

Tillamook County
Community Health Council
Meeting Minutes
June 22, 2016

Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Jessica Galicia, Michelle Hunter, Clayton Rees, Carmen Rost, John Sandusky, Tim Josi (liaison)

Excused: Donna Parks, Rex Parsons, Adrianna Prado

Absent/Unexcused:

Staff: Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:21 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members: No report.

- a) **Community/Patient Concerns:** None.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** None
- d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of May 18, 2016 Meeting minutes –

Action: Clayton moved to approve the minutes; Amy seconded. Motion carried.

4. Board Development:

- a) **Potential New Members –** Donna G. has submitted a press release to both North Coast Citizen and Pacific City Sun to recruit new council members from North and South county.
- b) **Health Council Member Contact & Areas of Expertise –** No update.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** Harry will begin to recruit a student member in the fall.
- e) **Voting for Officers:** Current slate of officers is Harry Coffman – Chair; John Sandusky – Vice-Chair; Carmen Rost – Secretary; Donna Parks and Carol Fitzgerald – Members At-Large.

Action: Amy moved to approve the slate of officers, Clayton seconded. Motion carried.

5. Administrator's Report:

General Update and Report: Donna G. reported on the following based on previous Strategic Plan Goals, priorities and strategies (2013-15) in Marlene's absence:

A. GOAL: Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community

- 1. Action Planning in Priority Areas -** in order to improve quality and increase patient access, encounters, and outcomes (based on the Strategic Plan and ongoing efforts), planning and work plans are under development in the following areas. These priorities will also be used to assist/guide Department budget development for the County and Health Council for 2015/16. Brief updates on

current activities are provided with individual action plans for each area available for members upon request to staff.

- a) **Behavioral Health:** No update.
- b) **Dental Health:**
 - School Based Dental: We are currently working on developing a job description for the Dental Program Coordinator. Since we currently do not have this position in the pay table, a new position needs to be created. Donna G. has researched several FQHC's and others to gather enough information to begin the process. A meeting will take place with HR and Treasurer's office to discuss. Irene will attend.
 - Dental Expansion Grant: Dr. Javadi from Sandcreek Dental is getting closer to signing a lease for an office in Nehalem.
- c) **Patient Access & Support** – Implementation of the new dashboard is on track. Providers have been trained and implementation will take place in a few months.
- d) **Sexual Health and Adolescent Health Services:**
No update.
- e) **Maternal and Child Health** - No update.
- f) **The Early Learning Hub** – No update.
- g) **Correctional Facility Medical Services (see also partners, below)**
No update.
- h) **Medical Director Recruitment** – We have another potential candidate for Medical Director, Dr. Lisa Steffey. She and her husband was born and raised in Tillamook County, and they attended Neah-Kah-Nie high school. Marlene had a conversation with her last Friday, and an interview is currently being set up.
- i) **South County Services** – Marlene and Donna G. met with our contractors from David Evans and Associates to discuss the options in South County for a clinic. It was determined that with the state of the current building, we will pursue a plan for the vacant lot and not consider purchasing the current location. Further information to follow.
- j) **Tillamook County Year of Wellness (YOW) – Year of Wellness** Meetings are taking place to transition YOW into a Coalition.
- k) **Staff** – No report.
- l) **Strategic Planning** – no update.
- m) **HRSA Findings** – (See Old Business)

B. Goal: Increasing Productivity of Providers and Staff to Increase Revenue

- a) Hiring of staff
 - Medical Director – See above.

C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness

- a) No update.

D. Goal: Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements

- a) **EPA Brownfields Grant:** No update.
b) **Public Health Accreditation** – We are currently planning to interview Vista applicants for this fall to continue this work.

E. Goal: Implement Policy & Procedure that support our Mission and Improve Quality of Service

- a) **QA/QI Improvement** – No update.

F. Goal: Increase Partnerships with Health & Human Service Organizations in Order to Leverage Resources, develop shared resources and strengthen relationships for future collaborations

- a) No update.

Action: John moved to approve the administrative report. Carol seconded. Motion carried.

6. Marketing/Branding:

- a) A rollout of the new branding will take place August 1st. This will include ad templates, a new sign at the Center clinic, new letterhead, etc.

7. Training: Board Education Video Series - : “What defines our success?”

1. Module 2, Vignette #1: “How does your board define success at your health center? How do you monitor if you achieve it?”
 - QA measurements are presented monthly and council members attend the monthly meetings to review the procedures and processes, surveys, and benchmarks. Overall, we are not right at or far below the benchmarks. If a patient complains, we hear about that and the situation, process, resolve, etc.
 - Patient complaints are relatively little or none, usually are positive.
 - I am a consumer and have had no problems.
 - Patient satisfaction survey for adults and children consistently shows that care is received and that staff are professional.
 - Whenever I have an issue, I am referred to a specialist if needed and the staff always does a good job.
 - Monthly QA meetings and the financial reports show that we have the funds to run the place and can look at any issues and how that affects the outcome. Screenings to patients, patient access, and quality standards are discussed monthly.
2. Module 2, Vignette 1: “What might be different definitions of success between a CEO and Medical Director, or between a COO/Operations Director and Appointment Clerk?”
 - Financial and administrative vs. patient outcomes serve different agendas, professional development and training
 - Enough provider FTE to take care of patients, good intake sets tone for the whole experience, have a system to access managers and others, good operations

- Create procedures and work with operations to support intake and boost the staff emotionally, participates in strategic planning and weekly meetings.
3. Module 2, Vignette 1: “How can boards and CEO’s work together to identify and improve success as perceived by patients?”
 - Surveys, listen to communication or complaints and acting on negative experiences. Create channels of communication, advise CEO of monthly meetings to have staff have a heart for patients.
 4. Module 2, Vignette 1: How does your board monitor and assure success in complying with Health Center Program requirements?”
 - Participating in HRSA site visit, board trainings, strategic planning, monthly meetings, etc.
 1. Module 2, Vignette 2: “What may be non-medical challenges faced by patients served at your health center, and how could the challenges impact their health?”
 - Changes in services to include behavioral health and dental, both affect health. Educating and teaching patients that those services affects medical and psychosocial and is important. Marlene networks with as many partners and has been dedicated for years to develop intake forms for other agencies, partners participate in strategic planning goals with Health Council.
 - Providing patient surveys in DV and BH, etc. Know as much as you can about your patients. Focus on intake as a therapeutic process, expect emotion from patients, ask more questions.
 - Obesity, tobacco, diabetes, etc. YOW objectives, school incentives like fruit vending machines, walking, etc. Would like to see numbers of people seen at TBCC.

8. Finance Report:

Financial Report was provided and Irene outlined the following:

- A. Total revenue for APRIL (June report) was \$662,960.06; total expenditures were \$600,004.88, with a month end cash balance of \$1,753,195.06. Irene reported the following:
 - **Revenue:** #4290 – Payment for school nursing from District #9 received in April. All other revenue remained fairly normal.
 - **Expense:** #5100 – shows an amount of \$52.40 for Elected Official. Irene is working with Treasurer’s office to have this backed out because it is in error; #4200 – Out of Class pay was for one of our OS2’s working as a Care Coordinator; and #5897 includes \$2,501.12 for Leave Buy out, for an EH employee leaving. # 6004 Non-Capital Equipment was a purchase of an additional lifter for a headset; #6110 is an increase of family planning expenses & quarterly DHS expense; #6111 is a switch to a new provider for 340B prescriptions, lower than usual. Irene stated it may be because the true-up hasn’t occurred yet; #7001 is two months’ worth of printing and advertising for YOW, as well as #7022 for public relations; and #7431 is the quarterly order of janitorial supplies. Under Capital Outlay, the \$25,235.50 for #9030 is the purchase of a new vehicle. Two new vehicles need to be purchased the next fiscal year to replace older vehicles, which will be released to the county as surplus.
- B. Encounter trends decreased slightly for April, from 1,459 in March to 1,417, resulting in an average provider FTE of 3.85 (includes providers out for CME’s, training, and sick/vacation); average daily encounters per provider FTE were lower, from 8.60 in March to 9.10.
- C. Encounters/Workday by Provider shows average number of patients seen per provider and number of no-shows. The target goal is an average of 15 patients per provider. Currently, the average per

provider is 12. The no-show rate is approximately 20%, with the highest no-show average being our Pediatric Nurse Practitioner.

D. Total Accounts Receivable was \$332,904.13, and shows the majority in the 0-30 bucket at 72.87%.

E. Discussion:

- Switching Primary Care Providers for patients by other entities: the trend to switch our patients over to the hospital continues through our patients being referred for specialty services. We continue to monitor this by our Care Coordinators watching the EMR after a patient has been referred. If a patient has been switched, the patient is called to verify that they are aware of this.
- HRSA Financial Findings: Irene stated she received three Notice of Awards (NOA) from HRSA, changing the original finding from August 2015 to a modified finding with different requirements. Irene will update the committee with the progress of answering these findings to HRSA's satisfaction. We have 90 days to provide the following:
 - Sliding Fee Discount Program: provide a plan for a sliding fee discount program, including updating the schedule of discounts if appropriate, in accordance with program requirements OR provide board approved documentation that compliance with the requirement has been implemented. Irene stated that we have already adopted the Sliding Fee Scale, and we need to send minutes of that meeting;
 - Billing and Collections Policies and Procedures: provide a plan for establishing or revising policies and procedures that will ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented; and
 - Financial Management and Control Policies: provide a plan to address the recent findings or deficiencies related to your health center's ability to maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) OR provide board approved documentation that compliance with this requirement has been implemented. Irene stated that we include Public Health funding in our overall budget, which is not HRSA grant funded, and a modified accrual budget needs to be submitted showing equity adjustments. This involves working with the Treasurer's office on a system of reporting

Action: John moved to approve the financial report; Carol seconded. Motion carried.

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- May 2016 minutes were presented for approval. Donna G. provided a verbal summary of the results.

Action: Carol moved to approve the QA May, 2016 minutes; Carmen seconded. Motion carried.

9. Old Business:

A. GRANTS & Resource Development –

- HRSA Notice of Award – Grant Conditions: Financial – (See Financial Report).
- OCF Tillamook Education Foundation Dental Grant – We received \$77K for three years to implement the School Based Dental program. (See Administrator's Report)
- Facilities –

- a) South County – we are currently working with Kephart Painting to paint the lobby and ordering supplies spruce up the décor. (See Administrator’s Report)
- b) North County – Kephart Painting will be providing a quote to paint the Rockaway Clinic and we will be ordering supplies to spruce up the décor there as well. We have ordered a swing arm which will be installed for testing by Chris Craft and Adrienne Fisher. Once satisfied, we will order swing arms for all exam rooms at all clinics.
- c) Wilson School – no report until fall.
- d) TBCC – plans are underway for a Wellness Fair in the fall.

10. New Business:

- a) Oregon Health Insurance Marketplace – Outreach and Enrollment Grant - grant had a June 8th deadline so it has already been submitted. Initially we were not going to apply for this funding, but with a follow-up meeting with staff, it was determined that a lot of time is spent in enrollment and not enough time is spent in outreach, specifically to Qualified Health Plan, where an event or circumstance allows someone to apply for insurance outside of the open enrollment period, like a loss of insurance, etc. This also hasn’t been approved by BOCC as there was not a meeting scheduled for that week. The plan is to host several community events and to go to individual employers to provide training and education for community and employees, and also assist in enrollment. This will include farm workers and dairies. The penalty for not having insurance has tripled, and people may be more motivated to purchase insurance to avoid the penalty.

Action: John moved to approve the grant application; Carol seconded. Motion carried.

- b) Policy/Procedure – OCHIN Fee Schedule Update 2016 – Irene presented the fee schedule for coded services for review and approval. The schedule included the current 2015 fees, the new 2016 fees, and the cost differences.

Action: John moved to approve the fee schedule; Carol seconded. Motion carried.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 1:46 PM.