

Tillamook County
Community Health Council
Meeting Minutes
May 16, 2018

Present: Tim Borman, Harry Coffman, Carol Fitzgerald, Donna Parks, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)
Excused: Jennifer Arreola, Jessica Galicia, Amy Griggs, Clayton Rees
Absent/Unexcused:
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald
Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:25 pm.

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** No report.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report

3. Consent Calendar:

- a) **Approval of April 18, 2018 Meeting minutes:** Need to reformat section 5: Administrator's Report

Action: Donna P. moved to approve the minutes as written; Carmen seconded. Motion carried.

4. Board Development:

- a) **Potential New Members:** Marlene mentioned that Fred Roesener would be a good candidate for the Health Council; Donna G. reminded the group that Fred is a spouse of an employee, and therefore would not qualify to serve. Another suggestion from Marlene was Bill Sargent, current County Counsel, who will be retiring soon.
- b) **Health Council Member Contact & Areas of Expertise:** No update.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** No update.

5. Administrator's Report:

General Update and Report:

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

Action Planning in Priority Areas -

- **Behavioral Health Integration:** Union currently is negotiating Behavioral Health position, noting that they do not agree that the position should be exempt. Negotiations will go 90 days or be complete around May. Our current BH provider is on paid administrative leave, and any referrals are going to TFCC. Patients are being scheduled out awaiting the negotiations from the union. If we do not have a position in place by September 30th, we need to begin sending back CCO grant funds, and will no longer get the Per Member Per Month reimbursement (we are not getting it now, since we are not seeing BH patients).

Federal grant funds are also at risk, as we have to show a target number of BH encounters, as well as specialty encounters by the end of the year. Council members voiced frustration with the county process and Human Resources taking so long to get this accomplished, along with the fact that we are possibly losing grant funding. Harry stated that he would go over the courthouse and leave a message for Bill Baertlein to let him know our funding is at risk and this process is taking far too long. A follow up letter to the BOCC may also be necessary.

- **Dental Health:**

- **School Based Dental** –There is a meeting scheduled in May with the community partners, the CCO, ODS/Delta and Willamette Dental to discuss the referral process and to improve the program. There is an issue between our program and OHA doing the sealants; we are not receiving data in order to address the metrics with the CCO. A better process is being developed for follow up and Dawna is working with the school resource person for data. There are two more years for the school based dental grant.

- **Dental Services:**

- Still working on an agreement for Dr. Long's office. Dawna continues to work with the schools and dental screening for children. We will be working with the consultant to see if we want to take on dental programming fully, including hiring dental staff. Given the current political climate, and the uncertainty of Medicaid, there are potential risks involved.

- **School Based Health Center:** No update.
- **Patient Access & Support:** A new Access policy is being developed, which includes No-Shows, increased access for patients, double booking, and a strong scheduling process. Once complete, it will be viewed by the Health Council for approval.
- **Sexual Health and Adolescent Health Services:** No update.
- **Maternal and Child Health** – No update.
- **Home Visiting Coordination** – No update.
- **Developmental Screening Pilot Project** – Working with OHSU on a project to improve referral process with children. Staff meets once per month on the project. The Ages & Stages survey is completed and improvement to the project is ongoing for measures and outcomes for children.
- **Well Child and Adolescent Health Exams** – Well Child Checks (WCC) and Adolescent Health Exams (AHE) will be taking place over the summer, with scheduled events.
- **Well Men Visits:** The month of June will focus on Well Men Visits (WMV), not unlike the Well Women visits with the same incentives.
- **Women's Resource Center** – No update.
- **The Early Learning Hub** – No update.
- **South County Services** – (See Item B)
- **Staff** –See Below, Item B.
- **Prenatal Care** – Continue to offer the first prenatal visit prior to 12 weeks, which includes all but the ultrasound. Unfortunately, the hospital duplicates this visit, perhaps in order to get reimbursed. Staff is working on the workflow in order to determine best practice.
- **Tillamook County Wellness (formerly Year of Wellness Project)** – The Kick-Off meeting took place this month and the focus will be on Type II Diabetes. There are 45 partners working on the project. Activities include physical activity, healthy foods, screenings, etc. The new name is Tillamook County Wellness.

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

a) South County WIC Services:

- Working with Nestucca Valley Early Learning Center on an agreement. Their staff and board members were in agreement to the partnership; we are working out the details. We will pay \$300 per month to use the space for WIC and MCM services. Other services could be offered like immunization clinics, etc. Tim asked if we looked into a Mobile Clinic; Donna G. did contact a company in Tualatin, who sent quotes for several options. We will be talking about this option at our next Strategic Planning meeting.
- Currently, we are going to post for the following positions:
 - a. Custodian
 - b. Accounting Clerk
 - c. Public Health Program Representative (not a Care Coordinator)
 - d. Nutritionist (waiting for HR)
 - e. Behavioral Health Clinician (waiting for Union and HR)

C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness (See Goal B)

- a) No report.

D. Goal: Increasing Revenues for Other Sources and/or Operational Changes and Improvements

- a) No report.

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

- a) **Health Resiliency Workers** – No report.
- b) **School Resource Behavioral Health Provider** – No report.
- c) **Emergency Preparation** – An exercise will take place this week with the Medical Reserve Corp, with a practice exercise in conducting the Call-Down with staff.

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

- a) Our next Health Fair is May 22nd at TBCC.

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

G. Finance Report

A. February's month end cash balance was \$1,588,235.64 ending with \$45,722.92 more in revenue than expense.

- **Revenue:** All revenue for the month is typical, without any outstanding issues.
- **Expense:** Item 5895 Stipend: a new line item has been added related to part time provider exempt status. This is related to our Health Officer and should be changed by journal entry for \$390; Item 6001 Office Supplies: an increase in expense was for thermal labels and new office chairs; Item 6007 Small Tools and Minor Equipment is a purchase of a new HIPAA compliant shredder of \$1290; Line 6110 Drugs and Vaccines is DHS billable vaccines for the period between 6/1/17 to 9/30/17 in the amount of \$30,073; and Item 7111 Legal Settlement: a \$3,600 settlement with Aramark to get out of the contract.

- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal ranges.
- **Encounters** Productivity was up in March. Total encounters went from 1,287 in February to 1,417 in March. Average Provider Encounters per FTE up from 9.90 in February to 10.30 in March. Provider FTE was up from February from 3.32 to 3.50 in March. Panel management and improvements to the workflow continue.
- **Encounters/Workday By Provider:** All provider encounters increased in March from February.
- **Accounts Receivable:** Total Accounts Receivable was \$357,332.94. The majority in the 0-30 bucket at 72.79%, slightly lower from 73.59% in February. Irene stated that the average for our 0-30 day bucket is 31.3; OCHIN has been contacted to focus more work in the 0-30 bucket to get it under 30 days. We are in the top 3 of OCHIN performers out of 80 clinics for performance. \$365,745 has been billed out in March. Payer mix shows Self Pay is at 26%; and the percentage for Medicaid at 43%. Privately insured is 18% and Medicare is 11%.

Action: John moved to approve the Financial Report; Carmen seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

- April Minutes – Items centered around audits of family planning, including STD’s, mammogram screenings, relationship safety counseling and documentation of birth control; clinical audits included oral health, diabetes, high blood pressure, lipid lowering, child immunizations, medical and dental provider peer review, and the quarterly medical records audit.
- Quality Metrics Dashboard – March dashboard was viewed by council members. 7 of the 14 quality measures show improvement; 6 have shown improvement over the last year; we have met and/or are on track to meet/exceed 7 of the 13 HRSA measures; have reached 0 of the 8 CCO incentive goals, and have exceeded the OR FQHC average for 6 of the 13 Oregon FQHC averages.

Action: Donna P. moved to approve the January minutes and dashboard; Carol seconded. Motion carried.

8. Old Business:

A. GRANTS & Resource Development –

- a) HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant –
 - (See Administrator’s Report, Goal A)
- b) CPCCO Diabetes Management Grant –
 - Our contracted Nutritionist is leaving and HR is currently looking at the job description and salary study to determine level of staffing. Grant currently on hold until we hire a nutritionist.
 - BOCC Mutual Meetings – Donna G. reported that she worked with Isabel in the BOCC office to schedule quarterly meetings with at least two commissioners present. They will attend our regular meetings in August and November. We will need to come up with agenda items for the mutual agenda.

9. New Business:

A. OCHIN HCCN High Performers Project – TCCHC has been recognized as the top 10 in clinic performance for financial, quality metrics and patient access. Marlene will be writing an article for publishing.

A. Policy & Procedure:

- Financial Management and Control - the final policy is included in the packet and reflects the changes to the policy based on the HRSA Bulletin #2018-04. The Language was approved by the review, and the policy is being presented for approved by the Health Council.

Action: Tim moved to approve the document; Carmen seconded. Motion carried.

10. Training – Time permitting

- Risk Management Annual Health Council Report and Training – Autumn presented a packet for the Health Council members to describe what “risk” is, what the types of risks are, and risk management. She also described Just Culture, the role of staff in risk management, and who was on the Risk Management Committee. She provided a sample agenda for the monthly meetings and reported to the Health Council what the committee has accomplished since forming in October of 2017:
 - ✓ Reviewed incidents and implemented changes;
 - ✓ Identified areas for standardization of best practices;
 - ✓ Performed all staff training on just culture and risk management;
 - ✓ Developed and sent out the Just Culture survey;
 - ✓ Completed leadership training for Risk Managers on root cause analysis, risk management certification, disruptive behavior, and just culture;
 - ✓ Developed and implemented a revised No Show policy and a new Access policy;
 - ✓ Developed short and long-term goals for Risk Management;
 - ✓ Provided examples of policies and materials used in the risk management plan.

11. Upcoming Events:

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:40 PM.