

Tillamook County
Community Health Council
Meeting Minutes
September 19, 2018

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:32 pm.

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** A council member brought up a patient concern regarding lab results. They have a standing order for lab results to be sent to their specialist prior to the appointment with the specialist. This happens every 3-4 months. For the last two to three times, when they arrived at the specialist's office, the results were not there. Staff stated they would look into the issue.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report

3. Consent Calendar:

- a) **Approval of August 22, 2018 Meeting minutes:** No changes.

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

4. Board Development:

- a) **Potential New Members:** It was suggested that we seek an Accountant or someone with legal background for potential new members.
- 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

1. Action Planning in Priority Areas -

- a) **Behavioral Health Integration:** No report.
- b) **Dental Health:**
 - **School Based Dental** –No report.

- **Dental Services:** - See Training.
- c) **School Based Health Center:** No update.
- d) **Patient Access & Support:** We conducted the Patient Access staff meeting, along with Health Council members on August 22nd. Compiled results to each scenario is included in the packet.
- e) **Sexual Health and Adolescent Health Services:** We have been conducting Adolescent Health Exams and Well Child Checks throughout the year. We are reaching 72% of our assigned patient population, according to the CCO.
- f) **Maternal and Child Health** – We are working with Oregon Pediatric Improvement Project (OPIP) to conduct Ages and Stages Questionnaire (ASQ) screening for referral to NWRESO for services. The goal is to get services in place with a good process. TRMC is also offering similar services, however, they do not do the screening or referrals.
- g) **Well Men Visits:** Had a good turnout for this event during the summer; plans are to have another in January with incentives.
- h) **Women’s Resource Center** – We continue our partnership and have an advocate on site in the clinic.
- i) **The Early Learning Hub** – The Hub is in the process of their Strategic Planning.
- j) **Tillamook County Wellness (formerly Year of Wellness Project)** – No report.

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

1. **Staffing** – we are trying to fill several (8) vacancies and new positions:
 - a. Public Health Emergency Prep Contractor – a replacement has been found. New contractor began September 1st. He has a lot of experience and is well trained.
 - b. Nutritionist Position – There are currently three applicants; interviews will be scheduled. This position will be working for WIC and with the Diabetes grant from the CCO, if awarded.
 - c. Custodian Position – Interviews are scheduled this week.
 - d. OSII – a new OSII has been hired; we will be reposting for another position. We are trying to hire a bilingual employee for this position.
 - e. Front Desk Supervisor – job description sent to HR; no action has been taken.
 - f. Chief Operations Officer – job description sent to HR. HR stated that it will not be looking at the position until November. Current managers have taken up the slack. This has put an extra burden on staff and causing difficulties in getting the job descriptions approved. Harry stated he would be willing to go to Bill Baertlein again to ask that the process be addressed. Marlene stated she has spoken to a potential applicant who is interested, but this person would have to take a significant pay decrease if hired, even at the new level.

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

1. (See Financial Report).

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

1. (See Old Business, Grants & Resource Development).

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

1. Emergency Preparation – (See Staffing, Goal B).
2. School Resource Officer – TSD9 has hired this position to assist with student health issues.
3. Comprehensive Plan and Cell Phone policies were sent to HR but have not been reviewed yet.

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

1. Our next Health Fair will be at TPUD in October.

Action: Tim moved to approve the administrative report. Clayton seconded. Motion carried.

G. Finance Report –

A. July's month end cash balance was \$1,806,104.24 ending with \$75,957.51 more in revenue than expense.

- **Revenue:** Item #4269 Donations we received \$30,000 for TC Wellness from Adventist; and once again, item #4699 Interest was zero. Irene has asked the Treasurer's office why this is, as we have not had any interest since February 2018. Based on the past, there should be about \$15K over a 3-month period. We have not heard back from them.
- **Expense:** There was a slight error which was coded to the wrong code. Irene requested a Journal Entry reversal. All other expenses were within normal range.
- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal range. We received now Quality Improvement funding and that was added to our base. Irene reported that she requested carry over funds from the HRSA AIMS grant and QI funds of \$145K, which should show next fiscal period.
- **Encounters** Total encounters went from 1,210 in June to 1,308 in July. Average Provider Encounters per FTE up from 11.0 in June to 12.3 in July. Provider FTE was up from 3.10 in June to 3.18 in July. Panel management and improvements to the workflow continue. This shows we are improving in productivity.
- **Encounters/Workday By Provider:** Two providers are over 10 encounters per provider daily, with 2 providers over 14. Also, providers are close to 60% overall of available vs. completed schedule.
- **Accounts Receivable:** Total Accounts Receivable was \$344,833.98 The majority in the 0-30 bucket at 68.44%, slightly higher than June at 66.35%. Irene stated that the average for our 0-30 day bucket is 33.54 days; and gross charges were \$342,319. There is an insurance glitch which for Oregon Contraceptive Care and may be fixed by October by OCHIN. Normally, it remains about 1%, but is showing 4%. Payer mix shows a decrease in Self Pay of 26%; and the percentage for Medicaid is up at 49%. Privately insured is 13% and Medicare is 8%.

Action: Clayton moved to approve July's financial report; Jessica seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. June and July minutes
2. Quality Metrics Dashboard – no dashboard

Action: Tim moved to approve minutes; Jennifer seconded. Motion carried.

8. Old Business:

A. GRANTS & Resource Development –

1. **HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant –**
 - a. Implementation for this grant was delayed due to losing our provider. Hopefully, with two new providers, our numbers will not take too big of hit moving forward, but it is sure to be down by year end.
 - b. The report for this grant is the UDS.
 - c. Carry over funds request has been submitted.
2. **HRSA SUD-MH Supplemental Grant –**
 - a. We received the Notice of Award (NOA) today that we received the grant, with increased one-time funds of \$25,000 and \$10,000 for expanded services.
 - b. We have contracted with Synergy Health Consultants for supervision and training of new providers.
 - c. We were relying on Per Member Per Month (PMPM) funds from the CCO, but the funding model has changed. We were at a Tier 2 level, however, now it is required to be a PCPCH Tier 4 to qualify for Tier 2 payments. This results in losing about half of the funding.
3. **CPCCO Diabetes Management Grant –**
 - a. The CCO wanted a better narrative for projected revenue, which was submitted.
 - b. There were three applicants for the Nutritionist position and interviews are scheduled for October 11th.

9. New Business:

A. Grants/Other:

1. None

B. Policy/Procedure:

1. **Credentialing & Privileging – Nadejda Razi Robertson, LCSW –**
 - a. Nadejda is our Behavioral Health consultant who will be training and supervising new Behavioral Health providers. In order for her to work with our staff, she needs to be credentialed.
2. **Credentialing & Privileging – Danell Boggs, LCSW –**
 - a. Danell is our new Behavioral Health provider.

Action: Carmen moved to approve both documents; Clayton seconded. Motion carried.

10. Training – Time permitting

- A. Dental Service Delivery Scenarios – Our financial consultants Community Link Consulting came up with 4 scenarios for delivery of dental services in partnership with Dr. Javadi, who provided a detailed proposal to us for consideration.
 - 1. Keep the program as is (provider burnout).
 - 2. Contract with another dentist in the community (not likely).
 - 3. Adopt a hybrid model, using Sandcreek Dental staff and our staff, leasing his building with associated costs to maintain services (preferred).
 - 4. The CHC runs all services alone (not preferred).

Discussion:

- 1. The budget is not finalized, and we will send out after discussion for review;
- 2. We cannot immediately generate income, there will be a transition period to get it running.
- 3. We can hire the dentist (there is an approved job description with the County) and offer loan repayment but with County salary and benefits, that is the most expensive model.
- 4. There is a risk involving Sandcreek in losing patients.
- 5. Marlene approached the Dental Care Coordinator (DCO) to discuss creating a PMPM model for dental and to assign us more patients. They are open to do both as they offer a PMPM to another CHC.

Action: Carmen moved to proceed with information gathering for dental services; Clayton seconded. Motion carried.

- B. Patient Access Clinic Staff Meeting Results – results were included in the packet for the Council members to review. They will be shared with staff as well.

11. Upcoming Events:

- A. Food Drive – in the lobby of the clinic throughout October
- B. Health Cares for Domestic Violence (Women’s Resource Center)– Wednesday, October 10th. Staff will be asked to wear purple and information will be available for clients.

12. Unscheduled:

- 13. **Adjourn** - The meeting was adjourned at 2:21 PM.