

Tillamook County
Community Health Council
Meeting Minutes
December 17, 2014

Present: Harry Coffman, Carol Fitzgerald, Susie Johnson, Donna Parks, Rex Parsons, Carmen Rost, John Sandusky, Tim Josi	(8 members present)
Excused: Amy Griggs, Clayton Rees	(2 members excused)
Absent: Jessica Galicia	(1 member absent)
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald	
Guests: N/A	

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:21 PM.

2. Consumer/Community Needs, Concerns, Issues:

- Carol asked if the Cloverdale clinic was currently open to patients. Marlene explained that with the lack of providers available, it is temporarily closed, even for nursing visits. Special arrangements have been made for some patients with transportation barriers.

3. Consent Calendar:

A. Approval of October 22, 2014 Meeting minutes: Donna P. asked that the paragraph on page 5 concerning the QA/QI summary to include “She would still like to see more information at the meetings from Lola or Ronda on a more regular basis, *“to provide insight and explanation of the data to make it understandable and meaningful to the group.”*”

Action: Donna P. moved to approve the minutes as modified; Rex seconded. Motion carried.

4. Board Development:

A. Donna G. mentioned that she sent Maydra, potential Council member, the link to the application and said that the Council would be pleased if she decided to join the group. Donna G. also mentioned that she had a potential member who is a consumer that resides in North County. She will invite her to attend a meeting to see if she still would be interested in becoming a member.

5. Training: Strategic Planning review: The draft from the Planning session on December ____, is not complete at this time and will be provided either via email/mail or at the next Health Council meeting in January for discussion. Marlene is working with staff on the operational findings from the planning meeting in order to continue to make progress on these items.

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:

- Productivity - Strategic Planning covered provider productivity, charting process, and closing of charts. There is a training planned on January 7th by Melissa

Paulissen to cover a system wide charting so all providers are charting the same way;

- The CCO is interesting in clinics ‘piloting’ the use of scribes and possible testing in Dragon software (voice recognition) to assist in providers charting process. The Medical Director position historically has charting issues;
- A work plan will be drawn up in the next three months for dental and behavioral health by utilizing projected encounter numbers over the next year;
- We are working with the South County school district to improve school based services;
- We are showing a huge increase in dental encounters. Marlene will be meeting with our DCO dental director in February to discuss the possibility of expansion, a possible new site, date, projected budget for Health Council review and suggestions;
- The North West Health Foundation grant for the Early Learning Hub was not awarded for the ELC partners;
- Marlene stated that we received one-time funding from HRSA recognizing health centers that displayed high levels of quality performance in calendar year 2013 from our UDS report with significantly improved quality of care from 2012-2013. This grant is to strengthen quality improvement activities. Our HRSA FY 2015 Service Area Competition (SAC) application was submitted in December 10th to the HRSA website. The CCO stated that we are at or better than our peers in the area; Marlene will bring the Metrics to the next meeting;
- Strategic Planning took place on November 19th. A draft document is being developed with the assistance of our contractor Mindy Poetsch. It will be shared with the Health Council when the draft is complete. The intention of the document is to be a comprehensive working document going forward;
- Leadership and Operational teams meet weekly to discuss issues and policies to improve access for patients, etc.;
- We continue to collaborate with Columbia Pacific Coordinated Care Organization to achieving our goals and objectives;
- Marlene is talking with the CCO about Behavioral Health Integration of specialty mental health services, or serious and persistent mental health on-site to manage these patients and they want to test a pilot project. Marlene provided an example: a patient sees TFCC for mental health issues like schizophrenia and also sees our provider for diabetes; a specialist would be able to see the patient on-site the same day as a medical appointment. Donna P. stated that she comes across people with significant issues involving housing, etc. and also suffer from mental health issues. She would like to have more information of who in the community to send these sorts of cases to access support. The CCO is also meeting with NWRESO director regarding Early Learning components and associated metrics required by the State. There are not a lot of resources for planning and several places to report the metrics to. There is a need to meet and talk about shared funding; the screening group is moving forward.

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

- Medical Director search is on hold at this time until January;
- Marty Caudle is currently serving as the Interim Medical Director.

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

- The Tillamook County Correctional Facility is still waiting for Electronic Health Record access for jail staff, as the nursing staff is not immediately responsive to Lola for credentialing. Ronda is working with OCHIN to develop a 'department';
- Dental services –our Dental Care Organization director, Alyssen Franzen, has developed some recommendations for our contractor, Dr. Opdahl and Tillamook Bay Dental. A meeting needs to be scheduled with Dr. Opdahl to discuss the details;
- The clinic has begun to see Veteran's, although the VA is backlogged and we do not have an agreement in place yet.

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 – mostly grant revenue)

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

- Marlene is working on the QA/QI policy draft to be reviewed and approved by the Leadership Team;

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

- A. Marlene met with Connie Green of TBCC, Connie asked Marlene to write up a proposal for their Board to review. Marlene is working on this;
- B. Great Beginnings and Early Learning Hub continue to meet with early childhood partners to address improved outreach and engagement with high risk mom's to access prenatal care and encourage them to establish a primary care provider.
- C. Marlene continues discussion with the CCO by participation on the board.
- D. Still waiting on word with Tillamook Educational Foundation on school-based dental services grant through NWHF.

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

7. Financial Report:

Financial Report was provided and Irene outlined the following:

- A. Total revenue for OCTOBER (December report) was \$578,864; total expenditures were \$440,973, with a month end cash balance of \$385,302. Month-end cash balance (treasurers) is \$385,302.46. Irene reported the following:

- Revenue: Two Medicaid WRAP payments were received in October. She stated that there is a delay of 90-120 days in receiving the WRAP payments. We have applied to receive the payments electronically in order to hopefully speed up the payments being received. Until then, this pattern will continue.
 - Expense: Salary & Wages expenses are normal.
- B.** Encounter trends shows a slight increase in encounters for October. The average daily provider encounters were down to 25, which does not include dental encounters. The encounters should reflect a slightly higher number and Irene stated that she will correct it for January's meeting. Dental encounters increased from 306 in September to 346 in October.
- C.** Total Monthly Encounters were up from September slightly to 1,333 with fewer providers available; average daily encounters per provider FTE were 7.30. It was noted by the committee that this is the lowest encounter rate since over a year ago when we didn't have enough providers. Irene stated that there were 4 providers that had extended absences during the month and one provider in orientation. Providers need to be seeing 16-20 patients per day consistently. Charting remains an issue and is reflected in the lower encounter rate. Providers with open charts were informed that their charts need to be closed by the end of the year as our UDS report will be due in March and needs to reflect accurately our encounter numbers so we don't lose grant funding and potential revenue. Melissa will be providing training with the goal of all providers using the same system, using automatic dot.phrases and getting more patients signed up to use MyChart. She also stated that the EMR is not an intuitive system, with a lot of drop down menus and a large amount of detail to track. This will assist in better patient care, in that all providers will be able to see patients assigned to a provider that isn't available at the time of appointment and the patient will not be turned away or rescheduled.

John asked if the providers see these numbers, the number of patients scheduled, seen and the number of no-shows. Discussion included the perception that there are not enough patients to fill a provider's time; that we are overstaffed. Marlene stated that the new providers are limited in how many patients due to training issues and with so many providers unavailable it appears that they are not busy, but in fact the providers working are overloaded. Donna P. stated that the Health Council members are not to concern themselves with the open chart issue; it is an Administrative issue, but that it is important to question and to know why because it affects the bottom line.

- D.** Accounts Receivable was \$224,254. 0-30 day bucket is 77.63% of AR.
 Discussion: Rex wondered which population was the lowest represented in the AR, which is Medicare. That is the lions share at the hospital and they have internists and physicians aimed at that population. Rex also asked what the large amount for indirect the county takes is for, where the county takes \$306K and only gives \$134K for Public Health. He also stated that with the BOCC out of the Health Council business it would be easier to hire staff, they could contract Public Health out at a flat rate and it would be better for the Health Department and the County. Further, the funding from the county is not even close to real for the price for Public Health, probably the lowest in the state or the county, and with more cuts it will be even lower. Marlene stated that we are aware that more Medicare patients should be served at the clinics and that there is discussion about a Prospective Payment System (PPS) rate, like we have for Medicaid, for

Medicare, which we will know more about at a later date this year. Currently, Medicare pays the lowest of all of the sources. She also discussed the various departments that support us like Information Technology, Treasurer’s Office, County Counsel, Human Resources, etc. He was concerned about the low numbers of encounters per provider sustaining the department in the long term. Donna P. would be interested in seeing the breakdown of funds just for Public Health and for Primary Care.

John said it appears that we have a full complement of providers available and we need to see the charts closed and better numbers of patients. Marlene stated that we are looking at no-show rates, possible double booking, working on closing all charts by the end of the year, and pushing marketing and training for providers to increase encounters per provider. He also said that the Health Department does not seem a big priority for the BOCC. Marlene stated that there is support in the BOCC, that their main concerns are if in the bottom line we have to lay off people there is a big expense in the insurance pool and retirement plans with 50 people out of 200 for the county so they have to look at the bottom line.

Carmen wondered if the timber revenue not coming back how that would affect the department long term, that the system feels fragile and unsustainable with the county.

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

8. Reports of Committees:

Quality Assurance/Quality Improvement Committee:

A. Donna P. stated that she wants to see the patient satisfaction survey that Lola did for the Health Council, with more information that is pertinent to what the Council wants to see. The survey was completed on November 10th and will be provided at the next Health Council meeting. A summary of the QA/QI results are as follows:

Summary for QA/QI	Compliance	Clinical Measurement Goal	Meet Goal?
A: Public Health Family Planning	Sept 2014		

B: Clinical	Compliance	Clinical Measurement Goal	Meet Goal?
Oral Health	100.0%	not determined	*
Diabetes A1c test 18-75	88.3%	86.0%	Yes
Comprehensive Diabetes Care: HbA1c <8%	65.0%	60.0%	Yes
Diabetic PHQ-9 Depression Screening	77.1%	75.0%	Yes

HbA1c <9%	79.0%	85.0%	Almost
CAD/HTN High Blood Pressure	66.2%	65.0%	Yes
CAD Coronary Artery Disease - lipid lowering	72.2%	50.0%	Yes
Child Health - Immunizations	68.3%	76.0%	Almost
Provider Peer Review	See Chart	90.0%	*
CAHPS Survey	See Chart		*

Action: Donna P. moved to approve the QA/QI minutes; Rex seconded. Motion carried.

9. Old Business:

a. **GRANTS:**

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- **HRSA SAC Grant:** (See Administrative Report);
- **EPA Brownfields Grant:** The selection committee saw 5 proposals and interviewed 3 consultants. The ranking is currently taking place and the final selection will take place next week;
- **CPCCO Community Wellness Grant:** We haven't received word yet on this grant;
- **School based Dental Health with Tillamook Education Foundation:** We had a phone interview with the funder which was positive, but haven't heard a final decision yet. This grant is a one-year planning grant with a 4 year implementation grant beginning in January.

b. **PARTNERS/COMMUNITY**

- **TBCC:** Student Access to TCHD Providers, Public Health & Outreach – (See Administrative Report);
- **Veterans:** Services for new options for patient care – currently accepting patients and waiting for the contract; Marlene will do an article with Bill Hatton, the Veteran's Services representative. Donna P. noted that her husband was ready to give up on the VA with this new system as he was given a follow-up appointment that was supposed to be with Marty, but they scheduled it in Lincoln City. She stated that there may be a lot of kinks to work out before this new system works properly.

10. New Business:

- **Policy & Procedure** – None at this time.
- **2015 Health Council Meeting Schedule** – The meeting schedule was not included, but Donna G. reported that this year there are no deviations from the second Tuesdays for Executive Committee and third Wednesdays for Health Council meetings.

Action: Donna P. moved to approve the Health Council schedule; Carol seconded. Motion carried.

11. Unscheduled:

12. Adjourn - The meeting was adjourned at 1:59 PM.