**REDWOODS RURAL HEALTH CENTER**

BOARD OF DIRECTORS MEETING
Wednesday, August 24, 2022 at 3:00 PM

Join Zoom Meeting

<https://us02web.zoom.us/j/87454276763?pwd=V3hQcUdGMkdpMHBFS0I2Y25DbFFsQT09>

1-669-900-9128 US (San Jose)

Meeting ID: 874 5427 6z x.Z.763 Passcode: 878241

***MISSION:*** *Redwoods Rural Health Center will provide responsive, preventive, high quality primary health care services, through a variety of healing disciplines, to all people without regard to social or economic status.*

***Board Members Present:****Christina Huff, Scott Bliss, Janet Fitzgerald, Pamela Moore, Marcia Mendels, Shanon Taliaferro and Sheila O’Toole..****Staff Members Present:****Tina Tvedt, Michele Hernandez, Terri Klemetson and Cheri Swan taking meeting minutes.*

*The meeting commenced at 3:16pm*

Agenda

* **Call to Order & Assign Timekeeper** – Janet was assigned as the Timekeeper.
* **Approve Agenda** –

Tina informed the Board about the addition to the Agenda which included Rose Phelan the new Lactation Consultant Privileging Request, Dr. Patricia Chico Privileging Request and minor Employee Handbook revisions for the board to approve.

**ACTION: Scott moves to approve the Agenda, Marcia seconds and the motion passes unanimously**.

* **Correspondence/Public Comment** – Economic development meeting at the Redwood Playhouse this week.
* **Update from Board Members &/or Staff Members** - none
* **Executive Director Update** (pages 1-2) –

Tina & Michael are working on the financial audit, and it is going well with the online portal. Great discussion with the county about housing programs and housing opportunities with permanent housing being a high priority. The next steps will be to evaluate and collaborate with Rural Housing Community Development Corporation (RHCDC) in Ukiah to see what fits best with funding deadlines, community needs and grant submission deadlines.

* **Consent Agenda** Includes Minutes of the July 2022 Board Meeting Minutes (pages 3-5). Aug 2022 Department Updates; Behavioral Health (pages 6-7), Compliance (page 8), Dental (page 9), Medical Admin (pages 10-11),
Program Manager (pages 12), QI Department (page 13-14).
**ACTION: Janet moves to approve the Consent Agenda, Sheila seconds and the motion passed unanimously.**
* **Recruiting Update – Physician, Dentist and Other Open Positions.** Tina updated the Board with recruiting, and we will be welcoming a new physician to RRHC, Dr. Patricia Chico. She has 10 years of Family Medicine experience (Birth to Elder care) and is scheduled to start mid-September working 4 days a week and is expected to see 17 patients per day as contracted. The biggest challenge will be identifying space for the new staff during the remodeling process. There has been an interest from a resident in Oregon and would be available in the summer of 2023. A new dentist, Dr. Al-Rawi, is expected to start in mid-September as soon as his CA license is issued. Officials in Rep. Woods office have been helping in this process. Need to determine what jobs to advertise that will be created with new grant funding. CalAIM will fund 2 case manager and 2 homeless house case managers. The Kaiser grant will fund a new QI position, Care Coordinator & CCM. The team is examining which of these positions can be filled by current staff and which we will need to advertise for. With all of the new staff additions we will be renting the office space currently occupied by SHO on Redwood Drive in Redway which will be available at the beginning of October. We are currently accepting applications for Dental Assistants and have had several applications already.
* **Action Items for Review and Approval**
	1. Dr. Bassam Al-Rawi Privileging Request (pages 15-19) **ACTION: Scott moved to approve Dr. Bassam Al-Rawi’s Privileging Request, Marcia seconds and the motion passed unanimously.**
	Tina suggested a Reception for the Board to meet all the new providers.
	2. **Approve new Diversity, Equity and Inclusion policy and procedure** (pages 20-21) Christina expressed “how do we hold ourselves accountable, measure and have we collected that data about our staff with regards to diversity, equity and inclusion?” Tina will gather the race and ethnicity of the employees. Consider revising or adding to the statement to include some goal setting and measurements to go with this statement. This is a great start and what does this look like in practice. Scott does volunteer work for Stanford and they have a section for “no fault reporting” regarding discrimination. Tina stated that this is included in the Harassment policy which states the discrimination clause. Christina wants to compare the policies. Equity is taking positive sets to create inclusion and equity. How do we know if we are meeting those goals and work on them in the future. Janet asked how would you track it? Christina elaborated on Latinex community and how we serve them. Christina to do more research about how to track. **ACTION: Janet moved to approve the new Diversity, Equity and Inclusion policy, Scott seconds and the motion passed unanimously.**
	3. **Dr. Patricia Chico Privileging** **Request** Dr. Chico can offer support in the Suboxone program. She is very interested in the remote and rustic lifestyle and wants to live somewhere remote and off the grid *(addition to the agenda)*
	**ACTION: Janet moved to approve Dr. Patricia Chico’s Privileging Request, Scott seconds and the motion passed unanimously.**
	4. **Rose Phelan Privileging Request** Rose Phelan is a certified Lactation Consultant working in TeleMed. She maybe willing to work in person this as an option in the future. All patients are able to use her services. Still working out the logistics and details on the detail process. *(addition to the agenda)*
	**ACTION: Shelia moved to approve Rose Phelan’s Privileging Request, Marcia seconds and the motion passed unanimously.**
	5. **Minor Employee Handbook Updates –** Changes included the removal of the sentence stating the seven and eight holidays each year, addition of the statement that employees are free to leave the clinic during breaks and lunch and updating the COBRA statement as recommended by HRYW.
	**Marcia moved to approve the Minor Updates to the Employee Handbook, Janet seconds and the motion passed unanimously.**
* **Discussion Items**
1. **Board Training Topic(s) of the Month** – Introduction & HC Program Overview and Chapter 1: The role of the Health Center Board and Board Members (board roles/responsibilities, board member duties) *(previously emailed)* Christina read the very long training topic for September and RRHC became 2002 was the FQHC. Have we done the Board Self-evaluation? Yes, it was completed just before Strategic planning. What have been the results of the evaluations? Maybe we should look at the results. The Board is very good about the conflict of interest and CEO review. Tina having a mixer with staff about the programs.
2. **Board Expansion and Recruitment** – Christina said Terri is doing good job reaching out to create a list of potential new Board members. Tulio maybe interested and the Board needs to reach out to people in the community. The Board stated that we welcome age diversity, more voices and perspectives. Sheila talked about some community members and Christina talked about being mindful about the Male/Female ratio per HRSA. Janet stated that maybe we should consider adding 1 male and 1 female to the Board. Shanon will reach out to some community members. Christina asked that this topic be kept on the agenda each month to help us.
3. **Regional QI Dashboards** (pages 22-58) – Janet thought this new dashboard was a nice improvement and lots of information. Christina said there was demographic data was included but was unable to understand some of the data. Tina said we need to monitor the diversity and outcomes. Health Equity, Diversity and Inclusion and we need to keep looking at it and where we need to go. QI meeting is in September.
4. **OCHIN EPIC EHR Pricing & Next Steps (**pages 59-64) – Janet asked if this will improve the efficiency and productivity. Tina said probably not but the transition will streamline processes, sharing records from outside providers and may eliminate some Medical Records functions and will improve provider satisfaction. Cost is comparable to the Phreesia, eye to eye and NextGen. The next steps are having providers view the demos. Board asked if the ½ mil cost the direction we want to take. Tina noted that the Kaiser population health initiative allows us to write in EHR grant funding to include testing, develop training materials, and examine reduced productivity. This maybe a good time to consider Optometry and file for scope change? Timeline would be July 2024 implementation. Terri stated that we are still undertaking the NextGen upgrade in the coming months. Tina went over how the Kaiser Grant will look at patient satisfaction, health outcomes & explained in depth that Kaiser staff members are dedicated to the success of this endeavor. In October the Leadership team will have a recommendation for the Board.
5. **COVID Operational Impact - Testing & Vaccinations** (page 65) – Not many vaccinations being given. Novavax is not a MRNA. Christina said we have a responsibility as a health care facility to recommend vaccinations even with the community hesitation. Michele said that Maryanne was on vacation and that would have impacted the clinic’s numbers and Maryann has returned from vacation. Janet asked if the new boosters will be available soon? The Board would like to see RRHC promote more booster shots and vaccines. Christina asked if any providers seen patients with long covid symptoms? Tina said we are now tracking long lasting covid. Janet said there are some treatments of interest which Michiah or other providers may have.
6. **CPCA Policy & Legislative Update** (pages 66-68) – Christina said that this contained lots of good info about 340B, Telehealth, and asked if climate change is impacting facility insurance premiums that have gone up significantly. How can we connect with other health centers to advocate the Federal Government for them to provide insurance? Tina is evaluating the “Fair Plan” and currently the Administration & Satellite locations are still affordable. Terri said as she remembers from the Firewise Council how the line through Redway impacts the rates paid.
7. **CPCA Directed Payments – 340B Supplemental Payment Pool** (pages 69-74) – Update the CPCA different approach to the monies we have lost. State has not come up with a methodology yet. These are direct payments similar to hospitals. Tina is looking at the pros and cons to determine if this is good for RRHC and noted that for rural areas, base amount plus extra amount (is outcomes, volume, etc) and rural health centers are hardest hit. The Board asked when is the deadline to decide? Tina stated that this will go to the state to approval then the Feds so no real timeline and it will take awhile to work it’s way through the system. Tina’s concern is meeting the QI measures and we have 60% of “ghost patients” (patients assigned to RRHC but we are unable to contact them) and we don’t have a clear way to measure the impact those measures and we won’t get the monies we are entitled to. QI benchmarks are part of the direct payments which we will have a hard time meeting. Tina stated that we have been trying to work with this “ghost patient” issue with Partnership.
* **Future Agenda Items & Next Board Meeting**
	1. Strategic Planning Update – Quarterly (Sept, Dec, March, June) -
	2. Approve solar proposal & funding -
	3. Next steps for homeless services site -
	4. VA Dental Follow-up Report -

Next Board Meeting will be held Wednesday, September 28, 2022 at 3:15 pm after the Finance Committee meeting at 3:00pm.

* Executive Session
* Adjourn Meeting at 4:18pm