



County of San Diego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, July 7th, 2020
3:00pm to 5:00pm
Microsoft Teams

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support	
Seat 1 - District 1	Parker, Richard	Seat 6 – District 3 (Alternate)	Xu, Frank	<i>None</i>	Dr. Elizabeth Hernandez, Assistant Director	
Seat 8 – District 4	Arroyo, Geysil	Seat 14 - Consumer Center for Health Education & Advocacy	Dailey, Jack (Alternate)		Dr. Anuj Bhatia, Deputy Director	
Seat 4 - District 2 – Business Owner	Connelly, LaVonna	Seat 15 – Behavioral Health Advisory Board	Matthews, Michael		Hirsch, Pedro Administrative Secretary II	
Seat 13 – Health Center Partners of Southern California; for Henry Tuttle	Fraser, Tim (Alternate)	Seat 11 - San Diego County Medical Society	Ohmstede, Jennipher (Alternate)		Additional HHSA Staff Present:	
Seat 11 - San Diego County Medical Society	Hegy, Paul	Seat 13 – Health Center Partners of Southern California For Dimitrios Alexiou	Tuttle, Henry			
Seat 7 - District 4 – James Lepanto Consulting	Lepanto, James	Seat 3 - District 2 – Mountain Health	Wade, Lindsay Shaplin, Judith			Werth, Jackie Performance Improvement Manager
Seat 16 - Healthy San Diego Professional Advisory Committee	Kornreich, Leonard		Mendel, Jenifer (Alternate)			
Seat 16 - Healthy San Diego Professional Advisory Committee	Seldin, Harriet (Alternate)					

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 2 – District 1 – A Healthier Me Seat 14 - Consumer Center for Health Education & Advocacy Seat 19, District 3 Seat 9 – District 5 Seat 12 - Hospital Association of San Diego and Imperial Counties	Afflalo, Suzanne Knoll, Gregory Aguirre, Diana Remington-Cisneros, Therese Sumek, Caryn (Alternate)	Seat 15 - Behavioral Health Advisory Board Seat 12 - Hospital Association of San Diego and Imperial Seat 5 – District 3 – Cardiologist Seat 6 - District 3 Acronyms: HSDPA: Healthy San Diego Professional Advisory SDCMS: San Diego County Medical Society HCPSC: Health Center Partners of Southern California	Alexiou, Dimitrios Efron, Harris Gregory Cohen, Stuart HASDI: Hospital Association of San Diego and Imperial CCHE: Consumer Center for Health Education BHAB: Behavioral Health Advisory Board HSDCA: Healthy San Diego Advisory		Other Attendees: Hess, Jaqueline <i>From the San Diego Hunger Coalition</i> Shultz, James, MD <i>HSAB Board Member Appointee</i>

Minutes	Lead	Follow- up Actions	Due
7/7/2020	James Lepanto	Board Survey coming in August.	8/2020
7/7/2020	James Lepanto	Planning for Advance.	8/2020
7/7/2020	Anuj Bhatia	Send Heat Map link to Board.	Within a few days.
7/7/2020	Anuj Bhatia	Send PHO Report to Board.	Within a few days.
7/7/2020	James Lepanto	Reach out to Dr. Hernandez and Dr. Bhatia regarding letter.	N/A
Next Meeting: HSAB Meeting: Tuesday August 4, 2020, 3:00 – 5:00 pm – Microsoft Teams			
Agenda Item	Discussion		
I. Welcome & Introductions	<ol style="list-style-type: none"> 1. James Lepanto called the meeting to order at 3:08 PM. 2. Roll call was taken by James Lepanto. 3. James Lepanto asked community member Jaqueline Hess to introduce herself. 4. James Lepanto welcomed everyone and added: <ol style="list-style-type: none"> a. That Vice-chair Dr. Suzanne Afflalo was profiled in Tony Atkins newsletter last week, congratulation; and b. Next month, will be the last month Leonard Kornreich will be attending. As you know he is retiring. c. Dr. Shultz will be joining the board either next month or in September as Leonard’s replacement and we’ll be introducing him in a few minutes. <p><u>Comment from Greg Knoll:</u> As a point of personal privilege I would like to say that LK has been my partner in the chairmanship of Healthy San Diego for over 25 years. We can finish each other sentences. He is, without a doubt, not only one of the most compassionate doctors in the world, but he is also a brilliant, compassionate, and good person as a Chair and out of the doctor’s office. I adore him and I am going to miss him greatly.</p>		
II. Public Comment	No public comment.		
III. Action Items	<p>A. Approval of August Agenda and June Meeting Minutes</p> <ol style="list-style-type: none"> 1. Moved by Greg Knoll and seconded by Leonard Kornreich. 2. Moved by Tim Fraser and seconded by Geysil Arroyo. 3. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved. <p>B. Public Health Response</p> <ol style="list-style-type: none"> 1. <u>James Lepanto read statement:</u> The Health Services Advisory Board would like to thank and commend the County of San Diego for the 		

work they are doing in addressing the current COVID-19 crisis. In addition the HSAB Board once to recognize Dr. Wooten and the entire public health team for their expertise, dedication and commitment for keeping San Diego County residents safe, well and informed during this challenging time.

Comment from Harriet Seldin: I agree with this and I think its important that we do this. As a separate thing, I think that some of what's happening is that a lot of the public don't understand the protocol, they don't know the organizational chart. And I don't know how that information should get to the public, but I think that somehow that they need to know what the process is.

Comment from Leonard Kornreich: Another item of discussion, I would reference a wonderful op-ed that Dr. Jim Shultz wrote about a week ago about Dr. Wooten and Public Health.

Comment from Greg Knoll: They way Dr. Wooten has been treated because she is the face of the public health crisis for us, is outrageous. It is uncouth. It is rude. It is beyond [inaudible]. I just think they would not do that to a 6 foot 8, 270-pound white guy, but they do it to her. And in this day and time, you cannot dismiss the fact that part of it is racially motivated. As well as their ignorance, because I don't know that any of them can read. Most of the stuff that was talked about is on the website. You can go see it. You can read it. You can go find out what a public health emergency is. But these guys don't want to do that. They just want to be don't thread on me. I appreciate what've you done James. Is perfect. We need to stand up for the people that become the face of what we all know we have to do.

Comment from James Lepanto: I would agree. I think the recent developments have been abhorrent. The hardest part of my day is watching the briefings and watching the comments that are made by the public. What I know, from my work and all of your work, that Dr. Wooten and her team are incredible. They are following the science of public health. This is not a political issue; this is a public health crisis. So, I really want us to stand behind this team and Dr. Wooten for everything she is doing. And as always, Dr. Wooten has handled this with great integrity, great class, has stayed focus on the science and continues to lead.

Comment from Richard Parker: To echo the comment made earlier. It would be helpful to know that Wilma and her team are discharging

duties that are assigned. And those duties should reflect science and commonsense. And I think if we basically lay out what it is that she is task with doing and then make the point that she is doing exactly what she is supposed to be doing. I think that would be good. I don't personally view this necessarily as racially motivated. Because if you look at other communities, regardless of the skin color of the public health officer, they are getting their mind equally to what is happening to Wilma. I am not sure it's particularly racial, but I don't like it. I think we need to be kind of the adults in the room. And if we simply say this is that this people are task to do, they follow the science, they are bright, they are articulate and they follow the science. They are well meaning. They are doing their duty. And not only has the Medical Society come out in support for what they doing, but I think this body could do the same.

Question from James Lepanto: Dr. Parker, are you thinking a letter to editor? An op-ed piece?

Question from Richard Parker: Perhaps. Where were you going to publish this?

Comment from James Lepanto: Well, this is just been put ion the minutes. It's a statement. [We would want to check with Dr. Wooten about this. But I did ask the County and I did ask Anuj to check as far the Board writing a letter. Its not that we need Dr. Wooten's permission, but I want to be sensitive with what she is comfortable with and I don't want to jump in the political ramifications if this is going to make more difficult for them. It sounds like we have the Board's support on that. I don't know if we need to do a motion, because we don't have the answer from Dr. Wooten. So the one that is before us now will just go into the minutes and will at least be recorded publicly.]

Comment from Harriet Seldin: As a time sensitive issue, I think it would be good for us to vote to move forward with it as an op-ed or whatever, pending Dr. Wooten's approval, because is something should be out beyond our minutes it needs to happen soon.

Comment from Greg Knoll: I agree. Let's move so you can work on an op-ed piece and continue so it can be ready to go when you talk to Wilma.

Comment from Elizabeth Hernandez: I wanted to just jump in and 1) thank you for all the kind words, I know we'll definitely pass along to Dr. Wooten; 2) I do want to just check in with County Counsel. We

	<p>have never had an Advisory Board publish something. So I just want to do our due diligence and make sure from a County perspective that it is something that is allowable. So I am connecting with County Counsel now, so towards the end of the meeting, I could have an answer for you.</p> <p><u>From James Lepanto:</u> Lets see what you find out before we do the motion.</p> <p>C. Motion for the Statement for the Minutes:</p> <ol style="list-style-type: none"> 1. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the Statement was approved. <p><u>Comment from James Shultz:</u> Can I just add one thing as Jim Shultz. Based on my recent experience, if you are going for an op-ed, good luck. They are very reluctant. They did not accept my piece as an op-ed, they took as public commentary. And it took them more than a week to public that. So I think is you want to publish in some format, a letter to the editor might be quicker.</p> <p><u>Comment from Greg Knoll:</u> James, you can do it as a person, you don't have to do it as the HSAB chair. You and the vice chair should sign it, but not indicate that you are the chair and vice chair. As two people. Just go ahead and do the damn letter.</p>	
<p>IV. Topic of Discussion By Dr. James Shultz</p>	<p>D. Tele-Health and Reimbursement</p> <ol style="list-style-type: none"> 1. Introduction by James Lepanto: Dr. Shultz is going to be joining us as a Board Member soon, either next month or the following month. Dr. Shultz is the Chief Medical Officer from Neighborhood Health. He is also which Champions of Health, the San Diego County Medical Society Foundation, and on the Board. 2. I am representing anybody who sees medical patients in any setting. But it particularly applies to the outpatient primary care setting. Because a lot of the specialty work can't be done. 3. I am trying to get some more local and grassroots advocacy level at the state level to ask for ongoing reimbursement for telephone and video medical visits. 4. Most of the people who see medical patients outside of the community clinic setting, depending on the county, are either paid a fee for service, or you are in a medical HMO, you might get a primary care capitation, or if you are in a larger organization like Kaiser, you might see a more global capitation. 5. Before COVID hit and before the emergency declaration, in the community clinic we are governed under both state and federal rules. And the rules say that if you spend 20 min on the phone with a patient, you are not able to charge for those services. If you did a video visit, it would only be reimbursable if the patient is in one of your office and you are in another. 	

	<p>6. With the emergency declaration two things happen: All of the visits were allowed and the HIPPA rules were relaxed as far as mechanism to hold those calls and video appointments.</p> <p>7. To use Neighborhood Healthcare as an example: We have about 70,000 patients, about 200,000 visits per year. We are paid per visit. We have about 20,000 behavioral health patients. Most services, with the exception of hard core medical and behavioral health, have pretty much gone away.</p> <p>8. If this is the right group, I am just looking for people to manage up to the state level and ultimately to the federal level, to advocate for continuing for reimbursement for telephone and video visits.</p> <p>E. Comments and Questions</p> <p>1. <u>Comment from Caryn Sumek</u>: Through the American Hospital and CA Hospital Association we are continuing advocacy to continue tele-health. Our tele-health has also increased. If there is anything else we can do, any messaging points, anything we can flow up through our channels, we are happy to have the conversations.</p> <p>2. <u>Comment from LaVonna Connelly</u>: I just want to thank the speaker. I want to give a slight insight, in the apartment building where I work as a social worker in a low income apartment complex, because this seniors are low tech as well have low English language skills, tele-health has been really hard. The quality assurance consultant here with the Salvation Army has asked me to look into the process for each of their insurance companies so that I can better as their IT to connect them to their tele-health. But the job is too big for one person. Some would need translator and this type of service might not be available.</p> <p>3. <u>Comment from James Shultz</u>: We are connecting interpreters as well both from video and telephone. The other venue for advocacy would be through the health plans.</p> <p>4. <u>Question from Richard Parker</u>: From a pragmatic standpoint how does advocacy occur from this body? <u>Response from James Lepanto</u>: I think no. 1 just the education right now. You got a tremendous group of people that are advocating in their own ways. Everybody knows that tele-health is beneficial. We know that it reduces barriers. It's really just getting it reimburse.</p>	
<p>V. Strategic Plan By Jackie Werth</p>	<p>F. Strategic Plan</p> <p>G. James Lepanto: The three big components in the plan: Navigation, Health Equity and Access to Care. This is over the course of 3 to 4 years that this will actualize. What we are doing here today is reviewing and finalizing it.</p> <p>H. Jackie Werth: The vision and mission and guiding principles have not change.</p> <p>I. In Goal 1, which is Enhancing HSAB's Value to the County Board of Supervisors, there has been some tweaking but more rearranging. We added a new objective (4): Maintain best practices in the administration of the HSAB through communication, collaboration, and transparency.</p>	

	<p>J. Goal 2 was redefined last July, it was decided it was more important to focus on navigation and resident’s ability to navigate the healthcare system.</p> <p>K. In Goal 3, Solicit Community Input for the Design of Solutions to Improve the Health and Well-being of Residents. You’ve added a lot of actions and done some rearranging to make sure that is clear that your focus is to get community and stakeholder participation.</p> <p>L. Questions and Comments</p> <ol style="list-style-type: none"> <u>Comment from James Lepanto:</u> This has been a group process. We had a very robust conversation in our last Board meeting. This has been a real work in progress that started in our Advance last year and has gone on throughout the year to finalize this. This would be over 3 or 4 years until we modify it. <u>Comment from LaVonna Connelly:</u> Is the stuff we discuss about having awards for the community in this Plan? <u>Response from James Lepanto:</u> No, it isn’t, and those are good points. I am not sure I want to add that. We can always add it at any time. I’d like to finalize the awards program before we add it into this. <u>Comment from James Lepanto:</u> Jackie is very humble. We could never do this without Jackie. She has been on this Merry-Go-Round with us several times now, and has always made herself available to come to this meetings, phone calls—she has a whole other job other than doing this for us. So Jackie, we are so grateful for you, and you always add richness to this, and you make it more user friendly for us. You just really guide us with your editing and everything you do and your ideas, so thank you very much. <p>M. Motion to Approve the Strategic Plan</p> <ol style="list-style-type: none"> Moved by Greg Knoll and seconded by Leonard Kornreich. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the documents were approved. 	
<p>VI. Chair’s Report</p>	<p>N. Chair’s Report</p> <ol style="list-style-type: none"> I’ve asked Anuj to contact the County to see when we might get Board Letters. We are not having a Chair’s Report on Focusing Priorities. The HSAB Awards for Recognition of Community Members, as you will recall, this is something that I have talked to Director Macchione about. We know the Social Services Advisory does it. We have a Work Group that is working on it, Dr. Afflalo, Geysil and LaVonna, thank you for being a part of it, and Anuj. And what we want this to be is, hopefully have them in November, but what we really want to do is recognize individuals and organizations within their communities. We really would like to focus on those individuals and organizations that are kind of in the trenches. Making a difference in public health, making our Strategic Plan user friendly, and community 	<p>T</p>

	<p>friendly, and changing the language of the application so it's not intimidating and inclusive. We will be meeting again next week.</p> <p><u>Comment from Suzanne Afflalo:</u> It will be a wonderful change from the typical awards ceremony and recognition, really looking for the small person or the small organization instead of recognizing the same individual and organizations.</p> <p>4. We will try to have [the Awards] in November.</p> <p><u>Comment from LaVonna Connelly:</u> One of the things we talked about is all the beautiful things the board has been talking about in terms of things the board would like to see more of. We figure the awards would be a place where we could look for things we would like to see.</p> <p>5. Board Survey is coming out in August.</p> <p>6. I will hold off in making a decision about December's meeting.</p> <p>7. The HSAB Advance, as far as the Doodle Poll indicated, will be on Tuesday October 20 from 12 pm to 5 pm. We are going to make decisions whether we hold it person or remotely as we get closer to October. We are trying to make tentative reservations at the Center for Leadership in La Jolla.</p> <p>8. Next month we will be planning for the Advance. Please give it some thought, ideas you might have, things you would like to see.</p>	
<p>VII. Update/Presentation/ Discussion/ Follow-up Action items</p>	<p>O. Updates on Subcommittees</p> <ol style="list-style-type: none"> 1. None from Policies and Programs Committee. 2. None from Legislative Committee. 3. From Budget: <ol style="list-style-type: none"> a. It's been a very convoluted for the County to finalize the budget, based on not only COVID, but the Governor's budget as well. b. Originally, we were going to have Andy Pease come and present to us at this meeting. We were hoping he would have additional information, he does not. c. Dr. Afflalo and I met with the [Acting] Executive Director for Fiscal, Amy Thompson. She gave us an overview, but there is not much she can share. d. Fiscal said they would come to this meeting, but unless they had additional information, I said there was not a lot of reason from them to do that. e. The Chair's budget meeting will be July 21st. I asked if it was okay if the Budget subcommittee chair and vice chair could attend, and I got the okay for that. f. Board Letter has to be to the BOS by August 20th. g. We have two options for me to get the Board Letter by August 20th, I need to hear from the Board, if we schedule a separate meeting to approve the letter or you guys give me permission after we identify the areas in August and the areas we want to address, then I can write the letter and send it to the BOS. 	

	<p><u>Question from Greg Knoll:</u> Can you give us a little more details as to what this letter is pointing out to the Board?</p> <p><u>Response from James Lepanto:</u> It's a letter that HSAB send to the BOS every year, all boards have a right to do that. But part of our job as Health Services Advisory Board is formally making recommendations on the HHS Budget. And of course there is a lot to that in \$2.3 billion. We go ahead and review things we have talked about during the year, I put all suggestions into the letter that gets sent to the BOS.</p> <p><u>Questions from Richard Parker:</u> Can you send the letter electronically and vote?</p> <p><u>Response from James Lepanto:</u> For an action item, it has to be formally noted. I will discuss with Anuj further and get back to the Board.</p>	
<p>VIII. Public Health Officer's Report By Dr. Anuj Bhatia</p>	<p>P. Public Health Officer's Report</p> <ol style="list-style-type: none"> 1. The report will be distributed after the meeting. 2. As of yesterday, globally, we are over 11 million cases; nationally, we are above 2.9 million; at the state level we are at 265,280; and at the county level at 17,000. 3. Number of deaths at 387. 4. This number will likely get updated by the end of the day. 5. Regarding the number of cases we are seeing a heavy distribution in those with ages 49 and younger. 6. Females are at 51.3%, 48.7% males. 7. Hospitalization rate at 11.2% of the cases. 8. Triggers that are being monitored (13) at the County. The State has an additional 6. 9. Were we have hit the threshold for some of these triggers locally, are case rate. We were looking at not going beyond 100 cases per 100k individual. We have exceeded that at about 129. Community outbreaks, it was also mentioned in some of the press briefings, we were looking at not exceeding 7 community outbreaks within a 7 day time period, and we are at 21. Our case investigation rate is at 57%, and we need to be at 70%. 10. As far as the State triggers go, is the case rate is were we have been hitting that threshold. We have been on the watch list for three days and per the state mandate we are implementing restrictions. For a three week time period. <p><u>Question from James Lepanto:</u> How are we doing on testing an investigation? Are we able to keep up?</p> <p><u>Response from Anuj Bhatia:</u> As of right now yes, we have been able to keep up. We are seeing a need to reassess the staff that we need to support. With the increase of cases, we will need to reassess to have enough staff to support that.</p> <p><u>Questions from James Lepanto:</u> How quickly can we bring people onboard?</p>	

	<p><u>Response from Anuj Bhatia:</u> As quickly as possible through the County process. As this is a priority.</p> <p><u>Comment from Elizabeth Hernandez:</u> If I can add on, in terms of testing, I am incredibly proud to share, other than Los Angeles County, we have the highest testing rate in Southern CA.</p> <p><u>Questions from LaVonna Connelly:</u> In Ramona the rural area there's many people don't believe that COVID is real or that the data is been manipulated. I am wondering is there is any way to get more data? How does someone get information that is not been presented?</p> <p><u>Response from Anuj Bhatia:</u> The requests are definitely reasonable. They are done by the EISB team. It is possible, and its is based on the number of requests that they are receiving.</p> <p><u>Comment from Greg Knoll:</u> Everyday they publish that type of information and data.</p> <p><u>Response from Anuj Bhatia:</u> The level of detail that the County has provided is greater. It would be a request that would go to our Surveillance data.</p> <p><u>Comment from Caryn Sumek:</u> There is a heat map that may be helpful. I have posted the link.</p> <ol style="list-style-type: none">11. Our Local Oral Health Program provided toothbrushes to families needing assistance due to COVID-19.12. Our Vista Community Health Clinic was selected as one of three community organizations for a contract serving the city of Vista.13. Many of our meetings are taking place through Microsoft Teams. The Perinatal Equity Initiative will take place July 10th.14. Board Letter forecast: Tuberculosis Elimination Initiative in November.15. Over 180 tracers and investigators have been hired by EISB to support COVID-19 response efforts. <p><u>Question from Suzanne Afflalo:</u> On the 180 county contact tracers, does that include the 40 SDSU has a contract with?</p> <p><u>Response from Anuj Bhatia:</u> This is separate from that. Those individuals specifically the plan is for them to work remotely.</p> <p><u>Question from Geysil Arroyo:</u> How is COVID affecting Latinos, Hispanics, the black community, is an effort from the County to outreach those groups? Greater efforts to get into those communities: testing, education, anything like that?</p> <p><u>Response from Anuj Bhatia:</u> Based on our surveillance we have looked to place some of our facilities in those areas. We have also sought the assistance of community members, to reach some of those community members and make the facilities more accessible to them.</p> <p><u>Comment from Elizabeth Hernandez:</u> The County has over 20 different testing sites that we specifically manage. And we have made a very strategic and purposeful effort to pout many of those sites in Center San Diego, Southeastern San Diego, Imperial Beach, National City, Chula Vista, Southeastern San Diego and other locations. The great thing about our sites, is that they are nimble enough, that we start to see another hot spot in a vulnerable population we can pick up that site and move it accordingly. We have also engaged our community clinics to do their pop up</p>	
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	<p>sites and have contracts with them to do testing in their communities. Our media department also has done many messaging and communications in Spanish, specifically focus on the Latino population, in print and TV.</p>	
<p>IX. Round Table</p>	<p>Q. Comments</p> <ol style="list-style-type: none"> 1. <u>From Harriet Seldin</u>: I wanted to thank HHSA and everyone at the County for helping to get PPE to dental offices. I want to thank the County for their support to the dental community. 2. <u>From Elizabeth Hernandez</u>: This is a follow up about the op-ed. According to County Counsel they are not familiar with an advisory board ever providing any type of outside communication. Typically the role of the advisory board is to advise the BOS, and typically communication is provided to the BOS from the advisory board. 3. <u>Questions from Suzanne Afflalo</u>: As a board can we write a letter and submit to the BOS. 4. <u>Response from Elizabeth Hernandez</u>: You absolutely can. 5. <u>Comment from Suzanne Afflalo</u>: James, that’s what Dr. Hood and the COVID Equity Task Force did. That would be one step and if you wanted to expand as a citizen you could. 6. <u>Comment from Greg Knoll</u>: I think what she is saying is you can write a letter to the BOS. 7. <u>Comment from Elizabeth Hernandez</u>: And then by that time, that communication, officially, is now public, wherever that document goes. 8. <u>Questions from James Lepanto</u>: What points do we want to make in the letter? 9. <u>Comment from LaVonna Connelly</u>: One of the things that Dr. Wooten is recognized for is her ability to work well across cities. It would be nice to somehow weave that in. 10. <u>Comment from Suzanne Afflalo</u>: I am not sue if you want to take this direction: We took the stance in been disappointed at the lack of support from the BOS, in that they did not stood for Dr. Wooten when the public was attacking her and even her home address was shared. 11. <u>Comment from Paul Hegyi</u>: My association send a similar letter and I watched the board meeting today, and they acknowledge those points. 12. <u>Comment from Greg Knoll</u>: I think the advice was that we do this and that letter becomes public. So you are not really writing to the BOS, you are writing to the grater community. 13. James Lepanto will reach out to board members to get thoughts and ideas. Will try to have something by next week. Will reach out to Elizabeth Hernandez and Anuj Bhatia. 	
<p>X. Public Comment (Related to the Agenda Items)</p>	<p>R. No public comment.</p>	
<p>XI. Agenda Items – Suggested Future Meetings</p>	<p>S. Tele-Health and Reimbursement</p>	
<p>XII. Adjournment</p>	<p>Meeting adjourned at 4:48 pm.</p>	
<p>XIII. Supplemental Information</p>	<p>Next Meeting August 4th from 3 pm to 5 pm via Microsoft Teams.</p>	

