River Valley Health and Dental Center CEO Report to the Board of Directors

February 2021

COVID-19: Center and Community Impact

- On Wednesday of last week, we learned that our Center was one of four FQHCs in the state be selected by HRSA to begin receiving direct federal distribution of the Moderna vaccine. If the federal effort rolls out according to plan, we could begin receiving much larger vaccine quantities as early as three weeks from now. HRSA's expectation under this program is for FQHCs to accommodate patients first since their communities underserved make up the majority of FQHCs' patient base. Only 250 FQHCs across the country have been included in this program at present.
- Our vaccine program has continued as discussed during last month's meeting. This program
 continues to utilize the Moderna vaccine supplied by the PA Department of Health. As reported in
 the media, the supply has been unpredictable and inconsistent. Nevertheless, we have
 administered 1002 first doses and 538 second doses for a total of 1540.
- COVID-19 tests so far in February have reached 184. That number is down from January's total of 364. The Center has continued to provide both rapid testing and non-rapid PCR tests five days per week.
- We hired a full-time dentist who will begin working with us in mid to late March. Dr. David Uhrik
 currently lives and works in the Lancaster, PA area. We also will be extending an employment
 offer to a dentist from the Wilkes Barre area in a few days and have interviews scheduled with
 two additional dentists over the next two weeks.
- Unfortunately, we received a resignation from Dr. Gwen Martin. She will be leaving us in about three months. A short overlap in service with our new physician, Dr. Conner, will occur before she leaves.

Grants and/or Expanded Services Opportunities

- The dental operatory co-located in the medical suite is now back in service. As you may remember, this project was funded by a federal grant to advance medical/dental integration.
- The closing on the Jersey Shore Dental office property has occurred. We are now in the process of closing the loop on maintenance and preparing for occupancy.

Our one provider's licensing process is still tied up at the state level. Consequently, the 431 location has not been utilized yet for Express Care services. Walk in services are still being provided at the Center in the interim.

Building Community Awareness and Perception

- Efforts are moving forward on several fronts to rally marketing and staff engagement efforts.
 Efforts are being planned to increase the channels of communication internally, as a result of
 the efforts of a Communications Work Group, and to patients, generally and specifically, for
 the COVID-19 vaccine program utilizing inserts in routine billing statements and consideration
 of improvements in the system for text messages.
- In partnership with the West Branch Drug & Alcohol Commission, a Naloxone Distribution (drive by) event will be held monthly beginning tomorrow afternoon. Representatives of West Branch will be onsite outside of the Community Room (431) to hand out the kits and information from 1 -4:30 p.m. each Tuesday.
- The annual "Raise the Region" online fundraising event will take place on March 10-11. The
 Center has registered to participate but planning for the event is being looked at to scale the
 effort in line with the anticipated resources currently available and the traditional return seen
 on those efforts.

Outreach Locations & Activities for January 2021 / February 2021

- STEP Board Activities
- Chamber of Commerce Activities
- Table Display and TV monitors in exam rooms at RVH&DC: Children's Dental Health Month: Cardiovascular nutrition for heart month; and COVID-19 awareness and prevention
- Senior management has been participating with local groups anxious about COVID-19 which
 includes such interested parties as state and county government representatives as well as
 concerned citizens.

Strategic Planning Review

In the early stages of a new strategic planning effort, it is appropriate to begin with a summary of our last plan and a progress report indicating the status of each areas discussed.

The following documents will be discussed during the meeting.

High-Level Strategic Plan Summary – DRAFT 2/5/2021

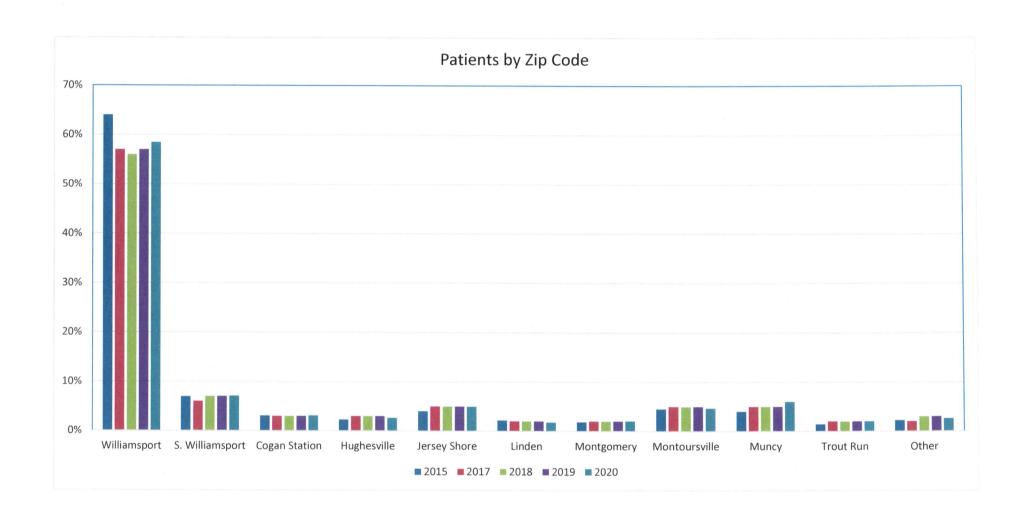
Anchors		Progress	
		Work completed or in progress	
Access to Quality Care	As a federally qualified health center, our primary purpose is to provide access to quality and affordable care for all.	Service Area Expansion	
	Historic data (Exhibit A) suggests that we have made limited progress expanding our reach beyond the immediate Williamsport area. While this area is the most populated and near the Center, steps should be taken to reach all areas of Lycoming county. Exhibit B identifies pockets of underserved populations that serve as opportunities.	 Mobile care unit Potential partners (UPMC, Geisinger, school districts, Laurel Health Centers and others) Acquisition of Jersey Shore dental facility Implementation of telemedicine Unsuccessful attempt to establish a new access point in 	
	Along with reaching people in additional geographic areas, steps should be taken to reach individuals in a more diverse social economic stratum. This need is best illustrated by our current Payer Mix statistics (Exhibit C).	Clinton county Expansion of Capacity Team based care model Transportation – purchase and roll out patient transport visual measurement Zip code data – data shows only incremental improvement primarily because of the suspension of mobile health Payer Mix Targets for both Medicare and commercial insurance have	
	Access to care also includes consideration of the health needs of communities outside Lycoming county. While the Board has determined that Clinton county represents an opportunity for us to expand access, additional areas around us are in need as well.		
	Develop a plan to expand care throughout our region either directly or indirectly. Please see Exhibit D.	been met and exceeded Despite considerable effort, including new access point and other collaborative efforts with other providers, we have not achieved significant expansion outside of Lycoming County.	
Community	Our duty to the communities we serve is to provide high quality care at the most affordable cost possible. The Center has adopted a "Patient Centered Medical Home" care model which brings many resources to bear to aid and encourage active patient involvement in their care.	Clinical quality measures continue to Improve Population health advancing Chronic care management – implementation of such programs as the diabetic education program and care gap closure efforts Community Needs Implementation of telepsychiatry Implementation of substance use disorder treatment Roll out of the initial Neighborhood Care program with American Rescue Workers	
	As represented in both the community needs assessment and our own population health statistics, we must continue to harness resources associated with chronic care management to achieve improved clinical outcomes and more importantly, improve the overall health of our patients.		
	We must continue with and advance the care team approach to strengthen patient adherence and mitigation of barriers to care.		
	We must find effective ways to communicate with current patients and potential patients throughout the region to share our message and access opportunities.		

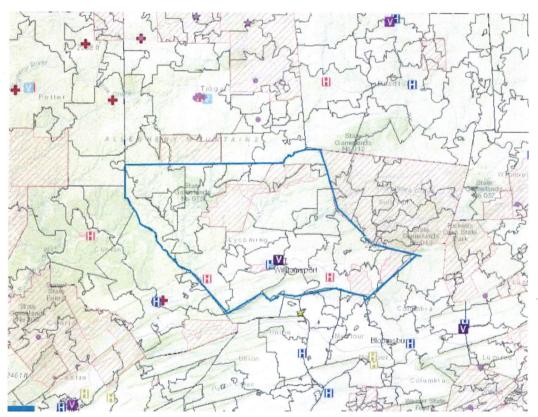
Community	We must continue to improve the perceived benefit to patients by improving service and innovation to deliver value to our patients.	 Food Insecurity – provided food distribution in cooperation with Central PA Foodbank Established cooperation with multiple community agencies to develop the "You are not Alone" campaign Performed a specialized patient/community needs assessment during the early stages of the pandemic Designed and implemented a new support service, Patient Navigator, that improved use of behavioral health services and provided another link between dental and medical services Implementation of Medical/Legal Services Communications Enhanced community messaging with assistance from an outside consultant and the board PR/marketing committee Re-established the patient portal, making it more customer friendly Measurement Continuous improvement in clinical quality measures has been documented Increased use of services 	
Sustainability	In our world of limited financial margins and an extraordinary demand on resources, we must be continuously seeking to minimize expenses and maximize the impact of money spent.	Operational Improvements	
	Create an efficient (right-sized) patient centered model for delivery of unsurpassed quality in these health care services that optimizes available resources for the foreseeable future.	 Leadership Development - new leaders Expanded or New Revenue Streams Telepsychiatry Pharmacy services Chiropractic services Mobile outreach services Identified collaborative service, but have not yet developed a successful project Have maintained a dynamic grant writing program that has resulted in large sources of revenue Measurement Realized positive change in payer mix New patient growth and retention – significantly affected b the pandemic 	
	Identify new strategies for the development of increased financial resources through grants, fundraising, donor commitments and new sources of revenue.		
	Continue to embrace performance-based reimbursement or pay for performance systems to first, take full advantage of incentive opportunities and second, be fully prepared as these reimbursement methodologies impact or even replace current practices.		

Workforce	An engaged, mission driven workforce is an absolute imperative. Regardless of how quality is defined, it cannot be achieved without a well-trained, mission driven workforce. Our workforce touches every aspect of the patient experience and in a very large part drives patient satisfaction. Leadership will focus resources on building employee engagement in the first year of this plan. Additionally, a continued commitment should be placed on leadership development with an emphasis on succession planning for management level positions. The significant strides achieved in recent years need to be continued with clear and mutual expectations.	 Employee Engagement Strategy Performed employee survey, collecting views on the workplace from the majority of staff Employee activities committee established and working well Relocated administrative offices closer to center to increase availability and visibility Established a multidisciplinary task force to improve communications Designed, but yet to implement a large-scale leadership development program Continually improving leadership skills Measurement Employee opinion surveys Factors include retention, patient satisfaction, ease of hiring Hiring of full time Human Resource manager
Partnerships & Collaboration	With an extraordinary demand on resources, business and community partners will continue to play an important role in our success. We must identify like-minded partners with mutual goals and objectives to work with as we expand services and service areas. Continue to consider and develop collaboration opportunities with other FQHCs, health systems, MCOs, community-based care organizations and others to advance a healthier community. Similarly, use these relationships to reduce costs and expand access to care.	 Health Care Partners UPMC is considered a close, important partner. Effort is continually applied to maintain that relationship North Penn (Laurel Health Centers) is an FQHC directly to our north. Routine discussions to seek opportunities to collaborate have yet to yield results. Geisinger Health System & Health Plan play a significant role in our region. An established system of communication has been established to date. Quest Labs is a major diagnostic laboratory serving our regions. A line of communication has been established. Community Partners The relationship with Northcentral PA Foodbank has proved to be an excellent resource for patients. Our staff continues to play an import role with multiple agencies and organizations, including STEP, Inc., Chamber of Commerce's Leadership Lycoming, United Way and others. Measurement Successful collaboration projects Shared risk and reward Improved patient access to care Improved patient outcomes

Technology	Technology will rapidly become a major competitive advantage or limiting factor to future growth.	New Technology • Implementation of state-of-the-art electronic health recor
	Take aggressive steps toward implementation of state-of-the-art electronic health record.	 Mobile health applications and equipment acquisitions All hardware on a refresh plan that is maintained
	Take full advantage of the technology available for patients care, population health measures, and communication with new and existing patients.	 Positioning Patient communications (portal, app, messaging) have b successfully implemented Telehealth readiness - capabilities are in use
	Position the organization to take full advantage of telehealth opportunities when billable opportunities present.	 Integration with other providers Access to higher level analytics (patient care & business operations) Measurement Operational efficiencies Patient and provider usage Improved population health outcomes

American Indian or Alaska Native	5
Asian	9
Black or African American	441
Declined to Specify	15
Other Pacific Islander	15
Other Race	87
Unreported/Refused to Report	51
White	1238
Unknown	221



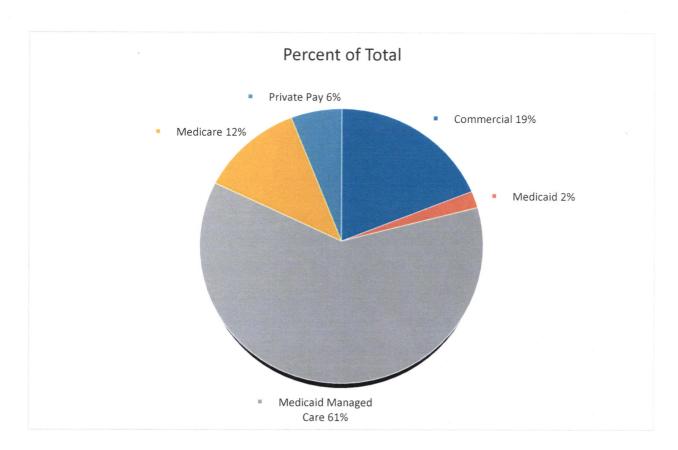


Service Area & Medically Underserved Areas

River Valley Health and Dental Center's service area is Lycoming County (outlined in blue). A service area for a FQHC means that at least 75% of patients served must come from that designated area. We are able to serve patients outside of our "service area".

The slanted red striped areas represent "Medically Underserved Areas". These areas are designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.

FQHCs must serve at least one Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP).



Targets for change:

	Target	2019	2020
Commercial	16.36%	12.59%	19%
Medicare	11.23%	7.23%	12%