

Tillamook County
Community Health Council
Meeting Minutes
January 21, 2015

Present: Harry Coffman, Amy Griggs, Susie Johnson, Donna Parks, Carmen Rost, John Sandusky, Tim Josi (liaison)
Excused: Carol Fitzgerald, Jessica Galicia, Rex Parsons, Clayton Rees
Absent:
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald
Guests: Mindy Poetsch

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:16 PM.

2. Consumer/Community Needs, Concerns, Issues:

- Donna P. noted that she heard from a patient that they had to have one tooth pulled at a time, when the patient felt that multiple extractions should have happened all at once. Marlene noted that she is in negotiations with Dr. Opdahl and is sending a modified agreement to him.

3. Consent Calendar:

A. Approval of December 17, 2014 Meeting minutes: *Action:* Susie moved to approve the minutes as written; Carmen seconded. Motion carried.

4. Board Development:

- A.** Jessica's schedule conflict – Jessica related to Donna G. that her instructor is excited that she is serving on the Health Council and is willing to allow her to attend the meetings on the third Wednesday's of the month. Her instructor is the Health Instructor at the college.
- B.** Donna G. will contact Sue Becraft to use the BOCC section of the Headlight Herald to ask for new members.

5. Training: Strategic Planning review: Mindy Poetsch attended the meeting to discuss the document that will eventually be adopted by the Council for long-term use. Mindy plans to have the document completed for the Council's review by the February meeting. Mindy stated that there were a lot of issues discussed at the Strategic Planning meeting in November, including how to handle 'No-Shows', provider production, creating policies, double-booking patients to cover those who chronically 'no-show', and offering same-day appointments and not sending patients to Urgent Care at the hospital clinic. Donna P. was impressed with the triage she received in getting a same-day appointment recently. The plan document will focus on strategies, actions, measurements, and follow-up.

6. Administrator's Report:

General Update and Report: Marlene reported on the following based on previous Strategic Plan Goals, priorities and strategies (2011-13):

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

1. **Strategic Planning** was completed November 19 and a final draft will be developed through Mindy Poetsch, North Coast Community Development. This will provide guidance for the Health Council and staff in the coming year regarding updated Goals, Priorities and strategies. (See Training)
2. **Community Needs Assessment** – is still not complete with enough data to meet targeted development of new services, patient access, patient demand for services, etc. Hopefully, this will be completed in time to include resources in the budget which will need to be submitted to the county in early March, 2015.
3. **Action Planning in Priorities Areas** in order to improve quality and increase patient access, encounters, and outcomes. Based on the Strategic Plan an ongoing efforts, planning and work plans are under development in the following areas. This will also be used to assist in budget development for the County and Council (March 2015).

1. Behavioral Health:

1. Partner with TFCC on a federal grant application for Primary Care integration into Behavioral Health, with an approximate due date of March 1. This grant is the ‘opposite’ of what we are doing in the clinic by having a TFCC employee in our clinic to provide Behavioral Health services, whereas, we would have a primary care provider housed in the counseling center to provide primary care. This would allow better medication management for chronically mentally ill patients.
2. A Behavioral Health Integration meeting is scheduled for January 31st, a half-day on Saturday at the library to discuss best practices with newly diagnosed diabetic patients, how the EHR criteria relate to behavioral health, the stigma of having behavioral health in the clinic with primary care, etc.

2. Dental Health:

1. Demand for dental services is leveling out slowly, but is still high. We continue to work with Alyssa Franzen of Care Oregon, who is doing Peer Review of our contracted dentist. With the high demand and some issues with our current contractor, we are looking into some alternatives like leasing space in the Willamette Dental office, or the Orthodontic office adjacent to the Administrative office, and hire a part-time dentist who could use the loan repayment, or contract with a dentist a few days per week. We have been in discussion with Care Oregon and with a local dentist regarding oversight and the possibility of ‘sharing’ a dentist. This is currently in the beginning planning stages. There are few dentists that are willing to serve new OHP patients; Willamette Dental is closed to new OHP patients and Sand Creek is the only other dentist in Tillamook County currently serving OHP patients.

3. Sexual Health and Adolescent Health Services:

1. Outreach through Community College for college and high school students– meeting with the college President has taken place but a formalized proposal has not yet been developed for the TBCC Board of Directors. The goal is to develop this prior to the end of the county fiscal year. It would be accomplished using existing staff at this point.
2. Marlene is trying to establish a meeting with the interim Superintendent at Nestucca Valley School District to discuss the issue with him.

4. Maternal and Child Health:

i. The current funding is due to end in June. A meeting will be held with Healthy Families staff and Coordinated Home Visiting staff to discuss transition and moving forward. The State Healthy Families folks held a webinar stating that the funds will go out with a Request for Proposal competitive process for each community. It is still unclear if the funds will be passed through the County or through the Early Learning Hub. NWRESD's Hub application currently is not complete.

5. **The Early Learning Hub:** The final application is being worked on and submitted to the state's Department of Education.

6. **Correctional Facility Medical Services (see also partners, below)**
Staff is still working on setting a meeting with jail staff to discuss services and the EPIC system (our electronic medical records software).

7. **Health Insurance Coverage - Outreach & Enrollment:** The federal funds for 2016 will become part of our overall 330 HRSA grant. We no longer receive state funding. Open enrollment ends February 15, 2016.

8. **Veterans Services.** This transition to serving veterans has posed some challenges. We are still waiting to get the final contract completed, but have been serving a few veterans since December. It was mentioned that the NorthWest Senior and Disability Services director is not involved in our efforts nor is very helpful to those who ask for it.

9. **Alcohol, Tobacco and Other Drugs:** We continue to monitor the screening that has been implemented in the health centers.

4. Quality Improvement & Quality Assurance System & Structure.

1. **Improving our Improvement System.** No follow-up at this time.

2. **Resources to Improve Systems.** No follow-up at this time.

3. **Progress.** No follow-up at this time.

5. Leadership & Communication

1. No follow-up at this time.

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

- i. No follow-up at this time.

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

- i. No follow-up at this time.

D. Goal: 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 – regarding grant application and related community partnerships)

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

1. *QA/QI Policy Update*: Marlene is working on the QA/QI policy draft to be reviewed and approved by the Leadership Team

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

1. No follow-up at this time.

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

7. Financial Report:

Financial Report was provided and Irene outlined the following:

- A. Total revenue for NOVEMBER (January report) was \$434,164; total expenditures were \$501,957, with a month end cash balance of \$313,086. Month-end cash balance (treasurers) is \$313,086.02. Irene reported the following:
 - Revenue: One Medicaid WRAP was received in November for dental. 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: Our indirect was raised to \$330,000 with an additional \$43,000 going toward the amount the County gave us a few years ago for a period of one year. We will also be giving the County an additional \$13,500, a 10% reduction due to the Timber Revenue falling.
- B. Encounter trends shows a slight increase in encounters for November. The average daily provider encounters were down to 23, which does not include dental encounters. Dental encounters decreased from 346 in October to 244 in November.
- C. Total Monthly Encounters were up from October slightly from 1,333 to 1,431 with fewer providers available due to personal leave, maternity leave and illness, resulting in

an average provider FTE of 2.49; average daily encounters per provider FTE were 9.20, up from 7.30 in October.

D. Accounts Receivable was \$178,457. 0-30 day bucket is 77.64% of AR.

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

8. Reports of Committees:

Quality Assurance/Quality Improvement Committee:

A. 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	Oct 2014		

B: Clinical	Compliance	Clinical Measurement Goal	Meet Goal?
QAP Laboratory Audit	(See Results in minutes for each clinic)		
Depression <19	20.0%	68.2%	Exceeds
Depression >19	75.0%	72.0%	Almost
IVD Aspirin Therapy	68.1%	90.0%	No*
Tobacco Use Assessment	98.1%	77.0%	Exceeds
Tobacco Cessation Intervention	52.8%	77.0%	No**
Tobacco Screening			
October 2014 CAHPS Survey	(See Results in minutes)		

*Might indicate aspirin not getting added to the patient's medication list during the rooming process since it's over the counter medication

**Decline is possibly due to the providers not using the specific tobacco counseling button or the specific dotphrase that the report pulls to satisfy the measure.

- Lola provided the recent Patient Satisfaction survey which was conducted in November using the format the Health Council developed and has used in the past. She noted that it was a good review and the survey responses on scheduling appointments was positive due to having a dedicated staff person. The format of the CAHPS survey make the results look negative and that our own survey truly is more focused on what the Council wants to see. The council wants to have surveys every 6 months for adults and children for the CAHPS survey and a similar schedule for the Council survey.
- It was noted that the Council wanted Autumn to attend the February meeting to explain the Control Log Books from the QA/QI minutes.

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

9. Old Business:

a. GRANTS & Resource Development

- (1) **HRSA SAC Grant:** The grant was submitted by the required deadline and receipt of submittal provided. We haven't heard anything as of yet.
- (2) **EPA Brownfields Grant:** The consultants were selected and we are currently in the process of developing the agreement. An initial meeting of the Project Team will take place February 9th to discuss roles, responsibilities and what's next.
- (3) **School based Dental Health with Tillamook Education Foundation:** We haven't heard anything back yet on this grant.

b. PARTNERS/COMMUNITY

- **TBCC:** Student Access to TCHD Providers, Public Health & Outreach – (See Administrative Report);
- **Veterans:** Still tracking the contract with the VA. Bill Hatton, Tillamook County's VA representative, noted there are issues in getting prequalified for services. Marlene and Bill will be writing up something for the papers once things get ironed out more clearly.

10. New Business:

(1) Policy & Procedure –

- Credentialing and Privileging for Barb Weathersby:

Action: Carmen moved to have Harry sign the document; John seconded. Motion carried.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:06 PM.