

Tillamook County
Community Health Council
Meeting Minutes
November 20, 2019

Present: Tim Borman, Carol Fitzgerald, Amy Griggs, Sharon Kaszycki, Carmen Rost, John Sandusky

Excused: Harry Coffman, Donna Parks, Clayton Rees,

Absent/Unexcused:

Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests: Michael Cortes-Klein, Bill Hatton, Dove Rainbow, PA

1. Call to Order: Chair John Sandusky 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. – no report.

3. Consent Calendar:

A. Approval of October 16, 2019 Meeting minutes:

1. No changes.

Action: Sharon moved to approve the minutes as written; Amy seconded. Motion carried.

4. Board Development:

A. Health Council Member Contact & Areas of Expertise:

1. (See Attached List)
2. No report.

B. Common goals – shared resources between agencies:

1. No report.

C. Underrepresented & Youth potential members:

1. No report.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator –

A. Strategic Plan Action Plan Development:

1. Marlene provided an overview of the Strategic Plan priorities for the Health Council.
 - a) Increase bilingual staff for Spanish speaking patients
 - We have about a 30% Spanish speaking patient base
 - We have hit the target and are well above the standards for state bilingual requirements
 - b) Need for additional Behavioral Health services.
 - We need to increase staff from our current 2.0 FTE by adding 1.0 manager and 1.0 peer support specialist bilingual preferred.

- c) Provide specialty services to increase patient access
 - Psychiatric – Marlene will be meeting with a 4th year resident and will be looking to the CCO to find help in getting him to start next summer/fall with loan repayment.
 - Alternative pain management such as massage therapy and orthopedic.
 - Increase MAT services – we are up to about 30 patients and our new PA is qualified to provide these services. This will help in expanding the services provided.
 - d) Increase dental access
 - New provider
 - Add expanded practice hygienist
 - Provide dental services to veterans and Medicare patients
 - A video is being developed for the mobile clinic to promote dental and medical services
 - e) Increase access to medical services
 - New provider to cover acute care, attract new patients, and assist with mobile clinic services. (This was accomplished by hiring a PA in November)
 - Mobile clinic will provide services to underserved settings.
 - f) Alternate care settings
 - Explore partners
 - Research school-based health in north, south and central county (Neah-Kah-Nie is in process with planning grant)
 - The largest need is in the areas of Nehalem and Garibaldi; school-based health will begin in south county with the mobile clinic.
 - g) Facilities for staff
 - Seek to improve coordination
 - 1 building is the goal.
 - Purchasing law office adjacent to clinic; looking into lot across clinic
 - Moved some coordination staff into old administrative building
 - Anticipated to occupy the new building in August of 2020, with hopefully a covered walkway between the clinic and the new building. It is not decided what staff will occupy the new building.
 - h) Community Wellness/Population Health
 - Tillamook County Wellness – 2 grants
 - Committees active
 - Frequency of reports to Health Council (quarterly)
 - i) CPCCO 2.0
 - CCO is shifting focus on social determinants of health; housing, other non-traditional supports
 - Talks are turning to the housing shortage and investments may be made in that area.
2. Discussion:
- a) A member stated that placing Behavioral Health staff in a separate building might increase stigma to mental health.
 - b) The same member also stated that the meetings should take on a more presentation-based agenda where packets are displayed on the TV with slides and items up for vote.

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

6. Finance Report

- A. September's month end cash balance was \$2,007,357.51 ending with \$196,775.99 more in expenses than revenue. Irene explained that we did not receive a wrap payment for September and had additional expense of \$33K for the Administration building roof.
1. **Revenue:** As mentioned above, there was no Medicaid Wrap payment received in September. All other revenue is within normal range.
 2. **Expense:** \$33K was spent on a new roof for the Administration building. All other expenses are all within normal range.
 3. **HRSA Budget Revenue and Expense:** Revenue and expenses within normal range. Expenses were more than the HRSA drawdown by \$27.5K.
 4. **Encounters:** Total encounters went from 1,168 in August to 1,325 in September. Average Provider Encounters per FTE went from 9.70 in August to 11.00 in September. Provider FTE was 2.98 in August to 3.35 in September.
 5. **Monthly Generated Revenue:** Provider revenue in September was a total of \$125,662.97. The number of days open in September was 20, giving the average revenue for the workday at \$6,283.
 6. **Encounters/Workday By Provider:** Average percentages for September was 56.6% of available vs. completed; slightly up from August for most providers; warm handoffs were up for Behavioral Health staff and Nutritionist. Encounters were slightly down for the RN. A member stated that she called for an appointment and was told that there wasn't an available appointment for 3-5 days and inquired why since the report reflects slots are not filled. Marlene stated that this particular provider sees patients only a few days per week and that limits her availability; however; it is correct the available slots are not filled. Front desk and scheduling staff are willing to double book, but there is resistance of some clinic staff. She reiterated that staff have been told to turn no one away and to schedule same day appointments; it's difficult to monitor because of the lack of a Chief Operations Officer.
 7. **Accounts Receivable:** Total Accounts Receivable was \$336,207.09. The majority in the 0-30 bucket at 63.94%, slightly higher than the prior month at 57.12%. The average for our 0-30-day bucket is 32.30 days; and gross charges were \$336,148.55. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is 46%. Privately insured is at 16% and Medicare is at 6%. There are still issues with Oregon Contraceptive Care AR. Usually, it is less than 1%, in August it shows 5%. Normally the amount is \$5-\$6K, and it shows the current amount is \$11,777.25. It involves reprocessing of claims, some over 120 days. Process is beginning 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 24 in the top 10 out of 110 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 75. Once the COO begins

work, this would be in their purview. Prior month we were at #21 with a ranking score of 66. 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)
9. Discussion:
- a) A member asked what percent of the reserve goes toward providers, leaves, etc. He asked if there has been discussion as to how much reserve we should have and how much can be contributed to investment.
 - b) Marlene stated that initially the goal was two million due to the fact that there are factors such as the loss of a provider or large purchases for operations that diminish the reserve quite quickly. Investments have been made and are being made for facilities to accommodate the growing need for patient access and the possibility of leaving the county and becoming a non-profit.

Action: Carol moved to approve the Financial Report as written; Sharon seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. September minutes
 - a) John, a member of the QA/QI committee, went over the recap of the minutes.
 - b) Family planning Chlamydia was at 43.2% with a baseline of 75%.
 - c) There was a report platform issue for mammogram screening; therefore, no numbers were available.
 - d) Method of birth control was at 100% which exceeded the baseline of 90%.
 - e) STD/HIV prevention education showed compliance at 50.2% with a baseline of 75%.
 - f) Relationship safety counseling exceed the baseline of 47% by 53.7%.
 - g) Documentation of birth control dispensed was 92%, which exceeded the baseline of 75%.
 - h) With the exception of mammogram screening, which has a metric source of Healthy People, all other public health metrics are state based.
 - i) All clinical measurements exceed in compliance of the measurement goals.
 - j) Discussion:
 - i. Improvement is needed for both family planning and STD/HIV prevention education. A member asked about the low rate for Chlamydia. Marlene said it is hoped that this will be addressed with the regional STD/CD grant work.
 - ii. If we are going to achieve the ‘reach’ benchmark for CRC, we need to go from 46.1% compliance to 55.1%.

B. Quality Dashboard –

1. Council reviewed the dashboard to see the HRSA goals.
 - a) Discussion:
 - i. Council member mentioned that it would be helpful to see items not met for HRSA in red.
 - ii. Another member asked if the patient complaint submitted last month had been resolved. Marlene stated that our current acting COO is working to resolve it.

Action: Donna P. moved to approve the QA/QI report; Sharon seconded. Motion carried.

8. Old Business:

A. GRANTS/Other

1. Staffing

- a) Chief Operations Officer – due to the length of time it took for HR to contact the candidate with an offer, the candidate accepted another position. We will need to repost.
- b) Behavioral Health Manager – held up in HR and has not been posted.
- c) Behavioral Health MA – will be reposted, held up in HR.
- d) Public Health Program Representative – Regional STI-CD - need to repost.
- e) Registered Nurse 1,2 or 3 - Position will be posted until filled.
- f) WIC Assistant – Need to post position.
- g) OSI & OSII – have been short staffed at the front desk. Posting held up in HR.
- h) Mobile Clinic Driver – have a potential driver we can hire through the temporary agency; created a job description and waiting for the position to be added to the Part-Time Temporary Pay Table. Additionally, Donna G. is working with Tillamook Transportation District to contract with them to use their drivers.
- i) HR Director – Interviews are occurring

9. New Business:

A. Grants/Other:

1. Marlene's performance evaluation – November 27th 1:30-2:30 Courthouse room B
 - a) Health Council members are encouraged and should attend.
2. Psychiatrist in Tillamook
 - a) See Administrative Report
3. CareOregon Dental
 - a) CPCCO will no longer contract with Moda ODS for dental services. They will contract with us directly.
 - b) Marlene had a meeting with the CCO Dental Director to discuss anticipated numbers that we would serve.
 - c) CCO will be sending an amendment to our agreement to include dental services.
4. CareMessage
 - a) Donna G. provided information in the packet and discussed the services and pricing for this service.
 - b) She found out about this service through a HRSA publication highlighting FQHC's who have had success in patient access. An FQHC in California was chosen because they used this service, which is compatible with OCHIN Epic, to text patients regarding their upcoming appointments. This resulted in their no-show rates dropping significantly. Donna G. contacted the Executive Director and discussed the service and he had glowing

remarks regarding CareMessage and highly recommended them. He put Donna G. in contact with the vendor and we scheduled a presentation.

c) Highlights of CareMessage:

- i. Implementation through OCHIN begins after enrollment occurs, which takes approximately 3 months;
- ii. Once implemented, and based on what we choose, patients will begin receiving text messages or phone calls to remind them of their appointments at several points leading up to the appointment. The messages will give the patient the ability to cancel the appointment, and the information will be noted in Epic in real time. This opens the time slot to schedule another patient.
- iii. Patients can opt out of either phone calls or text messages. No texts will be sent to confidential patients, confidential visit types (counsel, tests, off site visits, or Behavioral Health coordination, family planning, or patient choice).
- iv. The cost for the service is a one-time \$15,000 setup and configuration fee, \$8,250 pass through cost for under 10K patients, and an interface maintenance cost of \$6,000 annually. This is billed monthly, or 1/12th of the total cost.

Action: Carmen moved to approve moving forward with the service; Carol seconded. Motion carried.

B. Policies/Procedures:

1. **Credentialing & Privileging – Dr. Cyrus Javadi**
2. **Credentialing & Privileging – Kaylynn Walls, RDH**
3. **Credentialing & Privileging – Dove Rainbow, PA**

Action: Carmen moved to approve the C&P for all providers; Carol seconded. Motion carried.

10. Training

A. Tillamook County Wellness Presentation

1. Michael Cortes-Klein of the Office of Kurt Schrader and Bill Hatton, Tillamook County’s Veteran’s Services Officer, attended at noon to discuss the Veterans Mission Act and the changes to services to veterans.
2. Items discussed included:
 - Issues with the Veteran’s Choice program regarding distance as the “Crow Flies” as opposed to actual distance
 - The difficulty in getting appointments and services approved through the VA
3. Changes were made to the Veteran’s Mission Act that included:
 - Veterans can access local services if travel time is over 30 minutes from a VA facility
 - Can access local services if the nearest VA facility does not offer specific services
 - Urgent care or walk in services can be accessed locally
 - Emergency care can be accessed locally
4. In regard to emergency services, Michael clarified that it was important to note that veterans will be covered 100% if they have a service-connected disability or are homeless and have no other health insurance. The law’s intent is to indicate that all emergency services should be covered.

11. Upcoming Events:

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:40 PM.