

Tillamook County
Community Health Council
Meeting Minutes
April 17, 2019

<p>Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison) Excused: Jennifer Arreola, Tim Borman, Jessica Galicia Absent/Unexcused: Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald Guests: Sharon Kaszycki</p>

1. Call to Order: Introductions were made; Harry Coffman, Chair, called the meeting to order at 12:20 pm.

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 March 20, 2019 Meeting minutes:**

- 1. No changes.

Action: John moved to approve the minutes as written; Clayton seconded. Motion carried.

4. Board Development:

A. **Potential New Members:**

- 1. Sharon Kaszycki, retired nurse, has applied to become a member of the Health Council.

Action: Donna P. moved to recommend to the BOCC that Sharon to be on the Health Council; Carol seconded. Motion carried.

- 2. Donna P. reminded the council that nominations for members occur in May, along with the slate of officers. Current members who were present were asked if they would like to continue on the Health Council and Donna P. and John Sandusky both agreed to remain; Jessica has not yet responded if she wants to continue as youth member.

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

- 1. (See Attached List) No update.

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

- 2. No update.

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

- 3. (Currently have one youth member) No update.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator: (Limited report due to Strategic Planning Meeting)

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:** No report. (See also Old Business: HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant)
 - 1. MAT services: There are currently 4 patients that are slated to receive services. Patients sign a pain management agreement and sign waivers. We have done no advertising but have been contacted by 14 people for this service. Providers wish to keep the numbers low, especially at the beginning.
- b) **Dental Health:**
 - 1. **School Based Dental:** No report.
- c) **Dental Services:**
- c) **School Based Health Center (SBHC):**
 - 1. Marlene stated that some issues have come up with not having regular nurses in the districts to deal with chronic health issues like students with diabetes. A meeting is scheduled with Superintendents to discuss this issue. Current thinking is to use the mobile clinic for services on school grounds with a regular schedule.
- d) **Patient Access & Support:**
 - 1. No report.
- e) **Sexual Health and Adolescent Health Services:**
 - 1. (See Well Child and Adolescent Exams)
- f) **Maternal and Child Health –**
 - 1. No report.
- g) **Health Outreach Events:**
 - 1. **Well Child and Adolescent Health Exams**(See Sexual Health and Adolescent Health Services)
 - a. No report.
 - 2. **Well Men Visits:**
 - a. No report.
 - 3. **Well Woman Visits:**
 - a. No report.
- h) **Women's Resource Center:**
 - 1. No report.
- i) **The Early Learning Hub:**
 - 1. No report.
- j) **Tillamook County Wellness (formerly Year of Wellness Project):**
 - 1. Information may be obtained by visiting <http://tillamookcountyhealthmatters.org/>.
- m) **South County Services**
 - 1. No report.
- n) **Oregon Pediatric Improvement Project (OPIP)**
 - 1. No report.

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

1. Staffing:

a) (See Open Positions)

2. Open Positions:

1. Office Supervisor

a) Position has closed and we are working with HR on interview questions and choosing applicants to interview.

2. Chief Operations Officer

b) Position has closed and we are working with HR on interview questions and choosing applicants to interview.

3. Dental Manager

a) This position has been re-submitted to HR to begin the process of developing the job description and pay scale.

4. Chief Financial Officer

a) This position will be processed once the Dental Manager position is posted.

5. Registered Nurse 1,2 or 3

a) We have issued a new recruitment for an RN as our previous recruitment failed in that we didn't attract qualified applicants at the RN 3 level. We have opened it up to all levels.

b) According to the CCO, this is a system-wide problem, as there is a shortage of qualified nurses available.

6. Public Health Program Representative

a) There are two positions to fill vacancies. One is going to be a Spanish Speaking required to fulfill interpretation needs.

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

a) **Strategic Planning**

a) No report.

b) **Draft MAT Policy under review**

a) No report.

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. John seconded. Motion carried.

10. Finance Report –

A. February's month end cash balance was \$1,872,877.63 ending with \$436,617.14 more in expense than revenue.

1. **Revenue:** We did not have a draw down of federal funds from HRSA in February; it was done on the first of March. We also sent out the second payment for the Mobile Clinic.
2. **Expense:** There was an additional expense of \$282 for uniform allowance for Environmental Health; \$17,206 for the annual Office 365 licensure; \$16,624 for DHS quarterly vaccines; \$2,322 for provider software licensure; and \$3,157 for multiple employees getting their continuing education, which includes travel and mileage, but we will be reimbursed by the state. A journal voucher to fix an incorrect code from postage and shipping to financial consulting of \$7,900 occurred in February. Financial consulting also saw an additional expense of \$8,230 to assist us with the UDS report. An expense of \$4,007 for the annual copier overage occurred in February; a member wondered at the amount. Irene explained that our copiers are all leased, and we are allowed a certain amount of copies, both black and white and color. We need to pay for any copies over the allotted amount. All other expenses were within normal range.
3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Retirement for staff is not shown in the HRSA Revenue and Expense. There is nothing new to report.
4. **Encounters:** Total encounters went from 1,486 in January to 1,211 in February. Average Provider Encounters per FTE went from 11.70 in January to 11.10 in February. Provider FTE was 3.34 in January to 2.89 in February.
5. **Encounters/Workday By Provider:** Average percentages for January was 60.3 of available vs. completed; for February it was 56.8%.
6. **Accounts Receivable:** Total Accounts Receivable was \$300,238.44. The majority in the 0-30 bucket at 71.78%, higher than the prior month at 66.21%. The average for our 0-30 day bucket is 28.88 days; and gross charges were \$295,293. Payer mix shows Self Pay at 25%; and the percentage for Medicaid is up to 48%. Privately insured is at 19% and Medicare is at 6%.
7. **OCHIN Top 10:** We were number 5 in the top 10 in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 80. Prior month we were at #7 with a ranking score of 79. 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 within EPIC that hold charges and claims that contain errors)

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

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. February Minutes:

- a) Minutes were reviewed by the board members and discussed.

2. Quality Metrics Dashboard:

- a) The dashboard of metrics was reviewed which indicate:
 - i. 9 out of 14 measures have improved over the last year
 - ii. 11 of the 12 measures have exceeded the HRSA grant goal
 - iii. 11 of the 12 measures meet and/or on track to meet/exceed HRSA grant goal
 - iv. 0 of 8 measures have reached the CCO incentive goal
 - v. 11 of 12 measures have exceed the OR FQHC average

Action: Donna P. moved to approve the committee report; Amy seconded. Motion carried.

12. Old Business:

A. GRANTS & Resource Development –

1. HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant

- a) Ongoing issues are billing for SUD and Mental Health services, as currently the diagnosis is a medical referral.
- b) Dr.’s Paulissen and Steffey have received their DATA Waiver to provide MAT services and we are still working with the consultants for supervision and MAT development.
- c) The MAT policy and procedure is being written along with the consultants and providers, including the Behavioral Health Clinicians. Patients are being screened for selection of services.

2. CPCCO Diabetes Grant

- a) Nutritionist and staff are on a three-month test period to address documentation, referrals, tracking and billing issues. Nutritionist is now seeing clients effective April.

13. New Business:

A. Grants/Other:

1. HRSA Integrated Behavioral Health Services (IBHS) grant

- a) This is a supplemental grant for \$145,000, which will become part of our HRSA base grant. It is anticipated that we will be hiring a full time Behavioral Health Clinician

Manager and a Public Health Program Representative (or Care Coordinator). The grant is due May 13th.

Action: Donna P. moved to approve applying for the grant; Carol seconded. Motion carried.

II. CCO 2.0 – Moda Health

- a) Marlene provided an overview to the committee regarding the CCO 2.0. Basically, when the CCO's were formed as a result of the ACA, CareOregon was chosen for our area and have been our sole CCO for nearly 6 years.
- b) Oregon opened up the state to invite other agencies to submit letters of intent throughout the state.
- c) One newly formed CCO is called North West CCO, which has been formed by Moda Health. They have submitted a letter on intent to serve Tillamook, Clatsop and Columbia counties.
- d) Moda Health is a for profit agency. They have already received signed agreements from Rinehart Clinic and Adventist Health. They are trying to get all health clinics in the area to sign an agreement that states we will work with them to develop a relationship if Moda Health is awarded by the state to be either a sole CCO or they would be an additional CCO along with CareOregon.
- e) Marlene alerted the County Commissioners and they have written a letter to the state signifying that Tillamook County does not want to deal with two CCO's in our area, as it would be confusing, and include double reporting and meetings.
- f) Moda Health is spread throughout the state and it is feared that with us being rural, we would not get as much for our patients as the urban areas.

III. Policy/Procedure:

- a) Credentialing & Privileging – Dr. Mark Thomas, DMD
- b) Credentialing & Privileging – Dr. Jin Ahn, DMD

Action: Donna P. moved to approve Credentialing & Privileging of both dental providers; Clayton seconded. Motion carried.

14. Training – Time permitting

- a) No training.

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 1:16 PM.