

Tillamook County
Community Health Council
Meeting Minutes
February 18, 2015

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

1. Call to Order: Vice-Chair Carol Fitzgerald called the meeting to order at 12:19 PM.

2. Consumer/Community Needs, Concerns, Issues:

- John reported that on the bus he rides he overheard some people talking about the Tillamook Medical Center Urgent Care services, and that they said that they usually send people over to the hospital for treatment instead of treatment at the Urgent Care. Carmen said this could be an education opportunity for the community.
- Clayton mentioned that he is serving as a liaison between the Health Council and TFCC, and they are very supportive of him attending their board meetings.

3. Consent Calendar:

- A. Approval of January 21, 2015 Meeting minutes: Action:** John moved to approve the minutes as written; Donna P. seconded. Motion carried.

4. Board Development:

- A.** Jessica's schedule conflict – Jessica has received permission from her Health Instructor to attend the Health Council meetings. The Health Council was pleased to have her continued participation as a member. John will serve as the new member mentor for Jessica. Orientation will need to be scheduled.
- B.** Donna G. contacted Sue Becraft to use the BOCC section of the Headlight Herald to recruit for new members.

5. Training:

- Robin Watts was tentatively scheduled to discuss the history of immunizations in light of the recent measles outbreak; however, she is busy with the Exclusion date, which is today, vaccinating children. An article was included in the packet entitled Understanding Vaccines. The group discussed an upcoming bill introduced in the legislature with hearings coming up to make it more difficult for parents to refuse immunizations for their children.
- Next training will be to present the Health Council's Strategic Planning goals and how they tie into the goals presented at the last meeting, and to choose priorities.

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** – a final working document is being developed by Mindy Poetsch, who provided an overview of the draft document to the group. The final document will be presented to staff and the council when it is finalized. Every effort is being made to include past work and related strategies to create a comprehensive plan. Each Manager will be asked to review the document to make sure that it meets the priorities of their “team” and will reflect their work to be accomplished by the next strategic plan year. There is already a lot of work underway and some of the items from the planning session in November are already completed. Some items are still in process, like the prenatal care and home visiting survey to ascertain if our clients would like these services to be available at the Health Centers.
- 2. Community Needs Assessment** – Although Community Health Needs Assessment (CHA) has been completed in partnership with the CPCC local Community Advisory Council, we have not completed the clinic services need assessment. We are looking for support from CPCC to assist with processes and data. This will include looking at such items as new services, patient access, patient demand for services, etc. It is anticipated that this will be completed, at least in part, in time to include resources in the budget which will be submitted to the county in early March, 2015.
- 3. Action Planning in Priority Areas** - in order to improve quality and increase patient access, encounters, and outcomes (based on the Strategic Plan and ongoing efforts), planning and work plans are under development in the following areas. These priorities will also be used to assist/guide Department budget development for the County and Health Council for 2015/16. Brief updates on current activities are provided with individual action plans for each area available for members upon request to staff.

1. Behavioral Health:

1. There was a leadership team planning meeting on January 31st to discuss behavioral health services to be provided/addressed in the coming year. Items included such topics as: best practices; working with newly diagnosed diabetic patients and patient with other chronic illnesses; how the EHR can be used to identify, track and refer patient to in-house Behavioral health services; addressing any potential stigma relating to accessing mental health services; staffing needs; psychiatric consultation services. A plan is being drafted with assistance from the consultant that facilitated the meeting.

2. Dental Health:

1. Demand for dental services is leveling out slowly, at a new higher rate of access. We continue to work with Alyssa Franzen, Dental Director of Care Oregon, who is consulting with us as we expand dental services and providing the Peer Review of our contracted dentist(s). With the high demand and quality assurance goals, we are looking into some alternatives to address these priorities, like contracting with other dentists and creating additional access points.

3. Sexual Health and Adolescent Health Services:

1. Marlene has a meeting scheduled with the south county superintendent to discuss access to students in South County on or near at the community college, who shares land space with the school district. The idea is to have space on campus for adolescents to access health care and educational materials.

4. Maternal and Child Health:

1. *MIECHV Grant* is ending June 30, 2015, which currently pays for the salary of one of our nurses to provide home-based services in the partnership with other local home visiting programs. Discussion about transition is underway to ensure that there will limited impact to services to high risk population at the end of the grant period.

5. The Early Learning Hub – nothing new to report.

6. Correctional Facility Medical Services (see also partners, below)

Staff is working on setting a meeting with jail staff to discuss services and the EPIC system (our electronic medical records software).

7. Veterans Services. An article is being developed for publication in the local newspapers for Veterans services at our FQHC.

4. Quality Improvement & Quality Assurance System & Structure.

1. (See Grants)

2. The Tillamook/Central clinic is undergoing some changes and improvements. New carpet, flooring, paint, low divider, and furniture will be in place by the end of the March. We are working with the landlord to ascertain costs. South Clinic is in need of a new building, as it has for some time. We are looking into option to address this need through partnerships.

3. Well-Child Visits are not currently meeting the targeted outcome rate. Data would also indicate that some children in the county still do not have access to health care and/or their parents are not establishing care with regular visits for children. This appears to be an access, cost and insurance issue.

Marlene reported that the Family Health Center we will be holding an event during “The Week of the Young Child” in April. Specifically, April 12-18 we will offer to the community well-child exams for 3-6 year olds with no out-of-pocket costs. This is the week that the Multi-Modular Preschool Exams will

be held Thursday, April 16th all day and Friday, April 17 for part of a day. The goal is to remove barriers to families and to get children in to a provider for comprehensive exam. We will advertise other events that are going on during that week, and may have hours open on Saturday to accommodate families who cannot take off of work during the week. Additionally, Neah-Kah-Nie Preschool is asking that we do exams the prior week, with activities planned.

Discussion: John asked if there would be a perception of competing with Multi-Modular exams. Marlene responded that the Health Department and Family Health Center staff are participating in the Multi-Mod event. Also, the participation in Multi-Modular has waned in the recent past with North and South county residents and partners indication that it is difficult to participate. Further, the event is very long (almost the entire day), there is a shortage of interpreters for the child and their families and families do not establish care or build a relationship with a care provider. Finally, this year's event is only a day and a half. The idea is to give more options to the community and build relationships for family with care providers that will continue beyond a one-day event. We will also promote all of the related events, like the library, Music Together, etc., including the Multi-Modular. Health Council members liked and supported the idea.

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

1. Dashboards continue to be reviewed on a monthly basis. Medical Director time is being added for supervision and planning.

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

1. Continue to hit AR targets and maintain positive cash flow. See Financial report. No additional 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)

E. 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 documents and related system revisions. There is \$10,000 in the Quality Improvement grant from HRSA that will be used to improve internal QA/QI process, reports, and goals.

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

1. Continuing to partner with local organizations and the hospital to support the Multi-modular Preschool exams. The Health Department health centers will be offering well-child exams during 3 days prior to the Preschool Exams to support Well Child Week. Other activities, media, and proclamations will occur to support “Week of the Young Child” April 13-17. See also, Quality Assurance above.

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

7. Financial Report:

Financial Report was provided and Irene outlined the following:

- A.** Total revenue for DECEMBER (February report) was \$545,938; total expenditures were \$456,326, with a month end cash balance of \$385,832. Month-end cash balance (treasurers) is \$381,831.50. Irene reported the following:
- Revenue: Two Medicaid WRAP payments were received in December We received the Environmental Health payment for one year of almost \$80,000. Nestucca School District payment was received for the year of over \$10,000. It was discovered that there is a glitch in the Care Oregon IT system for managed care fees for dental payments. This should be resolved by February. Our general fund allocation for Public Health was decreased by \$13,500, or 10%, due to the county timber revenue deficit. We also are going to be paying back the loan we received in 2011, which was initially forgiven, but due to the deficit, the Health Department has volunteered to pay the funds back to the county, based on available funds, in a monthly allocation to general funds. Upon discussion, the Council members voiced their disappointment, but remain supportive of that decision.
 - Expense: There was a larger than normal payment in December for the OCHIN Billing Service vendor of over \$12,000; larger amount for printing and advertising in December, and a larger payment for professional services, which was the consultants assisting us with our Service Area Competition (SAC) grant application.
- B.** Encounter trends shows a slight decrease in encounters for December. The average daily provider encounters were up from November from 23 to 35, which does not include dental encounters. Dental encounters increased from 244 in November to 291 in December.
- C.** Total Monthly Encounters were slightly down from November from 1,431 to 1,420, resulting in an average provider FTE of 3.08; average daily encounters per provider FTE were up from 9.20 in November to 11.40.
- D.** Accounts Receivable was \$268,534. 0-30 day bucket is 63.61% of AR. November and December over 211 days are up and Irene will check with OCHIN to see what the cause might be. Irene mentioned that she could provide the buckets by payor if the council wishes to break down each payor.

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

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

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	December 2014		
Chlamydia	55.0%	75.0%	No
Mammogram	46.3%	50.0%	Almost
Method of Birth Control	100.0%	90.0%	Yes
STD/HIV*	56.3%	75.0%	No
Clinical Breast Exam	100.0%	90.0%	Yes
Documentation of Birth Control dispensed	96.0%	75.0%	Yes
Emergency Contraception	92.0%	75.0%	Yes
Consent for Birth Control	96.0%	90.0%	Yes
Quarterly Audit Review	See Minutes		

B: Clinical	Compliance	Clinical Measurement Goal	Meet Goal?
Oral Health	100.0%	not determined	Yes
Diabetes A1c test 18-75	89.3%	86.0%	Yes
Comprehensive Diabetes Care: HbA1c <8%	64.5%	60.0%	Yes
Diabetic PHQ-9 Depression Screening	76.2%	75.0%	Yes
HbA1c <9%*	79.0%	85.0%	Almost
CAD/HTN High Blood Pressure	65.7%	65.0%	Yes
CAD Coronary Artery Disease - lipid lowering	67.7%	50.0%	Yes
Child Health - Immunizations	82.1%	76.0%	Yes
Provider Peer Review	90-100%	90.0%	Yes

* See comments on QA/QI minutes.

Autumn Bruce, Clinic Operations Manager, was present to address the Council request for information on the clinical “lab review” which indicated that some of the measures were not met. Autumn reviewed the report in detail with the Council and explained which items were not applicable because of the fact that there are not lab services in the North or South clinics. Further explaining the some of the processes were not tracked as a new nurse was being trained. There will be improvements in these metrics in the next audit.

Action: John moved to approve the QA/QI minutes; Carmen seconded. Motion carried.

B. Donna G. provided an update on the Marketing Committee. Donna G. stated that Donna P. is now a member of the committee, which meets the first Monday of every month at 9:00 AM at the Administrative office. Her update was as follows:

- Working on getting a new brochure developed with pictures that are more general instead of actual staff;
- Radio schedule is complete, and the providers have been notified of the dates, times and subject of each month's radio spot;
- Ads are discussed monthly and are developed based on existing and new services, upcoming events, and focus health months;
- We are adding a sign to the existing signs in the front of each clinic to include the hours of service and the telephone number displayed boldly and plainly.

9. Old Business:

a. GRANTS & Resource Development

- (1) **EPA Brownfields Grant:** We are meeting with the consultants next week for the Kick off meeting, outlining the schedule and roles moving forward, and asking any questions or answering questions from the consultant team.
- (2) **OHA Health Information Technology Grant:** This project will serve to enhance the existing EHR system for reproductive health clients and others through improvements to the following departments and modules of Epic system managed by OCHIN.
 - Improve care management functions in order to address health concerns/issues and improve health outcomes for WIC, CCare, and Home Visitation programs;
 - Improve systems of identification and screening for clients at risk for or experiencing behavioral health concerns, and improve monitoring of referrals, follow-up and tracking progress, for those who develop care plan for alcohol, drug, tobacco, etc; and
 - Adding a "department" for health and behavioral health services provided at the county correctional facility in order to ensure continuity of care for clients when they enter and leave the facility. At present the facility tracks patient medical information in paper form.
- (3) **CPCCO Community Wellness Grant** – This project will work to decrease tobacco use during and after pregnancy by using evidence based model called 5A's.
- (4) **School based Dental Health with Tillamook Education Foundation:** We received a 9 month implementation grant through the Foundation and are working on the final agreement and contracting with a consultant.

b. PARTNERS/COMMUNITY

- **TBCC:** Student Access to TCHD Providers, Public Health & Outreach – (See Administrative Report);

10. New Business:

- Policy & Procedure – None at this time.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:25 PM.