

Tillamook County
Community Health Council
Meeting Minutes
March 20, 2019

Present: Tim Borman, Harry Coffman, Carol Fitzgerald, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Mary Faith Bell (BOCC Liaison)

Excused: Jennifer Arreola, Jessica Galicia

Absent/Unexcused:

Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Harry Coffman, Chair, called the meeting to order at 12:22 pm.

2. Consumer/Community/Partner's Needs, Concerns, Issues (based on Health Council Strategic Plan Goal 2 & 3):

- A. Community/Patient Concerns – no report.
- B. Ambassador/Advocate encounters with Community Members – no report.
- C. Community Partners – partner dialogues, invitations to meetings, etc. – no report.

3. Consent Calendar:

A. **Approval of February 20, 2019 Meeting minutes:**

- 1. No changes.

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

4. Board Development:

A. **Potential New Members:**

- 1. Marlene stated that she hasn't yet contacted Mike Weissenfluh at TBCC. We have not yet received an application from Sharon Kaszycki. Tim was asked if his spouse was still interested in becoming a member; he said her schedule is getting more free and he will talk to her.

B. **Health Council Member Contact & Areas of Expertise:**

- 1. No update.

C. **Common goals – shared resources between agencies:**

- 2. No update.

D. **Underrepresented & Youth potential members:**

- 3. No update.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator:

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:** (See also Old Business: HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant)
 - 1. Dr. Steffey and Dr. Paulissen have both gone through training and now have a waiver to provide Medication Assisted Therapy (MAT). Staff is combing the charts for our existing patients to identify an eligible patient to receive the treatments. Both providers and a Behavioral Health Clinician will be shadowing at another facility. Staff will be taking motivational interviewing training through the CPCCO Behavioral Health network.
- b) **Dental Health:**
 - 1. **School Based Dental:**
 - a. Screening and sealants are taking place in the schools. Tim asked if we will be looking into silver nitrate to arrest dental carries; Marlene stated that the Director of our DCO was not a fan of that option.
- c) **Dental Services:**
 - 1. Dr. Javadi has agreed to be our dental director once more after it was determined the contractor we began working with was not responsive.
 - a. He is doing research with the services of the van regarding Teledentistry and assisting in ordering dental equipment.
 - b. He also explained that Oregon is moving forward in looking into Dental Therapists, which is a mid-level provider that can do extractions, fillings, etc. It would require supervision of a dentist. There is one practicing for a Native American health center in Oregon.
 - c. Dr. Javadi also did chart review for our two contracted dentists.
 - 2. Dr. Ahn is moving along well seeing patients. There is concern that if we begin to advertise to self-insured dental patients, we will reach capacity.
 - 3. Dawna and Marlene met with a new dentist; Dr. Javadi will be meeting him and describing our program.
- c) **School Based Health Center (SBHC):**
 - 1. There is new money available for School Based Health Centers. Marlene will look at the application materials. Current thinking is to use the mobile clinic for services on school grounds with a regular schedule. It is unclear if the new superintendent in Tillamook is receptive to having a center on campus.
- d) **Patient Access & Support:**
 - 1. Continuing to revise the “Access Policy” with staff involvement in workgroup.
- e) **Sexual Health and Adolescent Health Services:**
 - 1. (See Well Child and Adolescent Exams)
- f) **Maternal and Child Health –**
 - 1. The CCO is currently in negotiations regarding the funding from OHA for home visiting services. It needs to be determined who will be getting the funds for this service.
- g) **Health Outreach Events:**
 - 1. **Well Child and Adolescent Health Exams**(See Sexual Health and Adolescent Health Services)

- a. March focus is for Adolescent Health, College students who will be on Spring Break, immunizations and screenings (like meningitis and HPV).
- 2. **Well Men Visits:**
 - a. This took place in January and again possibly June of this year.
- 3. **Well Woman Visits:**
 - a. Slated for April.
- h) **Women's Resource Center:**
 - 1. We continue to have an on-site representative for referrals from providers for Intimate Partner Violence (IPV).
- i) **The Early Learning Hub:**
 - 1. No report.
- j) **Tillamook County Wellness (formerly Year of Wellness Project):**
 - 1. Information may be obtained by visiting <http://tillamookcountyhealthmatters.org/>.
- m) **South County Services**
 - 1. No report.
- n) **Oregon Pediatric Improvement Project (OPIP)**
 - 1. No report.

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

1. Staffing:

- a) A meeting was held with TBCC and partners. TBCC wanted to receive input from partners on the needs of the community. Marlene said a discussion surrounded encouraging youth in school to get training in a field, a "grow your own" philosophy. A good focus would be MA's, Community Health Workers, Home Health workers, etc. These would be certificate programs.

2. Open Positions:

- 1. Office Supervisor
 - a) Position is open and applicants will be selected for interviews when the position closes.
- 2. Chief Operations Officer
 - a) Position is open and applicants will be selected for interviews when the position closes.
- 3. Dental Manager
 - a) This position will be re-submitted to HR to begin the process of developing the job description and pay scale.
- 4. Chief Financial Officer
 - a) This position will be processed once the Dental Manager position is posted.
- 5. Registered Nurse 3
 - a) A new recruitment will go out for RN 1,2,and 3. There is a severe shortage of nurses right now and the pay range needs to be revisited. Since the County is going to be contracting out for a pay review of all county positions, we will wait until that is completed.
 - b) Marlene has asked the Chief of Staff and HR to be included in the review of the Request for Proposals (RFP) to determine that the contractor understands positions that provide health care and are familiar with Public Health.

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, pg. 6).

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

1. **Strategic Planning**

- a) On Wednesday, April 17th, beginning at 8AM will be our annual Strategic Planning event at the Port. Breakfast will be a pot luck. The all-staff meeting will end at noon. Health Council members will bring pot luck items for lunch, and the meeting will convene at 12:30 for an hour meeting, ending at 1:30PM. Leadership will meet for the remainder of the day, ending at 4PM.

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/Worksite Health Screenings:**

- a) No report.

Action: John moved to approve the Administrative Report. Clayton seconded. Motion carried.

10. Finance Report –

A. December's month end cash balance was \$2,309,494.77 ending with \$301,851.30 more in revenue than expense.

1. **Revenue:** We received three Medicaid wraps payments in January. They account for basically the last three months of 2018. There was a "G" code issue which affects both Medicare and Managed Care, which was paid twice. We received a payment for services from OYA for \$2,880 and received a refund from City County insurance for \$2,052. All other revenue was within normal range.
2. **Expense:** There was an expense of \$450 for uniform allowance for Environmental Health. Also an expense of \$26,083 for replacement of computers by IT. All other expenses were within normal range.
3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Retirement for staff is not shown in the HRSA Revenue and Expense. There is nothing new to report.
4. **Encounters:** Total encounters went from 1,299 in December to 1,486 in January. Average Provider Encounters per FTE up from 12.20 in December to 11.70 in January. Provider FTE was up from 2.86 in December to 3.34 in January.
5. **Encounters/Workday By Provider:** Average encounters were at 11.70. The percentages of available vs. completed were at 60.3%.

6. **Accounts Receivable**: Total Accounts Receivable was \$299,454.25. The majority in the 0-30 bucket at 66.21%, higher than December at 56.96%. The average for our 0-30 day bucket is 28.38 days; and gross charges were \$354,537, the highest yet. Payer mix shows Self Pay at 28%; and the percentage for Medicaid is up to 40%. Privately insured is at 20% and Medicare is at 9%.
7. **OCHIN Top 10**: We number 5 in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 80. Prior month we were at #7 with a ranking score of 79. 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 within EPIC that hold charges and claims that contain errors)

Action: John moved to approve the financial report; Clayton seconded. Motion carried.

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. February Minutes:

- a) Minutes were not provided prior to the meeting; February minutes will be reviewed in April.

2. Quality Metrics Dashboard:

- a) The dashboard will be reviewed in April.

Action: No action.

12. Old Business:

A. GRANTS & Resource Development –

1. HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant

- a. (See Administrative Report – Behavioral Health Integration)

2. CPCCO Diabetes Grant

- a) Erica Johnson, our nutritionist, has begun seeing patients in March. Staff is working on issues with billing and referrals; a cheat sheet will be developed listing out insurance carriers and whether or not nutrition is included in the benefits. The plan is to provide services for a few months until details are worked out. Erica is currently getting training for WIC clients.

- b) There is a screening and risk assessment event scheduled at the YMCA on April 1st. NWSDS will lead the event; they currently offer classes for diabetes prevention. Erica will be there to offer nutrition information.

13. New Business:

I. Grants/Other:

A. CPCCO Full Grant Application submitted February 15, 2019

- 1. The full grant application was submitted for review of the Health Council. Health Council members approved application submission in February.

B. OPCA HB 3063

- 1. Information was provided on House Bill 3063, which addresses removing waivers for all non-medical exemptions to vaccinations. All present were in agreement with one exception to allow the religious exemption to remain in place.

C. OPCA Policy & Advocacy Update

- 1. Information regarding advocacy was presented with a call to action for the following:
 - a) SNAP Rule – there is less than one month remaining to submit a comment on a proposed rule that would take SNAP benefits away from 755,000 people. This would affect immigrant families eligible for SNAP. Call to action is to comment on or before April 2nd using a template that was created.
 - b) Oregon has a gap in Medicaid funding of \$922 million. Call to action is to contact lawmakers.
 - c) Budget watch – over the coming months congress and administration will be working on a spending deal. This includes a \$1.9 trillion in cuts to mandatory safety-net programs like Medicaid and Medicare. Call to action is to contact members of congress.

II. Policy/Procedure:

- 1. No report.

14. Training – Time permitting

- 1. Strategic Planning April 17, 2019
 - a) Members were informed of the upcoming Strategic Planning event at the Port of Tillamook Bay. It begins at 8AM with a pot luck breakfast and ends at noon. Health Council meeting will be at 12:30 PM until 1:30 PM. Lunch will be pot luck where staff and Health Council members bring food to share. Continuing on will be a meeting of the leadership until 4PM. Eric Brinkert will be our contractor and lead the meeting.
 - b) Eric has been interviewing staff and there are three workgroups working on improving and enhancing new services; working with culture and systems in the clinic.

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 1:50 PM.