

San Joaquin County Clinics  
Minutes of October 27, 2011  
Community Board Meeting

1414 N. California Street, 2<sup>nd</sup> Floor  
Dorothy Chase Conference Room  
Stockton, CA 95202

Board Members Present

Ogechi Achunine  
Raymond "Jim" Dubois  
Pete Mata  
Regina McMahon  
Theresa Melish

Health Care Services Agency Staff Present

Ken Cohen  
Margaret Szczepaniak  
Leilani Chua  
Cynthia King

Guest

Samantha Phillips-Bland, SJGH Senior Deputy Director of Ambulatory Care Services

Call to Order

The meeting was called to order at 5:05 p.m. by Assistant Chair, Ogechi Achunine.

Approval of Minutes of September 29, 2011 Meeting

The minutes were not approved as there was not a quorum.

Public Comment

Fay Saeteurn was in attendance. She is a student at Health College and majoring in Medical Billing. She saw the listing about the meeting and wanted to see how a Board meeting was run.

Discussion Items

a. Patient Centered Medical Home (PCMH)

Samantha Phillips-Bland noted that SJGH got excellent reviews from the recent accreditation visit. The only thing that needs to be worked on is that the clinics

need to document when fire drills are conducted. She said that problem has already been remedied.

Ms. Phillips- Bland outlined the vision of the ambulatory care team at SJGH for the creation of a PCMH. The development of PCMH is a collaboration of the Health Plan of San Joaquin, Community Medical Clinics, SJGH, Health Care Services and Behavioral Health Services. PCMH is defined as a system where the patient is assigned to a primary care physician, who, with the assistance of a care team, works collaboratively with the patient to ensure the best possible health care outcomes. Patient care is provided by the care team assigned to the patient, and any support services are case managed. The creation of a medical home is thought to enhance the patient care experience, reduce health care costs and enhance health outcomes. The concept is similar to Kaiser Permanente in that the PCMH will incorporate and manage all services for patient care (i.e., physicians, pharmacists, dieticians, and laboratory staff) in one setting.

Margaret Szczepaniak asked the Board members for their feedback on their experiences with the clinics to assist in the development of a PCMH.

The first question posed to the members was whether they were assigned to a doctor. The answers were split, but it was unanimous that having the same physician made care easier because the patient doesn't have to explain their whole medical history each time they have an appointment with a new provider. The members were unanimous in stating that continuity of care is very important. It is also important that the patient feels the doctor has a vested interest in their care.

The challenge of providing a medical home in a teaching environment with residents was also discussed. Samantha explained the idea of block scheduling, wherein each "block" would consist of an attending doctor, two 3<sup>rd</sup> year residents, three 2<sup>nd</sup> year residents and one 1<sup>st</sup> year resident. When the 3<sup>rd</sup> year residents leave, the 2<sup>nd</sup> and 1<sup>st</sup> year residents would remain in the "block" and a new 1<sup>st</sup> year resident would be added. This would ensure that there is a team of staff familiar with each patient.

The dialogue continued with discussions about the length of time they had to wait for appointments or follow up appointments, referrals to other services (lab, radiology, therapy). Several Board members had negative experiences in connection with follow up to appointments and testing. One member said that test results were lost. Another member got no follow up to diagnostic and other tests that were taken and it has now been two years since those tests were performed. There was also dissatisfaction with referrals being made to other departments. It was suggested that follow up appointments be set at the time the patient completes the current appointment rather than waiting to call at a later date to get a follow-up appointment.

It was suggested that when a patient needs routine procedures performed, the appointments be set right away so the patient does not have to wait for the referral process. Patients should be treated as a whole person.

Samantha said the clinic will be implementing a Disease Registry. This technology allows patients to be monitored by medical condition. The registry would prompt the care team for check ups needed, lab results, provide patient education materials, and provide data for quality assurance and improvement.

Members were asked if they had developed any self management or health goals with their provider. Only one member had laid out goals with their doctor as to what treatment is needed and when it is needed. Several members discussed how important it was to be in charge of your own health care.

Margaret asked the members if they would find a website/portal helpful in managing their own care. In general, the group would not find it useful. They expressed a preference to personally speaking with someone about their care. Some members felt it may be helpful as long as professionals are available to speak with. The computer should not be a substitute for personal communication.

### **Next Meeting**

The next Board meeting will be held on December 1, 2011 at 5 p.m. at 1414 N. California Street, 2<sup>nd</sup> floor, Dorothy Chase Conference Room. Reminder: this will serve as the date for both the November and December meetings.

### **Adjournment**

The meeting was adjourned at 6:40 p.m.

Respectfully Submitted,

Theresa Melish, Secretary