



City of Cincinnati Primary Care Board of Governors Meeting

July 10, 2024

Agenda

Renu Bahkshi	Michelle Burns	Timothy Collier	Robert Cummings
Alexius Golden Cook	Dr. Angelica Hardee	Dr. Camille Jones	John Kachuba
Dr. Phil Lichtenstein	Luz Schemmel	Debra Sellers	Jen Straw
Erica White-Johnson	Dr. Bernard Young		

Meeting Reminders: Please raise your virtual hand via Zoom when asking a question and please wait to be acknowledged and always remain muted, unless actively speaking/presenting (With the exception of the Board Chair).

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from June 12, 2024, CCPC Board Meeting.**

Executive Committee

6:10 pm – 6:20 pm Welcome and Introduction of New Board Members: Ms. Renu Bahkshi, Ms. Alexius Golden Cook, and Mr. John Kachuba.

6:20 pm – 6:30 pm Board Committee assignments

Leadership Updates

6:30 pm – 6:50 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report

- **Vote: Motion to approve the submission and budget for the HRSA Service Area Competition Application.**
- **Vote: Motion to Approve the Proposed Extended Hours of operation at the Ambrose Clement Health Center.**

Emergency Dental Services
Personnel Actions – **handout**

6:50 pm – 7:00 pm Ms. Angela Mullins, Nursing Supervisor
Patient Center Medical Home Standard Operating Policy– **document**
Standard Operating Procedures Patient Care Coordination, Management & Planning--**document**

- **Vote: Motion to approve the Patient Center Medical Home Policy.**
- **Vote: Motion to approve Standard Operating Procedures Patient Care Coordination, Management & Planning**

7:00 pm – 7:10 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – **documents**

New Business

7:10 pm – 7:15 pm Public Comments

7:5 pm Adjourn

Documents in the Packet but not presented.

Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.

Next Meeting – August 14, 2024

Mission: To provide comprehensive, culturally competent, and quality health care for all.

CCPC Board of Governors Meeting Minutes

Wednesday, June 12, 2024

Call to order at 6:00 pm

Roll Call


CCPC Board members present –Ms. Michelle Burns, Mr. Timothy Collier, Dr. Camille Jones, Dr. Phil Lichtenstein, Md, Ms. Luz Schemmel, Ms. Debra Sellers, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Bernard Young

CCPC Board members absent – Mr. Robert Cummings, Dr. Angelica Hardee

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr, Dr. Geneva Goode, Dr. Michelle Daniels, Dr. Tanara Ellis, Mr. David Miller, Dr. Anna Novais, Mr. Jonathan Burns




CCPC Board
Meeting Agenda Pa

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m. The board gave a moment of silence to recognize our two most important constituencies; the staff and patients.	n/a	Mr. Tim Collier
Roll Call	9 present; 2 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	Motion: That the City of Cincinnati Primary Care Board of Governors approves the minutes of the May 8, 2024, CCPC Board Meeting.	M: Ms. Debra Sellers 2nd: Ms. Michelle Burns Action: 8-0 Passed	Mr. Tim Collier
<i>Executive Committee</i>			
Introduction of New Board Member Prospects: Ms. Renu Bahkshi, Ms. Alexius Golden Cook, Mr. John Kachuba	<p>Discussion Items: Document included in the agenda packet.</p>  <p>CCPC Board Recommendations.c</p> <ul style="list-style-type: none"> • Ms. Michelle Burns presented new board member prospects—Ms. Renu Bahkshi, Ms. Alexius Golden Cook, Mr. John Kachuba. • Ms. Burns gave background information about the new board member’s prospects. <ul style="list-style-type: none"> ○ Ms. Bahkshi would bring her community involvement to our board. She is interested in identifying community needs and assisting in quality initiatives that would help to strengthen and improve health equity in the community. Ms. Bahkshi is currently involved in the Working in Neighborhoods (W.I.N) organization. She is eager to serve on the board in developing strategies to enhance board involvement in the community. Ms. Bahkshi is not a user of the services with 	M: Dr. Camille Jones 2nd: Dr. Phil Lichtenstein Action: 9-0 Passed	Ms. Michelle Burns

	<p>Cincinnati Health Department.</p> <ul style="list-style-type: none"> ○ Mrs. Golden Cook is a current user of services with the Cincinnati Health Department Dental site. She is a certified personal trainer and nutrition specialist. Mrs. Golden Cook doesn't have past board experience, but I feel she would bring her experience of working with individuals and recognizing their needs to ensure that we are providing what the community is seeking. Mrs. Golden Cook feels that being on the board would mean being a part of an organization that helps put policies in place to ensure quality health care by providing feedback on how services can be improved, and she will bring objectivity to the board so that new possibilities can be considered. ○ Mr. Kachuba has served on several boards since 1997. He also was board chair of the CCPC board from 2015 to 2018. Mr. Kachuba is a user of the services provided by the Cincinnati Health Department. He is actively involved in social justice issues facing immigrants, the indigent and the homeless which is a part of the composition of those we serve. Mr. Kachuba has no actual or potential conflict of interest. <p>Ms. Burns highly recommends all three prospects to be added as new CCPC Board Members.</p> <p>Mr. Collier also asked for board members to consider joining Ms. Burns on the personnel committee.</p> <p>Motion to approve Ms. Renu Bahkshi, Ms. Alexius Golden Cook, and Mr. John Kachuba as new members of the CCPC Board.</p>		
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Special Presentation

<p>Clinical Pharmacy Presentation</p>	<p>Discussion Items: Presentation included in the agenda packet.</p>  <p>Pharmacy CCPC BOH Meeting (1).ppt</p> <p>Dr. Tanara Ellis gave a presentation to the Board about the CCPC/CHD Clinical Pharmacy.</p> <p>Highlights</p> <ul style="list-style-type: none"> ● Dr. Ellis introduced herself, the oath of pharmacists, and reviewed the mission statements for CCPC and HRSA. <ul style="list-style-type: none"> ○ CCPC Mission Statement: To provide comprehensive, culturally competent, and quality health for all. ○ HRSA Mission Statement: To improve health outcomes and achieve health equity through access to quality services, a skilled health 	<p align="center">n/a</p>	<p align="center">Dr. Tanara Ellis</p>
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	<p>workforce, and innovative, high-value programs.</p> <ul style="list-style-type: none"> • Dr. Ellis discussed the 4 CCPC Pharmacy Model. <ul style="list-style-type: none"> ○ The CCPC pharmacy model is centered around traditional dispensing services, with the pharmacists primarily serving patients on the benchtop alone. ○ The program is expanding to include clinical pharmacy services in response to the evolving landscape of healthcare and the inclusion of pharmacists as providers: <ul style="list-style-type: none"> ▪ Incorporating clinical pharmacists into the healthcare team to provide direct patient care and management of patients with chronic illnesses. ▪ Medication-therapy-management (MTM) services to include comprehensive medication reviews (CMRs), patient education and individual, personalized care plans. • Dr. Ellis touched on the role of Clinical Pharmacists in primary care. <ul style="list-style-type: none"> ○ Clinical pharmacists employ their unique knowledge and skills to optimize medication use, manage chronic conditions, and promote disease prevention and wellness. Interventions made by pharmacists can prevent and manage adverse drug events (ADRs), help overcome barriers to medication adherence, combat treatment inertia, and improve clinical outcomes • Dr. Ellis discussed her residency project titled “Impact of Pharmacist-Physician Collaboration in Federally Qualified Health Centers”; which was presented at American Pharmacist Association, Ohio Pharmacist Association, and Ohio Pharmacy Resident Conference. • Dr. Ellis also discussed her business plan which was focused on adding transitions of care into current clinical services to address the need for effective transitions of care for patients recently discharged from hospitals. • Dr. Ellis reviewed her quality improvement project, which was on the development of a service and pilot the service for implementation. A Nicotine Replacement Therapy (NRT) protocol was developed and piloted at the Price Hill Health Center. • Dr. Ellis reviewed the research background and objectives with the board. • Dr. Ellis discussed the patient cohorts which included patients who received care from the primary care team and clinical pharmacists. The inclusion criteria were all non-pregnant patients, over 18 years old, Type II diabetic, A1C greater than 9%, and received care between October 2021 to December 2023. • The research findings included: <ul style="list-style-type: none"> ○ There is no statistical difference ($p > \alpha$) in the mean change of A1C between the groups ($p = 0.8392$, $\alpha = 0.05$) ○ There is a statistical difference ($p < \alpha$) in the mean change of A1C within the groups in 		
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	<p>Cohort 1 and Cohort 2: ($p < .00001$, $\alpha = 0.05$) and ($p = 0.0488$, $\alpha = 0.05$)</p> <ul style="list-style-type: none"> ○ There is no statistical difference ($p > \alpha$) between adherence pre and post pharmacist engagement ($p = 0.067$, $\alpha = 0.05$) ○ Pharmacists provided disease state education and recommended therapeutic lifestyle changes in a majority of visits ○ Most revenue generated during the study period was due to G-code billing (\$768.91) <ul style="list-style-type: none"> ● Given the findings of the research project, the pharmacists provide care to patients that is no different than the care provided by the primary care team and support the expansion of pharmacist roles to include disease state management within CHD. ● Per CHD CPA, pharmacists can manage patients with diabetes, hypertension, asthma/COPD and hyperlipidemia and at the discretion of the primary care provider ● CHD physicians and nurse practitioners would have more time to see new patients, acute cases, same day appointments and manage more complex cases. ● Dr. Ellis shared that she felt the biggest barrier to the clinical pharmacy program moving forward is adequate staffing and availability of pharmacists. ● Mr. Collier praised Dr. Ellis and thanked her for presenting to the CCPC Board. ● Mr. Miller, the Pharmacy Director, praised the work Ms. Ellis had been doing and announced she will be staying on with the Health Department as a Pharmacist. 		
Old Business			
<p>CEO Update</p>	<p>Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board.</p> <p>Roberts Academy Update</p> <ul style="list-style-type: none"> ● Ms. Tate gave the board an update regarding the Roberts School-based health center. ● Ms. Darlene Kamine, Dr. Novais, and Dr. Oberlander attended the Cincinnati Public Schools Board Meeting and discussed the Roberts expansion project with the Board. The presentation was well received, and CPS agreed to proceed. ● Ms. Tate announced that the estimated construction time will be 3-4 months and the anticipated opening for the Dental Center will be September 2024. <p>ODH Grant Update for Roberts</p> <ul style="list-style-type: none"> ● Ms. Tate announced that CCPC was awarded a \$400,000 grant from ODH for the Roberts Academy expansion. The purpose of receiving this grant was to construct a walkway from the parking lot to the front door where the patients would access services. ● Ms. Tate thanked CCPC leadership for their 	n/a	Ms. Joyce Tate

work on this grant application.

HRSA Uniform Data System (UDS) Report Submission

- Ms. Tate informed the Board that the team submitted their HRSA UDS report in February 2024 and the report was accepted.
- Ms. Tate announced HRSA awarded CCPC \$52,707; based off the UDS report and quality measures.
- Ms. Tate thanked the staff and leadership for their hard work.

Ms. Tate informed the board of some CCPC school-based Team Updates.

- School-health had a very successful school year.
- Dr. Denise Saker is the Medical Director of School and Adolescent Health and is no longer interim CHD/CCPC Manager.
- Ms. Angela Robinson is the Health Programs Manager of school-health and Ms. Adrienne Sirbu is the Nursing Manager.

CPS Nursing Services Contract




- Ms. Tate extended congratulations to Dr. Mussman and Dr. Daniels for all their hard work on the CPS Nursing Services contract. CPS has selected CHD/CCPC as a vendor for their Nursing Services contract. The team looks forward to meeting with their leadership team to discuss the terms and conditions in more detail.

HRSA Service Area Competition Grant was released

- Ms. Tate informed the board that on May 20, 2024, the Service Area Competition grant was released. The team will be working with health management associates to submit CCPC's HRSA grant. This application will be submitted in August 2024 for a January 2025 start date. Ms. Tate will be asking for a motion to approve the submission and budget for the HRSA Service Area Competition Grant Application at the July meeting.

Medical Director Interviews

- Ms. Tate informed the board that Dr. Mussman has begun interviews for a new Medical Director and there are three potential candidates. Ms. Tate and Dr. Daniels are the representatives from CCPC on the interview panel.

	<p>Additional Updates</p> <ul style="list-style-type: none"> • Ms. Tate updated that she did reach out to Mr. Brewster to receive his letter of resignation to make sure it was noted in the file. • Ms. Tate also updated that her evaluation is done yearly on her anniversary in October. She explained that her evaluation is completed by the Board Chair and Commissioner Mussman. Ms. Tate recapped that the board was presented an opportunity by Ms. Burns for feedback on her evaluation at the October 2023 meeting. She wants to make sure there are no ongoing issues surrounding her performance and her evaluation process; also, that the board knows that they are responsible for initiating her evaluation process. Ms. Cunningham will be sending out an evaluation tool that shows all the measures closer to the time of evaluation. Ms. Tate thanked the board for letting her serve. • The board discussed further defining the evaluation process and allowing the board time to review comments before submission. Mr. Collier took note and will work on enhancing this process. 		
<p>Finance Update</p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY23 and FY24 for the month of April 2024.</p> <ul style="list-style-type: none"> • Please see the memo and presentation attached to the agenda. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Finance Update CCPC as of May 618. </div> <div style="text-align: center;">  May Report CCPC 6.18.24.docx </div> </div> <div style="text-align: center; margin-top: 10px;">  May Committee Revenue Presentatic </div> <p>Highlights</p> <ul style="list-style-type: none"> • Health Center Disaster hours continue to be low. • School Based Disaster Hours continue to be low. • Revenue increased by 10.81%. <ul style="list-style-type: none"> ○ Grant revenue decreased 20.76%. ○ elf-paid patients decreased 7.62%. ○ Medicare increased 2.14%. ○ Medicaid decreased by 19.14%. ○ Private Pay increased by 10.03%. ○ Medicaid managed care increased 6.77%. ○ 416—Offset decreased by 5.04%. • Expenses increased by 19%. <ul style="list-style-type: none"> ○ Personnel expenses increased 19.50%. ○ Material expenses increased 23.67%. ○ Contractual Costs increased 10.62%. 	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<ul style="list-style-type: none"> ○ Fixed costs increased 24.07%. ○ Fringes increased 21.76%. ● Net Gain was \$973,982.48; decreased 66.79%. ○ Invoices greater than 90 days were at 18% (below 20% is the goal). ○ Invoices greater than 120 days were at 11% (below 10% is the goal). ○ Days in Accounts receivable were 2.8 days. <ul style="list-style-type: none"> ● No additional commentary from the board. 		
<i>New Business</i>			
New Business & Public Comments	<ul style="list-style-type: none"> ● No Public Comments. 	n/a	Mr. Tim Collier
Documents in the Packet but not presented.	<ul style="list-style-type: none"> ● Efficiency Update is included in the packet. 	n/a	n/a

Meeting adjourned: 7:17 pm

Next meeting: July 10, 2024, at 6:00 pm.





The meeting can be viewed and is incorporated in the minutes: <https://fb.watch/tcjmahITIK/>

Date: 6/12/2024
Clerk, CCPC Board of Governors

Date: 6/12/2024
Dr. Angelica Hardee, Secretary

CCPC Board of Governors
Cincinnati Health Department
June 12, 2024

Board Members	Roll Call	5/8/2024 Minutes	Approval of Mr. John Kachuba, Ms. Alexius Cook, and Ms. Renu Bakshi as new members of the CCPC Board
Ms. Michelle Burns	X	2nd	
Mr. Timothy Collier-Chair	X		
Mr. Robert Cummings			
Dr. Angelica Hardee			
Dr. Camille Jones	X		M
Dr. Philip Lichtenstein	X		2nd
Ms. Luz Schemmel	X		
Ms. Debra Sellers	X	M	
Ms. Jen Straw	X		
Ms Erica White-Johnson	X		
Dr. Bernard Young	X		
Motion Result:	Quorum	Passed	Passed

X **Present**
 **Yay**
 **Nay**
 **Absent**
 **Didn't vote, but present**
 M **Move**
 2nd **Second**

STAFF/Attendees	
Sa-Leemah Cunningham (clerk)	X
Joyce Tate, CEO	X
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
Edward Herzig, MD	X
Michelle Daniels, PhD	X
Tanara Ellis, PharmD	X
David Miller	X
Anna Novais, DMD	X
Jonathan Burns	X

6/7/2023

Alison Wilson <awilson@hrsa.gov>

Tate, Joyce

Tate, Joyce

External Email Communication

This email is to inform you that the Program Office has acknowledged the Scope Verification submission. As a result, the proposed change has become part of your health center's approved scope of project.

The details of the submission are as follows:

Submission Tracking No: SCPV035559

Health Center Name: CINCINNATI, CITY OF

Grant Number: H80CS25683

Project Officer: Alison Wilson

Project Officer Notification to Health Center: N/A



Date: 6/25/2024

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for June 25, 2024 BOARD of HEALTH MEETING

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

**COLE FERGUSON ENVIRONMENTAL HEALTH CHES
SPECIALIST-IN-TRAINING**

(Promotional vacancy)

Salary Bi-Weekly Range: \$2,290.78 Revenue Fund

CHD’s Food Safety Program is proud to announce Cole Ferguson as a new hire in our department. Mr. Ferguson was previously employed at Q Laboratories in Cincinnati, Ohio.

KRISTEN GRIFFIN MEDICAL ASSISTANT CCPC

(Resignation vacancy)

Salary Bi-Weekly Range: \$1,992.47 to \$2,104.80 Revenue Fund

The City of Cincinnati Primary Care would like to hire Kristen Griffin as a Medical Assistant at Millvale Health Center. Ms. Griffin graduated from Southwestern College of Business with a Medical Assistant Diploma. She has over 10 years of experience as a medical assistant in different areas of primary care including internal medicine and general pediatrics. Her passion for the patients and personal attributes would be a great asset to the Cincinnati Health Department-City of Cincinnati Primary Care and directly aligns with the core values of excellence, commitment, communication, accountability, leadership, collaboration, and quality.

**ALLYN GRIFFITH ENVIRONMENTAL HEALTH CHES
SPECIALIST-IN-TRAINING**

(Transfer vacancy)

Salary Bi-Weekly Range: \$2,290.78 Revenue Fund

The CHES-Healthy Communities Program would like to hire Allyn Griffith as the EHSIT for the Tobacco 21 and Tobacco Retail Licensing Program. Allyn holds two master’s degrees, one in teaching and one in bioethics and a bachelor’s in biology. His background in science will be an asset in becoming a registered EHS and his teaching skills will be crucial as he works with underage buyers for the T21 program. We think he will be a wonderful addition to the Healthy Communities team and the Cincinnati Health Department.

**BHARGAV PATEL ENVIRONMENTAL HEALTH CHES
SPECIALIST-IN-TRAINING**

(Promotional vacancy)

Salary Bi-Weekly Range: \$2,290.78 Revenue Fund

CHD’s Food Safety Program is proud to announce Bhargav Patel as a new hire in our department. Mr. Mr. Patel was previously employed at Wright Patterson Air Force Base in Dayton, Ohio. He was a Program Manager.

PERSONNEL ACTIONS for June 25, 2024 , BOARD of HEALTH MEETING

Page 2 of 2

JANISHA ROLAND

**CUSTOMER RELATIONS
REPRESENTATIVE**

CCPC

(Other vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

Grant Fund

The City of Cincinnati Primary Care Central Scheduling Unit would like to hire Janisha Roland as Customer Relations Representative. Ms. Roland earned her bachelor's degree in communication from the University of Cincinnati. She has 13 years of customer service experience, 6 years in a call center setting, and 2 years in a medical office setting. She has experience dealing with diverse populations with various needs. Her experience will be an asset to the team.

PROMOTION

VALENCIA WILLIAMS

**CUSTOMER RELATIONS
REPRESENTATIVE**

CCPC

(Other vacancy)

Salary Bi-Weekly Range:

\$1,992.47 to \$2,104.81

Revenue Fund

The City of Cincinnati Primary Care Central Scheduling Unit would like to hire Val Williams as Customer Relations Representative. Ms. Williams is currently a Typist 3 in the CRC Human Resource Department. She has three years of direct call center and EPPIC experience in a medical office setting. Her customer service skills and experience will be an asset to the team.



City of Cincinnati Primary Care (CCPC)
Patient Centered Medical Home (PCMH)

Effective Date: June 18, 2024

POLICY/ SYSTEM MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 06/24

Biennial review required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer CCPC	Date
_____	_____
Medical Director CCPC	Date
_____	_____
Chief Operations Officer CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

I. PURPOSE

To ensure that all patients of the City of Cincinnati Primary Care (CCPC) have access to information regarding the Patient-Centered Medical Home (PCMH) Health Center and its services.

II. POLICY

PCMH brochures have been developed to inform and educate patients about the services available in their designated PCMH. Each brochure will contain the following information:

- A. The health centers' hours of operation.
- B. Confirmation that CCPC Health Centers use evidence-based guidelines and a Patient-Centered team approach to provide high-quality care.
- C. A summary of the services provided.
- D. Instructions on how to obtain care and clinical advice during office hours and when the office is closed.
- E. A link to the website for additional information.

III. PROCEDURE

- A. All patients who attend a PCMH Health Center will have access to a PCMH brochure.
- B. Brochures will be made available at the registration desk, clinical areas, and online.
- C. All new CCPC patients will be provided with the PCMH brochure by CCPC personnel.
- D. All patients will be given the opportunity to ask questions and discuss the PCMH model during their first visit and any subsequent visits to the health center.

REFERENCE

National Committee for Quality Assurance. (2024, January 1). *Annual Reporting Requirements for PCMH Recognition 2024*. <https://tinyurl.com/3bcbjzfd>



City of Cincinnati Primary Care (CCPC)
Standard Operating Procedures (SOP)
Patient Care Coordination, Management & Planning

Effective Date: June 18, 2024

STANDARD OPERATING PROCEDURES / SYSTEM MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 06/24

Biennial review required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer CCPC	Date
_____	_____
Medical Director CCPC	Date
_____	_____
Chief Operations Officer CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

I. PURPOSE

To establish a uniform procedure for efficient care management and care planning with patients who meet the criteria and would benefit from this service.

II. STANDARD OPERATING PROCEDURE

City of Cincinnati Primary Care (CCPC) will provide team-based care that is comprehensive, coordinated, data-driven, evidence-based, and patient-centric in pursuit of optimal outcomes for patients that meet care planning, management, or coordination criteria.

III. PROCEDURE

A. Identification criteria for those CCPC patients that would benefit from Care Planning

a. Poorly Controlled Complex Conditions

- i. Diabetes (uncontrolled, glycosylated hemoglobin \geq than 8%)
- ii. Hypertension (uncontrolled systolic blood pressure (BP) \geq 140 mmHg and/or diastolic BP \geq 90 mmHg in patients taking anti-hypertensive treatment)
- iii. Obesity
- iv. Depression

B. Criteria for identifying CCPC patients that would benefit from additional Care Coordination and Management as needed.

a. Behavioral Health Conditions

- i. Anxiety
- ii. Bipolar disorder
- iii. Insomnia
- iv. Attention Deficit Disorder

b. High Cost/High Utilization

- i. Frequent emergency department utilization
- ii. Excess hospital readmission within 30 days following discharge for chronic illnesses.

c. Social Determinants of Health

- i. Social Connection and Isolation
- ii. Safety
- iii. Physical Activity
- iv. Housing
- v. Utilities
- vi. Transportation
- vii. Food Insecurity
- viii. Employment
- ix. Financial Resource Strain
- x. Stress

C. Process to Identify CCPC Patients that would benefit from Patient-Centered Care Plans

- a. Qualified CCPC personnel (see Appendix A) will identify a patient who meets the criteria for care planning.

- b. Patient identification is collaborative and can occur before or during any CCPC encounter (see Appendix B).
- c. Patient identification may also occur during pre-visit planning or team huddles.
- d. Qualified CCPC personnel will notify the registered nurse (RN) if a patient meets the criteria for developing care plans related to hypertension, diabetes, and obesity (lifestyle modifications).
- e. When the RN is informed that a patient meets care planning criteria, these patients will be scheduled for an initial care plan development, if appropriate, utilizing the correct care plan feature and standardized dot phrase.
- f. When applicable, informed consent for care management will be recorded in the patient's electronic medical record (EMR). Staff will document the patient's verbal agreement to care planning, coordination, or management).

D. Assessments

- a. Care managed patients should have at minimum, the following age-appropriate assessments completed as part of their health risk assessment.
 - i. Behavioral health
 - ii. Substance use
 - iii. Social Determinants of Health
 - iv. Functional Capacity (as indicated)
 - v. Pain assessment (as indicated)
 - vi. Current Vaccinations
 - vii. Preventative Screenings
 - viii. Hospital admissions and ED Visits
- b. Based on these assessments, the RN will initiate, manage, and thoroughly document specialist referrals until the appointments are completed. If the patient declines the referral, it will be noted in the referral and Care Plan.
- c. Refusal of any vaccinations or preventative screenings will be documented in the EMR and the Care Plan.

E. Care Plan Initiation, Development & Follow-up

- a. The initial Care Plan will be developed and managed by onsite RN.
- b. All care plans will be clear, easy to understand, and patient centered. They will include the following components:
 - i. A description of the illness or condition for which the care plan has been developed.
 - ii. Self-assessment goals that are specific, measurable, achievable, relevant, and time-bound (SMART) goals.
 - iii. Expected outcomes.
 - iv. Recent lab values and other anthropometric measurements that are relevant to the identified condition or illness for which the care plan has been developed.
 - v. A review of the education provided by the RN.
 - vi. Resources that can help the patient manage and mitigate their condition or illness.
- c. Care Plans will be documented in the EMR, printed, and given to the patient at each visit or whenever it is revised.

- d. After the development of the patient’s care plan, ongoing patient contact may be made through a telephone call, during the patient’s scheduled appointment time, or as a scheduled nurse visit.
 - e. Frequency of contacts will be determined by the care team as part of the care plan and should be adjusted according to the ongoing needs of the patient.
- F. Medication Management
- a. A detailed medication review will be conducted during the patient's visit or over the phone.
 - b. The patient's over-the-counter medications and supplements will be assessed and added to their medication list.
 - c. The clinical pharmacists may provide input on potential interactions, side effects, and other concerns.
 - d. Any medication concerns will be communicated to the provider by qualified personnel or care team members.
- G. Communications
- a. The care team may utilize the following modes of communication regarding the patient’s care:
 - Huddles
 - Multidisciplinary care conferences
 - EMR staff messages
 - Telephone encounters
 - Letters
 - b. Any changes to the patient's care plan made by the provider will be adequately documented and communicated to the rest of the care team.

REFERENCES

- American Diabetes Association Professional Practice Committee (2024). Diagnosis and classification of diabetes: Standards of care in diabetes. *Diabetes Care*, 47(Suppl 1), S20–S42. <https://doi.org/10.2337/dc24-S002>
- Bludorn, J., & Railey, K. (2024). Hypertension guidelines and interventions. *Primary Care: Clinics in Office Practice*, 51(1), 41-52. <https://doi.org/10.1016/j.pop.2023.07.002>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2022). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines*. Sigma Theta Tau.
- Gursansky, D., & Harvey, J. (2020). *Case management: Policy, practice and professional business*. Routledge.
- Melnyk, B. M., & Fineout-Overholt, E. (2023). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Lippincott Williams & Wilkins.

APPENDIX A

Qualified CCPC Personnel

- a) Medical Assistants
- b) Pharmacists
- c) Pharmaceutical Technicians
- d) Registered Nurses
- e) Nurse Practitioners
- f) Dentists
- g) Dental Hygienist
- h) Dental Assistants
- i) Optometrists
- j) Physicians

APPENDIX B

CCPC Patient Encounters

1. Onsite and Virtual Office Visits
 - a. Primary Care Services
 - b. Specialty Care Services
 - i. Obstetric/gynecological care
 - ii. Dental care
 - iii. Vision care
2. Telephone Encounters
 - a. Refill requests
 - b. Lab/imaging results review
 - c. Case management
3. Patient Outreach
 - a. Linkage to Care
 - b. Social Determinants of Health Reassessment
 - c. Insurance Assistance Program
 - d. Scheduling Missed or Overdue Appointments

DATE: July 10, 2024
TO: City of Cincinnati Primary Care Governing Board
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation May 2024

Fiscal Presentation

Fiscal Presentation for May 2024.

- For FY24, as of May 2024, Cincinnati Primary Care had a net gain of \$5,977,604.14.
- In FY23, as of May, CCPC had a net gain of \$10,221,636.51. Comparing FY24 with FY23 shows a decrease of \$4,244,032.37. This decrease is due in part to the Medicaid Maximization payment from FY21 that was received in October 2022 in the amount of \$4,831,974.95.
- Revenue increased by \$1,584,773.09 from FY23. This was mainly due to the FEMA reimbursement payment for COVID related expenses. We did receive the FY23 Medicaid Maximization in May for the amount of \$5,735,273.94.
- Expenses increased by \$5,828,805.46 from FY23. The increase is filled positions and a corresponding increase in Fringe benefits. The increase is also due to Harm Reduction Services and document storage fees from FY23 being paid in FY24.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY24 and FY23 for May.

Clinics		
Type Labor Cost	FY24	FY23
Disaster Regular	\$19,471.19	\$48,983.05
Disaster Overtime	\$ 0.00	\$ 4,260.68
Total	\$19,471.19	\$53,243.73

School Based		
Type Labor Cost	FY24	FY22
Disaster Regular	\$2,838.72	\$40,826.36
Disaster Overtime	\$ 0.00	\$ 6,778.57
Total	\$2,838.72	\$47,604.93

May Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-11%	0%	0%	8%
Dental	-8%	-1%	0%	8%
School-Based Medical	20%	-6%	-10%	4%
School-Based Dental	-4%	-2%	0%	1%
Behavioral Health	-18%	-4%	0%	12%
Vision	-11%	0%	0%	12%

Accounts Receivable Trends:

- The accounts receivable collection effort for May for 90-days is 23% and for 120-days is 13%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days increased by 5% from the previous month and the rate for 120-days increased by 2% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The days in accounts receivable have decreased slightly from the month before by 2.2 days. The days in accounts receivable are well below the average (40.1 days) of the past 13 months at 31.8 days.



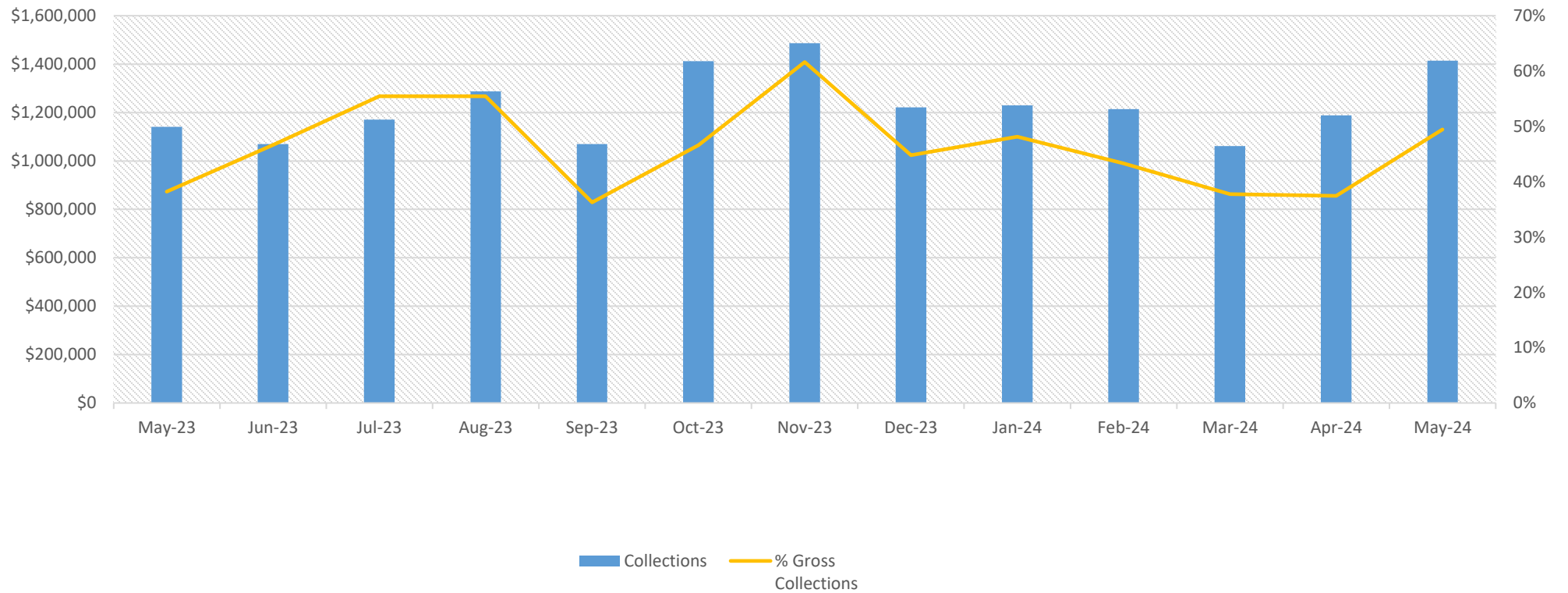
City of Cincinnati Primary Care
 Profit and Loss with fiscal year comparison
 May 2023 - May 2024

	FY24 Actual	FY23 Actual	Variance FY24 vs FY23
Revenue			
8536-Grants\State	\$190,000.00	\$0.00	0.00%
8556-Grants\Federal	\$3,854,884.23	\$7,054,996.20	-45.36%
8563-Board of Ed Svc (School Nurses Sal.)	\$4,159,327.03	\$0.00	0.00%
8571-Specific Purpose\Private Org.	\$5,000.00	\$0.00	0.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$31.15	-100.00%
8733-Self-Pay Patient	\$839,920.81	\$901,976.26	-6.88%
8734-Medicare	\$4,679,490.00	\$4,626,738.30	1.14%
8736-Medicaid	\$14,304,060.50	\$15,780,728.28	-9.36%
8737-Private Pay Insurance	\$1,180,607.59	\$1,112,260.78	6.14%
8738-Medicaid Managed Care	\$6,089,350.06	\$5,538,600.27	9.94%
8739-Misc. (Medical rec.\smoke free inv.)	\$811,365.30	\$274,919.70	195.13%
8932-Prior Year Reimbursement	\$1,568,036.80	\$535,855.23	192.62%
416-Offset	\$4,706,001.25	\$4,977,164.31	-5.45%
Total Revenue	\$42,388,043.57	\$40,803,270.48	3.88%
Expenses			
71-Personnel	\$18,795,879.13	\$15,681,327.13	19.86%
72-Contractual	\$5,589,063.70	\$5,010,881.62	11.54%
73-Material	\$2,671,749.43	\$2,261,507.07	18.14%
74-Fixed Cost	\$1,872,222.95	\$1,481,935.15	26.34%
75-Fringes	\$7,481,524.22	\$6,145,983.00	21.73%
Total Expenses	\$36,410,439.43	\$30,581,633.97	19.06%
Net Gain (Losses)	\$5,977,604.14	\$10,221,636.51	-41.52%

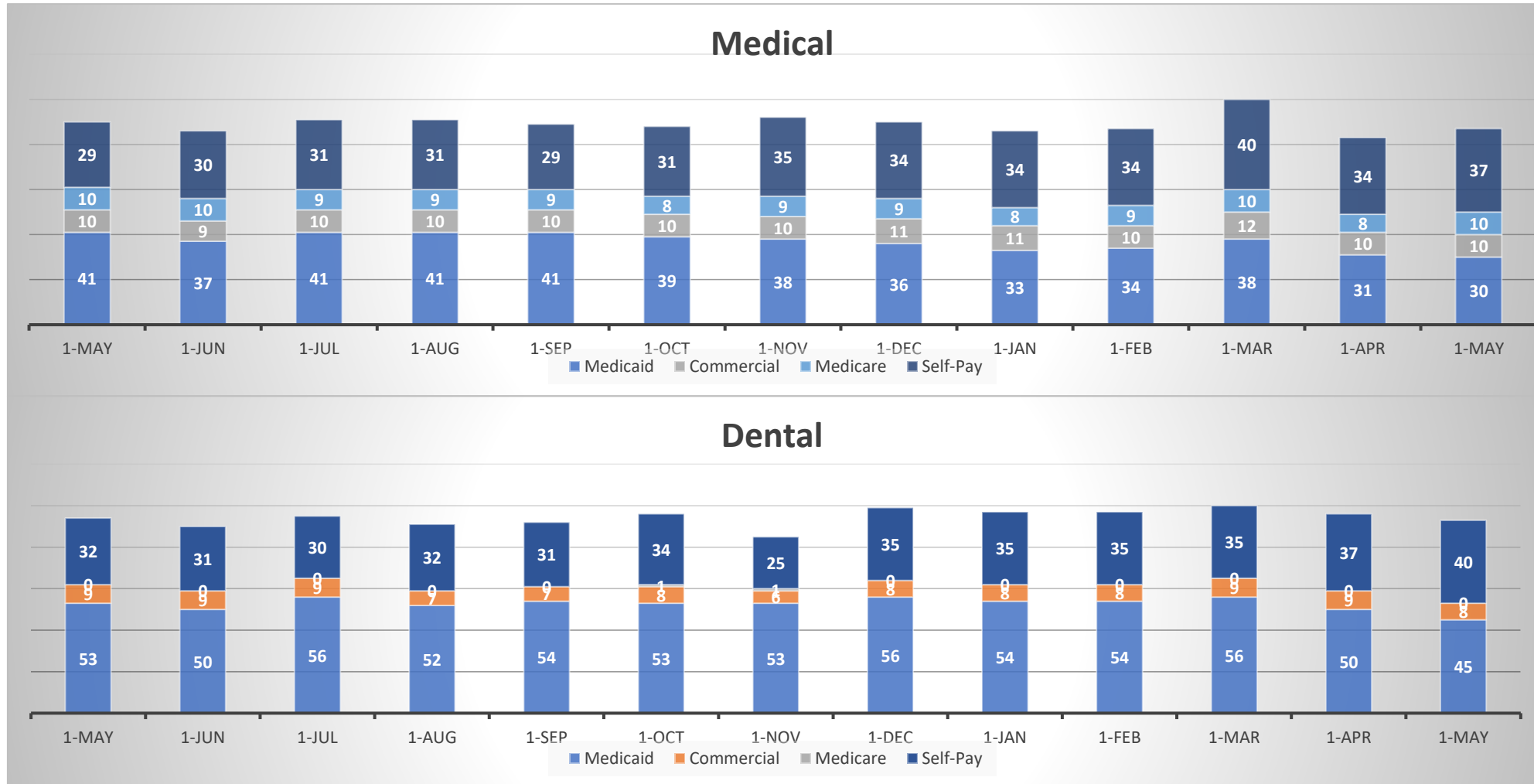
CHD/CCPC Finance
Update
July 10, 2024

Revenue Presentation

Monthly Visit Revenue

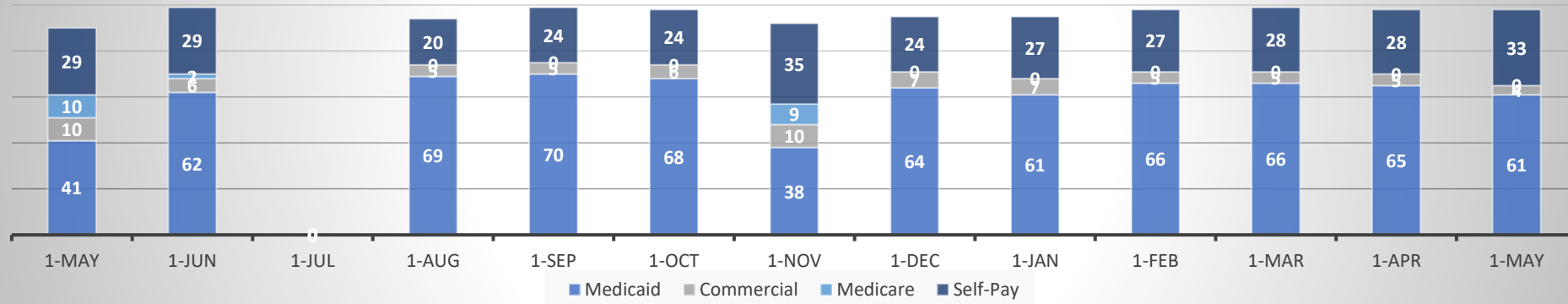


Payor Mix

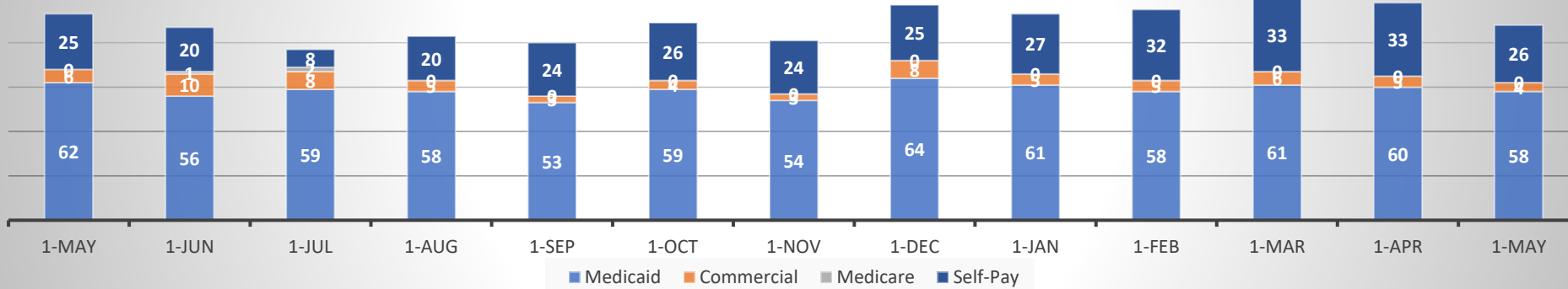


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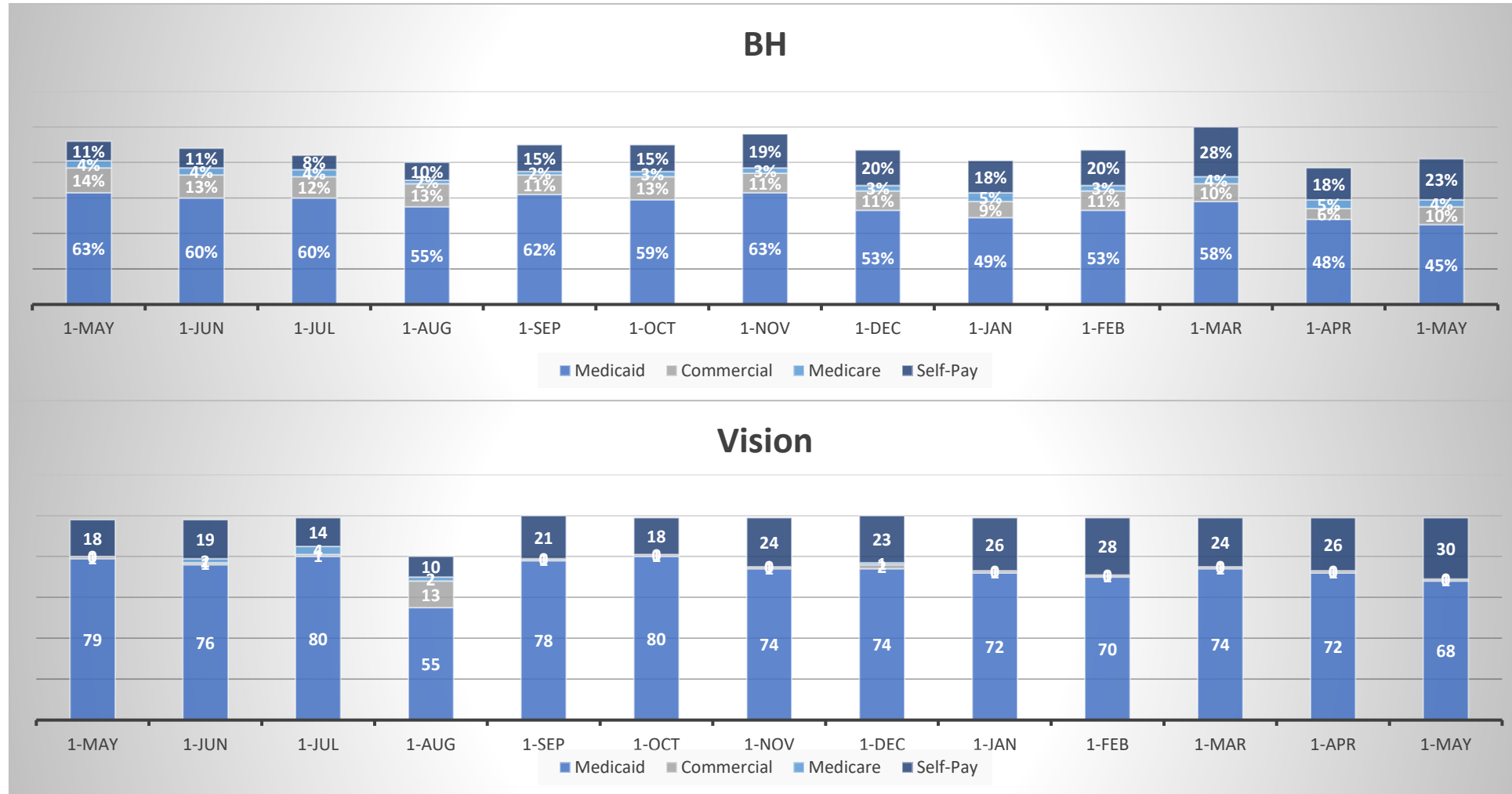
SBHC - Medical



SBHC - Dental

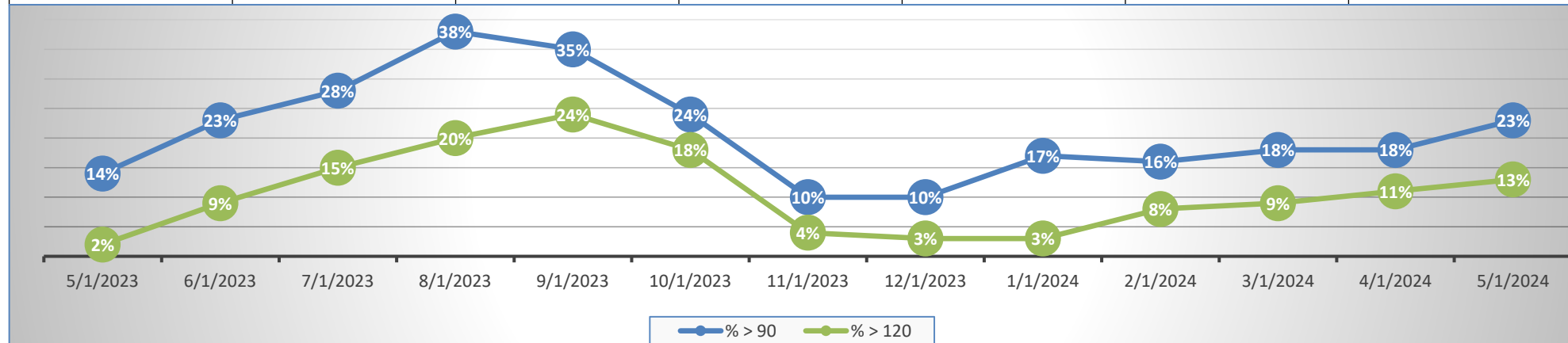


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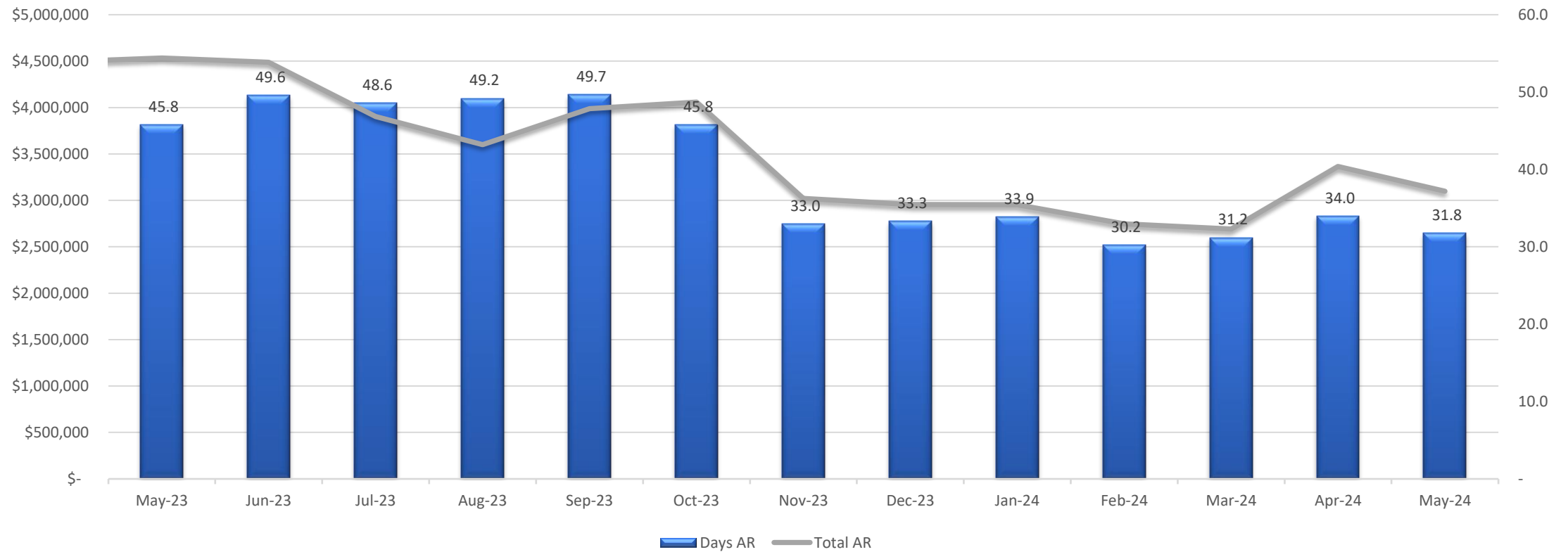


AR Trends

Aging Period	Insurance May	Patient - All May	Patient - On Pmt Plan May	Patient - Not on Pmt Plan May	Total May	% Total May
0 - 30	\$1,325,416	\$122,067	\$190	\$121,877	\$1,447,483	46.73%
31 - 60	\$411,416	\$133,906	\$1,168	\$132,738	\$545,322	17.61%
61 - 90	\$254,866	\$137,038	\$1,798	\$135,239	\$391,904	12.65%
91 - 120	\$209,530	\$110,683	\$1,192	\$109,491	\$320,214	10.34%
121 - 150	\$126,509	\$38,874	\$685	\$38,189	\$165,383	5.34%
151 - 180	\$127,078	\$22,259	\$655	\$21,604	\$149,337	4.82%
181 - 210	\$93,950	\$12,541	\$226	\$12,315	\$106,491	3.44%
211+	\$74,199	(\$102,876)	\$585	(\$103,461)	(\$28,677)	-0.93%
Total	\$2,622,965	\$474,492	\$6,499	\$467,993	\$3,097,457	
% > 90	24%	17%	51%	17%	23%	
% > 120	16%	-6%	33%	-7%	13%	



Day in AR & Total A/R



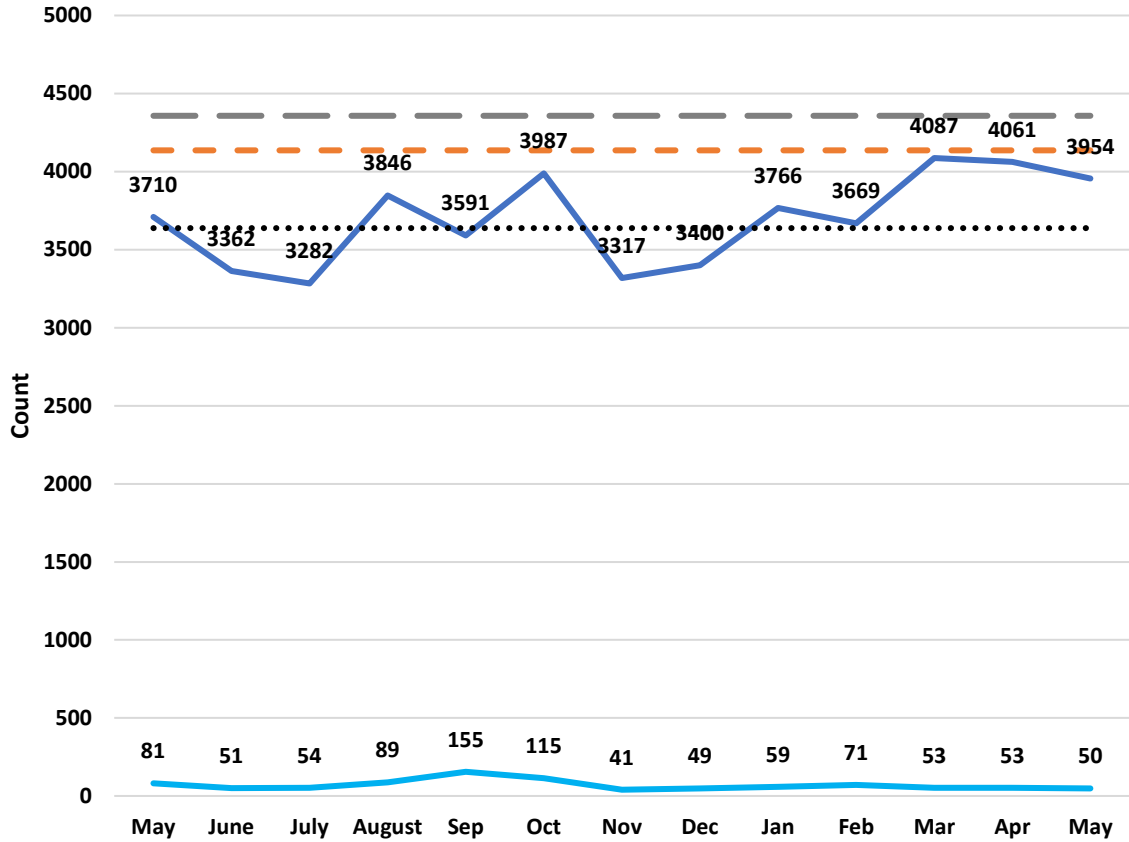
The background features a large, abstract graphic on the left side consisting of several overlapping, curved bands in shades of blue and green. The bands are thick and have a slight gradient, creating a sense of depth and movement. The right side of the image is a plain white background.

CCPC Board Meeting – Efficiency Update

July 2024

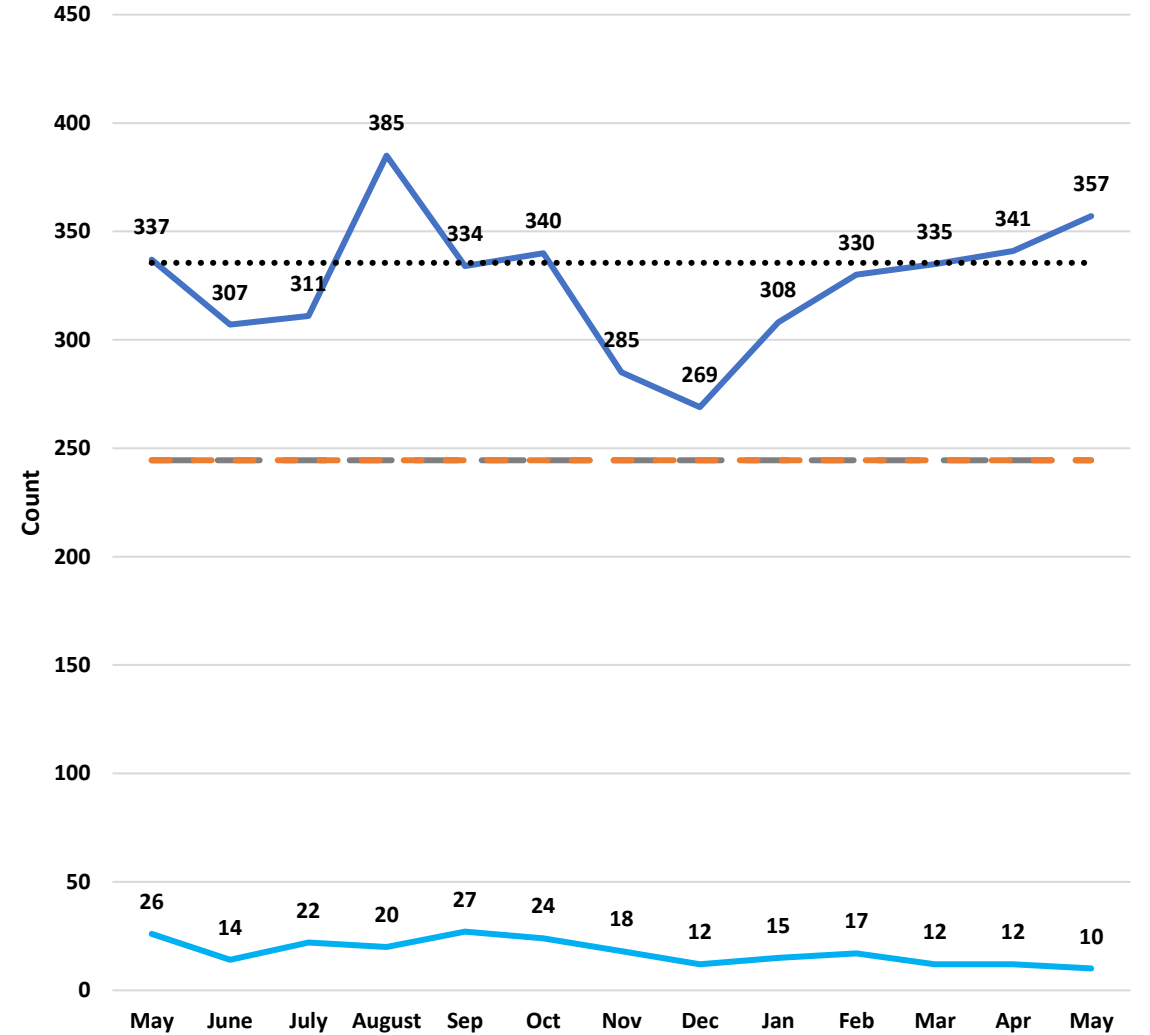
Medical/Behavioral Health

NUMBER OF VISITS - ALL LOCATIONS



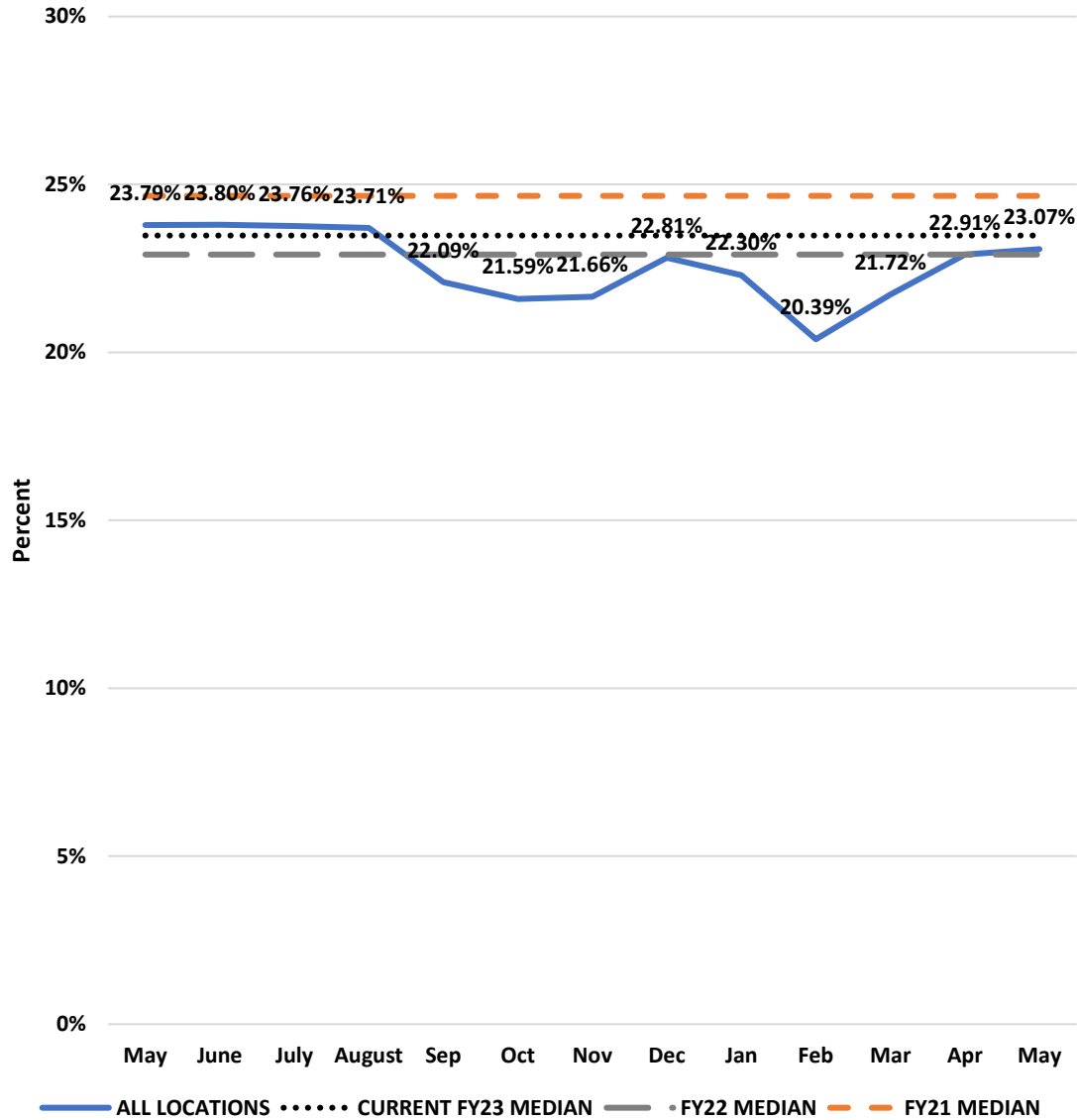
— ALL LOCATIONS — TELEHEALTH VISITS ⋯ CURRENT FY23 MEDIAN
- - FY22 MEDIAN - - FY21 MEDIAN

NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

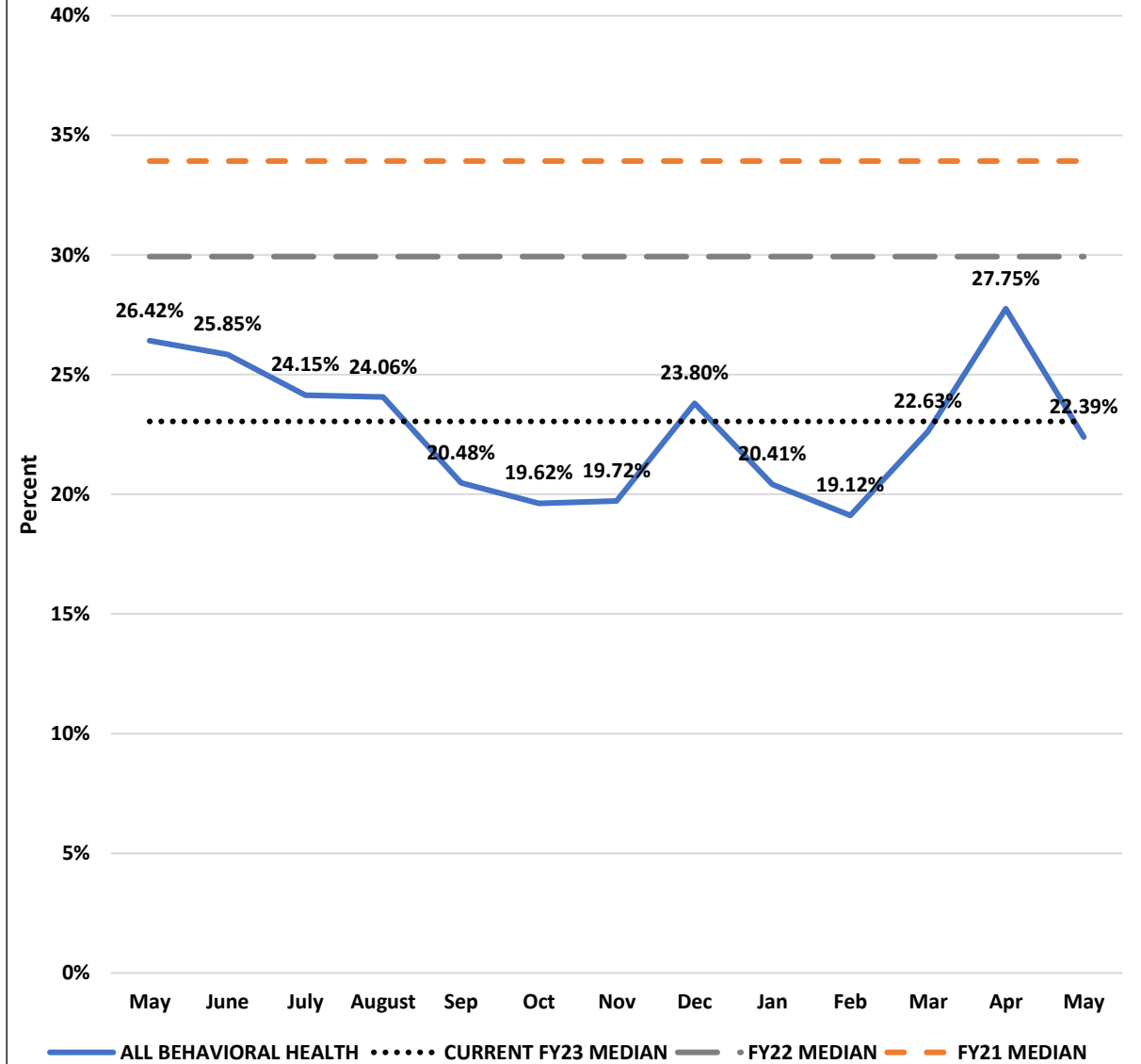


— ALL BEHAVIORAL HEALTH — TELEMEDICINE VISITS ⋯ CURRENT FY23 MEDIAN
- - FY22 MEDIAN - - FY21 MEDIAN

NO SHOW % - ALL LOCATIONS

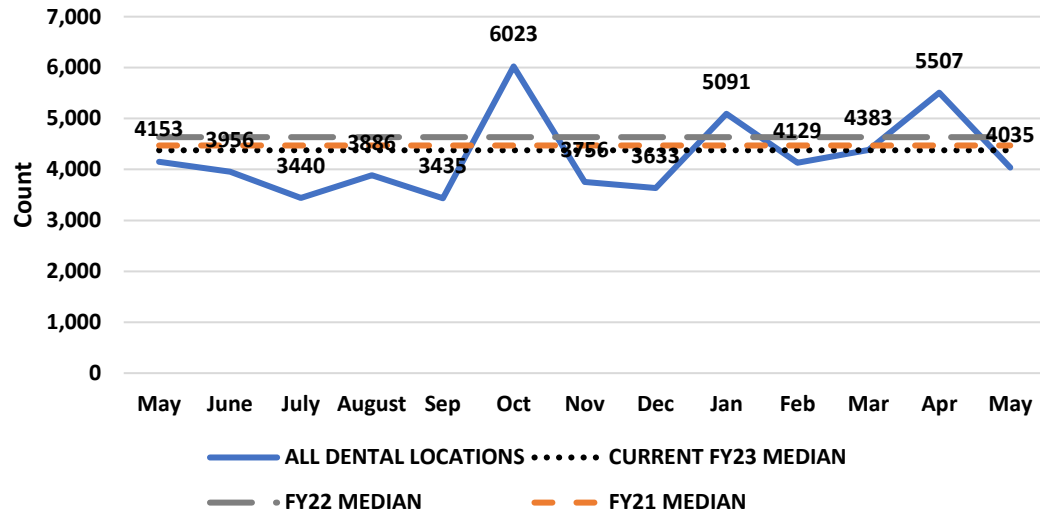


NO SHOW % - ALL BEHAVIORAL HEALTH

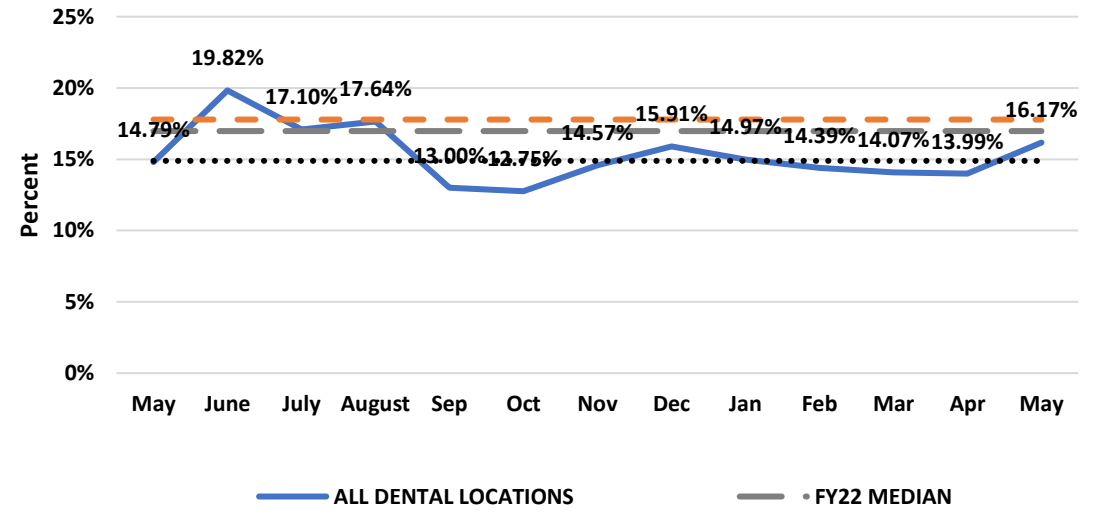


Dental

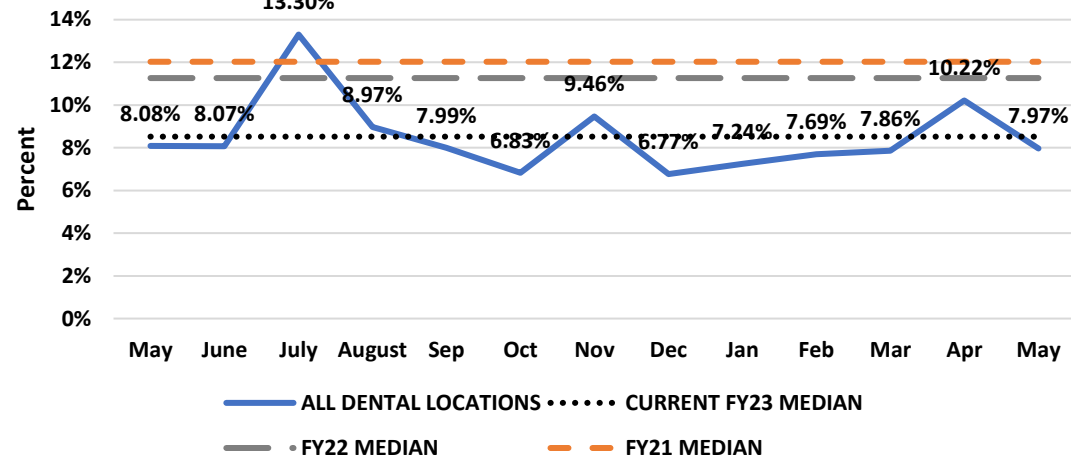
DENTAL VISITS - ALL LOCATIONS



DENTAL BROKEN APPT % - ALL LOCATIONS

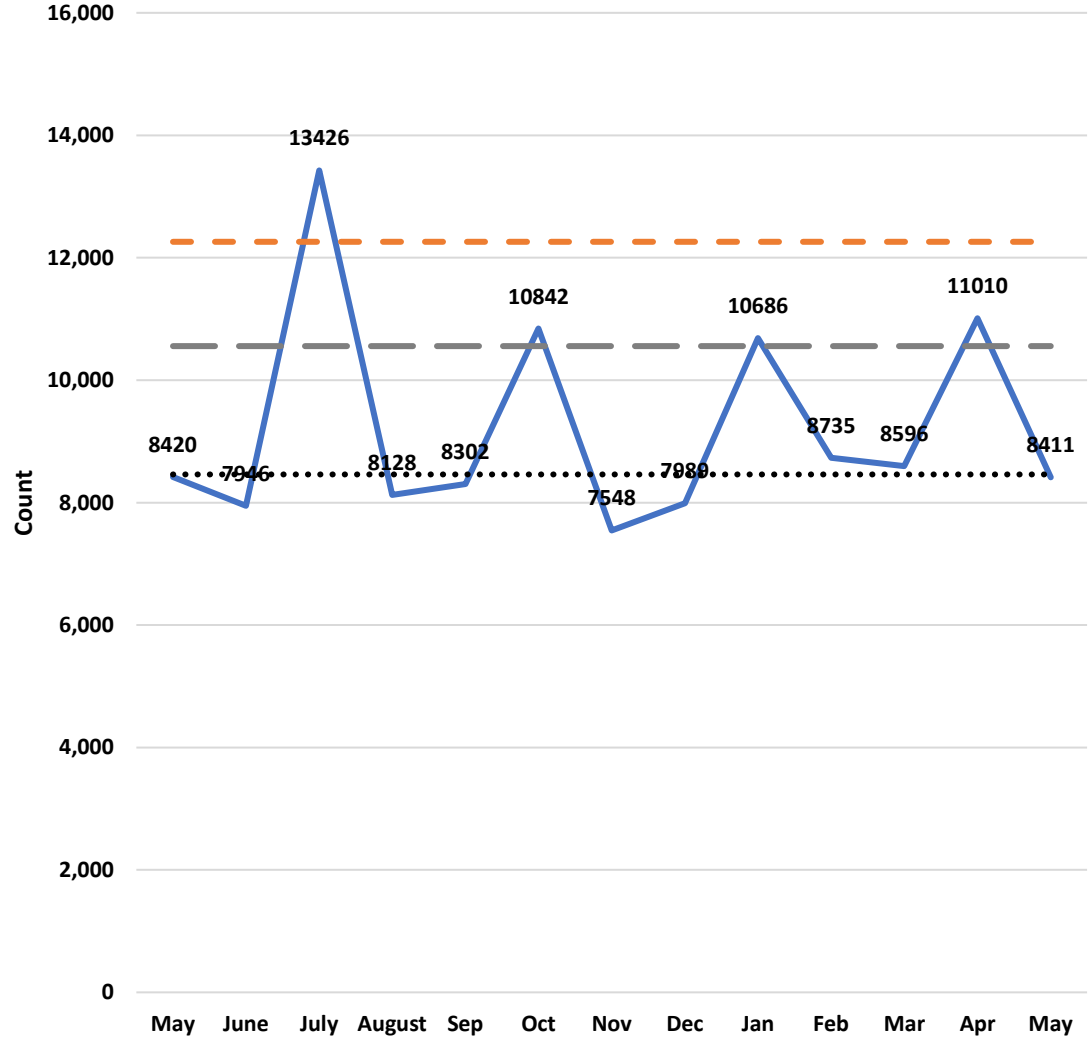


DENTAL NEW PATIENT % - ALL LOCATIONS



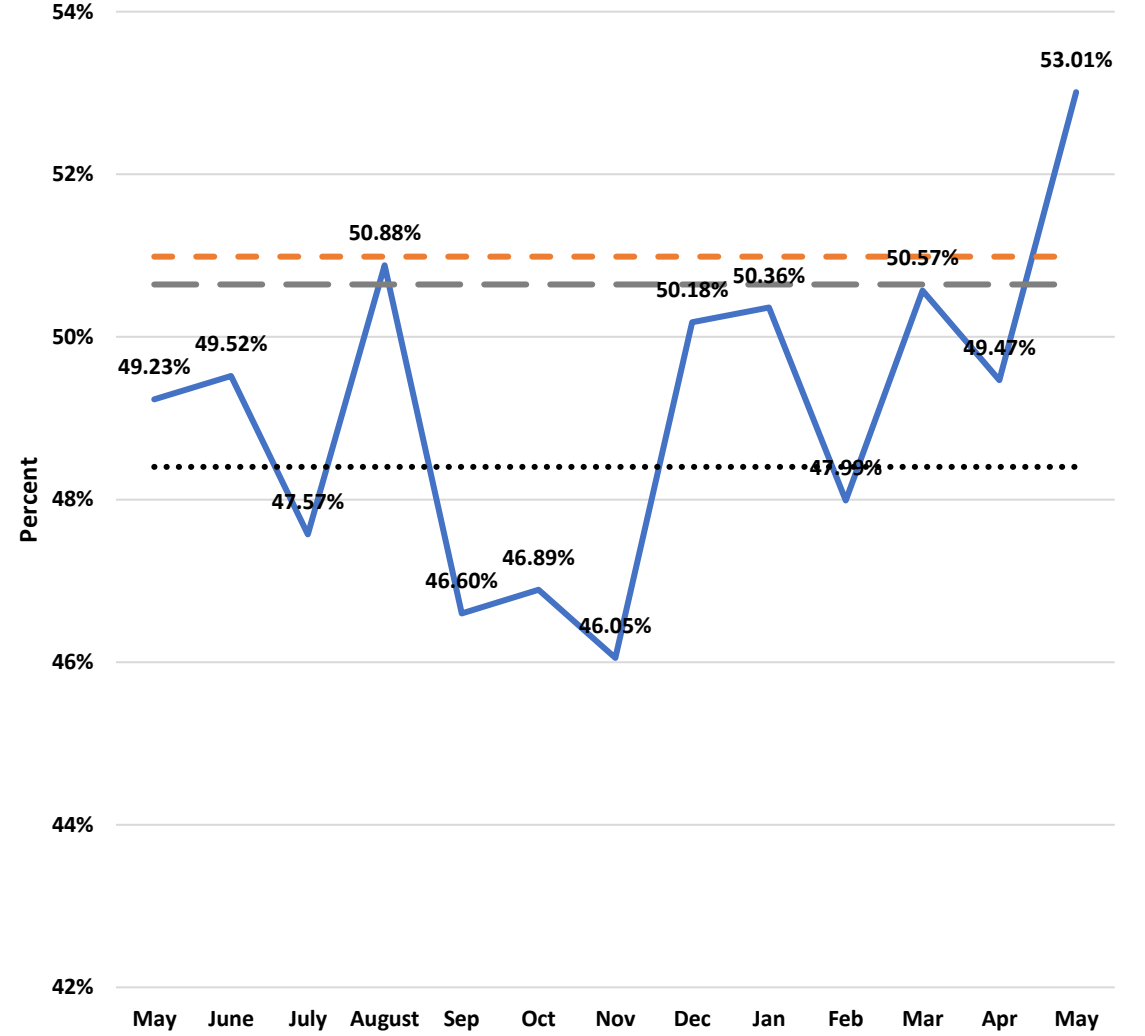
Pharmacy

PHARMACY NUMBER OF FILLS - ALL LOCATIONS



— ALL PHARMACY LOCATIONS ⋯ CURRENT FY23 MEDIAN
— FY22 MEDIAN - - - FY21 MEDIAN

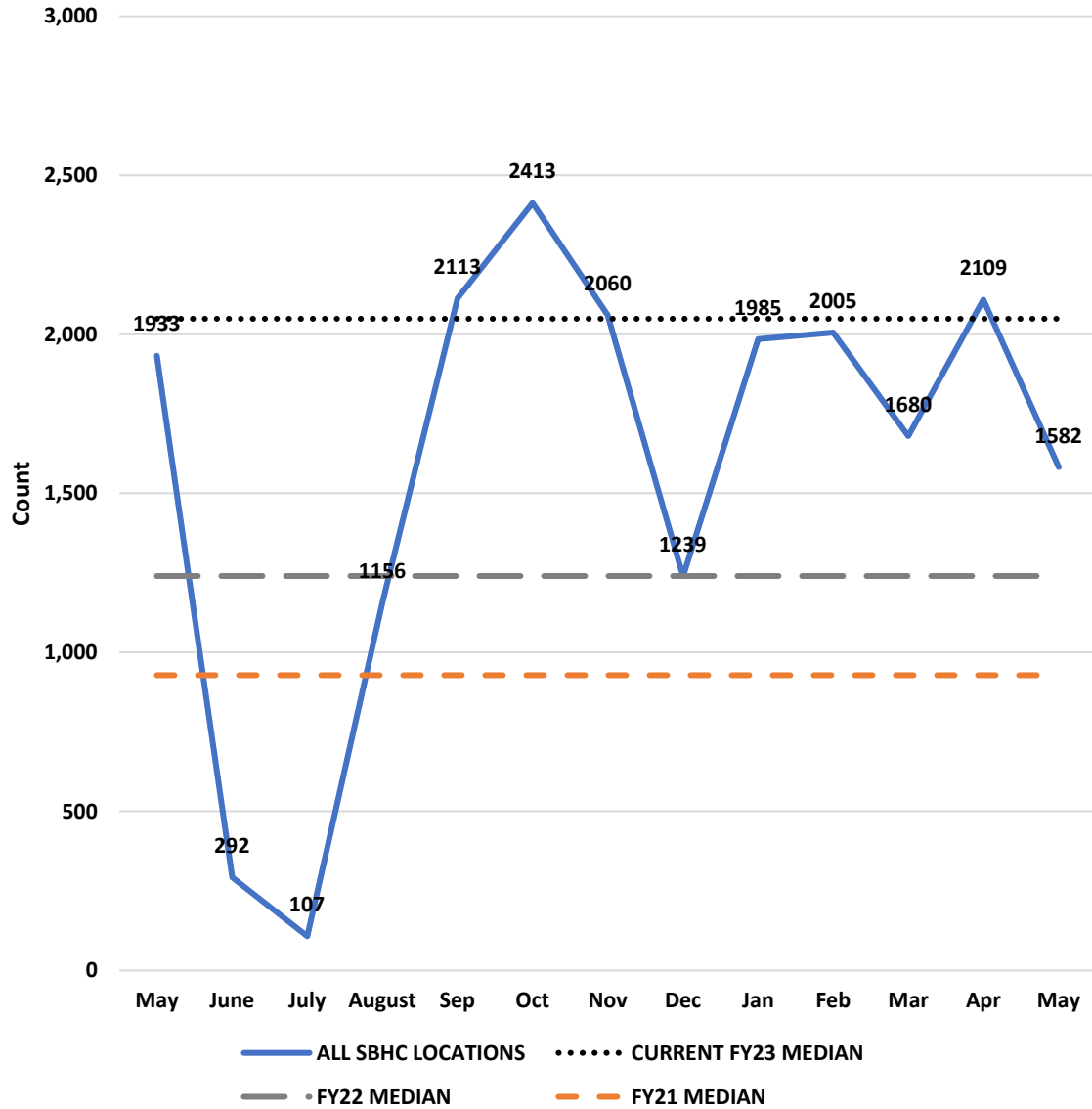
PHARMACY ESCRIBE % - ALL LOCATIONS



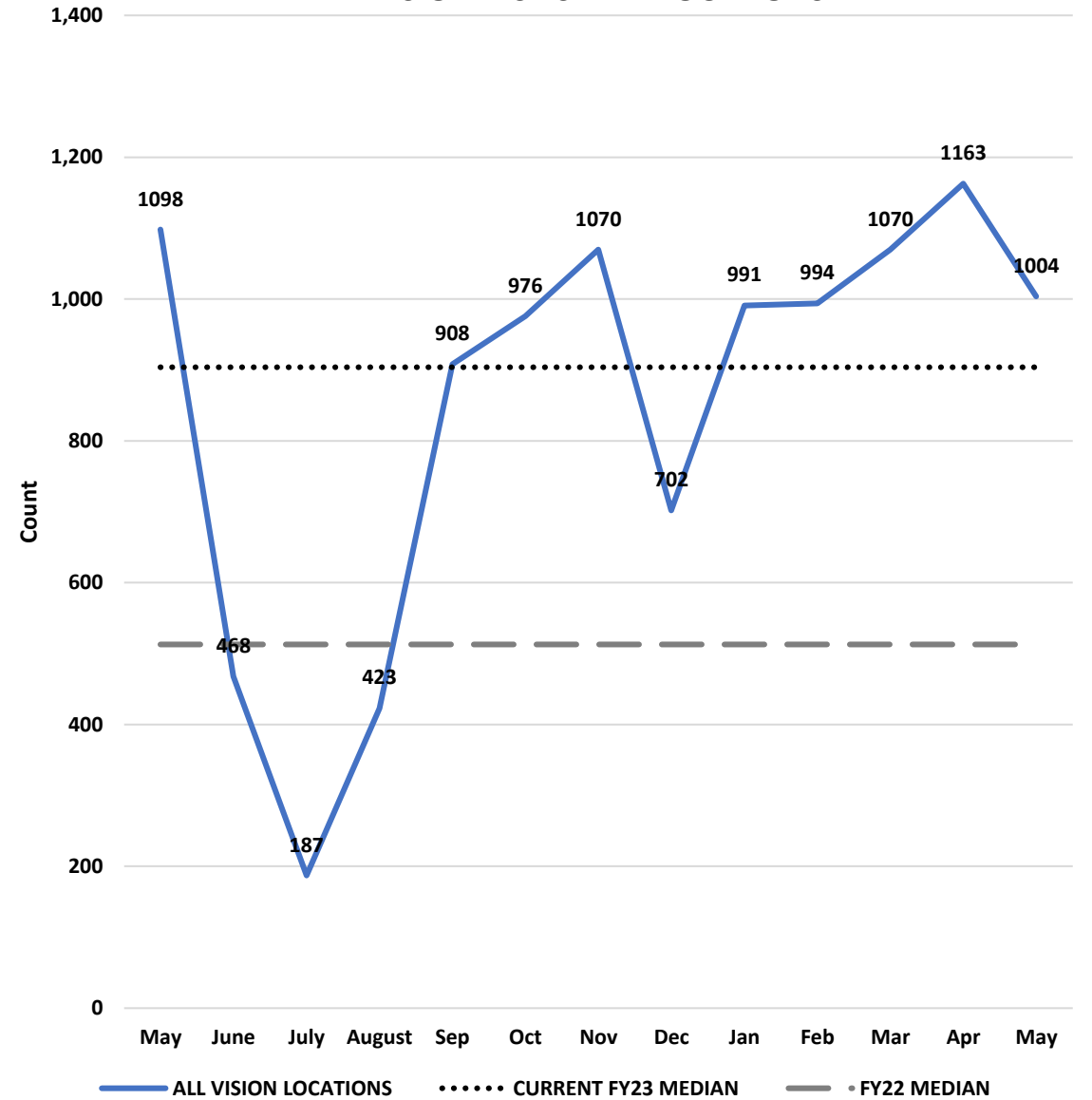
— ALL PHARMACY LOCATIONS ⋯ CURRENT FY23 MEDIAN
— FY22 MEDIAN - - - FY21 MEDIAN

School Based Health Centers

SBHC VISITS - ALL LOCATIONS



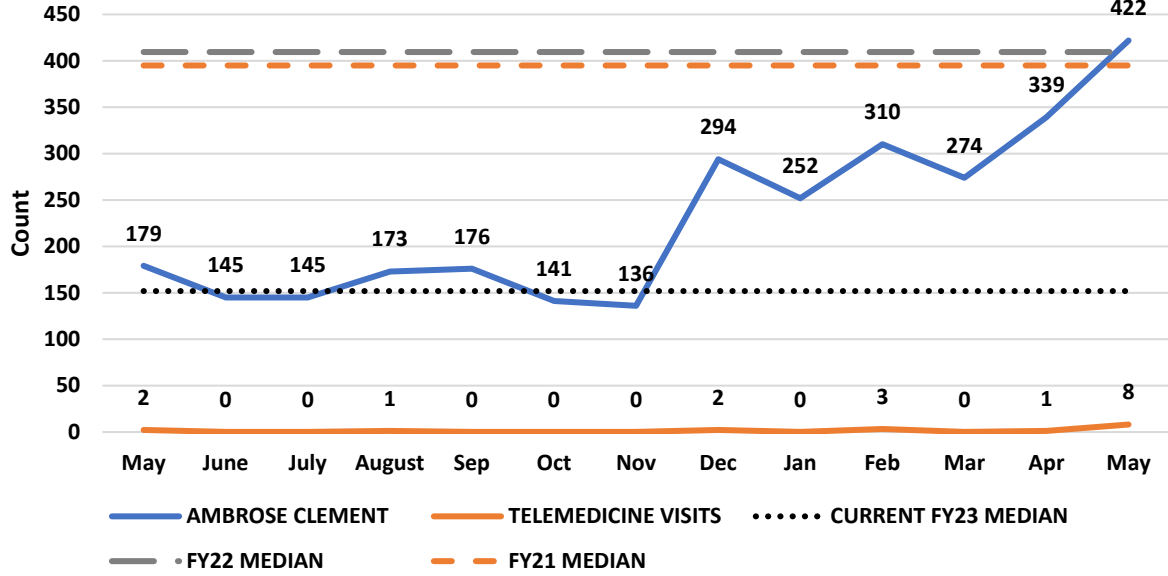
VISION VISITS - ALL LOCATIONS



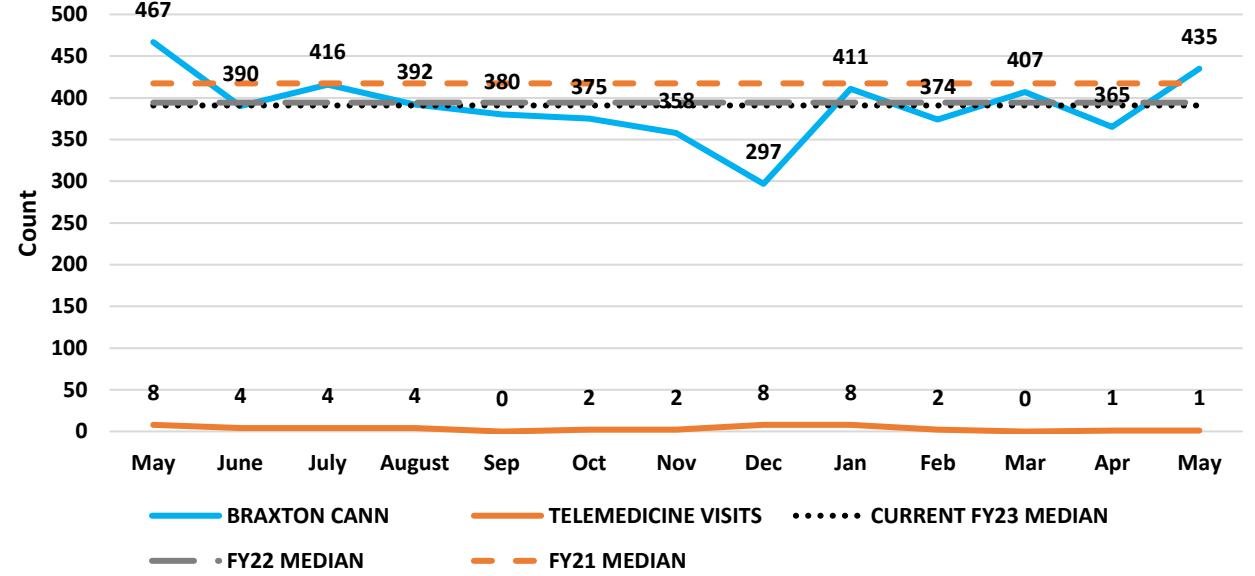
Supplemental Slides

VISITS

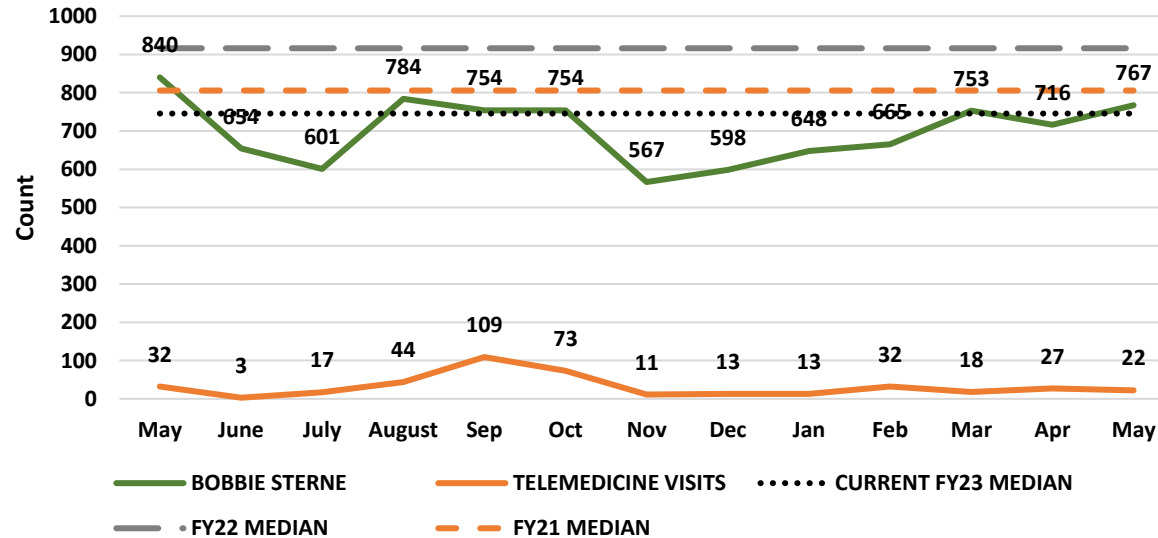
AMBROSE



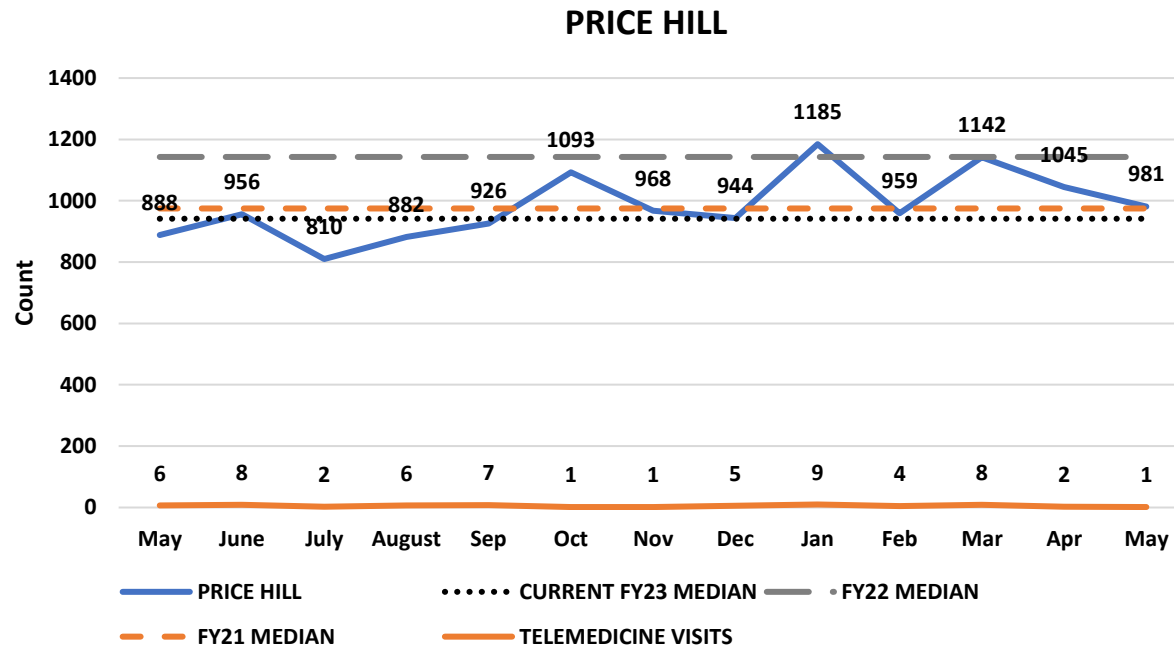
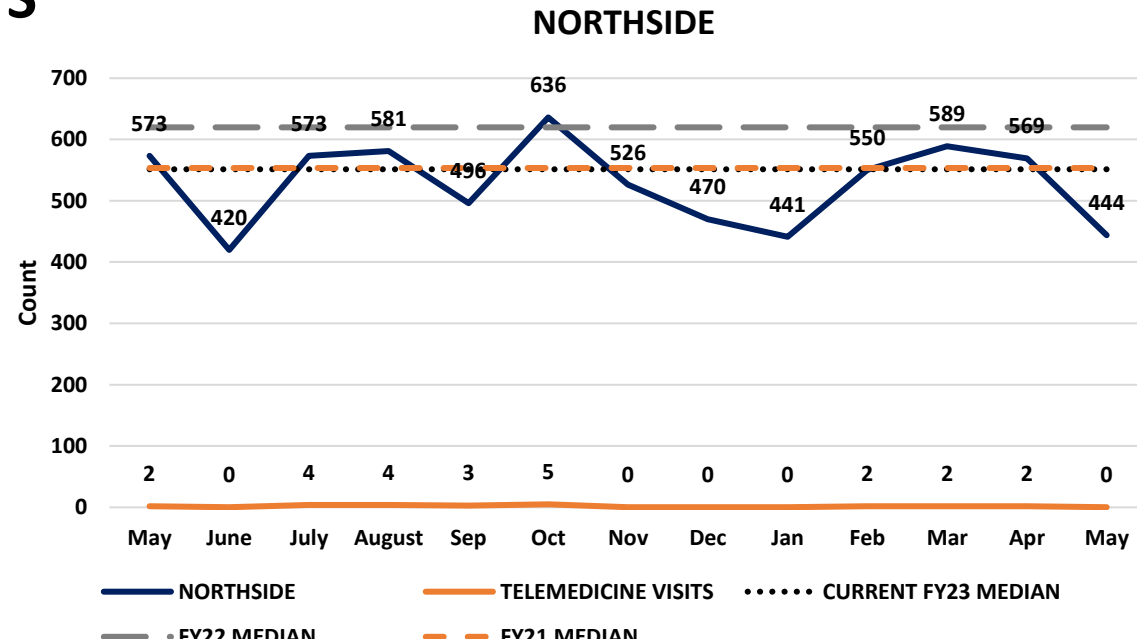
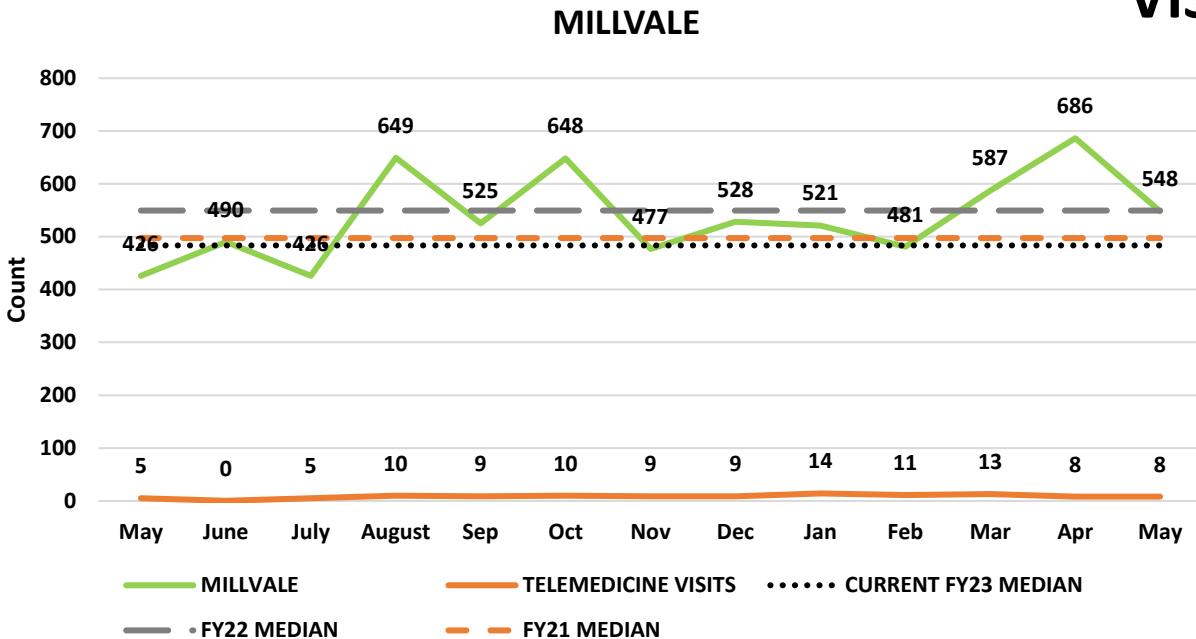
BRAXTON CANN



BOBBIE STERNE

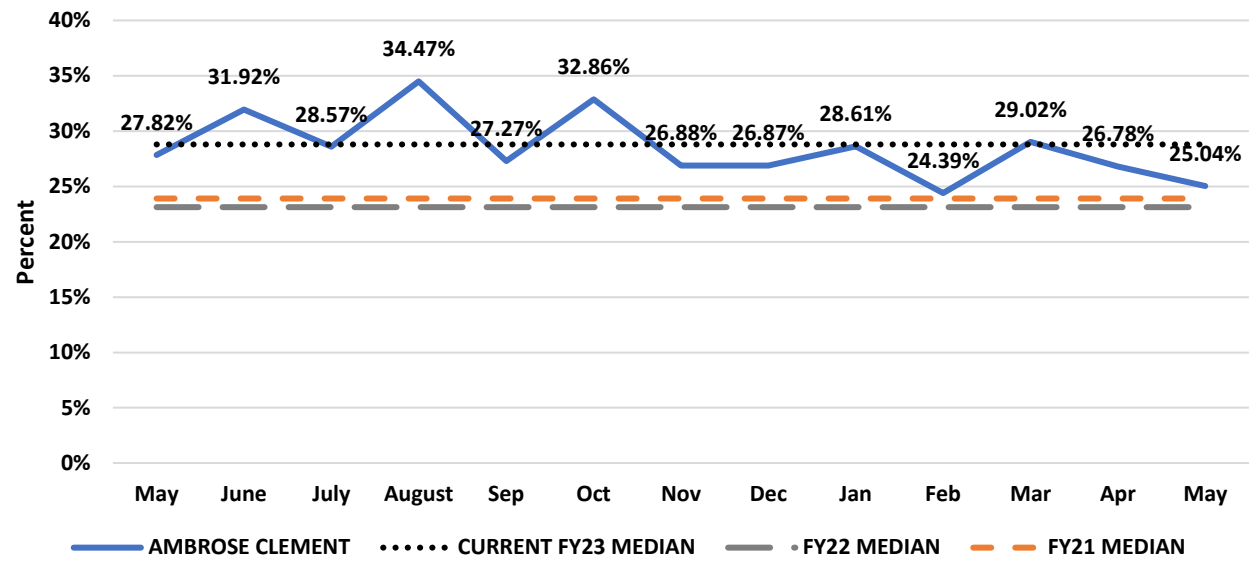


VISITS

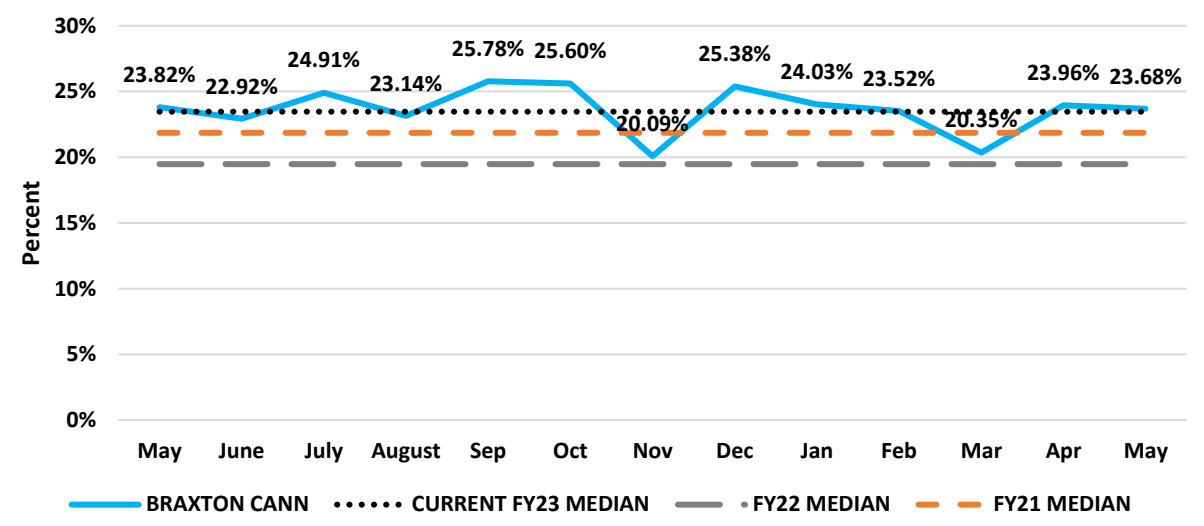


NO SHOW PERCENT

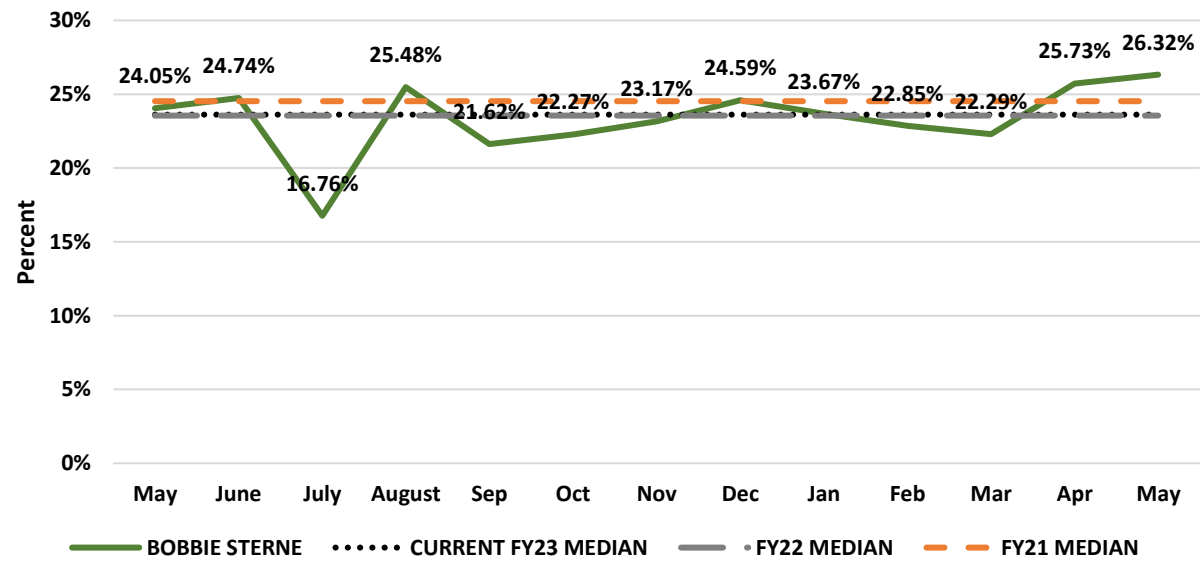
AMBROSE



BRAXTON CANN



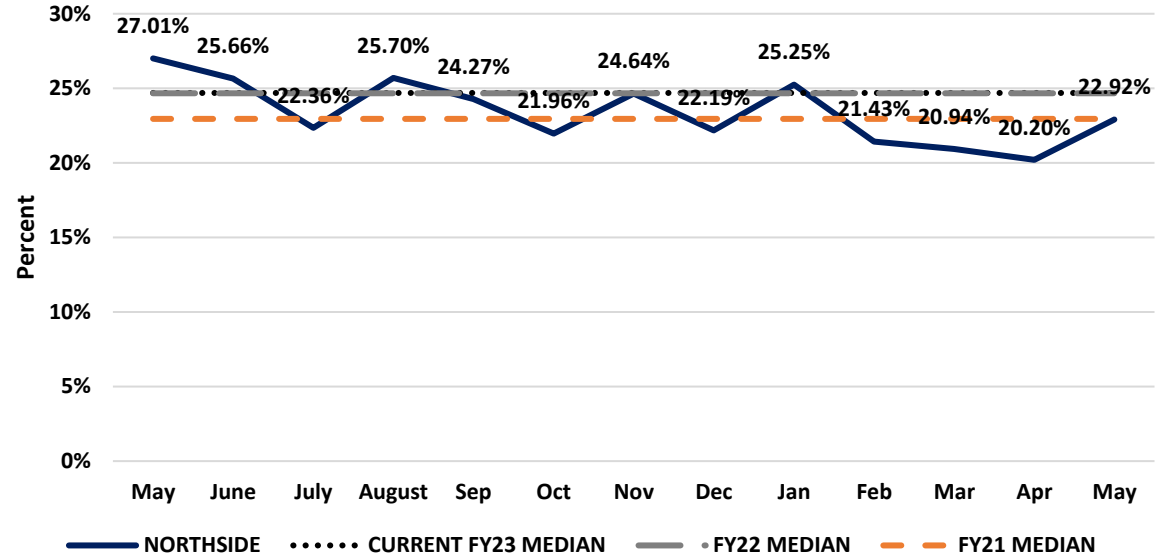
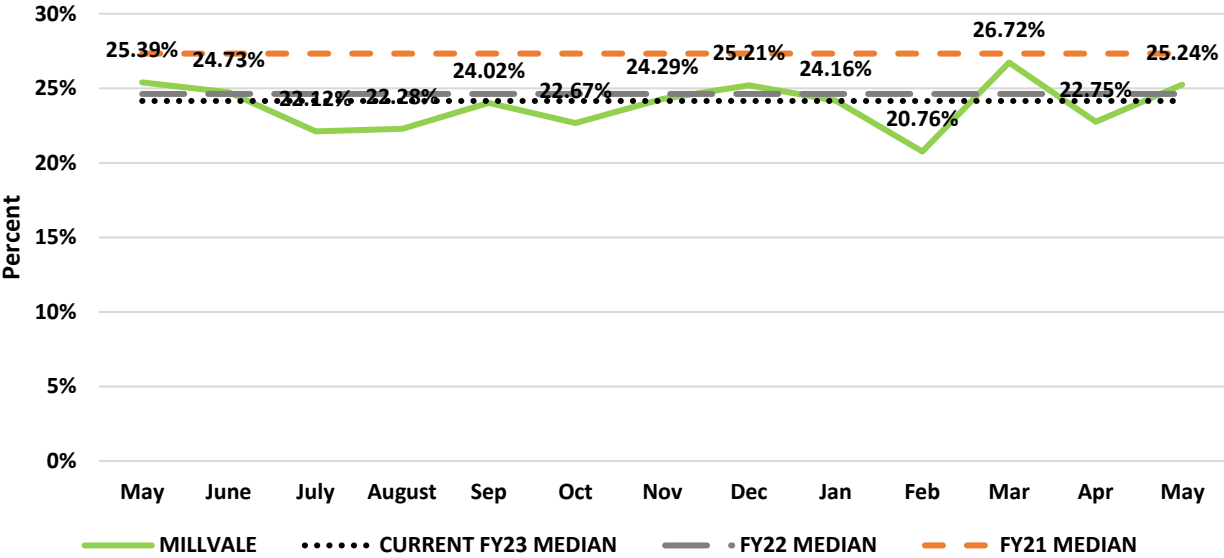
BOBBIE STERNE



NO SHOW PERCENT

MILLVALE

NORTHSIDE



PRICE HILL

