

Tillamook County  
Community Health Council  
Meeting Minutes  
May 22, 2019

**Present:** Tim Borman, Carol Fitzgerald, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)  
**Excused:** Harry Coffman, Jennifer Arreola, Jessica Galicia, Amy Griggs,  
**Absent/Unexcused:**  
**Staff:** Marlene Putman, Donna Gigoux, Irene Fitzgerald, Cindy Anderson, new Office Supervisor  
**Guests:**

**1. Call to Order:** Introductions were made; John Sandusky, Vice-Chair, called the meeting to order at 12:24 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 April 17, 2019 Meeting minutes:**

- 1. No changes.

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

**4. Board Development:**

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

- 1. (See Attached List)

- a) Donna G. stated that she will develop a questionnaire for the Health Council members to obtain individual biographical information. She mentioned that the information could be posted on the web page. Many members were open to providing biographical information did not wish to have that information available to the public; Donna G. said that she would only use the information for HRSA Site Reviewers. This will also better inform areas of expertise, which HRSA expects us to have our Health Council members represent not only Consumers, but Community Members. She will update the list and information once the bios are complete.

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

- 2. No update.

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

- 1. (Currently have one youth member) Donna G. noted that Jennifer Arreola is considering whether or not to continue with the Health Council; she will let us know by the June meeting.

**D. Terms Expiring June 30, 2019**

1. Terms Expiring June 30, 2019 – Donna Parks, John Sandusky, and Jennifer Arreola’s terms are expiring. Donna and John both indicated they would like to continue to serve on the Health Council. **Action:** John moved to re-appoint Donna Parks to the Health Council; Carmen seconded. Motion carried.

**Action:** Donna P. moved to re-appoint John Sandusky to the Health Council; Clayton seconded. Motion carried.

#### **E. Slate of Officers**

1. The slate of officers was presented in the packet:

- a) Harry Coffman, Chair
- b) John Sandusky, Vice-Chair
- c) Carmen Rost, Secretary
- d) Donna Parks, Member-At-Large/Executive Committee Member
- e) Carol Fitzgerald, Member-At-Large/Executive Committee Member

2. All current officers agreed to continue to serve in their present capacity.

**Action:** Carmen moved to re-appoint all Officers to another term; Carol seconded. Motion

#### **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:** (See also Old Business: HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant; CPCCO Mobile Clinic Grant)
  - 1) Synergy Consultants were hired for supervision of our BHC staff and implementation of MAT services. Currently we are evaluating the role the consultants will play in the near future.
  - 2) We also are contracting with Valerie Bundy, LPC for supervision of our Behavioral Health Clinician 2 (Karen Sheelar) for her to get her licensure. Valerie is the Executive Director of the Women’s Resource Center.
  - 3) We began the process of hiring the Behavioral Health Manager. Job description and salary comparisons have been re-sent to Human Resources for review and finalization.
- b) **Dental Health:**
  - 1) **School Based Dental:**
    - a. No report.
  - 2) **Dental Services:**
    - a. A member asked if the CCO has reconsidered their stance on silver nitrate. It is a painless method to treat caries on temporary teeth and does not cause the child trauma because there is no pain, and the treatment has shown success with stopping the dental caries. Marlene stated that she would talk to the CCO Dental Director as she is on the CCO Board.
    - b. We will be contracting with CareOregon for dental coverage for patients. Currently, there are Willamette Dental and ODS in Tillamook County. CareOregon will also provide a per member per month model for dental patients. There have been billing issues with Moda/Delta.

- c. We are renewing dental contracts with Dr. Ahn; Dr. Long is still deciding if they will be able to continue contracting with us. Their agreements expire June 30<sup>th</sup>.
- c) **School Based Health Center (SBHC):**
  - 1) No report.
- d) **Patient Access & Support:**
  - 1) No report.
- e) **Sexual Health and Adolescent Health Services:**
  - 1) (See Well Child and Adolescent Exams) No report.
- 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. Mobile Clinic
    - a. We are working with HR to begin hiring positions for the Mobile Clinic. First and foremost will be a coordinator to manage the details of community services using the clinic throughout the county. We also will be looking to hire another provider. We discovered we had applicants who applied back in 2018, but no one contacted the applicants. Plans are to close and reopen the posting. (See Goal B: Staffing)
    - b. Marlene and Donna G. met with Misty Wharton, the superintendent of Nestucca Valley School District, to discuss shelter for the clinic, as well as contracting with bus drivers to drive the clinic.
    - c. Lola is working on the details to get a provider number for the clinic, and Donna G. has contacted Hudson Insurance to alert them that the clinic is forthcoming and will need to get insured.
    - d. A local dentist has volunteered his time to work on the clinic at events.
    - e. The clinic is due to be delivered June 28<sup>th</sup>. We will hopefully get an article in the media and have a ribbon cutting ceremony when it arrives. At that time, potential drivers will receive training from ADI, the company we purchased the clinic from. At another date, probably on the weekend, training will be provided to all staff that will be serving on the clinic.
- n) **Oregon Pediatric Improvement Project (OPIP)**
  - 1. No report.

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

**1. Upcoming Positions:**

- a) Provider for Mobile Clinic – (See Goal A: item m1: South County)
  - i. Discussion: A member asked if the Health Council members could be allowed in the interviews of providers as in the past; Marlene said she would check but saw no issue with having a Council member or two attend interviews.

**2. Open Positions:**

- a) Office Supervisor
  - i. Our new Office Supervisor is Cynthia Anderson, who has begun work supervising the Front Desk staff. She will be at the full council meeting to introduce herself.
- b) Chief Operations Officer
  - i. Interviews are being scheduled for the second week in June.
- c) Dental Manager
  - i. This position has been re-submitted to HR to begin the process of developing the job description and pay scale.
- d) Chief Financial Officer
  - i. This position will be processed once the Dental Manager position is posted.
- e) Registered Nurse 1,2 or 3
  - i. We are still waiting to get interviews set by HR for these positions.
- f) Public Health Program Representative
  - i. There are three 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) One Stop in South County
  - i. Currently assessing the effectiveness of the monthly project; will be looking to implement more targeted services with the Mobile Clinic. This event is not well attended.

**2. CPCCO Linguava Interpretation Services**

- a) Representatives from Linguava and the CCO came to Tillamook for a presentation of their services. They have certified interpreters that they work with to come to the clinic and interpret for patients. This service is free to OHP members; it has a cost associated for non-OHP members. They would require an advance notice of 3-4 weeks. A proposal will be forthcoming for review by the Health Council.

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

## **10. Finance Report –**

**A.** March's month end cash balance was \$2,211,049.63 ending with \$338,172 more in revenue than expense.

1. **Revenue:** We received two HRSA fund drawdowns in March, resulting in the surplus revenue for this month. Other revenue includes the quarterly payment for school nursing services from NKN. All other revenue is within normal ranges.
2. **Expense:** There was an additional expense of \$4,129 for leave buy-out resulting from two staff members leaving employment. Other expenses outside of normal range were from new Front Office signage in the clinic of \$1,885, two months of telephone bills in March of \$4,095, two months of PUD payments of \$3,001, and a down payment to a contractor to replace the roof in the Administration Annex.
3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. New HIPAA compliant shredders were purchased with Quality Improvement funds, which we have received from HRSA.
4. **Encounters:** Total encounters went from 1,211 in February to 1,262 in March. Average Provider Encounters per FTE went from 11.10 in February to 10.80 in March. Provider FTE was 2.89 in February to 3.23 in March.
5. **Encounters/Workday By Provider:** Average percentages for February was 58% of available vs. completed; for January it was 60.3%.
6. **Accounts Receivable:** Total Accounts Receivable was \$293,662.41. The majority in the 0-30 bucket at 70.01%, slightly lower than the prior month at 71.78%. The average for our 0-30 day bucket is 27.71 days; and gross charges were \$304,037. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is up to 48%. Privately insured is at 16% and Medicare is at 6%.
7. **OCHIN Top 10:** We were number 8 in the top 10 out of 95 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 77. Prior month we were at

#5 with a ranking score of 76. 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 within EPIC that hold charges and claims that contain errors)

**Action:** Donna P. moved to approve the financial report; Carol seconded. Motion carried.

## **B. Fiscal Policies and Procedures – Appendix A**

### **1. Sliding Fee Scale**

- a) Irene presented the Sliding Fee Scale. This document is usually presented at the beginning of the calendar year and is based upon the Federal Poverty Levels (FPL).
- b) The change to this document includes the addition of nutrition services for those between 100 to 200% of the FPL. Also added is that income is based on gross income, to clarify how the scale will be determined.
- c) For patients with insurance, a “Cheat Sheet” is being created for Front Desk staff to determine cost and number of visits their insurance provider allows.
- d) A member asked that a patient’s insurance had a large deductible for services, and if that prevented the patient from seeking services, is there a policy or procedure that addresses that situation? Irene reported that in that case, there is an internal policy in place called the Special Circumstances Form, which can be used to waive fees for those patients who are above 200% of the FPL for unique circumstances.
- e) An information flyer is attached to the Sliding Fee Scale explaining to patients what the Fee discount application is for and what information is required.

**Action:** Carmen moved to approve the Sliding Fee Scale; Clayton seconded. Motion carried.

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

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

#### **1. March Minutes:**

- a) Minutes were reviewed by the board members and discussed.
  - i. Carmen and John provided an overview of the minutes and noted the following:
    - 1) Compliance is low for public health measures for various reasons, (i.e. STD follow up with partners, Mammogram follow up is lacking, measures change, etc.) More explanation is needed in the minutes to explain low compliance.

- 2) Source measurements are needed for public health, but it most likely are state measures from OHA
- 3) Make sure results are entered into the system; if it's not documented it didn't happen
- ii. It was discovered that the minutes were not current; we should have been looking at April minutes. Those will be provided next month.
- 2. **Quality Metrics Dashboard:**
  - a) The dashboard of metrics was reviewed which indicate:
    - i. 8 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. 1 of 8 measures have reached the CCO incentive goal
    - v. 9 of 12 measures have exceed the OR FQHC average

**Action:** Donna P. moved to approve the committee report; Clayton 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) We are looking into billing issues and hopefully have the process finalized by June. Issue at hand is that patients with Medicaid are covered for services, but other insurance providers have different rules regarding nutrition services. Louise in billing will be creating a cheat sheet for the front desk staff to refer to when making appointments.

## **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). Awards will be made in September.

#### **2. Second Letter of Concern/Complaint**

- a) Discussion:
  - i. A member thanked Bill Baertlein for attending the meeting and for hearing the concerns of the Health Council. She stated that in Executive Committee, it was decided that another letter of concern needed to be sent to the BOCC over Human Resources department issues that keeps continuing on and on. She stated that although she wants to remain positive, she has witnessed the lack of response for

TCCHC to hire key staff positions for years; she has been on the Health Council since we became an FQHC. She said the current slate of open positions have gone on for months, and the Behavioral Health Clinician positions literally took two years. She would like to have a system in place where when a position is created and requested, there is a timeline for that position to be filled and documentation of the process. She asked Commissioner Baertlein if the other departments that get positions filled were revenue generating departments, where the Commissioner replied that most were general fund departments. She then stated that she felt our positions were more important to fill quickly and efficiently, as the Health Department is generating revenue, and the lack of important positions not being filled places the department in the position of losing grant funding.

- ii. One member commented that she did not feel the Human Resources department takes the Health Council's opinions seriously, evidenced by the length of time and the multiple requests by the Health Council to fill the Behavioral Health positions. This has been true for multiple positions with the Department with many taking over six months to fill. She stated that was why the Health Council members felt a letter of complaint to the BOCC was warranted. She also stated that the council members want to remain positive and are looking for solutions to a problem that has gone on for a number of years with many health-related positions. This impacts the ability for the Health Department to function.
  - iii. A third member voiced his concerns that when the administrative staff puts together the information to create a position, there is a lack of response by the Human Resource department. Delays have resulted in the loss of viable applicants. Applicants have notified Health Department employees that they thought positions were filled, did not receive notice of status, took jobs elsewhere while waiting, etc. Commissioner Baertlein responded that the Health Department is not the only department that is experiencing these difficulties. Effective processes in recruiting quality staff in a timely manner is beneficial to not only the Health Department but the entire county.
- b) Direction:
- i. A letter of complaint will be composed and approved in time for the May 28<sup>th</sup> BOCC meeting discussion; all members said they would make themselves available by Friday to come in and sign the letter.
  - ii. It was discussed that having our own HR person housed in our department may streamline the processes. In a previous BOCC meeting, it was suggested by a Commissioner to do just that, however, with the HR person housed in the HR department. Health Council members did not feel that would eliminate the problem or free up the bottleneck.
  - iii. More discussion between HR, BOCC and the Health Council will continue with regular updates.

**Action:** Donna P. moved to approve the letter of complaint; Carol seconded. Motion carried.

#### **14. Training – Time permitting**

##### **A. Strategic Planning Meeting Results – Eric Brinkert**



1. Eric provided an overview of the April 17, 2019 Strategic Planning meeting, which included all staff and most Health Council members.
2. Themes which arose during the meeting included:
  - a) Expanding Services
  - b) Connectivity (Internal and External)
  - c) Employee Experience
    - i. Care for the individual
    - ii. Human Resources
    - iii. Cultural Competency
  - d) Marketing & Community Perception
  - e) Technology
3. Included in the report were recommendations to the themes that arose, with a proposed implementation plan.
4. It is anticipated to have the final plan completed by June 30, 2019.

**15. Upcoming Events:**

**16. Unscheduled:**

**17. Adjourn** - The meeting was adjourned at 2:56 PM.