

Date: October 8, 2020

To: Southern Nevada Community Health Center Board of Directors

From: Alfred McGugin, MPA, FQHC Operations Officer \mathcal{AM}

Fermin Leguen, MD, MPH, Acting Chief Health Officer //

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.

September Highlights:

Response to COVID-19

- Continue general community COIVD-19 testing
- Adding BinaxNOW testing kits as additional POC testing option
- Adding rapid flu specimen collection to COVID-19 testing protocol as standard of care at POC services

Administrative

- HRSA quality award received
- Completed & passed: Financial Management Review of Legislative Mandates of Southern Nevada Health District (SNCHC)
- Completed budget realignment of FQHC/SHC
- Completed staff realignment of FQHC/SHC
- Processed and submitted quarterly reports for COVID-19 CARES supplemental funding
- Engaged billing analysis
- eCW enhancement for quality indicators and crosswalk of all measures including HEDIS, UDS, HIVQUAL, and FPAR.

	Eligibility	Monthly Report	
	Sept	ember 2020	
Total number of referra	ls received	55	
Total number of no act	ion-closed	13	
Total number of applica	ations submitted	Medicaid/SNAP/TANF: 21	Hardship: 4
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	Appl	cation Status	
Medicaid/SNAP/TA	NF Applications	Hardship Appli	cations
# of approvals	11	# of approvals	4
# of ineligible	4	# of denials	0
# pending cases	4	# of pending cases	0
# Medicaid ineligible;			
SNAP eligible	2		

Eligibility Case Narrative



70-year-old male, unemployed, currently lives with his sister, who provides free housing and limited financial assistance for client's basic needs. Client initially requested assistance with applying for Medicaid in June 2020; however, a Medicaid screening determined that he would not be eligible for Medicaid because he was unable to provide proof of U.S. citizenship. A second referral was received in August 2020 to assist client with applying for Medicaid and SNAP benefits. Client was able to provide his I-551 Permanent Resident Card (green card) as proof of U.S. citizenship, but needed time to collect other required documents. Client's application for Medicaid and SNAP was submitted on 9/1/2020. The Department of Welfare & Supportive Services (DWSS) requested additional documentation to be completed by client's sister, who assumed financial responsibility as his sponsor on his immigration application to enter the U.S. Client stated his sister, who is his sponsor, is currently in the Philippines and does not know when she will be able to return to the U.S. due to COVID-19 travel restrictions. Client was unable to provide DWSS with the completed documents by the established deadline and was subsequently determined ineligible for benefits. Client plans to reapply when his sister returns to the U.S.

Client has health concerns that will require primary care visits for the foreseeable future, but with his sister out of the country, he now has limited funds to pay for his personal expenses and medical care. Client was informed about the Southern Nevada Community Health Center's (SNCHC) financial hardship waiver program, which if approved, would offer a 100% discount on fees at SNCHC's primary care clinic. Client's request for a hardship waiver was approved from 9/1/2020 through 9/1/2021, which will waive the past due balance of \$60.00 on his account as well as charges for future office visits.

Eligibility Worker: Kimberly Patterson

The patient came into the clinic, and he couldn't pay his visit with the provider, he requested to apply for the Financial Hardship Program. He claimed no income since March 2020, due to his immigration status, he does not qualify for Medicaid Assistance. The patient's leg was also amputated due to his diabetes type 2, which he suffers. His brother has been the only person who is helping him with housing, transportation, and food. The patient brought me all the documentation that I need to process his Financial Hardship Application. Also, I provided him some resources where he can go to apply for food and rental assistance.

Eligibility Worker: Juan Carlos Rodriguez

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

- The Las Vegas media houses were invited for a tour to the facility 09/10/20.
- NCS South Location opened its doors for COVID positive patients to isolate and recover on 09/15/2020. In the month of September, the unit admitted four residents referred from local hospitals. These residents were all homeless and required some case management services and linkage to resources. All residents have received services from the resilient ambassador attached to the facility. The team continues to reach out to discharge planners and community partners to inform them about the facility and the services offered.
- The US Sergeant General and other local public officials toured the facility 09/13/2020.



• The NCS North location continues to offer COVID testing to the general public.

I. HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 13 referrals between September 1st through September 30th. There was 1 pediatric client referred to the program and linked to UNLV Pediatric center for monitoring for HIV perinatal exposure. The program received 2 referrals for pregnant women living with HIV during this time. One of the women was lost to follow up and was referred to DIIS.
- B. The Ryan White ambulatory clinic had a total of 238 visits: 14 audio visits, 16 Nurse visits and 85 lab visits in the month of September.
- 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, while adhering to CDC guidelines for COVID-19.
- D. The Transitional Case Management (TCM) program education of inmates is currently on hold due to the COVID-19 pandemic. The program received 2 referrals from the Southern Desert Correctional Facility, one of whom was linked to SNHC for HIV care. The second referral is pending admission to the program. There is ongoing case management services for clients already enrolled in the program.
- E. The Ryan White program dietitian continues to provide medical nutritional therapy to clients during this period. 12 clients were screened and assessed for nutrition services.
- F. The Ryan White program Mental health APRN continues to serve clients and provided screening for mental health issues to 5 clients during this period.
- G. RW staff attended a socially-distanced, in-person training for SBIRT, which will help to better identify substance abuse in the vulnerable client population. RW staff also attended an FQHC training where information on billing and workflow was shared, and different programs presented on their services in order to help facilitate interdisciplinary services within the district.

II. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 451 clients; 431 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 241 clients; 232 of them were unduplicated.
- C. The Decatur Family Planning clinic served 210 clients; 199 of them were unduplicated.



III. Family Healthcare Center

- A. The Family Health Care Clinic saw 187 patients in the month of September. Ten patients were under age 18 and includes zero children from the Refugee Health Clinic. There were 177 patients age 18 or older.
- B. Immunizations were offered to those in need, according to the ACIP recommended Immunization schedule.

IV. Pharmacy Services

- A. Dispensed 814 prescriptions for 630 clients.
- B. Assessed/counseled 22 clients in the Ryan White-Sexual Health Clinic.
- C. Assessed/counseled 2 clients in the Tuberculosis Clinic.
- D. Assisted 17 clients to obtain medication financial assistance.
- E. Assisted 4 clients with insurance approvals.

Quality Improvement

Southern Nevada Community Health Center Quality Improvement Report September 2020 Fantasi 'Stasi' Pridgon, MHA, Quality Management Coordinator Alfred McGugin, MPA, FQHC Operations Officer

Quality Improvement

As of September 1, 2020, the Sexual Health Clinic has separated from the Southern Nevada Community Health Center.

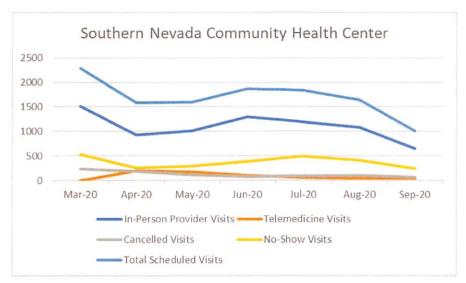
The Health Center, in response to the COVID-19 pandemic, moved up the implementation of telemedicine following the need for modified clinic operations. The goal of the Health Center was to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) or via Healow, an app by eClinicalWorks. Though patients can still be seen in-person, when medically appropriate, telemedicine is offered and encouraged to be utilized.

The following is a breakdown of telemedicine visit volume since implementation in April 2020:

- In the month of April, telemedicine saw 204 patients 18.04% of Health Center visits
- In the month of May, telemedicine saw 179 patients 15.11% of Health Center visits and a 12.25% decrease over the month prior.
- In the month of June, telemedicine saw 106 patients 7.56% of Health Center visits and a 40.78% decrease over the month prior.
- In the month of July, telemedicine saw 53 patients 4.27% of Health Center visits and a 50% decrease over the month prior
- In the month of August, telemedicine saw 47 patients 4.16% of patient visits, an 11.32% decrease over the month prior.
- In the month of September, telemedicine saw 39 patients 6.02% of patient visits.

As with other health care organizations across the county and state, telemedicine visits have declined over the past 5 months. This is largely due to an increase in in-person patient visits following incremental phases to pre-COVID-19 operations.

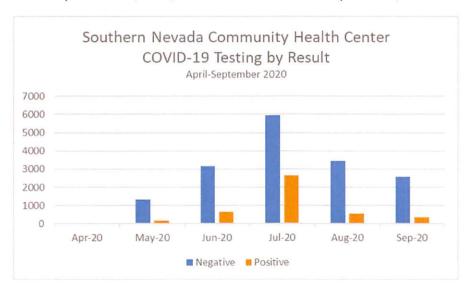




Please see the Health Center's patient satisfaction survey report for September 2020 attached.

COVID-19 Testing

As of September 30, 2020, the Health Center has completed 21,021 COVID-19 tests.



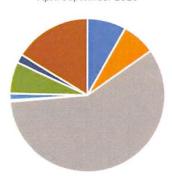
Positive Rates:

April: 23.53%
May: 11.8%
June: 16.9%
July: 30.79%
August: 13.67%
September: 12.07%



Southern Nevada Community Health Center COVID-19 Testing by Race and Ethnicity (Negative Result)

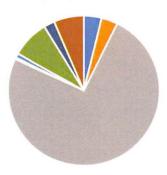
April-September 2020



- Asian
- Native American
- Unknown
- Black/African American
- Hispanic
- Native Hawaiian/Pacific Islander Other
- White/Caucasian

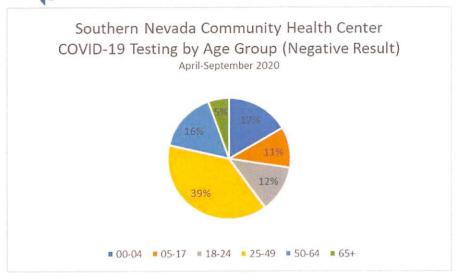
Southern Nevada Community Health Center COVID-19 Testing by Race and Ethnicity (Positive Result)

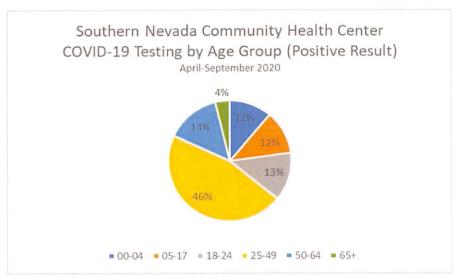
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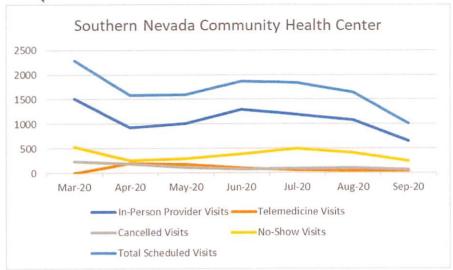


Health Center Visits

The Health Center had 1,010 scheduled patient appointments in September 2020, a 38.6% decrease over the month prior. Much of this decrease is the result of the Sexual Health Clinic separating from the Health Center. Of scheduled patients, 68.02% 68.75% kept their appointments, a decrease of 0.73% over the month prior; there was a 7.13% cancellation rate, an increase of 1.05% over the month prior and a 24.85% no-show rate, a decrease of 0.32% over the month prior. Telemedicine saw 47 patients — 6.02% of patient visits.

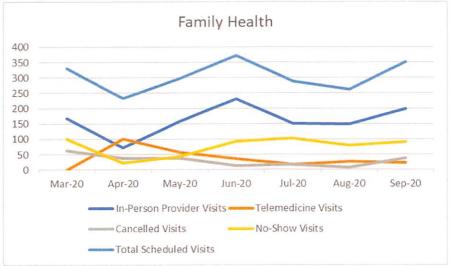
Of scheduled patient appointments, cancellation rates were highest among Family Health and Ryan White at 52.78% and 37.5%, respectively. The no-show rate was highest among the Family Health and Ryan White at 36.25% and 31.87%, respectively.

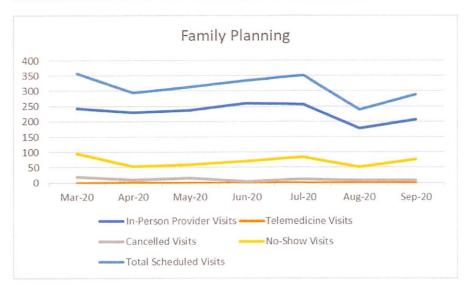




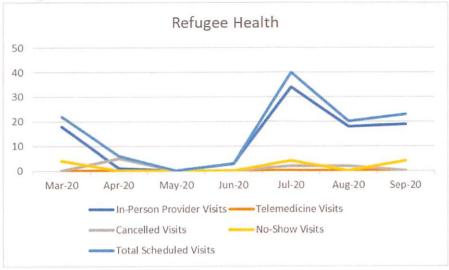


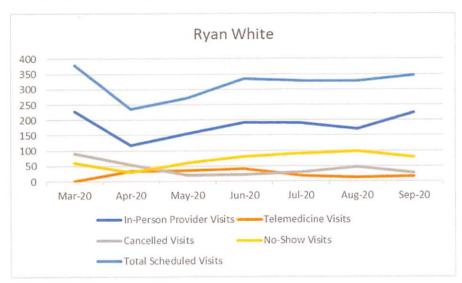










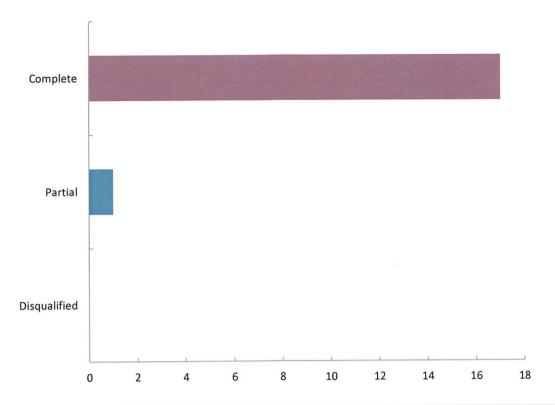


Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



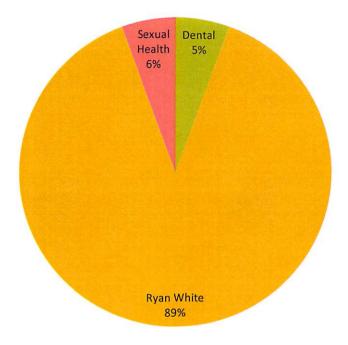
Response Statistics



	Count	Percent
Complete	17	94.4
Partial	1	5.6
Disqualified	0	0
Totals	18	



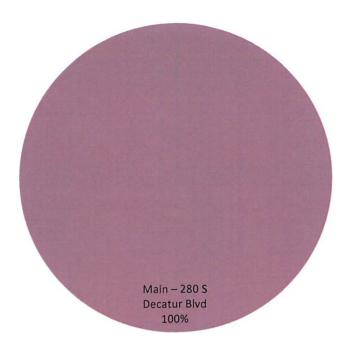
1. Service received during your visit



Value	Percent	Count
Dental	5.6%	1
Ryan White	88.9%	16
Sexual Health	5.6%	1
	Totals	18



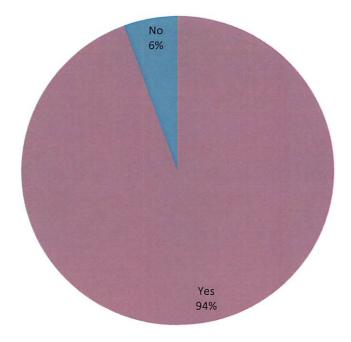
2. Southern Nevada Health District (SNHD) location



Value	Percent	Count
Main – 280 S Decatur Blvd	100.0%	18
	Totals	18



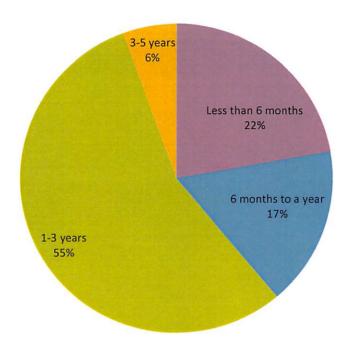
3. Do you have health insurance?



Value	Percent	Count
Yes	94.4%	17
No	5.6%	1
	Totals	18



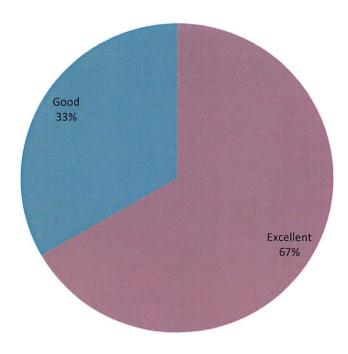
4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Count	
Less than 6 months	22.2%	4	
6 months to a year	16.7%	3	
1-3 years	55.6%	10	
3-5 years	5.6%	1	
	Totals	18	



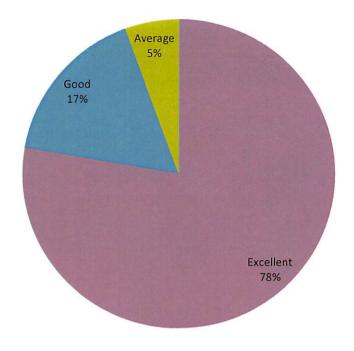
5. Ease of scheduling an appointment



Value	Percent	Count
Excellent	66.7%	12
Good	33.3%	6
	Totals	18



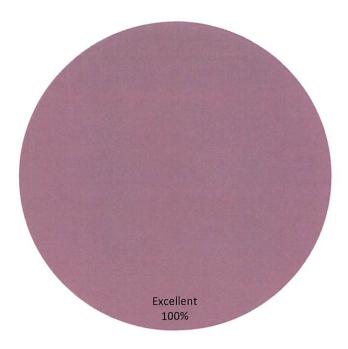
6. Wait time to see provider



Value	Percent	Count
Excellent	77.8%	14
Good	16.7%	3
Average	5.6%	1
	Totals	18



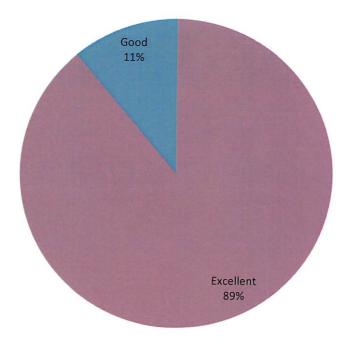
7. Care received from providers and staff



Value	Percent	Count
Excellent	100.0%	18
	Totals	18



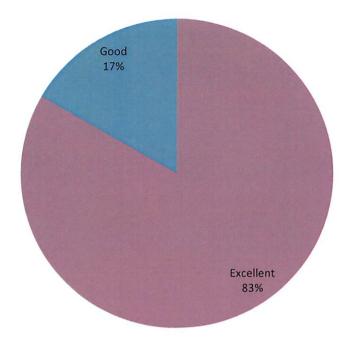
8. Understanding of health care instructions following your visit



Value	Percent	Count
Excellent	88.9%	16
Good	11.1%	2
	Totals	18

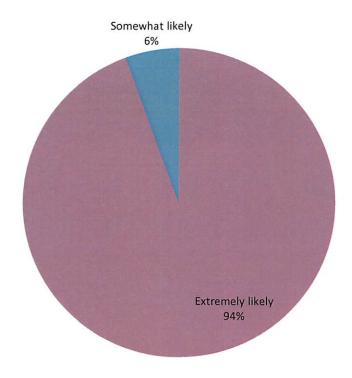


9. Hours of operation



Value	Percent	Count
Excellent	83.3%	15
Good	16.7%	3
	Totals	18

10. Recommendation of our health center to friends and family



Value	Percent	Count
Extremely likely	94.4%	17
Somewhat likely	5.6%	1
	Totals	18

Southern Nevada Community Health Center			Cancelled		No Show		Telemedicine Visits						Total	
	Provid	Provider Visits		Visits		Visits		Audio Visit		Televisit		Total Visits		Scheduled Patients
Family Health Clinic	199	30.71%	38	52.78%	91	36.25%	21	53.85%	1	2.56%	22	56.41%	350	34.65%
Family Planning Clinic	206	31.79%	7	9.72%	76	30.28%	0	0.00%	0	0.00%	0	0.00%	289	28.61%
Refugee Clinic	19	2.93%	0	0.00%	4	1.59%	0	0.00%	0	0.00%	0	0.00%	23	2.28%
Ryan White	224	34.57%	27	37.50%	80	31.87%	16	41.03%	0	0.00%	16	41.03%	347	34.36%
Southern Nevada Health District	0	0.00%	0	0.00%	0	0.00%	1	2.56%	0	0.00%	1	2.56%	1	0.10%
Totals	648	100.00%	72	100.00%	251	100.00%	38	97.44%	1	2.56%	39	100.00%	1010	100.00%

Percent of scheduled patients who cancelled	7.13%
Percent of scheduled patients who no showed	24.85%
Percent of scheduled patients who cancelled and no showed	31.98%