

**LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT
PRIMARY CARE CENTER
GOVERNING COUNCIL**

**October 18, 2007
MINUTES**

MEMBERS:	PRESENT	ABSENT
Toni Brown		X Excused
Lynne Flynn	X	
Linda Johns		X Resigned
Dennis Kelly, MD	X	
Samuel Matheny, MD	X	
William Rasinan	X	
Helen Reese	X	
James Sleet	X	
James Reese	X	
Andrea Tapia		X
Herman Hardesty		X Excused
Randy Breeding	X	
Rosa Martin		X Excused
 STAFF PRESENT:		
Melinda Rowe, MD, MBA/MPH, Commissioner		
Rodger Amon, COO		
Roger Reynolds, FO		
Rice Leach, MD, PC Executive Director		
Linda Phelps, PC Executive Assistant		

October 18, 2007 at 5:50 PM Chairperson, Lynne Flynn called the Primary Care Governing Council meeting to order.

CALL TO ORDER

A quorum was declared at roll call. **Dr Matheny moved the agenda be adopted with the addition of BOH report added routinely to the agenda at the request of Chair, Lynne Flynn. James Sleet seconded. Motion carried.**

DECLARATION OF QUORUM

James Reese moved to accept September 19, 2007 minutes as written. Seconded by James Sleet. Motion carried

APPROVAL OF MINUTES

Dr. Leach said after the Lake County, Illinois site visit his thoughts are primary care centers associated with health departments or boards of health that are most successful have a strategic vision and plans to implement it. He felt that we need to take forward a strategic vision to be

EXECUTIVE DIRECTOR'S REPORT

part of the strategic planning that is going on currently with the Board of Health. Our strategic vision would be to serve half the medically indigent people in this county and have 60% of the patients be paying and 40% non-paying patients. This would meet the HRSA national average and relieve the burden on tax payers. Another vision would be to encourage the rest of our medical community to pick up the other half of the medically indigent. Fayette county has a fourth of Kentucky's doctors and probably one-fourth of Kentucky's health care providers but it does not have one-fourth of its medically indigent population because employment is better here.

Successful primary care centers set their own policies, provide most of their department's clinical services with the exception of communicable diseases such as TB and STD, and work collaboratively with public health partners on case management, public health education, communicable diseases, etc. Above all their Boards, Councils, and leadership develop a clear strategic vision with meaningful values and well thought out implementation plans before authorizing any significant expenditure to implement things.

Things are different here; the Kentucky public health regulations and procedures for Health Departments create organizational, operational, financial management and information management roadblocks which are detrimental to running a good primary care center. We need to tell the DPH what we plan to do instead of asking them what we can do. This would generate a decision. We can ask to change the law (which takes forever) or we can become a 501(C) 3 on behalf of corporation working under the Board of Health that would by Mr. Amon's, mine, and other's assessment give us some freedom.

We are making some progress but we have talked about separation for 15 months. HRSA will not continue to pay more for less. HRSA's performance review requirements need to get done. The Quality Improvement and Health Plan need to be met. Our audits will reflect exactly what we need if 100% reflective of PC money.

Dr. Leach said, "I was going to ask the Council to ask the BOH what they want us to do but I feel the Governing Council has decided what we want; we need to clarify and ask for governance."

James Reese said we needed to act promptly because he has learned about "look-a-likes." There are two in town and either could take the HRSA money away from us if we are not doing our job!

Dr. Kelly, Vice Chair said he hears the philosophy from Dr. Rowe, Dr. Leach and others, but feels that Dr. Leach needs to be more forceful in

asking for the specific governance authority that primary care needs.

Dr. Matheny noted that the next steps would be a summary of recommendations to joint coordinating group, by-in from Governing Council, clarifying with leadership of Urban County Council first and then present to BOH.

Dr. Matheny said it is time for us to act on the governance issue because failure to do so will result in other organizations continuing to take the easy revenue patients away from the center leaving the center with responsibility for increasing numbers of non-paying patients. The people who will suffer are the people who have to come here and depend on us and if we do not have the financial stability to do; we will not be able to exist. The council and the center need to have the freedom and flexibility to carry out the mission without so many constraints from the BOH and the other restrictions Dr. Leach has already pointed out.

Chair Flynn, “we have known for along time that there are certain things that need to happen and we can’t seem to make them happen. Dr. Leach has presented us another option to make it work and I feel we all agree to what these things are.”

Dr. Leach talked about forces that are barriers to granting the center the flexibility it needs and that this is a very difficult position for him and he suspects for Dr. Rowe because of their competing nature.

Dr. Matheny said, “Basic premise is that clinical care needs to be done and if we do not include all of that in Primary Care we will not be very successful and being able to (1) offer full scope of services and (2) have reimbursement that will keep some of the other business afloat. It has to be part of the package it can’t be the lucrative part with other contract that are outside or with the Public Health side it needs to be - all or nothing.”

Dr. Rowe said some contracts go straight to DPH; we are a pass through to the third party. Some are not in the Health Department’s control. The BOH has asked for a governance structure and plan by December.

Mr. Amon said no PH dollars goes to Primary Care so PC can operate like FQHC and not pay attention to PH manual. We put the MOA in writing and sent a summary of agreement to Department for Public Health. This fiscal year we built system around grant, revenue generated like 501(c) 3 and tax dollars. We share limited well-child visits, immunizations, STD, TB, family planning, breast and cervical cancer. Prenatal (\$250 thousand to UK) should all go on Public Health side of house in order to meet PH reference.

Dr. Kelly asked about separate budget? Mr. Amon stated the BOH should be legal fiduciary acting with co-applicant agreement. The Primary Care budget is kept on accrual basis and Public Health on cash.

Dr. Leach noted that he felt more powerless in this position than in all the management jobs he has held before and noted that the primary care center did not have the overhead staff to accomplish the support tasks necessary to manage a 10 million dollar operation. The primary care center spends a million and half are to support department administration but needs to do the planning and assessment in Primary Care with its own resources.

Dr. Matheny asked what to do if the BOH decides to not take action and continues to ask for information for further study? Mr. Amon said it is necessary political capital to get strategic vision as Dr. Leach has articulated at this time to get it done and the Mayor needs to be included in this decision process. Now is the time to expend the capital to get this model implemented Dr. Leach's strategic vision plus the organization model that we have talked about for over a year now.

Dr. Rowe said the recommendation would be 501(C) 3.

Dr. Kelly asked if there is a different plan by someone down in city hall.

Dr. Matheny felt some members of the BOH might wish to keep the status quo and constrain the autonomy of the governing council.

Dr. Rowe, Roger Amon and Dr. Leach were asked to get a strategic vision that makes sense to the council and then present it to the council for inclusion in the BOH strategic plan.

Toni Brown was absent. James Sleet said Nominating Committee had not met - no report

**NOMINATING
COMMITTEE**

Chair, Lynne Flynn stated she was in receipt and had accepted Linda John's resignation. This is a user vacancy.

Dr. Matheny reported variation in budget currently for PC is \$28 thousand positive through end of year. Revenues are under budget by \$379 thousand (Medicaid down \$97 thousand, Pharmacy down \$33 thousand, Dental down \$50 thousand) and when we drilled down for reasons of variance that is where the management issues are. We have asked to look at data that will allow us to determine what our percentage of payers is when we have these variances.

FINANCE COMMITTEE

Randy Breeding thinks it is a matter of refining things.

August 16, 2007 Finance Committee Meeting minutes were approved

Policy Committee Chair, Dr. Kelly said his committee had met and reviewed policies included in your packet. Dr. Kelly motioned acceptance of these Primary Care Policies reviewed with suggested edits. James Sleet seconded.

POLICY COMMITTEE

They are:

- Chart Order Protocol
- Chart Pulling Process
- Clinic Chart Request
- Filing Lab Reports
- Filing X-ray Reports
- Health Records Standards
- Health Record Entries
- Health Records Retention
- Non-Clinic Chart Request
- Numbering System
- Prescription for Medicaid Patients
- Primary Care Delegation
- Problem Oriented Medical Record
- Pulling Charts for Pharmacy

Motion carried.

Helen Reese, Chair of the Program Committee reported there was not a meeting but the Governing Council members need 8 topics completed in Board training. Members options are to do 2 topics after our meetings for the next 4 months, schedule a training night or a full day or schedule 2 half day.

PROGRAM COMMITTEE

Lynne Flynn, James Sleet and James Reese who attended *KPCA* October 15th and 16th would like to bring one of their presenters on the national level that could tailor to our member's training needs. Chair Flynn has the list of training topics to focus on and will check into this option.

Consensus for training to happen on a Saturday.

James Reese is also attending *Get On Board* for board training.

Dr. Leach reported in the absence of Medical Director, Dr. Deborah Stanley due to a death in her family that the productivity graphs handouts show a decline. Dr. Kelly asks if Primary Care is understaffed with Physician or Nurse Practitioners compared to the site visits or why are we not seeing more patients? Dr. Leach said Lake County had patients with younger average age, fewer Medicare patients, what he would call easy

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relatively low labor intensity low clinical complication type patients. We have a much higher proportion of older people with chronic diseases that have to be monitored more closely in which takes more time. A couple other things that might help our numbers are opening on Saturdays and he also felt the 28 exams rooms were not maximized. GC member felt employees do not realize their jobs depend on being nice to patients and moving the patients through expeditiously.

Dr. Rowe and Mr. Amon said numbers submitted for grant in previous years had no data trail. HRSA has been notified to expect substantial drop. Dr. Leach said we have 9 weeks before UDS report closes for the current year to generate the numbers that will be the operational measure HRSA will consider for the competitive grant proposal.

Dr. Leach announced PC has decided to hire a Family Nurse Practitioner for Johnson School Based Clinic and possibly by hiring Family instead of Pediatric Nurse Practitioner we could see siblings.

Helen Reese brought up the subject of staff dressing in a more professional matter; preferably lab coats instead of a superman shirt in the Pharmacy.

Mr. Reese has had a couple incidents with our lab. The question was raised, what are the chances of us getting our lab back? Mr. Reese had to have two tests because Quest lost them and one time not enough blood (entity billed for all). Mr. Reese said in his snooping about his problem he found there are an inordinate amount of reports from Quest on insufficient blood/fluids for test but billed anyway. Dr. Leach will check into.

Dr. Leach said, "Most of our laboratory work has been contracted out to Quest for about a year. But we do a hand full of CLIA waived test in-house. Dr. Matheny inquired "what are the CLIA exempt tests that we do and what are our plans on seeing if we could add more test for a good source of income.

Dr. Dennis Kelly reported as our BOH Official Observer there were not any actions related to Primary Care. Dr. Leach made a presentation on issues and the main thing was the BOH Chair made an announcement they would be getting the Joint Task Force up and running.

BOH REPORT

Joint Coordinating Committee tentatively scheduled for October 26th.

ANNOUNCEMENTS

Dr. Rowe announced in November there will be a joint finance committee meeting with Fred Brown. The audits will be mailed to you in advance for your review.

Executive Leadership Meeting scheduled October 22nd at 5:45. Linda Phelps to reserve conference room for meeting.

Primary Care's Employee of the Month is Charles Pennington.

James Reese motion to adjourn. James Sleet second. Chairperson Lynne Flynn declared meeting adjourned at 7:05PM.

ADJOURNMENT

APPROVED: _____
Chairperson

Secretary

Date