

Tillamook County
Community Health Council
Meeting Minutes
August 14, 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:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:05 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 July 17, 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 once school starts 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 covering three issues:

1. Staffing

a) Mid-Level Provider:

- i. A potential candidate will be visiting Tillamook with her partner, who has an interview with Adventist. She is interested in our clinic, is a PA, and is bilingual. Four other candidates have applied; no other interviews have been scheduled.

b) Positions Posted:

- i. Four positions were posted:
 - Front Office OSII

- 2 Public Health Program Rep – for SRCH and CRC Grants
- MA for the Mobile Clinic
- Behavioral Health Manager – this is funded from a grant which will become a part of our base. Marlene asked that the positions not say grant funded when posted, but they did post them that way, which may affect the applicants. It is anticipated to repost this position without the Grant Funded wording.

c) Chief Operations Officer (COO)

- i. Begins September 3rd (Antonio Flores)
- ii. Bilingual in Spanish
- iii. Has been a COO for Benton County and in California currently

d) Discussion:

- i. A member said it will be great to be fully staffed with a compliment of providers, especially when we are getting the mobile clinic ready for services
- ii. Another member asked how many staff the department had; Marlene replied that we had nearly 52 FTE. She asked if the number included not filled positions like the RN or MA's, and had we considered hiring through the temporary agency. Marlene stated to the group that if anyone knew any RN's or MA's that are looking to let her know.

2. Facilities

a) Marlene reported that Chris Hooley, who owns the building next to the clinic, notified her that he is interested in selling the building to us with the understanding that he is able to use part of the building for a year.

- i. Marlene contacted Joel Stevens, County Counsel, and Rachel Haggerty, Chief of Staff, of the opportunity. They will move forward in getting the paperwork, Chris will be writing up the agreement.
- ii. Opportunities for use of the building is to house Behavioral Health, and build a breezeway between the clinic and the new building for patients and staff to be able to walk between buildings. Other possibilities would be ancillary services like Physical Therapy, massage therapy, etc.
- iii. This would be another asset to use or sell if needed.
- iv. There is an opportunity in South County in the empty lot next to our old clinic, where NVSD is giving us a manufactured building to use. Marlene has been in touch with Frank Hanna-Williams to discuss use of this building.
- v. Further, there is an empty lot across from the clinic for sale, as well as an adjacent lot with a manufactured home for sale as well. The empty lot is \$50K and the lot with the home is \$140K.

b) Discussion:

- i. A member supported the option of using the building for Behavioral Health and ancillary services and supports looking into purchasing the empty lot. She was concerned about purchasing the lot with the mobile home, as that is an affordable housing opportunity for someone. She isn't opposed to the south county option, however, we are not at capacity in south county for patients.
- ii. Another member stated that with the COO coming in, the clinic is over capacity and space needs to be juggled.
- iii. A third member asked about the clinic and people in offices without windows; is that up to fire code? Marlene stated that the code requires two outside exits, it doesn't apply to inside offices. The building has been approved by the Fire Marshall.
- iv. By consensus, all members present approved of staff to look into all opportunities.

3. MAT

- a) Supervision of Behavioral Health Staff
 - i. Marlene reported that we are finishing up with our consultants, Synergy, for supervision of BH staff. MAT services have been implemented, staff trained, policy and manual has been completed.
 - ii. The CCO has approved a transition plan moving forward. Dr. Steffey will supervise the chart audit and QA; we have over 20 patients utilizing MAT services and more in process.
 - iii. We are using a harm reduction model and patients are not excluded if they are still using.
 - iv. Training for partners and families of patients on Naloxone so patients do not overdose. Providers are on call.
- b) Discussion:
 - i. A member asked if Behavioral Health staff is on call as well. Some patients are new to the area and may have crisis; some that are in treatment need to wait a month or more to get in to TFCC.
 - ii. A member asked if TFCC is offering MAT. Marlene replied that no, they have limited services and are working with the county for Mental Health court. Our liaison stated the Mental Health court begins in October; Marlene stated she isn't involved in the meetings. Bill will let Marlene know when the meeting are held so she can attend.
 - iii. Another member said MAT would be a great training for Health Council members. Marlene said she will arrange that for next meeting.

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

6. Finance Report

- A. June's month end cash balance was \$2,162,124.26 ending with \$61,557.90 more in revenue than expenses. Irene explained that expenses were lower than expected at fiscal year-end.
 1. **Revenue:** All revenue is within normal ranges. Interest line 4699 is calculated by percentage of departmental fund balance at month-end.
 2. **Expense:** As stated above, expenses were lower than expected.
 3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Retirement is not included in the HRSA budget, but is reflected at the fiscal year-end, showing accrual at 25% of salary for retirement. Irene will be showing retirement amounts each month in the report from here on. This change will not match the GL.
 4. **Encounters:** Total encounters went from 1,214 in May to 1,236 in June. Average Provider Encounters per FTE went from 10.20 in May to 13.30 in June. There was a shorter number of days which reflects a larger FTE. Provider FTE was 2.95 in May to 3.16 in June.
 5. **Monthly Generated Revenue:**
Provider revenue in June was good, with a total of \$101,178.44. The number of days open in June was 20, giving the average revenue for the workday at \$5,059.

6. **Encounters/Workday By Provider:** Average percentages for June was 56.5% of available vs. completed; slightly up from May for some providers.
7. **Accounts Receivable:** Total Accounts Receivable was \$324,803.16. The majority in the 0-30 bucket at 61.72%, slightly higher than the prior month at 59.18%. The average for our 0-30-day bucket is 31.20 days; and gross charges were \$296,700. Payer mix shows Self Pay at 28%; and the percentage for Medicaid is 30%. Privately insured is at 13% and Medicare is at 4%. There are still issues with Oregon Contraceptive Care AR. Usually, it is less than 1%, in June it shows 4%. Normally the amount is \$5-\$6K, and it shows the current amount is \$14,638.12. It involves reprocessing of claims, some over 120 days. Process is begging with the oldest and working forward. There is also a system glitch with Maternity Case Management and OCHIN is working with the state on the issue.
8. **OCHIN Top 10:** We were number 15 in the top 10 out of 100 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 85. It is anticipated we will achieve top 10 again in the fall. There was an issue with open charts, and Dr. Steffey is looking at that every day. Once the COO begins work, this would be in their purview. Prior month we were at #12 with a ranking score of 72. 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; Carmen seconded. Motion carried.

B. Fiscal Policies and Procedures – Appendix A
OCHIN Medical Fee Update 2019

1. Irene presented the 2019 OCHIN Fee Schedule, comparing the new rates to the old rates. This is an annual report.

Action: John moved to approve the OCHIN Medical Fee update; Carmen seconded, one nay. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. No minutes were available.

Action: No action.

8. Old Business:

A. GRANTS & Resource Development –

1. OHA SRCH & Colorectal Cancer Screening Grant

- a) We are contracting with YMCA and having a staff member coordinate the grant
- b) The goal is to reduce chronic disease risk, especially type 2 diabetes, by addressing social determinants of health.
- c) Community partners will work together to assess, align and restructure health screening and referral practices to reduce risk and to increase clinic and community linkages to evidence-based prevention and self-management programs and services.
- d) This capacity grant provides funding for a SRCH grant coordinator, whose time and Scope of Work will be directed by the Tillamook County Wellness Coordinator.
- e) The SRCH grant will allow hiring a Public Health Program Rep. The amount of that grant is \$119,526; the CRC grant will also hire staff and is in the amount of \$75,000.

2. Letter to Human Resources re: Partnership for HR Services

- a) Marlene presented a letter of understanding to be sent to HR outlining the discussion between the two departments and the options to make a more transparent, efficient hiring process. Included in the letter are these solutions:
 - i. Train Community Health Clinic Manager in HR processes and use of NeoGov
 - ii. Provide Clinic Manager as a key point of contact with HR
 - iii. The role of the Clinic Manager would be to:
 - Call multiple managers to review qualified applicants
 - Develop interview schedules & confirm appointments
 - Give one-person oversight of paperwork, tracking of status, updates on posting and hiring positions, etc.

Action: Donna P. moved to approve the letter to go to HR when appropriate; Clayton seconded. Motion carried.

9. New Business:

A. Grants/Other:

1. No report.

B. Policies/Procedures:

1. Emergency Room and Hospital Admission Tracking and Follow-up

- a) Policy changes included adding “or assigned support staff” to cover when we are short staffed for RN and MA has to do the follow-up.

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

2. Credentialing/Privileging – Melissa Paulissen, MD

- a) Annual C&P for providers

Action: Clayton moved to approve the C&P for Melissa Paulissen, MD; Carmen seconded. Motion carried.

3. Letter from Nehalem Bay United Methodist Church

- a) Included in the packet is a letter from the church praising a staff member who assisted her in getting a permit for a fundraiser.

4. Appendix A: OCHIN Medical Fee Update 2019 (See Financial Report)

10. Training – Time permitting

A. Risk Management Annual Report

1. Donna G. provided a PowerPoint presentation regarding the Annual Risk Management Report. The report covers the timeframe from June 1, 2018 through June 30, 2019.
2. The report was originally slated to be presented in June; however, with the upcoming HRSA site visit, it became necessary to present in August due to site visit preparations.
3. The report covered the following topics:
 - i. Definition of Risk
 - ii. Types of Risk
 - iii. Definition of Risk Management
 - iv. Definition of Just Culture
 - v. What is Staff Role in Risk Management
 - vi. What is the Risk Management Committee
 - vii. What is covered during the quarterly meetings
 - viii. Annual Incident Report for 2018-19 and subsequent analysis
 - ix. Accomplishments during the timeframe
 - x. Annual staff and leadership training
 - xi. Current and future goals

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

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

11. Upcoming Events:

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 3:10 PM.