

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, February 12, 2018

Time: 6:00 PM

Location: McCoy Building, 10th Floor Conference Room

Approved:

Recorded by: Erin Halton

Attendance:

Board Members	Title	Y/N
Fabiola Arreola	Board Member	Y
Sue Burns	Member-at-Large	Y
Robyn Ellis	Board Member	Y
Teresita (Tess) Lee	Secretary/Treasurer & Nominating Committee	Y
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Member-at-Large	Y
Wendy Shumway	Vice-Chair	Y
Staff	Title	Y/N
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Hasan Bader	Financial Analyst	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Tony Gaines	Manager, Southeast Health Center	Y
Erin Halton	Community Health Council Meeting Support	Y
Deborah Kafoury	County Chair, Board of Commissioners	Y
Ritchie Longoria	Pharmacy Director	Y
Alexandra Lowell	Student Health Center Manager	Y
Mark Lewis	Interim Business Services Director	Y
Linda Niksich	Community Health Council Liaison	Y
Christine Palermo	Dental Program Manager	Y
Dawn Shatzel	Quality Program Project Manager	Y
Angela Wright	Manager, Mid County Health Center	Y

Guests: David Aguayo, Adriana Cardenas, Tanya Cheronos, Terrence Gravening, Iris Hodge

Action Items:

- Incorporate edits to the January 2018 meeting minutes

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Decisions:

- Approved the January 2018 Board Meeting Minutes
- Accepted the QI Policy Update Report
- Accepted the Monthly Budget Report
- Approved the No Show Policy Update
- Accepted the ICS/Strategic Plan Updates
- Accepted the Nominating Committee Report
- Accepted the Executive Committee Report

The meeting was called to order at 6:01pm and the Meeting Ground Rules were presented by Wendy Shumway. Noted that quorum was met.

2018 Board Binders

CHC Chair Tara Marshall reviewed the Fundamental Legal Duties of CHC Members; Duty of Care, Duty of Loyalty and Duty of Obedience. Questions or comments can be shared with Linda.

No other questions or comments were raised by CHC members.

January 2018 Meeting Minutes Review

The Board Members reviewed the January minutes and had some minor edits (number of members present and who voted from 8 to 7). **ACTION ITEM:** Linda will incorporate the edits to the January 2018 Meeting Minutes before having them signed and posted online.

No other questions or comments were raised by CHC members.

Motion by Wendy to approve the January 2018 Meeting Minutes w/edits.

Seconded by Sue.

6 aye; 0 nay; 1 abstain

Motion carries

QI Policy Update

Quality Director, Dawn Shatzel, said she was bringing this item to the CHC because an attachment referencing the Title X program has been added. She noted that Title X is a program to support the reproductive health for clients. The QI Policy's purpose is to promote quality improvements via staff efforts and continuous monitoring to assure high quality services to clients and better health outcomes. Dawn said the UDS measures are those that CHC members usually see Marty Grasmeder review annually. The larger Quality Plan will come back to CHC members in May for its annual update.

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The QI policy also notes the methods of data collection - and that if the methods of collection ever change, there is a policy to review any change with all stakeholders, including the CHC. Vanetta added that one of the reasons ICS has a Quality Program is to support seeing the same high quality result for all patients (i.e. calling in for appointments or other clinic processes.)

No other questions or comments were raised by CHC members.

Motion by Fabiola to accept the QI Policy Update

Seconded by Robyn.

7 aye; 0 nay; 0 abstain

Motion carries

The Budget Report (though December 2017)

Interim Director of Business Operations, Mark Lewis, reviewed the FY'19 Budget process. The BCC Chair will release her budget on April 26th; the CHC will review and have opportunities to provide input before it is finalized on May 30th.

Regarding the monthly ICS Budget update; Mark noted that the Grants and incentive expenses were higher than anticipated due to some grants not coming in. Expenses were a little high for contracts as well; due to interpreter fees and the North Portland Health Center renovation.

Mark reported on Weekly Billable visits that the average was 512 visits per day, with billable visits for dental at 309 visits per day and SHC at 74 visits per day. Uninsured patient revenue was lower than budgeted, and steps are being taken by the Dental Program to try and close the gap. January will likely be last the month for new assignments in this fiscal year.

Questions / comments from CHC members:

- Feedback: Multiple CHC members commented that they liked the new charts that Mark used.
- Robyn asked about "Open Enrollment" for Medicare/Medicaid clients and whether or not we have fewer covered patients due to the shorter timeframes to enroll in these programs.
 - Answer from Mark Lewis: this is a great question, and we'll have to see - Vanetta added that this is not MCHD's main patient population. Most people that are eligible to enroll during "Open Enrollment" are people seeking support for health insurance premiums through State Exchanges. The vast majority of our clients are eligible for OHP and their income is low

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enough that they are not expected to pay a portion of a health insurance premium.

- Sue asked why the patient visits are lower.
 - Answer from Vanetta: in looking at weekly billable visits, we did a straight line calculation and did not account for the number of new providers or their "ramp up" time. Also, after the 9 closure days in December-January of last year, the visit numbers never really fully recovered. Additionally, many providers left once it was shared that there would be layoffs, as they had other options for employment. Vanetta said that provider productivity is a difficult topic because we are talking about both the need to provide care with the reality of remaining financially sound.
- Sue asked if it is the case that MCHD teams are not as productive, or are there not enough patients coming in?
 - Answer from Vanetta: it is a little of both, plus some clients lost their coverage (so we collect very little revenue from self-pay clients). Additionally we discovered that some clinics went "off script" and created fewer slots for appts. This has been fixed now and we are monitoring closely.
- Pedro asked what will happen to those who lost their insurance?
 - Answer from Vanetta: MCHD will always see patients and we can still see them even if they lost their coverage. Vanetta complimented Pedro on the outreach flyers he has handed out as part of his outreach.

No other questions or comments were raised by CHC members.

Motion by Pedro to accept the Budget Report

Seconded by Sue

7 aye; 0 nay; 0 abstain

Motion carries

Chair Deborah Kafoury-FY19 Budget Discussion- HRSA Item

Tara welcomed Chair Deborah Kafoury and said the CHC would like to ask for her support, ensuring that the Health Center has adequate resources to address and respond to HRSA's findings in order to maintain FQHC status. Board authority was one of the areas that was not met per the most recent HRSA site visit. The CHC members are committed to working with Vanetta to meet HRSA's requirements. The CHC was especially proud of the National Health Center Week celebration held at East County Health Center in August. Tara noted that the CHC is also working closely with Student Health Center Manager, Alexandra Lowell, on potentially reallocating underutilized resources toward new Student Health Center sites in East County where the demand is high.

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Chair Kafoury thanked CHC members for the invitation. She is also interested to review the HRSA survey report. Chair Kafoury said she and her fellow County Commissioners really value the partnership with the CHC and are willing to help strengthen the partnership, including recruitment for new members. Chair Kafoury said that the Co-Applicant aspect can help draw potential members to the CHC. She said she was open to conversation and feedback regarding the FY19 budget and how MCHD can shape it to best provide services. An important date to remember: May 16th, at the BCC Public Meeting, the CHC can provide testimony related to the FY19 Budget.

Chair Kafoury noted that the communication with the CHC really helped when they made the tough decision to close Grant Student Health Center. Even though these are really uncertain times for many, one thing MCHD can do is to assure residents that they can rely on getting access to care. For those experiencing homelessness, and as housing costs continue to rise, we need to continue to provide options and recognize that housing is healthcare. Chair Kafoury said that another issue we're hearing much about is safe needle disposal, and MCHD is working with Trimet and Metro to provide safe disposal drop boxes.

Questions / comments from CHC members:

- Wendy S. asked about the mobile needle exchange; is MCHD still doing that?
 - Answer from Chair Kafoury: we do still have the mobile needle exchange and found recently that we are collecting 101% of the needles that we are handing out. Portland fire bureau is considering adding drop boxes at their locations.
 - Wendy asked whether it could be shared at public meetings that these efforts are underway? Liz Smith-Currie confirmed that they are looking to do a public announcement or briefing in the near future but would ask that CHC members wait until a public announcement is made before sharing with others.
- Vanetta asked for members to share with Chair Kafoury aspects of the discussion at the January meetings regarding some of the Student Health Center sites and whether they will remain in scope.
- Sue said that last month, the CHC discussed the aspect of parent approvals for Student Health Center sites that serve grades K-8. As the CHC looks to consider closing other sites, the CHC would like to hear of the key strategies used when closing Grant.
 - Alexandra L. said that the population and demographic shift showed that there was a need change, as the lower income population has moved further east, - AND that they were able to connect students that did still

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need services with providers at other nearby Student Health Center sites and Primary Care sites. Showing the data along with the transition plan can help and SHC staff will work hard to survey students.

- Vanetta said they have also made efforts to attend the school district meetings to discuss plans. One of the things our team is talking about is having Community Health Workers help transition and connect clients to the other service sites.

CHC members thanked Chair Kafoury for attending and participating in the meeting.

No other questions or comments were raised by CHC members.

No motion needed. Report was for information only

No Show Policy Update

Dental Program Manager, Christine Palermo, referred CHC members to the revised language in the No Show Policy regarding patients who have missed three appointments in a rolling 12-month period. They will not be able to schedule a regular dental appointment for one year; rather, they will be on standby status or same day. Christine noted the attachment presented back in September was incorrect and this is an effort to correct the policy language.

Questions / comments from CHC members:

- Wendy asked why there was a 6 month "standby/same day status period for Primary Care and 1 year for dental?
 - Answer from Christine: she did look into whether they could sync up with Primary Care, but because the Primary Care appointments occur more often, the decision was made that 1 year was more appropriate for dental. For the cases where there are legitimate extenuating circumstances, the patient can work closely with clinic staff to explain.
- Robyn noted that the dental letter spells out how long will be on status, but the 3rd no show letter for primary care is missing the piece about how members can regain regular status. Robyn suggested that adding this would help patients have the timing of their status changes clarified.
- Tara suggested that the letter should include an "end date" in both sets of letters.
- Christine acknowledged their suggestions and said she would look into changing the language in the letters.

No other questions or comments were raised by CHC members.

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***Motion by Wendy to approve the No Show Policy Update
Seconded by Robyn
7 aye; 0 nay; 0 abstain.
Motion carries***

ICS/Strategic Plan and HD Updates

ICS Director and Co-Interim Health Department Director, Vanetta Abdellatif, provided ICS/Strategic Plan updates as they relate to the ICS Values.

Engaged, Expert, Diverse Workforce:

Vanetta said they are in the process of identifying a trainer for middle managers within ICS to assist with Community Health Center history and operations training/education.

Fiscally Sound and Accountable:

With budgets completed for clinics, working now on the CHC budget, Grant budget for the federal partners and SHC adjustments. The Citizen Budget Advisory Council (CBAC) will provide feedback to the BCC and serve in an advisory function. Now working on letter for presentation to BCC.

Vanetta noted that Family Care has been a big topic of late. MCHD is looking to receive new patients from Family Care's former membership to help close the gap between the number of assigned members we have capacity for and the number of OHP members currently assigned. Mid County Health Center Manager Angela Wright noted that there was some anxiety coming in with the new Family Care members during the first few days of the transition, but it has calmed now that they have been assigned to MCHD providers. Southeast Health Center Manager Tony Gaines said that they haven't had much disruption to their patient care, things are rolling out smoothly so far.

- Pedro asked what strategies will help us keep the new patients?
 - Answer from Vanetta:- first, we will get them in and also engage, register and evaluate them. Once we know what their health challenges are, we can help also in terms of our Alternative Payment Model, and then MCHD can receive per member per month payments. The goal is to get 50% of the newly assigned members, (11,000 anticipated, so approximately 5,500) of the former Family Care members engaged in care within the next 12 months.

Quality and Safety

Vanetta reminded the Council that the HRSA survey team was here in September, and

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we learned that 5 out of 19 survey areas were "unmet". One of them is CHC Board Authority. Moving forward, we are going to share the executive summary from HRSA's report and discuss with the CHC Executive Committee. I will bring a response plan back to the full CHC to discussion. Vanetta said for the 5 we didn't meet, she feels the items are ones we do really need to work on, so it is helpful to have structure and feedback on how to do that.

Vanetta added that the Joint Commission on Accreditation of Health Organizations (JCAHO) visit will occur soon (March 2018 forward).

- Wendy - how many of the 5 have been addressed thus far?
 - Answer from Vanetta: we will share that with you in 2 weeks.

No other questions or comments were raised by CHC members.

***Motion by Sue to accept the ICS Strategic Plan and HD Updates.
Seconded by Fabiola
7 aye; 0 nay; 0 abstain.
Motion carries***

Nominating Committee Update:

- Tara announced that Michael Staley has resigned, effective February 1, 2018. CHC thanks him for his service.
- Tara reported that the Committee met on January 22nd.
- She explained that guests must attend three meetings before being considered for joining the CHC.
- She announced that the Nominating Committee conducted phone interviews with Iris Hodge and Terrence Gravening. Iris accepted her nomination.
- The Council conducted an anonymous ballot vote to approve Iris Hodge for board membership.

Ballot vote for Board Membership for Iris Hodge: APPROVED

Executive Committee Update:

- Tara reported that the Executive Committee met on January 22nd.
- New Executive officers reviewed training requirements.
- Board retreat upcoming.

***Motion by Wendy to accept the Executive Committee Update.
Seconded by Tess
7 aye; 0 nay; 0 abstain.
Motion carries***

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Other Announcements:

- Wendy shared a flyer for "Peer-pocalypse".

Meeting Evaluation:

- Great energy in the room
- Liked the food - and the cookies
- Liked hearing great tracking of complex items
- Clinic Managers Angela and Tony thanked CHC for the invitation and the lively discussion
- Pedro and others will arrange a visit to the new SHC at Franklin High School on the 1st Friday in March
- Welcome to Iris!
- Thanks to Linda for attending the January Client Advisory Group meeting at NPHC, and attending this meeting gave clinic staff member Adrianna good ideas and inspiration to attend.

Meeting Adjourned at 7:52 pm.

Signed: _____

Tara Marshall, Chair

Date: _____

3/14/2018

