

Agenda – Board of Directors Meeting

November 26, 2018

1. Call to Order and Attendance – Tom Brownlie
2. Audit Report – Ben Puckett, Leslie Roberts
3. Visioning Moment – Dr. Mann
4. Consent Agenda – Tom Brownlie
 - a. Board of Directors Meeting Minutes 2-4
 - b. Executive Committee Meeting Minutes 5-6
 - c. Governance & Nominating Committee Meeting Minutes 7
 - d. Grant Report – Jan MacQueston 8-9
 - e. Board of Directors Roster 10-14
5. Management Discussion and Analysis
 - a. EMD Report – Dr. Mann 15-16
 - b. Dental Clinic Report – Dr. Bennett 17-20
6. Approval of Sliding Scale – Dr. Mann 21
7. Employee Survey – Jim White & Dr. Mann
8. Committee Reports
 - a. Communications and Development 22
 - b. Finance Committee Report 23-30
9. DHG Consultants Report, Action Plan – Tom Brownlie
 - a. Responses from Jim White 31-32
10. Discuss ideas for Grants – Tom Brownlie
11. Other Business
12. Next Board Meeting January 28, 2019 5:00 to 6:30 PM at the Multi-purpose Room
13. Adjourn

**Board of Directors Meeting
 Olde Towne Medical and Dental Center
 Multi-Purpose Room
 October 22, 2018 5:00-6:00 PM**

Attendance			
Members Present		Members Absent	Staff Present
Thomas Brownlie	Ramon Rodriguez	John Anderson, M.D.	Dr. Bill Mann
Anne Bradstreet Smith	Janna Roche	Walt Zaremba	
William Bennett, DDS	Judy Knudson	John McGlennon	
Sue Mellen	Frank Sisto	Amanda Ulishney	
Scott Foster	Sharon Marchelya	David Masterson	
Brian Smalls	Benny Zhang	Ben Puckett	
Chris James	Brian Fuller	Adria Vanhoozier	
Jim White	Peter Walentisch	Camilla Buchanan	
Steve Vignolo	Cheryl Fields		

Summary of Business Items covered:

- 1. Call to Order and Attendance – Tom Brownlie**
 - a. Chair Brownlie called the meeting to order. A quorum was present.
- 2. Visioning Moment – Dr. Mann**
 - a. Dr. Mann made a presentation on the Chronic Care Collaborative. A copy of the slides are available by e-mailing Dr. Mann.
- 3. Consent Agenda – Tom Brownlie**
 - a. Steve Vignolo noted that minutes for the Planning and Performance Committee were part of the consent agenda.
 - b. Benny Zhang moved and Judy Knudson seconded a motion to approve the consent agenda as amended. The motion passed.
- 4. Administration Review of DHG Report**
 - a. Chair Brownlie and Dr. Mann reviewed the detailed response to the DHG report prepared by management. This detailed report is targeted to the committees and the directors. It is not a formal response to WHF. Chair Brownlie requested that directors not use the report out of context.
 - b. The report highlights specific areas where the consultants may have misunderstood current practice as well as further expanding current practice.

5. **Review Gala – Judy Knudson**
 - a. Judy reviewed the results of the gala (see board package), overall we have netted over \$55,000 (versus \$50,000 budget forecast) from our 25th anniversary celebration.
6. **Virginian Secretary of Health and Human Resources Presentation – Dr. Mann**
 - a. See Attached
7. **Management Discussion and Analysis** (see attached)
 - a. EMD Report – Dr. Mann
 - b. Dental Clinic Report – Dr. Bennett
 - i. Dr. Bennett discussed the ongoing challenges of no shows and emergency procedures
 - ii. Dr. Bennett will work with Ray Rodriguez and Peter Walentisch to develop suggestions on how to further define limits on Dental services to improve overall service to our patients.
8. **Committee Reports** (see attached)
 - a. Communications and Development
 - b. Finance Committee Report
9. **DHG Consultants Report, Action Plan – Tom Brownlie**
 - a. See attached.
10. **Other Business**
 - a. Dr. Mann reviewed the need to replace the current two part time mid-level providers with a full time position.
 - b. Chris James made a motion and Judy Knudson seconded to hire a 5th full time mid-level provider, and on doing so, to eliminate current part- time mid-level providers, but allowing part-time mid-level providers to be hired in the future if the 5th mid-level provider should leave. Discussion followed and it was noted the board had approved this position previously, and budgeted for it. Our use of part time providers was necessitated by previous inability to find full time qualified applicant.
 - c. Question was called and passed with unanimous vote of approval.
11. **Next Board Meeting** November 26, 2018 5:00 to 6:30 PM at the Multi-purpose Room
12. Judy Knudson moved and Benny Zhang seconded a motion to adjourn. The meeting was adjourned at 6:00.

Tom Brownlie
Chair, Olde Towne Medical and Dental Center

Action Plan

DHG Consultant Report to WHF

The report is the result of a brief review of OTMDC policies and procedures conducted in April / May 2018, primarily by Jonathan Zimmeran, Senior Consultant with support from Bill Hannah, Principal at DHG. The study was funded by WHF, our largest supporter.

The report is divided into sections:

1. Governance
2. Policy Assessment
3. Business Model Assessment

Within each section, there are sub-sections such as Administrative Oversight and Billing. There are discussions and then recommendations.

Proposed actions by OTMDC in response to the report.

1. Analysis of Recommendations to characterize the suggestions as current practice, actionable and questionable.
2. Divide responsibility to provide a more detailed response to each recommendation to the various standing committees of the board and / or management.
3. Summarize plans and report to Carol Sales at WHF
4. Prioritize recommendations that will increase costs and prepare grant request(s)
5. Deliver status report to Carol Sales at WHF by November 14 (after November EC)

There are a lot of recommendations, we want to be thorough in our response but should group suggestions where feasible.

Some expected outcomes:

1. Response that collects the coercive recommended actions as contrary to our approach to our patients as recommended by WHF and other key stakeholders
2. Concise statement on BOD size after review by Governance and Nominating
3. Concise statement on FQHC based on our consultant report and any update available
4. Analysis of "lost revenue" from today's business practices
5. General statement on our succession planning, back-up, hiring strategies
6. General statement on our approach to strategic planning and the changing health care environment.
7. General statement on our revenue sources and our efforts to enhance revenues.
8. Specific statement on our current Medicaid handling and plans to flexibly respond to changes from Medicaid expansion.
9. General statement on our policy review process and what we consider a policy versus procedure or practice.

We do not have to answer everything within any timeframe. We do have to provide some response by the end of November.

Minutes

November 13, 2018 Executive Committee Meeting

Members Present: Anne Bradstreet Smith, Dr. Bill Bennett, Chris James, Jim White (by Phone), Dr. William Mann, Tom Brownlie, and Ben Puckett, David Masterson

Members Absent: None

Agenda:

1. Review Agenda, Additions?
2. Short business update – Dr. Mann
3. Short Dental update – Dr. Bennett
4. Review Committee Plans and Progress for DHG report – Committee Chairs
5. Review Employee Survey Input – Jim White / Dr. Mann
6. Review Ford's Colony Marketing Input – Tom Brownlie, Chris James
7. Discuss "Message" for reviews with Jurisdictions – Tom Brownlie, Chris James
8. Other Business
9. Adjourn

Agenda – Anne Bradstreet Smith requested time to review some information from VCU.

Business Update – through 4 months, we are tracking to be slightly under our expense budget for the year. Patient visits have jumped around in the first 4 months with a low of 1113 in September due to the holiday and storm days lost and spiked to 1796 in October with flu shots driving the jump. We saw quite a bit of upper respiratory issues in October. Our revenue report reflects a large change year to date in the "other" category as stock market movements negatively impacted our October numbers. Ben reminded us that we have seen investment gains (unrealized) of over \$800,000 since moving to the Vanguard fund.

Dr. Bennett reported steady dental operations. E-mail issues have delayed the meeting to discuss the dental protocol.

Committee reports on DHG responses.

Jim White discussed the responses to the topics on board size, turnover and policies. We will have a written response to share with the BOD for the November meeting and with WHF after that. The EC and the Governance and Nominating Committee are supportive of the current BOD size and feel it works for us. We work hard to stay within a range of 22-26 (by-laws maximum is 30) and actively seek competencies that we need to fill roles within the committees.

Ben Puckett reviewed his draft response that needs to be discussed at the next FC committee. Generally supportive of the detailed management response and reviewed that we have been discussing reporting at the board level for quite a while, that we are well positioned to take on additional Medicaid patients and that we will work to consolidate our policies to make them easier to reference. The EC supports Ben's comment that the JCC financial support is an asset

not a problem for us. Anne Smith pointed out that it is a requirement based on the initial set up of WAMAC.

David Masterson reviewed that we are not in a medically underserved area and that there is no need to spend further resources on a consultant to tell us that. Therefore, we will not be further pursuing change to a Federally Qualified Health Center.

Chris James and Dr. Mann will work with management and the Communications and Development Committee to develop a prioritized list of potential grant requests for the coming WHF cycle. We expect to have more than two requests and will need to prioritize.

The James City County employee survey provided some good insights and reminders of good practices that we can reinforce. The very small sample size (of 25 employees, 11 employees and 2 supervisors took the 42 question survey) and confidentiality needs dictate a cautious approach. We did very well on key mission, goals and motivational questions. As would be expected, not so good on pay. We will provide a summary at the BOD meeting.

Tom Brownlie discussed the push by Ford's Colony Men's Golf Association to celebrate their million dollar event in May of 2019. One aspect has been adding a marketing expert who has a long history at Proctor and Gamble and is now associated with the Mason School of Business. Chris James and Frank Sisto will work to coordinate this effort with our ongoing communications and development efforts. Tom Brownlie will try to set up a meeting with Dr. Mann to share some of the ideas on how to focus our message.

Anne Bradstreet Smith shared some materials from the Massey Cancer Center at VCU. They are exploring adding facilities in the area and we need to look for opportunities to support and benefit from this development.

The meeting was adjourned at 6:20.

The minutes were approved by e-mail on November 14 and 15.

Tom Brownlie

Chair, Olde Towne Medical and Dental Center.

OLDE TOWNE MEDICAL AND DENTAL CENTER

MINUTES – GOVERNANCE AND NOMINATING COMMITTEE – 10/16/18 – 4P M

LOCATION – Zaremba Law Office

COMMITTEE MEMBERS PRESENT – Chris James, Steve Vignolo, Walt Zaremba, Jim White (Committee Chair)

UNABLE TO ATTEND (Date Change) – Brian Smalls, Ramon Rodriguez

AGENDA – Employee Survey, DHG Audit Report, Committee Meeting Dates

Employee Survey – Stephanie Burton and Patrick Teague of JCC HR presented an overview of the recent OTMDC employee survey. The discussion covered the general format of the survey, participation level and other broad information. Analysis is still underway for Olde Towne as well as other James City County organizations. Also, a meeting is being scheduled with Dr. Mann to review findings in detail. G&NC and Tom Brownlie will meet with JCC HR after a Dr. Mann meeting has taken place. It was agreed that Dr. Mann should be advised of the detailed findings before our committee. More information will follow in the next G&NC meeting.

DHG Audit Report – Jim White shared information from other meetings at which the audit report was discussed. He indicated that the report would be sent to G&NC members in the next few days. Three pages in particular contained statements on which the committee members were asked to respond. Generally, the pages relate to board and policy matters. Jim will share information with Tom Brownlie after hearing from the committee.

Committee Meeting Dates – The committee agreed to stick with previously set meeting dates where possible. Wednesday afternoon remains the best day, around 4P M.

The meeting was adjourned at 5P M.

FY 2018 - 2019 Grant Report

Updated

November 20, 2018

ACCEPTED				
Funder	Requested Amount	Amount Awarded Date Received	Intended Use	Status
RECURRING:				
VCHA	\$	97,366 FY18	General Support	Funded
City of Williamsburg	88,511	88,511 FY19	General Support	Funded
James City County	350,893	350,893 FY19	General Support	Funded
York County	94,642	94,642 FY19	General Support	Funded
SWRMC		100,000 FY18	Prenatal	Funded
VHCF		110,259 FY19	MAP	Funded
VCHA	30,000	30,000	Lab Corp	Funded
VA Dept. of Health	7,837	7,837	General Support	Funded
Total	\$ 571,883	\$ 879,508		
ONE TIME:				
TOTAL				

PENDING

Funder	Requested Amount	Amount Awarded Date Received	Intended Use	Status
WHF	\$ 450,000 CY18		Basic Operating Expenses	
PCF	50,000		Ultrasound machine	
Sentara Fdn.	32,000		Dental Clinic/staff and supplies	
Wmsbg. Presby. Church	2,500		Care of uninsured patients	
Huston Foundation	6,286		Medical equipment	
Rapoport Foundation	28,900		New servers	
Delta Dental	7,500		Dental equipment	
Newport News Shipbldg	103,900		Dispensing Pharmacy	
Total	\$ 681,086			

DENIED

Funder	Requested Amount	Date Denied	Intended Use	Status
Newport News Shipbldg	\$ 103,900	11/10/2018	Dispensing Pharmacy	Denied

Williamsburg Health Foundation = **WHF**

Sentara Williamsburg Regional Medical Center = **SWRMC**

Virginia Community Healthcare Association = **VCHA**

Virginia Department of Health = **VDH**

Peninsula Community Foundation of Virginia = **PCF**

Virginia Health Care Foundation = **VHCF**

Sentara Foundation = **SF**

Williamsburg Community Foundation = **WCF**

APPROACHING the following foundations for funding:

Bank of America, Clark Foundation, Wells Fargo

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Executive Medical Director's Report: November 2018

Summary: For the first 4 months of the fiscal year, we have had 5,788 patient visits, 21.4% dental and 86.6% medical. We appear to be on budget thus far.

Patient Services and Staffing: We have completed the process for hiring our fifth full time nurse practitioner, and she will be starting on or about the 28th of November pending completion of HR paper work. She has worked part time for us since September, and has done well in that position, so we expect a smooth transition.

Our two medication assistance staff have been encouraging patients to enroll in Medicaid, and helping them complete the process.

Thirteen of our 25 full time employees participated in JCC's Employee Engagement Survey. We have reviewed the results with HR staff. Our employees are 100% on board with our mission, would like better pay, and feel that they are working hard and pleased with their immediate supervisors. They do not feel that employees who are not performing well are sufficiently chastised, would like more orientation and more positive feedback. We are implementing a "Comments" box for anonymous suggestions, reviewing our training procedures and are planning to spend more time at our monthly staff meetings complimenting employees for their work.

Physical plant: Nothing to report.

Finances/Grants/Donors: Nothing to report. December and January are times when we usually find out what grants are available from the Williamsburg Health Foundation, interim and final reports are required on current grants, and we are reaching out to the three jurisdictions and the Williamsburg Community foundation.

PROXIMO is a large public relations/marketing firm in Hampton Roads. Once a year the company gives back to the community by holding a contest for nonprofits. Jan MacQueston, our director of development, entered us into the contest and we won. Although we did not receive a monetary donation we did received 24 hours of PROXIMO's staff time. In our proposal we requested that they review our general brochure, Annual Report, website and video (PROXIMO produced a video of OTMDC to publicize Dr. Burden's race, "Miles for Smiles"). We are looking into enhancing the video's length and using it for a variety of development/marketing purposes. PROXIMO reviewed everything we requested and made suggestions. Overall, they were quite pleased with the Annual Report, and had some suggestions on our brochure making it more reader friendly. Suggestions for the website (including how better to connect to Facebook) and enhancing the video are now in the process of incorporation.

Community Collaborations: We met with representatives from **Colonial Williamsburg** to finalize planning for next spring's Health Fair, and with representatives from **Thomas Nelson Community College** to discuss providing information to their students. We also spoke with folks from the YMCA about free or reduced cost memberships for our patients. Jan attend "Networking for Nonprofits" sponsored by **Sonabank** and **Network Peninsula**, and also attended the "Women's Business Council." She also attended the **Chamber of Commerce**

brown bag luncheon. Kendra Robinson, our clinic director, and I met with Dr. Stern, acting director of the **Peninsula Department of Health**. We discussed ways we could partner with respect to contraception, STD and other services. They offer limited health services. Recruitment is under way for a permanent director for their dept.

Dental Report 11/20/2018

There was a new subcommittee formed to review dental clinic needs and operations. We are in the process of scheduling a meeting now.

The Dental Clinic was honored by the Williamsburg Health Foundation for its contributions to the oral health of the community. We are very proud of our staff and volunteers.

Attached to this report is a copy of our dental statement and protocol. Dr. Toth was kind enough to create for the clinic to explain to our patient the protocol and what can be expected when they come to the clinic for their dental care.

We will once again be hosting the Give Kids a Smile event at Olde Towne. We have begun preparations and welcome volunteers to assist in getting the word out and the planning process. Please Contact Dr. Bennett or Tabitha Burton if you wish to be a part of this event.

Olde Towne

MEDICAL & DENTAL CENTER

OTMDC- Dental Statement

The Olde Towne Dental Clinic exists to serve patients with limited resources through preventive care and education, relief of pain and infection, and by providing limited restorative procedures to motivated patients who maintain an effective regimen of personal oral hygiene.

Preventive Education and Care

Treatment efforts to save teeth and restore dental function at the clinic will fail without patients' motivation toward dental health and successful personal hygiene at home. To that end, either at the first full examination or at the first appointment with the hygienist, every patient will be given basic knowledge of the development of caries, gingivitis and periodontal disease. This will be followed by individual instruction in home care, including proper use of the toothbrush, floss, mouthwash and other aids. Diet and oral habits will be discussed as appropriate. Patients can expect evaluation and re-enforcement of technique at subsequent appointments.

The majority of dental caries, gingivitis and periodontal disease can either be prevented entirely or minimized by effective home hygiene and early intervention at the clinic. It is possible for a motivated patient with good home care to keep their teeth for life and avoid a lot of pain, expense and social embarrassment. This is the goal.

Pain and Infection

Dental emergencies involve pain and infection (swelling, fever, pus). A chipped tooth or filling is not an emergency and will be addressed by appointment. Patients suffering pain and/or infection will be seen as quickly as possible, usually the same or next day that they contact the clinic. They will be given a focused examination and appropriate treatment or referral to provide relief. New patients or patients who have not been to the clinic for annual examinations will need to return by appointment for full examination, treatment planning and further care. Established patients in good standing will be given follow-up appointments as needed.

Restorative Procedures

Restorative services at Olde Towne Dental are limited to composite (tooth-colored) and silver amalgam fillings. These services are important and valuable. The clinic doesn't have the resources to provide comprehensive dental care such as crowns, bridgework, removable dentures, implants, orthodontics and other specialty treatment. Patients need to know that when teeth can't hold regular fillings any longer they will be extracted unless the patient can obtain treatment elsewhere.

Restorative procedures are reserved for patients in good standing: those with successful home care as demonstrated by the absence of gingivitis and control of periodontal disease. Doctors may decline to provide restorative and hygiene procedures to patients who still have poor oral hygiene after documented efforts to help them. These patients will not be abandoned: painful, infected and fractured teeth will be extracted.

Special Considerations

Oral Surgery: Extractions and other procedures that can be done using local anesthetic will be provided at the discretion of the doctors. Patients with extensive medical problems or whose oral surgery is too complicated for this clinic will be referred to an oral surgeon as available.

Root canal treatment: The removal of dead and dying nerves and filling the hollow space to seal the inside of the tooth is time consuming, technically difficult and not done by all dentists. Teeth with root canal fillings, especially the premolars, become brittle and prone to fracture unless they have crowns to protect them. If a tooth can be saved with root canal treatment and a crown, the patient will be informed. If the root canal filling won't be done at the clinic, and the patient can't afford a private dentist, the doctor will offer to remove the tooth.

At the discretion of doctors willing to provide the service, limited numbers of root canal fillings may be offered to patients in good standing. The goal is to help patients to keep key teeth (a molar and canine in each quadrant) to support removable partial dentures and avoid full dentures, especially in the mandible. Molar teeth with good remaining structure can sometimes be protected with special silver amalgam fillings instead of crowns. Canines and other front teeth must have sufficient tooth structure to reasonably restore or the patient must be able to afford crowns by a private dentist.

Treatment planning beyond the clinic's capabilities: Replacing missing teeth, making crowns, treating periodontal disease and considering orthodontics can be complicated and often there are several options to choose from. The doctors at Olde Towne will provide counseling to patients in good standing to help them understand and plan for their long term dental needs.

Appointments and emergencies: New patients and patients in good standing will be treated by appointment. An appointment is a reservation for dental treatment and patients who fail to show up hurt both themselves and others who could have had that appointment. Patients who are chronically late or fail to show up at all will lose the opportunity for regular dental care and will be limited to emergency care for the relief of pain and infections.

- The first appointment for new patients is a comprehensive examination. This will be followed by preventive education, hygiene services and treatment as needed.
- Hygiene: New patients will be given home care instructions and appropriate hygiene services. Patients in good standing will be given recall appointments, usually twice a year.
- Appointments for treatment by the doctors will be scheduled as needed.

- Patients should check in at least 15 minutes before their appointment time. If you're not here when called you may lose the opportunity for treatment. If you fail your appointment or don't cancel at least 24 hours ahead of time, all your appointments will be cancelled and you'll have to re-schedule.
- On many days the number of patients at the clinic is overwhelming. Please be patient with us: we will do our best to take care of you in a timely manner.
- Patients in pain or with infections may be seen as an emergency, first come: first served. You should be at the clinic between 9 and 10 am and/or 1 and 2 pm and be prepared to wait until you can be worked into the existing schedule. If there are too many to be seen that morning or afternoon, you will be informed and can come back for the next morning or afternoon. Emergency patients will receive an examination focused on their emergency and appropriate palliative treatment will be provided. Once the emergency is over, new patients may schedule a comprehensive examination.

Signature: _____ **Date:** _____

**Olde Towne Medical Center Sliding Fee Scale
Effective 11/19/2018**

No.In	Level B 10.00 FPL: 100% & Below	Level C 15.00 FPL:>101-138%	Level D \$25.00 FPL:>139-166%	Level E 40.00 FPL:>167-200%	Level F \$60.00 FPL:>201-250%	Full Fee FPL:>250
1 Annual	\$0.00-\$12,140	\$12,141-\$16,753	\$16,754-\$20,152	\$20,153-\$24,280	\$24,281-\$30,350	\$30,351
2 Annual	\$0.00-\$16,460	\$16,461-\$22,714	\$22,715-\$27,324	\$27,325-\$32,920	\$32,921-\$41,150	\$41,151
3 Annual	\$0.00 - \$20,780	\$20,781-\$28,676	\$28,677-\$34,495	\$34,496-\$41,560	\$41,561-\$51,950	\$51,951
4 Annual	\$0.00 - \$25,100	\$25,101-\$34,638	\$34,639-\$41,666	\$41,667-\$50,200	\$50,201-\$62,750	\$62,751
5 Annual	\$0.00 - \$29,420	\$29,421-\$40,599	\$40,600-\$48,837	\$48,838-\$58,840	\$58,841-\$73,550	\$73,551
6 Annual	\$0.00 - \$33,740	\$33,741-\$46,561	\$46,562-\$56,008	\$56,009-\$67,480	\$67,481-\$84,350	\$84,351
7 Annual	\$0.00 - \$38,060	\$38,061-\$52,522	\$52,523-\$63,180	\$63,181-\$76,120	\$76,121-\$95,150	\$95,151
8 Annual	\$0.00 - \$42,380	\$42,381-\$58,484	\$58,485-\$70,351	\$70,352-\$84,760	\$84,761-\$105,950	\$105,951

Dental

B-\$20.00	C-\$30.00	D-\$50.00	E-\$60.00	F-\$70.00	Full Fee
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**** All Levels are Based on Gross**

Income**

****Income Levels are valid for 6 months****

OLDE TOWNE MEDICAL & DENTAL CENTER
Communications and Development Committee

October Committee Report

Items of Interest to the Board:

- Committee chair position was passed from Judy Knudson to Christopher James. Judy has agreed to remain on the committee
- Final draft of the Communications Plan will be the main focus of the committee over the next 2 months
- Funding of the needed Communications Specialist position will be identified and initial staffing plan developed
- Planning for the Antique Appraisal and Luncheon continues. Event will be held on March 7, 2019 at Two Rivers Country Club
- Committee Charter will be updated to reflect increased committee focus on communications
- Ongoing event planning:
 - FC Golf Tournament
 - Wine Tasting or brew tasting September 19, 2019.

OTMDC Finance Committee
November 2018
Summary Report to the Board

Recommended Actions: Approval of the FY 2018 Audit

Items of Interest to the Board:

1. The Chair has submitted comments on behalf of the committee to the Executive Committee regarding the DHG report. In general our recommendations are in agreement with those of management. We are revising some of the financial reporting to the Board (see attached reports), and have recommended some specific responses related to policies.
2. The annual audit for 2017-2018 has been completed, and will be presented at the November Board Meeting. The final #'s show net income of \$106,245. Comparison of revenue to budget (exclusive of 'in-kind' income and investment income which are not budgeted) shows total revenue was \$13k (0.5%) less than budget. Total expenses (excluding depreciation and in-kind expenses) were \$16k (0.7%) below budget. The auditors have reported an unqualified opinion of the financial statements.
3. Financials through Oct.31 (4 months of current fiscal year): Total revenue YTD is \$1.22 million, or 51% of the annual budget. Net Patient revenue of \$143k is 31% of the annual budget. Public support of \$94k is 48%. Individual giving of \$52k is well ahead of the previous year same period (\$7k). Fundraising income is \$65k (46%), most of which is from the 25th anniversary Gala event. Grant income is \$593k (57% of annual budget). Total Expenses are \$818k or 31% of annual budget. The Current Asset Report shows cash and investments of \$4.66 million, an increase of \$237k from the 6/30 balance. Net receivables have increased by \$1.7k. The investment report shows an increase in the Investment Fund of \$36k ytd, and \$816k since 7/1/15 (3 1/3 years).
4. The committee is beginning the budget process for 2019-2020. The budget will be developed with consideration of several potential long range scenarios considering revenue projections varying from 'conservative' to 'aggressive'.

OTDMC: Current Assets Report: 10/31/18

	<u>10/31/2018</u>	<u>6/30/2018</u>	<u>Diff</u>
Cash	\$ 229,584	\$ 27,662	\$ 201,922
Investments	\$ 4,436,095	\$ 4,400,307	\$ 35,788
SUBT.	\$ 4,665,679	\$ 4,427,969	\$ 237,710
Receivables:			
Medicaid	\$ 17,706	\$ 18,236	\$ (530)
Medicare	\$ 17,015	\$ 9,146	\$ 7,869
Self-Pay	\$ 209,696	\$ 237,428	\$ (27,732)
Industrial	\$ 2,007	\$ 78	\$ 1,929
Dental	\$ 5,529	\$ 4,936	\$ 593
Commercial Insurance	\$ 9,402	\$ 5,330	\$ 4,072
Prepaid Expenses	\$ 3,350	\$ 3,350	\$ -
Anthem	\$ 5,775	\$ 6,776	\$ (1,001)
Sentara Optima	\$ 9,903	\$ 7,711	\$ 2,192
SUBT	\$ 280,383	\$ 292,991	\$ (12,608)
Less: Allow. For Doubtful Acct	\$ (128,871)	\$ (143,251)	\$ 14,380
Net Receivables	\$ 151,512	\$ 149,740	\$ 1,772
Total Current Assets	\$ 4,817,191	\$ 4,577,709	\$ 239,482

OTMDC Investment Fund Summary:

	<u>2015-'16</u>	<u>2016-'17</u>	<u>2017-18</u>
	6/30/2016	6/30/2017	6/30/2018
Beg. Balance	\$ 4,207,422	\$ 4,278,476	\$ 4,287,137
Change in Value	\$ 143,268	\$ 391,164	\$ 245,861
Transfer to Operations	<u>\$ (72,214)</u>	<u>\$ (382,503)</u>	<u>\$ (132,691)</u>
Ending Balance	\$ 4,278,476	\$ 4,287,137	\$ 4,400,307

2018-19 YTD Total (3.33 yrs.)

9/30/2018

\$ 4,400,307	\$ 4,207,422
\$ 35,788	\$ 816,081
<u>\$ -</u>	<u>\$ (587,408)</u>
\$ 4,436,095	\$ 4,436,095

Olde Towne Medical and Dental Center

Asset Report

11/9/2018

Year: 2019 Period: 4

Ledger Description	Current Balance	PY Balance
Cash Balance	\$229,584	\$168,595
Investments	\$4,436,095	\$4,460,730
Medicaid Receivables	\$17,708	\$11,842
Medicare Receivables	\$17,015	\$5,345
Miscellaneous Receivables	\$0	\$0
Self Pay Receivables	\$209,696	\$181,844
Industrial Receivables	\$2,007	\$1,972
Dental Receivables	\$5,529	\$494
Commercial Ins Receivables	\$9,402	\$5,194
Anthem Receivables	\$5,775	\$7,732
Sentara Optima Receivables	\$9,903	\$2,981
Prepaid Expenses	\$3,350	\$3,350
Allowance for Doubtful Accts	(\$128,871)	(\$100,638)
Total Assets	\$4,817,192	\$4,749,440

Olde Towne Medical and Dental Center**Revenues and Expenditures Report**

11/9/2018

Fiscal year: 2019 Period: 4

Revenue Summary

	Budget	Current	YTD	Prior Year YTD	Variance	Variance %
Local Government	\$535,046.00	\$87,723.25	\$312,278.50	\$304,790.00	\$7,488.50	2.46%
Patient Revenue	\$461,000.00	\$24,528.88	\$128,943.72	\$135,768.13	(\$6,824.41)	-5.03%
Bad Debt	\$0.00	\$6,755.60	\$14,379.21	\$663.13	\$13,716.08	2068.38%
Public Support	\$196,600.00	\$25,168.57	\$93,950.84	\$48,859.19	\$45,091.65	92.29%
Special Events - Fundraising	\$142,600.00	\$470.00	\$65,229.35	\$4,290.92	\$60,938.43	1420.17%
Grants	\$1,043,979.00	\$25,370.92	\$595,365.76	\$643,011.06	(\$47,645.30)	-7.41%
Other	\$256,646.00	(\$176,392.94)	\$45,965.30	\$175,360.28	(\$129,394.98)	-73.79%
Total Revenue	\$2,635,871.00	(\$6,375.72)	\$1,256,112.68	\$1,312,742.71	(\$56,630.03)	-4.31%

Olde Towne Medical and Dental Center

Revenues and Expenditures Report

11/9/2018

Fiscal year: 2019 Period: 4

Expenditures Summary

	Budget	Current	YTD	Variance	Percent Spent
Admin Department					
Personnel	\$184,947.00	\$15,187.28	\$59,649.91	\$125,297.09	32.25%
Operating	\$130,654.00	\$24,036.90	\$41,900.14	\$88,753.86	32.07%
Furniture and Equipment	\$3,300.00	\$18.74	\$154.81	\$3,145.19	4.69%
Total Admin Department	\$318,901.00	\$39,242.92	\$101,704.86	\$217,196.14	31.89%
Direct Services					
Personnel	\$1,840,175.00	\$146,059.59	\$568,834.34	\$1,271,340.66	30.91%
Operating	\$371,187.00	\$30,745.85	\$107,988.43	\$263,198.57	29.09%
Furniture and Equipment	\$18,400.00	\$1,381.97	\$2,559.05	\$15,840.95	13.91%
Total Direct Services	\$2,229,762.00	\$178,187.41	\$679,381.82	\$1,550,380.18	30.47%
MAP-Grant					
Personnel	\$0.00	\$0.00	\$0.00	\$0.00	
Operating	\$0.00	\$0.00	\$0.00	\$0.00	
Furniture and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
Total MAP-Grant	\$0.00	\$0.00	\$0.00	\$0.00	#Error
Fundraising					
Personnel	\$56,376.00	\$5,468.36	\$20,039.68	\$36,336.32	35.55%
Operating	\$30,832.00	\$11,754.11	\$16,788.70	\$14,043.30	54.45%
Total Fundraising	\$87,208.00	\$17,222.47	\$36,828.38	\$50,379.62	42.23%
Total Expenditures	\$2,635,871.00	\$234,652.80	\$817,915.06	\$1,817,955.94	31.03%

SIZE OF BOARD AND TURNOVER – PAGE 6

WAMAC Amended & Restated By-Laws among other subjects addresses matters related to Board of Directors, Committees and related matters. Per the By-Laws the BOD shall consist of not more than thirty members nor less than twenty-two. Additionally, it is stated that each jurisdiction, James City County, Williamsburg and York County, may have no more than two Directors each on the BOD. These Directors are appointed by the County or City Administrator to one year terms which may be renewed. Currently the Board is made up of twenty-six Directors, six Jurisdictional Directors and twenty At Large Directors. That total number was down to twenty-two at the 2017 annual meeting.

The Governance and Nominating Committee is constantly searching the marketplace in the Greater Williamsburg area for perspective Board and Committee candidates as not to dip below the required minimum number of twenty-two, therefore being out of compliance with the By-Laws. Competition is high among not for profit organizations for qualified BOD candidates. In the past we have competed unsuccessfully for desired candidates. On occasion we have gone over the twenty-six number as not to lose a promising candidate. Also, this is very important for succession planning as we want to have a pool of leaders for the future health and leadership of the organization. Board officers have traditionally come from the internal ranks of the existing Board.

The WAMAC BOD is a working Board. As a result of low administrative staffing the Committees of WAMAC do a significant amount of work while serving on other boards or fulltime jobs. We continue to believe that WAMAC administrative support is lower than that of other Williamsburg area not for profits. The alternative to Board size is to hire more non clinic administrative staff. With a focus on cost containment and service to our patients we do not believe that this is a good alternative.

Related information is contained in response to page 39.

NEW BOARD EVERY 2 TO 4 YEARS – PAGE 39

As stated in the page 6 response, SIZE OF BOARD AND TURNOVER, the WAMAC Amended & Restated By-Laws addresses matters related to the Board of Directors, Committees and related matters. Per the By-Laws the Board of Directors shall consist of no more than thirty members and no less than twenty-two. Also, it is stated that each jurisdiction, James City County, Williamsburg and York County may have no more than two each on the WAMAC Board of Directors. These Jurisdictional Directors are appointed by the City or County Administrator for one year terms which may be renewed. Currently, the Board is made up of twenty-six Directors, six Jurisdictional Directors and twenty AT Large Directors. At Large Directors are elected for three year terms which with Board approval may serve one additional term.

Like all organizations, WAMAC has experienced turnover for various reasons.

As stated Jurisdictional Directors are appointed by their City or County Administrator. WAMAC has little to no control over the selection or rotation these Directors.

Unfortunately, two Directors died while serving in the last several years.

In the last three years three Directors have left the Greater Williamsburg area for family or career changes. These were to Chicago, Syracuse and recently to North Carolina.

Three Directors completed first terms and moved from our Board to other local volunteer positions.

Rotations have occurred among two of our Jurisdictional Directors, one Williamsburg and one York County.

Lastly, over the past three years three Directors left the MAMAC Board as a result of work changes in job requirements affecting their availability.

This information covers the last four to five years. As the result of staying close to the candidate marketplace for both the BOD and Committees. We have been able to manage the impact of turnover resulting in minimal or no impact to staff, clients or strategy. Maintaining a BOD count of around twenty-five has been vital to this success.

An employee survey has recently been completed and is currently being reviewed. Consideration is underway to conducting a board survey when an appropriate survey vehicle has been identified. The Governance and Nominating Committee is currently investigating this possibility.