b>Subtotal</b>	<b>2,028</b>	<b>2,333</b>	<b>2,239</b>	<b>2,567</b>
<b>TOTAL</b>	<b>4,843</b>	<b>5,780</b>	<b>4,738</b>	<b>5,439</b>



## *Article IV: Members*

---

### **Section I – Membership**

There shall be at least nine (9) and no more than nineteen (19) at large voting members of the Board and one ex-officio non-voting member.

1. Membership categories:

A. Patient Members selected from patients of the Solano County FQHCs ("Patient Members").

B. Community Members ("Community Members") from differing segments of the County with expertise in community affairs, finance, legal affairs, or business or other commercial concerns; and

C. The FQHC Project Director/CEO, who shall serve as an ex-officio non-voting member of the Board.

2. Following the establishment of the Board and the seating of its initial members, the selection and appointment of any member and the filling of any vacancy shall be made by the Board by a majority vote. The FQHC Project Director/CEO shall submit a recommended a list of nominees to the Board. The Director shall ensure that each nominee meets the requirements discussed in Article IV.

### **Section II – Membership Qualifications.**

1. No more than one-half of the Community Members may receive more than ten percent (10%) of his or her annual income from the health care industry.

2. All Community Members must either be living or working in the service area of the health centers located in Solano County, are representative of the community served by the health center or the health center's service area or have a demonstrable connection to the community. No member of the Board shall be an employee or an immediate family member, by blood, adoption or marriage, of an employee of the County of Solano. No member shall have a financial interest, which would constitute a conflict of interest. Community Members are selected to provide relevant expertise and skills such as community affairs, local government, fiancé and banking, legal affairs, and other commercial and industrial concerns.

3. A majority of members of the Board (at least 51 percent) must be individuals who are served by the health center.

4. Patient Board Members must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit at an in-scope site.

5. As a group, Patient Members of the Board must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and gender. Health centers are also encouraged to consider patient members' representation in terms of other factors such as socioeconomic status, age, and other relevant demographic factors.

6. A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a patient for purposes of Board representation.

7. As a recipient of section 330(h) grant funds (Healthcare for the Homeless), at least one member of the Board shall represent the homeless population served by the health center. This Board member shall either be a Patient or Community Member as defined in Section I of this Article IV. Representation could include advocates for the homeless population, someone who currently is or has experienced homelessness, or has expertise about, or works closely with the homeless population.

### **Section III - Responsibilities and Rights of Members**

1. All members must:

A. Attend all Board meetings subject to the requirements of Article VI.

B. Serve without compensation from the FQHC; however, mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Solano.

C. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Solano and the laws of the State of California.

2. Members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

## *Article VI: Removal*

---

Any member may be removed whenever the best interests of FHS or the Board will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

The Board will accept a verbal resignation of a Board member as long as it is properly documented. The Board will send an email or letter to the Board member confirming the resignation. Following seven days (7) of receipt of the letter by the Board, the resignation is accepted.