

Tillamook County  
Community Health Council  
Meeting Minutes  
February 20, 2019

**Present:** Jennifer Arreola, Tim Borman, Harry Coffman, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Mary Faith Bell (BOCC Liaison)

**Excused:** Carol Fitzgerald, Jessica Galicia

**Absent/Unexcused:**

**Staff:** Marlene Putman, Donna Gigoux, Irene Fitzgerald

**Guests:**

**1. Call to Order:** Harry Coffman, Chair, called the meeting to order at 12:17 pm. Introductions were made to our new BOCC Liaison, Mary Faith Bell.

**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 January 16, 2019 Meeting minutes:**

- 1. No changes.

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

**4. Board Development:**

A. **Potential New Members:**

- 1. Marlene stated that she hasn't yet contacted Mike Weissenfluh at TBCC. Clayton provided contact information to Donna G. for Sharon Kaszycki. Donna G. will send Sharon the link to the Committee Application.

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:** (See also Old Business: HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant)
  - 1. Two contractors from Synergy Health Consulting are providing supervision and training for our two Behavioral Health Clinicians (BHC). The BHC's will shadow Dr. Steffey and Dr. Paulissen for MAT in order to learn how best their roles can be utilized in the process. The contractors are also arranging for a site visit to other clinics so the providers can see first hand how the process works.
- a) **Dental Health:**
  - 1. **School Based Dental:**
    - a. Screening is currently going on in the schools and referrals to dental services are being made. Additional support for children and adolescents will be addressed through our mobile clinic at school locations.
  - 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.
    - d. Dr. Javadi has moved to a new dental office and we were looking to purchase or lease his old office; however, another business has moved in. It is unfortunate that we could not take advantage of the old dental office which is set up for dental services.
- b) **School Based Health Center (SBHC):**
  - 1. No report.
- c) **Patient Access & Support:**
  - 1. Continuing to revise the "Access Policy" with staff involvement in workgroup.
- d) **Sexual Health and Adolescent Health Services:**
  - 1. (See Well Child and Adolescent Exams)
- e) **Maternal and Child Health –**
  - 1. No report.
- f) **Health Outreach Events:**
  - 1. **Well Child and Adolescent Health Exams**(See Sexual Health and Adolescent Health Services)
    - a. March focus will be for Adolescent Health, College students who will be on Spring Break, immunizations and screenings (like meningitis and HPV).
    - b. A member asked about immunizations for measles and how that is being addressed. Marlene stated that Robin and Dr. Paulissen have visited the hospital and schools to talk about protocol if the need arises. There have been no reports in Tillamook County of an outbreak.
  - 2. **Well Men Visits:**
    - a. No report.
  - 3. **Well Woman Visits:**

- a. No report.
- g) **Women's Resource Center:**
  - 1. We continue to have an on-site representative for referrals from providers for Intimate Partner Violence (IPV).
- h) **The Early Learning Hub:**
  - 1. No report.
- i) **Tillamook County Wellness (formerly Year of Wellness Project):**
  - 1. There are currently four workgroups that are working on improving strategies to reduce type II diabetes. Marlene invited the Health Council members to contact her if they are interested in participating in any of the groups. Information may be obtained by visiting <http://tillamookcountyhealthmatters.org/>.
- m) **South County Services**
  - 1. No report.
- n) **Oregon Pediatric Improvement Project (OPIP)**
  - 1. This project is wrapping up, which provides screening and referrals for local children with local providers. The next phase will be to improve access for services out of the county.

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

**1. Staffing:**

- 1. Office Supervisor
  - a) The position has been approved and will be posted shortly.
- 2. Chief Operations Officer
  - a) The position has been approved and will be posted shortly.
- 3. 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.
- 4. Chief Financial Officer
  - a) This is a new position and will be developed and submitted once the Office Supervisor and Chief Operations Officer have been posted.
- 5. 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, after the Dental Manager and Chief Financial Officer.
- 6. Nursing Staff
  - a) We will be posting for all levels of RN in order to fill the clinic RN position.

**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. **Strategic Planning**

- a) We are working with a consultant to get ready for our annual Strategic Planning event in April.

***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:** Donna P. moved to approve the Administrative Report. Clayton seconded. Motion carried.

**10. Finance Report –**

A. December's month end cash balance was \$2,007,643.47 ending with \$58,746.73 more in revenue than expense.

1. **Revenue:** There was an increase in Federal Grants due to the funds to purchase the Mobile Clinic. We did not receive a Wrap payment in November, December or January. Three wrap payments will be reflected in January. Annual facility license fees for Environmental Health showed a marked increase in December. An increase in Insurance is due to flu clinics held in the community and in clinic and billing insurance for the encounter. Under Managed Care Fees, the CCO caught up with old claims and shows an increase of almost \$30,000. All other revenue is within normal range.
2. **Expense:** Office Supplies had an expense of \$2,300 for new task chairs; Postage and Shipping shows an expense of \$5,200 which should have been charged to Contracted Services. This will be corrected by journal voucher. Building and Grounds had an expense of \$3,900 for annual generator fees and blinds for the Annex building. Under Vehicles, there is an expense of \$182,716 for the down payment of the chassis for the mobile clinic. All other expenses were within normal range.
3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Base funds for Quality Improvement have not been expended as the funds are reserved for three new HIPAA compliant shredders.
4. **Encounters:** Total encounters went from 1,689 in November to 1,299 in December. Average Provider Encounters per FTE up from 9.90 in November to 12.20 in December. Provider FTE was down slightly from 2.93 in November to 2.86 in December.
5. **Encounters/Workday By Provider:** Average encounters were at 15.71 and 14.66 for two providers; and 9.21 and 8.64 for the other two in December. Overall the percentages of available vs. completed appointments are up.

6. **Accounts Receivable:** Total Accounts Receivable was \$292,761.42. The majority in the 0-30 bucket at 56.96%, lower than November at 69.70%. The average for our 0-30 day bucket is 27.80 days; and gross charges were \$285,851. Payer mix shows Self Pay at 28%; and the percentage for Medicaid is up to 45%. Privately insured is at 15% and Medicare is at 8%.
7. **OCHIN Top 10:** We number 7 in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 79. Prior month we were at #11 with a ranking score of 71. Metrics are used to determine the success of an entity based on the following:
  1. Days in Accounts Receivable (average length of time that an account balance is active)
  2. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
  3. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
  4. 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)
  5. Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
  6. Days of Open Encounters (patient encounters that have yet to be “closed”)
  7. Charge Review and Claim Edit Days (two work queues whin EPIC that hold charges and claims that contain errors)
8. **Appendix A:**
  1. Application for Reduced Fee Policy (Sliding Fee Discount)
    - a. This policy is updated annually along with the new Sliding Fee Scale, based on the Federal Poverty Level Guidelines. This policy is utilized by staff for when a patient qualifies for a discount for services.
  2. Sliding Fee Scale
    - a. The Sliding Fee Scale is utilized by staff to determine the discounted percentage a patient is entitled to based on their income. It is updated annually.

**Action:** Donna P. moved to approve the Application for Reduced Fee Policy and the Sliding Fee Scale. John seconded. Motion carried.

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

## **11. Reports of Committees:**

### **A. Quality Assurance/Quality Improvement Committee -**

#### **1. January Minutes:**

- a) A summary was provided in the packet and included clinical measurements.
- b) Targets exceeded benchmarks on all of the measurements.
- c) Childhood immunization progress is being made.
- d) There was a general discussion on the metrics. The Health Council members recognizes the improvements over time. They also recognize the challenges of documentation on the EHR

and changes in metrics. Quality Improvement regular review, updates and training ensures progress.

**2. Quality Metrics Dashboard:**

- a) The December dashboard was reviewed. We are on target to meet the measurements.
  - 1. 10 of 14 measures have improved over the last year;
  - 2. 12 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. 7 of 8 measures have reached the CCO incentive goal;
  - 5. 11 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/HRSA SUD-MH Supplemental Grant**

- a. Medicated-Assisted Therapy (MAT): Dr Steffey and Dr. Paulissen have applied for the waiver in order to implement Substance Abuse Disorder (SUD) services for our clients. There is a conference call scheduled to discuss Behavioral Health and MAT workplan and timeline. The CCO has arranged to have our staff visit a clinic to learn more about the services and it is hoped that we will begin in March with one patient.
- b. A presentation on SUD was held at the All Staff meeting by Dr. Andrew Suchocki, MD, MPH, Medical Director of Clackamas County Health Centers. Implementing MAT could provide a local patient who is already in treatment to transfer their treatment to us instead of having to travel long distances for treatment.
- c. The team will be looking at patients who are tapering off of opioids to see if the patients qualify for this service. Patients who are being seen by another Primary Care Provider (PCP) would need to switch to one of our providers during treatment.
- d. There is a limit to the number of patients receiving MAT treatment. As a new program, we need to be thoughtful and careful regarding community perspective and patient privacy. Statistics show that coastal communities have the same risk factors as urban areas; poverty, housing, heroin deaths, etc. and are higher than state average.
- e. A member asked our BOCC Liaison if she could find out the scope of focus of the new housing taskforce; his concern is consideration housing for all residents, not just currently homeless. Another member stated that there will be tiny homes built behind the Herald Center which would provide temporary housing for 6 months and rent for 33% of income.

**2. CPCCO Diabetes Grant**

- a) Erica Johnson, our nutritionist, is currently working on the timeline and details of the grant, along with Tara Stevens, our new Public Health Program Rep. Erica will begin seeing patients in March.

**13. New Business:**

**I. Grants/Other:**

**A. Letter of Agreement – Regional Health Needs Assessment and Regional Health Improvement Plan for Clatsop, Columbia and Tillamook Counties**

1. A letter of agreement was presented for approval of the CPCCO collaborative between Tillamook, Clatsop and Columbia county health departments in partnership with Columbia Memorial Hospital, Providence Seaside Hospital and Providence Health and Services to develop these assessment and plan.

*Action:* Donna P. moved to approve the agreement; John seconded. Motion carried.

**B. Adventist Letter of Agreement – Community Health Needs Assessment**

1. Adventist is utilizing a contractor to conduct a local Community Needs Assessment and Improvement Plan was presented for review and approval by the Health Council.

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

**II. Policy/Procedure:**

1. Compliance Plan
  - a. Annually, all staff and members of the Health Council need to review and attest the Compliance Plan. This document was included in the packet. Members present completed the attestation.
2. Application for Reduced Fee Policy (Sliding Fee Discount)
  - a) See Financial Report
3. Sliding Fee Discount for 2019
  - a) See Financial Report

**14. Training – Time permitting**

1. No training scheduled.

**15. Upcoming Events:**

**16. Unscheduled:**

**17. Adjourn** - The meeting was adjourned at 2:30 PM.