

Tillamook County
Community Health Council
Meeting Minutes
December 19, 2018

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

1. Call to Order: Chair Harry Coffman attended the morning session by Skype. John Sandusky, Vice Chair, called the meeting to order at 12:17 pm.

2. Quarterly Meeting with Health Council and Board of County Commissioners (Co-Applicant Board Meeting):

A. Kudos and Concerns

1. Irene shared that she ran into a person she knew and during the conversation, discovered the acquaintance was a patient and mentioned that they had been going through a real difficult time the past few months. Since the patient knew that Irene worked for the Health Department, they admitted that they had cancelled an appointment and rescheduled, then “flaked” on that appointment all together. They said they had received reminder calls and even calls the day of the appointment but was in such a bad place emotionally that they just didn’t answer or call back. When the patient received a letter that clinic staff sends out when a patient misses or no-shows an appointment, they were touched by the fact that the Provider writing it was warm and compassionate enough to write to them personally showing real concern over their health. The patient then called and made an appointment after receiving the letter and intended to keep it. Irene said the patient was really impressed that a provider would personally write a letter to a patient, and it made a real difference for that patient.
2. Clayton wanted to point to our financial status, pointing out that we are stable financially, which was not always the case. He focused on the fact that being in the top 10 nationally out of 92 OCHIN members is outstanding. Irene explained what that meant, in that OCHIN sends out a monthly Revenue Cycle Scorecard outlining several factors for health centers nationally who employ OCHIN; and there are 3 in Oregon. The scorecard looks at the Accounts Receivable, items in and charted and out the door for billing. It involves work processes to receive payment within 30 days of service. Irene also pointed out that this is the direct work of Marlene and former Accounting Manager Blain West in employing OCHIN to take over our billing service and in doing so, completely turned us around financially and hit our target within one year. She also pointed out that it was a risk as the service was seen as expensive, and the BOCC was skeptical in employing OCHIN, but it ended up paying for itself immediately.
3. Donna Parks brought up the issue with Human Resources. She stated that it is a constant struggle to get positions filled because of the length of time it takes to go through the process with that

department. She stated that she wants to have a successful co-collaboration with the department but is extremely concerned that we are out of compliance with the HRSA federal grant by not having key management staff positions filled in a timely manner. She is hoping the BOCC and the Health Council can come up with some solutions to alleviate these issues. She said that there have been several times that grant funding was in jeopardy due to these hiring issues as well.

4. Bill Baertlein stated that he is aware of the ongoing issues with Human Resources and feels that our department has outgrown the ability for HR staff to handle. Tim Josi agreed with him. Bill also said that he thinks if our department could afford a position to take care of our employment process needs that would be helpful. He also said that BOCC could look at changing policies and authority in the HR department to remove road blocks.
5. Marlene stated that she has talked to HR about assisting with the processes, and that we indeed do that by salary comparisons and writing the job descriptions for them in preparation of the posting process. Even with this it takes an excessive amount of time to get to the end of the process, and qualified applicants are lost due to the time it takes. She said that we have considered hiring our own Human Resources Generalist to work directly with HR but would not want that position to be housed in that department, nor would she want to pay the full indirect to that department should we go that route. She said that most of the work could be handled with our own HR staff involving posting, vetting, interviewing and hiring qualified staff. She also stated that we could look into contracting and employ a computer software program to assist that person.
6. Irene said that she has had to request carryover funds due to the time it takes to get grant funded positions in place, and that we run the risk of losing grant funding because of it.
7. Donna Gigoux brought up that a lot of times in doing salary comparisons and looking at the health departments that are comparable to ours, those departments do not have a Federally Qualified Health Center and if they do, it's in the larger counties and the job descriptions are named very differently. She also thinks that HR does not have a solid understanding of our positions because they are more specialized.
8. Clayton said that job descriptions varies based on the job performed, and comparables are not apples to apples. We need to make sure we offer an equitable salary to retain employees.
9. Harry said we need to come up with a solution to refine that process and be made to work easier for both departments.
10. Bill said that we need to have a workshop with BOCC, HR and the Health Council and staff beginning in January to discuss options and processes. We would also have our new commissioner attend.

B. Status of potential transition from County to other entity

1. Donna P. asked Bill about the transition process and stated that it's been over a year since we were discussing the possible transition from county department to a stand alone FQHC. Bill stated that HR is still waiting for actuaries for the pension plan. Donna P. asked if we could establish a timeline; Bill said he would talk to HR today about the status and push for information. He also said he could contact the agency directly.
2. Donna P. stated that it seems difficult to meet quarterly with BOCC due to scheduling. She also pointed out that with the new commissioner as our liaison, we need to have more frequent discussions for HR department accountability and not lose sight of the goals.

Action: Donna P. moved to have the meetings be bi-annual instead of quarterly. Carmen seconded. Motion carried.

C. Review of Co-Applicant Agreement

1. BOCC and Health Council members reviewed the agreement and no changes or suggestions were made for modification. Marlene stated this agreement will be reviewed annually.

D. HRSA Health Center Program Requirements

1. The 19 Health Center Program Requirements summary was presented to the members for review. Of note is that there is a HRSA site visit scheduled August or September 2019. Compliance to the 19 elements is crucial to retaining our standing as a grant awardee and requirements are more stringent for compliance.
2. One of the factors in the requirements that may pose an issue under Management and Finance element #9. This is a requirement that we have key management staff, which includes a Chief Operation Officer. Under the counties job description, it currently is called Clinic Manager, formerly held by Autumn Bruce. We are currently working with HR to develop a more comprehensive position which is key to keeping us in compliance. Marlene stated that at this time, although it is stressful on existing staff, duties for this position is being covered by other managers. Marlene said she is currently in discussion with a contractor with the skills necessary to undertake each element of the compliance manual and make sure all of our policies and procedures are in place, work with staff on key issues, and assist us with our Community Health Needs Assessment (CHNA).

3. Adjourn

- A. Health Council meeting was adjourned at 12:55 PM for Executive Session

4. Evaluation of Executive Director (Executive Session)

5. Call to Order

- A. Vice Chair John Sandusky called the meeting to order at 1:20PM.

6. Consumer/Community Needs, Concerns, Issues:

A. Community/Patient Concerns:

1. Donna P. stated that Adventist is moving forward on a project for homeless citizens in building tiny homes.

B. Ambassador/Advocate encounters with Community:

1. No report.

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

1. No report

7. Consent Calendar:

A. Approval of November 14, 2018 Meeting minutes:

1. No changes.

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

8. Board Development:

A. Potential New Members:

1. Clayton reported that he talked to Sharon Kazinski, a retired nurse who served on the Commission on Children and Families committee and has expressed interest in learning about the Health Council.
 - a) Clayton will provide Sharon's contact information to Donna G.

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.

9. 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) Medical

1. Back on Track:

- a) This program provides monitoring of back pain treatment with OCHIN as a partner. This project is focused on CCO patients.

2. HCCN – (Health Center Controlled Network):

- a) HCCN is also a project with OCHIN to provide access to prescription drug monitoring to add to the patient's chart. An MOU is pending to begin this project.

b) Behavioral Health Integration:

1. 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.
2. For our Behavioral Health intern, we are arranging to contract with a qualified person to supervise her. The supervisor will work with the Intern and the state requirements. This will assist her in getting her licensure.
3. Marlene outlined the process for Warm Hand Off's. Once a patient receives a medical diagnosis, they are referred to a BHC. The BHC screens and talks to the patient in depth about the diagnosis. If the BHC is able to diagnose a mental health issue, the patient is referred to specialty services at TFCC (about 10-15% of patients). Issue at hand for TFCC is frequently there is a long wait; it is possible to look into Telemedicine for a psychiatrist consult.

c) 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.

d) School Based Health Center (SBHC):

- 1. No report.
- e) **Patient Access & Support:**
 - 1. No report.
- f) **Sexual Health and Adolescent Health Services:**
 - 1. (See Well Child and Adolescent Exams)
- g) **Maternal and Child Health –**
 - 1. No report.
- h) **Well Child and Adolescent Health Exams:**
 - 1. (See Sexual Health and Adolescent Health Services)
- i) **Well Men Visits:**
 - 1. Next Well Men Visits will take place in January.
- j) **Women’s Resource Center:**
 - 1. No report.
- k) **The Early Learning Hub:**
 - 1. The focus is to ensure full day Kindergarten and access to preschool for children 0-6.
- l) **Tillamook County Wellness (formerly Year of Wellness Project):**
 - 1. No report.
- m) **South County Services**
 - 1. Misty Wharton and Marlene met to discuss services in South County. The school district is remodeling their location and Misty said that the board is considering a donation of their temporary administrative office, which is a manufactured unit and movable, which could be used as a health clinic. This would not be until 2020 but plans for where to place the unit and who to move and modify the unit can begin now. Marlene will speak with Rachel Haggerty, Chief of Staff for the County about the details and how they fit with the County’s plans for South County.
 - 2. Marlene also mentioned that Robin Watts will discuss options to use the fire hall in Hebo for services there; problem is availability of providers.

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 3rd
 - 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 8th. 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 8th. 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.
- 7. Nursing Staff
 - a) There are two positions posted, one for Public Health and one for Clinical.
- 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 Men Visits**
 - a) We are once again offering Well Men's visits in the month of January.
- 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. Carol seconded. Motion carried.

10. Finance Report –

- A. October's month end cash balance was \$2,029,338.88 ending with \$219,854.70 more in revenue than expense. This was due to the fact that we received two Wrap payments in October. Irene stated that the bottom line is very positive.
 - a) **Revenue:** As stated, we received two Wrap payments in October. Under School contracts, we received \$35K for 2018 and \$8,750 for FY 2019.
 - b) **Expense:** Under Non-Capitol Equipment, we had an expense for a new computer of \$1,263.86; for Drugs and Vaccines we had an expense of \$17,541 for flu vaccines; a refund of \$325 for provider CME training for Erin Oldenkamp; and annual county insurance expense of \$24,458.
 - c) **HRSA Budget Revenue and Expense:** All revenue and expenditures in the base amount are within normal range.
 - d) **Encounters:** Total encounters went from 1,081 in September to 1,536 in October. Average Provider Encounters per FTE up from 12.00 in September to 12.50 in September. Provider

FTE was up from 2.75 in September to 2.96 in October. We had a provider gone most of September.

- e) **Encounters/Workday By Provider:** Average encounters for all providers was at 12.50. One provider was at 14 encounters per provider daily, all others were over 12. Also, providers overall are averaging close to 61.2% overall of available vs. completed schedule.
- f) **Accounts Receivable:** Total Accounts Receivable was \$298,262.04. The majority in the 0-30 bucket at 66.04%, higher than September at 63.71%. The average for our 0-30 day bucket is 28.78 days; and gross charges were \$352,172. 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 5%. Payer mix shows a increase in Self Pay of 29%; and the percentage for Medicaid is down to 34%. Privately insured is up to 21% and Medicare is up to 11%.
- g) **OCHIN Top 10:** We are once again in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN at #7 with a modified ranking score of 74. Prior month we were at #7 with a ranking score of 76. 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: Clayton moved to approve the financial report; Tim seconded. Motion carried.

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. September & October Minutes:

- a) John went through the metrics of the two months’ measure results.
- b) A summary was provided in the packet and included both public health and clinical measurements; it was mentioned by Carmen and John that when Ronda is not at the meeting, she is very missed as she is vital in explaining the results in detail.
- c) Targets were exceeded or very close to benchmarks on most of the measurements.

2. Quality Metrics Dashboard:

- a) The November dashboard was reviewed. We are on target to meet the measurements.

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

12. 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 arranging to contract with a qualified person to supervise her. The supervisor will work with the Intern and the state requirements. This will assist her in getting her licensure.
- c) Marlene outlined the process for Warm Hand Off's. Once a patient receives a medical diagnosis, they are referred to a BHC. The BHC screens and talks to the patient in depth about the diagnosis. If the BHC is able to diagnose a mental health issue, the patient is referred to specialty services at TFCC (about 10-15% of patients). Issue at hand for TFCC is frequently there is a long wait; it is possible to look into Telemedicine for a psychiatrist consult.

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.
- d) Moving forward in implementing Medically Assisted Therapy protocols to implement them. The goal is to have these services implemented by year end. A test project will involve one patient to completion with medication and therapy. It is vital that the patient stays on the medication to completion.
- e) Substance Use Disorder services protocol is also being discussed. Currently, we do not have staff to focus on these services.
- f) Our two BHC's are currently screening patients for depression, anxiety, etc. For the meantime, they are referring to TFCC for specialty services.
- g) A BH Manager will be sought after other key staff positions are filled. We are currently on target with grant expectations.
- h) Mobile Clinic Purchase:
 - 1) The purchase was approved by BOCC; an article needs to be written to send to the media soon, so the community will know it is coming. The article will describe our plans of use and the care provided.
 - 2) Marlene discussed the possibility of storing the van in Nestucca, based on conversations she's had with Misty Wharton. A possible expanded services grant is coming soon; we may not qualify due to lack of staffing and slowness in getting started.

3. CCO Diabetes Grant

1. Additional interviews will be held December 14th for a nutritionist. There were two applicants; unfortunately, neither one accepted the position. The position will be re-posted.
2. Until a nutritionist is hired, implementing the grant is on hold.

13. New Business:

I. Grants/Other:

A. 2019 Health Council Meeting Schedule

1. Donna G. reported that all dates for 2019 fell on second Tuesdays and third Wednesdays except for May.

Action: Donna P. moved to approve the meeting schedule; Carmen seconded. Motion carried.

B. Budget Period Renewal Submission

1. The Budget Narrative for FY 2019/20 was presented to the Health Council for review and approval. Form SF424 outlines the projected budget for the next fiscal year.
2. Irene stated that this Budget Period Renewal, or BPR, is a precursor to our Tillamook County Budget. Managers will project what they will need in the next year and put in a request and if approved, the request goes into the budget.
3. Irene stated that the CHC is projected at a \$2.2 million-dollar budget. The Income Analysis shows that our frequency of visits per patient (patients seen annually) is at 2.85 visits instead of the optimal 3 visits per year.

Action: Carmen moved to approve the BPR submission; Carol seconded. Motion carried.

II. Policy/Procedure:

1. Credentialing & Privileging (C&P):

- a) Valerie Bundy, NCC
- b) Valerie will be supervising our Behavioral Health Intern. (See Old Business)

Action: Donna P. moved to approve credentialing and privileging of Valerie Bundy; Clayton seconded. Motion carried.

14. Training – Time permitting

1. (See Item #2)

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 2:34 PM.