

Tillamook County
Community Health Council
Meeting Minutes
December 16, 2015

<p>Present: Harry Coffman, Carol Fitzgerald, Jessica Galicia, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Adrianna Prado Excused: Amy Griggs, Michelle Hunter, Rex Parsons, Tim Josi (liaison) Absent/Unexcused: Staff: Marlene Putman, Connor Dixson, Donna Gigoux, Irene Fitzgerald Guests: Adrianna Prado</p>
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1. Call to Order: Chair Harry Coffman called the meeting to order at 12:24 PM. Introductions were made. Harry introduced Adrianna Prado as the new youth member. Members and staff introduced themselves to her.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members:

- a) **Community/Patient Concerns:** None.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** Harry outlined the role he is playing with the CAC and YOW project, that students and community members will have community based projects and challenges.
- d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of November 18, 2015 Meeting minutes

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

4. Board Development:

- a) **Member recruitment** – No report.
- b) **Health Council Member Contact & Areas of Expertise** – Donna G. added Adrianna Prado's contact information.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** Adrianna is now a full youth member for the board.

5. Training:

- Ronit Zusman, Public Health Systems Innovation and Partnerships Unit Consultant, gave a PowerPoint presentation about the upcoming Triennial Review. Public health staff attended. She gave a notebook to Marlene which includes all required documents and items needed for the review. A copy of the presentation is included in these minutes as an attachment.

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 said that the providers and staff are definitely feeling the fact we have no BH provider. This provider served as a buffer between the front desk and the providers. TFCC has been recruiting but none that have been interviewed seemed a good fit for us. The lost resource for patients is being felt as well, with patients coming in to just sit in the lobby, to sending patients over to TFCC to be seen, and calling for a consult. Marlene also stated that she is keeping an eye open for a Psych NP while looking for a BH provider.

b) Dental Health:

- School Based Dental – Marlene and Tillamook Education Foundation met in December. The partners at the interview were not as positive, with a discreet and narrow view on the project, and requiring volunteers to do fundraising takes money and effort for coordination. Marlene stated to them that we are committed to doing a project for school based services regardless of whether or not we get the implementation grant.
- Dental Contracting – We are contracting with three dentists. Plans are to integrate school based along with OHP and uninsured, like veterans and those on Medicaid to get dental services. Advertising will begin early January, working with a contractor to get a ‘look’ for our ads. We are also looking into finding space in North County to offer local dental services there as well.

c) Sexual Health and Adolescent Health Services:

No update.

d) Maternal and Child Health - No update.

e) The Early Learning Hub – No update.

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

No update.

- g) **Medical Director Recruitment** – We are still waiting to hear from Dr. Devlin whether or not he is interested in being our Medical Director. In the meantime, we are still interviewing interested applicants.
- h) **South County Services** – We are talking with TFCC for a possible partnership to build a clinic with the ability to have group therapy and other services. It is unclear yet how that will play out, but kids and seniors living in the area are in need of services. Marlene has been talking to the CCO to see if they would assist with getting numbers prior to moving forward, in order to do a community assessment to ascertain need. The question is where to build, on 101 near the new transit center, or at the school or community college, or both. Plans are to be open 1 day per week beginning in March for primary care, with Patricia Dannen, who lives in Pacific City, seeing patients. She likes children and teens. We are also providing services at TBCC and the Wilson school for teens and young adults.
- i) **Tillamook County Year of Wellness (YOW)** – No report.
- j) **Staff** – No report.
- k) **Strategic Planning** – Connor has written up his notes and sent them on to our consultant for a final document. This process will help with the Public Health accreditation. There will be a follow-up around February.
- l) **HRSA Findings** – No report.

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

- a) Hiring of staff
 - Medical Director – See above.

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

- a) No update.

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:** No update.

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 OCTOBER (December report) was \$562,816.90; total expenditures were \$594,765.48, with a month end cash balance of \$745,713.09. Irene reported the following:
- **Revenue:** We received \$125K of Enhanced Access funding from the CCO to hire a nurse manager. Funds were received in September but coded incorrectly to Medical Managed Care Fees. There was an issue with interest revenue not posting; Irene said this will be corrected in November. We received dental initiative funds from Tillamook Education Foundation, and two Medicaid wrap payments in November.
 - **Expense:** We had expenses under Flu Season stock, post office annual renewal, provider CME training for Melissa and Adrienne, and annual copier maintenance, port storage and insurance. Donna P. stated that during Strategic Planning, Melissa brought up that we should look into getting an acupuncturist for pain management on site. Marlene said that it is for the Health Council to decide, but training on alternative methods such as acupuncture, massage, or osteopathic manipulation would affect the Continuing Medical Education (CME) training and education budget; and the reimbursement for that treatment would be less than the provider reimbursement rate. There would also need to be a change in scope to the HRSA grant.
- B.** Encounter trends shows a decrease for October, from 1,577 in September to 1,498, resulting in an average provider FTE of 3.29; average daily encounters per provider FTE were down from 11.10 in September to 9.40. Irene stated that Marty had left in October and Patricia hadn't started yet, to account for the lower numbers. Also, Irene said that the providers traveling or out of the clinic are reporting that they are available for patients on their monthly coding sheets, which affects the overall available FTE per encounters data. Irene is working with Ronda on this issue. Donna P. would like more information on that at the next meeting. Marlene noted that nearly all providers are closing their charts within 48 hours. She also said that we are looking into being open on Saturdays, which no other clinic in the county currently is open.
- C.** Total Accounts Receivable was \$242,955.18, and shows a small decrease of 72.18% from 78.48% in September in the 0-30 bucket, due to a couple of payors with denial issues that were resolved in September. Irene also reported that the CCO is still paying Rinehart for Patricia, and that issues will be resolved as well. Under Accounts Receivable by Payor, Irene also reported that our Care Coordinators are doing a fine job

of signing people up for insurance. Harry suggested on the color chart to change the green color with the yellow to make it more visible.

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

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- Marlene discussed the Quality Assurance Dashboard that was handed out. According to the measurements, we should meet all metrics by the end of December. John stated that the encounter rates look like they've been ticking up but metrics in the QA minutes are at or below target. Marlene stated it depends on the measurement, whether it is ours, the State of federal metric methodology. Irene said she was going to do a refresher for the providers on their monthly coding sheets for proper reporting of hours; if the provider is traveling or at a training, they do not report those hours as being in the clinic. It skews the numbers. Also, moving from 8-10 hours has thrown off the numbers, and Irene wants to get this as close as accurate as possible. Marlene stated she wants these number correct prior to moving on South County, TBCC, and Saturday hours.
- November QA/QI minutes –

Action: Clayton moved to approve the November minutes; Carol seconded. Motion carried.

9. Old Business:

- **GRANTS & Resource Development –**
 - HRSA Expanded Services Dental – working on positions and dental director job description.
 - Budget Period Renewal (BPR) – report due this Friday. The full report will be presented at the January meeting.

10. New Business:

- HRSA Oral Health Service Expansion – Marlene reported on another grant which is due in February. She is looking at the specifics but unsure if there will be time to do the grant. This grant can be used for capital improvement and equipment, and therefore, more complicated to apply for. Council members were not supportive at this time, stating that the deadline is too soon, the grant too complicated, and other constraints like the other dental grant should take precedent. John felt that there will be others at another time.

Action: Donna moved to not move forward in applying for this grant; John seconded. Motion carried.

- Vital Statistic Fees – The state came out with the new fees for vital statistics that become effective January, 2016. It was presented for a vote to approve.

Action: Clayton moved to approve the new fee schedule; Carol seconded. Motion carried.

- Dental Fees – Irene presented dental fees based on local regional fees being charged in our area, based on ‘Fairhealth’. Our dental fees have not been updated in quite some time. The Council members would like to see a fee schedule at 85-90% of the full Fairhealth fees for consideration. Donna P. is concerned about raising the fees, that it is an access issue for those who do not have dental insurance. It was decided to table this discussion until January or February, when the Sliding Fee Scale is adopted and the fees are more in line with our FQHC.
- Health Council 2016 meeting schedule – the schedule was presented for approval.

Policy/Procedure

- Certification/Recertification/Continuing Education for Certified/Licensed Staff – Marlene discussed that we are in a position to pay for licensure based on our budget. This is a policy that is signed by the Administrator and will remain active as funding allows.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:20 PM.