

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, September 12, 2011 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Jesse Arnold, David Clous, Tracy Del Rio, Lynn Enns, James Pope, Anne Quinn, Jean Raymond, Mary Jean Sage, Susan Warren

Members Absent: David Odell (excused)

Staff Present: Penny Borenstein, MD, Health Officer, Jean White

Speakers: Community Health Centers of the Central Coast: Kena Burke, Denise Stewart, Joseph Mercardante, DDS, Vince Surra

| Agenda Item | Discussion | Action | Who/When |
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| 1. Call to Order | Meeting called to order by Chair Guerena at 6:00 p.m. | <i>Call to order</i> | <i>Chair Guerena</i> |
| 2. Introduction of New Health Commissioner | Commissioner Arnold, Chair of the Nominating Committee, welcomed and introduced new Health Commissioner, David Clous (consumer representative). | | |
| 3. Approval of Minutes | Minutes of the August 8, 2011 meetings were approved as written. | <i>August 8, 2011 minutes approved</i> | <i>Sage/Raymond/All</i> |
| 4. Public Comment | No public comment. | | |
| 5. Overview: Community Health Centers of the Central Coast | <p>Kena Burke, Community & Government Relations Officer, Community Health Centers of the Central Coast (CHC), presented a Power Point overview of CHC, talking about their mission, clinic locations, history, and patient encounters. Last year, CHC provided care to 74,285 individuals, with almost 335,000 patient encounters. She explained that CHC is federally required to meet certain established guidelines and described the Health Center program fundamentals. Ms. Burke talked about the benefits of a “CHC” approach as a least expensive “cost” for a health care delivery system, providing multiple services through health campuses that are geographically-located to meet population needs. Nationally, there are 1200 federally qualified health centers. Ms. Burke presented graphs with data showing where patients are seen, patients by age and gender, and number and percent of insured and uninsured. She answered a question about the number of patients who cross the SLO/SB County line for services, with 3,020 people coming into San Luis Obispo County and 1,668 going to Santa Barbara County. She described some of CHC’s special population programs, including Medi-Cal, Healthy Families, Health Care for the Homeless, Community Health Outreach Program (CHOP) mobile services, Migrant Outreach, Helping Hands Program, and transportation services. Lastly, Ms. Burke explained that there are 19 key requirements for Federal Health Centers, with four main categories: 1. Needs Assessment (patient needs must be met); 2. Services (required and additional services, staffing requirements, accessible hours/locations, after-hour coverage, continuum of care, sliding fee discounts); 3. Management & Finance; and 4. Governance.</p> <p>Denise Stewart, Chief Operations Officer, CHC, talked about accreditation, explaining that CHC has been accredited by the Joint Commission of Accreditation for Health Care Organizations (JCAHO) since 1988. She explained that this is a voluntary accreditation; and that only 22% of community health centers in the US are accredited. She explained the benefits of accreditation by strengthening quality and safety of care, treatment and services; improving risk management & risk reduction; and fulfilling all of their regulatory requirements. Ms. Stewart also explained that CHC is surveyed regularly by CenCal, State licensing, and others; ensuring patient safety and quality of care.</p> | | |

Dr. Joseph Mercardante, Dental Director at CHC, talked about CHC’s dental clinics and services. He explained how CHC is the safety net provider for those who are unemployed, those on fixed or limited income, and the homeless populations. CHC is the only clinic that is open on Saturday that accepts Medi-Cal, Medicare and offers a sliding fee scale. He talked about CHC’s dental van and explained that last year, when the Children’s Health Initiative didn’t have enough money to provide children with dental services, CHC devised a program to subsidize them. He explained how CHC is one of the leading health centers in the County, and one of few community health centers that offers specialist services. Dr. Mercardante talked about their staff, with 9 full time general dentists, 1 full time pediatric dentist, 1 part time endodontist and an orthodontist who provides orthodontic care to low income children. He explained how CHC’s oral health program is one of the leading programs for children in the country. He praised Dr. Hendershot for devising a great preventive program for children. And, added that last year, they did 5 pilot school programs, with a goal to provide a school program for all school aged children in every school in this county.

Vince Surra, Director of Quality Improvement for CHC, presented information from Dr. Kahn who was unable to attend the meeting tonight. He presented 9-10 slides that talked about the number of patients served by CHC (1 in 6.5 residents receive medical services from CHC), medical staff characteristics (50 employed medical staff members—physicians, PA’s & NP’s); specialty services offered in house and contracted (orthopedics, pain management, mental health, infectious disease, radiology, neurology, podiatry, cardiology, GI specialist); and provider productivity by specialty. He explained their focus in the clinics right now is to meet all standards and requirements for certification as a Patient Centered Medical Home. One of the key elements for a Patient Centered Medical Home is Electronic Health Record (EHR). So far, 6 of their 25 clinics are on EHR. They are hopeful that all of the sites will be on EHR over the next 12-18 months. Mr. Surra also explained “Meaningful Use,” a term that is being used to determine if Electronic Health Records are being used in a meaningful way. Meaningful use requires reporting on 6 (out of 44) clinical quality measures and 15 core measures.

Mr. Surra talked about the clinical quality measures they report on, explaining the methodology used and scores for chronic disease management (diabetes, asthma, hypertension) and health maintenance (cancer screenings and immunization for 2 years). He explained their “excellence goals” and the reason they audit three major cancers (cervical cancer, breast cancer and colon cancer). Mr. Surra presented 2 slides on “Patient Perception,” showing “percent of patients that would recommend CHC to friends or family” and “average cycle time in minutes.” One of the biggest complaints that CHC receives is wait times, but they found if the patient feels the provider spent enough time with them, the patient is happy. This is a key focus for them. **Mr. Surra** summarized his presentation by noting how important data is to CHC in managing their clinics. CHC reports to approximately 8 different agencies.

Kena Burke provided a brief update from Bob Lotwala, CHC’s Chief Financial Officer, who was unable to attend tonight’s meeting. Ms. Burke explained that CHC is in a deficit this year, basically down about 4 million dollars from the previous year. She presented two slides with graphs showing percentage of encounters by provider type for FY 2010-11 and federal grant revenue from 2002 (actual) through 2012 (budgeted). Ms. Burke provided an update on the CHC/County contract, which will be 2.5 million dollars, CMSP only, and only offer primary care including ancillary services. CHC will keep all

clinics open. Ms. Burke noted that while there is a County contract that has been signed, the safety net that the low-income and uninsured rely on will be less secure and more weakened. (**Commissioner Warren** asked if ERs will be going to Electronic Health Records, commenting that this would allow them to determine over the next few years if numbers are increasing in the ER's due to inability for people to be served.)

Commissioner Questions/Discussion:

Commissioner Guerena asked Mr. Surra if they track actual encounter time at their clinics. (Mr. Surra explained that currently their computer system only tracks from the time a patient walks into the clinic to the time they leave the clinic. Electronic Health Records will allow tracking of patient time with physician.)

Commissioner Guerena asked if CHC shares data with CenCal Health. (Mr. Surra explained that they share data, but sometimes the denominators or numerators will be slightly different (dates/primers/age range). EHR and meaningful use will allow data to be shared across the spectrum, providing CenCal the exact same data from the same point that CHC is pulling from.)

Commissioner Raymond asked how patients get assigned to CHC from CenCal. (Mr. Surra explained patients must meet certain Medi-Cal criteria to be eligible under CenCal. Once they are eligible under CenCal (their insurance provider), they can be assigned to a number of clinics. In San Luis Obispo, 85% of patients on CenCal are CHC patients. CenCal assigns them to a clinic, and CHC then assigns them to a physician.)

Commissioner Warren asked about # of providers in Santa Barbara County vs. San Luis Obispo County. (Mr. Surra explained that CenCal is larger in Santa Barbara County and that there is a larger choice of CenCal providers in Santa Barbara County. He believes Medi-Cal reimbursement may also be higher in Santa Barbara County than San Luis Obispo County. **Commissioner Sage** noted that the reimbursement rate might be higher in Santa Barbara on the hospital side, but from the professional provider side, reimbursement is the same in both counties.)

Commissioner Arnold asked for clarification on the term “preventable” used for the three types of cancers that Mr. Surra talked about. (Mr. Surra clarified that the three cancers he spoke about have been proven to be easily screened for, and when found early, they are all very treatable.)

Commissioner Arnold asked if CHC does any work on “preventing cancer” (other than smoking cessation), noting that exposures to chemicals & radiation can cause cancer. (Mr. Surra explained that CHC offers smoking cessation, health education and screenings/early detection. He explained that CHC has 6 health educators and why educating their patients is key. Their health educators speak numerous languages and are referred by their physicians.)

Public Comment:

Christy Jenkins, Cambria, provided background on her professional work in a clinical laboratory and at one of the first rural health clinics in California. She has been involved with Community Health Centers since the early 1990's as an instructor at Allan Hancock College, working with students in the Medical Assistant Program. Their partnership with Community Health Centers allows students to go through clinical rotations and to be mentored by CHC physicians and office staff. Ms. Jenkins talked about the safety net provided by Community Health Centers and her concerns as the employment rate

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| | <p>goes down, and people lose their insurance, that the demand for services will increase. She commented on the struggle to figure out how to work with the new Affordability Healthcare Act. She expressed her support of Community Health Centers and that type of healthcare delivery system.</p> | | |
| <p>6. Health Agency Report</p> | <p>Dr. Penny Borenstein, Health Officer, provided a brief report on the following:</p> <ol style="list-style-type: none"> 1) Introduced Diane Jay, the new Health Care Services Division Manager. Ms. Jay will be the contract liaison with CHC, program manager for the CMSP program and oversee the medical care provided at the Jail and Juvenile Services Center. 2) The Public Health Department received an unsolicited \$250,000 from the State out of federal money from the US Department of Agriculture for the SNAP-ED Program, for the enhancement of nutrition education activities. This is anticipated to be ongoing funding (although maybe not at the save level), built into the federal grant cycle. 3) The Blue Shied Foundation of California is offering a second round of funding, which the County has applied for, to continue their planning efforts and determine whether San Luis Obispo County will be able to participate in the Low Income Health Program (LIHP). <p>Commissioner Warren asked how Electronic Health Records (EHR) will work for the County. <i>(Dr. Borenstein explained that Public Health doesn't have grant money or incentive money to support IT development of EHR at this time.)</i></p> <p>Commissioner Arnold referred to tomorrow's Board of Supervisor meeting and asked about Health Agency Item A7 that includes a request to replace a full-time supervising Public Health Nurse position with a full-time Administrative Services Officer position, and a half-time Community Nurse position with an Administrative Services Officer. <i>(Dr. Borenstein explained the complexities of the funding mechanisms of these programs and the reasons for moving the administrative functions into the right classifications for the programs. She explained that the reorganization is budget neutral and will not change delivery of services.)</i></p> | | |
| <p>7. Health Commissioner Updates</p> | <p>Chair Guerena: Reported that he attended the HEAL SLO meeting in August. HEAL SLO is promoting a Walk to School Day on October 5th. They are also developing a policy subgroup to look at policies to recommend to cities or the County to promote healthy eating and to help prevent childhood obesity. He provided examples of things that could be done locally (such as prohibiting fast food restaurants from opening near schools) and suggested the policy group might work with the Health Commission.</p> <p>Chair Guerena also referred to the CDC report on hospital practices to support breastfeeding that included 10 steps to successful breastfeeding. He suggested the Commission might write a letter to the four Central Coast hospitals asking them about their practices and whether they have adopted these evidence-based practices.</p> <p>Chair Guerena noted that San Luis Obispo County is one of two counties in the state that have a nuclear power plant. He asked if nuclear radiation as a health hazard to the community's health was something the commission wanted to talk more about to educate the public on the Diablo Canyon Nuclear Power plant plan.</p> <p>Chair Guerena lastly commented that AB 183, banning the purchase of alcohol via self check-out aisles, was on the governor's desk and noted his support in pushing to get it signed.</p> <p>Commissioner Warren reported that this month is National Recovery Happens Month and that tomorrow the Board of Supervisors will read a proclamation that she, along with Frank Warren from</p> | | |

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| | <p>Drug & Alcohol Services, will be accepting. The proclamation speaks to the changes that are forthcoming through healthcare reform for screening, brief intervention and referral to treatment. Primary health physicians and ER physicians will be mandated to begin screening patients about mental health issues and substance abuse/use as part of their regular appointments.</p> <p>Commissioner Raymond attended the Adult Services Policy Council last week where Kathleen Karle reported on how climate change can make a difference in people’s health. She referred to the minutes from their meeting for more information on what was covered. She also reported that the Annual Report was amended and corrected and will be going forward. In addition, the San Luis Obispo Senior Symposium has been scheduled for Friday, October 21. The symposium is designed to bring community leaders and stakeholders together to explore issues around healthy aging in SLO County. The keynote speaker is Jim Emerman from San Francisco. She provided a flyer with more information.</p> <p>Commissioner Sage reported that the next Domestic Violence Task Force Meeting is scheduled for next week. They are still working on the forum scheduled for October 15, 8-12:30pm at the San Luis Vets Hall, called “Ask, Listen & Act.” She will email a flyer with more information. The forum is open to all, but is targeted for those people who might have the opportunity to see domestic violence, to provide education and resources. She also reported on SLO CAP, who will be bringing the Child Safety ID Program to the Sheriff’s Family Day at the Madonna Inn on Saturday, 9/17, 11-4pm. She lastly reported that the postpartum depression support line was closed as of July 1, but that there is another resource in place that will respond to support line questions.</p> <p>Commissioner Enns: No report. Commissioner Del Rio: No report. Commissioner Clous: No report. Commissioner Arnold: No report. Commissioner Quinn: No report. Commissioner Pope: No report.</p> | | |
| 8. Committee Reports | No reports. | | |
| 9. Prospective Future Items | <p><u>Future Prospective Agenda Items:</u> Commissioner Arnold supported Chair Guereña’s suggestion to add hospital practices regarding breastfeeding and an educational program on the nuclear power plant plan as future agenda topics.</p> <p>Commissioner Arnold also reiterated his interest in receiving an update from Roger Briggs with the Water Quality Control Board to speak on Methyl Iodide. Chair Guereña suggested writing a letter to Janice Campbell at the Agricultural Department to ask if any farmers have applied to use it.</p> | | |
| 10. Adjournment | Motion to adjourn at 7:40 pm. | <i>Meeting adjourned.</i> | |