

**GCHC BOARD OF DIRECTORS MEETING MINUTES**

Friday, June 24, 2022

1:00 pm

Genesee Community Health Center

Via Zoom

Board Members Present via Zoom:

Elizabeth Rushing, Autumn Bagley, Steven Schwartz, Michael Wright, , Jorain Hardman, Sam Olson, Erica Thrash-Sall

Board Members Excused: Patrick Henry , Yolanda Oliver-Yancy, Claudnyse Holloman, Angela Essenburg

Guests: Jean Troop, Executive Director, Glen Chipman, GHS CFO.

Recording Secretary: Lori TerBush, Administrative Assistant

**Meeting was called to order at 1:05 p.m. by Autumn Bagley, Board Vice-Chair.**

**I. Adoption of Agenda**

***S. Schwartz moved to accept the agenda as presented, supported by S. Olson. Motion carried.***

**II. Roll Call**

Board Chair called for a roll call, all present and absent were noted.

**III. Public Participation**

None

**IV. Approval of May 27, 2022, Board Minutes**

***S. Schwartz moved to approve the May 22, 2022 minutes as presented, supported by J. Hardman. Motion carried.***

**V. Finance Committee Summary**

**a. FY22 May 2022 Financial Report**

G. Chipman reviewed the April financial packet, and it was discussed in detail. The total revenue for May 2022 is \$530,309 compared to budget of \$586,118. Expenditures were \$441,525 compared to budget of \$555,863. Consequently, we have a surplus in the month of May of \$88,784, which is about \$30,255 better than budget. Year to date, we have a surplus just over \$624,021. It was a good month with a fair amount of the surplus accomplished with help through grant funding.

The other expenditures are within budget with the exception of software licensing and maintenance.

The balance sheet looks excellent. There was \$4,729,976 in total assets and \$1,337,129 in total liabilities. The unrestricted fund balance is \$2,268,816 to date.

S. Schwartz asked about restricted versus unrestricted. G. Chipman noted the restricted part of the net position is to cover capital purchases and is equal to the fixed asset balance in the asset section of the balance sheet.

The unique patient count (UPC) is under budget for May with 176 unique patients. The year to date UPC is 3,264 which is slightly less than the budgeted number of 3,450.

The Medicaid eligible encounters were down slightly compared to April.

Cost, Reimbursement & Productivity Statistics were reviewed. Medical nurse practitioners performing better than budget with a daily average of 9.2 compared to a budget of 7.5. The Medical Director is budgeted at 5.78 and exceeded that in May with 7.55 encounters per day along with his other duties. The Behavioral Health practitioners' productivity dropped to 6.1 in May compared to a budget of 6.3, due largely to not have 2 full time providers for the whole month. Social workers performed better than budget with 5.2 encounters per day compared to a budget of 4.7. Total encounters for all providers per day for May were 7.3 with a budget of 6.4. The total cost per encounter for May was \$286.

The total revenue for the HRSA grants in May was \$228,024 which was used to offset the costs of operations. The total amount for the Non-HRSA grants for May was \$26,649.

There was \$2,017 collected in May from HEDIS incentive and \$3,238 from PCMH for a monthly total from Alternative Funding of \$5,255.

**Contract Summary (labeled Finance Summary on file with minutes)**

The contract summary was presented and discussed.

Renewal: Priority Management Group (PMG): The contract is to be renewed from May 1, 2022 through April 30, 2023 at a maximum rate of \$899 per provider and \$499 annual organization maintenance fee. No change from prior year.

***S. Olson moved to approve the contract renewal with Priority Management Group PMG as presented, supported by J. Hardman. Motion Carried***

**VI. Quality and Safety Summary**

- a. April 2022 Quality Meeting Minutes**
- b. Patient Satisfaction Surveys**

J. Troop presented the Quality and Safety summary including the April 2022 Quality meeting minutes and Provider Privileging for Gail Johnson and Re-Credentialing for Francesca Petrilli.

Patient Satisfaction survey's were discussed for both Center City and Atherton for Nov.2021 to April 2022. S. Schwartz noted the low scores on Easy to Follow Signage question for

Center City. Noting it is difficult to follow the signs in the parking lot to access the health center. Also noted was the low participation rate for Atherton for Nov. thru March with a much better response number in April. J. Troop noted that a mini-survey for patients on the days and times of our hours will be conducted next month and completed by MA's while patient in exam rooms. This will help to determine if we need to add earlier/later in the day appointments and possibly add a Saturday.

Atherton Quarterly Visit Report was reviewed and discussed. M. Wright asked if the race survey was correct showing a higher percentage of white patients versus black patients. J. Troop noted that the numbers did show higher white percentage than black. Historically UDS reports show that GCHC does have a slightly higher white population. Indicating the opportunity to reach out to the black community. J. Harden asked if the survey was sent to patients who had telehealth appointments. J. Troop noted that it was sent to all "kept" appointments, both telehealth and in person visits were included.

Discussion was held about rebranding GCHC to differentiate from GHS and remove the leaves from the current logo. S. Olson shared he thinks it is needed, E. Thrash-Sall agreed and commented that the time is now to capitalize on the rebranding. J. Troop will put together a committee to move this forward with S. Olson chairing.

Initial Privileging for Gail Johnson and Re-credentialing for Francesca Petrilli was discussed. J. Troop noted both providers meet all qualifications and S. Phung, Medical Director approved.

***J. Hardman moved to approve the April Quality Committee Minutes and approval of the Privileging of Gail Johnson, NP and Re-Credentialing of Francesca Petrilli, N.P., supported by S. Schwartz. Motion carried.***

**VII. Personnel Committee**

None.

**VIII. Executive Director's Report**

J. Troop discussed that we have hired one new medical assistant, which is going well. We have also contracted with another RN to help with outreach and COVID vaccine administration.

J. Troop noted that we had confirmation the State has approved renewing our CMTD grant, which will be \$200,000 for the FY23 budget.

J. Troop noted we received notice from National Committee for Quality Assurance (NCQA) that GCHC, both locations has meet all of the qualifications Patient Centered Medical Home (PCMH) for FY23 . This designation allows us to receive PCMH dollars from the health plans and helps increase HEDIS dollars. We will be advertising this accomplishment on our website. The dollars received from these sources helps pay for health promotions, such as

colorectal screening month. We currently use Phreesia to email or text patients to remind them of upcoming health promotions.

We continue to monitor for the end of the Public Health Emergency (PHE) We have not heard yet, when that date is but they are required to give the State a 60-day notice. We are anticipating it end in August. In the meantime, we are putting some procedures and plans in place to make sure that we educate patients on anticipated changes and processes with Medicaid and redeterminations so they do not lose their Medicaid benefits because of the redeterminations, which could have significant impact on health center revenue.

GCHC has performed 2,498 COVID tests and 3,187 COVID vaccines. We are also continuing to supply patients with at-home COVID tests and N95 masks that we received from the state. 26 events scheduled in June, 7 of them include COVID vaccine team. The outreach team is in the community promoting the health center services, Narcan kit distribution with shortened training, and distribution of at home testing kits and masks along with making sure that everyone knows all the services GCHC provides.

We are currently working on another commercial and that will also include having information put on the Michigan Now banner. We are working with Melissa and Renee to come up with other marketing plans.

**IX. Diversity, Equity and Inclusion**

E. Thrash-Sall has been working to get consultants to come and speak with the board and the staff regarding inclusion. Most are booking into 2023. She asked the members if the were good with narrowing the focus down and starting with the LGBTQ education in the fall. E. Thrash-Sall will contact Ruth Ellis and/or Affirmations to set these up the training. J. Troop will forward the information regarding the training that Ruth Ellis provided to all staff earlier this year.

**X. OSV!**

Discussion about the importance of PCMH certification and how this is a good measure for us to monitor ourselves in terms of providing quality care based on PCMH requirements. Following PCMH guidelines with our policies and procedures allows us to ensure we are keeping the patient at the top and that we are coordinating their care. J. Troop noted she is working on an acronym list for the board.

**XI. Other**

None.

**XII. Adjourn**

The meeting adjourned at 2:00 p.m.

*Respectfully submitted by* Lori TerBush, GCHC Administrative Assistant.