

Tillamook County
Community Health Council
Meeting Minutes
August 20, 2014

Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Susie Johnson, Donna Parks, Rex Parsons, Carmen Rost, Clayton Rees, John Sandusky, Tim Josi
Excused:
Absent:
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald, Autumn Bruce, Lola Martindale
Guests: Mydra Valencia, Jessica Galicia Arreola

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:22 PM. Introductions were made to the group.

2. Consumer/Community Needs, Concerns, Issues:

- None.

3. Consent Calendar:

A. Approval of July 16, 2014 Meeting minutes: Clayton moved to approve the minutes as written; Donna P. seconded. Motion carried.

4. Board Development:

A. Potential New Members: The Health Council Executive Committee recommended to the BOCC that Jessica Galicia Arreola be appointed a member of the Health Council. She is on the August 27th BOCC agenda and will officially begin her term on that date. Maydra Valencia audited the meeting and may be considering becoming a member. Omar Hernandez has not applied as yet and Marlene will contact him.

B. Election of Officers: Donna P. made a motion for the Health Council to approve the slate of officers as presented on the agenda. They are Harry Coffman as Chair; Carol Fitzgerald as Vice Chair; Carmen Rost as Secretary; and John Sandusky as a member of the Executive Committee. Amy seconded. Motion Carried.

5. Training: Marlene provided an update on the upcoming HRSA site visit. Since Strategic Planning is typically in October, that will need to be moved. Also, the regularly scheduled Health Council meeting is October 15th. By consensus, the Health Council agreed to move Strategic Planning to November and the Health Council meeting to October 22nd in order to be available to the HRSA reviewers. Marlene stated that OPCA will be conducting a mock site visit in early October.

6. Administrator's Report:

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:

- Our new Americorp Vista to start in September. Housing is set up and the Viata will work on the community planning for Public Health internal documentation and

Quality Improvement. She will also provide additional support with food insecurity, Alcohol and Drug training and SBIRT.

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

- Medical Director search is ongoing. We are renewing our agreement with Merritt Hawkins for another year.
- We have a Locum provider lined up, Chris Craft, in case we get the Expanded Services grant. Award notification should be received by the first of September.
- Marlene reported that weekly Leadership Team meetings are ongoing to discuss issues with operations, upcoming issues, etc. Care Oregon is working with the Nurse Manager, who is now in a leadership role with the Clinic Manager.
- Outreach and Enrollment – We received federal funding for ongoing outreach and enrollment work. Case managers have been hired and trained for the upcoming open enrollment period beginning November 1st. The CCO wants to help with this assistance and may give funds to us as well. The state is not sending additional funding at this time.

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

- Continuing to contract with Community Link Consulting to assist with various reporting required for Federal and State funding;
- OCHIN Billing Services and 340 B is ongoing;
- We are still researching additional funding through the jail services with the HB 4110 effective in January, 2015. We are unsure at this time if it includes Medicaid.

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

- (See Old & New Business)

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

- The Community Health Assessment and the Community Health Improvement Plan is in final draft stage which will be sent to the CCO;
- Annual Strategic Planning is changed from the second Wednesday in October to probably November due to the HRSA Site Visit. Health Council will have a special meeting on September 17th to come up with an Action Plan based on their Strategic Planning goals.
- Our Pain Management Policy is being revised with the assistance from Care Oregon to address Pain Management and related anger management. The plan is to finalize the policy in the next two weeks and will review with our partners, the jail, TBCC and DHS with the goal of being on the same page with our partners regarding pain management. This policy could cause challenges due to changes in dosage, changes in medication types away from Opiates, some new patients want alternatives, etc. We are establishing an even more clearly defined process with patients and providers pertaining to pain

management. Marlene visited the pain management clinic in Clatsop County to view their processes and meet staff which will be a good resource for referrals. Rex asked if Marlene could forward the policy to him once complete.

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

- A. Marlene will meet with Connie Green, President of Tillamook Bay Community College (TBCC), to discuss having a monthly health clinic for students of the college and High School students to improve access. The Superintendent of Tillamook School District thought that would be a good way for teens to get services;
- B. The bill for Veteran's to access FQHC's for their health care has been signed by the President. This means we may see an increase in Veteran clients and we need to be prepared. More information will be coming.

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

7. Financial Report:

Financial Report:

Financial Report was provided and Irene outlined the following:

- Total revenue for JUNE (August report) was \$4489,847; total expenditures were \$401,866, with a month end cash balance of \$197,036. Month-end cash balance (treasurers) is \$197,036.41.
- Total Monthly Encounters were 1,578 compared to May 2014 of 1193; average daily encounters per provider was 12.50 with monthly average encounters per provider for the year at 10.3;
- Accounts Receivable was \$236,690 with an average of 27 days in Accounts Receivable.

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

9. Old Business:

- EPA Brownfields Grant – Final application has been submitted and is now in the hands of the grant specialist at EPA. REP's will be developed beginning in September with them being out to the public by October 31st. Several agencies have already contacted us that are interested in applying. We have local experts to assist us in this endeavor.
- HRSA Expanded Services Grant – We should know by September 1st if we received the grant. Funds would expand services at the jail by hiring a new FNP and an MA. We also need more women's health services at the jail.

- Veteran’s Services at FQHC – Marlene is planning on contacting the Portland VA and to hold a community meeting to discuss protocol. Tillamook County does not have any money, no providers, no beds and no facility for mental health services.
- NWHF Healthy Beginnings & Healthy Communities Initiative – Marlene is working with our consultant Mindy Poetsch and with our ELC Hub on the logistics of this grant which will provide dental services to young children at the schools.
- CPCCO Telemedicine Grant – This grant would provide the ability for providers and patients to work with specialist and talk to providers at remote stations. We haven’t heard yet if the grant was received. They are including TCHD in their grant proposal for all three clinics.
- TBCC – (see Administrator’s Report)
- Change of HRSA site visit date, Strategic Planning date and October’s Health Council meeting – (See Administrator’s Report).

10. New Business:

- **Health Council Self-Assessment** – The assessment survey results were not available at the meeting and will be provided at the September meeting.
- **Policy & Procedure** –
 - a. Credentialing and Privileging – Lola provided an overview of the definition and purpose of credentialing. A question arose as to what the policy covers exactly. Lola stated that it outlines our internal procedures and services for each provider.

Action: Donna P. moved to approve the policy, Susie seconded.
 - b. Credentialing and Privileging of Erin Oldenkamp, PNP –

Action: John moved to approve the policy and have the Chair, Harry Coffman sign it. Amy seconded. Motion carried.
 - c. Emergency Department and Hospital Admission and Tracking Policy – Autumn provided information around this policy. Its focus is on reducing re-admission to the ER and follow-up processes. The Federal Torts Claim Act (FTCA), the provider of malpractice insurance for our providers, indicated that a specific policy for follow-up and tracking per their letter that was attached to the Health Council meeting packet. This new policy was created and is being implemented now. Discussion by the group followed. There is a big difference between the local hospital and an out-of-county hospital for follow-up. We have a letter of understanding with our local hospital that covers our procedure, but an out-of-county hospital may have different policies. Council members would like to see that hospital calls immediately to schedule an appointment at discharge. The Council also sees that we are trying to cover where any

patient might fall through the cracks in procedures. There is a responsibility on the part of the discharging hospital to contact the clinic for follow-up.

Action: Rex moved to approve the policy, with the addition to include TCGH calling the clinic to schedule an appointment upon discharge within 24 hours. John seconded. Motion carried.

- **FTCA RE-deeming Letter CY 2015** – (See item B)
- **CPCCO P4P Incentive Plan** – The CCO chose to allocate dollars to PCPCH recognized clinics based on each clinic’s contribution to metrics driven by the primary care clinics. They also chose to reward their key health partners for the mental health related metrics. There is a dollar amount associated with each level of performance and metric and 50% of the funds will be available up front, and 50% will be distributed when the targets are met. There is a choice of 4 metrics with an allocation of \$20,000 each. TCHD, through approval of the Executive Committee and/or Health Council on August 12, 2014, is choosing all of them.
- **OHSU Knight Cancer Center Grant Opportunity** – The legislature appropriated money to OHSU to meet the fundraising challenge and the Cancer Institute agreed to invest at a minimum \$1 million annually for a statewide cancer outreach program supporting community-based cancer initiatives. The partnership will identify community needs in prevention, education, research and screening.
- **NACCHO Public Health Accreditation Grant Opportunity** – There is a new opportunity for Public Health Accreditation, which is underway. Marlene would like permission to apply for this grant.
- **HRSA Service Area Competition (SAC) Grant Application** – We received the notice that our 2015-2018 HRSA SAC grant is due December 10th. HRSA has revised their process and the grant application will be for three years instead of five as in the last SAC grant. Once the application has been completed it will be shared with the Health Council.

Action: Donna P. moved to approve applying for all of the grants; Amy seconded. Motion carried.

11. Reports of Committees:

- A. The Health Council members reviewed and discussed the July (no June meeting) QA/QI minutes. The Council would like this summary in front of each month’s QA/QI minutes. Below is a summary of the reviewed measures:

Summary for QA/QI	Compliance	Clinical Measurement Goal	Meet Goal?
A: Public Health Family Planning	July 2014		
Chlamydia	44.4%	75.0%	No*
Clinical Breast Exam (hand count 25 charts)	96.0%	90.0%	Exceeds
Mammogram Screen	39.8%	50.0%	No
Method of Birth Control Selection	100.0%	100.0%	Yes
STD Prevention Education	61.1%	75.0%	No*
Plan B Dispensed	80.0%	75.0%	Exceeds

Consent for Birth Control (hand count 25 charts)	96.0%	75.0%	Exceeds
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B: Clinical	Compliance	Clinical Measurement Goal	Meet Goal?
Oral Health - Child Oral Exam	100.0%	100.0%	Yes
Diabetic - A1c Testing	89.3%	86.0%	Exceeds
Diabetic - A1C less than 8.0	67.9%	60.0%	Exceeds
Diabetic Depression Screen	74.1%	75.0%	Almost
Diabetic Patients - <+9% A1C	77.2%	85.0%	Almost
Controlling High Blood Pressure	64.2%	65.0%	Almost
Cervical Cancer	62.0%	73.0%	No**
Colorectal Cancer	17.5%	50.0%	No**
Lipid Lowering Therapy	61.8%	50.0%	Exceeds
Child/Adolescent Weigh Assessment	38.7%	43.0%	Almost
Adult Weight Assessment	26.1%	47.0%	No**
Asthma Therapy	76.5%	70.0%	Exceeds
Annual Child Health Audit	98.7%	77.0%	Exceeds
Tobacco Cessation Intervention	75.0%	6/1/13 - 5/30/14%	

*Under Review ** Reviewed, PDSA Quality Improvement Process and new processes developed.

Action: Carmen moved to approve the July minutes; John seconded. Motion carried.

11. Unscheduled:

12. Adjourn - The meeting was adjourned at 2:28 PM.