

Tillamook County
Community Health Council
Meeting Minutes
February 19, 2014

Present: Amy Griggs, Susie Johnson, Donna Parks, Rex Parsons, Carmen Rost, John Sandusky, Tim Josi
Excused: Harry Coffman, Carol Fitzgerald, Clayton Rees, Dave Walker, Dave Waud
Absent:
Staff: Marlene Putman, Irene Fitzgerald, Debra Jacob
Guests:

1. Call to Order: Past Chair Donna Parks called the meeting to order at 12:15PM.

2. Consumer/Community Needs, Concerns, Issues: None

3. Consent Calendar:

- a) **Approval of January 15, 2014 Meeting minutes:** John moved to approve the minutes as written; Rex seconded. Motion carried.

4. Administrator's Report:

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

A. Resource Development and Grant Update:

Coordinated Home Visiting grant still has another year and a half.

We've finished our first year of the Primary Collaborative with Care Oregon regarding patient centered care and will continue another year with it.

The Women's Resource Center Advocate is in her second week as a full time position on site at the clinic. This position is part of the integration of our home base services with the behavioral health integration.

We were awarded the Public Health Accreditation grant for \$10,000. This grant is to move forward with our community health needs assessment as well as our community health improvement plan through a partnership with Columbia Pacific Coordinated Care Organization and the local advisory council. Work with consultants is currently underway for the community outreach and engagement portion of the grant. This grant is also one of the steps towards getting our public health accreditation which we plan to apply for August 1. We have one year from the date we apply to meet all requirements.

Pending Grants:

The March of Dimes grant for dental care access was approved by the council last week.

The Behavioral Health and Integration federal grant was approved by the County Commissioners February 19th. The first submission deadline is March 3rd.

The Facilities enhancement grant from HRSA, for improving existing facilities, has to be submitted by March 14th.

Quality Assurance and Care Coordination: Recertification was submitted to the state for patient centered primary care. No response with additional requirements or comments has been received back to date. We are currently accredited as a Tier 3 patient centered medical home.

SBIRT (Strategic Brief Intervention Referral Treatment) provider training is in progress—SBIRT is a screening tool for addictions that Tillamook Family Counseling and ourselves are currently using. The screening is being done with the initial paperwork in the front, as is done with the PHQ9 depression screen. It is then looked at by a medical assistant who then gives the provider the patient’s preliminary score. If there is a need for an additional referral, the provider has a really brief discussion with the patient and makes the referral to behavioral health on the spot. SBIRT is intended to be delivered by a provider along with every other tool that’s being introduced that providers are supposed to discuss with clients during their visit of 15 minutes. When all of the screening is done there is no actual time to talk to them about what they came for. We are looking at alternative ways those issues are addressed for the best use of our resources both for the clinic and our providers.

Provider training is being done on the revisions to our pain management policy that we are building from the Multnomah County model. We are also part of the pilot test company in Astoria for a new pain management center. The goal being that we work with some of our local partners to address their concerns about the access and misuse of narcotics and other prescription medications.

We’ve submitted all of our Federal reports, one potentially requiring revision. We are currently in our fourth year of the five year HRSA Federally Qualified Health Center, (FQHC), grant; which means that next year we will be submitting a request for a new five year grant.

The Coordinated Care Organization (CCO) and the local advisory council meet next Monday, February, 24th. The meeting will be to work on the priorities for the next year, to looking at the progress the tri-county collaborative has made on the measures, financially, and where they’re at in terms of below or above the line of target that were set. The CCO has been maintaining and hitting the goals that were established originally. The CCO was required to submit a transformation plan, which had to address the 17 benchmarks CCOs are supposed to work on this year and next. The transformation plan developed interim indicators, or steps that need to be met in order to reach the benchmarks. Marlene will report more on the CCO transformation plan, benchmarks and other info in greater detail at the next meeting.

The Community Advisory Council is in the process of working on the Community Health Improvement Plan. I shared the timeline from the grant and very excited to have an additional resource to build on to support that kind of community outreach. We’ll have more specific timeline after the next meeting.

Last meeting discussed having a working session for the health council to be held as an extension of the regular council meeting, did we want to have in March? April was voted for

An issue that has come up with Cover Oregon and the Oregon Health Plan – OHP has artificially limited the number of Medicaid referrals entities can have so some OHP

clients were being told that they could not come to the Health Dept. Enrolment is greater than what was anticipated at this point for Tillamook County and for the CCO by about 2000 people.

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

5. Financial Report: December, 2013

Irene provided a Financial Report for December.

- Comparison from November to December month end cash: November \$-365,649, December \$-218,520. This reflects positive net revenue in December which increased from \$289,694 in November up to \$479,531 in December. Our DHS reporting is all up to date, which means that revenue will be disbursed to us more quickly. Environmental health facility fees brought in \$80,227, these are annual fees and are not pro-rated. None of the grants are pro-rated.
- Expenses: There was an increase in travel and mileage due to trainings. Increase in janitorial services as our facility person was gone for a short time and we had to bring in an outside cleaning service. There was also an increase in total provider FTE, which in the long run will help with revenue as it will increase encounter rates.
- Total accounts receivable is consistently decreasing. There was a notable decrease in the over 120 bucket, which can be attributed to Medicare payments being received again, and large insurance payments. There were no substantial write-offs that decreased the AR. 0-30 bucket is increasing while the other buckets continue to decrease, which means encounters are increasing. Looking at AR by payer, self pays on payment plans makes up the majority of the outstanding aging accounts. These accounts are continuing to be paid.
- Wednesday, 2/26/14, at 1:30pm, Irene and Marlene will be meeting with the BOC and Treasury and have asked the consultant to come in as well. All Health Council members are welcome.

Action: Rex moved to approve the financial report, Carmen seconded. Motion carried.

6. Old Business:

a) **Cover Oregon** – continuing to have to use paper applications. The website now allows us to look up the status of a client and is expected to have all functions ready to use in late spring to early summer. A lot of the Outreach and Enrollment case managers' time is being spent on the complexities in between the application process and the coverage. Things such as: Why haven't they heard anything, how come they have this status, why did it turn out this way, how come I can't go to this provider. We have a couple of volunteers helping, have Ana hired through the Cover Oregon Outreach and Enrollment grant to assist, a couple of case managers have a little bit of their time allocated to supporting CO. There are also volunteers in other places that are working with us – the hospital and Rinehart have hired someone to do outreach and enrolment at their locations. There is an application fair this weekend at the fair grounds to let people

that have not been able to sign up locate information whether it is a business or an individual. A lot of enrollees were on the fast track program which means if you were on the OHP and your financial circumstances stayed the same you would have received a letter saying that you are now enrolled with the new OHP through Cover Oregon and continue on with your service.

b) Provider Recruitment – There is a new physician starting in July and a new mid-level starting March 3rd. We are still recruiting for a full time or part time Medical Director. We currently have a locum that is interested in a permanent position. Whether we have the numbers right now to support another provider would be the deciding factor on that. Once we have the medical director we will be where we need to be.

c) Executive Committee – John Sandusky will be able to attend Executive Committee meetings going forward.

d) Board Development – There is a new Policy Information Notice (PIN) about board composition. A grid was handed out to board members to try to make sure that the council represents what are the requirements for participation on the community health council. Board members indicated what qualifications they have on the grids and turned them back in for review. There is a requirement that 51% of the current members must be a “Consumer Member” which means a registered patient of the health center who have had access to health center services in the past 24 months. More clarification on whether a guardian of or sponsor to a patient counts as a consumer member is needed.

Clarification was made that more than 51% of the community members cannot derive their income from health care and that county employees cannot be a board member according to the by-laws and the Policy Information Notice. Because of the PIN, council by-laws and the co-applicant agreement the county employees, including the Board of Commissioners cannot be members of the health council. The co-applicant agreement clarifies the lines of authority.

****Co-Applicant agreement, by-laws and PIN to be brought to March meeting for review.**

Board Composition – Recruitment of a Hispanic member to the council. Marlene to follow up with Omar. Susan Johnson to follow up with Mydra Valencia and John Sanduski will follow up with a few students.

7. New Business:

- Finance Projections – BOCC February 26, 2014 – 1:30 – 2:30PM.
- Credentialing – New provider credentialing approval for Debbie Holt will need to be signed, unable to do so at meeting due to the absence of the chair and vice chair.
- HRSA – Policy Information Notice – See Old Business

8. Training: Wellpartner 340B Program –

Jessica Doubleday, account manager. Vicky Klakken, director of client technology.

- A) **Background:** As an FQHC Tillamook County Health and Human Services qualifies as a 340B covered entity. In the early 1990s congress passed the Patient Health Services Act, 340B was the section that addresses the entities that serve the underserved populations. Due to the complexity of the 340B regulations, companies were created to administer the 340B programs, which is what Wellpartner does.

B) **What does the 340B program do:** Covered entities can purchase the 340B drugs at an average of 50% discount. Any patient of the covered entity can go through the 340B program for drugs, uninsured will receive their drugs at the rate of 340B cost plus Safeway dispensing fees plus Wellpartner administration fees while the insured will pay their usual co-pays and Tillamook County gets the margin difference between the 340B cost of goods plus Safeway pharmacy (currently our only 340B contracted pharmacy) cost of dispensing fees and Wellpartner administration fees and the insurance reimbursement rate.

Gaps in coverage for our patients: if one of our patients were to be seen at urgent care and a the urgent care Dr. writes the patient a prescription, because Wellpartner cannot match that patient to one of our providers for this prescription, they will not get the discounted rates. Also, Medicaid patients are not eligible for 340B pricing as they already receive their medications at discounted rates.

C) **Future developments for the program:** Items that we are looking into for the future are to bring the 340B program to Fred Meyers and possibly Tillamook Pharmacy. Analysis is already under way for the Fred Meyer program and so far it shows that our patients do utilize Fred Meyer pharmacy. The problem with this is that Tillamook County has to repay the pharmacies for the meds that are essentially borrowed for the 340B program and they have to be reimbursed at the pharmacy's cost. This is called a "True Up" and occurs 90 days from day of disbursement for each drug. If we contract with multiple pharmacies this could potentially multiply the Counties cost of True Up fees with more prescriptions to reimburse for at more pharmacies.

D) **340B financials year to date:** Revenue: \$279,637.45. Gross margin: \$49,118.78.

Discussions will continue on whether to expand the 340B program to other pharmacies.

9. Reports of Committees: None

10. Unscheduled: None

The meeting was adjourned at 2:35 PM.