

**INITIAL APPOINTMENTS
JULY 2020**

The following practitioners have applied for membership and privileges at San Joaquin General Hospital. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
			No Initial Appointments on this report				

REAPPOINTMENTS
JULY 2020

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/ Reappoint Period	Recommend
Reappointment	Patricia Apolinario, MD	Pediatric	Requirements for Active Staff met.	None	Active 09/2020 TO 09/2022	CRED: 07/07/2020 MEC: 07/21/2020 Board:08/04/2020
Reappointment	Imeline Troncales, MD	Pediatric	Requirements for Active Staff met.	None	Active 09/2020 TO 09/2022	CRED: 07/07/2020 MEC: 07/21/2020 Board:08/04/2020
Reappointment	Bhanu Wunnava, MD	Family Medicine	Requirements for Active Staff met.	None	Active 09/2020 to 09/2022	CRED: 07/07/2020 MEC: 07/21/2020 Board:08/04/2020
Reappointment	Jun Paz, NP	Family Medicine PMC	Requirements for AHP Staff met.	None	09/2020 to 09/2022	CRED: 07/07/2020 MEC: 07/21/2020 Board:08/04/2020

**ADVANCEMENTS
JULY 2020**

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
Yvan Tranquille, MD	Family Medicine/PMC	Provisional	Active	Proctoring complete	CRED: 07/07/2020 MEC: 07/21/2020 Board: 08/04/2020
Rahul Paryani, MD	Family Medicine/PMC	Provisional	Active	Proctoring complete	CRED: 07/07/2020 MEC: 07/21/2020 Board: 08/04/2020

**RESIGNATIONS
JULY 2020**

Name	Reason for Resignation:	Effective Date of Resignation
	There were no resignations on this report	

San Joaquin County Clinics Strategic Plan 2019-2022

Priority	Strategy	Outcome
<u>Financial Strength and Sustainability</u> Build a financially strong and sustainable organization	1.1 Improve billing and collection processes 1.2 Maximize value-driven care incentives 1.3 Introduce new operational initiatives to improve financial performance 1.4 Implement operational efficiencies to reduce the cost of providing care 1.5 Shutter underperforming sites with limited potential for growth	Improved financial oversight Increased revenues Increased productivity Eliminates unnecessary expenditures
<u>Operational and Administrative Capacity</u> Develop the infrastructure to support efficient operations and implement improvements to streamline business practices	2.1 Improve productivity 2.2 Expand scope of services and optimize PPS rates 2.3 Standardize management practices across all sites 2.4 Create new leadership roles to address administrative gaps 2.5 Enhance patient experience/satisfaction	Increased productivity Improved access and expanded services Improved organizational infrastructure Elevated satisfaction scores
<u>Physical Footprint(Growth/Expansion)</u> Delivering care where our patients live and work	3.1 Evaluate ideal locations for future expansion and growth 3.2 Expand capacity and services in desired locations 3.3 Shutter underperforming sites with limited potential for growth 3.4 Explore opportunities for acquisitions of existing practices	Boosted satisfaction scores Increased revenues and expanded services Eliminates unnecessary expenditures
<u>Marketing and Business Development</u> Manage every channel and achieve success a by developing and adhering to a strategic marketing roadmap	4.1 Rebrand SJCC to reflect our emphasis on the health system 4.2 Enhance marketing and business development functions 4.3 Optimize digital/web functionality and utilization 4.4 Further strategic partnerships with managed care plans and other key stakeholders 4.5 Cultivate a health system relationship with SJGH while operating as a self sufficient arm of the health care delivery network in San Joaquin County	Increased revenues Improved organizational infrastructure Increased patient satisfaction Improved community relationships
<u>Technological capacity</u> Implement and utilize technology to enhance patient care and the patient experience	5.1 Expand Business Intelligence capacity 5.2 Implement Data Governance 5.3 Optimize use of Cerner EMR 5.4 Implement population health suite of tools 5.5 Drive innovation within Health System 5.6 Capitalize on opportunities in telehealth	Improved organizational infrastructure Standardization and increased organizational knowledge Improved performance monitoring Improved organizational infrastructure
<u>Board Governance</u> Maintain a strong, vital Board of Directors	6.1 Coordinate a series of on-site training and educational programs for the board members 6.2 Invite a select number of board members to attend "Board Member Boot Camp" annually 6.3 Schedule a special session to review the contents of the HRSA manual 6.4 Develop a board member recruitment plan 6.5 Identify board members to participate in community events and spread the word about us	Increased board member satisfaction Strong & vital Board of Directors
<u>Community Role</u> Be recognized in the community as a high quality services provider and essential community organization.	7.1 Regularly engage community feedback on service needs and the perception of the health system 7.2 Educate other non-profits about our breadth of services, access and programs	Improved exposure and community relations Enhanced community relations

San Joaquin County Clinics Strategic Plan 2019-2022

<i>Priority</i>	<i>Strategy</i>	<i>Outcome</i>
<p>Human Resources Design employee incentives to boost morale, increase accountability and develop leaders</p>	<p>8.1 Enhanced education and training programs 8.2 Develop a recruitment plan 8.3 Create and implement onboarding and offboarding processes 8.4 Design a leadership development program</p>	<p>Improved employee and physician satisfaction Boosted morale Improved patient care Improved accountability</p>
<p>Quality Improving the health of our community, <u>one patient at a time</u></p>	<p>9.1 Increase clinical quality scores (HEDIS, Waiver programs, etc.) 9.2 Utilize operational data to meet objectives and enhance quality of care 9.3 Implement self service data access model 9.4 Implement Super User model by onboarding a Clinical Quality SME (Subject Matter Expert) within each Care Team 9.5 Collaborate with payer partners to address gaps in care</p>	<p>Enhanced patient satisfaction Enhanced quality of care increased operational efficiency Increased provider engagement "Real time" analysis to modify care delivery model Streamlined data delivery processes Strengthens rapport with payers Healthy symbiotic relationship with payers</p>

Priority: Financial Strength and Sustainability

Strategy		Key Activities		Outcome	Success Metric	Staff
1.1	Improve billing and collections processes	1.1.a 1.1.b	Analyze the internal billing/collections process and address gaps Explore outsourcing billing/collections	Improved billing/collection processes	Establish reliable A/R Baseline Reduce gross A/R days by 3% each year	CFO
1.2	Maximize value-driven care incentives	1.2.a 1.2.b 1.2.c	Analyze FTE budget and current assignments Make adjustments, where appropriate, to streamline staffing Ensure incentive based measures are captured and reported	Increased revenues	Completed analysis Reallocation complete	CEO CFO COO
1.3	Introduce new operational initiatives to improve financial performance	1.3.a 1.3.b	Consolidation of co-located clinics to maximize efficiency Introduction of 340b pharmacy services for patients	Improved revenue	Revenue increased by 10%	CEO COO CFO
1.4	Implement operational efficiencies to reduce the cost of providing care	1.4.a	Modification of provider schedules (advanced access)	Increased productivity	Decrease "unproductive" time to 25% year 1, Decrease to 20% year 2, Decrease to 15% year 3	CEO COO CFO
1.5	Shutter underperforming sites with limited potential for growth	1.5.a 1.5.b	Conduct growth analysis for underperforming sites For sites with limited growth potential, begin evaluating for closure consideration	Eliminate unnecessary expenditures	Analysis complete for underperforming clinics Decision/Strategy	CEO CFO

Priority: Operational and Administrative Capacity

	Strategy		Key Activities	Outcome	Success Metric	Staff
2.1	Improve Productivity	2.1.a 2.1.b 2.1.c 2.1.d	Implement advanced access Reduce appointment type variety/complexity Implement centralized scheduling and referrals Enhance staff education in conjunction with HR lead	Increased productivity Patient satisfaction	decrease to 25% year 1 decrease to 20% year 2 Decrease to 15% year 3	CEO COO Staff Dev Lead
2.2	Expand scope of services and optimize PPS rates	2.2.a 2.2.b 2.2.c 2.2.d	Complete HRSA Form to add a new service Receive notification of approval Update form 5a Submit necessary forms to DHCS to trigger new PPS rate	Improved access and expanded services	HRSA approves new service New PPS rate received	CEO COO CFO
2.3	Standardize management approach across all sites	2.3.a 2.3.b	Standardize methodology for approval of provider time off requests Standardized training methodology in conjunction with HR Lead	Increased productivity Staff satisfaction and retention	Decreased number of rescheduled specialty visits due to last minute vacation approvals	COO
2.4	Create new leadership roles to address administrative gaps	2.6.a 2.6.b 2.6.c	Create compliance/quality lead role Create marketing/outreach/business development role Create staff development lead role Create credentialing lead role	Improved organizational infrastructure	Positions filled	CEO HR Lead
2.5	Enhance patient experience/satisfaction	2.5.a 2.5.b 2.5.c	Reduce wait times Streamline registration processes Implement innovation strategies	Increased patient satisfaction scores	Decrease the number of repeat appointments	COO

Priority: Physical Footprint (Growth/Expansion)						
Strategy		Key Activities		Outcome	Success Metric	Staff
			Key Activities	Outcome	Success Metric	Staff
3.1	Evaluate ideal locations for future expansion and growth	3.1.a 3.1.b 3.1.c 3.1.d	Evaluate our patient population distribution throughout the county Evaluate areas where potential future patients are located Triangulate the optimal locations for future sites Identify locations within the desired areas for future sites	Patient Satisfaction	Submissions to the County for future sites are approved	CEO COO Strategic Initiatives DIR Board
3.2	Expand capacity and services in the desired locations	3.2.a 3.2.b	Determine locations with expansion capabilities and assess value of moving services Align market analysis with future expansion where data indicates	Boosted satisfaction scores Increased revenues	Impact access with broadened services	CEO COO Strategic Initiatives DIR Board
3.3	Shutter underperforming sites with limited potential for growth	3.3.a 3.3.b	Conduct growth analysis for underperforming sites For sites with limited growth potential, begin evaluating for closure consideration	Fiduciary responsibility Eliminate unnecessary expenditures	Monthly review of clinic performance Analysis complete for underperforming clinics Decision/strategy	CEO COO Strategic Initiatives DIR CFO Board
3.4	Explore opportunities for acquisitions of existing private practices	3.4.a 3.4.b 3.4.c	Routinely connect with physician leadership to assess if any private practices may be available in optimal locations Conduct analysis where opportunities arise Acquire and open in new locations if the opportunity aligns with our goals	Increased patient population Enhanced provider network	Analysis of potential opportunities complete Decision/Strategy	CEO Strategic Initiatives DIR

Priority: Marketing and Business Development						
Strategy		Key Activities		Outcome	Success Metric	Staff
4.1	Design and launch a marketing campaign with emphasis on rebranding SJCC	4.1.a 4.1.b 4.1.c 4.1.d 4.1.e	Create and receive approval for long term marketing campaign Develop new branding and messaging via engaging clinic teams/internal stakeholders/patients Oversee deliverables associated with campaign Assess ROI for all components of campaign and monitor regularly Conduct surveys to determine effectiveness of campaign	Standardization of SJCC branding and messaging Increased name and brand recognition	All advertising will reflect new SJCC branding Surveys reflect increasingly positive response to new SJCC branding	CEO DIR Comm Engagement
4.2	Enhance business development and marketing functions	4.2.a 4.2.b 4.2.c 4.2.d 4.2.e 4.2.f 4.2.g	Evaluate current business development and marketing efforts, identifying gaps or missed opportunities Research our competitors' strategies/campaigns Determine business development goals Evaluate status of current marketing partnerships and vendor agreements Develop and utilize process for synced SJCC advertising and promotions activities Launch marketing and business development programs Monitor marketing and business development programs and "course correct" when indicated	Increased capacity to capture business opportunities Enhanced business model	Complete business development plan with identified opportunities Demonstrate business development programs success by 2% increased market share each year	DIR Comm Engagement
4.3	Optimize digital/web functionality and utilization	4.3.a 4.3.b	Identify market accessible online distribution channels Build online marketing process utilizing channels that include social media, websites, email and mobile apps	Increased market reach Increased patient engagement	Surveys will demonstrate steady increase in patient engagement	DIR Comm Engagement
4.4	Enhance strategic partnerships with managed care plans and other key stakeholders	4.4.a 4.4.b	Provide SJCC representation and leadership at local/state coalitions and convenings. Engage health plans and community stakeholders in SJCC ventures	Increased referrals to SJCC Increased co-marketing efforts Enhanced SJCC name recognition	Increase referrals by 10% Participated in 6 co-marketing efforts	DIR Comm Engagement

Priority: Technological Capacity

Strategy		Key Activities		Outcome	Success Metric	Staff
5.1	Expand Business Intelligence capacity	5.1.a 5.1.b 5.1.c	Perform gap analysis on data Train analysts on data warehousing and analytics Develop user manual for BI tools Train users on BI Tools	Improved organizational infrastructure	Finalized gap analysis Published BI Tools manual User adoption of BI Platform BI Analysts from the data warehouse	BI Director
5.2	Implement Data Governance	5.2.a 5.2.b 5.2.c 5.2.d 5.2.e 5.2.f 5.2.g 5.2.h 5.2.i 5.2.j 5.2.k	Educate leadership on data governance Develop charter Create policies Identify and train data stewards & owners Identify data standards Communicate governance structure Create and populate data dictionary Identify areas for improvement Data stewards document processes Determine data sources Obtain source data Monitor compliance Survey customers	Data Governance Compliance Standardization and increased organizational knowledge Standardized business logic Enhanced organizational structure	80% attendance and participation by data stewards Data governance policies approved by Executive Leaders Organization wide usage of data dictionary Every data steward documents one process, at a minimum	BI Director
5.3	Optimize use of Cerner EMR	5.3.a 5.3.b 5.3.c	Conduct physician and staff education Review and address systemic CROs Design Cerner EMR to drop CPT II codes automatically from specific events or forms usage	Improved performance monitoring Impact to PRIME and MU	Decrease outliers by 1% year 1, 2% year 2 and 3% year 3 Decrease systemic CROs by 5% year 1, 10% year 2 and 20 % year 3	CMIO
5.4	Implement population health suite of tools	5.4.a 5.4.b 5.4.c 5.4.d 5.4.e 5.4.f	Implement HealthIntent platform Build population health reports/dashboards as identified by leadership Develop and execute training to ensure tools are utilized as designed Evaluate data to determine if gaps exist Address gaps Identify and automate reports to support patient safety and quality	Improved performance monitoring Enhanced patient care Refined analytics Improved clinical accuracy, efficiency and timeliness	HealthIntent platform is fully implemented Population Health reports/dashboards deployed to production Decrease the number of CROs pertaining to systemic errors by 5% year 1, 10% year 2 and 20% year 3 CPT II codes are automatically dropped without human intervention when triggered by certain events in the system	CMIO
5.5	Drive Innovation	5.5.a 5.5.b 5.5.c 5.5.d 5.5.e	Integrate US census data to allow analysis of income, gender breakdown and location Increase adoption of strategic dashboards Partner with MCO's to close care gaps Evaluate CDS (Clinical Decision Support) vendors Determine if outsourcing CDS aligns with goals Evaluate vendors for EMR extensions Determine if implementation of EMR extensions aligns with goals	Leverage technology to create efficiencies through business process automation	Leadership team utilizes strategic dashboards Management utilizes tactical/operational dashboards	CMIO MD Informatics Lead Clinical Informatics lead
5.6	Capitalize on opportunities in telehealth	5.6.a 5.6.b 5.6.c	Create telehealth strategic plan Broaden telehealth services where favorable	Improved patient satisfaction Increased provider satisfaction	Present strategic plan and implement plan where advantageous	CMIO DIR Strategic Initiatives

Priority: Board Governance						
Strategy		Key Activities		Outcome	Success Metric	Staff
6.1	Maintain a strong, vital Board of Directors	7.1.a	Create an onboarding module for new board members	Strong, experienced Board of Directors	Enhanced understanding of FQHC requirements and operational processes	BOD
		7.1.b	Coordinate a series of training and educational programs for the board members			CEO
		7.1.c	Invite a select number of board members to attend "Board member boot camp" annually			COO
		7.1.d	Develop a board recruitment plan			Strategic Init. Director

Priority: Community Role

Strategy		Key Activities		Outcome	Success Metric	Staff
7.1	Regularly engage community feedback on service needs and the perception of the health system	7.1.a	Participate in community convenings and coalitions Provide leadership in community efforts addressing health issues	Improved exposure and community relations Increased positive recognition of SJCC as a health care organization and leader	Demonstrated engagement in community initiatives Improved reputation reflected on surveys	CEO COO Comm Engagement DIR
		7.1.b	Develop a speakers bureau highlighting expertise at SJCC			
		7.1.c	Facilitate training/presentations and organize convenings on health topics, featuring SJCC expertise and successful models			
		7.1.d	Establish a feedback loop from the community to clinic teams			
7.2	Educate other non-profits about our breadth of services, access and programs	7.2.a	Disseminate information on SJCC services and programs Engage community stakeholders in development or implementation of programs	Enhanced community relations Improved understanding of SJCC services and programs by community based organizations	Increased level of engagement by community based organizations in SJCC ventures (Comm Engagement DIR
		7.2.b	Engage community stakeholders in identifying and addressing gaps in care including access			
		7.2.c				

Priority: Human Resources (HR)

Strategy		Key Activities		Outcome	Success Metric	Staff
8.1	Enhanced education and training programs	8.1.a 8.1.b 8.1.c 8.1.d 8.1.e	Evaluate need Design the training Train the trainers Survey the participants Adjust the curriculum, if needed	increased employee and physician satisfaction	Program implemented 80% of surveys are positive	CEO HR Lead
8.2	Develop a recruitment plan	8.2.a 8.2.b 8.2.c	Determine objectives Outline timeline and resources Ensure recruitment plan aligns with HR strategies Implement recruitment plan	Increased employee and physician satisfaction	Staff retention	HR Lead
8.3	Create and Implement onboarding and off-boarding processes	8.3.a 8.3.b 8.3.c 8.3.d	Design physician, leader and staff onboarding and offboarding processes Train and distribute new processes widely Monitor process compliance Evaluate and make modifications to content, when necessary	Increased physician and staff satisfaction Enhanced Security	Standardized onboarding experience for all FQHC employees	HR Lead
8.4	Design a leadership development program	8.4.a 8.4.b 8.4.c 8.4.d	Review external leadership programs for best practices Craft SJCC Leadership development curriculum Schedule classes Launch program	Establish mechanism for professional growth	Increases accountability Boosted morale Authentic Leaders	CEO COO HR Lead

Priority: Quality Assurance and Improvements						
Strategy		Key Activities		Outcome	Success Metric	Staff
9.1	Increase clinical quality scores (HEDIS, Waiver programs, etc.)	9.1.a 9.1.b 9.1.c	Enhance Pre visit planning Implement and utilize provider dashboards (HealthRegistries) Enhance post Visit care gap analysis	Enhanced patient satisfaction	Meet or exceed target benchmarks	CEO Quality Director
9.2	Utilize operational data to meet objectives and enhance quality of care	9.2.a 9.2.b	Analyze data trends to ensure they meet desired level of quality Interpret data to effectuate performance improvement by identifying gaps in workflows	Enhanced quality of care increased operational efficiency	Demonstrated compliance with STEEP (Safety, Timely, Effective, equitable, patient centered)	CEO COO Bi/QA Director
9.3	Implement self service data access model	9.3.a 9.3.b 9.3.c	Launch automated dashboards HealtheIntent Implementation Ensure data transparency	Increased provider engagement "Real time" analysis to modify care delivery model	Availability of provider dashboards Functional HealthIntent tool Internal data utilization driving operational enhancements Data confidence	Quality Director BI Director
9.4	Implement Super User model by onboarding a Clinical Quality SME (Subject Matter Expert) within each Care Team	9.4.a 9.4.b 9.4.c	Identify and train SMEs (Subject Matter Expert) Communicate Super User Model broadly Facilitate quarterly SME educational sessions	Improve operational efficiency	Self sufficient care teams Improved clinical quality metrics	COO
9.5	Collaborate with payer partners to address gaps in care	9.5.a 9.5.b 9.5.c	Modify processes to ensure data flows between payer partners Resolve workflow challenges quickly Identify pain points and address them in a collaborative fashion	Streamlined data delivery processes Strengthens rapport with payers Healthy symbiotic relationship with payers	No data transfer issues Strengthened relationship between clinic and payers	COO Director, Strategic Inuit Quality Director Health Plan Partners

**San Joaquin
County Clinics-
Strategic Plan
2019-2022**

MISSION STATEMENT
To improve the health status of our diverse community by providing healthcare that is affordable, accessible, comprehensive and culturally sensitive regardless of the ability to pay.

VISION STATEMENT
Our community's health and well-being are our highest priority.

1

Priority Areas

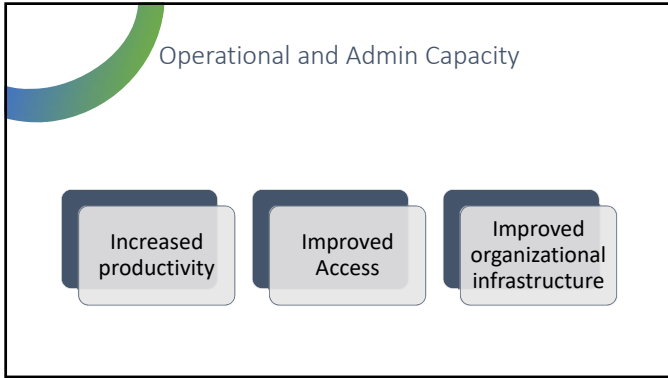
- Financial Strength and Sustainability
- Operational and Administrative Capacity
- Quality
- Board Governance
- Community Role
- Marketing and Business Development
- Technological Capacity

2

Financial Strength and Sustainability

- Improve financial oversight
- Increased revenues
- Increased productivity
- Eliminate unnecessary expenditures

3

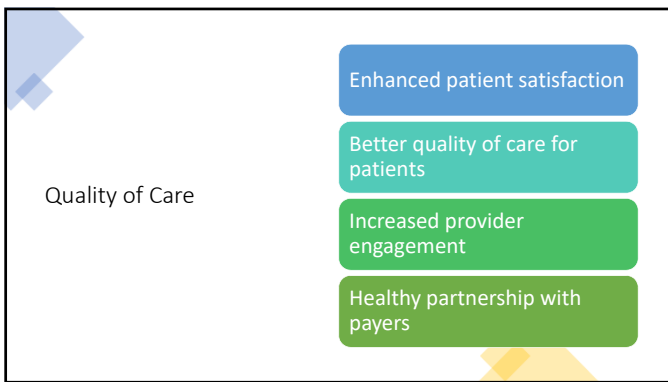


Operational and Admin Capacity

- Increased productivity
- Improved Access
- Improved organizational infrastructure

This slide features a decorative green and blue curved graphic in the top-left corner. The title 'Operational and Admin Capacity' is positioned at the top. Below the title, three grey rounded rectangular boxes are arranged horizontally, each containing one of the listed items.

4

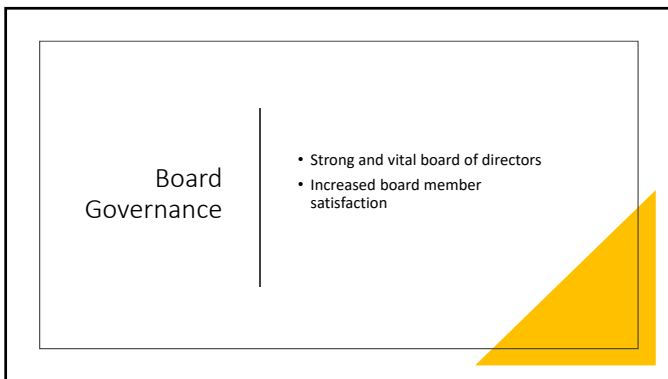


Quality of Care

- Enhanced patient satisfaction
- Better quality of care for patients
- Increased provider engagement
- Healthy partnership with payers

This slide has a decorative blue and yellow geometric graphic in the top-left corner. The title 'Quality of Care' is on the left side. On the right side, four colored rounded rectangular boxes are stacked vertically, each containing one of the listed items.

5



Board Governance

- Strong and vital board of directors
- Increased board member satisfaction

This slide features a decorative yellow triangular graphic in the bottom-right corner. The title 'Board Governance' is on the left side. A vertical line separates the title from a list of two items on the right side.

6

Community Role

- Improved exposure and community relations
- Enhanced community relations

7

Marketing and Business Development

- Improved community relationship
- Increased web/social media presence
- Rebranding

8

Technological Capacity

- Improved organizational infrastructure
- Self service data model
- Data governance

9

SAN JOAQUIN COUNTY CLINICS

MISSION STATEMENT

To improve the health status of our diverse community by providing healthcare that is affordable, accessible, comprehensive and culturally sensitive regardless of the ability to pay.

VISION STATEMENT

Our community's health and well-being are our highest priority.

VALUE STATEMENTS:

- **QUALITY OF CARE**

WE WILL... *continuously seek, monitor, measure and improve all aspects of patient centered care.*

- **PATIENT CENTERED**

WE WILL... *be responsive to individual choice, preference and need.*

- **EFFICIENCY**

WE WILL... *be accountable to each other and the patient for our actions and the outcomes they produce.*

- **TEAMWORK**

WE WILL... *actively collaborate and communicate to provide seamless care coordination for our patients.*

- **RESPECT**

WE WILL... *provide dignity, empathy and compassion to all we come in contact with.*


- **COMPASSION**

WE WILL... *support and provide an empathetic and understanding culture.*

- **EXCELLENCE**

WE WILL... *provide the highest quality of care through the dedication and commitment of every team member.*

San Joaquin County Clinics
Board Training on Credentialing &
Privileging



FISCAL SOLUTIONS LLC

Susan Thorner, MHA
July 28, 2020

1

Learning Objectives

- ▶ To understand HRSA's requirements regarding credentialing & privileging (C&P);
- ▶ To be able to describe the differences between credentialing & privileging;
- ▶ To be able to describe the differences between credentialing & privileging & credentialing with third party payors; &
- ▶ To be able to explain the impact of delays in credentialing with third party payors.

2

Credentialing & Privileging

Credentialing & Privileging (C&P) is part of BPHC's Compliance Manual Chapter 5. Requirements related to C&P include:

- ▶ The health center ensures that it has clinical staff &/or has contracts or formal referral arrangements in place with other providers or provider organizations to carry out all required & additional services included in the HRSA-approved scope of project.
- ▶ The health center must utilize staff that are qualified by training & experience to carry out the activities of the center.
- ▶ The health center has considered the size, demographics & health needs (e.g., large number of children served, high prevalence of diabetes) of its patient population in determining the number & mix of clinical staff necessary to ensure reasonable patient access to health center services.

3

Credentialing & Privileging

- ▶ HRSA divides providers into 3 categories:
 - ▶ Licensed independent practitioners (LIPs) such as MDs, DOs, PAs, ARNPs, dentists, LPC, MFCCs (depends on the state);
 - ▶ Other licensed or certified practitioners (OLCPs) & other clinical staff providing services on behalf of the health center such as RNs, LVNs, MAs, dental assistants, dental hygienists, etc.;
 - ▶ Other clinical staff providing services on behalf of the health center such as non-certified medical assistants or dental assistants, community health workers.
- ▶ Providers include health center employees, individual contractors, or volunteers.
- ▶ The health center must have operating procedures for the initial & recurring review (every 2 years) of credentials for all clinical staff.

4

Credentialing & Privileging

- ▶ These credentialing procedures would ensure verification of the following, as applicable:
 - ▶ Current licensure, registration or certification using a primary source;
 - ▶ Education and training for initial credentialing, using:
 - ▶ Primary sources for LIPs;
 - ▶ Primary or other sources (as determined by the health center) for OLCs and any other clinical staff;
 - ▶ Completion of a query through the National Practitioner Data Bank (NPDB);
 - ▶ Clinical staff member's identity for initial credentialing using a government-issued picture identification;
 - ▶ Drug Enforcement Administration (DEA) registration; and
 - ▶ Current documentation of basic life support training.

5

Credentialing & Privileging

- ▶ These privileging procedures would address the following:
 - ▶ Verification of fitness for duty, immunization, and communicable disease status;
 - ▶ For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
 - ▶ For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews);
 - ▶ Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty; &
 - ▶ A process to appeal the decision.

6

Credentialing & Privileging

- ▶ The health center is responsible for maintaining files or records for its clinical staff (employees, individual contractors & volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.
- ▶ If the health center has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures that such providers are:
 - ▶ Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable Federal, state, and local laws; &
 - ▶ Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

7

Credentialing & Privileging

Related Considerations - The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- ▶ The health center determines its staffing composition (for example, use of nurse practitioners, physician assistants, certified nurse midwives) and its staffing levels (for example, full- &/or part-time staff).
- ▶ The health center determines who has approval authority for credentialing & privileging of its clinical staff - in SJCC's case, MEC.
- ▶ The health center determines how credentialing will be implemented (for example, a health center may contract with a credentials verification organization (CVO) to perform credentialing activities or it may have its own staff conduct credentialing), including whether to have separate credentialing processes for LIPs versus other provider types.

8

Credentialing & Privileging

- ▶ The health center determines how it assesses clinical competence and fitness for duty of its staff (a health center may utilize peer review conducted by its own providers or may contract with another organization to conduct peer review).
- ▶ The health center determines (consistent with its established privileging criteria) whether to deny, modify, or remove privileges of its staff; whether to use an appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges.

9

How Does Credentialing & Privileging Differ from Credentialing???

Credentialing & Privileging differs from credentialing with third party payors.

- ▶ In the first case, C&P refers to the processes of determining that a provider is who they say they are, have had the training that they to have & you are authorizing them to engage in a certain scope of practice (perform certain procedures)at the health center.
- ▶ In the second case, credentialing refers to processes where the health plan/insurers verify a provider's identify, training & that they are approved by the third party to provide specific services.
- ▶ Delays in third party credentialing can result in delayed billing &/or loss of revenue.

10

A Recap

- ▶ What's the differences between credentialing & privileging?
- ▶ What are the differences between credentialing & privileging & credentialing with third party payors?
- ▶ What's the impact of delays in credentialing with third party payors?

11

▶ Questions?

12

CEO Report – Previous 30 Days

- COVID19 response
 - Dynamic situation – mainly virtual with some F2F in peds, OB
 - Active screening measures in place for F2F visits
 - Drive-through testing with Verily Project Baseline
 - 250 scheduled/day, 5 days/week
 - Homeless testing – encampments/shelters
 - Occupational testing MOUs now extend to field testing migrant workers; private sector companies; Discover Challenge Academy
 - Testing turnaround times are a challenge
- SJCC/SJGH formal MOU – Fiscal Solutions working on revision #3; reviewing fee methodology
- SJCC consolidation proposal – Wipfli whitepaper under review by outside counsel (Foley)
- SJGH FY20 Financial Audit in progress – Eide Bailly LLP reviewing SJCC's governance model and corporate structure to determine how to treat SJCC financials in the SJGH audit
- Grant activity – Jeff
 - HRSA ECT – \$608,927 for SJCC to support COVID response efforts, awarded 7/9
- Hazelton and Manteca officially closed 6/30
 - Transitioned staff and patients to other SJCC sites
 - New provider templates in effect (higher production)
 - Manteca site recently occupied by SJGH HIM staff due to COVID reconfiguration
- Supplemental funding programs – see one-pager

Status of Policy/Program Modifications as a Result of COVID (as of 7/23/20)

New information in green

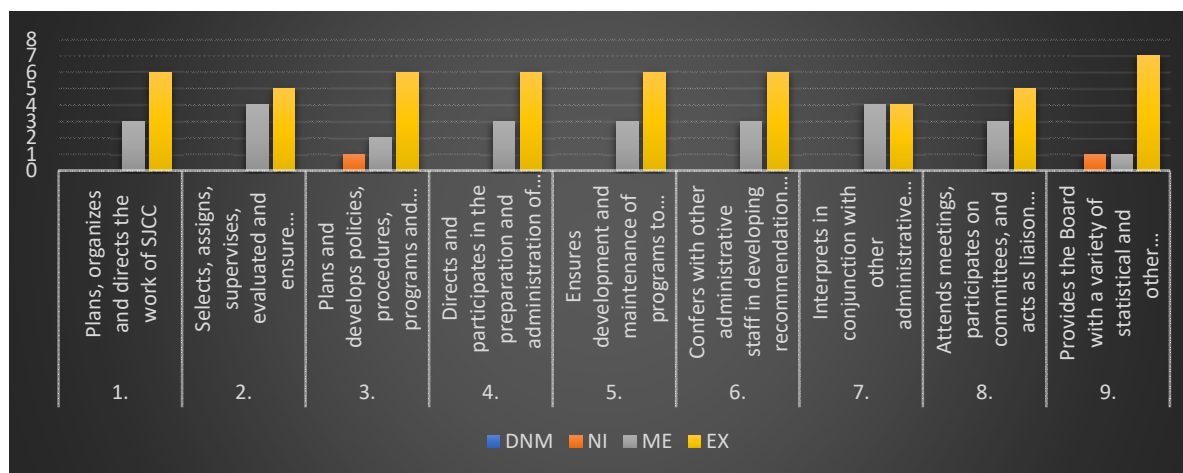
Request	Status
<p>Section 1115 (Medi-Cal 2020) Waiver extension</p> <ul style="list-style-type: none"> Entire waiver expires December 2020 Request extension of the current Section 1115 waiver (GPP and WPC only) through 2021 	<ul style="list-style-type: none"> DHCS currently in discussion with CMS Timing: DHCS' waiver extension request is available for public comment until Aug. 21, with the goal of submitting the request to CMS by Sept. 15. Request will include \$300M of federal funding for WPC and reinstatement of Safety Net Care Pool (SNCP) funding for GPP. Also pursuing required CMS approval of an extension through federal legislation
<p>GPP</p> <ul style="list-style-type: none"> Six-month extension request from July-December 2020 (reinstatement of SNCP funding not included in this request) 	<ul style="list-style-type: none"> Submitted to CMS in February 2020 CMS is reviewing
<p>GPP</p> <ul style="list-style-type: none"> Flexibilities related to the COVID crisis (reduction of point thresholds) 	<ul style="list-style-type: none"> Not submitted to CMS yet For point threshold flexibilities for January-June 2020: DHCS will include request in a revised 1115 emergency waiver (initially submitted on 4/3/20) For point threshold flexibilities for July-December 2020: Working with DHCS to determine the appropriate path for the request (a new 1115 emergency waiver, or retroactively as part of the waiver extension)
<p>PRIME DY15 (7/1/19 – 6/30/20)</p> <ul style="list-style-type: none"> Performance flexibilities – use DY14 performance to determine DY15 funding 	<ul style="list-style-type: none"> Edits to the Waiver STCs were submitted to CMS on 5/22 CMS is reviewing
<p>QIP PY3 (7/1/19-6/30/20)</p> <ul style="list-style-type: none"> Performance flexibilities – use performance as of February 2020 and measure performance against the 25%ile/minimum performance threshold to determine PY3 funding 	<ul style="list-style-type: none"> Edits to the preprint for PY3 were submitted by DHCS to CMS the week of 6/ 22/20
<p>QIP PY3.5 (7/1/20 – 12/31/20)</p> <ul style="list-style-type: none"> Performance flexibilities – Request TBD 	<ul style="list-style-type: none"> Collaborating with DHCS to determine request
<p>Whole Person Care</p> <ul style="list-style-type: none"> Requested flexibility to use WPC funding for emergency housing, and other flexibilities 	<ul style="list-style-type: none"> Included in the 1115 emergency waiver request submitted to CMS on 4/3/20 CMS is reviewing DHCS is also working with pilots to grant as much flexibility as possible through mid-year budget changes, within existing rules

Annual Evaluation for Executive Director SJCC - Aggregate Scores

Dr. Farhan Fadoo May 2019-May 2020

TASKS derived from the Executive Director Job Description N=8, except Question 7 N=7	DNM	NI	ME	EE
1. Plans, organizes and directs the work of SJCC			3	6
2. Selects, assigns, supervises, evaluated and ensure appropriate management of subordinate personnel			4	5
3. Plans and develops policies, procedures, programs and standards for conducting clinical services, organizes clinical treatment programs in conjunction with medical and nursing staff.		1	2	6
4. Directs and participates in the preparation and administration of budgets and operating objectives developed by the SJCCB.			3	6
5. Ensures development and maintenance of programs to maintain FQHC-LAL designation, prepares and reviews reports and other materials.			3	6
6. Confers with other administrative staff in developing recommendations to advisory boards, the County Administrator, the Boards of Supervisors.			3	6
7. Interprets in conjunction with other administrative staff, policies and clinical programs to County departments, community groups, and a variety of local, State and Federal agencies			4	4
8. Attends meetings, participates on committees, and acts as liaison between SJCCB, San Joaquin General Hospital, Health Care Services, outside agencies and the general public.			3	5
9. Provides the Board with a variety of statistical and other management reports; is able to clearly explain the data collected, and why it is important to the operation of the clinic.		1	1	7

DNM = Does Not Meet; NI = Needs Improvement; ME = Meets Expectations; EE = Exceeds Expectations
Scale: DNM=1 AND EE=4



Comments:

I truly believe Dr. Fadoo has an excellent job and is the perfect person to continue to do so. Thanks to Dr. Fadoo & all his help!

Dr. Fadoo is an impressive individual. Hard working. Intelligent. Strategic. Great at organizing. His reports to the board are informative

We would be lost without Dr. Fadoo. He has done an amazing job and has turned these clinics around from not making money to making money. His leadership is phenomenal and we are lucky to have him.

Is doing very good right from the start. Inspires Board members, works well with others. We need his leadership.