



## **AGENDA**

### **KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS**

**Community Health Center  
Administrative Office  
900 Truxtun Avenue, Suite 250  
Bakersfield, California 93301**

Regular Meeting  
Wednesday, June 25, 2025

11:30 A.M.

#### BOARD TO RECONVENE

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams  
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

#### PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –
- CA
- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on May 28, 2025 –  
APPROVE
- 4) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors Peer Review Overview –  
HEAR PRESENTATION; RECEIVE AND FILE
- 5) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors Electronic Health Record Selection –  
HEAR PRESENTATION; RECEIVE AND FILE
- 6) Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization Report May 2025 –  
HEAR PRESENTATION; RECEIVE AND FILE
- 7) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors Quarter - 1 Quality Clinical Measures –  
HEAR PRESENTATION; RECEIVE AND FILE
- 8) Kern County Hospital Authority Community Health Center Executive Director report –  
RECEIVE AND FILE

ADJOURN TO WEDNESDAY, JULY 23, 2025 AT 11:30 A.M.

## **SUPPORTING DOCUMENTATION FOR AGENDA ITEMS**

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

### **AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)**

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Community Health Center Board of Directors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



## SUMMARY OF PROCEEDINGS

### KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

Community Health Center  
Administrative Office  
900 Truxtun Avenue, Suite 250  
Bakersfield, California 93301

Regular Meeting  
Wednesday, May 28, 2025

11:30 A.M.

BOARD RECONVENED – Ms. Martinez convened the meeting of the Board at 11:34 A.M. and established a quorum was present.

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams  
Roll Call: 7 Present; 2 Absent - Behill, Lopez  
Director Valdez joined the meeting at 11:37 A.M.

NOTE: The vote is displayed in bold below each item. For example, Smith-Behill denotes Director Smith made the motion and Director Behill seconded the motion.

STAFF RECOMMENDATION SHOWN IN CAPS

NOTE: DIRECTOR VALDEZ JOINED THE MEETING AFTER ROLL CALL AND BEFORE THE VOTE ON THE CONSENT AGENDA

CONSENT AGENDA: As indicated below with a “CA” was reviewed, discussed, and approved as one motion – **Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**

#### PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda.  
**NO ONE HEARD**

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) – Director Williams announced his upcoming retirement from the Board of Directors and need to move out of the area due to age and health. Board members thanked Director Williams for his services to the Board and wished him well.
- CA  
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on April 23, 2025 – Chairman Martinez asked for approval or changes to the minutes. No changes requested. The Board voted to approve the minutes as written – APPROVED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- CA  
4) Proposed approval of Form 2: Staffing Profile – APPROVED; RECEIVED AND FILED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- CA  
5) Proposed approval of Form 3: Income Analysis – APPROVED; RECEIVED AND FILED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- CA  
6) Proposed approval of Form 3A: Look-Alike Budget Information – APPROVED; RECEIVED AND FILED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- CA  
7) Proposed approval of Kern County Hospital Authority Community Health Center operational policies – APPROVED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- CA  
8) Correspondence received May 21, 2025, from Kern County Hospital Authority Board of Governors concerning approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026 – RECEIVED AND FILED  
**Nichols-Smith: 7 Present; 2 Absent – Behill, Lopez**
- 9) Proposed acknowledgement of the Kern County Hospital Authority Board of Governors’ (“co-applicant”) approval of the Kern County Hospital Authority Community Health Center budget for the period July 1, 2025 through June 30, 2026. Finance Administrator Andrew Cantu presented a more detailed report on this budget. Director Williams asked what the rental line item in the budge encompasses. The Executive Director explained that the rent fees listed in the proposed budget were for all facilities and spaces used by the CHC clinics. Director Martinez restated that

the CHC's first year budget needed to "break even" where the amount estimated to be collected by the CHC for patient visits equaled the estimated amount of expenditure to provide the CHC services and asked the Finance Administrator if he anticipated that to change after the first year. Finance Administrator responded that he did in that, the amount collected in reimbursement should be more than anticipated expenditures which would allow the CHC to expand services, improve equipment, etc. to continue its mission of providing the highest quality of care to those in the community with the most need. Director Martinez then asked if the rate per visit was negotiable or if it was cost based. Finance Administrator explained that the reimbursement rate is cost-based and the anticipated reimbursement rate of \$300 per visit is very reasonable as other community health centers currently have rates between \$200-\$700 per visit. Director Martinez also asked if the budget included residents and education and the Finance Administrator responded that it did.

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ACKNOWLEDGED CO-APPLICANT APPROVAL; RECEIVED AND FILED  
**Smith-Valdez: 7 Present; 2 Absent – Behill, Lopez**

- 10) Presentation regarding Kern County Hospital Authority Community Health Center's Clinical Quality Measures. Carmelita Magno, Director of Performance Improvement, presented CHC's Quality Metrics and Kevin Jenson, Director of Population Health, presented CHC's Clinical Quality Metrics. In response to this presentation, Director Martinez asked if payment was received per performance and if patient meets the HRSA criteria and the Finance Administrator responded in the affirmative. Director Valdez asked about the HIV screening process and if the patient was identified as being at a higher risk, were these patients offered prophylactics. Nursing Administrator Alicia Gaeta responded that the indicate patients were offered patients referrals for counseling and to meet with an infectious disease specialist. Chief Medical Officer Dr. Shakti Srivastava pointed out that Kern County, as a whole, has a higher HIV rate than national average. Director Valdez asked about patients who were at risk for behavioral health issues and what services are availed and if/how they are offered. The Nursing Administrator responded that they are referred to social services during clinic visits if the patient requests these services and/or the healthcare practitioner determines that the referral would be in the best interest of the patient. These referrals include access to psychiatry, including telepsychiatry. Director Valdez asked for further clarification regarding the issue of patients requiring ongoing care and the Nursing Administrated explained how ongoing care is offered as part of the patient's treatment plan. –  
HEARD PRESENTATION; RECEIVED AND FILED  
**Nichols-Valdez: 7 Present; 2 Absent – Behill, Lopez**

- 11) Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization Report April 2025. Executive Director introduced Nursing Administrator Alicia Gaeta who presented the Utilization Report. After the conclusion of the presentation, Director Williams asked for clarification on what defined a unique patient. Executive Director and Director Martinez requested clarification on the unique patient numbers. Executive Director Villanueva explained the definition of "unique patient" which are new patients and how their visits are tracked. Executive Director will provide more clarification at next month's meeting. Director Smith pointed out that the numbers did not add up correctly and what was the cause of this discrepancy. The Executive Director was directed to review the numbers and follow up on the possible discrepancies in the percentages at next month's meeting. Director Smith asked why the number of visits per month differed so wildly between Columbus and Stockdale and was concerned that it may be due to the location of each clinic or marketing differences. The Executive Director explained that the Columbus location is spatially larger and can accommodate more practitioners and patients at any given time, plus Columbus also has extended operational hours. Director Nichols followed up whether the difference in patient volumes between CHC clinic locations could also be due to

transportation issues. The Executive Director explained that there are nearby bus stops and adequate parking at both locations. Director Williams asked about the “no show” rate being so high and what was being done to prevent or decrease the amount of “no shows”. The Nursing Administrator explained that CHC clinic staff calls each patient the night before their clinic appointment and again on the day of their appointment to remind the patient of their appointment. Director Williams then asked if any reasons given by patients for their “no show”. The Nursing Administrator responded that a lack of child care and conflicting work schedules are the most common reasons for missed appointments. Director Valdez asked how are new patients being referred to the CHC clinics. The Executive Director explained that patients often come from the hospital system seeking a primary care provider, so they have been seen by the hospital but are new to CHC primary care system. Patients seen at the mobile clinics are not included in these metrics. Director Valdez also asked if 1,000 new patients during this time period was a “good” outcome, to which, the Executive Director responded in the affirmative. Director Smith then asked if primary care patients are directed from their health plans and the Executive Director stated that this does occur. Director Martinez asked if the staff overbooked appointments in anticipation of “no shows” and the Executive Director said that that they did but more on the specialty schedules.

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HEARD PRESENTATION; RECEIVED AND FILED

**Smith-Williams: 7 Present; 2 Absent – Behill, Lopez**

- 12) Presentation regarding Kern County Hospital Authority Community Health Center Patient Experience – Medical Director presented the Patient Experience report. Director Williams asked what STK stood for and the Medical Director stated that it stood for the Stockdale clinic. Director Sandoval asked if the indicated benchmarks were for the healthcare providers. Medical Director affirmed that the benchmarks were for specifically for healthcare provider based medical care. Director Nichols asked if staff can text results to patients. The Medical Director responded that there are notification systems in place but that the patient has to sign up for them in order to access their information. The Nursing Administrator added that one of the CHC’s biggest challenges is that patients change their phone numbers very often, which makes it difficult to contact patients for follow-up. Director Sandoval asked where the Columbus pharmacy walk-up window was located. The Medical Director explained that there are clinical pharmacist management in between clinics, but not at the dispensing pharmacies. The Executive Director stated that the Kern County Hospital Authority previously had outpatient pharmacies but due to the restrictions placed on these pharmacies, the outpatient pharmacies are no longer operational. She added that the CHC clinics now have specific PharmD clinics which manage patient medications. Director Sandoval that the complaints at the moment are for the empty spaces at the Columbus location due to the pharmacy not being there anymore. She also pointed out that there was a lack of staff to let patients know how to find their way around since everything was is so spread apart. Director Sandoval also stated that she was once late to her appointment due to the long lines because the clinic was short-staffed and that while she was waiting in the lobby there was a very unsatisfied patient and there was no phone number visible to place a complaint. The Executive Director responded that they will address those issues and appreciated the feedback. Director Nichols then asked if the staff could communicate with patients via email. The Medical Director responded that the email addresses provided often do not belong to patient, which made it difficult to use the provided email and maintain privacy. The Nursing Administrator stated that there is a patient portal and staff is working to get patients to enroll.

HEARD PRESENTATION; RECEIVED AND FILED

**Nichols- Sandoval: 7 Present; 2 Absent – Behill, Lopez**

- 13) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors May 2025 Long Term Planning Presentation. The Executive Director presented the Long-Term Planning report. Director Martinez mentioned that we all have a drawer full of plans and asked what will be different with this plan. The Executive Director responded that the plan identifies areas of concern to focus on and as remedies are applied, the outcomes can be tracked and show if the changes led to any improvement. Not a plan that is passive but more of a working game plan of concerns to address and track consistent improvements. Director Nichols asked if Board members were able to do a walk-thru tour of the facilities. VP and General Counsel Karen Barnes responded yes, but limited to Brown Act restrictions. –  
HEARD PRESENTATION; RECEIVED AND FILED  
**Smith-Sandoval: 7 Present; 2 Absent – Behill, Lopez**
- 14) Presentation regarding the Ralph M. Brown Act (Board Education). Hospital Counsel Phillip Jenkins presented. Director Martinez asked if it was allowed for 5 Board members to attend a conference together. Mr. Jenkins responded that as a general rule, it is best not to congregate outside of an agenda meeting. Appearance to the public must be considered prior to any congregation of Board members. Director Williams asked how is it determined who will be a chairman of the Board. Executive Director explained that it was decided before the Board convened by Staff recommended appointment. The Executive Director and General Counsel further explained to the Board members that when they receive an email from the Executive Director or counsel to not reply all, to only to reply directly to Executive Director or counsel –  
HEARD PRESENTATION; RECEIVED AND FILED  
**Smith-Williams: 7 Present; 2 Absent – Behill, Lopez**
- NOTE: Item No. 15 was heard following Item No. 8
- 15) Kern County Hospital Authority Community Health Center Executive Director report. Operations Administrator Tyler Whitezell presented a report on the federal budget. Operations Administrator reported that Chief Executive Officer Scott Thygerson and he went to Washington DC and met with local representatives. Director Williams asked if the primary focus of the passed budget was on reducing waste, fraud, and abuse. Director Martinez then asked if any changes were made on Medicare. Operations Administrator responded that Medicare is under a different committee. Director Martinez also asked if there is anything that will impact CHC. Operations Administrator responded that there is no impact since funding is based on grants. Director Nichols asked if there would be any cuts to Medicaid that would negatively impact disabled people. Operations Administrator responded that there would be no impact and that there were some exclusions to the work requirement while being on assistance. Then the Executive Director recognized and thanked Mona Allen for her service to the CHC as the Clerk of the Board of Directors and introduced Marisol Urcid as the new Clerk of the Board of Directors. Executive Director announced that the look alike application was submitted May 21<sup>st</sup>. Executive Director presented the Board and staff with gifts as thank you for their work. Director Martinez asked if there was a timeline after submission of the application. Executive Director responded that it would be a 90 to 120 day process. –  
HEARD PRESENTATION; RECEIVED AND FILED  
**Williams-Smith: 7 Present; 2 Absent – Behill, Lopez**

ADJOURNED TO WEDNESDAY, JUNE 25, 2025 AT 11:30 A.M.  
**Valdez**

/s/ Marisol Urcid  
Clerk of the Board of Directors

/s/ Elsa Martinez  
Chairman, Board of Directors  
Kern County Hospital Authority Community Health Center

**BOARD OF DIRECTORS  
COMMUNITY HEALTH CENTER  
REGULAR MEETING**

June 25, 2025

**Subject:** Kern County Hospital Authority Community Health Center Board of Directors Peer Review Overview Presentation

**Recommended Action:** Hear Presentation; Receive and File

**Summary:**

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes Medical Staff Peer Review. The CHC Board will follow the established Peer Review process already in place as directed by the Kern Medical Center Medical Staff.

This presentation will provide an overview of this peer review process so that the CHC Board understands the process and has the information needed for appropriate oversight. The presentation will cover what defines peer review, the goals of peer review, core competencies, the peer review organization structure, peer review outcomes and finally the quarterly reporting structure. The peer review process is needed and this presentation is necessary to inform and support internal decision-making and oversight by key management staff and governing board.



**Kern County Hospital Authority  
Community Health Center  
Board of Directors' – June 2025  
Peer Review Overview**

# What is Clinical Peer Review?

- Assures our Physicians practice with clinical competency
- Practices consistent with the Community Standard of Care

# Delegation Model

Kern County Hospital Authority  
Board of Governors

Community Health Center  
Board of Directors

President of the  
Medical Staff

Medical Executive  
Committee

Peer Review Committee

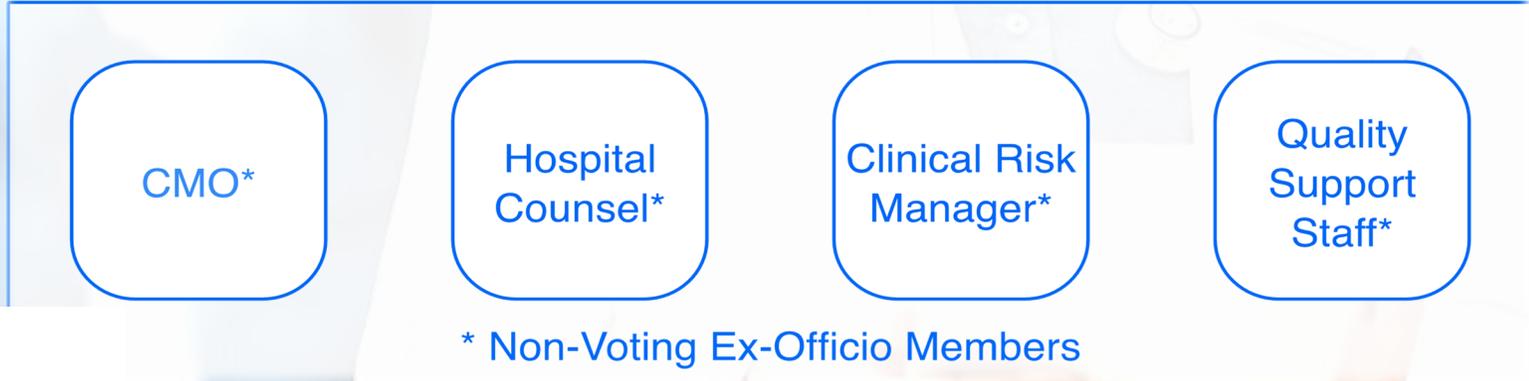
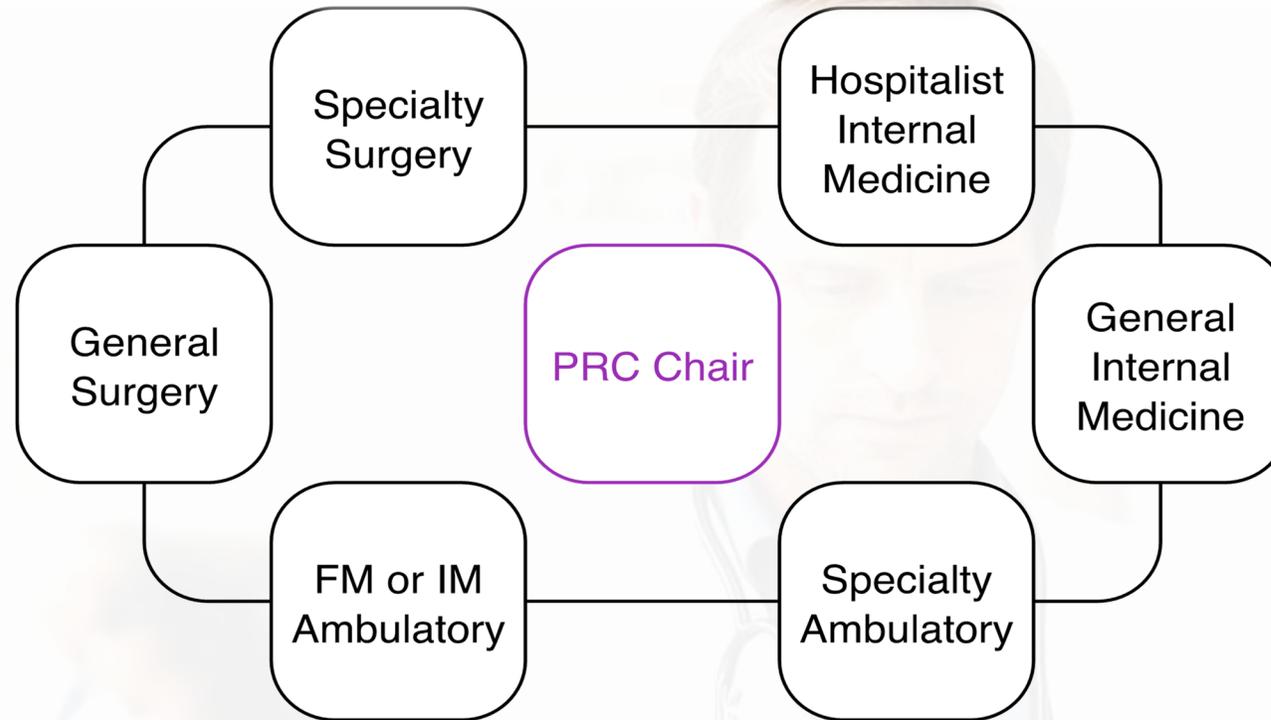
# Goals of Peer Review

- OPPE: Ongoing Professional Practice Evaluation
- FPPE: Focused Professional Practice Evaluation
- Goals of Peer Review:
  - Perform OPPE every 8 months on every Medical Staff member
  - Create a culture of performance improvement
  - Perform FPPE when improvement opportunities are identified

# What are Core Competencies?

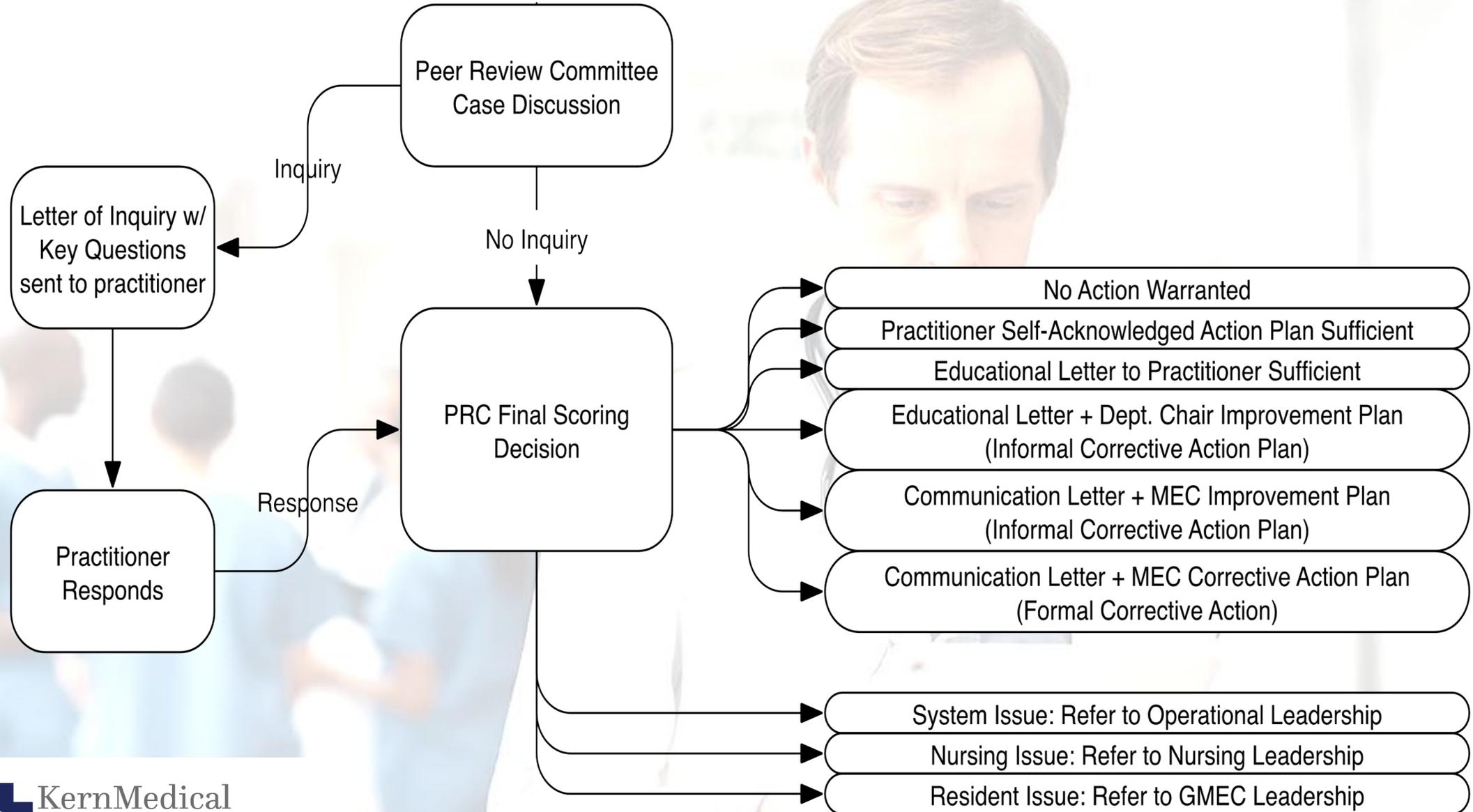
- Patient Care
- Medical Knowledge
- Interpersonal & Communication Skills
- Professionalism
- Systems Based Practice
- Practice Based Learning & Improvement

# PRC Organization



\* Non-Voting Ex-Officio Members

# PRC Outcomes



# Report

- # of PRC Cases reviewed Quarterly
- # of Corrective Action Plans Recommended
- # of Issues referred to:
  - Operations
  - Nursing
  - GMEC



# Questions?



**BOARD OF DIRECTORS  
COMMUNITY HEALTH CENTER  
REGULAR MEETING**

June 25, 2025

**Subject:** Kern County Hospital Authority Community Health Center Board of Directors  
Electronic Health Record Selection Presentation

**Recommended Action:** Hear Presentation; Receive and File

**Summary:**

The Co-Chief Information Officer (CIO), Sandra Bakich will deliver a presentation updating the Community Health Center on Kern County Hospital Authority's electronic health record selection project progress to date. The presentation will include a short video showing how the Kern County Hospital Authority currently uses the electronic health record to support the delivery of care.

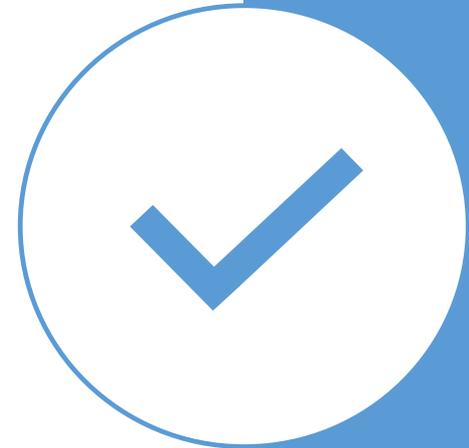


# **Electronic Health Record Review**

**CHC Board of Directors  
June 2025**

# Agenda

1. Why do Hospitals Have an Electronic Health Record (EHR)?
2. Overview on EHR Vendor Selection Process
3. Comparisons Between Vendors
4. Outline of Next Steps



# Our EHR Search Journey

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Why are we undertaking an EHR Request For Information (RFI) Selection Process?



The current EHR Contract is ending in December 2027



This is a prime opportunity to conduct an RFI to field the best candidate for the best EHR Partner



Major Considerations

Best functionality across a complex care continuum (hospital, clinics, pop health, etc.)

Reliability of the product

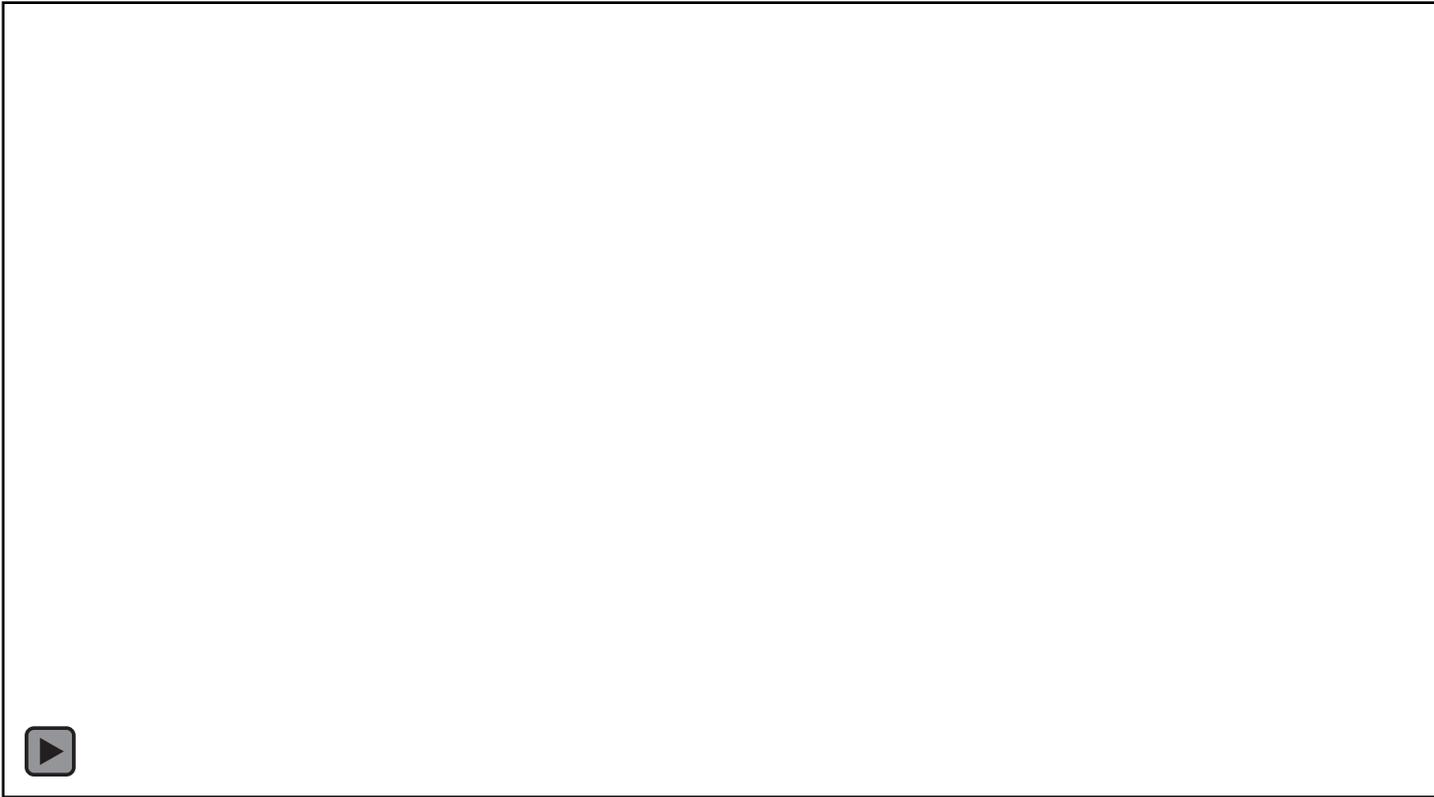
Future Growth – Scalability

More predictable costs

# Hospitals and Electronic Health Records – Why?

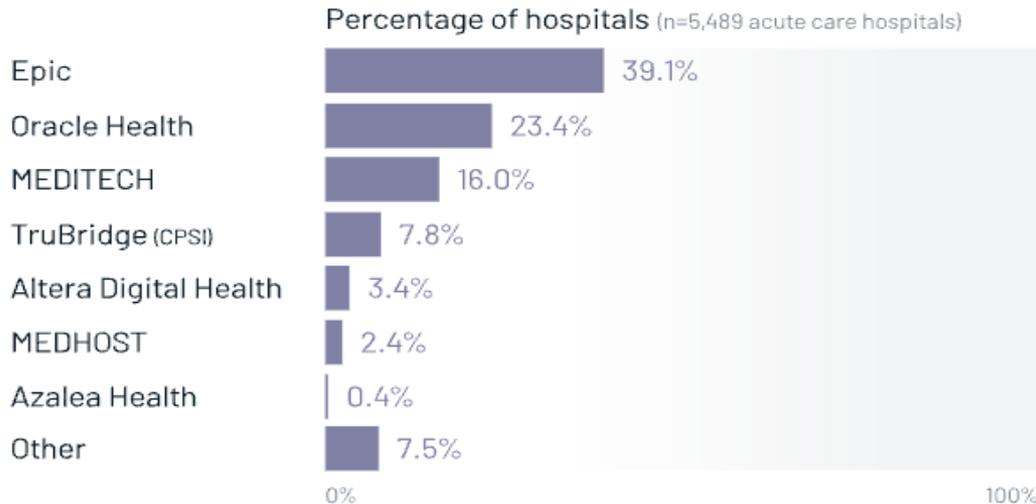
- Mandated by Law – HITECH Act of 2009
- Goal to Replace the Paper Record
  - Improve quality, safety, and efficiency
  - Engage patients in their care
  - Increase coordination of care
  - Improve the health status of the population, and
  - Ensure privacy and security
- Enhance Revenue Capture
  - Clinically Driven Revenue Cycle

# Patient Episode of Care - Demo



# EHR Vendors Respondents

## 2023 US Acute Care Market Share



From KLAS Report 2023 Acute Care Market

- Cerner\* (Oracle Health)
- Epic Systems
- MediTech
- Altera (Allscripts)

\*Oracle completed purchase of Cerner in June of 2022

## Industry News:

Adventist and Dignity are currently using Cerner (Oracle Health)

Adventist is moving to Epic over the next three years

Dignity is rumored to be considering a move to Epic in the future

Many large health systems and academic medical centers are moving to Epic

# Vendor Summary

- **Epic:** Market leader for a reason, but at a cost. Overall best across the care continuum but it costs the most and requires a significantly higher number of staff to support and maintain.
- **Oracle:** Current Vendor.
- **Meditech:** Good for hospital based services; limitations for clinics, ambulatory, and population health services.

# Process To Date

- **Timeline**

- Project Start 1/2/24
- Initial RFI Sent to Vendors in May
- On-site Vendor Demos June, July, and August
  - Vendors conducted Day in the Life demos over 4 days
  - Users evaluated each vendor using codified tool
  - Evaluation by Project Team - 8/27 - 9/11
- Executive Review of Vendors – 9/11 – 10/2/24
- *October Board of Governors – Recommendations to Board 10/16/24 – Eliminated Altera*
- Request RFI/RFQ from Remaining Vendors 10/21/24
- Vendors Prepare Response to RFI/RFQ 10/22 through 12/31
- Executive Evaluation and due diligence 11/18/24 – 1/31/25
- Board of Governors Recommendation Winter of 2025
- **Final Selection of EHR Vendor 2025**

# Next Steps

- Make Final Selection
- Roadmap of Optimization and Deployment of New Technology
- Contract Negotiation and Signing
- Execute Roadmap

Questions ?

**BOARD OF DIRECTORS  
COMMUNITY HEALTH CENTER  
REGULAR MEETING**

June 25, 2025

**Subject:** Kern County Hospital Authority Community Health Center Health Center Service Utilization Report for May 2025

**Recommended Action:** Hear Presentation; Receive and File

**Summary:**

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes oversight for service utilization.

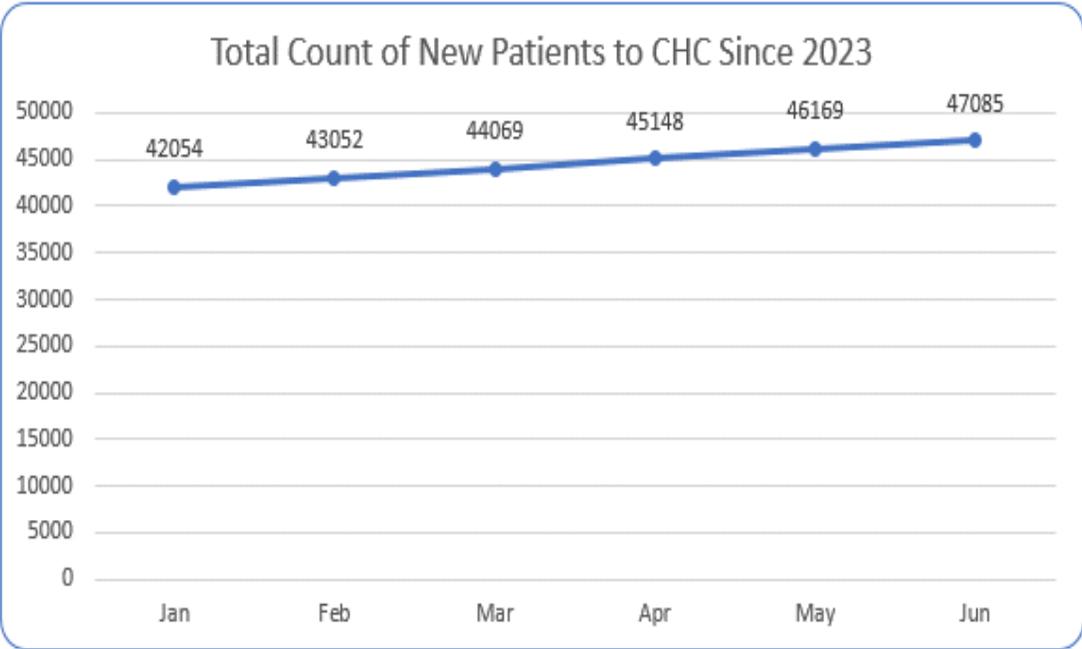
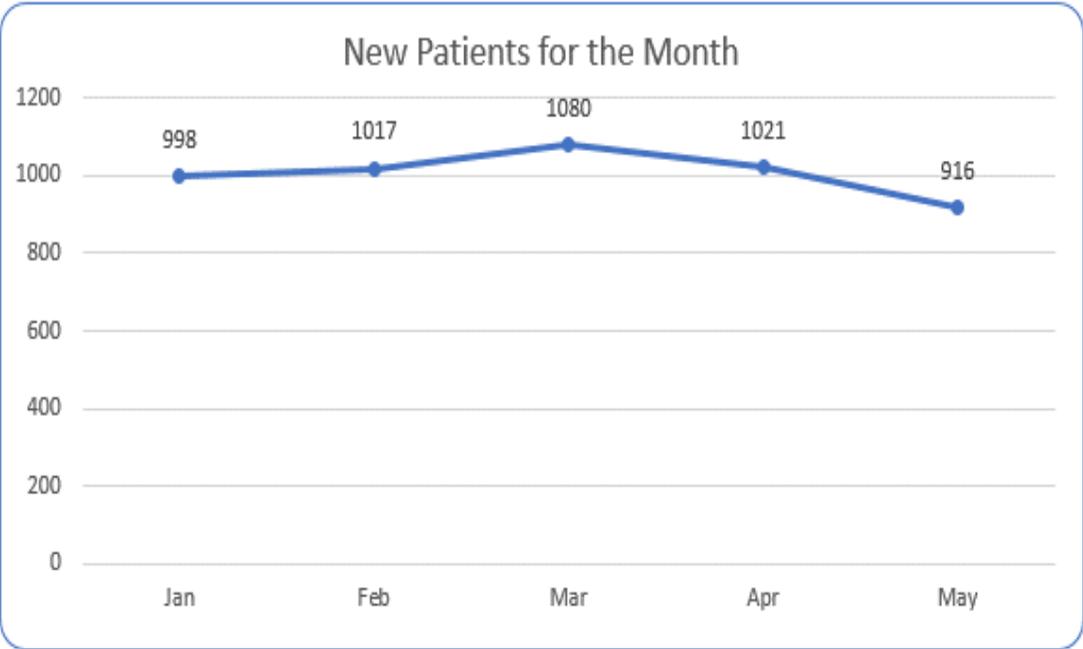
The Community Health Center produces data-based reports on: patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and governing board.

This presentation will be made monthly as it contains information essential for the CHC Board to comply with its long-term planning goals.

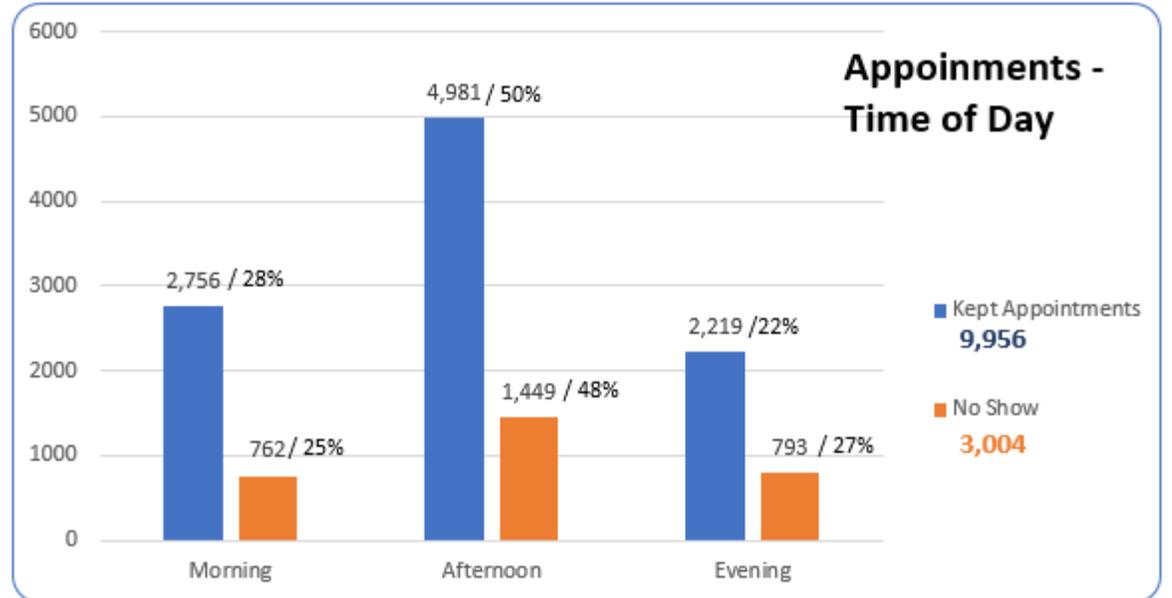
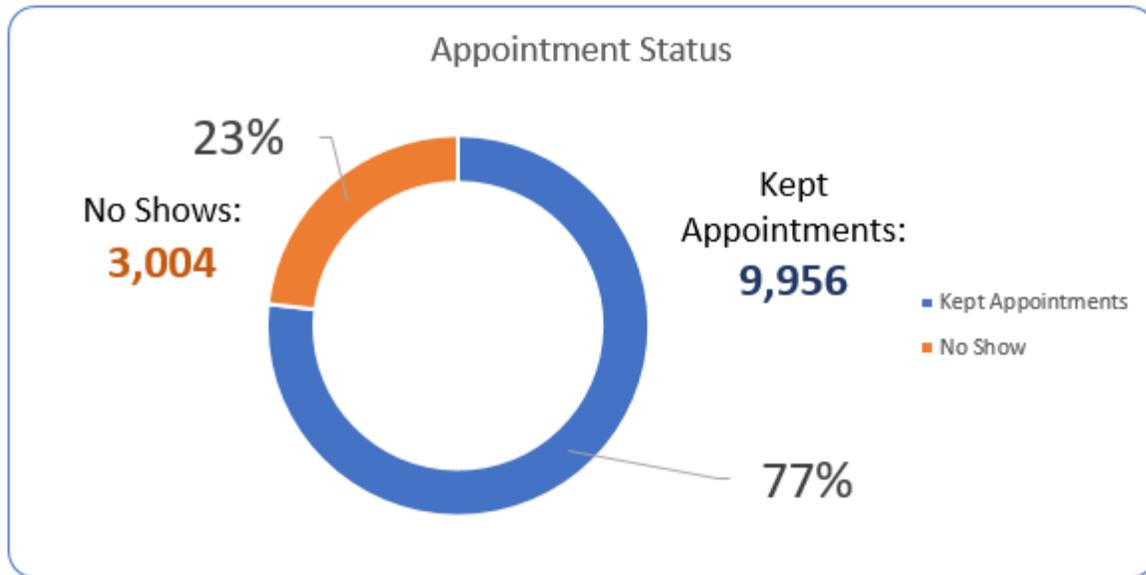


**Kern County Hospital Authority  
Community Health Center  
Board of Directors' – May 2025  
Health Center Service Utilization**

# New Patient Data May 2025



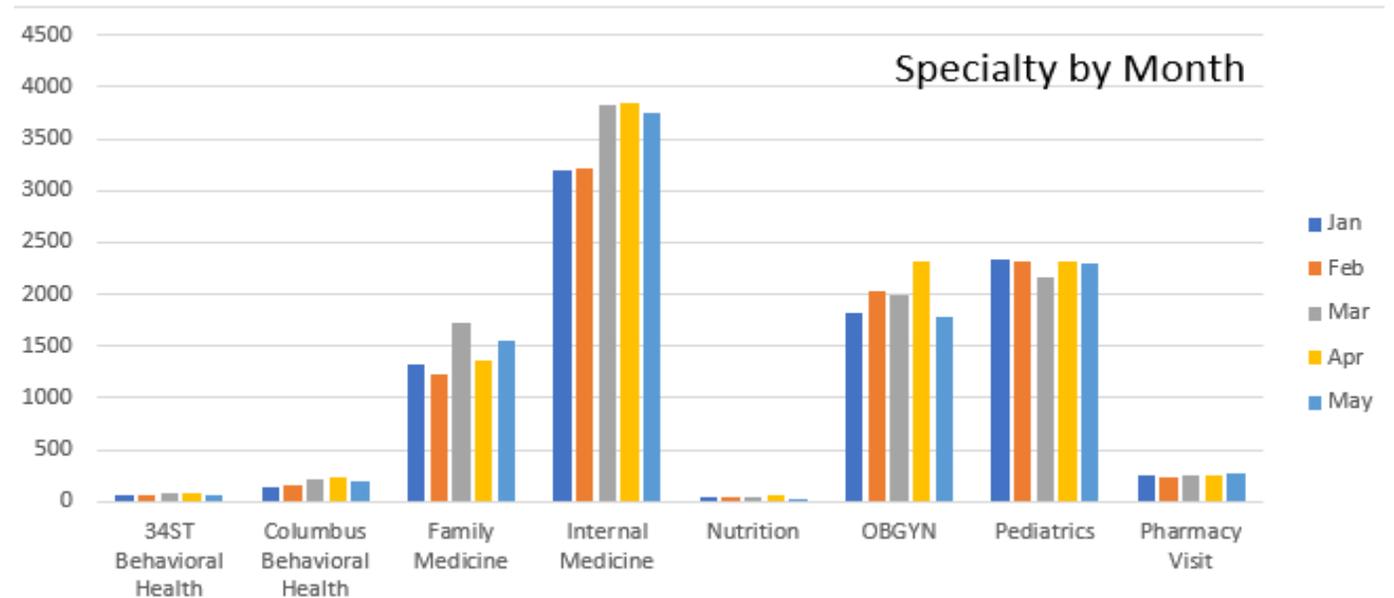
# Visits Per Month May 2025



Morning: 8am-12pm  
Afternoon: 12pm -5pm  
Evening: 5pm-8pm

# Visits by Month and Service Line May 2025

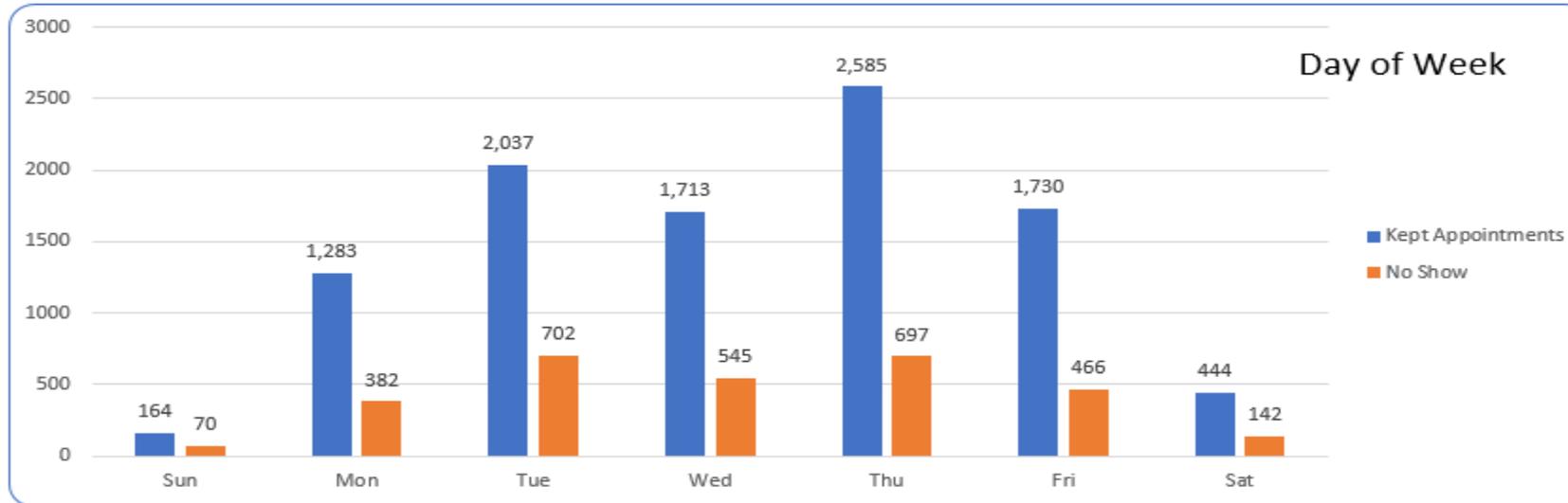
Row Labels	Count of Service	Percent
34ST Behavioral Health	349	1%
Columbus Behavioral Health	920	2%
Family Medicine	7204	15%
Internal Medicine	17832	36%
Nutrition	199	0%
OBGYN	9946	20%
Pediatrics	11437	23%
Pharmacy Visit	1272	3%
<b>Grand Total</b>	<b>49159</b>	<b>100%</b>



# Visits by Month and Location May 2025

Kept Appointments Clinics	Month					Grand Total	Percent
	Jan	Feb	Mar	Apr	May		
34ST Behavioral Health	59	65	75	79	71	349	1%
34ST GROW	299	309	562	608	526	2304	5%
34ST REACH	359	317	566	560	551	2353	5%
COL BH	145	153	209	225	188	920	2%
COL FM	1130	1053	1503	1219	1363	6268	13%
COL IM	2404	2397	2517	2513	2518	12349	25%
COL NUT	35	39	35	57	33	199	0%
COL PEDS	1687	1791	1828	1801	1818	8925	18%
COL PHARM CO	251	230	255	263	273	1272	3%
COL WH	1538	1708	1745	1974	1471	8436	17%
STK FM	198	183	213	150	192	936	2%
STK IM	139	187	189	155	156	826	2%
STK PEDS	640	528	340	523	481	2512	5%
STK WH	286	323	250	336	315	1510	3%
<b>Grand Total</b>	<b>9170</b>	<b>9283</b>	<b>10287</b>	<b>10463</b>	<b>9956</b>	<b>49159</b>	<b>100%</b>

# Appointments by Day of Week May 2025



2025 YTD Day of Week				
	Kept Appointments	No Show	Grand Total	Show Rate
Sun	849	396	1245	68%
Mon	7700	2451	10151	76%
Tue	10645	3506	14151	75%
Wed	9224	2962	12186	76%
Thu	11245	3216	14461	78%
Fri	7764	2221	9985	78%
Sat	1732	652	2384	73%
<b>Grand Total</b>	<b>49159</b>	<b>15404</b>	<b>64563</b>	<b>76%</b>

# Visits by Zip Code April 2025

Area	Count of Zip
[-] Bakersfield Zip Codes	44021
+ Bakersfield	44021
+ Greater Kern County	5018
+ Other California	120
<b>Grand Total</b>	<b>49159</b>

Top 10 Zip Codes		
Zip code	Count	Percent
93307	9584	19%
93306	7810	16%
93305	7348	15%
93304	4057	8%
93308	3699	8%
93309	3273	7%
93313	2302	5%
93311	1926	4%
93312	1522	3%
93301	1403	3%

## Zip Codes Included in Application:

93301, 93304, 93305, 93306, 93307, 93308,  
93309, 93311, 93312, 93313, 93241

*Questions*

***Thank you***

**BOARD OF DIRECTORS  
COMMUNITY HEALTH CENTER  
REGULAR MEETING**

June 25, 2025

**Subject:** Kern County Hospital Authority Community Health Center Board of Directors Quarter - 1 Quality Clinical Measures Presentation

**Recommended Action:** Hear Presentation; Receive and File

**Summary:**

The Health Resources and Services Administration Health Center Program Compliance Manual outlines certain roles and responsibilities for the Community Health Center Board (CHC Board), including the oversight of the CHC quality-of-care measures. The CHC quality-of-care measures are standardized through California's public health care systems. The program is designed to improve patient outcomes, service provider performance, and the quality of services. QIP converts funding from previously existing supplemental payments into a value-based funding structure, meeting the Manages Care Rule's option to allow payments tied to performance.

To support the responsibility to meet the QIP Measures, the Community Health Center generates data-based reports on clinical quality measures, monitor performance indicators, and identify areas for improvement. Review of these measures inform the decision-making process of the key management staff and the CHC Board. This presentation will be made quarterly as it contains information essential for the CHC Board to comply with its long-term planning goals.



# **Quality Metrics – Q1 2025**

Community Health Center Board of Directors

# Dashboard

	Measure Name	Numerator	Denominator	NUM	DEN	%
CMS2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Patients screened for depression	All patients aged 12 years and older with at least one qualifying encounter during the measurement period	4004	13655	29.3%
CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period	All patients aged 18 and older with at least one qualifying encounter during the measurement period	6961	11124	62.6%
CMS117	Childhood Immunization Status	Children who received the recommended vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and have a visit during the measurement period	42	547	7.7%
CMS122	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Patients whose most recent HbA1c level is >9.0%	Patients 18-75 years of age with diabetes with a visit during the measurement period	715	2056	34.8%
CMS124	Cervical Cancer Screening	Women with one or more screenings for cervical cancer	Women 24-64 years of age by the end of the measurement period with a visit during the measurement period	3844	6182	62.2%
CMS125	Breast Cancer Screening	Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period	Women 52-74 years of age with a visit during the measurement period	108	2143	5.0%
CMS138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Pop 1: Patients who were screened for tobacco use at least once	All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period	7825	9365	83.6%
		Pop 2: Patients who received tobacco cessation intervention		87	183	47.5%
		Pop 3: Patients who were screened for tobacco use at least once AND who received tobacco cessation intervention		7657	9365	81.8%

# Dashboard - continued

	Measure Name	Numerator	Denominator	NUM	DEN	%
CMS155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Pop 1: Patients who had a height, weight and body mass index (BMI) percentile recorded	Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an OB/GYN	1097	1149	95.5%
		Pop 2: Patients who had counseling for nutrition		470	1149	40.9%
		Pop 3: Patients who had counseling for physical activity		5	1149	0.4%
CMS159	Depression Remission at Twelve Months	Patients who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 score of less than five	Patients 12 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine	33	292	11.3%
CMS165	Controlling High Blood Pressure	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg)	Patients 18-85 years of age who had a visit during the measurement period and diagnosis of essential hypertension	2865	4647	61.7%
CMS347	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Patients who are actively using or who receive an order (prescription) for statin therapy	Pop 1: All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure Pop 2: Patients aged 20 to 75 years who have ever had a laboratory result of LDL-C $\geq$ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia Pop 3: Patients aged 40 to 75 years with Type 1 or Type 2 diabetes	3973	5573	71.3%
CMS349	HIV Screening	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Patients 15 to 65 years of age who had at least one outpatient visit during the measurement period	14369	28566	50.3%
CMS130	Colorectal Cancer Screening	Patients with one or more screenings for colorectal cancer	Patients 46-75 years of age with a visit during the measurement period	3545	13755	25.8%

# Next Steps

Initial Plan to use QIP data for UDS quality report insufficient;  
requires more robust data queries

Deep dive revealed differences in QIP and UDS data queries

Need to add additional information to the data queries to align  
QIP and UDS quality reports

Q1 and Q2 2025 UDS quality report will be presented to the  
CHC Board once additional queries have been added and  
new Data Set is complete

Questions ?



**BOARD OF DIRECTORS  
COMMUNITY HEALTH CENTER  
REGULAR MEETING**

June 25, 2025

**Subject:** Kern County Hospital Authority Community Health Center Executive Director Report

**Recommended Action:** Receive and File

**Summary:**

The Executive Director of the Kern County Hospital Authority Community Health Center will provide your Board with a clinic-wide update.