


Memorandum

Date: June 11, 2020

To: Southern Nevada District Board of Health

From: Alfred McGugin, MPA, FQHC Operations Officer 
Fermin Leguen, MD, MPH, Acting Chief Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT

Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

May Highlights:

- **Marketing and Communication Strategy**
 - Participated in an additional media inquiry from News Channel 8 regarding COVID-19 testing activities in minority communities and at All Saints Episcopal Church.
 - Marketing campaign is finalized and ready to be rolled out
- **Response to COVID-19**
 - Participates in ICS structure
 - Coordinating the efforts of the NCS
 - Collecting data from FQHC partners for point of care (POC) testing
 - Received additional HRSA supplemental funding in the amount of \$235,339 to respond specifically to COVID-19 testing and support efforts within the NCS.
 - Note – specific numbers for COVID testing are located within the Quality Report
- **Administrative**
 - Submitted the Service Area Competition for the next 3 operational years revised budget
 - Reviewing proposal with UNVL for dental services
 - Reviewing proposal with UNLV for expanded medical services
 - Adjusted the Sliding fee scale to percentages to benefits the patient after the nominal fee
 - Began process for National Health Service Corp
 - Began process for Federal Tort Claims Act (FTCA)
 - Coordinators with other division and ICS Commander the interviewing and placement of Crisis Counselors for Clark County

- Assessment of budget to align staff more appropriately to grants in an effort alleviate pressure from the general fund for future planning and sustainability
- Full clinical operations will resume July 1.

Notes to the Board:

As we continue to grow the SNCHC board committees are being activated. The next two committees to be activated are Quality/Credentialing and the Executive Committee. The committees will follow the structural format and will be scheduled for their regular meeting by the Executive Admin responsible for the board. The Quality/Credentialing committee will review updates to our quality plan, discuss med errors, and the credentialing of our new providers. The Executive will focus on providing information and direction for the strategic plan.

Non-congregate Shelter (NCS): COVID-19 Response

SNHD has secured the NCS facility by fully executing the contract with the vendor on May 8, 2020. It is anticipated the buildings are now sites at 280 Decatur and are expected to be fully operational by July 1. The program has worked with key internal stakeholders to address, building delivery, staffing, safety, trainings, service delivery within the NCS, ancillary services, patient education and engagement and discharge. The FQHC has secured the staff and provided the training for staff that will be working in the facility.

I. HIV / Ryan White Care Programs

- A. The HIV/Medical Case Management (MCM) program received 25 referrals between April 26 through May 25, 2020. There were 2 pediatric cases referred to the program and linked to UNLV Pediatric center for HIV care. The program received 1 referral for pregnant women living with HIV.
- B. The Ryan White Ambulatory Clinic had a total of 179 client visits.
- C. The Ryan White clinic continues to implement the Rapid stART project which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis.
- D. The Transitional Case Management (TCM) program education of inmates is currently on hold due to the COVID-19 pandemic. There is on-going case management services for clients already enrolled in the program.
- E. The Temporary policy change to eligibility requirements due to COVID-19 enables the eligibility staff to continue to enroll clients in RW eligibility to assist clients to obtain medical and supportive services.
- F. The Ryan White program is in the process of recruiting a Dietician to provide medical nutritional therapy to Ryan White clients.
- G. The Ryan White Program is in the process of recruiting a Mental Health Advance Registered Nurse Practitioner (APRN) for mental and behavioral health services.

II. Sexual Health Clinic (STD Care Services)

- A. The Sexual Health Clinic (SHC) completed 663 service encounters with 514 patients seen.
- B. The Sexual Health Clinic continues to refer clients for rapid start HIV treatment upon receipt of confirmed HIV positive results. Rapid HIV testing services are being offered to high risk clients with STD screening. HIV pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and Hepatitis infection treatment services continue to be offered in the Sexual Health Clinic.
- C. The Sexual Health Clinic staff have been activated under ICS to respond to the COVID-19 pandemic. The ICS team continues to improve the processes for Telehealth services. There were 31 telehealth service encounters completed with 30 patients served. The standard operating procedure (SOP) was approved and three staff completing training for the Abbott ID NOW™ instrument for rapid detection of COVID-19. Members of the sexual health clinic staff are assigned to the MASH unit at SNHD.
- D. Two medical assistants completed their initial training in the Sexual Health Clinic.

III. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 468 clients; 450 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 231 clients; 224 of them were unduplicated.
- C. The Decatur Family Planning clinic served 237 clients; 226 of them were unduplicated.

IV. Family Healthcare Center

- A. The Family Health Care Clinic saw 216 patients in the month of May. Eleven patients were age 18 or younger and includes zero children from the Refugee Health Clinic. There were 205 patients age 18 or older.
- B. Immunizations were offered to those in need, according to the ACIP recommended Immunization schedule.

V. Pharmacy Services

- A. Dispensed 517 prescriptions for 438 clients.
- B. Assessed/counseled 16 clients in the Ryan White-Sexual Health Clinic.
- C. Assessed/counseled two clients in the Tuberculosis Clinic.
- D. Assisted 12 clients to obtain medication financial assistance.
- E. Assisted one client with insurance approvals.
- F. Referred zero clients to community partners.

AM: ms

Attachments: June 2020 Quality Report

Southern Nevada Community Health Center Quality Improvement Narrative May 2020

**Fantasi 'Stasi' Pridgon, MHA, Quality Management Coordinator
Alfred McGugin, MPA, FQHC Operations Officer**

Quality Improvement

The Health Center's patient satisfaction survey has launched and is now available in both English and Spanish. Patients will have the opportunity to complete the survey via tablet while in the exam room as their appointments are ending or as they check-out. We also have the capacity to email and text patients a link to the survey to complete later if they do not wish to while in the Health Center. This survey will inform our decisions when it comes to the patient experience as we strive for continuous improvement.

A medication error occurred in the Sexual Health Clinic when a patient was given the wrong medication and the patient's medical record was not accurately documented in eClinicalWorks. No harm came to the patient as a result of this medication error. The provider and medical assistants treating the patient were made aware of the error and a root cause analysis is underway, the results of which will be relayed to Health Center staff to eliminate/reduce medication errors from occurring in the future.

The Health Center received two resignations from providers. The Health Center has two offers of employment out to an APRN, who will fill a psychiatric nurse position, and a physician. The recruitment process to fill these positions is in progress.

The Health Resources and Services Administration (HRSA) Federal Tort Claims Act (FTCA), a medical malpractice program that increases the availability of funds to health centers to provide primary health care services, is currently accepting applications for coverage for calendar year 2021. FTCA reduces or eliminates health centers' malpractice insurance premiums and allows more health center dollars to be available for:

- Increasing the number of patients served;
- Increasing enabling services like case management and health education;
- Reducing financial, geographic, and cultural/linguistic barriers to care; and
- Implementing and expanding programs such as quality improvement/assurance and risk management and other appropriate section 330-funded activities

The Health Center is in the process of applying for FTCA. The deadline is July 13, 2020.

HRSA has implemented changes to the Uniform Data System (UDS) for calendar year 2020. HRSA cites the changes as a way "to support efforts across the federal government that standardize data collection and reduce reporting burden for entities participating in federal programs with data reporting mandates." Performance measures have been updated to improve alignment with other quality improvement programs, including the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP). These changes will be reflected on our 2020 UDS annual report to be submitted February 2021.

The following performance measure changes have occurred:

- Retiring the Asthma Measure: Use of Appropriate Medications for Asthma

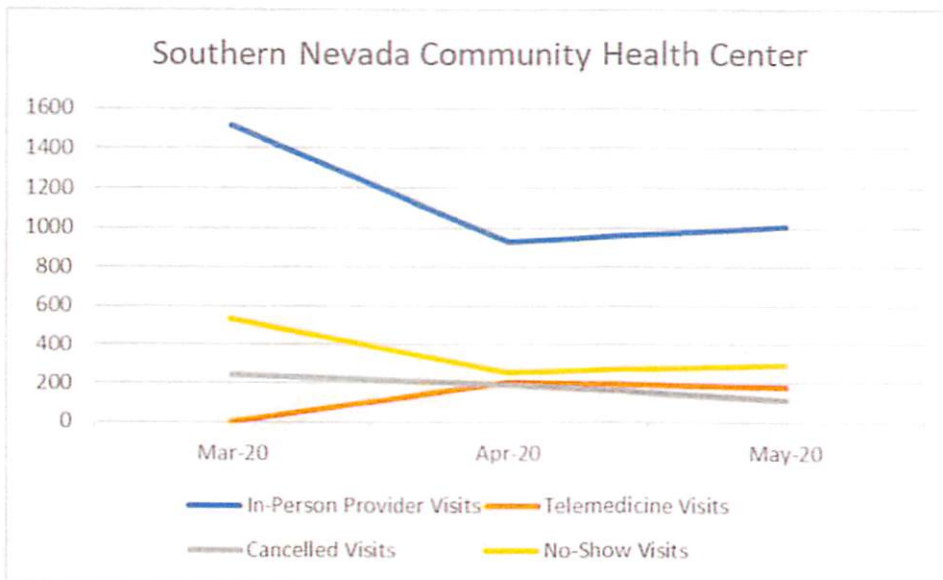
- The asthma measure is no longer being updated by its measure steward, the National Committee for Quality Assurance. As a result, when new asthma medications are approved for use they are not reflected in the electronic clinical quality measures (eCQM) specifications. This asthma measure was also retired from the Healthcare Effectiveness Data and Information Set (HEDIS) and is no longer endorsed by the NQF.
- **Adding the Depression Remission at Twelve Months Measure**
 - The addition of the Depression Remission Measure at 12 Months eCQM will provide data on how health centers are helping patients reach remission and further support national efforts to improve the population's mental health.
- **Revising the HIV Linkage to Care Measure**
 - This measure will be modified to change the follow-up treatment timeline from 90 days to 30 days and the observation period of first ever HIV diagnoses to 1 December of the prior year and 30 November of the reporting year.
- **Adding the HIV Screening Measure**
 - HRSA is one of the lead federal agencies in the 'Ending the HIV Epidemic' Initiative and is building upon the following key strategies: diagnosing, treating, preventing, and responding. Approximately 1.1 million people are living with HIV in the U.S.; 15% of them are unaware that they are infected. The addition of the HIV screening eCQM will further support efforts to promote early detection and care HIV in health center patients.
- **Adding Data on Prescriptions for Pre-Exposure Prophylaxis (PrEP)**
 - Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medication to prevent HIV infection and is used by people who are at high risk of being exposed to HIV. This measure will capture data on patients prescribed combinations of emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) during the reporting year for PrEP.
- **Adding International Classification of Diseases (ICD)-10 Codes to Capture Human Trafficking and Intimate Partner Violence (IPV)**
 - HRSA is aware that human trafficking and intimate partner violence are serious public health issues and complex social determinants of health (SDOH) that can affect a wide range of health and quality of life outcomes. Addressing SDOH is a HRSA objective to improve the health and well-being of health center patients and the broader community in which they reside.
- **Adding the Breast Cancer Screening Measure**
 - Breast cancer is the most common cancer in women and the fourth leading cause of cancer death in the U.S. There is substantial geographic and demographic variation in breast cancer death rates suggesting that there are social and structural factors that affect breast cancer mortality. Preventive screening through timely access to mammograms can lead to early detection, better treatment prognosis, and has the potential to reduce health disparities.
- **Adding a Question to Appendix D: Health Center Health Information Technology (HIT) Capabilities**
 - Appendix D will include a new question to support tracking how health centers are optimizing HIT and accessing Prescription Drug Monitoring Programs (PDMPs) or have them integrated into health information systems such as Health Information Exchanges, electronic health records (EHR) systems, and/or pharmacy dispensing software (PDS) to streamline provider access controlled substances prescription data.

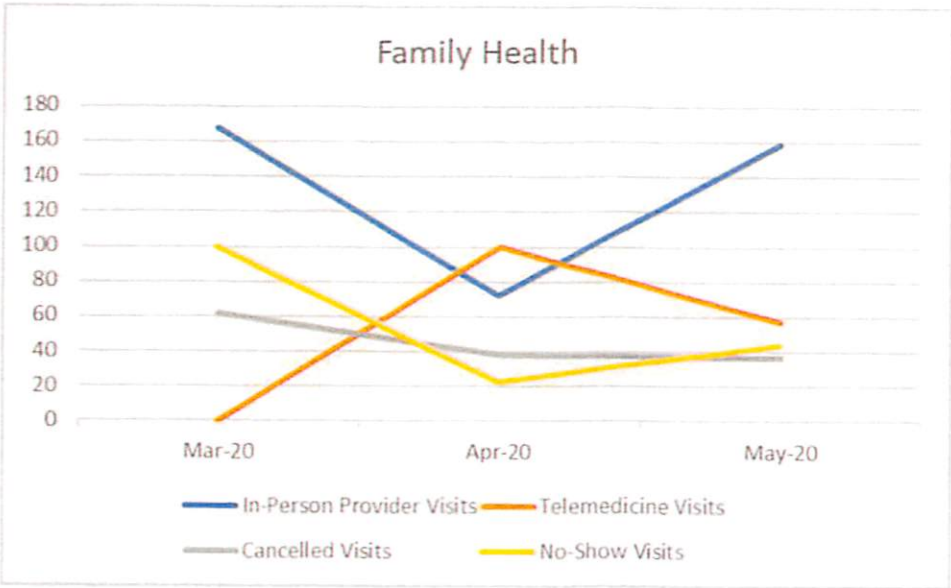
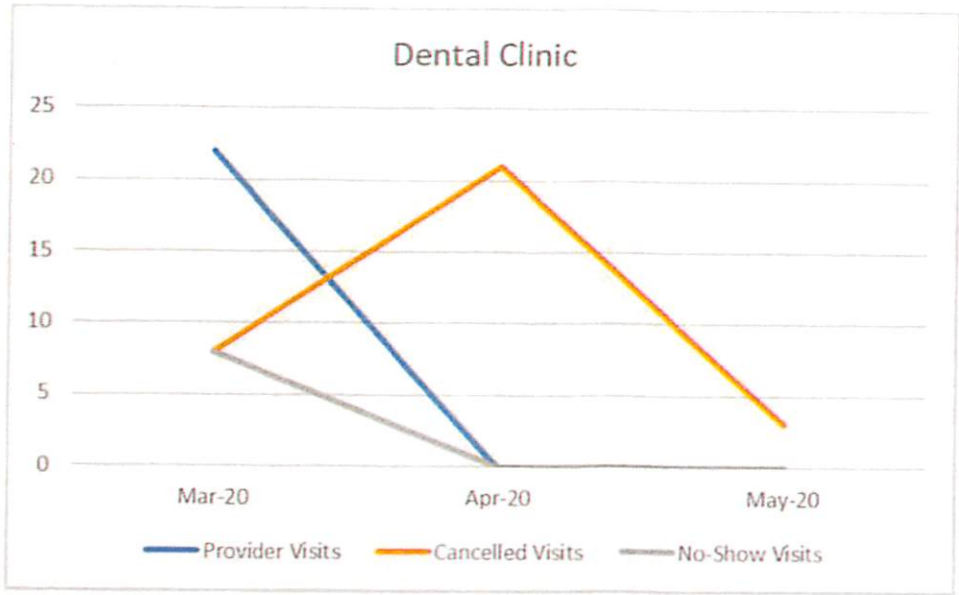
- PDMPs are effective tools for reducing prescription drug abuse and diversion. Improving provider utilization and access to real-time data have demonstrated meaningful results in reducing over prescribing of medication. Currently, 49 states, the District of Columbia, and Guam have created and are operating PDMPs that collect information from dispensers and report information to authorized users.
- Revising Questions in Appendix D: Health Center Health Information Technology (HIT) Capabilities
 - The CMS program commonly known as Meaningful Use has changed. Questions in the appendix regarding Meaningful Use have been revised accordingly to respond to this change. In addition, the current question regarding standardized screener(s) for social risk factors that are used by health centers has been revised to gain a better understanding of how this information is being used in the primary care setting.
 - CMS has made changes to the Medicare and Medicaid EHR Incentive Programs that will now be known as the Promoting Interoperability programs. To align with these changes, revisions have been made to questions regarding Meaningful Use.

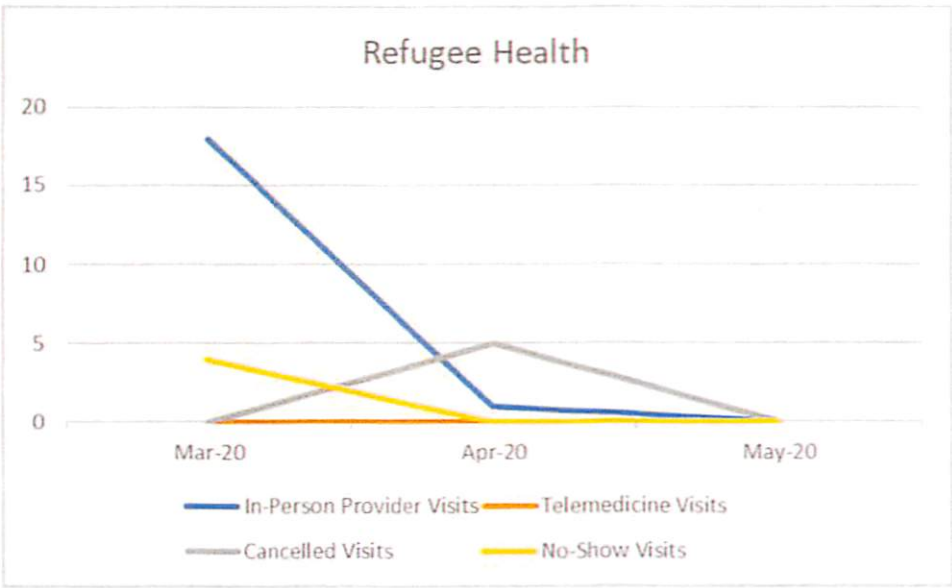
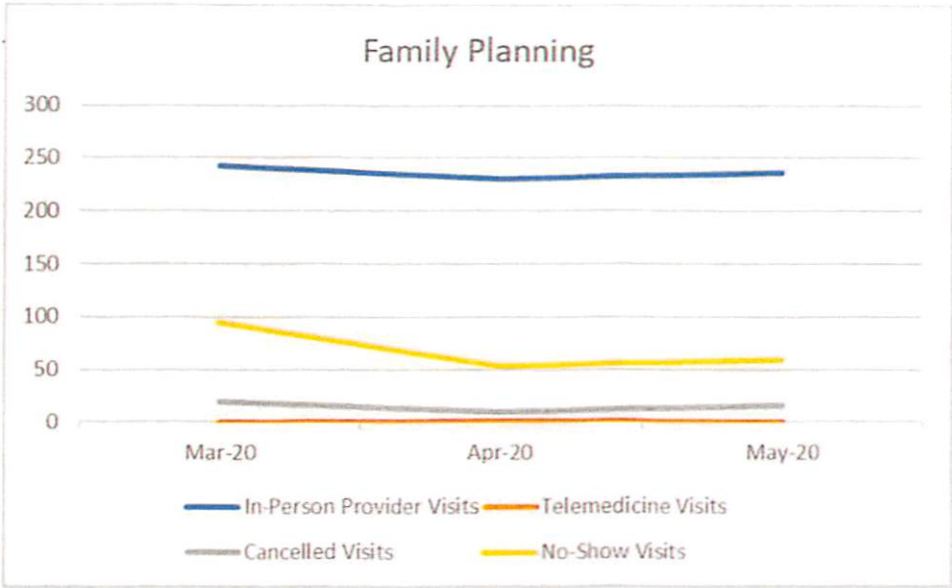
Health Center Visits

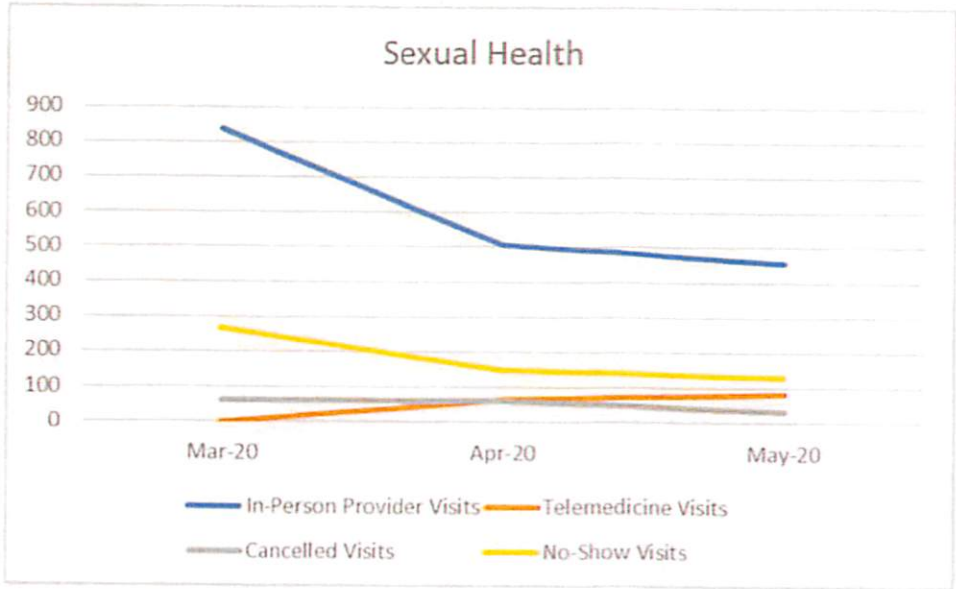
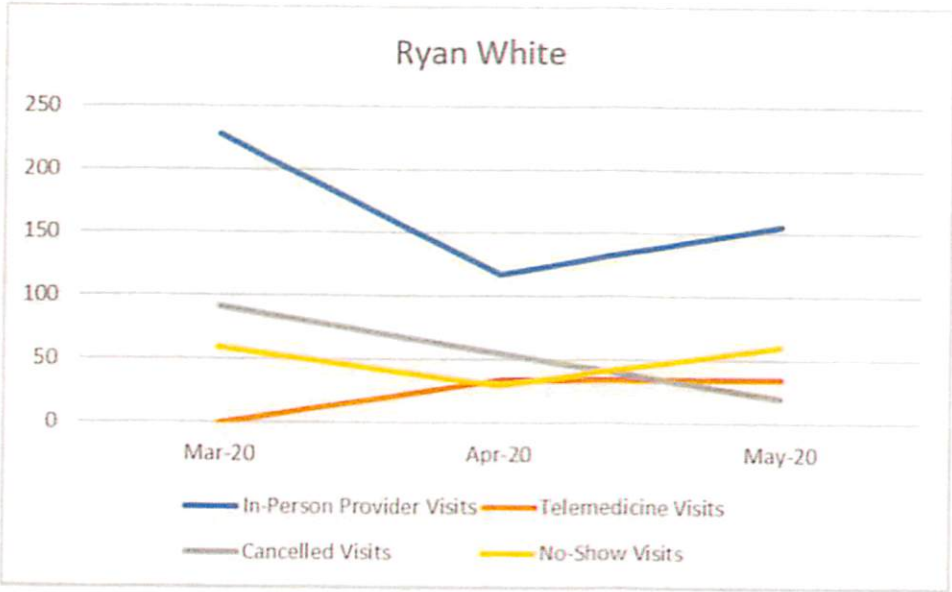
The Health Center had 1,593 scheduled patient appointments in May 2020, a nearly 1% increase over the month prior and the first increase in visit volume since the COVID-19 pandemic began in March. Of our scheduled patients, 74.58% kept their appointments, 2.91% more than the month prior; there was a 6.91% cancellation rate, a decrease of 5.19% over the month prior and a 18.52% no-show rate, an increase of 2.3% over the month prior. Telemedicine saw 182 patients — 15.32% of patient visits, a 10.78% decrease over the month prior.

Cancellation rates were highest among Family Health and Ryan White at 33.64% and 18.18%, respectively. The no-show rate was highest among SHC Uninsured and Ryan White at 28.81% and 20.68%, respectively.









eBO Report Summary: May 2020

| Southern Nevada Community Health Center | Provider Visits | | Cancelled Visits | | No Show Visits | | Telemedicine | | | |
|---|-----------------|----------------|------------------|----------------|----------------|----------------|--------------|---------------|-----------|--------------|
| | | | | | | | Audio Visit | | Televis | |
| Perinatal Clinic | 0 | 0.00% | 3 | 2.73% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Family Health | 159 | 15.81% | 37 | 33.64% | 44 | 14.92% | 41 | 22.91% | 16 | 8.9% |
| Family Planning | 237 | 23.56% | 16 | 14.55% | 60 | 20.34% | 0 | 0.00% | 0 | 0.00% |
| Iran White | 156 | 15.51% | 20 | 18.18% | 61 | 20.68% | 27 | 15.08% | 8 | 4.4% |
| MC Insured | 238 | 23.66% | 18 | 16.36% | 45 | 15.25% | 12 | 6.70% | 34 | 18.9% |
| MC Uninsured | 216 | 21.47% | 16 | 14.55% | 85 | 28.81% | 5 | 2.79% | 32 | 17.8% |
| Southern Nevada Health District | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 1 | 0.56% | 3 | 1.6% |
| Totals | 1006 | 100.00% | 110 | 100.00% | 295 | 100.00% | 86 | 48.04% | 93 | 51.9% |

| | |
|--|---------------|
| <i>Percent of scheduled patients who cancelled</i> | 6.92% |
| <i>Percent of scheduled patients who no showed</i> | 18.55% |
| <i>Percent of scheduled patients who cancelled and no showed</i> | 25.47% |