

Tillamook County
Community Health Council
Meeting Minutes
January 16, 2019

<p>Present: Tim Borman, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison) Excused: Jennifer Arreola, Harry Coffman, Carol Fitzgerald, Jessica Galicia Absent/Unexcused: Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald Guests: Eric Brinkert, Erica Johnson</p>
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1. Call to Order: John Sandusky, Vice Chair, called the meeting to order at 12:16 pm. Introductions were made to our guests, and Eric and Erica provided background information to the Council members as well as what work they will be providing for the CHC.

- Eric is a contractor and will be looking at the HRSA Health Center Compliance Manual to assist us in preparing for our upcoming site visit and Strategic Planning preparation.
- Erica is a nutritionist and will be working with our grant project for pre-diabetic and diabetic patients, as well as providing nutrition WIC services.

2. Consumer/Community/Partner's Needs, Concerns, Issues (based on Health Council Strategic Plan Goal 2 & 3):

- A. Community/Patient Concerns – no report.
- B. Ambassador/Advocate encounters with Community Members – no report.
- C. Community Partners – partner dialogues, invitations to meetings, etc. – no report.

3. Consent Calendar:

A. **Approval of December 19, 2018 Meeting minutes:**

- 1. No changes.

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

4. Board Development:

A. **Potential New Members:**

- 1. Marlene stated that she hasn't yet contacted Mike Weissenfluh at TBCC.

B. **Health Council Member Contact & Areas of Expertise:**

- 1. No update.

C. **Common goals – shared resources between agencies:**

- 2. No update.

D. **Underrepresented & Youth potential members:**

- 3. No update.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator:

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 -

a) Behavioral Health Integration:

1. Health Center is working with a consultant, Synergy Health Solutions, to provide staff training and supervision for Behavioral Health Integration and implementing Medication Assisted Therapy (MAT) services. Our two physicians will be taking the training online in February.
2. For our Behavioral Health Clinician, who is working toward becoming a licensed Clinical Therapist, we are contracting with a qualified person to provide supervision. The supervisor will work with the Intern to meet the state requirements. This will assist her in getting her licensure. She can provide services for clients and bill for services.
3. It has been determined that we need to look into our internal tracking processes in order to properly report to HRSA on Substance Use Disorder (SUD) and Mental Health (MH). HRSA requires that we report on each area specifically, and it was suggested by our Site Specialist that providers use certain codes in the HER to identify these areas individually. Dr. Steffey will work with the Site Specialist to train staff.

b) Dental Health:

1. School Based Dental:

a. No report.

2. Dental Services:

- b. Dr. Ahn, contracted dentist, is currently seeing approximately 300 to 325 patients per month. He is open to seeing up to 400 patients and is willing to add staff to take on more if needed. We have yet to solicit uninsured patients, which would add even more patients to the roster.
- c. Dr. Long, contracted dentist's office is seeing 40-50 patients per month, as projected.

c) School Based Health Center (SBHC):

1. A meeting with the Superintendent of Nestucca Valley School District (NVSD), Misty Wharton was held. Misty is excited about our mobile clinic and having services available at the schools.

d) Patient Access & Support:

1. Continuing to revise the "Access Policy" with staff involvement in workgroup.

e) Sexual Health and Adolescent Health Services:

1. (See Well Child and Adolescent Exams)

f) Maternal and Child Health –

1. A program entitled Community Connections, which coordinated wrap around services for children with complex health needs. The project involved community collaboration and case planning. TFCC managed the funding and now the program is no longer funded.
2. CHC is participating in Oregon Pediatric Improvement Partnership (OPIP) which meets monthly at the CHC to identify children with developmental delays through screening, and ASQ monitoring, to provide services and track referrals to appropriate sources.

- g) **Well Child and Adolescent Health Exams:**
 - 1. (See Sexual Health and Adolescent Health Services)
- h) **Well Men Visits:**
 - 1. Well Men Visits are taking place throughout the month of January.
- i) **Women's Resource Center:**
 - 1. No report.
- j) **The Early Learning Hub:**
 - 1. No report.
- k) **Tillamook County Wellness (formerly Year of Wellness Project):**
 - 1. Upcoming task force meeting and committee meetings in January and February (see our website for wellness).
- m) **South County Services**
 - 1. Misty Wharton and Marlene met to discuss services in South County. The school district is remodeling their location and Misty said that the board is considering a donation of their temporary administrative office, which is a manufactured unit and movable, which could be used as a health clinic. This would not be until 2020 but plans for where to place the unit and who to move and modify the unit can begin now. Marlene will speak with Rachel Haggerty, Chief of Staff for the County about the details and how they fit with the County's plans for South County.
 - 2. Nestucca Valley Early Learning Center (NVELC) in Hebo (formerly Cedar Creek Child Care Center). NVELC told us that they need to hold Head Start services 5 days per week. There have been some challenges with the space for CHC staff. John mentioned that where the center is located, the land is owned by the County. Marlene will confer with Rachel Haggerty, Chief of Staff, and/or Bill Baertlein about that to see if some land can be used to move the manufactured unit in 2020. We would look into a multi-use building for Behavioral Health, Medical, Food Bank, and education services.
 - 3. Robin Watts contacted the fire hall in Hebo to determine if services could be provided there; she was told there was not space available.

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

1. Staffing:

- 1. Office Supervisor
 - a) The job description has been approved and the pay table has been updated. The Union is now looking at the description and it will be on the BOCC agenda for approval in the next few weeks.
- 2. Chief Operations Officer
 - a) The job description has been approved and the pay table has been updated. The Union is now looking at the description and it will be on the BOCC agenda for approval in the next few weeks.
- 1. Dental Manager
 - a) The job description and salary study has been completed and sent to HR to review and finalize. Further processing by HR will occur once the Office Supervisor and Chief Operations Officer have been posted.
- 2. Behavioral Health Manager

- a) HR has had the job description for over 2 years. This will be in the next request for HR to fill, along with the Dental Manager and Chief Financial Officer.
- 3. Nursing Staff
 - a) We successfully hired a Public Health nurse but need to re-post the position for a clinical nurse level 3 position. It was a failed recruitment. We may need to raise the pay for nurses again based on the lack of applicants and the recent salary study results for Region X completed by Northwest Regional Primary Care Association (NWRPCA).

C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness (See Goal B)

- 1. (See Financial Report).

D. Goal: Increasing Revenues for Other Sources and/or Operational Changes and Improvements

- 1. (See Old Business, Grants & Resource Development, pg. 6).

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

1. **Well Men Visits**

- a) We are once again offering Well Men's visits in the month of January.

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

1. **Health Fairs/Worksite Health Screenings:**

- a) No report.

Action: Clayton moved to approve the Administrative Report. Tim seconded. Motion carried.

10. Finance Report –

A. November's month end cash balance was \$1,948,896.74 ending with \$80,442.14 more in expenses than revenue. This was due to the fact that we did not receive two Wrap payments for November or December. Irene will be following up with the state to find out why.

- 1. **Revenue:** As stated, we did not receive two Wrap payments in November or December. We received \$10,800 for CaCoon but no DHS public health funds. \$13,237 came in for facility licenses for Environmental Health. Under family planning project fees, we received \$10,560. There is a delay in claims and a backlog; these issues have been happening since July. Medical managed care fees, we received \$43,962 for a reprocessing issue from last July for Cover all kids. Irene explained that when Soy Sano program converted to Cover All Kids in January 2018, the state cannot figure out how to process claims correctly. Finally, we received \$25,500 for incentives for providers using our EPIC EHR.
- 2. **Expense:** Under Skilled/Service/Maint Worker, there was an expense of \$2,648 to cover our new Maintenance worker who was hired in November. All other expenses were within normal range.

3. **HRSA Budget Revenue and Expense:** Some revenue and expenditures in the base amount are within normal range. Funds for outreach is going down and base funds for Quality Improvement. Irene stated that she needs to look at the salary distribution and increase some positions since Autumn left her employment.
4. **Encounters:** Total encounters went from 1,536 in October to 1,689 in November. Average Provider Encounters per FTE down from 12.50 in October to 9.90 in November. Provider FTE was basically the same from 2.96 in October to 2.93 in November.
5. **Encounters/Workday By Provider:** Average encounters were at 10.78 and 11.64 for two providers; and 8.95 and 8.44 for the other two in November. Three providers were out during the month periodically. One3 provider's schedule was at 64.8% of available vs. completed schedule; others were lower. Behavioral Health providers began taking warm hand-offs and continue to see patients.
6. **Accounts Receivable:** Total Accounts Receivable was \$330,014.39. The majority in the 0-30 bucket at 69.70%, higher than October at 66.04%. The average for our 0-30 day bucket is 31.36 days; and gross charges were \$330,520. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is up to 44%. Privately insured is at 20% and Medicare is at 7%.
7. **OCHIN Top 10:** We were not in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN at #11 and Irene is still working on the modified report. We still did very well, just one number off. Prior month we were at #7 with a ranking score of 74. Metrics are used to determine the success of an entity based on the following:
 - a) Days in Accounts Receivable (average length of time that an account balance is active)
 - b) Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
 - c) Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
 - d) Charge Lag (average length of time between the date of service and the date that the charge for that services is posted to the AR)
 - e) Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
 - f) Days of Open Encounters (patient encounters that have yet to be "closed")
 - g) Charge Review and Claim Edit Days (two work queues whin EPIC that hold charges and claims that contain errors)

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

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. December Minutes:

- a) John went through the metrics of the measurement results.
 - b) A summary was provided in the packet and included both public health and clinical measurements.
 - c) Targets were exceeded or very close to benchmarks on most of the measurements.
2. **Quality Metrics Dashboard:**
- a) The December dashboard was reviewed. We are on target to meet the measurements.
 - 1. 8 of 14 measures have improved over the last year;
 - 2. 11 of 13 measures have exceeded the HRSA grant goal;
 - 3. 12 of 13 measures meet and/or on track to meet/exceed HRSA grant goals;
 - 4. 5 of 8 measures have reached the CCO incentive goal;
 - 5. 10 of 13 measures have exceeded the Oregon FQHC average.

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

12. Old Business:

A. GRANTS & Resource Development –

- 1. HRSA AIMS Grant
 - a) We are meeting our target goals.
- 2. HRSA SUD-MH Supplemental Grant
 - a) Our first Tri-Annual report to HRSA was submitted.
 - b) It has been determined that we need to look into our internal tracking processes in order to properly report to HRSA on Substance Use Disorder (SUD) and Mental Health (MH). HRSA requires that we report on each area specifically, and it was suggested by our Site Specialist that providers use certain codes in the EHR. Site Specialist will work with Medical Director to implement.
- 3. CCO Diabetes Grant
 - a) The nutritionist has begun outlining her plan for the grant goals. For WIC, she needs some training to begin providing services, hopefully by March.
 - b) With the lack of clinical nurses, we may need to modify our narrative and strategy.
- 4. BOCC and Health Council December 19th meeting follow-up
 - a) Council members were disappointed that there were not all Board of County Commissioners present at the meeting. Bill stated that David Yamamoto and Mary Faith Bell had conflicts and not yet in office, and 2 of the 3 Commissioners were present. He said that Mary Faith plans on attending meetings along with him moving forward.
 - b) A council member brought up the issue with HR. She acknowledges that our department may very well be too large for county HR staff to handle, and that this has been a long-running issue in trying to fill important positions; she would like to see the CHC have their own HR staff to move the process more quickly. Bill said that we do need to meet with commissioners and HR staff to discuss moving forward with us having our own HR staff. Marlene will contact HR and Commissioners to arrange a workshop. She stated that she has offered this very thing to them in the past and would expect that part of our indirect would not fully be designated to their department, if we have our own HR staff.

13. New Business:

I. Grants/Other:

A. Uniform Data System (UDS) report due 02/15/19

1. Staff is gearing up to submit this important report. The goal is to complete the report on the 14th to allow time if issues arise.

B. Annual Staff Confidentiality Statement

1. Members present were given the statement to sign. This is an annual requirement.

II. Policy/Procedure:

1. Cultural and Linguistic Policy
2. Quality Management System
 - a) Both of these policies need to be reviewed and approved prior to our Triennial Review.

Action: Carmen moved to approve the Cultural and Linguistic Policy; Donna P. seconded. Motion carried.

Action: Clayton moved to approve the Quality Management System Policy; Amy seconded. Motion carried.

14. Training – Time permitting

1. No training scheduled.

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 1:46 PM.