Tillamook County
Community Health Council
Meeting Minutes
July 17, 2019

Present: Harry Coffman, Carol Fitzgerald, Sharon Kaszycki, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)
Excused: Tim Borman, Amy Griggs, Jessica Galicia,
Absent/Unexcused:
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald
Guests: Nancy Knopf, Romy Carver – CCO; Eric Brinkert, contractor

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:19 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.
   1. Donna P. stated that the agreement for the Micro Shelters is moving forward at the Herald Center site. She is excited about having the mobile clinic there on certain days to provide health services.

3. Consent Calendar:

A. **Approval of June 19, 2019 Meeting minutes:**

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

4. Board Development:

A. **Health Council Member Contact & Areas of Expertise:**
   1. (See Attached List)
B. **Common goals – shared resources between agencies:**
   2. No update.
C. **Underrepresented & Youth potential members:**
   1. Harry will make contact with the Health Occupations instructor to see if a student would like to be on the Health Council as a Youth Member.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator –

A. Marlene noted to the group that since the agenda was quite hefty, with a presentation and in context to training, she would keep her report short.
   1. Since we are adopting the new Strategic Plan Goals and framework, the format of the Administrator's report will be changing in light of new focus areas and goals, as previously requested by the Health Council to tie the goals to the Administrator's report.
   2. During Strategic Planning annually, we usually spend a large portion of time on our patient demographic data. Additionally, with the completion of the Regional Health Assessment & Regional

Health Improvement Plan on the docket today, we received additional patient information from the CCO for Medicaid patients. The packet contains two reports (See Attached):

a) Columbia Pacific CCO Tillamook County Members without Services
   - There are 6,590 Oregon Health Plan members identified as living in Tillamook County. 28%, or 1,703 members have not accessed services between October 1, 2018 and May 31, 2019. Of these members, 37% are children and 63% are adults.
   - Broken down by community areas (North, Central and South), the results are pretty equal across the board given that the largest population lives in Central county. Central county (Tillamook, Bay City, Netarts, Oceanside) has 1.016 patients, or 60%; North county (Garibaldi, Rockaway Beach, Wheeler, Nehalem, Manzanita) has 234 patients, or 16%; and South county (Neskowin, Pacific City, Beaver, Hebo, Blaine) has 280 patients or 14%.
   - Discussion: Target a focus outreach to CCO patients who have not accessed services and use our mobile clinic to go to each community area, especially in North county for dental services as there is no local access to a dentist. Establish a solid schedule and target schools and churches to reach patients not accessing services.

b) TCCHC UDS Patient Demographics
   - According to the 2018 UDS report, our total patient count is 4,695, slightly down from 2017. The majority of our patient base is 1-17 (32%); ages between 25-44 and 45-64 are virtually tied (24%); with ages 18-24 and 65 & over virtually tied (10%).
   - We serve 43% males and 57% females.
   - Tillamook County has a population who are white (94%) and TCCHC patient base is 69.3
   - Tillamook County shows a Hispanic population of 13%; and TCCHC Hispanic patient base is 24.3%, with the remaining of other ethnicities.
   - The largest patient population resides in Tillamook, Rockaway Beach and Cloverdale.
   - Look at each area to determine the need of a physical service site that fit with the actual population of the area and other service providers in proximity.

c) Discussion:
   - Obviously, more Hispanic patients are using our clinics, probably due to patients being able to access the bilingual staff.
   - Large number of patients did not answer the male/female question, possibly add additional options on the Wellness Survey.
   - Our data for Hispanic patients matches the PSU study showing that 25% of Hispanic/Latino starting school; we should look at the state stats to compare.
   - A lot of Black patients do not self-identify as they do not consider themselves African American because they are not from Africa.

d) Payor Mix
   - 51% Medicaid
   - 20% Uninsured
   - 19% Insured
   - 10% Medicare

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

10. Finance Report –

A. May's month end cash balance was $2,162,124.26 ending with $38,475.92 more in expenses than revenue. Irene indicated that there was an increase in operating supplies for fiscal year-end, and a grant purchase of baby boxes from the Immies mini-grant, and new headsets for staff.

1. **Revenue:** All revenue is within normal ranges.

2. **Expense**: There was an expense of $20,057.70 for drugs and vaccines to DHS, which is a quarterly expense. Additionally, an expense of $15,000 to Contracted Services for a stipend for our Americorp Vista. $8,500 was charged to vehicles for the wrap on the mobile clinic. All other expenses were within normal ranges.

3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Irene will be showing retirement amounts each month in the report instead of a lump sum at the end of the grant period, which is approximately 25% of overall salary. This change will not match the GL.

4. **Encounters:** Total encounters went from 1,491 in April to 1,214in May. Average Provider Encounters per FTE went from 11.40 in April to 10.20 in May. Provider FTE was 3.08 in April to 2.95 in May. This is due to provider illness, continuing education and vacations.

5. **Monthly Generated Revenue:**
   Provider revenue in April was 100,601.05, May's total was $75,260.32. The number of days open in May was 22, giving the average revenue for the workday at $3,421.

6. **Encounters/Workday By Provider:** Average percentages for April was 58% of available vs. completed; for May it was 54.2. Nearly every provider's average was less except for one.

7. **Accounts Receivable**: Total Accounts Receivable was $260,919.61. The majority in the 0-30 bucket at 59.18%, less than the prior month at 71.11%. The average for our 0-30-day bucket is 25.10 days; and gross charges were $313,038. Payer mix shows Self Pay at 35%; and the percentage for Medicaid is 38%. Privately insured is at 17% and Medicare is at 6%. Updating of charts and rebilling for wellness questionnaire caused a huge delay in receiving funds. There is a large log of patients' wellness questionnaires to rebill. This affected the OCHIN top 10 rating.

8. **OCHIN Top 10**: We were number 12 in the top 10 out of 98 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 72. Prior month we were at #9 with a ranking score of 74. Open charts, Medicaid billing issues have dropped our score. Days in AR should have qualified us for top 10 rank. 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: John moved to approve the financial report; Carmen seconded. Motion carried.

B. Fiscal Policies and Procedures – Appendix A

1. Annual Financial Report
   a) Irene presented the report which shows the balance sheet with modified accrual. Tillamook County operates on a cash basis. This is a federal requirement that we submit annually at the end of fiscal year.
   b) We no longer have a duel system with the Treasurer's office, which was problematic.
   c) We have adequate cash flow, which you don't see too often in a FQHC, and funds in a prudent reserve.
   d) Irene is working to have an additional one million dollars in prudent reserve in 10 years.
   e) The accrual report is close to the county budget.

Action: John moved to approve the Modified Accrual Report; Clayton seconded. Motion carried.

2. Sliding Fee Scale: Nominal Fee for Dental
   a) Irene presented the Sliding Fee Discount Scale with the modified amount of $25 for the nominal fee for dental.
   b) It was decided that the nominal fee should be the same for dental as for medical, as there is no data to justify the higher rate.

Action: John moved to approve the Sliding Fee Scale changes; Clayton seconded. Motion carried.

3. Budget Period Renewal (BPR) Updated
   a) Irene presented the BPR, which has been updated to reflect a calculation for percent of fringe benefits for staff.
   b) Annual salary for a physician was adjusted from the base amount of $209,983 to $189,600. This is based on a federal rule that award funds cannot be used to pay the salary of an individual at a rate in excess of Federal Executive Level II. With the fringe benefit amount added to the new base, federal funds for the physician came to $238,185.

Action: Donna P. moved to approve the updated BPR report; Carol seconded. Motion carried.

4. Purchasing Policy & Procedure
   a) Irene presented the Purchasing policy and procedure, adding the step 2: "The approved purchase order requisition is then presented by an Authorized purchasing agent to Treasurer's office to request a County Purchase Order (see Treasurer's Office Purchasing Instructions in Accounts Payable Manual, Page 4)."

b) Irene noted that page 4 highlights that purchases over $25,000 need to be approved by the BOCC.

Action: Clayton moved to approve the updated Purchasing policy; Carmen seconded. Motion carried.

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. June Minutes – John provided the following:

a) In looking at the numbers for public health, it doesn't look like we were close to the benchmarks, with the exception of birth control selection at 100%.

b) There are many reasons benchmarks are not met; sometimes it's a charting or coding error in the EHB or forms not filled out correctly. In the minutes there is usually a discussion and a possible solution.

c) Mammograms are especially low because Adventist Health does not have 3D imaging, and many patients are called back for a diagnostic screen because of a false positive reading. This results in a fee for the diagnostic screen that the patient does not anticipate. Because of this, most patients ask to be sent to Providence Seaside or Samaritan in Lincoln City to avoid having to have the additional screen.

d) Dr. Steffey sent a letter to the Interim CEO and received a response that they have the 3D machine in their budget and plan to have one by the end of the budget year. The letter is in your packet.

e) Clinical benchmarks fared better, exceeding all but one benchmark which was short a half of a percent for Asthma.

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. 10 of the 12 measures have exceeded the HRSA grant goal

iii. 10 of the 12 measures meet and/or on track to meet/exceed HRSA grant goal

iv. 3 of 8 measures have reached the CCO incentive goal

v. 7 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) Marlene reported that we are seeing a rise in MAT patients receiving services and have a waiting list. A number of patients are in the process of being determined eligible.

b) The MAT Program manual is being finalized and the new MAT policy is nearly complete.

c) We have two years of funding and will begin the process of hiring the Behavioral Health Manager once it is determined we get the Integrated Behavioral Health Services (IBHS) grant. Job description and salary comparisons have been re-sent to Human Resources for review and finalization.

2. CPCCO Diabetes Grant

a) Marlene stated that we are 6 months into the project and are working with referring patients to cooking classes at OSU Extension in both English and Spanish, help with transportation, purchasing fresh fruits and vegetables from local producers, and working with YMCA for a reduced fee to join for exercise classes.

b) Discussion:
- A member asked if the classes were for pre-diabetic or for patients who have been diagnosed.
- The focus of the grant is in prevention, to reduce the number of patients from getting Type II diabetes. We are working with a new grant from OHA that will focus on community wide screening tools to determine the best practice of screening patients and preventing chronic disease.
- Another member pointed out that a lot of chronic disease is inherited as well but can be prevented.

3. Health/HR Partnership

a) Interviews are being scheduled for a Clinic Operations Officer (COO). It is hoped that one is hired to take the extra work off of two other managers. Once hired, we will move toward hiring an HR Assistant to work with Lola on streamlining the process. We have enough experience to be able to do interviewing ourselves and have a process that is legally sufficient.

b) Marlene indicated that the process for hiring providers needs to be closely monitored. We had 4 providers who applied for the Nurse Practitioner position and by the time they were contacted they all had accepted other positions.

c) Discussion:
- It is important to bring in applicant quickly for interviews, and probably not rely on HR to be in the interviews due to the specific nature of the position.
- Hopefully the process will become a lot faster and easier once the new position has been hired for HR support.

4. Mobile Clinic/Staff Events

a) ADI is sending staff to provide a training for clinic staff tomorrow, July 18th. The unit will be parked in St. John's lot. Pictures will be taken with staff at 8AM for advertising purposes.

b) August 7th is the Ribbon Cutting Ceremony for the unit at TBCC parking lot. This is the first day of the fair and we will be visible to fair goers. The CCO is doing the advertising and providing cake and bottled water. Bill Baertlein will give the opening remarks and John Sandusky will do the blessing. An agenda will be written, and others will speak as well. TBCC is offering a new array of health classes and wished to highlight these to the community.

c) All-Staff BBQ is set for Tuesday, August 6th from noon – 2PM at the clinic. John offered to provide burgers, hot dogs and buns, as well as do the cooking. Other Health Council members, managers and administrative staff will provide the food as an appreciation lunch to staff.

13. New Business:

A. Grants/Other:

1. 42CFR Part 2: What is it?

a) Included in the packet is information regarding the federal confidentiality law and regulations that protect the privacy of substance use disorder (SUD) patient records by prohibiting unauthorized disclosures of patient records except in limited circumstances.
- Patients who are struggling with SUD disorder often experience discrimination and negative consequences from stigma and legal penalties associated with drug and alcohol addiction. It is more likely that a patient will seek out and stay in treatment if

they know their treatment records will not be unnecessarily disclosed to others without their knowledge or consent.

- This law generally prohibits treatment programs and certain third-party recipients from disclosing patient identities or records without patient consent, except:
  - Medical emergencies
  - Child abuse or neglect reports required by state law
  - Reporting a patient's crime on program premises or against program personnel
  - Qualified audit or evaluation of the program
  - Research requests
  - Qualified Service Organization Agreements
  - Court orders authorizing disclosure and use of the patient records
- One of the most important differences between 42CFR Part 2 and HIPAA is the privacy protections for patient records in criminal and civil legal proceedings. It requires a specific court order for the disclosure of information.

2. **Maternity Case Management Audit – (See Financial Report)**
3. **HRSA Operational Site Visit Agenda**
   a) Our Operational Site Visit (OSV) is scheduled for August 20-22. The agenda is presented in the packet.
   b) On August 21st, it is important to note that the Site Reviewers will meet with the Health Council members from 12:00 – 1:00 PM without staff present. We will then convene the regular Health Council meeting when this portion is completed.
4. **OHA Sustainable Relationships for Community Health (SRCH) Grant – Colorectal Cancer Screening**
   a) Tillamook County Wellness was recently awarded a SRCH grant, which will be implemented through the Wellness Screening Committee. The purpose is to reduce chronic disease risk, especially type 2 diabetes, by addressing social determinants of health.
   b) A project coordinator will be hired to oversee the project.
   c) Focus areas will include Diabetes Prevention Program (DPP) offered through the YMCA and Chronic disease self-management programming, including tobacco, pain and depression.
   d) OHA has asked us to apply for an additional grant focusing on colorectal cancer screening. This will also require a project coordinator, and staff is asking for the Health Council to approve the application.

Action: Clayton moved to approve the application to OHA focusing on colorectal cancer screening; Carmen seconded. Motion carried.

B. Policies/Procedures:

1. **Credentialing & Privileging Policy**
   a) Policy has no changes, this is for the regular review every 2 years

Action: John moved to approve the policy; Carmen seconded. Motion carried.

2. **Quality Management Plan**
   a) A list of metrics that are reviewed at QA and is on the At-A-Glance monthly dashboard was updated to the policy

Action: Clayton moved to approve the policy as amended; John seconded. Motion carried.

3. **Access to Service Policy**
   a) Location of the Mobile Clinic was updated.

Action: Carmen moved to approve the Access policy; Donna P. seconded. Motion carried.

4. **Referral Agreements Policy**
    a) Workflow and process for referrals was updated.

Action: Carmen moved to approve the policy; Clayton seconded. Motion carried.

5. **Referral Policy**
    a) Workflow and process for referrals was updated (same as the Referral Agreements policy).

Action: Carmen moved to approve the policy; John seconded. Motion carried.

6. **Emergency Room and Hospital Admission Tracking & Follow-up**
    a) Workflow was updated.

Action: Clayton moved to approve the policy; Sharon seconded. Motion carried

7. **Provider Peer Review**
    a) The Behavioral Health Clinician charts was added to the policy.

Action: Carmen moved to approve the policy; Carol seconded. Motion carried

8. **Appendix A: Fiscal Year End 2018 Modified Accrual Report (See Financial Report)**
9. **Appendix A: Sliding Fee Scale: Nominal Fee for Dental (See Financial Report)**

14. Training – Time permitting

A. Regional Health Assessment & Regional Health Improvement Plan 2019

1. Nancy Knopf, Community Health Partnership Manager and Romy Carver, Community Advisory Council Coordinator, both of the Columbia Pacific CCO presented information related to the new assessment and plan.
2. CareOregon, LLC is a non-profit that provides coverage for Medicaid and Medicare recipients.
3. Through a contract with the State of Oregon, they formed the Columbia Pacific CCO and provide coverage for Columbia, Clatsop and Tillamook counties.
4. The presentation slides are attached to the packet.
5. The Assessment and the Plan are a compilation of information about each county and what the needs and barriers to population health.
6. The document is being presented for adoption by the Health Council.
7. Discussion:
    - A member noted that she was very impressed with the reports and the data on Tillamook County specifically.
    - Several members requested to have their own copies. Donna G. will provide them at the next meeting.

Action: Clayton moved to approve the Regional Health Assessment/Health Improvement Plan; Donna P. seconded. Motion carried

B. Strategic Plan 2019

1. Eric Brinkert is a contractor working on several projects for TCCHC. He facilitated our annual Strategic Planning and is presenting the final plan for review and approval by the Health Council.
2. All staff and most Health Council members were present during the Strategic Plan workshop.
3. The plan includes the following goals:
    - Goal 1: Expand and enhance patient services;
    - Goal 2: Create the optimal patient care experience;
    - Goal 3: Create the optimal workforce experience;
    - Goal 4: Build a financial model poised for service growth.
4. Each goal includes strategies to meet the objectives.

Action: Donna P. moved to approve the Strategic Plan; Sharon seconded. Motion carried.

C. **Columbia Pacific CCO Tillamook County Members without Services (See Administrators Report)**
D. **TCCHC UDS Patient Demographics (See Administrators Report)**
E. **Tillamook County Regional Assessment Indicator Data (See Administrators Report)**

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 3:16 PM.