

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

Co-Applicant Board Meeting

San Mateo County Health System
2000 Alameda de las Pulgas (Atrium Room), San Mateo
July 9, 2015, 9:00 A.M - 11:00 A.M.

AGENDA

- | | | |
|--|--------------------------|--------------|
| A. CALL TO ORDER | Robert Stebbins | |
| B. CLOSED SESSION | | |
| 1. No Closed Session this meeting | | |
| C. PUBLIC COMMENT | | |
| Persons wishing to address items on and off the agenda | | |
| D. CONSENT AGENDA | | |
| 1. Meeting minutes from June 11, 2015 | | TAB 1 |
| 2. Program Calendar | | TAB 2 |
| E. BOARD ORIENTATION | | |
| 1. No Board Orientation items this meeting. | | |
| F. REGULAR AGENDA | | |
| 1. Consumer Input to Board | Jim Beaumont/Others | TAB 3 |
| <i>i. NHCHC 2015 Report back from all attendees</i> | | |
| <i>ii. Health care literature</i> | | |
| 2. Sub-committee reports | Committees | |
| 3. Discussion with consultant | Pat Fairchild (by phone) | |
| 4. HCH/FH Program- Director's Report | Jim Beaumont | TAB 4 |
| 5. HCH/FH Co-Applicant Budget/Finance reports | Jim Beaumont | TAB 5 |
| Documents will be available at meeting for review | | |
| 6. HCH/FH Program QI Committee report | Frank Trinh | TAB 6 |
| <i>i. Action Item –Request to Approve HCH/FH Program QI/QA Plan</i> | | |
| 7. Fiscal reporting Discussion with SMMC CFO | David McGrew | |
| 8. HCH/FH Program- Board Approval of Program Budget | Jim Beaumont | TAB 7 |
| <i>i. Action Item –Request to Approve Updated Program Budget</i> | | |
| 9. HCH/FH Program – Discussion on available funds | Jim Beaumont | |
| 10. Expanded Services Grant – Discussion on available funds | Jim Beaumont | TAB 8 |
| 11. UDS reports – Discussion on new population wide data | Linda Nguyen | TAB 9 |
| G. OTHER ITEMS | | |
| 1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated) | | |
| <i>i. Next Regular Meeting – August 13, 2015; 9:30 A.M. – 11:30 A.M. at Puente de la Costa Sur, Pescadero [NOTE TIME CHANGE]</i> | | |
| H. ADJOURNMENT | Robert Stebbins | |
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Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)
- ⇒ How to engage our
populations

TAB 1
Meeting Minutes
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
Thursday, June 11, 2015, 9-11 a.m.
Human Services Agency 400 Harbor Blvd. Bldg B Belmont**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Brian Greenberg
Paul Tunison
Kerry Lobel, Vice Chair
Steve Carey
Kathryn Barrientos
Beth Falls
Tayischa Deldridge
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
Nirit Eriksson, County Counsel
Frank Trinh, HCH/FH Medical Director
Gloria Gross, BHRS

Members of the Public

Absent: Eric Brown, Julia Wilson

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:03</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from May 14, 2015 and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Dan SECONDED by, Kat and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Regular Agenda: <i>Consumer Input</i>	Requested to take out "Board Update" to Consumer Input SMC 2015 Homeless One Day Count- conversation regarding the decrease in homeless (40%) from last count (2013). There have been data quality issues with the number reported, because most data derived from HMIS system. Beth will do another report when the final numbers are report are completed	Beth- report back with finalized data/report of ODC 2015 when it is issued

	<p>Discussion on needing to coordinate with HOT (homeless outreach teams) teams throughout the county to ensure that the homeless have access to health care.</p> <p>NHCHC 2015 Conference attendees shared some of their experiences at conference and were requested to send staff the workshops they attended for further discussion/education to the Board.</p> <p>Discussion of article on the cost of homelessness in Santa Clara County.</p> <p><i>Please refer to TAB 3 in the Board meeting packet</i></p>	<p>Brian to coordinate with HOT</p> <p>Kat, Tay, Paul– document workshops attended to staff</p>
<p>Subcommittee reports: Transportation</p>	<p>Brief oral report from Transportation members that they are still working on the budget/costs and still researching the matter.</p>	
<p>Subcommittee reports: Patient Navigator</p>	<p>No report, group has not yet convened.</p>	
<p>QI/QA Committee Report</p>	<p>Dr. Frank Trinh, Medical Director for the HCH/FH Program gave an oral report on QI/QA Plan status:</p> <p>The QI/QA Plan will be ready for HCH/FH Co-Applicant Board approval at next July meeting. Currently working on :</p> <ul style="list-style-type: none"> • Plan to get universal homeless and farmworker data for 6 current UDS outcome measures (Tobacco, Asthma, CAD, Hypertension, Diabetes, Ischemic Vascular Disease). • Will work with SMMC on finding comparison data from the general SMMC patient population for UDS outcome measures. • Business Intelligence (BI) will be pulling data on Homeless and Farmworkers out of SMMC PCMH outcome measure reports, to derive separate reports for HCH QI Committee. • Working on non-medical outcome for enabling services regarding tracking patient referrals to primary care providers. <p>Discussion on obtaining health care literature on chronic diseases (hypertension, diabetes etc.) to provide at various locations such as shelters and health promoters programs such as Neustra Casa.</p> <p>Request to add as a Parking Lot issue- how to engage our population.</p>	<p>Frank- Finalize QI/QA Plan for Board approval at July meeting.</p> <p>Linda- Research health care literature and follow up with Neustra Casa on their services.</p>

<p>Regular Agenda: Request to Approve HCH/FH Credentialing & Privileging Report</p>	<p><i>Tabled for July meeting.</i></p> <p>Action Item: Request to Approve HCH/FH Credentialing & Privileging Report</p>	
<p>Regular Agenda: Discussion with SMMC CFO</p>	<p><i>Tabled for July meeting.</i></p>	
<p>Regular Agenda: HCH/FH Program Director's Report</p>	<p>Jim Beaumont reported on program:</p> <ul style="list-style-type: none"> • Grant conditions still under review: Credentialing & Privileging, QI Plan, Director Job description and Data Reporting. • Received a change in our grant period, moved from November to February 1st. • SAC application is same process as last year, but will be due a little later. • Still have not received our OSV site visit report. • Management Analyst position, must re-submit position as unclassified from the initial Agile position submission. • Considering more Board training, especially in regards to Migrant Seasonal Farmworkers (MSFW) population. September 21st week, possible HRSA TA dates. • Upcoming conferences on street medicine (October 2015 in San Jose, Migrant health (February 2016- Portland), NHCHC 2016 (June 2016-Portland). • UDS 2015- three additional changes. • Currently working on budget simulator for the Board, will be ready at next meeting. <p><i>Please refer to TAB 5 in the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Co-applicant Budget/Finance Reports</p>	<p>Program Director gave brief summary of budget document that is attached. With the recent change in the Program's current grant year, we have received additional funds.</p> <p>Program has worked on a number of options for utilizing one-time or short-term expenditures and providing longer term or ongoing benefits. We will discuss this later in the agenda, set for discussion.</p> <p>Currently working on a budget tool created to provide Board with training and work tool for understanding the program budget , will be available by mid-June for next July meeting.</p> <p><i>Please refer to TAB 6 in the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Action Item: Review/Accept Audit Report</p>	<p>On April 21, 2015, the Program received notification from HRSA of their acceptance of the financial audit. As part of a government entity, the program audit is considered a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.</p> <p>Action Item: Review/Accept Audit Report</p> <p>Please refer to TAB 8 in the <i>Board meeting packet</i>, additional documents are available online for review in May 14, 2015 meeting packet at http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm</p>	<p>MOVED by Kerry SECONDED by, Kat and APPROVED by all Board members present</p>

<p>Regular Agenda: Request to Re-establish Ad Hoc Committee on Board Composition</p>	<p>At present, the board has an approved membership of 14, with only 11 positions filled. As the required minimum is to have nine (9) Board members, the membership is again approaching that lower bound. In addition, various interactions with HRSA representatives has indicated that the Board would be best served by adding community members with expertise in finances, human resources and other basic operational areas. In addition, the Board has the continuing task to have consumer membership on the Board in the form of both farmworkers and homeless individuals who access program scope services.</p> <p>Discussion on possibly changing Board meetings to evening hours to be more accessible to consumers and youth that we may try to recruit.</p> <p>Discussion if public officials of other jurisdictions able to serve on our Board.</p> <p>The Committee will be disbanded on October 31, 2015, unless otherwise extended by action of the Board.</p> <p>Volunteers to the Board Composition Committee: Dan, Brian and Beth.</p> <p>Action Item: Request to Re-establish Ad Hoc Committee on Board Composition</p>	<p>MOVED by Kerry SECONDED by, Dan and APPROVED by all Board members present.</p>
<p>Regular Agenda: Request to Approve Policy for Reimbursement of Consumer Board Members Meeting Expenses</p>	<p>On recognition that potential expenses incurred as part of attending Co-Applicant Board meetings and other approved events may act as a barrier to consumer and former consumer willingness to serve on the Co-Applicant Board, the Board requested Program to draft a Policy for reimbursement of such expenses.</p> <p>Attached is a draft policy for reimbursement of expenses related to attendance at Co-Applicant Board meetings, or other approved events, for consumer and former consumer Board members. Specifically, it replaces the current policy that solely provides for reimbursement of travel expenses for Board meetings, designates reimbursement policy for travel expenses and for child or adult day care expenses, and provides for the Board to be able to designate such other expenses as may be needed to address the issue.</p> <p>Action Item Request to Approve Policy for Reimbursement of Consumer Board Members meeting expenses</p> <p>Please refer to TAB 10 in the Board meeting packet.</p>	<p>MOVED by Kerry SECONDED by, Dan and APPROVED by all Board members present.</p>

<p>Board Discussion on Clinical Utilization by HCH/FH patients</p>	<p>Tabled for July meeting</p> <p>Please refer to TAB 11 in the Board meeting packet.</p>	
<p>Regular Agenda: Request to Approve Updated Program Budget</p>	<p>Based on the additional funding provided in NOA 14-10 as part of extending the Program's grant period to January 31, 2016, the NOA also placed a 30-day condition for submission of an updated Program Budget.</p> <p>Attached is the updated SF-424 which incorporates the additional funds on a direct pro-rated basis. This request is for the Board to approve for submission the attached updated budget.</p> <p>Action Item: Request to Approve Updated Program Budget</p> <p>Please refer to TAB 12 in the Board meeting packet.</p>	<p>MOVED by Dan</p> <p>SECONDED by, Paul</p> <p>and APPROVED by all Board members present</p>
<p>Regular Agenda: Discussion on available funds</p>	<p>Discussion on Utilization of Available Funds- GY 2015, must be used by January 31, 2016.</p> <p>Consideration for efforts that will not require ongoing funding but would/could provide ongoing benefits to the program include :</p> <ul style="list-style-type: none"> • Enhanced website • Contractor Data Portal • Other Potential IT Specific Projects • Consultant Contracts <ul style="list-style-type: none"> ▪ Board Training ▪ Service Development ▪ Strategic Planning • Expanded Dental Services (Coastside) <p>Request that staff research these options further and come back to next Board meeting with findings.</p> <p>Documents available at meeting.</p>	<p>Program to work with consultants to research funding options.</p>

<p>Regular Agenda: Request to Approve J/ Snow Inc. Contract (for consultant)</p>	<p>The Program's current contract for consultant services with J. Snow, Inc. will end on June 30, 2015. Program believes that the services received under this contract from Pat Fairchild and other consultants as required, has had significant positive impact and material benefits to the Program and for this Board. Based on this, Program is recommending a continuation of the contractual relationship with J. Snow, Inc. for the provision of consultant services. This request will extend the contract through October 31, 2017, and increase the total value of the contract to \$100,000.</p> <p>Request to Approve J/ Snow Inc. Contract (for consultant services)</p> <p><i>Please refer to TAB 8 in the Board meeting packet.</i></p>	<p>MOVED by Kerry SECONDED by, Kat and APPROVED by all Board members present.</p>
	<p>Meeting adjourned ____ 11:05 a.m. _____</p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

**Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2015 Calendar (Revised July 2015)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (July 9, 2015 from 9:00 a.m. to 11:00 a.m.) • Conduct Focus Groups • Initiate QI Population Reporting • Board Approval of Expanded Services Submission 	July	Board meeting at Health System- Alameda Campus, San Mateo
<ul style="list-style-type: none"> • Board Meeting (August 13, 2015 from 9:30 a.m. to 12:00 p.m.) • Board Review & Approval of Program Services, Sites and Hours • Board approval of SAC for submission • RFP distributed • Analysis of Needs Assessment 	August	Board meeting at Puente- Pescadero PLEASE NOTE TIME CHANGE
<ul style="list-style-type: none"> • Board Meeting (September 10, 2015 from 9:00 a.m. to 11:00 a.m.) • Nominations for Chair & Vice-Chair • Review RFP proposals • Tentative TA with HRSA for Scope of Project 	September	
<ul style="list-style-type: none"> • Board Meeting (October 8, 2015 from 9:00 a.m. to 11:00 a.m.) • Grant Year Budget Approval • Approval of RFP proposals • Election of Chair & Vice-Chair • International Street Medicine Symposium: Oct 14-17; San Jose Potential Regional Conference	October	
<ul style="list-style-type: none"> • Board Meeting (November 12, 2015 from 9:00 a.m. to 11:00 a.m.) • Contracting , prepare for BOS 	November	
<ul style="list-style-type: none"> • Board Meeting (December 10, 2015 from 9:00 a.m. to 11:00 a.m.) • Contracts needing approval for BOS submission 	December	

Conference calendar	
2016 Western Forum for Migrant and Community Health	Feb 23-25, 2016; Portland,OR
National Health Care for the Homeless Council National Conference	May 31- June 3,2016; Portland. OR

TAB 3
Consumer Input



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 9, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, Program Coordinator
HCH/FH Program

SUBJECT: DISCUSSION OF 2015 NHCHC CONFERENCE TOPICS

Workshops that Linda attended:

- Focus Group Leader Training of Community members: How to Use Cognitive Interviewing to Strengthen Outcomes
- Common Denominators: Serving Migrant and Homeless Special Populations
- Data, Data Everywhere, but Not a Drop to Measure: Quenching Your Thirst for Clinical Quality Information
- How to Use Data to Make Decisions and Drive Agency Performance
- Mastering UDS: Implementing New Measures and Improving Your Outcome




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HEALTH PLAN OF SAN MATEO

Health care literature/brochures

- <http://www.hpsm.org/health-information/general-health.aspx>

Members Do I Qualify? Choosing a Doctor **Health Information** About Us



General Health

At HPSM, we want you to feel your best. That means focusing on your health every day. The key to good health is a balance of **exercise**, **nutrition**, and healthy habits for one's **mind** and body. The challenge for many of us is maintaining healthy life habits.

In the links to the left you will find general information to help you learn about living a healthy life, and how to address the challenges that prevent many people from living healthy. This is not medical advice. Only your doctor can give you advice on your medical needs. But the information is practical, educational tips about healthy steps you can take to stay healthy and fit.

“We believe good health is more than just a goal.”

So join us in the Healthy Fight: become an active participant in your good health.

Nurse Advice Line

- General Health
- Exercise
- Nutrition
- Positive Thinking
- Quit Smoking
- Support Groups
- Weight Management

Health Conditions

- Addiction and Recovery
- Asthma
- Cancer
 - Skin Cancer
 - Lung Cancer
 - Colorectal Cancer
 - Breast Cancer
 - Cervical Cancer
 - Prostate Cancer
- Depression
- Diabetes
- Heart Disease & Stroke

Child Health

Teen Health

Women's Health


Men's Health

Older Adults

Preventive Care

Member Newsletters

Members Do I Qualify? Choosing a Doctor **Health Information** About Us



Diabetes

Overview | **Types of Diabetes** | **I Have Diabetes** | **Classes & Support** | **Resources**


Whether you have been monitoring your Type 1 diabetes since childhood, were recently diagnosed with Type 2 diabetes, or are concerned about a loved one with diabetes, there are numerous resources to help you.

Our regular newsletters for Health Plan of San Mateo members with diabetes, pre-diabetes, or who want more information about how to live well with diabetes and prevent serious problems.


For more information call HPSM's Health Educator at **650-616-2165** or send us an e-mail healthedu@hpsm.org.

Diabetes Resources HIDE

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Diabetes Matters
Summer 2013 English



la diabetes importa
Verano 2013 Spanish

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Web Resources HIDE

- [American Diabetes Association](#)
- [Diabetes.com](#)
- [Web MD](#)

TAB 4
Director's Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 9, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR'S REPORT

Program activity update since the June 11, 2015 Co-Applicant Board meeting:

1. Grant Conditions

On June 17th we received NOA 14-13 which identified the previous 120-day Implementation submissions on the four current outstanding grant conditions to not have demonstrated compliance, and established new 60-day conditions for each of them.

On June 29th a conference call was held with our HRSA Project Officer, Kathy Ruck, the HRSA Clinical Consultant, Dr. Mills, and program staff, the Board Chair and SMMC staff to address the four conditions and determine the specifics necessary to finish coming into compliance.

Based on that call, the grant condition on Requirement #15 – Data Reporting Systems was found to need additional clarity on the calculation of FTE for the UDS Report. Discussion with our PO provided specifics on what was needed, and this submission will be made within the next week.

For the grant condition on Requirement #9 – Key Management Positions, it was established that we would submit prior to the deadline information on exactly where within the County Reclassification process the Director's position reclassification was and the date at which final approval – expected to be approval of a salary ordinance by the Board of Supervisors – would take place. An acceptable submission with this information is expected to be completed a week prior to the submission deadline (August 16th).

For the Quality Improvement grant condition (Requirement #8), HRSA indicated that the QI Policy & Procedures submitted were acceptable, but that they needed to see that



there was some actual implementation on those policies and procedures. It was established that having a QI measure's data analyzed and reported to the QI Committee for their consideration and potential action – with possible request to the Co-Applicant Board for action – would be acceptable. This effort will be discussed further during the QI Committee Report. The submission of acceptable documentation of these efforts is expected to be submitted shortly after the July QI Committee meeting (July 23rd).

Lastly, the grant condition for Appropriate Staff, Requirement #3, which is focused on Credentialing and Privileging of staff was reviewed. We have made significant progress on the requirements with regards to Licensed Independent Practitioners (MDs, NPs, PAs), and continue to finish up the necessary effort there with the SMMC Medical Staff Office. However, our focus on the LIP staff has left us incomplete on the other licensed staff – Nurses, techs, etc. – anyone required to have a license or certification). The processes for these staff are handled by the Human Resources Department at SMMC, and we have now engaged them in pulling together the necessary documentation. We will be continuing to work with the Medical Staff Office and HR to provide the necessary documentation for submission prior to the deadline.

2. Change in Grant Period

As reported at the June 11, 2015 Co-Applicant Board meeting, HRSA had issued a change in our grant period, extending it to January 31st 2016 and establishing our future grant year to be a February 1 through January 31 period. We also reported we had requested they alter the change to make our grant year reflect the calendar year – January 1 through December 31. It was also reported in the 7-Day Update that the request had been denied.

Less than a half-hour after the Board meeting ended, we received NOA 14-12 which *granted* our request to change our grant year to January 1 through December 31 (and made the corresponding adjustment in extended funding for the new extended period). We see this change as a positive as our grant year will now align with the UDS reporting period and our typical contracting period. We anticipate this will make some operational efforts somewhat simpler to manage. However, since this change did again impact the current year's budget by changing the amount of funding added for the remainder of the grant year to the new end date (December 31), we are required to submit a new approved grant year budget, replacing the one approved last meeting when the anticipated end date of the grant year was January 31. That action by the Board is later on this meeting's agenda.

3. Operational Site Visit (OSV)

At this time we have not yet received the Report from the Program's March 10-12, 2015 OSV. We have not received any recent updates on the status of the report.

4. Management Analyst Position

After further discussions with SMMC Executive Staff and SMMC and County HR, we determined that hiring the Management Analyst position would be best handled through having it be hired as a "Limited Term" position. This allows us to continue with the hiring process without requiring the Board of Supervisors to actually approve a Salary Ordinance adding an additional position, which can be problematic.

We have reviewed the position announcement draft prepared by County HR and expect the position to be announced shortly as a two week recruitment. We hope to be able to hire by August 1st or shortly thereafter.

5. Expanded Services Award Opportunity

On June 26, HRSA announced their 2015 Expanded Services (ES) Award Opportunity. This award opportunity is very similar to the 2014 ES opportunity in that it is non-competitive (there is a pre-determined award targeted to us - \$246,642) and in that there are very specific limiting criteria. Unfortunately these criteria can make it extremely difficult for us to write a compliant proposal because our operational environment is so different from most 330 programs. The full discussion of this award opportunity appears later on this agenda.

6. HRSA Technical Assistance (TA) for the Co-Applicant Board

HRSA has confirmed the Board TA for September 22-24, 2015. They have indicated two areas for the TA: Governance (Board Authority) and Services (QI/QA Plan; Required and Additional Services; Staffing requirements). The consultants are scheduled to be Larry Peaco and Candace Chitty respectively.

This is not quite what we were expecting in terms of topics, so we will be checking with HRSA on the details and expectations. We will also attempt to get additional information on the logistics, times, dates, etc., and will provide those to the Board as soon as we can establish them.

7. Contractor Site Visits

Program has initiated a process of routine site visits with our program services contractors. To date we have done two visits and hope to get to all of the contractors before the end of the summer.

We believe the visits are going well and are being very productive. It is a learning experience all around, and we think it will help provide some best practices and other information that can be shared across contractors, such as at the Provider Collaborative.

8. Operational Efforts

Program has continued moving forward in the efforts in strategic planning, potential service development reviews and automation tools for reporting/UDS/case management. There is significant enthusiasm for the possibility of creating a cloud-based case management/reporting tool for program contractors, the a strategic plan has been now noted multiple times as something that will be a large positive with HRSA (including in reporting it as part of our Service Area Competition (SAC) application. We have also initiated the SAC development process with our grant writer. The SAC will be due for submission by September 1, 2015.

9. Seven Day Update

TAB 5
Budget/Finance
Report

Documents will
be available at
meeting for
review

TAB 6
Request for
Board to Approve
HCH/FH Program
QI/QA Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 9, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST TO APPROVE QI PLAN

On June 29, 2015, the Program received a Technical Assistance Conference Call with our Project Officer and a HRSA clinical consultant. Based on that call, the feedback and comments from the recent Operational Site Visit and the recommendations of our consultants, the HCH/FH Program QI Plan has been redrafted. The plan is a required submission by August 16, 2015 on our 60-day implementation grant condition on Program Requirement #10 – Quality Improvement.

This request is for the Board to approve the HCH/FH QI/QA Plan. Approval of this item requires a majority vote of the Board members present.

Attachments:
HCH/FH QI Plan



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
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B. QI Plan Outcome Measures

The HCH/FH Program areas evaluated by the QI Plan include Medical Care and Enabling Services. The Medical Care Outcome Measures reflect current HRSA measures as well as measures important to primary care of homeless and farmworker patients. Data for the Medical Care Outcome Measures will be collected for the entire population of homeless and farmworker patients served by the San Mateo County Health System through reports from San Mateo Medical Center Business Intelligence Service. Data for the Enabling Services Outcome Measure will be collected from each Enabling Services agency contracted with the HCH/FH Program. The 2015-2016 QI Plan Outcome Measures are as follows:

a. Medical Care:

1. Adult patients with Tobacco use queried and Tobacco cessation treatment offered.
2. Adult patients diagnosed with Persistent Asthma who are receiving Pharmacologic Therapy.
3. Adult patients diagnosed with Coronary Artery Disease who are receiving Lipid-Lowering Therapy.
4. Adult patients diagnosed with Ischemic Vascular Disease who are receiving Antithrombotic Therapy.
5. Adult patients diagnosed with Diabetes Mellitus with HgbA1c < 8% or > 9%.
6. Adult patients diagnosed with Diabetes Mellitus meeting criteria for Diabetes Perfect Care.
7. Adult patients diagnosed with Hypertension with Blood Pressure controlled per JNC 8 criteria.
8. Women > 50 years old with at least 1 Mammogram in the past 2 years.
9. Pediatric patients with Immunizations that are up-to-date per Advisory Committee on Immunization Practices (ACIP) guidelines.
10. Pediatric patients diagnosed with Obesity.

b. Enabling Services:

1. Proportion of new adult patients referred to Primary Care by Enabling Services agencies that attend 2 or more Primary Care Medical visits in the 12 months following referral date.
 - Each contracted Enabling Service agency will provide demographic data and date of referral for the last 10 or more new patients referred to Primary Care.
 - New patient defined as any patient without Primary Care visit in the 12 months prior to date of referral.

C. QI Plan Patient Satisfaction Survey

- a. Patient Satisfaction Survey will assess patient views regarding various components of care including quality, access and timeliness.
- b. The Patient Satisfaction Survey, as approved by the HCH/FH Program Co-Applicant Board in September 2014, will be implemented in November 2015.
- c. Survey results will be reported to the HCH/FH Program Co-Applicant Board in March 2016.

D. Reports to HCH/FH Program Co-Applicant Board

- a. HCH/FH Program Medical Director will give monthly QI Plan status reports on progress.
- b. HCH/FH Program Medical Director and Administrative Staff will report QI Plan Outcome Measure data, results and conclusions quarterly.

E. HCH/FH Program Changes and 2016-2017 QI Plan

- 1. The HCH/FH Program Co-Applicant Board will make recommendations for HCH/FH Program changes based on results of the QI Plan.
- 2. Programmatic changes recommended by the Co-Applicant Board will be implemented by the contracting agencies with oversight by the HCH/FH Program QI Committee.
- 3. Results from the 2015-2016 QI Plan will be considered as the 2016-2017 QI Plan is created.

Approved _____

Board Chair

Program Director

TAB 7
Request to
Approve
Updated
Program
Budget



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 9, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO APPROVE UPDATED PROGRAM BUDGET

Based on the change in additional funding provided in NOA 14-12 as part of changing the extension of the Program's grant period to December 31, 2015, a new modified program budget is required to be submitted. The NOA placed a 30-day condition for submission of an updated Program Budget. That submission is due by July 11, 2015.

Attached is the updated SF-424 which incorporates the changed additional funds on a direct pro-rated basis.

This request is for the Board to approve for submission the attached updated grant budget. Approval of this item requires a majority vote of the Board members present.

Attachments:

Updated SF-424 Federal Budget Form



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
Budget Information						
Section A – Budget Summary						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	1,968,448	3,778,666	5,747,114
Migrant Health Centers	93.224	N/A	N/A	405,147	690,484	1,095,631
Public Housing	93.224	N/A	N/A			
Total				2,373,595	4,469,150	6,842,745
Section B – Budget Categories						
Object Class Categories	Federal	Non-Federal	Total			
Personnel	775,487	2,945,426	3,720,913			
Fringe Benefits	382,931	1,511,573	1,894,504			
Travel	11,250	0	11,250			
Equipment	0	0	0			
Supplies	57,250	0	57,250			
Contractual	1,114,677	0	1,114,677			
Construction	0	0	0			
Other	32,000	12,151	44,151			
Total Direct Charges	2,373,595	4,469,150	6,842,745			
Indirect Charges	0	0	0			
Total	2,373,595	4,469,150	6,842,745			
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers						
Health Care for the Homeless					3,778,666	3,778,666
Migrant Health Centers					690,484	690,484
Public Housing						
Total					4,469,150	4,469,150

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			FOR HRSA USE ONLY		
			Grant Number	Application Tracking Number	
FORM SF-424A: BUDGET INFORMATION					
Section D – Forecasted Cash Needs (optional)					
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year
Federal					
Non-Federal					
Total					
Section E – Budget Estimates of Federal Funds Needed for Balance of Project					
Grant Program	Future Funding Periods (Years)				
	First	Second	Third	Fourth	
Community Health Centers			N/A	N/A	
Health Care for the Homeless	1,968,448	1,968,448	N/A	N/A	
Migrant Health Centers	405,147	405,147	N/A	N/A	
Public Housing			N/A	N/A	
Total	2,373,595	2,373,595	N/A	N/A	
Section F – Other Budget Information					
Direct Charges					
Indirect Charges					
Remarks					

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857

TAB 8
Discussion on
Expanded
Services
Available
Funds

2015 Expanded Services Award Opportunity

Purpose

Expanded Services funding will support increased access to comprehensive primary health care services at existing health center sites through:

- Expanded service hours;
- Increased numbers of staff/providers;
- Increased availability of eligible services; and/or
- Enhanced enabling services.

Applications for Expanded Services funding are due by **5:00 PM ET on July 20, 2015**.

SAN MATEO COUNTY HEALTH SERVICES AGENCY is eligible to request up to \$246,642

Applicants must propose to use at least 80 percent of the Expanded Services funding to increase capacity to provide one or more of the following eligible services:

- Medical services;
- Oral health services;
- Behavioral health services;
- Pharmacy services; and/or
- Vision services.

Applicants may propose to use no more than 20 percent of the Expanded Services funding to increase the availability of new and/or existing enabling services.

Based on the maximum amount of ES funding your organization may request annually listed above, you may propose to spend up to **\$49,328** of your total ES annual funding amount on enabling service expansion activities. **[\$197,314 for eligible medical services]**

Expanded Services funding will be provided to each grantee in the same special population funding proportion(s) as the existing operational grant funding.

HCH Amount: \$208,536

MHC Amount: \$38,106

Expanded Services funding will be incorporated into grantees' ongoing base awards.

Overview of Expanded Services Funding Requirements Required ES Activities	Percent of ES Funds	Required Outcomes
Expand existing or establish new services in any of the following areas: <ul style="list-style-type: none">• Medical• Oral Health• Behavioral Health• Pharmacy• Vision	At least 80%	<ul style="list-style-type: none">• Increase in provider/staff FTEs for services selected for expansion• Increase in patients accessing services selected for expansion
Expand existing or establish new enabling services	Maximum of 20%	<ul style="list-style-type: none">• Increase in enabling services staff FTEs• Increase in patients accessing care via enabling services

Eligible Services by Service Category Service Category

	Eligible Staff/Provider Type ¹⁶	Eligible Services to Expand ¹⁷	Eligible to add/edit on Form 5A	
Medical Services (MS)	<ul style="list-style-type: none"> • Family Physicians • General Practitioners • Internists • OB/GYNs • Pediatricians • Nurse Practitioners • Physician Assistants • Certified Nurse Midwives • Nurses • Laboratory Personnel • X-ray Personnel • Other Medical Personnel • Specialty Medical Physicians (if medical specialty in scope) 	<ul style="list-style-type: none"> • General Primary Medical Care • Laboratory • Radiology • Screenings • Coverage for Emergencies During/After Hours 	<ul style="list-style-type: none"> • Voluntary Family Planning • Immunizations • Well Child • Gynecological Care Prenatal Care • Intrapartum Care • Postpartum Care 	Yes
		<ul style="list-style-type: none"> • Recuperative Care • Environmental Health Services • Occupational Therapy • Physical Therapy • Speech Language Pathology/Therapy • Nutrition • Complementary Alternative Medicine Other • Additional and/or Specialty Services in scope 	No	
Oral Health (OH)	<ul style="list-style-type: none"> • Dentists • Dental Hygienists • Dental Assistants, Aides, Techs 	<ul style="list-style-type: none"> • Preventive Dental • Additional Dental 	Yes	
Pharmacy Services (PS)	<ul style="list-style-type: none"> • Pharmacists • Pharmacy Support Staff • Pharmacy Techs/Assistants 	<ul style="list-style-type: none"> • Pharmacy Services 	Yes	
Behavioral Health (BH)	<ul style="list-style-type: none"> • Licensed Clinical Psychologists • Licensed Clinical Social Worker • Other licensed mental health providers and staff • Substance Abuse Providers • Psychiatrists (if in scope) 	<ul style="list-style-type: none"> • HCH Required Substance Abuse Services • Mental Health Services • Substance Abuse Services (may include medication-assisted treatment, such as Methadone, Buprenorphine, or Naltrexone). 	Yes	
		<ul style="list-style-type: none"> • Psychiatry 	No	
Vision Services (VS)	<ul style="list-style-type: none"> • Optometrists • Optometric Assistants • Ophthalmologists (if in scope) 	<ul style="list-style-type: none"> • Optometry 	Yes	
		<ul style="list-style-type: none"> • Ophthalmology 	No	
Enabling Services (EN)	<ul style="list-style-type: none"> • Case Managers • Patient and Community Education Specialists • Outreach Workers • Transportation Workers • Eligibility Assistance Workers • Interpretation Staff • Other Enabling Services Staff 	<ul style="list-style-type: none"> • Case Management • Eligibility Assistance • Health Education • Outreach • Transportation • Translation • Additional Enabling/Supportive Services¹⁹ 	Yes	

Applicants **must propose** service expansion activities that will result in an **overall increase** in the number of **new patients** served by the health center (see the Projected Impact section for further details). In addition, applicants may propose to use Expanded Services funding to increase existing patients' access to services selected for expansion. The proportion of Expanded Services funds proposed to be dedicated to new or existing patients should be informed by the health center's understanding of current patient and service area needs.

Applicants may **not** propose to **add, delete, consolidate, or relocate sites** as part of the Expanded Services opportunity. All proposed services must be provided at sites (including mobile vans) that are in a health center's approved scope of project (i.e., listed as a service delivery site on the grantee's *Form 5B: Service Sites*).

**TAB 9
Board
Discussion
on UDS
reports**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 9, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, Program Coordinator
HCH/FH Program

SUBJECT: UDS report – discussion on new population wide data

The program received a request from HRSA to produce universal data for our entire homeless and farmworker population for annual UDS report submission, rather than the 70 chart reviews that the program has submitted in the past. We have been working with our Business Intelligence team to produce reports for 10 of the outcome measures to be ready for review by July 1, 2015.

Attached you will find a document that includes a summary of the results from the reports, as well as the header to the reports which displays the logic that is used to run the reports for our entire population of homeless and farmworkers.

Attached: UDS Outcome Measure Reports



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

UDS Outcome Measure Reports- new population wide data

	2014 UDS chart review (70)	All HCH/FH patient data
Hypertension	64%	60%
Diabetes	49%	67%
Tobacco Cessation	77%	91%
Ischemic Vascular Disease	98%	77%
Coronary Artery Disease	90%	57%
Asthma Treatment Plan	100%	58%
Colorectal Cancer Screening	34%	51%
Child Weight Assessment	80%	66%
Pap Test	57%	43%
Adult Weight Assessment	44%	25%



UDS - Table 7 Section B - Hypertension Details UDS Reporting Year: 2014

7/1/2015

Report Criteria:
 All Unduplicated Patients
 Born between 1930 and 1996 (Age 18 and 85 at the end of Reporting Year)
 Had 2 or more Medical visits during the Reporting Year
 Diagnosed with Hypertension (ICD9 Code - 401.xx - 405.xx) during the first half of the Reporting Year and previous 2 calendar years with flags for patients whose hypertension is under control (Systolic < 140 and Diastolic < 90)
Exclusions: Patients diagnosed with Prenatal (ICD9 code - V22.1,V23.9,V24.9)
 Or with End State Renal Disease (ESRD) (ICD9 Code - 585.6) during the Reporting Year

Total Number of Hypertensive patients (Denominator)	1,366
Total Number of Hypertensive patients with Controlled BP(Numerator)	824

MRN	Last Name	First Name	Gend er	Birth Date	Race Cd	Hispa nic Cd	Lang Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Last BP Collected Date	Systolic BP	Diasyst olic BP	BP Under Control
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UDS - Table 7 Section C - Diabetes Details UDS Reporting Year: 2014

7/1/2015

Report Criteria:
 All Unduplicated Patients
 Born between 1940 and 1996 (Age 18 and 75 at the end of Reporting Year)
 Had 2 or more Medical visits during the Reporting Year
 Diagnosed with Diabetes Mellitus (ICD9 Code - 250.xx, 648.00,648.01,648.02,648.03,648.04,775.10) during the last 3 years
 Had a latest HbA1C value recorded in the reporting year
Exclusions: Patients diagnosed with Polycystic Ovaries(ICD9 Code - 256.4),Gestational Diabetes (ICD9-648.8)
 and Steroid-Induced Diabetes (ICD9-962.0 or 251.8) during the Reporting Year

Total Number of Patients (Denominator)	707
Total Number of Patients Where HgBA1C <=9.0 (Numerator)	472
Total Number of Patients Where HgBA1C <8.0	399
Total Number Patients Where HgBA1C >=8.0 and <=9.0	73
Total Number of Patients Where HgBA1C > 9.0 or Not Recorded	235

MRN	Last Name	First Name	Gend er	Birth Date	Race Code	Hispa nic Cd	Lang Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Last HbA1C Collected	HbA1C Value
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UDS - Table 6B Section G - Tobacco Cessation
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born on or before 1996 (Age 18 and over at the end of Reporting Year)
Had at least 1 Medical visit during the Reporting Year
Had 2 or more Medical visits ever in our Health System
Flag patients who smoke and diagnosed with Tobacco Use Disorder (ICD9 - 305.1, 649.00, 649.01, 649.02, 649.03, 649.04) during last 2 years from their last visit in the Reporting Year

Total number of Patients born on or before 1996 (Denominator)	4,484
Total number of Patients who are non smokers or smokers who were intervened (Numerator)	4,101
Total number of Patients who are smokers	883
Total number of Patients who are smokers and were intervened	500

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	Msfw Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Question Asked	Response	Tobacco Cessation Flag
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UDS - Table 6B Section J - Ischemic Vascular Disease
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born on or before 1996 (Age 18 and over at the end of Reporting Year)
Had at least 1 Medical visit during the Reporting Year
Diagnosed with Ischemic Vascular Disease (ICD9 codes - refer to UDS manual) during last 2 calendar years
Flag patients who were prescribed with aspirin or another antithrombotic drugs in the Reporting Year

Total number of Patients diagnosed with Ischemic Vascular Disease (Denominator)	237
Total number of Patients diagnosed with Ischemic Vascular Disease and were prescribed Aspirin or another Antithrombotic drugs (Numerator)	203

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	Msfw Ind	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Medication Flag
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UDS - Table 6B Section I - Patient With Coronary Artery Disease
UDS Year: 2014

7/1/2015

Report Criteria:
Birth year equal to or less than 1996 (18 years or older)
More than 2 medical visits during life time
At least 1 medical visit during reporting year
Diagnosed with Coronary Artery Disease ICD9 Code (410.X, 411.X, 412.X, 413.X, 414.0X, 414.8, 414.9, V45.81, V45.82)
Flag on patients who were given Lipid Lowering Drugs in the Reporting Year

Total Number of patients diagnosed with Coronary Artery Disease (Denominator)	307
Total Number of patients diagnosed with Coronary Artery Disease and were given lipid lowering drugs (Numerator)	242

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	Msfw Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Medication Flag
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UDS -Table 6B Section H - Asthma Pharmacological Therapy
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born between 1974 and 2009 (Age between 5 and 40 at the end of Reporting Year)
Had at least 1 Medical visit during the Reporting Year
Had 2 or more Medical visits ever in our Health System
Diagnosed with Persistent Asthma (ICD9 codes- refer to manual)
Flag patients who were prescribed with medication for Persistent Asthma in the Reporting Year

Total number of Patients diagnosed with Persistent Asthma (Denominator)	475
Total number of Patients diagnosed with Persistent Asthma and were given Asthma Medications (Numerator)	319

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	Msfw Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Medication Flag
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UDS - Table 6B Section K - Patients With Colorectal Cancer Screening
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born between 1940 and 1963 (Age between 51 to 74 at the end of Reporting Year)
Had at least 1 Medical visit during the Reporting Year
Exclusions: Patients diagnosed with Colorectal Cancer (ICD9 Code - 153.XX,154.XX)
Flag patient who have completed or Colonoscopy in the last 5 years or Sigmoidoscopy in the last 10 years or Colon Cancer Screening in the reporting year or Blood occult test in the reporting year

Total Number of patients (Denominator)	1,673
Total Number of patients with Colonoscopy in last 5 years or Sigmoidoscopy in last 10 years or Fecal occult blood test or Colon Cancer screening in the reporting year (Numerator)	854

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Fecal Occult Blood Test	Sigmoidoscopy	Colonoscopy	Colon Cancer Screening
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UDS - Table 6B Section E - Weight Assessment Child Adolescent
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born between 1997 and 2011 (Age between 3 and 17 at the end of Reporting Year)
Had at least 1 Medical visit during the Reporting Year
First seen before 17th Birthday
Who had Pedi BMI recorded in the latest visit
Flag patients who had BMI recorded, Nutritional and Physical activity counseling given in the Reporting Year

Total Number of Pediatric Patients:(Denominator)	1,336
Total Number of Pediatric Patients with Pedi BMI percentile Recorded and received both Nutritional and Physical Activity Counseling (Numerator)	888
Total Number of Pediatric Patients with Pedi BMI percentile Recorded	983
Total Number of Pediatric Patients Who were given Nutritional Counseling	912
Total Number of Pediatric Patients Who were given Physical Activity Counseling	911

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Last BMI Recorded Date	Last BMI Recorded Value	Nutrition Counsel Flag	Physical Activity Counsel Flag
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UDS - Table 6 Section D - Pap Tests
UDS Reporting Year: 2014
Homeless & MSFW Merged

7/1/2015

Report Criteria:
All Unduplicated Female Patients
Born between 1950 and 1990 (Age between 24 and 64 at the end of Reporting Year)
Had At least 1 Medical visit in the Reporting Year
Had Pap test performed in the last 3 years
OR Pap and HPV test done simultaneously in the last 5 Year and were aged >=30
Exclusions: Patient who had Hysterectomy done in the past
ICD-9 (68.4-68.8, 618.5) or CPT codes (Based on Manual from Table 6B Section D)

Total Number of Female patients (Denominator)	1648
Total Number of Female patients who have completed Pap test (Numerator)	357
Total Number of Female patients who have completed their paptest or HPV in the last 3 years	291
Total Number of Female patients who performed paptest and HPV simultaneously in the first 2 years of 5 year period from the reporting year	66

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Pap in 3Yr SY	Pap Test Y/N
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UDS - Table6B SectionF - Weight Assessment Adult
UDS Reporting Year: 2014

7/1/2015

Report Criteria:
All Unduplicated Patients
Born on or before 1996 (Age 18 and above at the end of Reporting year)
Had at least 1 medical visit during the Reporting Year
Seen after their 18th Birthday
Flag patients who had BMI recorded on their last visit or within the six month from the last visit of the Reporting Year
Flag patients who had dietary counseling
Exclusions: Patients who are Pregnant (ICD9 Code - V22.XX,V23.XX)

Total Number of patients (Denominator)	4,452
Total Number of Patients who had normal BMI or Patients who's BMI was out of normal range and received counseling (Numerator)	1,133
Total Number of patients with BMI Recorded	2,789
Total number of patients who needed dietary counseling	1,577
Total Number of patients that qualified for dietary counseling and were given dietary counseling	326

MRN	Last Name	First Name	Gender	Birth Date	Race Cd	Hispanic Ind	Lang Cd	Homeless Status	MSFW Status	Last Visit Clinic	Last Visit Insurance	Last Visit Date	Last BMI Recorded Date	Last BMI Recorded Value	Dietary Counsel Given Flag	Need Dietary Counsel Flag
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