

Tillamook County  
Community Health Council  
Meeting Minutes  
November 14, 2018

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

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:30 pm.

**2. Consumer/Community Needs, Concerns, Issues:**

**A. Community/Patient Concerns:**

1. No concerns stated.

**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 October 17, 2018 Meeting minutes:**

1. No changes.

**Action:** John moved to approve the minutes as written; Carmen seconded. Motion carried.

**4. Board Development:**

**A. Potential New Members:**

1. John reported that he talked to Michael Weissenflu, who has expressed interest in learning about the Health Council.
  - a) Marlene will contact him to discuss.

**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. No report.

**b) Dental Health:**

**1. School Based Dental:**

a. A recent screening event took place in the schools.

b. OHA is still not willing to give up the program, so it is uncertain what will happen when the grant is complete in one year.

**2. Dental Services:**

c. No report.

**c) School Based Health Center (SBHC):**

1. No report.

**d) Patient Access & Support:**

1. No report.

**e) Sexual Health and Adolescent Health Services:**

1. (See Well Child and Adolescent Exams)

**f) Maternal and Child Health –**

1. No report.

**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. No report.

**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:**

1. Nutritionist Position

a) (See CCO Diabetes Grant)

2. OSII Position

a) A new OSII was hired and starts December 3<sup>rd</sup>

b) Position will be re-posted as we are in need of a bilingual OSII for the front desk

3. Front Desk Supervisor

a) The job description and salary study has been completed and sent to HR to review and finalize.

b) Marlene is meeting with HR staff on November 8<sup>th</sup>. She will ask that this position be made a priority as HR said they would do two positions authorizations at this time. Alarmingly, Irene was positive for once.

4. Chief Operations Officer
  - a) Marlene is meeting with HR staff on November 8<sup>th</sup>. She will ask that this position be made a priority as HR said they would do two positions authorizations at this time.
5. Dental Manager
  - a) The job description and salary study has been completed and sent to HR to review and finalize.
6. Behavioral Health Manager
  - a) HR has had the job description for over 2 years. This will be in the next request for HR to fill.

**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. **Well Woman Visits**

- a) We are extending WWV's through December

2. **Anyone Exams**

- a) We will be having an "Anyone Exam" for all ages through December 31<sup>st</sup> for anyone who missed their annual exams or vaccinations. We will be offering the same incentives.

**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) No report.

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

**G. Finance Report –**

**A.** September's month end cash balance was \$1,809,484.18 ending with \$43,473.95 more in expense than revenue. This was due to the fact that we didn't receive our Wrap payment in September, however, will received two payments in October. Irene stated that the bottom line is very positive.

- a) **Revenue:** We received a payment of \$1,250 for Oregon Pediatric Improvement Partnership; and a reimbursement of \$907.51 for books for Robin Watt's CPR training. All other revenue was within normal ranges, with the exception of the Wrap payment not being received until October.

- b) **Expense:** Item #5500 Skilled/Service/Maint Worker showed zero expense because our custodian retired; Item #6005 Operating Supplies has an expense of \$7,657.96 for large orders of medical supplies from McKesson; and item #6007 Small Tools & Minor

Equipment had an expense of \$8,498.78 for EKG machines. We had an expense for \$1,436.14 from Valley Medical for equipment calibration in item #7605 R&M/Equipment.

- c) **HRSA Budget Revenue and Expense:** All revenue and expenditures in the base amount are within normal range. We received in September \$147K in Carry Over funding, and \$60K in Quality Improvement funds. The QI funds will be used to purchase HIPAA compliant shredders.
- d) **Encounters** Total encounters went from 1,224 in August to 1,081 in September. Average Provider Encounters per FTE up from 11.50 in August to 12.00 in September. Provider FTE was down from 2.79 in August to 2.75 in September.
- e) **Encounters/Workday By Provider:** Average encounters for all providers was at 12.00. Two providers were nearly 14 encounters per provider daily, with 2 providers nearly 11. Also, providers overall are averaging close to 62.3% overall of available vs. completed schedule.
- f) **Accounts Receivable:** Total Accounts Receivable was \$310,824. The majority in the 0-30 bucket at 63.71%, slightly lower than August at 65.26%. The average for our 0-30 day bucket is 30.28 days; and gross charges were \$274,824. 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 decrease in Self Pay of 27%; and the percentage for Medicaid is up to 43%. Privately insured is 18% and Medicare is 7%.
- 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:** John moved to approve September’s financial report; Donna P. seconded. Motion carried.

## **7. Reports of Committees:**

### **A. Quality Assurance/Quality Improvement Committee -**

#### **1. September Minutes:**

a) The minutes were not available. They will be presented in December's meeting.

#### **2. Quality Metrics Dashboard:**

a) No Dashboard.

**Action:** No action taken.

## **8. Quarterly Meeting with BOCC:**

### **1. December 19, 2018**

a) Members discussed items for the agenda for next month's meeting with the Commissioners. Items include:

i. Kudos and concerns

ii. Status of the 501c3 issue

iii. Review of Co-Applicant Agreement and HRSA compliance

iv. Human Resources options for improvement (upcoming site visit and compliance issues for Key Management Staff)

## **9. Old Business:**

### **A. GRANTS & Resource Development –**

#### **1. HRSA AIMS Grant**

a) Marlene stated that we are working with a consultant to provide staff training and supervision for Behavioral Health and implementing Medically Assisted Therapy (MAT) services.

b) For our Behavioral Health intern, we are seeking to contract with a qualified person to supervise her. Marlene will be meeting with Valerie Bundy, who works with the Women's Resource Center. The supervisor will work with the Intern and the state requirements. This will assist her in getting her licensure.

#### **2. HRSA SUD-MH Supplemental Grant**

a) Staff are working on the design of the Mobile Clinic with ADI Mobile Health based in Tualatin. ADI is registered with the state's procurement system, so there is no need to go out for bids.

b) Once the Mobile Clinic is ordered, we will need to look at how to staff it, who will drive it, where to store it, etc.

c) Services in the Mobile Clinic will include primary care, oral health, public health, and behavioral health.

#### **3. CCO Diabetes Grant**

a) Interviews were held October 11<sup>th</sup> for a nutritionist. There were two applicants; unfortunately, neither one accepted the position. The position will be re-posted.

b) Until a nutritionist is hired, implementing the grant is on hold.

## **10. New Business:**

### **A. Grants/Other:**

#### **A. Shared Care Planning (CaCoon)**

1. This project is from Oregon Center for Children and Youth with Special Health Needs. Formerly, the project was known as Community Connections, which is no longer functioning.
2. The project will focus on identifying children with special health needs by working with a shared care plan team of at least one clinic primary care provider, case manager and one CaCoon home visit.
3. Funding for the project will come from the Center, which used to be given to the for Community Connections.

**B. CCO Wellness & Resilience Formal Report**

1. A report was included in the packet from the day-long workshop on Provider Burnout earlier this year with staff.
2. Members observed that the report looked like a canned report and questioned if it was our information or just general information.
3. Overall, members felt that the report was trying to state that the one-day workshop was not effective, which is what the CCO paid for. It looked like they were trying to encourage us to buy into an expensive, time consuming product.

**C. Just Culture Survey on Patient Safety Report**

1. Survey was presented to the Health Council for review.
  - a) Marlene stated that this survey will be presented to staff after the full council reviewed it.
  - b) The survey will be utilized in Strategic Planning in the spring.
  - c) Individual meetings with staff will also be done to further inform staff of the importance of Just Culture and Risk Management.

**D. March 2018 CAHPS Survey**

1. The CAHPS survey was presented and it was noted that there were very few (98) surveys completed.
  - a) Marlene stated that although the overall satisfaction remained high for patients, the low turnout shows that we need to incentivize staff to get at least 25 surveys per provider to get the best information.

**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 19<sup>th</sup>.
- 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) Karen Sheelar

**Action:** Donna P. moved to approve credentialing and privileging of Karen Sheelar; 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 22<sup>nd</sup> 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.