

Minutes of September 28, 2021
San Joaquin County Clinics Board of Directors

Board Members Present:

Rod Place (SJCC Board Chair); Esgardo Medina (SJCC Board Member); Alicia Yonemoto (SJCC Board Vice-Chair); Brian Heck (SJCC Board Member); Paul Antigua (SJCC Board Member); Dr. Charson Chang (SJCC Board Member)

Excused Absent:

Chris Scoz (SJCC Board Member)

Unexcused Absent:

Luz Maria Sandoval (SJCC Board Member); Ismael Cortez (SJCC Board Member); Mary Mills (SJCC Board Member); Mike Baskett (SJCC Board Member)

Guests:

Dr. Farhan Fadoo (SJCC CEO); Alice Soulligne (SJCC COO); Kris Zuniga (SJCC CFO); Rajat Simhan (SJCC Consultant); Padmaja Magadala (SJCC); Angela Ayala (SJCC Staff); Betty Jo Riendel (SJGH Staff); Jeff Slater (SJCC Consultant); Susan Thorner (SJCC Consultant); David Culberson (SJGH CEO); Michael Allen (SJCC Clerk of the Board); Bernadette Pua (Prospective SJCC Board Member)

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Call to Order (Rod Place, SJCC Board Chair)</u> The meeting was called to order at 5:05 p.m. A quorum was established for today's meeting.</p>		No action required
<p>2. <u>Approval of Minutes from 8/31/21 (Rod Place, SJCC Board Chair)</u> Meeting Minutes from 8/31/21 were approved.</p>	(Attachment 2)	Alicia motioned to accept the minutes from 8/31/21 and Brian seconded; motion was approved unanimously
<p>3. <u>Public Comment</u> None</p>		No action required
<p>4. <u>Credentialing & Privileging (C&P) Report (Angela Ayala, SJCC Staff)</u> Initial appointment is Ofelia Ortiz (seeking Board approval at next session). Reappointments are Dr. Patara Rojanavongse and Andrew Smith PhD. Advancement is Dr. Neeta Shroff. Alicia recused herself from the vote for Andrew Smith.</p>	(Attachment 4)	Brian motioned to accept the September C&P report and Esgardo seconded; motion was approved unanimously
<p>5. <u>Presentation of Financials (Kris Zuniga, SJCC CFO)</u> Reviewed 24 month rolling billable visit timeline.</p> <p>Reviewed Health Plan of San Joaquin (HPSJ) membership assignments. Membership is trending upward over the calendar year, from 39,144 in January to 41,270 in August.</p> <p>Reviewed SJCC Income Statement. There was a favorable variance of \$651,010. Grant revenue showed an unfavorable variance of \$270,278, but total operating revenue was a favorable variance of \$420,257. Salaries, benefits, and professional fees came in under budget. Professional Fees, Purchased Services, Depreciation, Interest, and Other Expenses all had unfavorable variances, making Net Income \$52,237. When the MOU with San Joaquin General Hospital (SJGH) is finalized, actual expenses will more closely align with the budget</p> <p>SJCC Balance Sheet was reviewed.</p> <p>SJCC Statement of Cash Flows was reviewed. Total cash flows from operating activities was \$8,964,473, with an Ending Cash Balance of \$10,274,204.</p>	(Attachment 5)	Esgardo motioned to accept the CFO Report and Paul seconded; motion was approved unanimously

<p>Reviewed Accounts Receivable Analysis for August 2021. Ending gross A/R is \$2,714,148. Gross A/R Days have reduced to 28, and net A/R Days are at 33. Yearly average of days to submit billing is 10 days, with total average collection time of 36 days.</p> <p>Reviewed comparison of SJCC August 2021 Financials to Capital Link FQHC benchmarks. Operating margin target is >1-3% and SJCC was at 6%. Bottom line margin target is >3% and SJCC was at 6%. Days cash on hand target is >30-45 days and SJCC was at 94 days. Days in net patient receivables target was <60 days and SJCC was at 33 days. Personnel-related expense target is <70% and SJCC is at 72%.</p>		
<p>6. <u>Financial Management Policies (Kris Zuniga, SJCC CFO)</u> Reviewed SJCC Financial Management Policy Manual, including infrastructure policies, receipts and disbursement policies, and revenue cycle policies.</p>	(Attachment 6)	Paul motioned to accept the financial management policy and Alicia seconded; motion was passed unanimously
<p>7. <u>Governance Committee Report (Rod Place, SJCC Board Chair)</u> Cynthia King, Bernadette Pua, and Dr. Karen Lee were put forth for Board membership approvals.</p> <p>All proposed candidates were unanimously approved for membership by vote.</p>		<p>Alicia motioned to approve Board membership for Cynthia King and Esgardo seconded; motion was approved unanimously</p> <p>Brian motioned to approve Board membership for Bernadette Pua and Alicia seconded; motion was passed unanimously</p> <p>Esgardo motioned to approve Board membership for Dr. Karen Lee and Brian seconded; motion was approved unanimously</p>
<p>8. <u>Board Training – Board Composition (Susan Thorner, SJCC Consultant)</u> Susan conducted a brief training on Board composition and recruitment. There was a focus on enhancing the Board’s understanding of the Bureau of Primary Health Care (BPHC) requirements. Several Board members will be rotating off in October.</p> <p>SJCC Board must have between 9 – 25 members, the majority of which are being served as patients by SJCC. Board membership should reflect the population served by SJCC.</p>	(Attachment 8)	
<p>9. <u>Board Digital Access (Dr. Farhan Fadoo, SJCC CEO)</u> To better facilitate Board participation and save resources, efforts will be made to increase digital access for Board members and support staff.</p>		
<p>10. <u>Strategic Plan Update (Jeff Slater & Rajat Simhan, SJCC Consultants)</u></p> <p>a) Service area map was reviewed and surrounding counties were noted. Pockets within the County are available for further saturation by SJCC. When difficulty is encountered by patients seeking primary care, ED</p>	(Attachment 10a) (Attachment 10c)	Charson motioned to accept the Needs Assessment and Alicia seconded; motion was approved unanimously

<p>usage increases, putting a heavier burden on trauma centers. Telehealth has increased access and removed some barriers to care. Low-wage employment is a significant barrier to health care access. Some risk categories lag considerably behind both the California average and many individual counties, including nutrition/diet, smoking, obesity, etc. Chronic conditions like asthma, heart disease, hypertension, and others exist at higher rates than average. Transportation is still a barrier to access for many, as San Joaquin County does not have a robust public transport system. Reviewed the top 15 underlying causes of mortality from 2014-2018. Dental care is less common among lower-income residents, resulting in poor oral health and often only seeking dental care in emergent situations. There is a great need for more mental health access in the County. Suggestions were put forth by Alicia to utilize the Mobile Clinic to close some of these gaps, which aligns with current efforts by clinic leadership.</p> <p>b) HRSA is experiencing some difficulties with giving access to reporting entities for their LAL Annual Certification. Approval to submit in principle was put forth to the Board.</p> <p>c) Form 5C was reviewed, showing what types of activities SJCC engages in and where.</p>		<p>Charson motioned to approve compilation and submission of HRSA LAL Annual Certification and Alicia seconded; motion was approved unanimously</p> <p>Charson motioned to accept Form 5C and Brian seconded; motion was approved unanimously</p>
<p>11. <u>Legislative Updates & Grants (Jeff Slater/Rajat Simhan)</u> California legislature is out of session, so nothing new to report at state level.</p> <p>Dr. Fadoo has been active in advocating for FQHC Look-A-Likes (LALs) to be able to receive federal funds available to full FQHCs.</p>	<p>(Attachment 11)</p>	<p>No action required</p>
<p>12. <u>Annual CEO Report (Dr. Farhan Fadoo, SJCC CEO)</u> Status of all clinics was reviewed, including the forthcoming Mobile Clinic and the closure in June 2020 of the Manteca and Hazelton clinics.</p> <p>SJCC encounter total for FY20/21 was 115,560, with another 54,281 encounters for the SJGH Specialty Clinics.</p> <p>Reviewed telehealth percentage of each service lines. Primary care is 51% in person, 45% audio only, and 3% audio/video.</p> <p>Reviewed special programs across the organization and noted termination of RubiconMD eConsult services in favor of another program funded by HPSJ. Scheduling/Referral has been decentralized due to split between SJCC & SJGH.</p> <p>COVID-19 response efforts were noted, including MOUs with various organizations, drive through testing, field testing and mass vaccination events. SJCC has received recognition for these efforts.</p> <p>Rapid pivot to telehealth allowed for minimal financial impact due to COVID-19. Billing/collections practices have been tightened up with focus on standardization. \$8 million secured in grants over FY20/21. Successfully captured ~90% of available QIP incentive funds.</p> <p>Future organizational efforts will include building further administrative capacity, relocating to a new administration</p>	<p>(Attachment 12)</p>	<p>Charson motioned to accept the Annual CEO report and Brian seconded; motion was approved unanimously</p>

<p>space at A.G. Spanos building, and marketing/brand reworking. Needs assessment report will guide decisions on future access points and service lines. Greater focus on clinical quality will help in transition from volume-based reimbursement to a value/outcome-based scheme. New services will include expanded chronic disease management programs and integrated behavioral health.</p> <p>Plans for FY21/22 include potential transition from LAL to full 330 grantee, care disparities reduction, health equity work, and further Board development.</p> <p>Dr. Chang mentioned there are dental service providers already doing community work who may be able to align with our efforts in this regard.</p>		
<p>13. <u>Adjournment</u> There being no further topics of discussion, Rod Place adjourned the meeting at 7:33 p.m.</p>		<p>No action required</p>