

Tillamook County
Community Health Council
Meeting Minutes
June 21, 2017

Present: Jennifer Arreola, Dr. Tim Borman, Harry Coffman, Jessica Galicia, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)

Excused:

Absent/Unexcused: Carol Fitzgerald,

Staff: Irene Fitzgerald, Donna Gigoux, Marlene Putman

Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:15 pm. Introductions were made for the new members.

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** No report.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report.

3. Consent Calendar:

- a) **Approval of May 17, 2017 Meeting minutes:** Amendments: Page 2, item g – change Carmen to Amy; page 3 – eliminate selected wording on prenatal care.

Action: Carmen moved to approve the minutes as amended; Donna P. 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.
- e) **Appointment of New Member** – No update.

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:** We are working on getting the Behavioral Health job description ready to submit to HR; we have grant funding from the CPCCO to help pay for the position. We will still be working to partner with TFCC in the hope that a portion of the salary can be covered by them.
- **Dental Health:**
 - **School Based Dental** – No update.

- **School Based Health Center:** No update.
- **Safety Net Grant (I'm Healthy/Soy Sano):** – No update.
- **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** – No update.
- **Developmental Screening Pilot Project** – No update.
- **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 Below, Item B.
- **Prenatal Care** – No update.
- **Year of Wellness Project** – No update.

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

- a) An overview of the changes that are being implemented to increase revenue and productivity was provided to the Council members. (See also Financial Report – Schedule Dashboard below, (6.D).
 1. South County clinic will be closing over the summer months; WIC and a nurse schedule will still be available. Barriers to care will be addressed (i.e. transportation, blood work, etc.) as the need arises.
 2. Discussion is in place regarding the Rockaway Beach clinic; we are looking at trends and it may affect the number of days the clinic will be open over the summer.
 3. Beginning June 19th the clinic will still remain open from 8AM-7PM, with 1 provider team working 10-7 on a rotating basis and other clinic staff working 5-8 hour days instead of the 4-10 hour days. The reasoning behind this is the fact that productivity has not increased; providers are seeing the same number of patients per day in 10 hours as they were in 8. The minimum daily encounter rate is now 13 per provider average to break even. On call rotation changes every Friday.
 4. Patients who need to be seen in the same day will not be referred to Urgent Care; providers will see each other's patients if needed.
 5. Additional outreach is underway; there has been a decrease in the number of visits patients are seen over the course of a year – from at least 3 times down to 1 to 2 times. We are currently hitting the metrics for the CCO, but not for HRSA. Outreach is to get patients in for follow-up and preventative management, as well as immunizations for children and young adults. (See Well Child and Adolescent Exams above – Item A)
 6. Our new sign is up and we are working to get the electrical set up for lighting when it is dark.
 7. Nurse visits are trending down; we are working on getting RN visits up for billing purposes.

8. We currently have a large number of staff out on various forms of leave, which is causing existing staff to work even harder. Hopefully this will resolve quickly.
9. There are changes to dental; encounters are leveling off with more emergent dental problems being addresses and many patients on a preventive schedule. We also are down one dentist with Sandcreek no longer seeing our patients; and Tillamook Bay Dental is only going to provide services until the end of August due to the fact that he was asking for us to pay him over what private practice pays, and we cannot afford it. Dr. Ahn is willing to take more patients, and we are talking to other dentists to see if they will contract with us. We have an Expanded Practice Dental Hygienist seeing WIC and Soy Sano patients in Dr. Ahn's office. She can also see adults, as needed.
10. Dr. Borman is willing to volunteer for Ortho consult for the clinic and has determined that his liability insurance will cover him. We need to come up with a scope of work and get him credentialed.
11. We are looking for more services with a dietitian for a diabetes grant through the CPCCO. Currently, we have a nutritionist who does services for WIC and Head Start; she is willing to go to more hours and offer classes, which in some cases, is billable.
12. An unforeseen expense has been incurred through the Union negotiations; each union employee will be getting a pre-tax amount of \$850 beginning in June.

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

- a) See Goal B.

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

- a) No report.

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** – No report.

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. Carmen seconded. Motion carried.

6. Finance Report:

April's month end cash balance was \$1,475,256.69 ending with \$189,554.01 more in expenses than revenue. Irene reported the following:

- **Revenue:** Irene reported: HRSA Revenue lower than normal carry-over funds were drawn earlier in the fiscal year. GL 4269 Donations – YOW donation of \$11,250; GL #4269 Local Funding included \$59K for Behavioral Health Integration and \$13K for School Based Dental services. All other revenue sources were in normal range.

She also noted that the trend is going downward with revenue not exceeding expenditures, and steps are being taken to counteract the trend to remain viable financially. Harry noted that there were only three months where income was higher than expense.

- **Expense:** Legal fees charged to our department due to some staff issues involving the employment lawyer of \$13,000. She noted that this is a new thing that the County is charging for outside of our indirect contribution. There were two corrections to the GL for #6301 and #7011, where there were coding errors. GL #7022 Public Relations included YOW water bottles expenses, and GL #7050 Memberships and Dues included OPCA annual dues of \$10K. GL #7410 included old invoices from City of Rockaway Beach for north county clinic of almost \$4K. Irene stated that this is for utilities not billed previously. We also had maintenance on the generator of \$1,273 under GL #7450 R&M/Building & Grounds.

4. HRSA Budget Revenue and Expense: (See Revenue above)

5. **Encounters** Encounters were lower this month, from 1,389 in March to 1,379 for April; monthly average medical Provider FTE increased to 3.85 out of 4.5FTE for the month. Average daily encounters per provider FTE increased from 8.2 in March to 9.10 in April. Discussion: Irene stated that staff has been aware for almost 4 years that we might reach a point like we are facing right now, due to the fact that dental encounters have been making up for the revenue lost because of low productivity. Dental encounters now have flat lined as most patients have had serious dental work finished and now are on a maintenance plan.

6. **Schedule Dashboard:** April clinic overview shows all three clinics' provider activity was about the same as March; Overall, 3 providers showed an increase in encounters, whereas 1 provider showed a slight decrease. The dashboard shows an average of 51.7% of available appointments remain unscheduled, about the same as March.

7. **Accounts Receivable:** Total Accounts Receivable was \$279,461.14. Irene likes the AR to be above \$300K, but it is still looking good. The majority in the 0-30 bucket at 69.91%, slightly down from March. 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%.

8. Systems Analyst Work

- Irene stated that she will be working with clinic staff and managers to look at the systems and workflows in place to see how things can be improved. We have a Data Analyst and an Office Manager in the budget; but due to the financial situation we are not going to hire any new positions and use existing people to do the work. She also stated that she has been in contact with staff over the last 4 years so the news of the situation with the changes is not new. She will focus on cross training, referrals, recall and registration processes to make for better reporting and to alleviate the Clinic Manager (Autumn), who oversees 16-17 people. She will also be working with the Site Specialist (Ronda) to better understand EPIC and the reporting that can be done out of that software.

9. OCHIN Fee Schedule

- The 2017 Fee Schedule was presented to the Health Council members for review and approval. 2016 charges were listed beside the new rates. Although some charges stayed the same, some were raised. One member stated that she didn't like to see rate hikes for a FQHC.

Action: John moved to approve the 2017 OCHIN rates; Tim seconded. Motion carried with one Nay.

Action: Donna P. moved to approve the Financial Report; Amy seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee - May 2017 minutes:

- There was not a meeting in June, so the May minutes were not approved nor presented.

Action: No action.

8. Old Business:

A. GRANTS & Resource Development –

- a) OHA Safety Net Capacity Grant – We still are waiting to get a final approved contract with OHA. So far, there are 67 patients who are receiving medical, dental and behavioral health preventive services for no cost. There is an issue with no-shows with dental.
- b) OCF Tillamook Education Foundation School Based Dental – We are in the second year and the implementation of the dental services, which includes sealants and referrals. 20% of the kids screened are referred to urgent dental care. The people who host the Tooth Taxi stated that Tillamook County has the worst dental health that they've seen.
- c) New Building – still awaiting a contract for 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. OPCA Action Alert – OPCA have a number of things they are watching during the Legislative session: including access to Medicaid and Medicare, and limiting services for those who are on the ACA. OPCA advocate and provide information on behalf of Section 330 Grant FQHC's.
- B. Policy/Procedure - These policies are reviewed and approved annually and will be included in our upcoming FTCA application for redeeming, due July 24th. Changes to the policies include adding the new logo, increasing the number of charts for review, and adding dental chart review to the criteria.
 - a) Referral Policy –
Action: Clayton moved to approve the policy; Amy seconded. Motion carried.
 - b) Provider Peer Review Policy -
Action: Clayton 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 – Michelle Hunter and Ronda Wagner presented a

PowerPoint presentation to the Health Council members on the Status For TCCHC Quality Measures.

The PowerPoint included information such as:

- Good outcomes for patients by understanding what impacts them
- Quality of Care project creates programs, new processes and promotes new behaviors on the part of the patient for meeting or exceeding quality measures
- Statistics regarding the breakdown of patient insurance status
- Outreach to patients who are assigned but have not yet been seen in the last 18 months; so far, 83 new patients are scheduled

- Adolescent Health Exams and Well Child shows successful turnout the second year in a row, with Dental Outreach and Prenatal Follow-up to begin, and begin to get the annual patient visits back up to 3-4 times per year
- Meeting benchmarks for both HRSA and CPCCO and where we are in the process
- Asthma program began in April of 2017, with a video to host in the lobby for education purposes, with internal processes addressing education for providers and staff and doing outreach with partners to provide materials, to address two specific measures for Asthma.
- Other internal processes to improve measures include Cervical, Colorectal & Breast Cancer screening, completing childhood immunizations before age 2, controlling high blood pressure, coronary artery disease, depression and diabetes screening, aspirin therapy, tobacco use, and weight assessments for adults and children.

All measures are trending in the right direction.

12. Unscheduled:

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