

Tillamook County
Community Health Council
Meeting Minutes
May 17, 2017

Present: Harry Coffman, Carol Fitzgerald, Jessica Galicia, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)

Excused:

Absent/Unexcused: Rex Parsons

Staff: Irene Fitzgerald, Donna Gigoux, Marlene Putman

Guests: Dr. Tim Borman

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:14 pm. Dr. Tim Borman attended the meeting and has applied to be a member of the Health Council. Introductions were made.

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** Carmen noted that she went on our Facebook and noticed some negative comments. Marlene said that there is a dedicated employee in Administration that is working with Facebook and those issues will be re-worked.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report.

3. Consent Calendar:

- a) **Approval of April 22, 2017 Meeting minutes:**

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

4. Board Development:

- a) **Potential New Members** – We have two potential new members; Dr. Tim Borman as a Community Member, and Jennifer Arreola as a Youth Member - Consumer Member. Donna G. noted that the bylaws do not reflect that the Youth Member should be an Ex-Officio member, due to scheduling conflicts with school. Donna G. will modify the bylaws to reflect this, and present to both the Executive Committee and full council in June for review and approval.
- 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.
- e) **Appointment of New Member** – new member's applications were presented and reviewed by council members.

Action: John moved to approve both Dr. Borman and Ms. Arreola. Donna P. seconded. Motion carried.

- f) **Reappointment of Members (Harry Coffman, Carol Fitzgerald, Amy Griggs, Clayton Rees and Rex Parsons expire 6/30/17)** Carol Fitzgerald was asked in the meeting if she was willing to serve another term on the Health Council. She stated she would. All others were asked last month and also agreed. Unanimously, the group declined considering Rex Parsons for another term due to missing meetings for nearly an entire year.

Action: John moved to approve renewal of Harry, Carol, Amy and Clayton to a new 3-year term. Carmen seconded. Motion carried.

- g) **Appointment of Officers (Harry Coffman, Chair; John Sandusky, Vice-Chair; Donna Parks, At-Large and Past Chair; Carmen Rost, Secretary; Carol Fitzgerald, Executive Committee)**
Action: Amy moved to reappoint all officer positions; Clayton seconded. Motion carried.

5. Administrator's Report:

General Update and Report:

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 -**

- **Behavioral Health Integration:** Working with CareOregon on getting a good job description for the Behavioral Health position, both for Clark and then for the new person, on the County's pay scale.
- **Dental Health:**
 - **School Based Dental** – Training and services continue with Dawna Roesener acting as the Dental Coordinator.
 - **School Based Health Center:** No update.
- **Safety Net Grant (I'm Healthy/Soy Sano):** – Dental services have begun with Barb Sabin, an expanded practice hygienist, at Dr. Ahn's office for I'm Healthy children. At this time, there are approximately 60 children receiving services for both primary care and dental.
- **OHA Media Coverage:** – No report.
- **Patient Access & Support:**
- **Sexual Health and Adolescent Health Services:** no update.
- **Maternal and Child Health** – no update.
- **Home Visiting Coordination** – Marlene reported that our Public Health nurses are participating in Coordinated Home Visiting collaborative, along with the ESD, Community Action, Head Start and Care, Inc. for Healthy Families, who identifies first or second baby with high risks. Project focuses on the first 3 years of life and potential developmental delays.
- **Developmental Screening Pilot Project** – Marlene stated that OHSU and the Early Learning Hub have approached us to be involved in a pilot project for screening children and referral to services in the community. Marlene said that the gap in referring children for services is the tracking piece, where we make sure the child was seen through the referral and got care. OHSU said our screening data was very good and that was why Tillamook County was chosen for the pilot.
- **Well Child and Adolescent Health Exams** – We will again be offering these services to children and youth throughout the summer. This has become a very successful project. Well Child exams encompass children up to 7 or 8; Adolescent exams from age 12-17 and younger for Sports Physicals. We are trying to encourage youth to move more toward the Adolescent exams and away from Sports Physicals, as the Adolescent exams are more comprehensive.
- **Women's Resource Center** – no update.
- **The Early Learning Hub** – no update.
- **South County Services** – no update.

- **Staff** –See Above, 5.A.a * Dental Health.
- **Prenatal Care** – Marlene reported that prenatal services will begin June 1st for first trimester pregnant women. The CCO determined that the existing services we provide was 95% complete; to be able to offer these services, pregnant women will see a physician in their visit. Referral to an Obstetrician is then made and the patient is contacted by our staff throughout the pregnancy in order to make sure she returns for care, both for her and her child. Marlene also discussed a project called Teeth for Two, and offers 4 visits with incentives up to \$300. Discussion: John asked if prenatal services were billed by the hospital for our patients, and if so, divide up the funds with the hospital. Carmen asked if we could offer prenatal up to term with low risk patients. Carmen also suggested that we could contract with OHSU for a Nurse Midwife.
- **Year of Wellness Project** – The hospital staff is working on population health initiatives and have suggested that they could not do this alone; that they have to work with community partners in order to achieve success and prioritizing community health needs with a shared Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Marlene stated that this was the first time she has heard them say this and it is encouraging.

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

- a) Marlene discussed the staffing issues currently and stated that there are several clinical support staff out on Family Medical Leave, including front desk Care Coordinator, and MA's. She stated that the Leadership Team is looking at strategies and the Strategic Plan priorities around access and quality of care. (See also Financial Report – Schedule Dashboard below, (6.D).

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

- a) No report.

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

- a) Staff is talking with Clatsop County, who only has one public health nurse to serve that county. Looking at options to use our nurses to assist with Clatsop and to boost billable revenue to offset nurse pay.

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

- a) **Health Resiliency Workers** – (See 5.A. above)
- b) **School Resource Behavioral Health Provider** – (See 5.A. above)
- c) **Emergency Preparation** – we are contracting with Brian Mahoney as our Emergency Preparation staff. We are looking to partner with Clatsop County to share a staff person. Brian will be coming up with an implementation plan.
- d) **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 6.A.a above.)

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

6. Finance Report:

A. March's month end cash balance was \$1,664,810.70 ending with \$120,206.73 more in expenses than revenue. Irene reported the following:

- **Revenue:** GL account #4225 Federal Grants: received a lower than normal Federal funds, \$88,116.14, where the usual amount is about \$150,000. The rest of the federal funds are from the EPA grant. Other revenue remained within normal range.
- **Expense:** GL account #6009 Computer Software: our portion for the expense for a new server for \$12K (24% of total); #6119 Drugs and Vaccines: \$20,068.36 for vaccines to OHA for 3rd and 4th quarter; #7007 Telephone: two Verizon payments as there were no payments processed last month; #7080 Travel and Mileage: \$3,272.74 for annual online Lab Skill, nurse and WIC training; #7410 Utilities: 2 payments each for TPDU and Charter; #7431 Janitorial Supplies: quarterly expense; and #7610 Equipment Rental shows a \$.01 fee for rental of the Afinion A1C Program Fee for the machine. (We buy the supplies and the company charges a penny to rent the machine).

Encounters increased somewhat but lower than this time last year, from 1,300 in February to 1,389 for March; monthly average medical Provider FTE decreased to 3.55 out of 4.5FTE for the month. Average daily encounters per provider FTE decreased from 9.0 in February to 8.5 in March. Discussion: Irene stated that dental encounters has hit a plateau, and some dental patients have left to other ODS providers in the area; Donna Parks stated that she has seen a significant drop in Hispanic clients, and heard that this is because of immigration enforcement fear. Marlene stated this could be true for us as well. A member asked if we were losing clients; Marlene stated that our clients tend to provider shop, but we are getting new patients all of the time. There have been some issues with urgent care follow-up, and some providers send too many clients to urgent care, which causes the client to be lost as patients sometimes.

Schedule Dashboard: March clinic overview shows all three clinics' provider activity was up from February; Overall, 3 providers showed an increase in encounters, whereas 2 providers showed a slight decrease. The dashboard shows an average of 53% of available appointments remain unscheduled, the same as February.

Accounts Receivable: Total Accounts Receivable was \$238,441.58. Irene likes the AR to be above \$300K, but it is still looking good. The majority in the 0-30 bucket at 74.77%, up from February. Payer Mix shows Medicaid/Managed Care still our biggest payer at 48%, with Private Insurance at 25%; Uninsured at 19%; and Oregon Contraceptive Care at 1%.

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

B. Proposed Changes to Clinic – Both Marlene and Irene addressed the issues surrounding our revenue and expenses. The reserve that has been building up over the last few years is declining quickly. Marlene stated that the Leadership Team is looking into strategies to address this.

Irene stated that on average, we are losing about \$100K per month. Marlene added that the reasons may include the fact that dental encounters are leveling out, which both she and Irene expected and have discussed with staff at length over the last 4 years. Also, there could be more uninsured patients due to not renewing their OHP, or making too much to qualify but not enough to afford insurance.

Irene stated that now we need to get serious; all staff have been informed all along this might happen. We still have a good reserve, but need to take action immediately to curtail the loss.

Marlene stated that the Council has been through this before and she didn't want the potential deficit issues to arise again. With the possibility of the ACA going away, staff is encouraging patients by contacting them to get their services before that happens.

Some of the issues currently being discussed in Leadership Team are:

- Small number of clients accessing South County clinic; average daily patient encounters are 3. Marlene stated that she would like to get the Council's approval to close the clinic during the summer months because of the costs are outweighing the revenue; and it needs to be determined if the population in that area is enough to support having the clinic self-support. She suggested that it was determined the building needs to be more linked up to partners, such as TFCC and others, to share expenses and services in order to justify keeping it open.
- Ever since we put staff on 4-10 hour days, productivity has not increased; in fact, the providers see the same amount of patients in 10 hours as they did in 8. Also, the comprehensive time for staff as well as the overtime pay for holidays and floating holidays for providers is very expensive. Leadership Team decided that all clinic staff will go back to working 5-8 hour days. We will remain open until 7PM with providers and their support staff having a rotating shift of 10-7 each week.
- We are still seeing several patients sent to Urgent care for various reasons; and we learned in our Strategic Planning meeting that there is no 'magic bullet' by sending patients to Urgent care. Therefore, all providers will see each other's patients and are not to change the schedule. Schedulers will insert a note as to why they are seeing a patient not assigned to them. Support staff are not to be asked by the provider why a certain patient was scheduled, and they are not to ask their MA to change the schedule for them for any reason.
- All patients who call will be scheduled in the next available slot on the same day, unless the patient specifically requests to see their assigned PCP. This gives our patients better, consistent care by the Care Teams. The patients will not be referred to at triage nurse unless a patient specifically requests it.
- We will not be filling vacant positions, and will not be filling positions that leave employment until further notice.
- Marlene will be sending out an email to all staff discussing the proposed changes and ask staff for their input. Then Leadership Team will develop plans moving forward at a minimum throughout the summer months.

Discussion:

- Donna P. stated that historically, the Health Council has had concerns with low productivity due to providers not closing charts, and were told in the site visit that it is not the role of the council to address this; it is an Administrator's responsibility. Marlene said that all providers are closing charts in a timely manner, and the low productivity is due to other sources; patients sent to urgent care generally do not come back, providers not being willing to see patients who are not assigned to them, and other issues.
- Donna P. also mentioned in her own experience, Hispanic clients have dropped significantly. She inquired a client as to the possible reason and it was stated that the clients are afraid of being targeted in light of the upswing of ICE agents arresting Hispanic people. Marlene said that could very well be a real reason for lower numbers of people accessing services; she said she would look into the trends; however, we do not ask nor track undocumented patients. Staff also has information to give to clients about their rights.
- Carol asked if there might be more patients accessing the South County clinic in the summer with tourist season; Marlene said that historically, that isn't the case. She said we will still have WIC and do Well Child and Adolescent Health exams, and possibly provide an RN to do blood draws and testing if needed. Staff will begin to contact patients who access the clinic to tell them

of the change, and to assist anyone with barriers to get to Tillamook with transportation, etc. She also said that during the last closure patients did come to Tillamook for services. Carol stated that she thought it would be a good idea to keep it open even part of the day, and possible acute care provided to those who might need it using Sand Lake, etc. Marlene said this is a temporary situation to allow work flow to be honed and efficiency established. She also said that the study done in Cloverdale showed that a new building would need to be a shared building with other entities, and the current building is for sale and not suitable for providing services. Thought needs to go into what will happen in the future.

- Harry stated that with the building for sale, we'd need a contingency anyway. Clayton stated that the location being in Cloverdale, there isn't the population to make the location viable; Pacific City has the larger population and has other options for medical care. Marlene stated that looking at a School Based Health Center in the south might be a better solution, as we are working with TSD#9 to establish one. It would give new focus and put our services in a new light with a different sort of model.
- Tim said that with contingency planning, you plan for the worst, hope for the best.

Action: Carmen moved to temporarily close South County clinic as a contingency plan; John seconded. Motion carried with one Nay.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee - Approve April 2017 minutes:

- Minutes were presented, which represented the Oral Health, Diabetes control, Diabetes poor control, High Blood Pressure, Coronary Artery Disease, Child Health audit, Medical Provider Peer Review, and the February/March CAHPS survey. A presentation for Quality Measures will be in June at the full council meeting. It was stated that it looked like the measures were improving across the board.
- Marlene mentioned that the survey was revised to shorten it and staff were incentivized to get as many surveys as they could due to the PCPCH requirements that each provider must have at least 25 each. We got over 200 surveys returned. Overall, patients are extremely happy with their providers and all other staff. Areas that need improvement are Lab and screenings follow-up, questions answered quickly, and providers knowing more about patients' medical history. Leadership is working with staff to improve these.

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

8. Old Business:

A. GRANTS & Resource Development –

- a) OHA Safety Net Capacity Grant – (See Administrator's Report)
- b) OCF Tillamook Education Foundation School Based Dental – (See Administrative Report) –
- c) New Building – still awaiting a bid from the contractor to do the low voltage wiring for IT. At that time Paul Levesque will put out a bid for upgrades.

10. New Business:

A. Policy/Procedure -

- a) Credentialing & Privileging Policy – Policy was changed to incorporate language from Policy Information Notice 2002-22 from HRSA.

Action: Carmen moved to approve the policy; John seconded. Motion carried.

- b) Quality Management Plan.

Action: John moved to approve the policy; Carmen seconded. Motion carried.

- c) Credentialing & Privileging for Dr. Mark Thomas, DDS.
Action: John moved to approved; Amy seconded. Motion carried.

11. Training (Strategic Plan Goal 2) – Time Permitting – No training.

12. Unscheduled: Harry stated that on the YOW webpage, there is a community resources entitled Help & Hope. It has been requested that it should be made up into a magnet to put on a refrigerator. Donna P. asked for a copy of it.

13. Adjourn - The meeting was adjourned at 2:40 PM.