

Tillamook County
Community Health Council
Meeting Minutes
July 20, 2016

Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Jessica Galicia, Donna Parks, Rex Parsons, Carmen Rost,

Excused: Michelle Hunter, Adrianna Prado, Clayton Rees, John Sandusky, Tim Josi (liaison)

Absent/Unexcused:

Staff: Donna Gigoux, Irene Fitzgerald, Marlene Putman

Guests: Laura Swanson

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:15 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members: No report.

- a) **Community/Patient Concerns:** A HC member of the Board said they tried to schedule a meeting on Monday and was told that the only slot open was at 6:20 PM. Marlene will follow up with Autumn to look at the schedule and see what they looked like for providers. There are only two providers available on Mondays. Additionally, a dental patient told this same member of a complaint regarding one of our providers. The patient was instructed to contact Lola at the clinic and they did. Lola will look into the issue and it will be addressed at the next QA meeting.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** None
- d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of June 22, 2016 Meeting minutes –

Action: Donna P. moved to approve the minutes; Carmen seconded. Motion carried.

4. Board Development:

- a) **Potential New Members –** No update.
- b) **Health Council Member Contact & Areas of Expertise –** No update.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** No update.

5. 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

- a) **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 2016/17. Brief updates on current activities are provided with individual action plans for each area available for members upon request to staff.

- **Behavioral Health:** Marlene stated that services are continuing for Behavioral Health onsite; working with specialty mental health services with the same provider. TFCC has applied for a grant for Certified Community Behavioral Health Clinics, and there was a site visit on Monday. The CPCCO also has funds to apply to get a BH specialist for additional community based services and schools, etc.
- **Dental Health:**
 - School Based Dental: There is a meeting scheduled for August 2nd to discuss school based dental sealant and education with Bruce Rhodes of TEF. There is also a non-fluoride sealant for those who do not want fluoride. There will be Care Coordinators for referrals to specialty, and services will be provided by our contracted dentists.
 - Dental Expansion Grant: Dr. Javadi from Sandcreek Dental is still waiting to sign a lease for an office in Nehalem.
- **Patient Access & Support** – Implementation of the new dashboard is on track. Providers and front desk staff have been trained and have been implemented aside from cutting administrative time for providers. (See Financial Report). The template opens up the schedule for more appointments. Time for check in has been shortened, but the glitch is that the patient, if arrived early, may wait a half hour to be roomed. Working with staff to notify the MA that the patient is checked in and to room the patient. This would allow more time for the provider to discuss the Wellness screen and to talk about other services, like My Chart.
- **Sexual Health and Adolescent Health Services:**
No update.
- **Maternal and Child Health** - No update.
- **The Early Learning Hub** – No update.
- **Correctional Facility Medical Services (see also partners, below)**
The hospital has asked that no staff other than their own serve clients who are due to be released. Staff at the jail has called our outreach and enrollment care coordinators on occasion, and staff here are always ready if the need arises.
- **Medical Director Recruitment** – Dr. Lisa Steffey has been hired and will begin work October 24th. She and her husband grew up here and have family that live in North County.
- **South County Services** – Haven't heard any news on the development of a plan for a community building in Cloverdale. It was discussed that the building would be utilized by community partners and not solely for primary and public health services. Encounters are still low in both north and south counties, and we are looking into services and schedules.
- **Tillamook County Year of Wellness (YOW) – Year of Wellness**

Year of Wellness will have a booth at the Fair in August.

- **Staff** – Marlene reported that the RN pay scale upgrade is in process, with the Union reviewing the changes. We should have more details at the next meeting.
- **Strategic Planning** – (See Old Business.).
- **HRSA Findings** – (See Financial report and Policy and Procedure)

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

- a) **EPA Brownfields Grant:** No update.
- b) **Public Health Accreditation** – We have hired a new Vista for this fall to continue this work.

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

- a) **340B** – CPCCO have an agreement with a pharmacist to work with clinics on medications. They found that medications used more frequently raise costs for the clinic and for patients. The pharmacist can look at the medications and determine if there is a less costly generic medication that will be as effective, thereby saving both the clinic and the patient money. They also work with HIV and Hep C patients, whereby certain medications can be most beneficial, and we could possibly get at a flat rate.
- b) **Health Resiliency Workers** – CPCCO and CareOregon are looking to hire these workers to go out into the community to coordinate with other organizations, follow up on appointments, etc.
- c) **EMT Follow-up** – Marlene stated that she heard that the hospital is having EMT's follow up on patients who were released from the hospital, and their grant application stated that they should work with us on the process. Marlene hasn't heard from the hospital yet regarding this grant. (See F-a)

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

- a) (See E-c above).

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

6. Marketing/Branding:

Laura Swanson, our marketing contractor, reported on the marketing updates. A rollout of the new branding will take place August 1st. She passed out a draft brochure for the group to see, as well as an example of a new lit sign for the council members to look at. By consensus, the members thought the larger sign would be best. Now is a question of whether it should be double sided.

7. Training: Board Education Video Series - : “What Can a Board Do to Insure Financial Health?”

The council members viewed the video and had comments that they are very aware that we have lived through several times where we had to borrow from the county. Members discussed concern related to the new Medical Director and RN Pay Scale, as both will increase our expenses. With the changes made to scheduling, and other steps to increase patient access and outreach, we do not expect a significant decrease in our Cash Balance. The HD Staff and HC will be watching the financials very closely and make adjustments as necessary to keep our goal to be financially healthy. A member stated that they appreciated the monthly financial reports at both the Finance Committee and the full Health Council meetings. The members are also very pleased that we are doing well at this time, and understand by the monthly reports what to expect.

8. Finance Report:

The Finance report is in two sections; HRSA Site Review Financial Findings and the monthly Financial Report. Financial Policy and Procedure will be noted in the agenda’s Policy and Procedure section of the minutes. These include the Billing & Collections (Waiver) Policy and the Application for Reduced Fee (Sliding Fee Discount) Policy and Procedure.

- A. **HRSA Site Review Financial Findings:** Irene presented a packet, included as Exhibit A, which includes the Notice of Award for H80CS00555-14-10 on pages 1-4, that outlines the details of the findings and what HRSA is expecting to receive from us.
- R.6.1.90.60 Revised Budget (Exhibit A, pages 5-10) – Originally, we (the grantee) submitted an SF424A budget form and a Staffing Profile. Total direct costs match the federal share of the total approved budget listed on the most recent NoA issued 4/6/16. Non-federal resources supporting the grant program were included. No revised budget narrative and Form 3 Income Analysis were submitted. As such, specific sources of non-federal revenue cannot be identified and linked to scope of project. The board met on February 17, 2016 and reviewed and approved the Budget and Staffing Profile, however, the minutes did not sufficiently reflect the documentation, discussion, and approval of the board. A new condition of progressive action was applied. The following documentation is to be reviewed and submitted:
 - a) SF424A Budget, (Exhibit A, page 9)
 - b) budget narrative, (Exhibit A, page 6)
 - c) Form 3 Income Analysis, (Exhibit A, page 8)
 - d) Form 2 – Staffing Profile (Federally Supported Personnel Justification Table), (Exhibit A, page 10)Verification of board approval of the revised budget and budget forms (via board meeting minutes) will be submitted in addition to the forms.
- Action:** Donna P. moved to approve the revised board approved budget and budget forms (HRSA SF424A Budget, Budget Narrative, Income Analysis, and Staffing Profile). Carmen seconded. Motion Carried.
- R.5.4.120 Financial Management and Control Policies (pages 16-17 of Exhibit A) – Upon a review of the previous response to HRSA on March 29, 2016, HRSA has approved our plan to address this finding. The proposal included a list of items that were sent to the County Treasurer’s office, County auditor, and the Health Council. On February 17, 2016,

the Health Council approved the plan to use the list to assist us in creating a modified accrual that will be included in our monthly Financial Report that is reviewed and approved by the Board. Detailed information used to create the monthly modified Income Statements will be utilized as part of our annual reconciliation to County auditor supplied Trial Balance and to create TCHD modified accrual FYE financial statements (Balance Sheet & Income Statement). TCHD is considered a Special Revenue Fund within the county budget, and as such is restricted for TCHD activity only. Funds can be further restricted into an operating contingency account, which requires Board approval for use. The proposed plan for greater inventory control and tracking for clinic supplies, medication, non-capital equipment and fixed assets was presented on page 17 of Exhibit A, titled "Inventory Control Process". Irene stated that she has asked for information and cooperation from the Treasurer's office and county auditors in order to create a modified accrual budget; as the county only reports on a cash basis. This is the requirement from HRSA.

- R.2.4.90.60 Application for Reduced Fee Policy (Sliding Fee Discount) (pages 18-22 of Exhibit A). See Policy and Procedure section of the minutes.
- R.5.5.9.60 Billing and Collections (Waiver/pages 23-26 of Exhibit A). See Policy and Procedure section of the minutes.

B. Total revenue for May (July report) was \$599,045.68; total expenditures were \$599,458.00, with a month end cash balance of \$1,781,096.99. Irene reported the following:

- **Revenue:** GL account #4705 shows revenue by selling computer terminals to another department.
- **Expense:** May report includes June expenses due to the end of fiscal year for the County. #6001 – Office Supplies shows an amount of \$8,249.21, #6005 – Operating Supplies shows an expense of \$9,111.68, and #6110 – Drugs and Vaccines shows an expense of \$17,839.54. #7001 – Printing & Advertising shows an expense of \$10,116.69 for 2 months billing for Headlight Herald; #7015 was coded wrong – should be #7105; #7022 Public Relations was mainly YOW expenses; #7050 Memberships and Dues were dues for OPCA and NACCHO; #7410 – 2 months billing for TPUD; #7605 R&M Equipment was to repair the server; and #7611 was rent for the annual port storage.

C. Encounter trends remained exactly the same for May, at 1417 resulting in an average provider FTE of 4.01; average daily encounters per provider FTE were lower, from 9.10 in April to 8.00.

D. Total Accounts Receivable was \$297,070.99, and shows the majority in the 0-30 bucket at 70.01%.

E. Discussion:

- Harry asked if the access portion (Provider Schedule) could reflect a 2 month average; Irene said she could develop a separate spreadsheet to show trends. Rex suggested a bar graph that could eventually be shared with HRSA to show upward or downward trends.
- Marlene reported that strategies are being developed for cancellations, where staff asks the patient why they are cancelling and ask the patient if they would like to reschedule for the same day or later, also ascertaining a theme to those who cancel a lot in order to provide patient education and outreach. Staff also looks to fill space from the next day or drop in. If a patient is a chronic no-show, a flag will show in order to double book that patient.
- Marlene also reported that the access schedule has fewer 40 minute appointments and more 20 minute slots; and blocked time has been almost eliminated with 3 hour

administrative time allotted for providers to chart and clear their in-baskets. The schedule allows easier scheduling and to get people in, all staff have been trained.

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

9. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- June 2016 minutes were presented for approval. It was requested that the summary report show which entity is tracking the metrics each month (clinic, CCO, State, Federal, etc.)

Action: Rex moved to approve the QA June, 2016 minutes; Carmen seconded. Motion carried.

10. Old Business:

A. GRANTS & Resource Development –

- OCF Tillamook Education Foundation Dental Grant –(See Administrator’s Report)
- Facilities –
 - a) South County – In working with our contractors looking into space use in South County, it was determined that if we do anything, it should be a more community based focus, with maybe one or two ½ days providing primary care, dental and behavioral health services.
 - b) North County – Kephart Painting will be providing a quote to paint the Rockaway Clinic and we will be ordering supplies to spruce up the décor there as well. We have ordered a swing arm which will be installed for testing by Chris Craft and Adrienne Fisher. Once satisfied, we will order swing arms for all exam rooms at all clinics.
 - c) Wilson School – no report until fall.
 - d) TBCC – plans are underway for a Wellness Fair in the fall.
- Strategic Plan Final – the final plan was presented to the council members for approval. Marlene indicated that we need to add more access strategies, more culturally appropriate strategies, and more information about our outreach and enrollment work.

Action: Rex moved to conditionally approve the Strategic Plan with the understanding that the three identified areas are to be added and the Health Council will see the additions; Carol seconded.

11. New Business:

- a) Safety Net Clinic grant RFGP #4183– We received a notice of grant opportunities that are focused on children who are not insured or not insurable (undocumented) from Oregon Health Authority. #4183 is an access grant where an FQHC can apply to bring in new patients who have not been seen by the clinic in 36 months. The services include physical, behavioral and mental health, vision and oral services. There are 15-30 grants available for the 2016-17 grant period, with individual amounts likely in the range of \$50,000 to \$500,000. The initial term of a grant is anticipated to be 1 year with options to renew up to a maximum of 5 years. In order to apply for this grant, the applicant needs to identify an entity who will be answering to the next grant mentioned below:
- b) Safety Net Clinic grant RFGP #4198 – This grant is for a Local Public Health Authority (LPHA) as Tillamook County is, or for a CCO. Marlene has reached out to the CCO to see if they would be willing to apply; if not, we would need to apply in order for Rinehart or other entities to apply for the #4183. It is the same focus but with an Outreach and Education strategy. We would be the lead agency.

Action: Rex moved to approve staff applying for the grant application(s) as a lead and/or as a partner with CCO or other FQHC; Donna P. seconded. Motion carried.

c) Policy/Procedure –

- Credentialing & Privileging – Dr. Chris Opdahl: Credentialing for providers are done annually.

Action: Rex moved to approve the annual Credentialing & Privileging of Dr. Opdahl; Carmen seconded. Motion carried.

- Application for Reduced Fee Policy (Sliding Fee Discount) – This is in response to the HRSA finding from our site visit (R.2.4.90.60 Plan or Documentation for Sliding Fee Discount Program). In response to the original finding, we submitted the Sliding Fee Schedule based on the 2016 FPL, which included language that the policy will be reviewed annually for accuracy and appropriateness by the Fiscal Manager, Clinic Manager and Administrator (CEO); that it would be presented to the full Health Council which includes representatives who are consumers, for approval of the updated policy. The policy was dated that it was last revised “August 2015” with no specific date in August provided. Minutes of the February 17, 2016 meeting did not reflect the boards discussion and approval of a revised policy for sliding discounts and nominal fees that specifically addressed how the fees that are established “do not constitute a barrier to care, including a reassessment of the discounts at least once every three years” (currently reviewed annually). To answer the revised finding, we must submit a copy of the board minutes detailing review and approval of a revised sliding fee policy which addresses how the fees that are established do not constitute a barrier to care. We must also submit a copy of the revised policy dated to reflect its approval after the HRSA site review. The Application for Reduced Fee Policy (Sliding Fee Discount) was reviewed as presented on pages 18-22 of Exhibit A.

Action: Carmen moved to approve the Application for Reduced Fee Policy (Sliding Fee Discount), noting that it does not pose a barrier to care, and that it be reviewed at least once every three years; Carol seconded. Motion carried.

- R.5.5.90.60 Plan or Documentation for Billing and Collection Policies and Procedures (Special Circumstances Policy) – we submitted our Special Circumstances Policy which includes revised procedures for a “Front-end” waiver option per HRSA. The policy specifies a list of circumstances that would deem patients eligible for financial assistance via the “front-end waiver”. The original document was dated as last revised on “August 2015” with no specific date in August. We need to submit the minutes reflecting discussion and approval of the policy, as well as the revised policy, to HRSA. The Special Circumstances Policy was reviewed as presented on page 23-26 of Exhibit A.

Action: Rex moved to approve the Special Circumstances Policy, noting that the policy includes an “up-front waiver” of fees; Carmen seconded. Motion carried.

- Client Complaint and Grievance Process – was presented for information to be discussed and approved in August. This process is different than in the past, and Autumn will be attending the August meeting to discuss the changes (members reviewed attachments).
- Authorization for Treatment, Financial, HIPAA, Reproductive Health & Patient Centered Primary Care Home Consent – this authorization combines several separate consent forms in order for the patient to not have to sign multiple consents. Autumn will attend in August to discuss (members reviewed attachments).

12. Unscheduled: Rex presented on behalf of TFCC a grant opportunity entitled “Community Behavioral Health Clinics”. The Federal Government identified 24 states that qualify and 8 states will be selected for pilot programs to share screenings for Behavioral Health in a clinic setting. The state had a site visit on Monday with Community Health Council Meeting Minutes (072016)

staff from TFCC and from our clinic to discuss. Rex stated that the state is impressed that we already have a BH provider in our clinic and a strong partnership with TFCC. Rex stated that addiction is 30% of health care and that it is a good opportunity for our area.

13. Adjourn - The meeting was adjourned at 2:15 PM.