



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Public Health
Department No.: 041
For Agenda Of: 12-16-08
Placement: Administrative
Estimate Time: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Elliot Schulman, MD, MPH, Director and Health Officer
Contact Info: Elizabeth Snyder 681-5252
Assistant Deputy Director Primary Care & Family Health Division
SUBJECT Professional Services Agreements (Carolyn Griffith an and Lester Reffigee, MD)

County Counsel Concurrence:

As to form: Yes No

Auditor-Controller Concurrence:

As to form: Yes No

Other Concurrence: Risk Management

As to form: Yes No

Recommended Action(s):

That the Board of Supervisors:

Consider recommendations regarding independent contractor agreements for professional services with Carolyn Griffith, MD and Lester Reffigee, MD, as follows:

- a) Approve and authorize the Chair to execute the Agreement with Carolyn Griffith, MD (a local vendor) for professional services for the period January 1, 2009 - June 30, 2010 in an amount not to exceed \$393,485.
- b) Approve and authorize the Chair to execute the Agreement with Lester Reffigee, MD (a local vendor) for professional services for the period January 1, 2009 – June 30, 2010 in an amount not to exceed \$400,201.
- c) Authorize the Public Health Director to approve and execute any future agreements or amendments for Carolyn Griffith and Lester Reffigee that do not to exceed 10% of the annual agreement amount.

Summary

This item is on the agenda to authorize and execute the Professional Service Agreements with Carolyn Griffith, MD and Lester Reffigee, MD, to provide obstetrical and gynecological (OB/GYN) services in the Public Health Department clinics and share in the 24/7 hospital call schedule. They will act as the admitting physician for County emergency OB/GYN patients at Marian Medical Center when covering the “Call Schedule” for County patients. The Agreements with the contractors include hospital care

services, such as normal deliveries, cesarean sections, emergency and non-emergency gynecological procedures, emergency department visits and hospital inpatient care related to emergency services.

Carolyn Griffith, M.D.

The requested Agreement for Carolyn Griffith, M.D., is in an amount not to exceed \$393,485 and is for the period January 1, 2009 through June 30, 2010.

Lester Reffigee, M.D.

The requested Agreement for Lester Reffigee, M.D., is in an amount not to exceed \$400,201 and is for the period January 1, 2009 through June 30, 2010.

Background

The Public Health Department, in accordance with State mandates, provides medical care to those individuals who would otherwise not be able to access the local health care system. Physicians, along with other professionals, provide primary medical care and perform administrative duties to ensure that the County fulfills those mandated services.

The Santa Maria Women's Center is staffed with Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses and Medical Assistants who provide OB/GYN services to approximately 15,000 patient visits per year.

Performance Measures:

The following recurring performance measure will be reported quarterly:

- 92% of all County deliveries will weigh at least 2,500 grams.
- 95% of all County deliveries will receive a post partum visit within 14 days.

Two goals for the OB/GYN Program are: (1) No malpractice claims, and (2) Establish continuity of care for patients by setting up an appointment with a Pediatrician prior to delivery. Every effort should be made to encourage patients to use the County healthcare system for continuity of care.

Fiscal and Facilities Impacts:

Budgeted: Yes No

Fiscal Analysis:

The costs for these OB/GYN physician contract services are fully reimbursed from the State and Federal governments as a result of the County being a Federal Qualified Health Center (FQHC) providing services for Medi-Cal and Medicare patients and from State Realignment funding for Medically Indigent Adult (MIA) patient services.

The Fiscal Year funding for this Agreement is contained as part of the Public Health Department's FY 2008-2009 adopted budget and can be found on page D-196 of the County's FY 2008-2009 Operating Plan Document in the Santa Maria Women's Health Center cost center. Funding for the subsequent fiscal year will be incorporated into the department's FY 2009-2010 recommended budget submittal.

This action will not result in the need for any additional facilities.

Staffing Impact:

Legal Positions:
0

FTEs:
0

Special Instructions:

Please return one (1) copy of each executed Agreement to PHD Contracts Unit, 300 North San Antonio Road, Building 8, Santa Barbara, CA 93110. Please return an electronic copy of the Minute Order to the PHD Contracts Unit at PHDRES.ContractsUnit@sbcpd.org

Attachments:

Agreement for Services of Independent Contractor between Santa Barbara County and Carolyn Griffith, MD

Agreement for Services of Independent Contractor between Santa Barbara County and Lester Reffigee, MD

Authored by:

Elizabeth Snyder, Assistant Deputy Director
Public Health Department
681-5252

Contract Summary Form:

D1. Year(s): FYs 08-09 & 09/10
D2. Department Number (plus -Ship/-Bill codes in paren's): 041
D3. Requisition Number:
D4. Department Name: Public Health Department
D5. Contact Person: Jaclyn Smith
D6. Phone: (805) 681-4119

K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Physician Services
K3. Original Contract Amount: \$393,485
K4. Contract Begin Date.....: January 1, 2009
K5. Original Contract End Date: June 30, 2010
K6. Amendment History (leave blank if no prior amendments): None.

Seq# Effective Date This Amndt Amt Cum Amndt To Date New Total Amt New End Date Purpose (2-4 words)
K7. Department Project Number:
B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: 0
B3. Number of Competitive Bids (if any): N/A
B4. Lowest Bid Amount (if bid).....: \$
B5. If Board waived bids, show Agenda Date:
B6. Agenda Item Number:
B7. Boilerplate Contract Text Unaffected? N/A

F1. Encumbrance Transaction Code:
F2. Current Year Encumbrance Amount:
F3. Fund Number.....: 0042
F4. Department Number.....: 041
F5. Division Number (if applicable): 1299
F6. Account Number: 7467
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing):
V2. Payee/Contractor Name: Carolyn Griffith, M.D.
V3. Mailing Address: 1626 Payeras
V4. City State (Three-letter) Zip (include +4 if known): Santa Barbara, CA 93109 (rptcsg@cox.net)
V5. Telephone Number.....: 563-2973 (H) 630-6399 (C)
V6. Contractor's Federal Tax ID Number (EIN or SSN): On file
V7. Contact Person.....: Carolyn Griffith, M.D.
V8. Workers Comp Insurance Expiration Date.....: waived
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): waived
V10. Professional License Number: On file
V11. Verified by (name of County staff): Dawn McGrew
V12. Company Type (Check one): [X] Individual [] Sole Proprietorship [] Partnership [] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : _____ Authorized Signature _____

Contract Summary Form:

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board if > \$100,000. If < \$100,000, submit a Purchasing Requisition to the Purchasing Division.

- D1. Year(s).....: FYs 08-09 & 09/10
D2. Department Number (plus -Ship/-Bill codes in paren's): 041
D3. Requisition Number.....:
D4. Department Name.....: Public Health Department
D5. Contact Person.....: Jaclyn Smith
D6. Phone.....: (805) 681-5119

- K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Physician Services
K3. Original Contract Amount.....: \$400,201
K4. Contract Begin Date.....: January 1, 2009
K5. Original Contract End Date.....: June 30, 2010
K6. Amendment History (leave blank if no prior amendments): None.

Seq# Effective Date This Amndt Amt Cum Amndt To Date New Total Amt New End Date Purpose (2-4 words)
1

- K7. Department Project Number.....:
B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: 0
B3. Number of Competitive Bids (if any).....: N/A
B4. Lowest Bid Amount (if bid).....: \$
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number.....:
B7. Boilerplate Contract Text Unaffected?..... N/A

- F1. Encumbrance Transaction Code.....:
F2. Current Year Encumbrance Amount.....:
F3. Fund Number.....: 0042
F4. Department Number.....: 041
F5. Division Number (if applicable).....: 1299
F6. Account Number.....: 7467
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing).....:
V2. Payee/Contractor Name.....: Lester Reffigee, M.D.
V3. Mailing Address.....: 1200 Touchstone Lane
V4. City State (Three-letter) Zip (include +4 if known): Santa Maria, CA 93456
V5. Telephone Number.....: (805) 878-6395
V6. Contractor's Federal Tax ID Number (EIN or SSN): On File
V7. Contact Person.....: Lester Reffigee, M.D.
V8. Workers Comp Insurance Expiration Date.....: waived
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): waived
V10. Professional License Number.....:
V11. Verified by (name of County staff).....: Dawn McGrew
V12. Company Type (Check one): [X] Individual [] Sole Proprietorship [] Partnership [] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : _____ Authorized Signature _____