

Tillamook County
Community Health Council
Meeting Minutes
September 16, 2015

<p>Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Jessica Galicia, Tim Josi (liaison) Excused: Michelle Hunter, Rex Parsons Absent/Unexcused: Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald Guests:</p>
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1. Call to Order: Chair Harry Coffman called the meeting to order at 1:35 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members:

a) **Community/Patient Concerns:**

- Donna P. reported that she was able to assist with getting prescriptions through Tillamook Pharmacy for homeless clients who were patients with TCHD through a Salvation Army voucher. Safeway no longer accepts vouchers or purchase orders.
- Marlene followed up with Donna P's reported issue at the August meeting and the patient who saw a provider to get a referral to pain management, with the provider not handling the request properly for the patient. Marlene met with providers and discussed with them that the patient is not at fault if the provider is uneasy with a request; providers need to see the patient and then talk to the entire team to determine the internal processes and the right way to discuss the issue with patients. Providers and managers are working on a plan of action moving forward and conversations are ongoing.

b) **Ambassador/Advocate encounters with Community:** No report.

c) **Community Partners (boards, agencies) Encounters/Projects:** None at this time.

d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of August 12, 2015 Meeting minutes:

Action: Clayton moved to approve the minutes as amended; Donna seconded. Motion carried.

4. Board Development:

a) **Member recruitment –**

- We received an application for Victoria Mata to be a member of the Health Council. Donna G. sent her the information and an invitation to attend the meeting today, but didn't hear back from her. Donna G. will follow up.

b) **Health Council Member Contact & Areas of Expertise –** Donna G. presented in the packet the updated list. There were no changes indicated by the members.

- c) **Common goals – shared resources between agencies:** Marlene reported that the Year of Wellness (YOW) is underway with a contractor and the BOCC, with assistance from TCHD. Marlene advised the council members to bring suggestions to the monthly meetings.
- d) **Underrepresented & Youth potential members:** Harry stated he will know once school has been in session for a few weeks if there is a student who may be interested in being a youth member of the council.
- e) **Health Council Revised Bylaws –** The revised bylaws were presented in the packet for council review and approval. Donna P. guided the group throughout the document and consensus was reached for the final updated bylaws. Donna G. will forward the bylaws for adoption and an updated co-applicant agreement to be reviewed and approved by BOCC.
Action: Donna P. moved to approve the revised bylaws; Carmen seconded. Motion carried.

5. Training:

- Sandy Abbott from Office of Vocational Rehabilitation Services provided information and a presentation to the council members regarding their services for those who have a disability and who want to join the work force. She outlined the services, which include one on one counseling to determine how a person gets into the job market.

6. Administrator's Report:

General Update and Report: Marlene reported on the following based on previous Strategic Plan Goals, priorities and strategies (2013-15):

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

1. **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.

a) Behavioral Health:

Marlene stated that she is working with TFCC to recruit another provider. Job descriptions need to be developed for the County as well as classifications for both the Behavioral Health and potential Psychiatric nurse practitioner. These will be shared positions with TFCC. It is anticipated that hiring for these positions begin by October 23rd through December, with the hopes of having someone hired by the first of the year.

b) Dental Health:

- School Based Dental - Our contractor, Mindy Poetsch from North Coast Community Development (NCCD) is working with Marlene on background planning with Tillamook Education Foundation to get a base population and other information to formulate a plan to propose on the grant implementation application, which is due October 15, 2015. OHA, CCO and CareOregon should be involved in discussion to remain inclusive of programs already in place with partners.
- Dental Contracting – continuing discussion with Sand Creek Dental for contracting for a Dental Director and to provide services to our Medicaid dental patients. We are looking into recruiting for a new dentist as well as hiring an advanced Dental Hygienist and a Dental Assistant in partnership with Sand Creek.

c) Sexual Health and Adolescent Health Services:

We are currently providing sports physicals in conjunction with well child visits as both are covered under OHP. Further services are planned with the Teen Parent program and the Alternative school on-site with a new nurse.

d) Maternal and Child Health - No update.

- e) The Early Learning Hub –** The region has a recognized HUB. There is an organizational meeting scheduled for Tuesday in Astoria to come up with concrete strategies. Marlene will be attending. There are limited resources and Marlene will report to the Health Council on the progress.

f) Correctional Facility Medical Services (see also partners, below)

As reported in the August meeting, the Health Department Family Health Centers continue to be ready and willing to assist and/or coordinate nursing services and mid-level provider health care services at the jail (as was requested by the Jail Commander in August, 2015). Marlene advised that the Jail Commander and the Commander in Training requested this ongoing commitment and indicated that there would be a meeting in 3-4 weeks to discuss jail services for the near future (Mid-September 2015). It was suggested that there could be a community response to the delivery of services as the jail is a community resource and provides services to clients that are receiving health care from clinics throughout the county. According to the Jail, at this time, the Hospital has requested that the Health Department not be involved in the delivery of jail services while they are providing staffing at the jail. No meeting has been held to date within the given timeframe despite requests for a meeting sent by Marlene to the Jail Commander. Marlene learned of a proposal by the Hospital to provider all health care services at the jail during the course of a Board of County Commissioners meeting where an unscheduled item was presented with a concept proposal for a contract. The proposal concept was presented as an “all or nothing” deal from the hospital.

In general this appears to mean that the Hospital will provide all the services on the terms they indicate without other partners and the jail inmates will become patients of the hospitals out-patient clinics. No decision was made at the meeting regarding the proposal concept, as more discussion is needed to further develop a proposal, discuss terms and to obtain some input from the Health Department. After this overview, the Health Council member concerns included such things as: continuity of care for HD clients that are inmates at the jail; changes of the Primary Care provider without patient knowledge; lack of bilingual services for inmates; billing for services at the jail (now and in the future); and, continuity of other existing services that are being provided at the jail (ie. insurance enrollment assistance; public health nurse visits, etc.). Marlene indicated that she will share these concerns in the form of suggestions for contract language, where appropriate, and reminded the Council that the agreement is within the purview of the Board of County Commissioners as is the selection of who provides services at the jail. Without partnership with the Hospital or other health care providers (contracted or otherwise), the Health Department cannot provide the comprehensive services that are needed on an ongoing basis at the Jail. These circumstances are further hampered by the lack of ability to make adjustments to pay for Nurses and timely recruitment by county HR for nursing positions. There does not appear to be any interest or willingness to discuss this matter further with the Health Department from the county leadership other than seeking limited input on the proposal.

g) Medical Director Recruitment – Our recruiter Merritt Hawkins is still recruiting interested physicians for a Medical Director position. Currently we are seeking a 75/25 (75% medical provider; 25% administrator) or vice-versa. Marge Jozsa has been in contact with Marlene to possibly share a Medical Director with Rinehart, which may pose inherent conflicts for a full time director. For now, Dr. Safina Koreishi of Care Oregon will be an interim medical director for our clinics. She will work with Dr. Betlinski on provider schedules, production strategies, CCO metrics, etc.

h) Tillamook County Year of Wellness - Work is in process with this project with a projected kick-off in January. Bill Baertlein is the county ‘champion’ for this project and our new Vista, Connor Dixon, is working with the part time project coordinator, Michelle Jenck on the project.

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

a) No report.

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

a) Irene stated that there is a new financial policy in progress that will be presented to the council for approval in the next few months.

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

- (1) **EPA Brownfields Grant:** Sites have been identified for Phase 1 assessments. Meetings are happening regularly with county staff and technical assistants, along with the contractor.

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

- a) No report.

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

- a) No report.

Action: Donna P. 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 JULY (September report) was \$426,697; total expenditures were \$512,448, with a month end cash balance of \$353,845. Month-end cash balance (treasurers) is \$353,845.35. Irene reported the following:
- **Revenue:** We did not do a CHC draw-down of grant funds this month; we didn't receive our DHS grant funds and received a draw-down of the EPA Brownfields grant.
 - **Expense:** Two largest expenses: Office supplies included training manuals, updating supplying stock after year-end close; and OPCA annual dues membership.
- B. Encounter trends shows an increase for July, from 1,311 in June to 1,741 in July, resulting in an average provider FTE of 4.01; average daily encounters per provider FTE were up from 8.50 in June to 10.70 in July.
- C. Total Accounts Receivable was \$276,742.54, and shows 78.91% in the 0-30 bucket.

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

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- July QA/QI minutes – Marlene stated that we met the CCO tracking metric and will receive incentive payments. We did not receive any not-met from HRSA site visit in Quality Improvement.

Action: Donna moved to approve the July minutes; Carol seconded. Motion carried.

9. Old Business:

• GRANTS & Resource Development –

- HRSA ACA Expanded Services Grant (due July 20th) – Marlene stated that we received the grant, with an additional \$18,000. A revised budget is due to HRSA on October 15th. The grant will go to finance a contracted dentist and we are working with Dr. Javadi to find someone who might be interested in coming to Tillamook County. We also will use funding for an expanded practice dental hygienist and a dental assistant, as well as contracting for a dental director. Our current patient load of OHP insured patients is at 26% with a target goal of 40%. We have 90% of OHP dental patients with 10% being uninsured. We need to have the capacity in place to further advertise to uninsured patients for dental services. We have 120 days to have staff hired.
- CPCCO Behavioral Health Expansion Grant – Nothing new to report.
- HRSA FY 2016 Substance Abuse Service Expansion Grant – we will not be pursuing this grant at this time.
- Lab Corp – staff met with the representative and more information was requested from them concerning sliding fee. More information forthcoming.
- ECHO Project – this grant is in partnership with OHSU, Health Share of Oregon and CPCCO. The goal is to help increase provider comfort levels in treating and caring for more complex cases. Providers receive CME credits for participating in weekly meetings on Thursdays. The funding will go toward providing web cameras and other equipment to connect via video, so there is no travel involved.
- Prescription Drug Overdose Project – funded by the CDC through the Public Health Division, Injury and Violence Prevention Program. We were contacted to let us know the grant was received and that we would be contacted soon. We had provided them with a letter of support stating that if awarded, we would partner with them to develop a comprehensive regional intervention to reduce prescription drug overdose. This would involve regional team training, tracking metrics, etc. More details will follow.

PARTNERS/COMMUNITY –

- None at this time.

10. New Business:

Grants

- HRSA QI Supplemental Grant – We received \$15,000 for meeting or exceeding our QA/QI measures. The plan is to contract for someone to revamp our QA/QI process and to possibly oversee the Public Health Accreditation with the assistance of our Vista.
- HRSA Change In Scope – Prenatal Services (Form 5A) – Donna G. stated that per the HRSA site visit, we needed to put our scope in alignment with our services. Many of the items that were in our scope were done well into the past. One of the services

listed as direct services is prenatal. We do not provide prenatal services directly, so in order to change the scope, we need to have the council vote to change it, and include the approved meeting minutes with our request.

Action: Amy moved to approve the change in scope, Donna P. seconded. Motion carried.

- HRSA Home Visiting Services – Clatsop & Columbia Counties – Marlene stated that there is a need in these two counties to have our visiting nurses provide services to their clients. Staff contacted our Project Director at HRSA to see how we could implement this. Once it is determined how we can track those we see on our annual UDS report, we will move forward on the project.
- Healthy Hearts Northwest (H2N) – We were contacted by OHSU regarding this project. The goal is to build quality improvement capabilities and infrastructure in small and medium sized clinics, implementing patient centered outcomes research to improve heart health, related to ABCS (Aspirin, Blood pressure, Cholesterol and Smoking cessation). Marlene will contact them to discuss further.

Policy & Procedure – The beginning of each fiscal year we have policies and procedures that need to be approved by the Health Council. They are as follows:

- Credentialing & Privileging – Safina Koreischi, Adrienne Fisher, and Melissa Paulissen:

Action: Donna P. moved to approve all three; Clayton seconded. Motion carried.

- Sports Physicals – Marlene stated that the charges for sports physicals are not consistent between Central and North clinics, and the charge should be \$25, for all clinics. Currently, North clinic is charging \$65.

Action: Donna P. moved to approve the change; Carol seconded. Motion carried. Since Harry had to leave early, the vote did not have a quorum. Quorum was met by email vote from Harry Coffman, who voted Yea.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:59 PM.