

Tillamook County  
Community Health Council  
Meeting Minutes  
September 17, 2014

<p><b>Present:</b> Harry Coffman, Amy Griggs, Susie Johnson, Carmen Rost, Clayton Rees, John Sandusky, Tim Josi <b>Excused:</b> Carol Fitzgerald, Donna Parks, <b>Absent:</b> Rex Parsons, <b>Staff:</b> Marlene Putman, Donna Gigoux, Irene Fitzgerald <b>Guests:</b> Marty Caudle, Autumn Bruce</p>
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**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:31 PM. Introductions were made to the group.

**2. Consumer/Community Needs, Concerns, Issues:**

- None reported.

**3. Consent Calendar:**

**A. Approval of August 20, 2014 Meeting minutes:** Clayton moved to approve the minutes as written; John seconded. Motion carried.

**4. Board Development:**

**A.** No discussion.

**5. Training:** Jim Becraft provided a draft tobacco policy for review and consideration for eventual adoption by the county. Discussion involved:

- Getting ahead of the issues;
- Currently there are no licenses for hookah lounges in the county. No pharmacies sell tobacco.
- Developing example ordinances for e-cigarettes and hookah lounges;
- Provide more tobacco health education to schools and community.
- Chewing tobacco may be more addictive and is probably more common here because of culture in agriculture, fisheries, etc.

**6. Administrator's Report:**

**General Update and Report:** Marlene reported on the following:

**A. *Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community:***

- Our new Americorp Vista will be assisting with the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP);
- Coordination and planning with community partners and with TCGH for common clients and better coordination of care.
- Mental Health Crisis Response meeting is to be set with Frank Hanna-Williams, Sheriff Andy Long to discuss protocol and roles;
- PCPCH Preventative Dental meeting with CCO;

- Our HRSA FY 2015 Service Area Competition (SAC) application is due November 19<sup>th</sup> in Grants.gov and December 10<sup>th</sup> in HRSA website. We are contracting with our financial consultants Community Link for application assistance.
- HRSA Site visit – may be postponed again due to contract negotiations and travel being suspended. Our project officer will let us know soon.
- Strategic Planning will take place on November 19<sup>th</sup>. This is an all day session and will be from about 9AM to 3:30 PM. We are looking for a contractor, possibly from the CCO, to facilitate;
- Leadership team working to address “incentive” metrics developed by Columbia Pacific Coordinated Care Organization after achieving first year goals.

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

- Medical Director search is ongoing. We have two applicants from Merritt Hawkins to interview;
- Chris Craft, our former Locum Tenens, has agreed to be hired by us. The contract and pay scale is in process.
- Marty Caudle is currently serving as the Interim Medical Director.

***C. Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness:***

- We are working with the Tillamook County Correctional Facility aka jail to get Electronic Health Record access for jail staff. This will create a more streamlined process and allow the nurses to access records, resulting in less call interruptions for Marty, and better coordinated care for inmates. It will also boost our encounter numbers and allow other partners in the medical field to see what types of medications prescribed for their clients.
- Dental services – working with our Dental Care Organization director, Alyssen Franzen, meeting with staff and Dr. Opdahl on processes.
- VA Services – Beginning in January, veterans will be able to access medical care in their community if they are over 40 miles from the nearest facility or if they do not receive an appointment in a timely manner. We are working with local VA staff to meet and work on a local service delivery model.
- The leadership team members are developing a new monitoring procedure is being developed for chart closure by providers.
- OCHIN billing service continues to hit targets for Accounts Receivable with 128 day average turn-around, resulting in a positive financial report.
- We continue to contract with Community Link Consulting for financial assistance and training.

***D. Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements:***

- (See Old & New Business – mostly grant revenue)

- Working with CPCCO to support our work – Our role via CCO discussion is a) to fill the gaps, b) provide a safety net and c) provide choice for people in Tillamook County.

**E. Implement Policy & Procedure that support our Mission and Improve Quality of Service:**

- The Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) is being completed for our Public Health Accreditation. This is different than the same documents required for the CCO.
- Patient Centered Primary Care Home (PCPCH) – working on QA/QI standards tied to incentive funds through the CCO. Currently, 4 measures exist.
- Marty, the interim Medical Director and Clinical Operations Manager Autumn gave an overview of the Pain Management Policy which has been completed. Marty will be talking to other health agencies like the hospital, Rinehart, the jail, etc. so they are aware of the policy. In this policy the patient is screened by a committee of providers to map out the care the patient will receive, including behavioral health and initial meeting with an RN. Our medical clinic is the first to implement this kind of policy in the County. Best practice recommendations support this approach to pain management.

**F. Increase Partnerships with Health & Human Service Organizations in Order to Leverage Resources, develop shared resources and strengthen relationships for future collaborations:**

- A. Marlene met with Connie Green of TBCC, who is excited about the idea of a health clinic on-site at the college. This would provide access to information and care for young adults and high school students and members of the community.
- B. Great Beginnings – meeting with early childhood partners to address improved outreach and engagement with high risk mom's to access prenatal care and encourage them to establish a primary care provider.
- C. Early Learning Hub – Marlene meets approximately monthly with the Early Learning Hub which links early childhood with health care related and need to share efforts and figure out how to report on common outcomes.
- D. Marlene continues discussion with the CCO by participation on the board.

**Action:** Carmen moved to approve the administrative report. Clayton seconded. Motion carried.

**7. Financial Report:**

**Financial Report:**

Financial Report was provided and Irene outlined the following:

- Total revenue for JULY (September report) was \$411,417.76; total expenditures were \$459,658.44, with a month end cash balance of \$161,865.89. Month-end cash balance (treasurers) is \$161,865.89. Irene noted that there wasn't a WRAP payment in July.
- Total Monthly Encounters were 1,334 due to providers' vacations and leave compared to July 2013 of 1545; average daily encounters per provider FTE was 8.1.

- Accounts Receivable was \$224,284.63.

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

**8. Reports of Committees:**

**Quality Assurance/Quality Improvement Committee:**

- A. Phase 1: The CCO has offered incentives for meeting QA/QI metrics.
- The first step is each county will receive some of the funds that were ‘held back’ to see if the metrics would be achieved. We haven’t received funding yet and do not know the amount, but the metrics were achieved.
  - We continue to achieve the CCO and clinic metric goals plus achieve an additional 3% improvement.
- B. Phase 2: the CCO has offered P4P (Pay for Performance), for 4 targeted metrics:
- Adolescent Well Child
  - ASQ Screen
  - SBIRT Screen
  - Colorectal Cancer
  - Payment is \$20,000 per metric with 50% up front and 50% once the metric is achieved.

C. The Health Council members reviewed and discussed the August QA/QI minutes. Below is a summary of the reviewed measures:

Summary for QA/QI	Compliance	Clinical Measurement Goal	Meet Goal?
<b>Measure</b>	<b>August 2014</b>		
Depression Screen ages 12-18	69.8%	20.0%	Exceeds
Depression Screen 19 and over	72.2%	75.0%	Improving
Tobacco Assessment	98.6%	77%	Exceeds
Tobacco Intervention	65.2%	77%	Improving
IVD	74%	90.0%	Not met*

\*See notes for follow-up (77.9 – 74) The committee is following up on this item to see if it is accurate.

**Action:** John moved to approve the August minutes; Clayton seconded. Motion carried.

**9. Old Business:**

Marlene reported that:

- EPA Brownfields Grant –RFP’s are being developed with assistance from DEQ and Port staff. Once finalized, they will be released by October 27<sup>th</sup>. Several agencies have already contacted us that are interested in applying.

- HRSA Expanded Services Grant – We received the grant with a condition to re-write our proposal from jail services to expanded services at our three locations, which are on our scope of work for HRSA.
- NWHF – Healthy Communities + Healthy Beginnings Grant – grant is due October 10<sup>th</sup> for services to children ages 0-5.
- CPCCO Telemedicine Grant – We haven't heard anything yet on this grant.
- TBCC – (see Administrator's Report)
- Veteran's Services – (see Administrator's Report)

#### **10. New Business:**

- **Health Council Self-Assessment** – The assessment survey results were not available at the meeting and will be provided at the September meeting.
- **Policy & Procedure** –
  - a. Compliance Plan – presented to the members in their packet. The changes were made to include 'and Family Health Centers' in the name.  
*Action:* Carmen moved to approve the policy, Susie seconded. Motion carried.
  - b. Family Planning Fee Assessment and Collections – the fees are set by the state annually and we need to get both the Health Council and the Board of County Commissioners' approval.  
*Action:* Susie moved to approve the document. Clayton seconded. Motion carried.
  - c. Credentialing and Privileging of Adrienne Fisher – this is a process that takes place every two years.  
*Action:* Clayton moved to approve the policy, Susie seconded. Motion carried.
  - d. Pain Management Policy – (see Administrator's Report)  
*Action:* Clayton moved to approve the policy, Amy seconded. Motion carried.

#### **11. Unscheduled:**

**12. Adjourn** - The meeting was adjourned at 2:28 PM.