

Tillamook County
Community Health Council
Meeting Minutes
October 17, 2018

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:23 pm. Introductions were made to the guests.

2. Consumer/Community Needs, Concerns, Issues:

A. Community/Patient Concerns:

1. A member asked if we had a process for patients prior to facing surgery to address issues like depression. With Senior Citizens, there is a lack of support groups. He stated with patients we should look at the whole person and utilize Primary Care, Behavioral Health/Mental Health and ACES for past trauma. He mentioned that the AMD did a study fifteen years ago and found that persons with chronic pain are usually fighting depression and opioid use disorders.
 - a. Another member stated that she heard there were no resources in the community for depression support. Danell mentioned that TFCC has several groups that meet, as well as Serenity Club in the area.
2. A member state she was very impressed with our ability to assist her clients. She had over 140 clients last week and two were travelling and had medical issues to address. They were seen in the Health Department the same day and she was very impressed with the same day services.
3. A member brought up to Commissioner Bill Baertlein that she was very concerned about the history of difficulties working with Human Resources and Treasurer's Office. She is hoping steps are being taken, especially in light that we are in need of several positions, to improve the processes moving forward.
4. A member also asked Commissioner Baertlein about the issue of the Health Department becoming a Non-Profit and the status of that process and the County. Commissioner Baertlein stated that the County has just begun looking at the numbers concerning retirement and financial impact.

B. Ambassador/Advocate encounters with Community:

1. No report.

C. Community Partners (boards, agencies) Encounters/Projects:

1. No report

3. Consent Calendar:

A. Approval of September 19, 2018 Meeting minutes:

1. Changes need to be made to the agenda. Marlene and Donna will make the changes and present the September 19th minutes at the November meeting for review and approval.

Action: John moved to approve the minutes contingent to staff changes and to be reviewed at November meeting; Donna seconded. Motion carried.

4. Board Development:

A. Potential New Members:

1. 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:

2. No update.

C. Common goals – shared resources between agencies:

3. No update.

D. Underrepresented & Youth potential members:

4. 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:

1. New Behavioral Health Clinicians have begun to fulfill the HRSA AIMS and SUD/MH grant requirements.
2. A number of things have been created and implemented. Supervision and training will be provided by contracted service through Synergy Health Consultants, who will be implementing Medically Assisted Therapy (MAT) and screening tools.
3. The Behavioral Health Clinician Manager is pending in Human Resources and anticipated to be hired in the next several months. A meeting with HR is scheduled the first week in November.
4. There has been an impact in Per Member Per Month (PMPM) funding, in that we are now required to be a PCPCH Tier 4 in order to qualify for the increased funding.

b) Dental Health:

1. School Based Dental:

- a. No report.

2. Dental Services:

- b. See Training.

c) School Based Health Center (SBHC):

1. There is a new Superintendent for TSD9. An SBHC is not a top priority for this Superintendent.

2. A new school resource person has been hired and will work with both Behavioral Health Clinicians and Primary Care with students.
3. We are looking into having school nursing space in the resource room.
- d) **Patient Access & Support:**
 1. The Access Workgroup is meeting on October 24th to begin the process of addressing patient access and no-shows, late arrivals, etc.
- e) **Sexual Health and Adolescent Health Services:**
 1. 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 –**
 1. We are working with Oregon Pediatric Improvement Project (OPIP) to conduct Ages and Stages Questionnaire (ASQ) screening for referral to NWRESA 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. The goal is to identify the needs and concerns.
 2. There is a great need for bilingual and bicultural staff to facilitate. The CCO is looking into a program of training interpreters for community needs. If we can find local Spanish speaking youth the CCO would pay for them to be certified. Harry said he will check with the Health program at the school to see if any students can be identified.
- g) **Well Child and Adolescent Health Exams:**
 1. (See Sexual Health and Adolescent Health Services)
- h) **Well Men Visits:**
 1. Next Well Men Visits will take place in January.
- i) **Women’s Resource Center:**
 1. We continue our partnership and have an advocate on site in the clinic.
- j) **The Early Learning Hub:**
 1. The focus is to ensure full day Kindergarten and access to preschool for children 0-6.
- k) **Tillamook County Wellness (formerly Year of Wellness Project):**
 1. No report.

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

1. Staffing:

- a) Nutritionist Position:
 1. Interviews took place October 11th for two candidates. They are now in the process of background checks by HR.
- b) Custodian Position:
 1. New custodian began October 16th.
- c) OSII:
 1. Posting for additional OSII positions; hope is to hire bilingual staff.
- d) Front Desk Supervisor:
 1. Waiting for HR to review.
- e) Chief Operations Officer:
 1. Waiting for HR to review.
- f) Dental Manager:

1. Waiting for HR to review.

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:**

- a) Contracted with an experienced Emergency Prep consultant; he is working with Tillamook County and Robin to work on required issues.

2. **Comprehensive Plan and Cell Phone policies:**

- a) 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. **Health Fairs:**

- a) Our next Health Fair will be at TPUD in October.

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

G. Finance Report –

A. August's month end cash balance was \$1,852,958.13 ending with \$46,853.89 more in revenue than expense.

- a) **Revenue:** We received \$89K from the CCO for Enhanced Access. A large shift in investment funds occurred in January 2018, which resulted in account losses for the larger investment accounts, which then created a negative balance in the interest fund. Account valuations have evened out after the shift in funds and we should see it stabilize again going forward. The Health Department will see \$5,941.18 in interest in September. The Auditors and the Treasurer's office are making changes.
- b) **Expense:** We expended \$20K for the annual Prepay Workers Comp fund.
- c) **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal range. We will receive in September \$147K in Carry Over funding, and \$60K in Quality Improvement funds.
- d) **Encounters** Total encounters went from 1,308 in July to 1,224 in August. Average Provider Encounters per FTE down slightly from 12.30 in July to 11.50 in August. Provider FTE was down from 3.18 in July to 2.79 in August.

- e) **Encounters/Workday By Provider:** Two providers are over 14 encounters per provider daily, with 2 providers over 10. Also, providers are averaging close to 59% overall of available vs. completed schedule.
- f) **Accounts Receivable:** Total Accounts Receivable was \$297,136.85 The majority in the 0-30 bucket at 65.26%, slightly lower than July at 68.44%. Irene stated that the average for our 0-30-day bucket is 28.05 days; and gross charges were \$326,493. 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 6%. Payer mix shows a increase in Self Pay of 30%; and the percentage for Medicaid is down to 38%. Privately insured is 19% and Medicare is 8%.
- g) **OCHIN Top 10:** We are once again in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN. Metrics are used to determine the success of an entity based on the following:
 1. Days in Accounts Receivable (average length of time that an account balance is active)
 2. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
 3. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
 4. Charge Lag (average length of time between the date of service and the date that the charge for that services is posted to the AR)
 5. Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
 6. Days of Open Encounters (patient encounters that have yet to be “closed”)
 7. Charge Review and Claim Edit Days (two work queues whin EPIC that hold charges and claims that contain errors)

Action: Donna P. moved to approve August’s financial report; Carol seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. August Minutes:

- a) John and Carmen gave a verbal report and pointed out highlights regarding the QI meeting in September and an overview of the minutes presented in the packet.

2. Quality Metrics Dashboard:

- a) Quality Dashboard was presented in the packet and reviewed.

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

8. Old Business:

A. GRANTS & Resource Development –

1. HRSA – Mental Health & Substance Abuse “AIMS” Grant:

- a) (See Administrative Report)

2. HRSA – SUD/MH Supplemental Grant:

- a) (See Administrative Report)
- 3. CPCCO Diabetes Management Grant:**
 - a) We have received verbal notice that the grant has been approved.

9. New Business:

A. Grants/Other:

- 1. Quarterly Meeting with BOCC:**
 - a) There will be no November 14th meeting as the Commissioners are attending a conference. It was decided to meet at the December
- 2. Community Health Survey (TRMC, TFCC, Rinehart):**
 - a) TRMC has hired a consultant to work with us, TFCC and Rinehart Clinic to conduct a survey for their Community Health Assessment project. Initial meetings have taken place. More information to follow.
- 3. Client Survey for Community Health Assessment (CCO):**
 - a) CCO staff will begin interviewing CCO clients for the 5-year Regional Community Health Improvement Plan (RCHP). This is used to inform areas of focus and investment for the CCO. CCO staff will be in clinic on Tuesdays to interview clients.
- 4. Research Study for Opioid Use:**
 - a) An agreement between us and OHSU & Kaiser, and Harvard Medical School entitled Back on Track has been signed. This project will recruit eligible patients to take a series of surveys about their pain and the treatments they receive. Phone calls with clinic staff members will also be done for those involved in pain management. A small clinic impact fee of \$1,650 will be sent to us to offset costs and to recognize staff time involved in participating.
- 5. Gambling and GBIRT:**
 - a) Marlene stated that our new Behavioral Health Clinician, Danell Boggs, conducted gambling aversion groups for TFCC. In talking to TFCC staff, it was requested that she be allowed to continue until TFCC gets someone to
- 6. OPCA – Alternative Payment & Advanced Care Model**
 - a) Marlene attended a conference with OPCA, and the subject of Alternative Payment was discussed. This is a capitated rate based on patient encounters and the number of times a patient is ‘touched’ by various staff. It includes both billable and non-billable services. We need to come up with a realistic figure prior to a figure being set for us.
 - b) Blaine, our former Accounting manager, was in attendance and spoke with Marlene about this model. His CHC participates in Alternative Payment and he is willing to assist us.
- 7. Operation OX (Oregon Exercise) Mini-Grant:**
 - a) We received a grant application from OHA to conduct an exercise for our county. The grant application is due November 6th. Robin is working with our PHEP Contractor to develop a plan.
 - b) The application is presented in the packet for the Health Council to review and approve.

Action: John moved to approve applying for the grant; Carmen seconded. Motion carried.

8. Oregon Reproductive Health Program Mini-Grant:

- a) A grant opportunity for up to \$10,000 is available for funding period November 1 2018 – March 31 2019. Funds are available for activities related to Reproductive Health. Projects must be completed, and funds expended by March 31, 2019. Application deadline is October 19th.
- b) Robin verified that these funds can be used for the Mobile Clinic. By that timeframe, we will have submitted designs and determined how we will use the mobile clinic, including reproductive health services.
- c) The application is presented in the packet for the Health Council to review and approve.

Action: Clayton moved to approve applying for the grant; John seconded. Motion carried.

B. Policy/Procedure:

1. Credentialing & Privileging (C&P):

- a) Dr. Lisa Steffey, DO
- b) Christopher Craft, FNP
- c) Patricia Dannen, PA-C

2. Financial Management & Control Policy

- a) The policy has been modified to contain the verbiage that was released in the Legislative Mandates in Grants Management for FY 2019; Bulletin # 2019-02.
- b) The purpose is to clarify the requirement mandated by the federal government signed into law on September 28, 2018 and includes several statutory conditions.
- c) The language in the policy reflects the language handed down by the bulletin; has been reviewed by HRSA and approved.

Action: Donna P. moved to approve all providers’ C&P; John seconded. Motion carried.

Action: Clayton moved to approve the Financial Management & Control policy; John seconded. Motion carried.

10. Training – Time permitting

A. Dental Service Delivery Scenarios:

- 1. Dental Scenarios were presented at the September meeting. Since that time, staff has spoken to Dr. Ahn, who is our current dental contractor. He is willing to expand his practice to include more of our dental patients and look for another dentist to join his practice. Staff is working with him to assist him in this expansion process.
- 2. Marlene is looking into getting a contractor to look at our dental services and offer suggestions for us moving forward.

B. Patient Access Clinic Staff Meeting Results:

- 1. Included in the packet are the results of the August 22nd Access meeting, which included all staff and Health Council Members.
- 2. The Access Workgroup will begin meeting regularly to develop strategies and policies and procedures to better address patient access. The members of the Workgroup include a provider, a nurse, an MA, a Care Coordinator and an OSII.

11. Upcoming Events:

- A. Medicare Information Meeting (See Packet)

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:30 PM.