



**West Side Family Health Care  
Annual Rural Health Clinic Program Evaluation 2020 - 2021**

The bi-annual evaluation report evaluates the total rural health clinic program and healthcare services provided at West Side Family Health Care. The evaluation is a requirement of all Rural Health Clinics per 42 CFR Part 405 Subpart X – Rural Health Clinic and Federally Qualified Health Center Services §491.11 Program Evaluation. This report includes information related to the utilization of clinic services, number of patients served and the volume of services; a representative sample of both active and closed clinical records; and a review of the clinic's policies and procedures. The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and if any changes to the program are needed. This report was presented to the West Side Health Care District Board of Directors on April 28, 2022.

**Policy and Procedures Review Committee**

Name	Title	Signature
Ryan Shultz	Executive Director	
Ronald Ostrom, DO	Medical Director	
Heather Bosma, NP-C	Nurse Practitioner	
Summer Wood-Luper, RN, PHN	Clinic Director	
Carrie Coleman	Compliance Manager	
Jan Ashley	Board Member	

**Historical Patient Volume**

2017	2018	2019
15,967	16,843	17,093
104% of prior period	105% of prior period	101% of prior period

### 2020 Patient Volume

Month	Adult	Pediatric	Total
January 2020	949	841	1,790
February 2020	937	760	1,697
March 2020	859	526	1,385
April 2020	710	192	902
May 2020	807	236	1,043
June 2020	872	268	1,140
July 2020	971	287	1,258
August 2020	864	332	1,196
September 2020	819	276	1,095
October 2020	929	354	1,283
November 2020	947	394	1,341
December 2020	1185	324	1,509
Total	10849	4790	15,639

2020 census is 91% of 2019 census.

### 2020 Volume by Payor

Payor Name/Type	Total Patients	% of Total
MediCal Managed Care/ MediCal / Medi Medi	9,493	61%
MediCare	781	5%
Kaiser/Cigna (Urgent Care only)	625	4%
All Commercial (Combined)	3,753	24%
Employer (WC, Employer Directed)	349	2%
Self Pay (Flat Rate)	638	4%

*(Managed MediCal, MediCal, MediCare represent 61% of current patient census. Goal: grow patient census, consistent with budgetary projections with payer mix shift to 68% Managed MediCal, MediCal, Medi Medi patients.)*

**2021 Patient Volume**

Month	Adult	Pediatric	Total
January 2021	1,182	348	1,530
February 2021	988	363	1,351
March 2021	1,094	343	1,437
April 2021	1,162	454	1,616
May 2021	1,250	474	1,724
June 2021	1,166	511	1,677
July 2021	1,233	558	1,791
August 2021	1,423	753	2,176
September 2021	1,483	1208	2,691
October 2021	1,312	993	2,305
November 2021	1,269	852	2,121
December 2021	1,309	764	2,073
Total	14,871	7,621	22,492

2021 census is 144% of 2020 census.

**2021 Volume by Payor**

Payor Name/Type	Total Patients	% of Total
MediCal Managed Care/ MediCal / Medi Medi	15,069	67%
MediCare	899	4%
Kaiser/Cigna (Urgent Care only)	678	3%
All Commercial (Combined)	4,723	21%
Employer (WC, Employer Directed)	224	1%
Self Pay (Flat Rate)	899	4%

*(Managed MediCal, MediCal, MediCare represent 67% of current patient census. Goal: grow patient census, consistent with budgetary projections with payer mix shift to 68% Managed MediCal, MediCal, Medi Medi patients.)*

**Typical Clinic Services**

- Office visits of a diagnostic nature
- Office visits of an urgent/emergent nature
- Physical examinations, including immunizations
- Waived testing
- X-rays
- Telemedicine – Administered by TeleHealth Docs
- Telemedicine – Administered by WSFHC
- CHDP
- Chiropractic

New services include:

- OB/GYN (Family PACT, CPSP, BCEDP)
- Podiatry
- Dental
- Behavioral Health

**Service Area**

The service area, which the practice primarily serves, is defined as the West Side Health Care District. Most rural primary care practices attract patients from a service area within 30 to 45 minutes of the clinic. The areas served have the following populations:

Location	Estimated Population	Patient Census by Zip Code	% of Total
Taft and Greater Taft* (93268)	17,832	35,042	91%
McKittrick (93251)	115	126	<1%
Maricopa (93252)	1,181	1,771	5%
Tupman	161	44	<1%
Fellows/Derby Acres (93224)	422	596	1%
Lost Hills	2,412	4	<1%
Kern County (out-of-District)		228	<1%
Out-of-County		243	<1%
Out-of-State		77	<1%

\*Taft, South Taft, Ford City, Taft Heights, Valley Acres, Dustin Acres  
*(Patient census by zip code includes dates of service between January 1, 2020 to December 31, 2021)*

**Medical Record Review**

During the course of the evaluation, 10 open medical records and 5 closed medical records were reviewed for adequate documentation of services performed. Medical Records were reviewed using the Compliance Team RHC Medical Record Audit Tool. Electronic medical records were found to be in generally good order and SOAP notes were taken appropriately. However, of the 10 open medical records 5 charts were missing the Initial and Annual Patient Consent Forms. All charts were found to be in good clinical order: the results of laboratory work, radiology, and consultations were recorded accordingly with documentation to support that patient follow-up was completed timely. The following charts at West Side Family Health Care in Taft, California were reviewed during the annual evaluation process.

Patient ID Number	Encounter Status (Open/Closed)	Documentation Complete	Recommended Improvements
9973	OPEN	NO	NONE
24650	OPEN	YES	NONE
11828	OPEN	YES	NONE
16365	OPEN	YES	NONE
14068	OPEN	YES	NONE
32033	OPEN	YES	NONE
11114	OPEN	YES	NONE
11847	OPEN	YES	NONE
17703	OPEN	YES	NONE
27519	OPEN	YES	NONE
20320	CLOSED	YES	NONE
22045	CLOSED	YES	NONE
25377	CLOSED	YES	NONE
27900	CLOSED	YES	NONE
9636	CLOSED	YES	NONE

### Peer Review Statistics

#### Other Medical Record Procedures

During the year, the Medical Director and the Director of Family Medicine reviewed a minimum number of charts per month for quality assurance purposes. See the attached Peer Review spreadsheet. Patient Care Protocols were reviewed by the Medical Director and all Practitioners to determine their adequacy and appropriateness.

The Clinic maintains patient health records in accordance with its written policies and procedures. All records are maintained in the electronic medical record (EMR) or, in the case of legacy records, online stored within a dedicated, protected server.

The Clinic protects medical records. The Clinic ensures the confidentiality of the patient's health records and provides safeguards against loss, destruction, or unauthorized use of record information. Information regarding the use and removal of records from the Clinic and the conditions for release of record information is in the Clinic's written policies and procedures. The patient's written consent is necessary before any information, not authorized by law, is released.

The Clinic's retention of records policy reflects the necessity of retaining records at least six years from the last entry date or longer if required by State statute.

The Clinic has complied with Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy guidelines effective April 14, 2003 and gives each patient a privacy notice on their first visit to the Clinic. West Side Family Health Care has a HIPAA Policy and Procedure that outlines the privacy procedures and the required consent forms, releases, and disclosures. All staff are required to complete annual HIPAA training.

## Review of Policies

The ongoing review of policy and procedures by the WSFHC Policy Review Committee, as well as a site survey completed by our Practice Consultant on August 3, 2021 were used to evaluate the clinic's policies and procedures. Below is a summary of noteworthy findings and observations:

1. **COVID-19 Operational Guidelines:** The pandemic related to COVID-19 has significantly impacted the operations of the clinic. As such, written policies, guidelines, and workflows have been created and adjusted to meet the infection control guidelines of the Centers of Disease Control and Prevention and Local and State Public Health Departments. The operations of the clinic have been adapted to protect patient and staff safety. Clinic policies and guidelines address the following areas, infection control, staff exposure, patient rooming guidelines, radiology, cross-contamination, patient screening, clinic guests and visitors, and telemedicine.
2. **Covid-19 Vaccines:** During the pandemic the clinic hosted a number of on-site and off-site Covid-19 Vaccine clinic administering Food and Drug Administration (FDA) Emergency Use Authorized (EUA) vaccines for patients and district residents. The Clinic instituted a number of new policies to establish guidelines for safely administering vaccines and also updated standing orders related to necessary life saving protocols for off-site clinics. Workflows and guidelines were established to schedule vaccines by appointment, record vaccination status, and manage vaccine inventory.
3. **Covid-19 Testing:** During the pandemic the clinic administered FDA EUA Covid-19 testing for patients and residents. The clinic offers two Covid-19 testing platforms Rapid Antigen and Polymerase Chain Reaction (PCR), as well as Serology or Antibody testing via venipuncture. Written policies, guidelines, and workflows were created to address patient and staff safety, result reporting, registration, patient and staff education, testing processes, waived testing and quality assurance.
4. **Employer Vaccine Requirement:** During the evaluation period federal regulations were not in effect requiring health care workers of a Rural Health Clinic to be vaccinated. However, during the evaluation period State regulations required all health care workers to be full vaccinated and allowed two exemptions religious and medical. Policies and procedures were written to adhere to the vaccine mandate and the compliance of this policy and related records are managed by the District Office.

### 5. Policy Review Overview

All services offered by the clinic are furnished in accordance with applicable Federal, State and local laws.

Policies and procedures are developed and reviewed by a group of professional personnel that includes one or more physicians, one or more physician assistants or nurse practitioners and at least one member who is not a member of the clinic.

Policies include a description of services offered directly and through agreement, guidelines for the clinical management of health problems through consultation or referral, maintenance of health care

records, a process the review and evaluation of provided clinic services and rules for the storage, handling and administration of drugs and biologicals.

All policies are reviewed at least bi-annually by the professional personnel stated above.

While the clinic has the necessary policies and procedures required to be in compliance and with the Rural Health Clinic Program, some staff knowledge deficiencies have been observed during the evaluation period. The observations were made during the Site Survey and ongoing monthly policy and procedure reviews related to medical records, sterilization of instruments, medication management, biohazardous waste, and emergency preparedness. As part of the clinic's quality assurance and review processes each area were addressed in group and individual settings with required training and testing. It is also noted, a quality assurance project is underway and near completion to provide better online access to policies for clinic and district staff.

### **Personnel Evaluations**

Evaluations of the Clinic Director and full-time Nurse Practitioners and Physician Assistants have been prepared and completed and are included in the employee's personnel file.

The Director of Clinical Operations reviewed the performance of administrative duties of Clinic Director, Summer Wood-Luper, RN, PHN for 2020. The Executive Director completed the performance review of the Clinic Director for 2021. The Clinic Director has demonstrated and performed the following satisfactorily:

- Leadership abilities
- Quality of relationship with staff and public
- Ability to encourage public confidence in the Medical Clinic operation
- Ability to maintain clinic operation on a daily basis
- Constructive recommendations to the Policy and Procedure Review Committee
- Creativity in promoting good public relations and construct and/or carrying out health care programs within the clinic and in the community.

Additional comments may be included in the personnel file of the Clinic Director.

### **Nurse Practitioner/Physician Assistant Evaluation**

The Medical Director and Director of Family Medicine have reviewed the performance of clinical duties by the Nurse Practitioners and Physician Assistants. It was documented that full-time Nurse Practitioners and Physician Assistants, Heather Bosma, NP-C and Elizabeth White, NP-C, Abundio Castillo, NP-C and Dorian Reed, PA-C have performed the following satisfactorily:

- Clinical Competency,
- Adherence to protocols and orders,
- Interaction with Ronald Ostrom, DO

Additional comments may be included in the personnel file of each Nurse Practitioner and Physician Assistant.

Performance evaluations for all employed personnel and Demonstrated Competencies are completed and signed annually.

### Direct Services

Rural Health Clinics are required to provide the following direct services.

- Stick or tablet chemical urine examination,
- Hemoglobin or Hematocrit
- Blood sugar
- Occult blood stool specimen examination
- Pregnancy tests
- Primary culturing to send to a certified laboratory

The purpose of the Rural Health Clinic Services Act is primarily to make available outpatient or ambulatory care of the nature typically provided in a physician's office or outpatient clinic. The regulations specify the services that must be made available by the clinic, including specified types of diagnostic examination, laboratory services, and urgent health care treatments.

The clinic's laboratory is to be treated as a physician's office for the purpose of licensure and meeting health and safety standards. The listed laboratory services are considered essential for the immediate diagnosis and treatment of the patient. To the extent they can be provided under State and local law, the six services listed in J61, HCFA-30, are considered the minimum laboratory services to be provided by the Rural Health Clinic.

If any of these laboratory services cannot be provided at the clinic under State or local law, that laboratory service is not required for certification.

Some clinics are not able to furnish the six services, even though they may be allowed to do so under State and local law, without involving an arrangement with a Medicare approved laboratory.

Those clinics unable to furnish all six services directly when allowed to by State and local law should be given deficiencies. Such deficiencies should not be considered sufficiently significant to warrant termination if the clinic has an agreement or arrangement with an approved laboratory to furnish the basic laboratory service it does not furnish directly, especially if the clinic is making an effort to meet this requirement.

In the case of WSFHC, this evaluation has found the clinic to be in compliance with all required laboratory testing, including the addition of waived test SARS CoV 2 Antigen Testing in the Fall of 2020. This laboratory test is commonly referred to as the Rapid Covid-19 Test and has EUA approved by the FDA.



## Conclusion

The bi-annual evaluation evaluated the services of West Side Family Health Care conducted the with the following goals:

1. To determine if the utilization of services was appropriate;
2. If the established policies were followed; and
3. Any changes are needed.

The following procedures were used to complete the evaluation and draw conclusions:

Information on utilization of services was gathered

A sample of 15 charts were reviewed

Evaluations of the Clinic Director and full-time Nurse Practitioners and Physician Assistants (pending)

A review of the policies and procedures (See Appendix A)

A walk-through of the clinic to determine any compliance issues (See Appendix B)

Review of billing procedures and their compliance with Medicare Guidelines (See Appendix C)

Findings and recommendations (See Appendix D)

Based upon the number of patients served and the potential market share, the rural health clinic is being productive and is benefiting the health care its patients. Accordingly, this evaluation concludes that West Side Family Health Care is providing services appropriately and is following established policies.

**Appendix A**  
**Rural Health Clinic Compliance Checklist**  
**RHC Policies and Procedures**

This checklist is to be completed while evaluating the clinic policy and procedure manual as an integral part of the annual evaluation process:

#	Description	Ye s	N o	Comments
1	Policies and procedures for the organization structure of the RHC. Is the clinic under the medical direction of a physician and has a health care staff met the requirements of 481.8?	X		
2	Do the organization's policies set forth in writing the lines of authority and the responsibilities?	X		
3	RHC staffing availability and schedules.	X		
4	Emergency policies and procedures for medical and non-medical emergency procedures.	X		
5	Compliance with local building, fire and safety codes.	X		
6	Policies and procedures for preventive maintenance program to ensure that all essential mechanical, electrical and patient-care equipment is maintained in safe operating condition.	X		
7	Policies and procedures for preventive maintenance program to ensure that drugs and biological are appropriately stored.	X		
8	Policies and procedures for preventive maintenance program to ensure that the premises are clean and orderly.	X		
9	The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with application State Law. J55 Patient Care Policies.	X		
10	The policies are developed with the advice of a group of professional personnel that includes one or more physicians and at least one or more physician's assistant or nurse practitioner. At least one member of the group is not a member of the clinic's staff.	X		Board member Jan Ashley, NP
11	The policies include a description of services the clinic furnishes directly and those furnished through agreement or arrangement.	X		
12	Personnel and fiscal policies.	X		
13	RHC hours of operation Sunday 1000 - 2100 Monday 0700 - 2100 Tuesday 0700 - 2100 Wednesday 0700 - 2100	X		Average hours per week: 92

	Thursday 0700 - 2100 Friday 0700 - 2100 Saturday 1000 - 2100 Holidays 1000 - 2100			
14	The policies include guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic.	X		
15	The policies include NP and/or PA responsibilities and protocols.	X		
16	The policies include medical direction and supervision.	X		
17	The policies include the rules for the storage, handling, and administration of drugs and biological.	X		
18	Are these policies reviewed at least bi-annually by the group of professional personnel required in this section, and reviewed as necessary by the clinic?	X		Policies reviewed monthly
19	Do the policies and procedures include direct services the clinic staff furnished as well as diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system? These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions?	X		
20	The policies and procedures include basic laboratory services essential to the immediate diagnosis and treatment of the patient, including (1) Chemical examination of urine by stick or tablet methods of both (including urine ketones). (2) Hemoglobin or hematocrit (3) Blood sugar (4) Examination of stool specimens for occult blood (5) Primary culturing for transmittal to a certified lab (6) Pregnancy tests	X		-Rapid Strep -A B Flu -Blood Lead -CMP -Bilirubin -Rapid Urine Drug Screen -SARS CoV 2 Antigen
21	The clinic has policies and procedures for medical procedures as a first response to common life-threatening injuries and acute illness, and has available the drugs and biologicals commonly used in life saving procedures such as analgesic, anesthetic (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.	X		
22	Does the clinic have policies and procedures that include the agreements with one or more providers or suppliers participating under Medicare or Medi Cal to furnish other services to its patients, including			

	(1) Inpatient hospital care (2) physician(s) services (3) additional and specialized diagnostic and laboratory services that are not available at the clinic	X		
23	If the agreements are not in writing, is there evidence that patients referred by the clinic are being accepted and treated?	X		All Bakersfield hospitals accept clinic patients
24	Patient Health Care Records: policies and procedures for content of medical health records and policies and procedures for maintenance of health records.	X		
25	Responsibility is assigned for the medical record system to a designated member of the clinic's professional staff. Medical records must be maintained for each person receiving health care services.	X		
26	All records should be kept at the clinic site so that they are available when patients may need unscheduled medical care.	X		Legacy record on server; current record cloud-based
27	Protection of Record Information: maintains confidentiality of record information.	X		
28	Safeguards against loss, destruction, or unauthorized use of record information.	X		
29	Patients' written consent is necessary before any information not authorized by law may be released.	X		Records requests managed off-site to ensure compliance
30	Retention of Records: HCFA – at least 6 years from date of last entry. State: 10 years for adult and 13 years for minors	X		
31	Program Evaluation: policies and procedures for the clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least bi-annually.	X		All policies reviewed bi-annually; some policies each month
32	The evaluation is done by the clinic, the group of professional personnel required under 42 CFR 491.9 (b) (2) or through arrangement with other appropriate professionals.	X		
33	Additional policies and procedures unique to each clinic, i.e. (1) sterilization of instruments (2) use of autoclave (3) integrity of sterilized instruments and supplies (4) schedule II drugs (5) pediatric practice (6) separation of RHC and emergency room where applicable	X		(6) not applicable

**Appendix B**  
**Rural Health Clinic Compliance Checklist**  
**Walk-Through of Facility**

This checklist is to be completed while walking through the facility as an integral part of the annual evaluation process:

#	Description	Ye s	N o	Comments
Plant Safety	Exit signs are clearly marked at each exit	X		
Plant Safety	Diagrams indicating emergency exits are present	X		
Plant Safety	The clinic is clear of clutter and is clean	X		
Plant Safety	Electrical sockets are covered when not used	X		Inventory maintained to address patient removal/theft of outlet covers
Plant Safety	Exam rooms to not contain hazardous materials (cleaners, paint, drug samples)	X		
Plant Safety	The parking lot has handicapped parking spaces	X		
Plant Safety	The bathroom is handicapped-accessible	X		
Plant Safety	The fire department conducted an annual inspection		X	Not required in this jurisdiction
Plant Safety	The clinic is handicapped-accessible	X		
Plant Safety	Fire extinguishers are checked monthly by staff personnel and annually by a fire professional	X		Actions are logged for QAPI
Plant Safety	Logs of maintenance activity are maintained for daily, weekly, monthly, quarterly, and annual maintenance activities	X		SDS for equipment annually; Contractor for non-bio med
Plant Safety	Fire drills and emergency drills are conducted and documented at least bi-annually	X		
Laboratory	The laboratory has a CLIA certificate	X		
Laboratory	The laboratory has a current lab license	X		
Laboratory	The refrigerator and freezer temperature are recorded daily	X		
Laboratory	Lab equipment is calibrated accordingly	X		
Laboratory	Food is not stored in refrigerators that are used for storing injections and samples	X		
Laboratory	The laboratory can perform the six required tests for rural health clinics onsite. (1) chemical examination of urine by stick or tablet			

	(2) hemoglobin or hematocrit (3) blood sugar (4) stool specimen for occult blood (5) primary culturing for transmittal (6) pregnancy tests	X		
Drug Samples	Drug samples are reviewed and documented at least monthly for expired drugs		X	No samples maintained
Drug Samples	Drug samples are stored in a secure area without patient access		X	No samples maintained
Drug Samples	Controlled substances are double-locked and all transactions are recorded.	X		MedDispense machine in locked room
Emergency	The clinic has first response emergency procedures (crash cart with oxygen/ambu bags)	X		Adult and pediatric crash carts
Emergency	Drugs are maintained to respond to emergencies	X		Adult and pediatric crash carts
Emergency	Emergency drugs are reviewed monthly to determine they are present and not expired	X		QC log maintained
Medical Records	Medical records are stored in a secure area where patients do not have access to them	X		EMR, password and firewall protected
Medical Records	Patient confidentiality is maintained by policy and signed releases for medical records	X		MR release function performed in the District Office
Professional Licenses	A mid-level practitioner is present at least 50% of the time the clinic is open.	X		Compliance tracked monthly
Professional Licenses	CPR training is maintained and updated for the required personnel.	X		Employer-paid, offered on-site
Professional Licenses	The medical director is licensed as physician in the state and is onsite at least once every two weeks OR participates remotely in keeping with the organization's contractual guidelines.	X		Medical Director present at staff meetings and has multiple shifts in the Clinic each month
Hours of Operation	The hours of operation are documented in the policy manual and posted where patient can see them.	X		
Inpatient Services	The clinic has agreements to provide inpatients hospital services.	X		

## Appendix C

### Billing Procedures

Clinic utilizes AthenaNet EMR as the billing processing entity.

Providers document procedure and diagnosis codes at the time of the encounter.

Provider coding is reviewed by the Front Office Billing Manager and the Administrative Medical Assistant prior to the claim being processed.

AthenaNet maintains and applies a compendium of billing rules against all prepared claims, rejecting claims that require revision.

Denied claims are re-processed by being placed into “hold” status wherein edits can easily be processed.

## Appendix D

### Review of Issues and Opportunities

The Clinic Director's methodology of problem identification and issue mitigation is consistent with the Clinic's QAPI process and exceeds typical Rural Health Clinic processes.

Operations audits/compliance tracking is being conducted for program compliance:

- Vaccines for Children eligibility verification
- Initial and Annual form completion
- Patient Emergency Contact
- Injection Documentation
- Multiple dose medication vial management

The Director of Clinical Operations (2020) and Executive Director (2021) track and trend clinic staff and provider staffing according patient volume and operational needs. Staffing levels were maintained during 2020 to help maintain access to care for patients during the initial year of the pandemic and maintain strong staff vs patient ratios. In 2021, some staff layoffs, unfilled positions, and adjustment to staffing patterns were made in anticipation of continued decrease in patient volumes and loss of property tax revenues related to the ongoing Covid-19 Pandemic. Staff were added back in winter of 2021 to meet the demand primary care/urgent care patients, covid-19 testing, and Covid-19 vaccines. These additions were tempered with the realized loss of property tax revenues.

It is further agreed that Clinic Leadership, in conjunction with the District Office, will continue to strategically implement a staffing plan to support the growing primary care patient services and maintain access to walk-in urgent care services. It is noted that additional non-clinical support staff related to case management are necessary to grow in order to better manage the ongoing needs of primary care patients and the addition of a Full-Time Family Medicine Physician is necessary to continue to grow and maintain primary care services at the clinic.

During 2020, the clinic began to offer chiropractic services one day a week. Those services continued throughout 2020 and 2021. With limited access to chiropractic services within the clinic's service area, this service should be marketed more aggressively.

Implementation of the CHDP program is active and will provides another avenue of patient census development. The Clinic's enrollment in the CHDP program has been extended while the District Office searches for a full-time Family Practice Physician. The on-call schedule is supported by the Call My Doc application. The staffing schedule is developed and maintained by the Medical Staff Coordinator (2020) and Executive Director (2021-present).

Prior to implementation of any OB/GYN program, the Clinic should enroll in the Family PACT (Family Planning), CPSP (pre-natal care), BCEDP (breast and cervical cancer screening), and PE (presumptive eligibility) programs that support Women's/Maternal Health care.



Historical community outreach programs were cancelled during the Covid-19 Pandemic. The clinic did provide community outreach with its no-cost drive thru Covid-19 testing and no-cost Covid-19 vaccine clinics. In late 2021, the Clinic hosted its annual Mobile Mammogram Screening in partnership with Alinea Health after a one-year hiatus. Additional community outreach programs will be added to the schedule. The community outreach program will be implemented by the District Manager and Clinic Director. The target of these efforts should increase primary care patient census of Managed Medi Cal, Medi Cal, Medicare/Medi Cal patients.

Active management of the Managed Medi Cal member enrollment reports and the Care Gaps reports will be addressed by the Clinic Director, Care Coordinator, and designated medical assistants. Active management of the patient registration to ensure timely and accurate billing will be addressed by the Executive Director and Front Office and Billing Manager. Community Outreach efforts should coordinate with the efforts of the Care Coordinator and Front Office Billing Manager.

Efforts to encourage patients to schedule appointments, communicate with patients via the EMR, and patient portal adoption should increase. Specifically, patients should be encouraged to call the Clinic before arriving for a “walk-in visit”. By calling ahead, the patient may reduce their wait time and be better informed of clinic conditions. Utilizing the EMR communicator is a proven method to help strengthen relationships with patients, decrease patient cancellations and no-shows, and provide timely direct patient communications. Clinic leadership should continue to manage patient portal options and utilization of text message and email campaigns to address patient no shows, appointment reminders, ticklers for appointments that need to be scheduled, as well as health and wellness outreach for specific services such as flu shots and annual health evaluations.

The Clinic continues to effectively manage its Accounts Receivable by addressing credit balances, corresponding with patients who have outstanding self-pay balances, moving aged self-pay accounts to collections when patients are non-responsive to clinic outreach and by working aggressively manages claims for all accepted insurances.

With the growth of both primary care patients and walk-in urgent care patients, the Clinic must devote all energies to retain new and existing patients. Providing increased access to primary care services through appointments may limit day time access for walk-in urgent care patients. Clinic Management will look for trends in patient census and creative staffing to manage access to both service lines in a cost-effective manner.

The Clinic should continue to look at expanding access to covered Rural Health Clinic services. Services yet to be established include OB/GYN, Dental, Podiatry and Behavioral Health. The Clinic currently has vacant clinical areas located in Building B that would be suitable for the above services. With the establishment of the final Prospective Payment System (PPS) rate, the clinic is well positioned to provide such services.