

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

May 7, 2020 @ 11:00 am

Meeting Location: Teleconference Call Information - 831-454-2222; Code: 850702
 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. April 2, 2020 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. 210.01 Medical Assistant Standard Tasks and Responsibilities – Action Required
6. 20/21 budget Financial Update – Action Required
7. Financial Update
8. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Bring updated corrected UDS report.	Raquel		
Keep Commission updated on novel coronavirus (COVID-19)	Amy		
Medication Management Therapy. Report back on this topic at the next meeting.	Raquel		
Send Emergency Operations Plan (EOP) signature page to Christina for signature.	Mary		
Report back on maximum out of pocket limit set. Check with other county agencies	Julian		

Next meeting: June 4, 2020 11:00 am- 1:00 pm
 1080 Emeline Ave., Bldg., D (DOC Conference Room, 2nd Floor) Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held April 2, 2020


Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Pamela Hammond	Member
Marco Martinez-Galarce	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	Administrative Services Manager
Mary Olivares	Admin Aide
Meeting Commenced at 11:06 am and Concluded at 12:50 pm	
Excused/Absent:	
Absent: Gustavo Mendoza	
1. Welcome/Introductions	
2. Oral Communications:	
Happy blrthday to Dinah!	
3. March 5, 2020 Meeting Minutes – Action item	
On the March 5 th meeting minutes, item 3, need to add at the end of second sentence <i>“and the need to take action was required prior to the next meeting”</i> . With this change Rahn moved to accept minutes with amendment, Caitlin second, and the rest of the members present were in favour.	
4. Quality Management Committee Update	
Raquel stated meeting had been cancelled for this month and has no updates.	
5. 300.08 Referral Tracking Policy – Action Required	
Referral Tracking, Policy 300.08 was brought for approval. Dinah moved to approve as presented, Caitlin second, and the rest of the members present were in favour.	
6. 300.24 Outside Normal Business Hours Advice by Telephone – Action Required	
Outside Normal Business Hours Advice by Telephone, Policy 300.24 was brought for approval. Dinah moved to approve as presented, Caitlin second, and the rest of the members present were in favour.	
7. 520.05 After-Hours Availability of Medical Records – Action Required	
After-Hours Availability of Medical Records, Policy 520.05 was brought for approval. Dinah moved to approve as presented, Caitlin second, and the rest of the members present were in favour.	
8. 700.01 Medical Emergency Procedures – Action Required	
Medical Emergency Procedures, Policy 700.01 was brought for approval. Dinah moved to approve as presented, Caitlin second, and the rest of the members present were in favour.	
9. County of Santa Cruz Clinic Services Division Emergency Operations Plan (EOP) – Action Required Emergency Operations Plan (EOP)	
The Santa Cruz Clinic Services Division Emergency Operations Plan (EOP) was previously approved at the March 5, 2020 meeting. This was brought back to give Commissioners’ more time to review the EOP plan and come back with any feedback. Raquel stated that appendices will be added to the EOP. It was suggested that once things subside with COVID-19 we could review plan and make any necessary updates. It was also suggested that perhaps we check in with other clinics in our county to compare. Mary to send EOP signature page to Christina for signature.	

<p>10. Review data on self-pay patients and total out of pocket cost for FY 18-19 comparing chronic illness and non-chronic illness patients</p> <p>Julian stated a couple of months ago the Ability to Pay Policy was brought to the Commission for approval. At that time the question was asked, if there are patients coming into our clinics and how often they are paying out of pocket compared to those not coming into the office often or that do not have a chronic illness. Julian provide data on out of pocket expenses: chronic vs. non-chronic (FY 18/19) which showed the mean, median and mode, this data was pulled from the electronic health record system. The question was asked, do we have a maximum out of pocket expense and for how many people? Julian stated, for chronic there was one person that had an out of pocket expense of \$1257.00 and a non-chronic out of office expense was \$562.00. There was much discussion within the Commission that resulted in all agreeing that there should be a maximum out of pocket limit set. Julian stated he is part of a work group through OCHIN and he will see if other county agencies have a cap and review their process. It was suggested to ask counties how they use their electronic health records to automate process and how to make this administratively easy for staff. It was also suggested to check in with Salud Para la Gente and Santa Cruz Community Health on their process. Julian to report back on these items.</p>
<p>11. Operational Site Visit and Commission Attendance</p> <p>Amy stated the Operational Site Visit has been postponed. HRSA will contact us in the near future with a new date.</p>
<p>12. Financial Update</p> <p>Julian stated that our revenue is delayed because of pandemic and does not think there is any way to avoid a significant drop in revenue. Julian also stated as of 2/29/20 we were 34% down in revenue and our expenditures were 7% more than we expected. He also gave an update on the following: AR outstanding this report shows how long it takes billing to claim as of 12/23/19 it showed they were at 95 days and are currently down to 82 days. Julian stated OCHIN had come in and did a one-on-one training with staff and they also automated some of the process as a result there was a decrease in outstanding AR days. Pre-AR report shows the time it takes a provider to close a chart, based on the report there is an improvement compared to last year at this time. It was suggested to nominate the entire billing team next year during the employee recognition. Commission thanked Julian for his leadership, next month he will report on the budget. Amy notified Commission that the county has a hiring freeze. The Commission asked about potential closures of any hospitals or FQHC clinics and if that should happen, are we prepared to see a large influx of new patients? Should this happen the Commission would like to be notified.</p>
<p>13. CEO/COVID-19 Update</p> <p>Amy reported on the following, as of April 1, 2020 Santa Cruz County had 55 positive cases of COVID-19, and one death. The age ranges of those that have tested positive are one person under the age 18, 41 persons in the age group of 18-64, and 12 persons 65 and up. We have had one of our patients test positive and happy to report that none of our staff have tested positive. We are rotating staff so many of our staff are working from home. We have almost no patients in our clinics and have reverted to telephonic visits. If someone has symptoms, we have them talk to a provider to see if they can manage to stay home. If a patient has more severe symptoms our providers are referring them to the hospital. We have a drive through tent at both locations in Santa Cruz and Watsonville for our patients. Amy also stated there is a strong push for County Clinics to be the hub for testing, our mission is to serve those that cannot be served elsewhere. There have been many meetings held all telephonic. We are part of the Critical Care Task Force that meets three times a week. This meeting is to prepare and strategize for the surge of patients. Amy also stated that we purchased a BD Max machine that allows for us to administer 24 tests per every two-hour period, in addition we are considering offering our staff the antibody test. Lastly, Amy reported that the turnaround time is usually two-three days when we send test to Santa Clara Lab and Quest Lab can take up to 1 week as well as LabCorp. The Commission thanked Amy and Clinics Staff for their hard work!</p> <p>Action items:</p> <ul style="list-style-type: none"> •

Next Meeting: May 7, 2020 11:00 am - 1:00 pm
1080 Emeline, Santa Cruz, CA

Minutes approved _____
(Signature of Board Chair or Co-Chair)

_____/_____/_____
(Date)

<p>SUBJECT: Medical Assistant Standard Tasks and Responsibilities</p> <p>SERIES:200 Administration</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 210.01</p> <p>PAGE: 1 OF 8</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: November 2003 May 2017 May 2018 May 2020</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

A Medical Assistant (MA) is a certified person who provides administrative, clerical and technical support in medical offices or clinics. The practice of medical assistants is under the authority of the Medical Board of California. Specific guidelines allow a registered nurse (RN) to clinically supervise the medical assistant.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency to provide medical assistant supervision by a registered nurse in compliance with the California Board of Registered Nursing and Medical Board of California guidelines.


DEFINITIONS:

Smartphrase – A template built in Epic to increase documentation efficiency or compliance.

FAMPACT – Family PACT (FAMPACT) is a state program that provides free family planning services to low income men and women. The program's purpose is to provide the services needed to establish the timing, number of children, and spacing of children to help maintain reproductive health.

CHDP – The Child Health and Disability Prevention (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California.

IHA – An Initial Health Assessment (IHA) is a comprehensive assessment completed during a patient's first visit with his/her PCP. The goal of the IHA is to assess acute, chronic and preventative health needs.

SUBJECT: Medical Assistant Standard Tasks and Responsibilities	POLICY NO.: 210.01 PAGE: 2 OF 8	
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PROTOCOLS:

- Advance Directive
- Day of the Visit – Preparation and Documentation
- EKG
- Immunizations During an Office Visit
- Medication Administration
- Pre-Visit Planning
- Point of Care Testing (POCT)
- Rooming
- Schedule Color Dot
- Spirometry


STANDING ORDERS:

- Immunizations
- Mechanical Cerumen Removal
- Placement of Tuberculin Skin Test (TST)
- Point of Care Tests and Procedures

Medical Assistant Practice Guidelines


~~Medical Assistants~~ **MAs** may not make any clinical assessment of a patient's condition, presentation, or complaint, even if asked to do so by a patient or clinician. ~~Medical Assistants~~ **MAs** may not interpret any test result or other clinical finding for patients or clinicians. ~~Medical Assistants~~ **MAs** must be formally trained and demonstrate competency to perform any clinical tasks assigned to them. A provider must be present on site when ~~Medical Assistants~~ **MAs** conduct any clinical function.

MA	Task/Procedure
Y	Auditory Screening
Y	Clinical Patient Data Collection: e.g., height, weight, temperature, pulse and respiration (TPR), <u>blood pressure (BP)</u> , allergies, chief complaint, current medications, previous conditions, family history, etc. (can also see Refer to Role Delineation and Message Management Section under Message).
Y	Crash Cart: Check and order supplies and test defibrillator.
Y	Depression Screening Test: <i>MAs may not score exam.</i>
Y	Ear Irrigation: <i>Requires pre and post assessment by RN or clinician.</i>
Y	EEGs and EKGs EEGs
N	Fetal Monitoring and Non-Stress Test: <i>Assessment of results and triage may only be performed by an RN.</i>

SUBJECT: Medical Assistant Standard Tasks and Responsibilities	POLICY NO.: 210.01 PAGE: 3 OF 8	
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- Y **Hot and Cold Applications:** *Per order of RN or clinician.*
- Y **Laboratory Tests:** Perform and document simple "Point of Service" Care" and quality control tests, e.g., blood glucose, urine chemistry test strips, pregnancy tests, rapid streps, etc.
- Y **Medication Samples:** May hand out medication samples to patients if the packaging has been prepared and verified by a clinician.
- Y **Medications Over the Counter:** May hand out medication samples to patients if the packaging has been prepared and verified by a clinician.
- Y **Monofilament Test:** May be ~~performed~~ performed if the MA has received proper training and the provider has approved.
- N **Nails Cut:** For patients with known peripheral vascular disease and diabetes.
- Y **Orthopedic Appliance Removal:** Casts, splints, or other external devices.
- Y **Orthopedic Appliances:** Apply knee immobilizers, envelope slings, orthotics, and other similar devices except casts and splints. Select/adjust/instruct crutch use. Obtain impressions for orthotics, padding, and custom molded shoes. *MAs use pre-printed, approved material.*
- N **Orthopedic Appliances:** Unna Boot and Orthoglass splint with ace bandage.
- Y **Oxygen:** *Physician-Provider order required.*
- Y **Peak Flow Spirometry**
- Y **Specimen:** Collect by non-invasive techniques, and preserve specimens for testing, including urine, sputum, semen, anterior nares swab, throat cultures, wound culture, finger-stick blood glucose and stool. *For MAs throat culture requires training and RN/provider assessment.*
- Y **TB Skin Test:** Administer and measure results.
- Y **Visual Acuity**
- MA **Dressings, Wound Care, and Assisting with Minor and Major Surgery**
- Y **Dressings, Bandages:** Apply or remove
- Y **Examinations and Procedures:** Prepare patients, position, drape
- Y **Procedure Assist:** Colposcopy, hysteroscopy, loop electrosurgical excision procedure (LEEP), etc. *MAs Only non-invasive specimen collection*
- Y **Surgery:** Minor assist and prepare sterile field, shave, prep site (skin antisepsis), position and drape patient. Excludes cutting, clamping, suturing, incising or dissecting tissue.
- Y **Suture and Staples Removal:** MAs must have wound assessed by RN/provider prior to removal and use written post-removal care instructions.
- Y **Wounds, Clean with Ordered Solution(s)**

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SUBJECT: Medical Assistant Standard Tasks and Responsibilities	POLICY NO.: 210.01 PAGE: 4 OF 8	
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N **Wounds, Invasive, Sterile Packing:** Debridement, including wet to dry dressing application and removal.

MA **Medication Administration**
 Every medication dose must be verified by a licensed staff member prior to administration, with the exception of prefilled single-dose vaccine syringes (see below)

N **Mixing of medications in a syringe**

Y **Reconstituting Medication**

Y **All Routes:** Except intravenous.

N **Anesthetic Agents:** Topical anesthesia and inject lidocaine for local anesthesia only. Inter-digit nerve blocks may only be performed per RN standardized procedure.

N **High Risk Medications:** May only be given by a licensed individual as permitted within their scope of practice, foundation policy or guidelines and subject to independent verification prior to administration.

Y **Inhalation:** MAs may administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient.

N **Intravenous Medications**

N **Medication Ordering:** Verbal order, including prescriptions. MAs may pend order in Epic but may not administer until signed.

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Y **Medication Review:** Note in Epic which medications the patient is taking and which they have discontinued.

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Y **Prescription:** Call in new and refills with changes made.

Y **Prescription:** Call in refills without any changes.

Y **Vaccinations Administration:** In single-dose prefilled syringes when all syringes contain the same vaccine.

MA **IV Therapy and Blood Withdrawal/Laboratory Tests**


Y **Laboratory Order:** Scribe order and send (pend) to clinician for signature unless clinician provides a verbal order or the lab order is included in a standing order.

N **Laboratory Order:** Independently order lab tests outlined in a standardized procedure. MAs may only pend orders for clinician signature.

MA **Role Delineation and Message Management**

N **Assess/Identify Learning Needs:** Develop an education plan.

N **Care Management:** Systematically manage a defined population via multi-disciplinary plan. *Standardized procedure required to initiate and provide care.*

SUBJECT: Medical Assistant Standard Tasks and Responsibilities	POLICY NO.: 210.01 PAGE: 5 OF 8	
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- Y **Group Appointment Administrative Tasks:** e.g., greeting, hand-out/collection of release forms, etc.
- N **Group Appointment Co-Facilitation**
- Y **Message:** Call or "secure message" patient to transmit information. Will document all in the electronic health record using standard workflows. (can also see Task/ Procedure under Clinical Patient Data Collection for details)
- N **Nursing Advice**
- Y **Patient Education:** Distribute preapproved ~~and preprinted~~ **preprinted** educational material.
- N **Perform Patient Assessment:** Independent clinical judgment, develop nursing diagnosis and plan of care; develop/initiate/coordinate nursing and multidisciplinary care plan based on assessment.
- Y **Standing and Future Orders:** MAs may follow if no assessment required for routine procedures within these standard practice guidelines.
- N **Use the title "Nurse"**

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HEALTH SERVICES AGENCY CLINIC SERVICES DIVISION FY 2020-21 RECOMMENDED BUDGET

Budget Presentation for County of Santa Cruz Community Health Center Commission

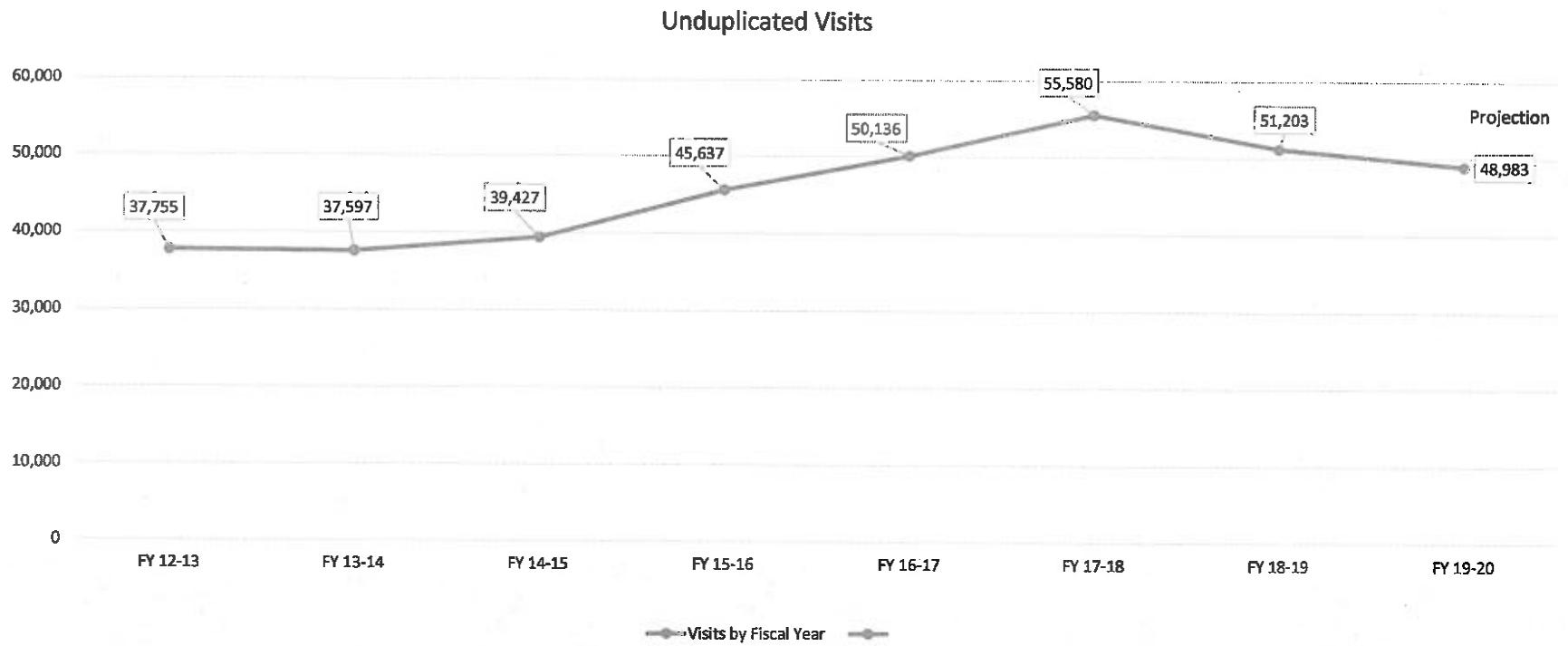
May 7, 2020

Presented by: Dr. Julian N. Wren, CFO of Clinic Services

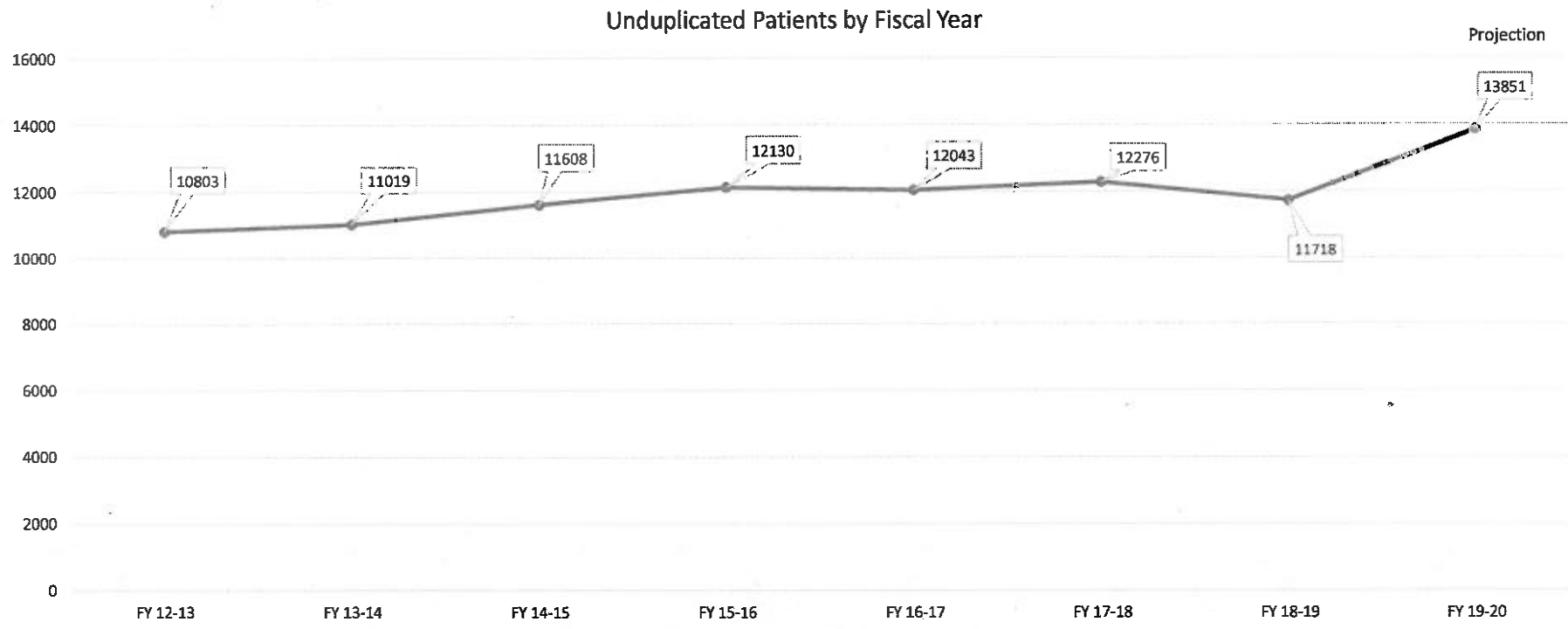
REQUESTED ACTION

- **Commission to approve the recommended Clinic Services Division Fiscal Year 20/21 budget.**

CLINIC SERVICES DIVISION
FY 2019-20 RECOMMENDED BUDGET
Unduplicated Visits by Fiscal Year



CLINIC SERVICES DIVISION
FY 2019-20 RECOMMENDED BUDGET
Unduplicated Patients by Fiscal Year



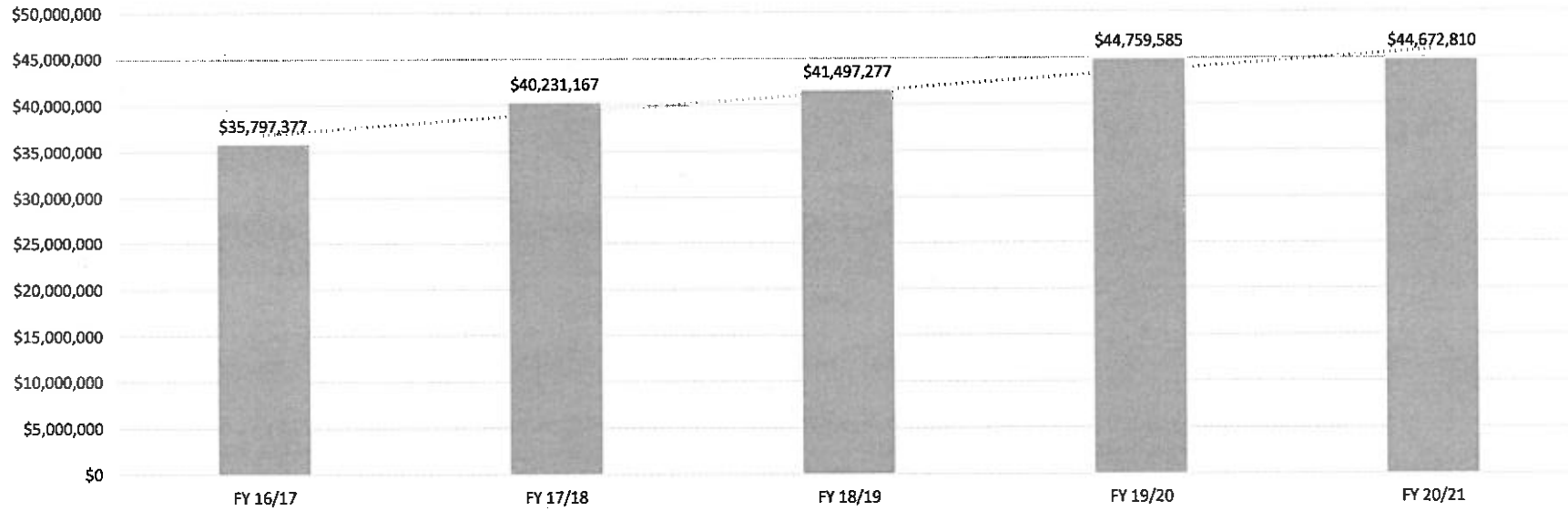
CLINIC SERVICES DIVISION

FY 2019-20 RECOMMENDED BUDGET

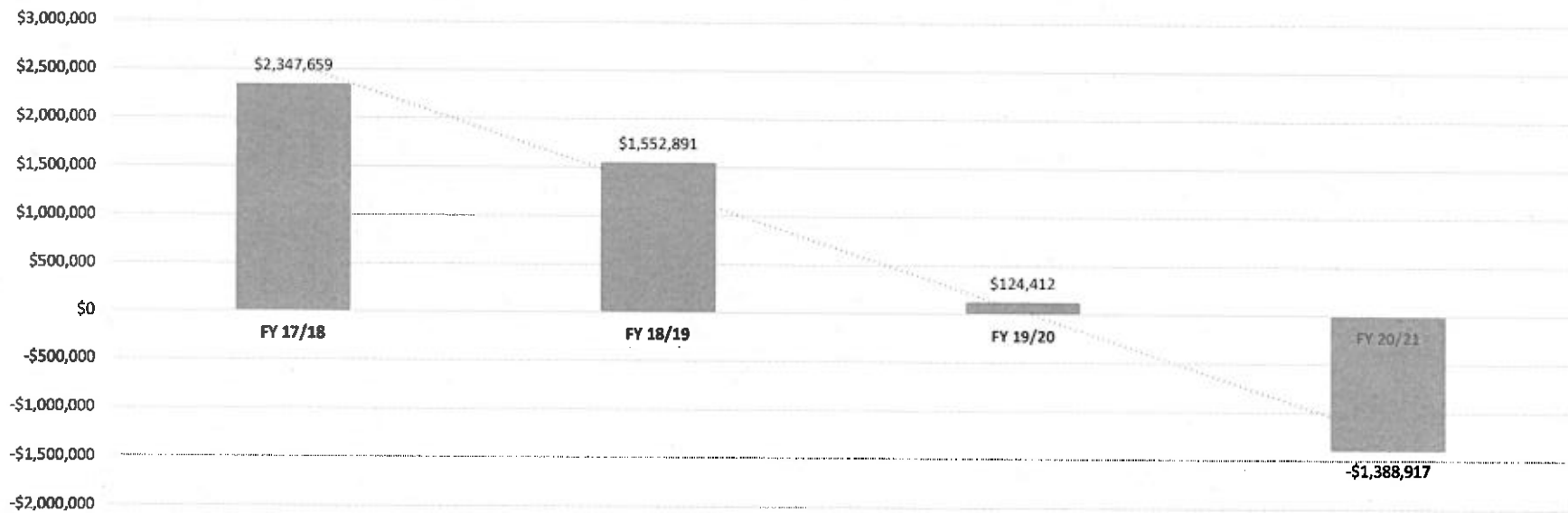
4 Year Budget Trend

	FY 2017-18 Budgeted	FY 18-19 Budgeted	FY 19-20 Budgeted	FY 20-21 Recommended
EXPENDITURES	40,231,167	41,497,277	44,759,585	44,672,810
50-SALARIES AND EMPLOYEE BENEF	18,038,795	19,263,247	25,985,173	25,909,400
60-SERVICES AND SUPPLIES	6,073,508	5,870,899	6,566,010	6,461,225
70-OTHER CHARGES	2,552,629	2,663,589	2,741,421	2,564,870
80-FIXED ASSETS	431,000	10,468	323,334	196,135
95-INTRAFUND TRANSFERS	13,135,235	13,689,074	9,235,873	9,386,180
90-OTHER FINANCING USES			100,000	155,000
REVENUES	-37,883,508	-39,944,386	-44,827,400	-46,106,727
15-INTERGOVERNMENTAL REVENUES	-3,167,351	-3,390,153	-4,030,520	-5,139,792
19-CHARGES FOR SERVICES	-33,148,243	-35,479,533	-39,307,722	-39,322,325
23-MISC. REVENUES	-1,567,914	-1,074,700	-1,489,158	-1,644,610
NET COUNTY COST (GENERAL FUND)	2,347,659	1,552,891	124,412	-1,388,917

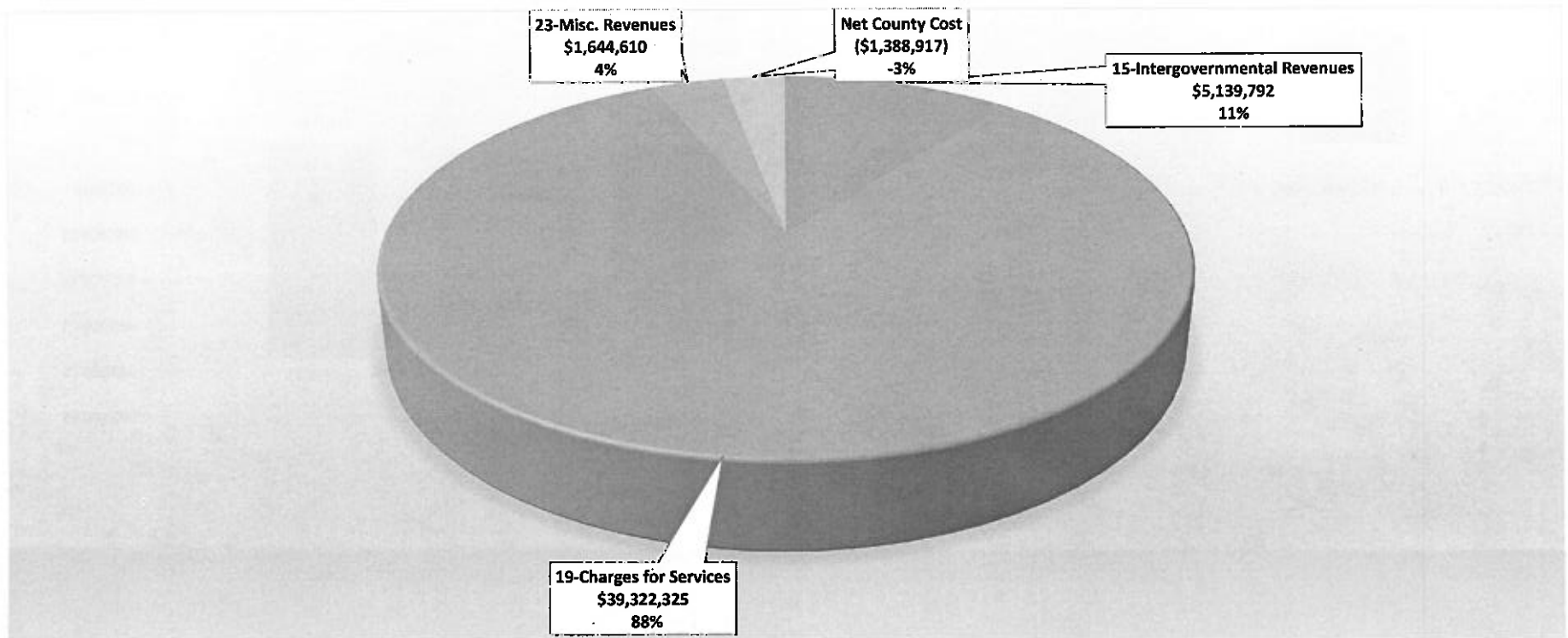
Total Budget Trend



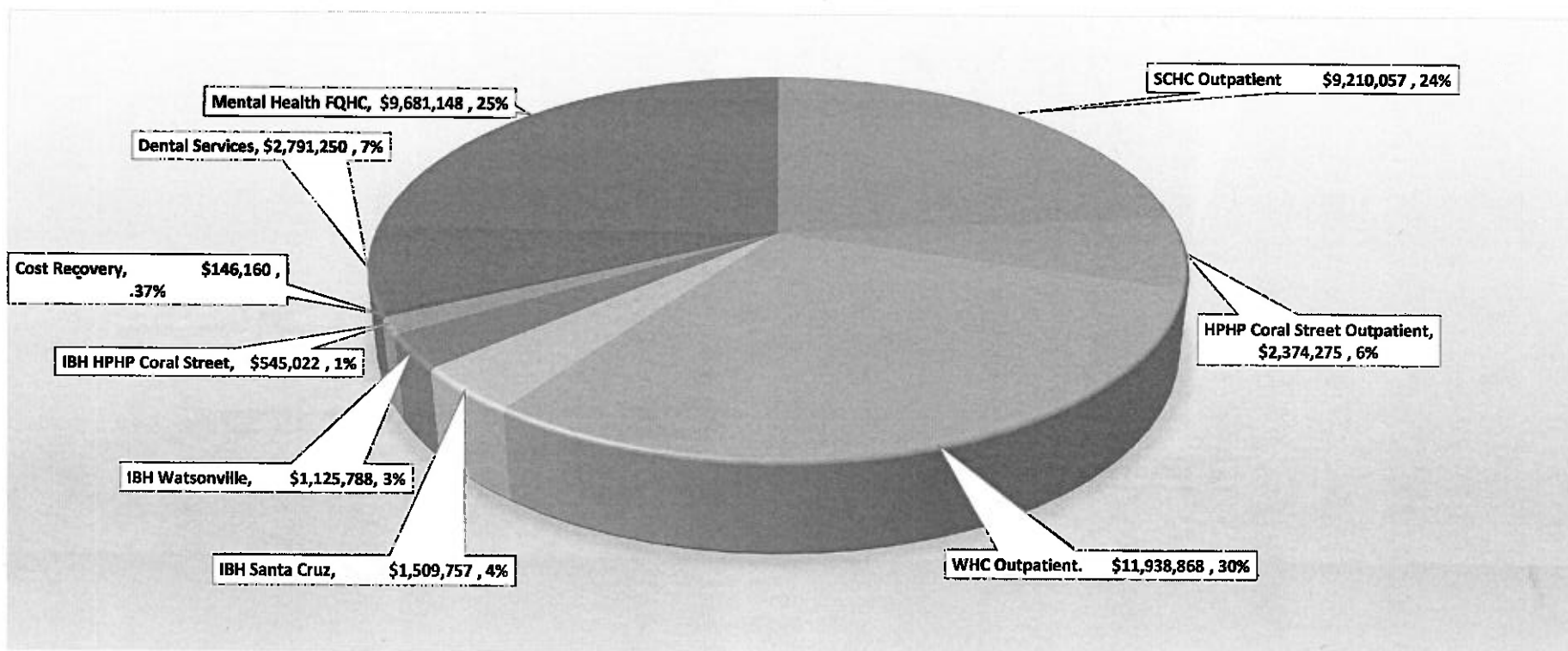
Net County Cost Trend (Budgeted)



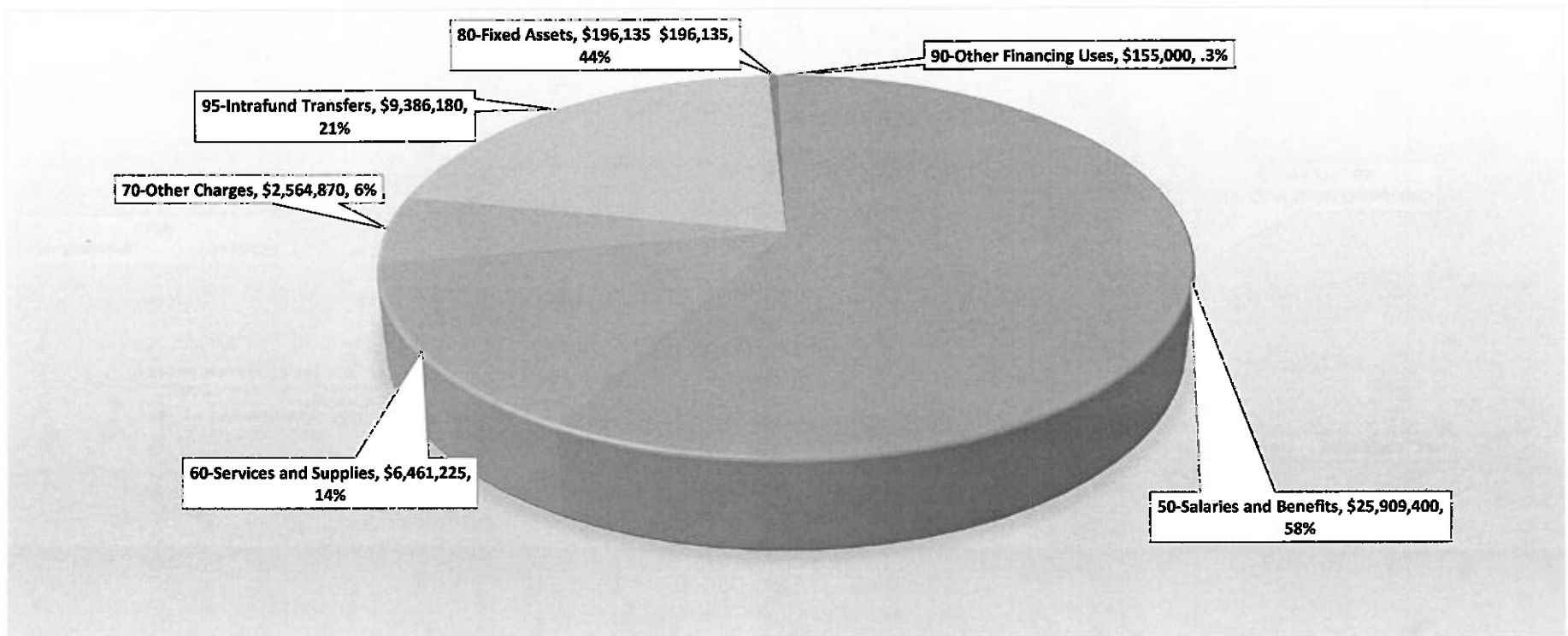
CLINIC SERVICES DIVISION
FY 2019-20 RECOMMENDED BUDGET
\$46,106,727 FUNDING SOURCES



CLINIC SERVICES DIVISION
FY 2019-20 RECOMMENDED BUDGET
CHARGES FOR SERVICES \$39,322,325



CLINIC SERVICES DIVISION
FY 2019-20 RECOMMENDED BUDGET
\$44,717,810 EXPENDITURES



**CLINIC SERVICES DIVISION
FY 2020-21 RECOMMENDED BUDGET
Salaries and Benefits**

EXPENDITURE	FY 2018-19 Budgeted	FY 2019-20 Budgeted	FY 2020-21 Recommended	Percent Change
50-SALARIES AND EMPLOYEE BENEFITS	19,263,247	25,985,173	25,909,400	-0.3%
51000-REGULAR PAY-PERMANENT	11,827,629	16,269,681	15,910,574	-2.2%
51005-OVERTIME PAY-PERMANENT	274,500	274,500	274,500	0.0%
51010-REGULAR PAY-EXTRA HELP	661,000	661,000	661,000	0.0%
51040-DIFFERENTIAL PAY	246,975	297,538	272,827	-8.3%
52010-OASDI-SOCIAL SECURITY	886,708	1,224,380	1,207,934	-1.3%
52015-PERS	2,404,755	3,700,842	3,855,862	4.2%
53010-EMPLOYEE INSURANCE & BENEFITS	2,634,210	3,147,840	3,304,627	5.0%
53015-UNEMPLOYMENT INSURANCE	21,998	27,443	24,081	-12.3%
54010-WORKERS COMPENSATION INSURANCE	305,472	381,950	397,995	4.2%
55021-OTHER BENEFITS MISC	0	0	0	0%
SALARIES AND EMPLOYEE BENEFITS TOTAL	19,263,247	25,985,173	25,909,400	-0.3%

FTE Details



Whole Person Care - transfer of
2.5 FTE positions mid year

2 MHCS
1 Supv. MHCS



CARe Team – transfer of 2 FTE
case managers from PH mid year

1 PHN
1 Sr MHCS



1 FTE Health Client Benefit Rep transfer from BH



Reclassification of PHN to ASO II



1 FTE Certified Acupuncturist

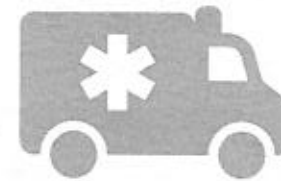


1 FTE ASO II – (credentialing,/privileging, training coordinator, flu
clinic/staff IZ, and HRSA Compliance)

Supplies & Fixed Assets



**HPHP Pre-Approved Remodel, HVAC Unit, and
Hydrosurgery System, and Exam Table (\$196,134)**



HPHP Medical Outreach Van (\$155,000)

Budget Summary



Decreased budgeted expenditures by adjusting services and supplies and ID of grants to cover costs normally paid by clinic revenue.



Decrease in budgeted fixed assets purchases reflects one-time expenditures made in FY 19/20.



Increase in Other Financing Uses for the purchase of the HPHP Mobile Health Unit.



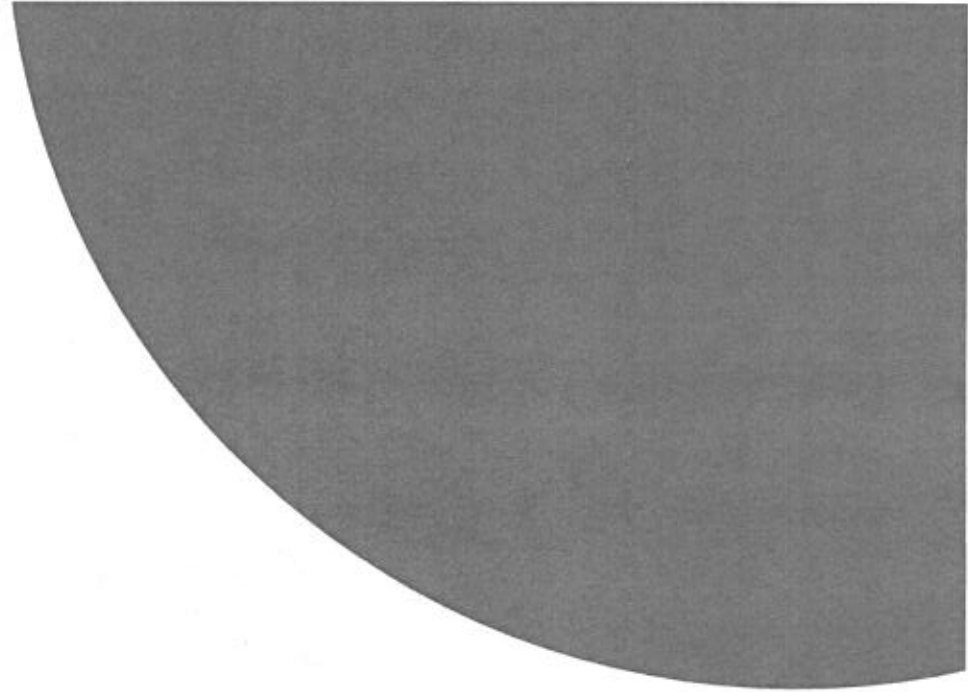
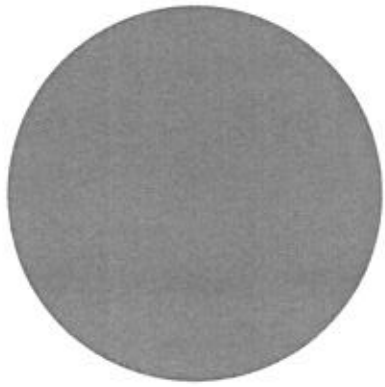
Increased budgeted Revenue by filling vacancies using incentives, expanding services (acupuncture), incentive payments, grant funding, and HPHP Mobile Health Unit.



Health Benefits Rep to increase Medi-Cal and Medi-Care enrollment will increase net collection revenue.



**The COVID-19 pandemic is and will continue to have a significant effect on all areas of the budget that were unforeseen.



Questions?

