

Tillamook County  
Community Health Council  
Meeting Minutes  
August 21, 2013

**Present:** Harry Coffman, Carol Fitzgerald, Amy Griggs, Donna Parks, Rex Parsons, Clayton Rees, Carmen Rost, John Sandusky, David Waud  
**Excused:** Martha Beckum, Cynthia Putt, Dave Walker, Tim Josi  
**Absent:**  
**Staff:** Marlene Putman, Donna Gigoux, Irene Fitzgerald  
**Guests:** Brendon Ragan

**1. Call to Order:** Harry called the meeting to order at 12:30 PM.

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

a) None reported.

**3. Consent Calendar:**

a) **Approval of July 17, 2013 Meeting minutes:** Donna P. moved to approve the minutes as written; Amy seconded. Motion carried.

**4. Training & Presentations:**

a) Health Department & CCO Measurements – Marlene provided information regarding Statewide Revised Baseline data for 2011, with the CCO Incentive Metric Specifications from Oregon Health Authority. Quality Assurance and Quality Improvement are based on these measures. The motivation behind the measures is to improve costs, better outcomes, and improve health care overall. Senate Bill 1580 established a Metrics and Scoring committee. The next report will be in January, 2014. Rex discussed that the measurements are difficult, that they are really designed for the large urban marketplace who have the ability to employ ‘data miners’ and the impact is bigger in rural vs. urban areas. Marlene stated that some differences between FQHC and state reporting can be difficult as well; timing like fiscal year vs. calendar year, different deadlines, and the numbers will not look the same as the state numbers. QI/QA Small Rural Health Grant written by Coastal Health will involve shared staff to assist with the process, including TCHHS and Rinehart Clinic. Currently, TCHD has .5 FTE for this purpose, and it should be at least 1 FTE. The group would like to receive training to review 1-2 measures per meeting.

**5. Administrator’s Report:**

a) **General Update and Report:** Marlene reported on the following:

A. *Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community:*

- (Strategic Planning in October)

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

- PCPCH Incentive Payments – we are still working through the paperwork to get all three sites enrolled from when we received the PCPCH accreditation. We should be able to get Tier 3 payments for all of our clients who have a primary care provider with our clinics.
- OHA are investing 20 million for health care transformation in Oregon; investment in the CCO's includes 1.2 million in transformation projects. The focus will include high utilizers of the Emergency Room. A list of priorities will be sent at the end of September. CCO will have \$500 K for a community investment fund, with \$15,000 mini grants for Kindergarten through age 5.

*C. Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness:*

- The Accounting Manager position was offered to Irene Fitzgerald and we are looking at the best role for all to play between the Grants Manager and the Financial contractor providing training and support;
- Dental Care services – the CCO will integrate dental contracting in April, 2014. It is not clear yet how that will be done. ODS has offered to work with TCHD to find out how best to serve rural communities, with lack of providers in our area and a capped low reimbursement amount. Marlene is looking to Oregon Community Foundation and Ford Family Foundation to write grants for dental care for youth. Local contracting is also being looked at to provide 12 dental services, currently one dentist is interested;
- The Triennial Review process for public health is complete.
- We have been asked to share information of the Coordinated Home Visiting program with Clatsop County.

*D. Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements:*

- OHA & HRSA Outreach and Enrollment Grants – Training for staff and community members are ongoing for 'Assisters'. The grant is being processed and will be approved at an upcoming BOCC meeting. Mindy Poetsch is our contractor and is organizing community trainings and work plan for the October 1, 2013 start of the Insurance Exchange.
- Coordinated Home Visiting Grant – We have been asked to share information of the Coordinated Home Visiting program with Clatsop County. we are currently in the third year and just received funding to continue until September. It is anticipated that a grant will come through in September to continue the program.

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

- Strategic Planning will be held again in October with Health Department staff. A marketing committee has been formed, and staff will be updated on outreach efforts and progress toward goals that were developed last year.

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

- An RFP went out for Early Learning Hubs and a meeting is scheduled in July and August at North West Regional Education Service District (NWRESA) as our “Hub”. This will be a regional hub which includes Clatsop, Columbia and Tillamook Counties, with the opportunity to serve other counties if they want to be included. Combined focus through the regional Community Advisory Council would include Early Learning, Behavioral Health and medical needs.

**Financial Report: June 2013**

Financial Report was provided and Irene outlined the following:

- Total revenue for JUNE (August report) was \$607,278; total expenditures were \$406,899, with a month end cash balance of \$123,785. Irene indicated that due to the fiscal year-end, two months of CHC draw-down were done to account for extra expenses. A smaller and equal amount will be drawn down each month for the next ten months to make up for the extra draw-down. Irene also indicated that the Commission on Children and Families (CCF) have merged with the Health Department, and due to the Early Learning Council replacing the CCF, there is a lag in getting funds, which hopefully will be resolved shortly;
- Total Monthly Encounters were down, 1,043, mainly due to providers being out and historically encounters are down during the summer; average daily encounters per provider was 9.3 with monthly average encounters for the year at 1339 and average daily encounters per provider at 12.3;
- Accounts Receivable was \$191,935.

**Action:** Carol moved to approve the administrative and financial reports. Rex seconded. Motion carried.

**6. Old Business:**

- a) Public Health Accreditation –Our new Americorp Vista, who begins in early September, will be heading up the Accreditation process with the community. The Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA) will be done working with the Community Advisory Committee (CAC). A community survey will be out in September or October. The Vista will be pulling aggregate data, and attending community meetings with targeted groups. The target is May of 2014.
- d) Cover Oregon & HRSA Outreach and Enrollment Grants – Marlene indicated that if council members would like to volunteer to be Assisters, ongoing training opportunities will be available.
- e) Strategic Planning - the council determined that they would like to have the Strategic Planning meeting on the regular meeting date in October. That would be October 16<sup>th</sup>. Location and time is to be determined at the September Executive Committee. Suggestions were to hold a half-day simplified meeting as last year covered a lot of information and planning. Marlene will look at topics, possible facilitator, timeframe and start time and report at the Executive Committee meeting in September.

## **7. New Business:**

a) **Provider Recruitment** – Currently we are working with Merritt Hawkins for the Medical Director search and UHC Solutions for the Family Nurse Practitioner. It could take between 3-12 months for the recruitment process. Marlene met with the representative from Merritt Hawkins last week. We may need to contract with a firm for a Locum Tenens temporary position in the interim. With Donna Jose leaving, we may need to look at the South County hours to see whether or not we can afford to keep the current hours or open at all. Dr. B will be doing more acute care hours and act as the medical director. Dr. Black has agreed to come a few days to do chronic care. Marlene indicated it is difficult to recruit with the County pay scale and she has been working with the County to get more flexibility. Rex reported that he has had discussions with Tim about having our provider pay scale ‘firewalled’ from the county pay scale and that it should be treated separately. He also indicated that we should tie reimbursement to providers based on productivity with incentives in place. He commented that he felt the BOCC should be willing to provide their support with what it takes to recruit and retain providers.

b) **Telephone Issues** – Marlene discussed the new phone system. Previously, TCHD was on a separate phone system. We were slated to change to the new system in late September, but the current phone system began to crash and the new phones were installed sooner than expected. We are trying to deal with the phone tree, as it stands it is too lengthy and confusing. Donna Parks indicated that she tried to get through seven separate times to no avail and had to drive over to the Executive Committee meeting last week to say she couldn’t be there. She said it took twelve times before she got to someone, but she never got a real person. Staff present indicated that the seven options were just too much for people to sit through, staff is getting wrong calls, and the last name search on the directory isn’t efficient. Donna P said she has been an advocate to access to health care for the community and this is an access problem. Donna G. said she would provide a listing of the departments for Council members and the next meeting.

## **8. Committee Reports:**

a) **Quality Assurance:** Minutes were provided and input from the council members included: a new format for the minutes with a short listing of the 17 measures, with page numbers and explanation of the numbers. They would like to see the differences highlighted and what, if any, action taken to improve numbers. Donna P. indicated she didn’t like what she saw in some of the measures.

**Action:** Donna P. moved to approve the minutes; Amy seconded. Motion carried.

**9. Adjourn:** The meeting was adjourned at 2:15 PM.