

Tillamook County
Community Health Council
Meeting Minutes
August 17, 2016

Present: Carol Fitzgerald, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky
Excused: Harry Coffman, Jessica Galicia, Michelle Hunter, Rex Parsons, Adrianna Prado, Tim Josi (liaison)
Absent/Unexcused:
Staff: Donna Gigoux, Debra Jacob, Marlene Putman, Autumn Bruce
Guests: Mary Kjemperud, Care Oregon

1. Call to Order: Vice-Chair John Sandusky called the meeting to order at 12:17 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members: No report.

- a) **Community/Patient Concerns:** Donna P. noted that she is very satisfied with the assistance from the TCHD in assisting her clients. Donna P. contacted HD to help a homeless client access a prescription for antibiotics for a dental issue. It only took one phone call and the client was seen in 45 minutes by a dentist. The clinic took care of that in a timely and efficient manner.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** Carol noted that the Cloverdale Shell station is closing.
- d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of July 20, 2016 Meeting minutes –

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

4. Board Development:

- a) **Potential New Members –** We didn't receive any potential new member application from our posting in the Headlight Herald, the Shopper, or North Coast Citizen.
- 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. Marketing/Branding:

- a) A limited number of new brochures were printed for the Huckleberry Health Fair and handed out to council members. It was noted that the brochure includes all providers with the heading of "Medical School". Staff will alert Laura Swanson that this needs to be changed.

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

- 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 with LCSW, Clark Miller; we are also beginning to provide specialty mental health services with the same provider. She also stated that the CPCCO has funding to hire a BH specialist, community based services (schools, etc.)
- **Dental Health:**
 - School Based Dental: There was a meeting on 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 dental, 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 in anticipation of serving Northern Tillamook and Southern Clatsop Counties.
- **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:** We will continue to provide services at the Wilson River School (alternative school).
- **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 to assist, if the need arises.
- **Medical Director Recruitment** – Dr. Lisa Steffey has been hired and will begin work October 24th. She is working with Lola to finalize her credentialing.
- **South County Services** – Haven't received information from contractor on the development of a plan for a community building in Cloverdale. Encounters are still low in both North and South County, and we are looking into types of services, hours, and schedules.
- **Tillamook County Year of Wellness (YOW) – Year of Wellness**

Meetings are taking place to transition YOW to a Wellness Coalition for 2017 and beyond. A community meeting is planned for Thursday, August 18th at TBCC from 9-12:30 to review the focus areas and strategies. All Health Council members are encouraged to attend.

- **Staff –**
 - a) An all-staff training will take place November 16, 2016 on Trauma Informed Care at TBCC. Community members and Health Council members are encouraged to attend.
 - b) A new Vista volunteer will begin in September to continue work toward Public Health Accreditation and supporting public health work through our YOW coalition..
 - c) Still developing job descriptions for Dental Project Coordinator and Dental Manager.
 - d) Still having difficulty recruiting a Nurse Manager.
 - e) RN pay increases are effective in September with details on actual salary pending.
 - f) Adrienne Fisher, ANP is leaving in November. The new Medical Director will be available, along with Patricia, to see women patients currently being seen by Adrienne. A transition has been planned with warm hand-offs. Currently, Adrienne has 798 patients on her panel.

- **Strategic Planning –** The Leadership team is reviewing the priority areas for the remaining year and into 2017. A timeline will be developed and shared with the Health Council. Strategic Planning will take place in 2017, instead of the traditional October or November planning dates.

- **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.
- b) Revised clinic schedule template – we will continue to implement and monitor performance.

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

- a) (See Financial Report). We are on target with goals with exception of provider productivity.

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:** A community meeting is scheduled September 28th at Twin Rocks Friends Camp. Information will be coming out to the community soon.
- 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 is providing a pharmacist to work with staff on medications for our patients. She will be on-site on a regular basis.
- 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 is working with CCO to implement “Pre-Manage” software through OCHIN. Clinic staff will be scheduling time to meet with the EMT tech to discuss

process and services . “Pre-Manage” software will give us information on our patients who have been hospitalized or seen in urgent care to facilitate follow-up.

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:

Health Council saw the brochure that was handed out at the Huckleberry Health Fair. There were a limited number of brochures printed. It was noted that all providers, even Clark, had “Medical School” listed, where only 2 providers went to medical school. Staff will contact contracted staff to make those changes. Tagline is being developed for the new ‘lighted’ sign for central clinic. We are still having difficulty getting our new web page link onto the county web site. IT department is slow in responding. The webpages can be viewed at tillamookchc.org. Council members are encouraged to look at the pages and note anything they wish to add or edit.

7. Training/Presentation: No training due to a presentation from Mary Kjemperud of Care Oregon, who was in attendance to explain the 2015-17 Community Based Risk Model Program agreement. Mary provided handouts to present to the council members the details of the agreement. In short, it is a 3 year program to develop systems and processes within the CCO and community partners to be successful in the model and to continue to refine the model and processes to best achieve the outcomes. The first 2 years of the program is of gain share only and 1 year of limited downside risk. The CCO and GOBHI bear the most risk, 75%. The participating providers bear the remaining 25%. Each region splits the risk percentage. In a calendar year, if the providers in the region come under target, there is a loss shared with the CCO. An example would be in Tillamook County, the loss share would be Tillamook Regional Medical Center (TRMC) would pay \$48,421.35; Rinehart would pay \$6,508.06; TFCC would pay \$5,959.26; and TCCHC would pay \$7,136.70. Shared strategies are to be developed to reduce risk and associated dollars back to the CCO.

BOCC tentatively approved signing the agreement contingent upon the approval of the Health Council prior to the Health Council meeting August 17th.

Action: Donna P. moved to approve the signing of the agreement; Carmen seconded. Motion carried.

8. Finance Report:

- A. Total revenue for June (August report) was \$563,772.12; total expenditures were \$546,068.84, with a month end cash balance of \$1,780,151.76. Irene reported the following:
- **Revenue:** Revenue items are on-par for the month of June.
 - **Expense:** #5970 Retirement & #7881 Inactive Employee Insurance had no payable entry in June. Irene stated she will add accrual of \$33,593.98 to show this expense in the proper period; #7015 Transient Lodging Tax had an adjustment for May expense as it was coded to an incorrect account; Multiple expense lines were understated for fiscal closing. Irene will add accrual of \$224,555.33 to show the proper liability amount for FYE16.

- B. Encounter trends were lower; from 1417 in May to 1330 in June, with average daily encounters going from 8 to 7.7 in June. Comparing to the prior year, June is typically a low encounter month, but our total annual encounters went up slightly from 8299 to 8784, and average monthly medical providers from 692 to 732 per month.
- C. Provider productivity showed Chris had 10.11 encounters per day average and Erin had 11.36. Patricia and Adrienne had very low numbers this month, with Patricia being new at an outlying clinic in South County. Providers may have been outside the clinic and their coding sheets didn't reflect properly to adjust the FTE's.
- D. Provider Schedules and Dashboards (Patient Access) includes a comparison to the two prior months (April & May). The overall percentage of Available vs. Completed appointment slots in June is lower, but more appointment slots were created that affected the numbers. With more open slots available, and changes in scheduling by front desk staff, we should have more access and start to see an improvement in our encounter rates. The reports will reflect locations including outlying clinics and central; and this will lower the percentages until the provider numbers actually increase.
- E. Total Accounts Receivable was \$284,432.12, and shows the majority in the 0-30 bucket at 69.65%. Irene explained that there is a system issue with Moda that started in June. We have the funds, but are unable to receive remittance information to apply the payment in the system in a timely manner. This will increase our days in A/R until this is resolved. OCHIN and TCHD Billing Staff are in constant communication regarding this issue.
- F. HRSA Site Findings – Irene stated that we received notice on August 9th that 3 out of our 4 financial findings were lifted: Billing and Collections – Front end waiver; Sliding Fee Discount Program; and the Revised Budget. HRSA has approved our plan for the Financial Management and Control finding, which includes changes to our federal reporting. Our modified reports (for modified accrual) will be presented to the full council in September for review and approval. Detailed minutes will be included in our documentation to send to HRSA for this finding by the September 29th deadline.

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

9. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- July 2016 minutes were presented for approval.

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

10. Old Business:

A. GRANTS & Resource Development –

- OHA Safety Net Capacity Grants - (See Administrator's Report)
- Facilities –
 - a) South County – We haven't received recent word on the work of the contractors for South County building plans.
 - b) North County – Kephart Painting will paint Rockaway clinic; still waiting for parts from IT to install the swing arms.
 - c) Wilson School – Services will begin in September.
 - d) TBCC – plans are underway for a Wellness Fair in the fall.

11. New Business:

- a) Health Resiliency Worker – Working with the Interim Medical Director, Safina Koreshi, the CCO will provide a person to provide support for patient care by removing barriers to care,

follow up to reduce ER usage, and additional services. The position will employ most likely an LCSW. A workflow needs to be developed and a space found to house the person.

- b) Environmental Fee Revisions – Revision of fees for Environmental Health Services – a list of fees with explanation was provided in the packet, outlining the percent of increases over the next 3 years at 4% per year for average annual increases for various facilities. Fee increases have not occurred since 2009. BOCC has already reviewed and approved the fee increases.

Action: Carmen moved to approve the fee increases; Amy seconded. Motion carried.

Policy/Procedure –

- a) Authorization for Treatment, Financial, HIPAA, Reproductive Health, & Patient Centered Primary Care Home Consent – Autumn supplied background information to the group regarding the combination of several forms into one form at intake. This reduces time for check-in for new patients, and reduces paperwork overall. Bill Sargent, the County Counsel, has reviewed and approved the form. The consent form is written in 5th grade level, is shorter and combined, and contains the complaint process information for the patient. Accompanying the consent form is a Rights and Responsibility flyer, Privacy Practices in an easier to read format, and the Client Complaint and Grievance form. Added to the new consent form is the PCPCH consent to include Reproductive Health as recommended by the recent Triennial Review process. A laminated sheet is provided to staff to go over the new forms and a copy is offered to the patient. All forms are also in a larger 14 point font.

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

12. Unscheduled: None.

13. Adjourn - The meeting was adjourned at 2:05 PM.