

# Community Health Council



## Community Health Council Board Meeting Minutes

**Date:** Monday, February 11 th, 2019

**Time:** 6:00 PM

**Location:** McCoy Building, 10<sup>th</sup> Floor Conference Room

**Approved:**  
**Attendance:**

**Recorded by:** Anna Johnston

Board Members	Title	Y/N
Deborah Abney	Board Member	Y
David Aguayo	Treasurer	N
Fabiola Arreola	Member-at-Large	Y
Sue Burns	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Robyn Ellis	Board Member	Y
Iris Hodge	Board Member	N
Tara Marshall	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Harold Odhiambo	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Fran Davison	Senior Management Auditor	Y
Kimmy Hicks	Quality Project Manager	Y
Anna Johnston	Executive Primary Care Support Analyst	Y
Marty Grasmeder	ICS Medical Director	Y
Ryan Linskey	Quality Project Manager	Y
Ritchie Longoria	Pharmacy and Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	N
Nick Tipton	Interim Rockwood Clinic Manager	Y
Dawn Shatzel	Quality Director	Y
Ray Sindell	La Clinica Manager	Y
Tasha Wheatt-Delancy	Primary Care Services Director	N

**Guests:** Tamia Deary, Steve Kokes

### Action Items:

- Mark Lewis to follow up on the billable visits report and the question raised if the cost per visit by patient included Pharmacy costs of prescriptions? (Or is the cost per visit only referring to Primary Care costs)

- Linda to edit and reprint meeting agreements in Spanish (sign, table name tents, and binder materials)

## **Decisions:**

- Approved the January 2019 Meeting Minutes
- Approved Policy Update HRS.04.07
- Approved Moving Service to New Headquarters Building
- Approved the SPIRE Oregon State grant Submission

**The meeting was called to order at 6:02 pm by Chair, Tara Marshall.**

**The Meeting Agreements were presented by Board Member, Wendy Shumway.**

**Noted that quorum was met with 9 members in attendance**

## **January 2019 Meeting Minutes Review**

*(See document - January 2019 CHC Meeting Minutes)*

***Motion by Jon Cole to approve the December 2018 Minutes.***

***Seconded by Wendy Shumway.***

***9 aye; 0 nay; 0 abstain***

***Motion carries***

***Board Member Harold Odhiambo arrives...***

## **Policy Update: HRS.04.07 Provider Scope of Practice (Vote required)**

*(See document- HRS.04.07 Provider Scope of Practice)*

- Medical Director Marty Grasmeder provided a policy update adding Clinical Pharmacists and their Scope of Practice to the policy.
- Ritchie Longoria Pharmacy Director went over the vital role that the Clinical Pharmacists play.

*Questions and comments raised by CHC members:*

- Pedro asked if all pharmacies have Spanish speaking staff to help Spanish speaking patients.
- Ritchie answered that we do not currently have any Clinical Pharmacists that are Spanish speaking but that all of our pharmacies have access to interpreters.

***Motion by Sue Burns to approve the Policy update***

***Seconded by Pedro Sandoval Prieto.***

***10 aye; 0 nay; 0 abstain***

***Motion carries***



## Budget Report: Mark Lewis Interim Director of Business Operations

- Mark presented the billable visits charts to show that the trends are consistent with last years billable visits.
  - Vanetta also explained that it is important to track cost per visits and compare to our payer reimbursements.
  - Generally more money is going into Primary Care Services which helps contribute to better care for patients.
  - Question: Wendy asked if the chart showed cost per patient by each visit or throughout the year.
    - Answer: Vanetta responded that the chart reflects each cost per visit in one graph and the cost of visits per patient for the year are in the other graph.
  - Question: Robyn asked for clarification that if we see more patients do the costs go down.
    - Vanetta responded that yes, the costs per patient go down as the volume of patients increases.
  - Question: Sue asked if the costs per visit included Pharmacy costs for prescriptions.
    - Answer: Mark wasn't certain and will find out and report back to the CHC.
  - Question: Wendy asked what "commercial" meant in terms of payers.
    - Answer: Mark said that the "commercial" category would mean payers outside of Medicare or Medicaid like Blue Cross Blue Shield.
  - Mark also mentioned that incentive funds are making up approximately 3 million dollars of the revenue.
  - Question: Robyn asked if the gross collection rate by payer was usually accurate or should we be paid more.
    - Answer: Mark said that the gross collection rate is an average of what is paid out.
  - Question: Does Medicaid have a cap on how much they will pay?
    - Answer: Mark advised that yes, Medicaid does have a cap on payments and that some of our services are billed at a higher rate than what they will reimburse.
      - Vanetta also mentioned that we try to keep our rates consistent to other rates in the community.

## 4th Quarter Quality Complaints and Incident Reports

- Quality Project Managers Kimmy Hicks and Ryan Linskey went over the complaints and incidents for the 4th quarter.
  - Complaints were shown by clinic and included primary care, dental and PAC (Patient Access Center- Call center).
  - There were 38 total complaints.
  - There were approximately 17K Dental visits and over 20K Primary Care visits
  - Question: Robyn asked if the complaints were 38 individuals or 38 complaints that could contain multiple from the same person.



- Answer: Kimmy answered that yes, the 38 complaints could contain more than one complaint from the same individual.
- Pharmacy Director Ritchie Longoria presented the Pharmacy Dispensing Error report.
  - A pharmacy dispensing error is defined as any error that occurs between when the pharmacy receives the prescription until the medications get to the patient.
  - Errors are reviewed monthly and addressed accordingly.
  - Each prescription is checked twice before it reaches the patient and most errors are caught during this process before reaching the patient.
  - Out of 380,055 total prescriptions dispensed there were 75 errors.
  - The most common error is an incorrect instruction given of how to take the medications (these errors can also include typos).
- Question: Sue asked, after the errors are reviewed, do you see the same errors repeated.
  - Answer: Ritchie advised that yes, sometimes the same errors occur and that it could take some staff longer to absorb the corrected information.
  - Another staff member could also make the same error.
  - These corrections are gone over in the daily huddles as well.
- Question: Harold asked if patients are contacted when they do not pick up their prescriptions.
  - Answer: Ritchie advised that we do not currently have a system in place or resources for this, but they would like to see this implemented in the future.
- Question: Robyn asked if there was different or more oversight over certain stronger or more dangerous drugs than other less dangerous drugs?
  - Answer: Ritchie advised that all prescriptions go through the same oversight and double checking process by the clinical pharmacists and that each prescription must have a face to face with the patient to explain the instructions from the clinical pharmacist at pick up.
- Question: Wendy asked if going over the patient's allergies and other medications are the reasons the pharmacists must go over the instructions when patients first pick up.
  - Answer: Ritchie advised that the pharmacy software runs a check for any allergy or other medications interactions.
- Question: Wendy also asked what was the rate of error for prescribing meds that do have allergy or drug interactions issues.
  - Answer: Ritchie advised that he didn't have that percentage off the top of his head, but that the rate of all errors is about .02%, so that specific error would be included in that percentage and be much lower.
- Question: Jon Cole asked if pharmacy was included in the complaint chart by location.
  - Answer: Ritchie advised that the number of complaints were consistent with the size of the clinic.

**Break for 10 minutes...**



## **HRSA - Change in Scope: Moving Services to the New Health Department Headquarters (Vote required)**

- ICS Deputy Director Adrienne Daniels presented information regarding the move of clinical, pharmacy and lab services to the New Health Department Headquarters Gladys McCoy building at 619 NW 6th avenue in April.
  - The entire McCoy building including the Health Services Center, Lab and Pharmacy Services will move on Friday April 5th to the new building.
  - There will be a soft opening on Monday April 8th and a full opening Tuesday April 9th.
  - The move will occur over the weekend to lessen impact to patients seeking services.
  - The new Health Department building is only a few blocks away, accessible to patients, more efficient and includes a beautiful lobby to welcome patients.
  - Question: Sue asked how and when patients are going to be notified of the move.
    - Answer: Adrienne advised that for several weeks there have been posters up and patients are also given a postcard (in several languages) with the move information when they come in.
    - Adrienne also clarified that there will be no changes to services in the new building. Services are simply moving to the new location.

***Motion by Pedro Sandoval Prieto to approve moving Clinical, Pharmacy and Lab Services from the old McCoy Building to the New Headquarters Building.***

***Seconded by Fabiola Arreola***

***10 aye; 0 nay; 0 abstain***

***Motion carries***

## **ICS/Strategic Updates**

- Vanetta updated the board on House Bill 2220 that proposes that Dentists provide vaccines to children.
  - Dental has already been hosting Baby Days in partnership with CareOregon to provide vaccines for children.
- Another legislative proposal regarding prescription labeling would require all pharmacies to create prescription labels in the six most commonly used languages of our patient population.
  - This would require new software to implement.
    - If passed, it would go into effect January of 2020.
    - Vanetta also indicated that the Health Department does support this bill being passed.
- Vanetta informed the board that a new Health Department Director has been selected. Her name is Patricia Charles-Heathers and she will start in March.
  - Vanetta mentioned that Patricia comes from California and Patricia's background compliments Vanetta's background. How the roles will integrate



will follow.

- Vanetta provided an update on the Workforce Equity Strategic Plan (WESP).
  - The county has adopted and started to implement the strategic plan and is still in the early stages, but quite a bit of work has been done already.
- Last Thursday was the Celebration of Black History Month and it's available online to watch.
- **Fiscally Sound and Accountable** update:
  - Workday has been implemented beginning January 1st and has impacted staff as they are adjusting to a new system.
    - Staff is ironing out the bugs as there have been some delays and errors in payments.
  - Budget season is from December to May and we are still in the process of scrubbing the budgets.
    - There role of the CHC is to review and approve the budget in the coming months.
    - The County Chair will also be coming to speak to the Executive Committee to discuss the Health Center Budget.
    - The full budget will be ready for the public to review after the Chair approves it.
    - Vanetta mentioned the structural deficit that the County is having to adjust for; funds will run out in 2-3 years if adjustments are not made.
    - Current budgets do not foresee clinic closures or large amounts of provider layoffs.
    - The budget approval vote will be in April 2019
  - The Student Health Centers have been awarded the HRSA grant that was approved by CHC about 6 months ago. The award is approximately 100K and will be used for painting and signage at David Douglas, Jefferson and Parkrose Student Health Centers.

## **Grant Opportunity (Vote required)**

- SPIRE grant opportunity from the State Office of Emergency Management.
  - Would provide funds from 10K to 15K to buy equipment such as generators, tents and other emergency supplies.
    - Deadline to apply for this grant is March 1st.
  - Question: Sue asked where the equipment would be located?
    - Answer: The location for the equipment has not yet been determined and would be written into the grant by the grant writer; and most likely be determined by the most populated area or area in the most need.

**Motion by Sue Burns to approve the SPIRE grant submission**  
**Seconded by Jon Cole**  
**10 aye; 0 nay; 0 abstain**  
**Motion carries**

# Community Health Council



## **Certificates of Appreciation, 2019 Board Member Binders, and Annual Forms**

- CHC Coordinator, Linda Nicksich, handed out the 2018 Certificates of Appreciation to each member that served in 2018.
- Each year the training materials in the Board Member Binder are updated. Each board member got a new and updated Board Member Binder that includes a member handbook, training materials, etc...
- The Annual Forms including Board Member Agreement, Code of Conduct, Conflict of Interest Statement, Publicity Release, and Confidentiality Agreement, were distributed to the members and are due by the next meeting.

## **Council Business**

### **Quality Committee Update**

- Tara informed the board members that the Quality and Finance Committees have not met since her last update and will meet later this month
  - Quality Committee Members are: Iris Hodge (Chair), Wendy Shumway and "D"eb Abney (Support Members)
  - Finance Committee Members are: David Aguayo (Chair), Harold Odhiambo and Susana Mendoza (Support Members)

*No questions or comments were raised by CHC members.*

### **Nominating Committee Update:**

- Tara informed the board members that the Nominating Committee has not met since her last update.
- Tara addressed the guests and advised them on how to express interest in joining the CHC.
- There is one seat open on the CHC at this time.

*No questions or comments were raised by CHC members.*

### **Executive Committee Update:**

- The Executive Committee met on January 24th. They created the agenda for tonight's meeting.
- They also discussed the importance of creating a Health Center Director succession plan (CHC has authority over selecting a new director if Vanetta left the role).
- When Sue went to the Primary Care conference in August, she learned a lot about the importance of having a board specific Code of Conduct. She, along with Linda and the Executive Committee have created the new Code of Conduct that is now paired with the Board Member Agreement.

*No questions or comments were raised by CHC members.*



**Meeting Evaluation:**

- Everyone was glad there was no snow and enjoyed the pizza.
- Sue mentioned it was useful to have the Pharmacy Director present to answer questions about pharmacy errors but that it would have also been useful to have the pharmacy stats included in their handout.
- The new interpreter headsets worked ok.

**Meeting Adjourned at 7:54pm.**

Signed: \_\_\_\_\_

Pedro Sandoval Prieto, Secretary

Date: \_\_\_\_\_

3-11-2019



Community Health Council  
Public Meeting Agenda

Monday, February 11, 2019

6:00-8:00 pm

McCoy Building: 426 SW Harvey Milk St.,  
10th Floor Conference Room



*Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."*

**Our Meeting Process Focuses on  
the Governance of Community Health Centers**

- Use Meeting Agreements (in English and Spanish) located on name tents
- Meetings are open to the public
- Guests are welcome to observe**
- Use timekeeper to focus on agenda
- Use note cards for questions/comments outside of agenda items and for guest questions

**Council Members**

"D"eb Abney; Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
<b>Call to Order/Welcome</b>	<ul style="list-style-type: none"><li>• Chair, Tara Marshall</li><li>• Introductions/Ice Breaker</li></ul>	6:00-6:10 (10 min)	Review processes and introduce ourselves with an icebreaker question
<b>Minutes</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>• Review and approve January Minutes</li></ul>	6:10-6:20 (10 min)	Council votes to approve and Secretary signs for the record
<b>Policy Update:</b> <b>HRS.04.07</b> <b>Provider Scope of Practice</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>• ICS Medical Director, Dr. Marty Grasmeder</li></ul>	6:20-6:30 (10 min)	Council Discussion And vote
<b>Monthly Budget Report</b>	<ul style="list-style-type: none"><li>• Interim Director Business Operations, Mark Lewis</li></ul>	6:30-6:45 (15 min)	Council receives report

<b>4th Quarter Complaints and Incidents Report</b>	<ul style="list-style-type: none"> <li>Quality Project Manager, Kimmy Hicks</li> </ul>	6:45-7:00 (15 min)	Council receives report
<b>BREAK</b>	<ul style="list-style-type: none"> <li>All</li> </ul>	7:00-7:10 (10 min)	Meet and greet
<b>Scope change: Moving Services to New Headquarters</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>ICS Deputy Director, Adrienne Daniels</li> </ul>	7:10-7:20 (10 min)	Council Discussion And vote
<b>ICS/Strategic Updates &amp; Grant Opportunity</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>ICS Director, Vanetta Abdellatif</li> <li>Grant Opportunity; SPIRE</li> </ul>	7:20-7:35 (15 min)	Council receives updates Council votes on Grant Submission
<b>Certificates of Appreciation, 2019 Binders &amp; Annual Forms</b>	<ul style="list-style-type: none"> <li>CHC Coordinator, Linda Niksich</li> </ul>	7:35-7:45 (10 min)	Council receives Certs, Binders and Annual Forms
<b><u>Council Business</u> Committee Updates</b>	<ul style="list-style-type: none"> <li>Executive Committee Update; Chair, Tara Marshall</li> </ul>	7:45-7:55 (10 min)	Council receives updates and ICS Director Eval report
<b>Meeting Evaluation</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
<b>Adjourn Meeting</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	8:00	<b>Goodnight!</b>



<b>Title:</b>	<b>Provider Scope of Practice</b>		
<b>Policy #:</b>	<b>HRS.04.07</b>		
Section:	Human Resources	Chapter:	Licensing, Credentialing, Scope of Practice
Approval Date:	02/11/2019	Approved by:	M. Grasmeder, MD /s/, Medical Director  T. Marshall /s/, Chair, Community Health Council
Related Procedure(s): <b>HRS.04.03</b> Licensing, Credentialing, and Privileging			
Related Standing Order(s): Not applicable			
Applies to: All providers			

## PURPOSE

Scope of practice policy defines which areas of medical practice are appropriate for each provider type.

## DEFINITIONS

Term	Definition
None	

## POLICY STATEMENT

MCHD providers shall only perform procedures and administer care within the scope of practice for their field of medicine.

## PROCEDURES AND STANDING ORDERS

### Scope of Practice (Internal Medicine)

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for adults of either sex, 18 years and older
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology
- Dermatology
- Endocrinology

**Scope of Practice (Internal Medicine), cont'd.**

- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral
- Procedures performed (depending on training and experience)
- Advanced cardiac life support
- Biopsy and/or excision of skin lesions
- Cryotherapy
- Endometrial biopsy
- Femoral venipuncture
- Incision and drainage
- Joint aspiration
- Laceration repair
- Lumbar puncture
- Norplant insertion/removal
- Soft tissue injection
- Spinal manipulation
- Toenail removal

**Scope of Practice (Family Practice)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients of all ages
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology



**Scope of Practice (Family Practice), cont'd**

- child development
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Pediatrics
- Prenatal care
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral
- Procedures performed (depending on training and experience)
- Advanced cardiac life support
- Biopsy and/or excision of skin lesions
- Cryotherapy
- Endometrial biopsy
- Femoral venipuncture
- Incision and drainage
- IUD insertion and removal
- Joint aspiration
- Laceration repair
- Lumbar puncture
- Norplant insertion/removal
- Soft tissue injection
- Spinal manipulation
- Toenail removal

**Scope of Practice (Pediatrics)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients from birth to age 20
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology
- Child development
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Prenatal care
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral

**Scope of Practice (Women's Health Nurse Practitioner)**

- Provide ambulatory, primary care for a broad scope of acute and chronic health conditions for women and girls from onset of puberty and older
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Gynecology
- Contraception
- Obstetrics, prenatal and post natal
- Infectious disease
- Behavioral health
- Uncomplicated primary care problems



**Scope of Practice (Women's Health Nurse Practitioner), cont'd.**

- Procedures performed (depending on training and experience)
- Biopsy of skin, cervix or endometrium
- Colposcopy
- Cryotherapy
- IUD insertion/removal
- Norplant insertion/removal
- Implanon insertion/ removal

**Scope of Practice (Pediatric Nurse Practitioner)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients from birth to age 20
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology
- Child development
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Prenatal care
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from pediatric consultation or specialty referral

**Scope of Practice (Family Nurse Practitioner/Physician Assistant)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients of all ages
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology
- Child development
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Pediatrics
- Prenatal care
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from internal medicine or pediatric consult or specialty referral
- Procedures performed (depending on training and experience)
- Advanced cardiac life support
- Biopsy and/or excision of skin lesions
- Cryotherapy
- Endometrial biopsy
- Femoral venipuncture
- Incision and drainage
- IUD insertion and removal
- Joint aspiration
- Laceration repair
- Lumbar puncture
- Norplant insertion/removal
- Soft tissue injection

**Scope of Practice (Family Nurse Practitioner/Physician Assistant) cont'd.**

- Spinal manipulation
- Toenail removal

**Scope of Practice (Psychiatric Mental Health Nurse Practitioner)**

- Provide outpatient behavioral health care for a broad scope of acute and chronic behavioral health conditions for adults of either sex, 18 years and older
- Diagnose, manage and provide recommendations for managing behavioral health symptoms in each of the areas listed below:
- Substance related disorders
- Mood disorders
- Somatoform disorders
- Psychotic disorders
- Personality disorders
- Suicidal or homicidal ideation
- Behavioral health problems related to medical conditions
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from internal medicine consultation or specialty mental health referral

**Scope of Practice (Psychologist)**

- Provide outpatient psychotherapeutic and other behavioral health treatment services to adult and geriatric patients with a broad scope of acute and chronic psychiatric disorders, personality disorders, and behavioral problems.
- Provide psychological evaluations for adult and geriatric patients.
- Diagnose, consult and/or manage psychiatric disorders in adult patients receiving primary care.
- Provide preventive behavioral health services for adults
- Exercise judgment, based on training and experience, in deciding when the patient would benefit from specialty referral.

**Scope of Practice (Acupuncture)**

- Provide acupuncture and the allied techniques and modalities of the distinct system of health care that uses oriental principles to diagnose and treat illness, injury, pain and other conditions to restore and maintain health. Provide care to patients of all ages.
- Develop appropriate treatment plans within the current scope of practice for acupuncturists as defined by the Oregon Medical Board.
-



- **Scope of Practice (Acupuncture) cont'd.**
- Exercise judgment, based on training and clinical experience in deciding whether the patient may benefit from acupuncture or other allied modalities, and as to when the patient may benefit from referral back to the primary care provider.

**Scope of Practice (Clinical Pharmacist)**

- Provide comprehensive medication reviews to optimize patient outcomes including, but not limited to 1) assessment of medication literacy, beliefs, medication administration practices and medication adherence, and 2) identification and mitigation of drug therapy problems and barriers to adherence, 3) monitoring medication efficacy and safety, 4) providing medication-related recommendations to primary care providers, and 5) care coordination activities.
- As accountable and collaborative members of the health care team, initiate, change and discontinue medications and order laboratory tests within the confines of collaborative practice agreements to meet desired clinical outcomes upon referral by primary care providers.
- Provide patient and staff education on drug therapy and non-drug therapy modalities as appropriate.
- Conduct medication reconciliation during transitions of care.
- Provide evidence-based recommendations pursuant to drug information requests.
- In collaboration with primary care providers, exercise judgement, based on training and experience, in deciding when patient's may benefit from referral to internal or external healthcare providers including community health nurses, specialty providers, behavioral health, MAT specialists, and community health workers.

**REFERENCES AND STANDARDS**

N/A

**RELATED DOCUMENTS****Name**

N/A

**POLICY REVIEW INFORMATION**

Point of Contact: Marty Grasmeder, MD, Medical Director

Supersedes: N/A

# Multnomah County - Federally Qualified Health Center

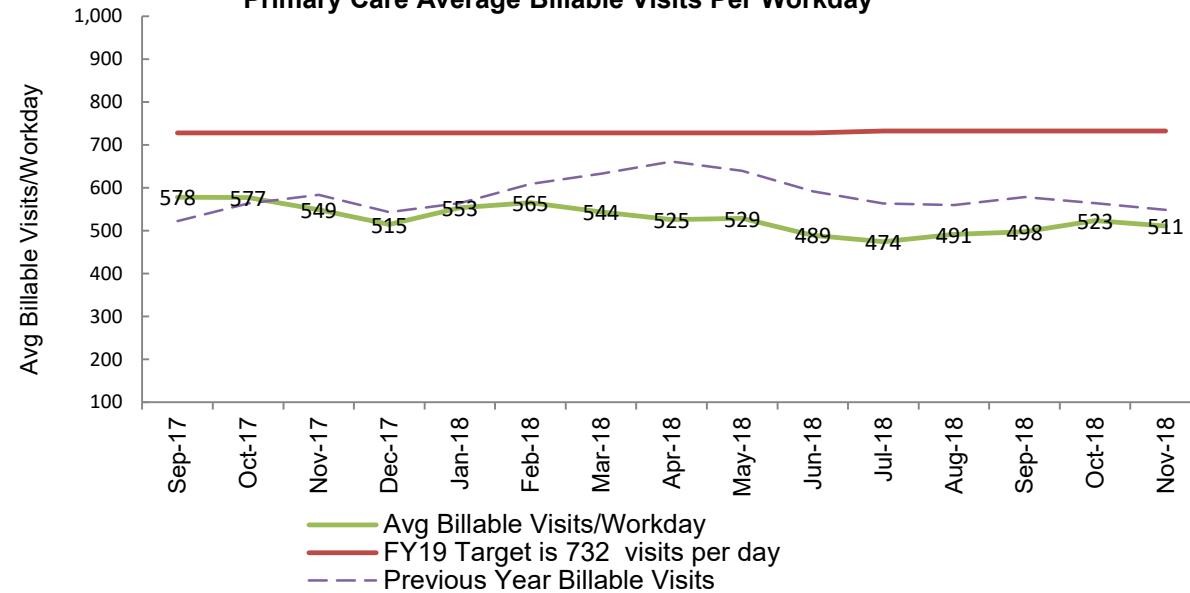
## Monthly Dashboard

**November 2018**

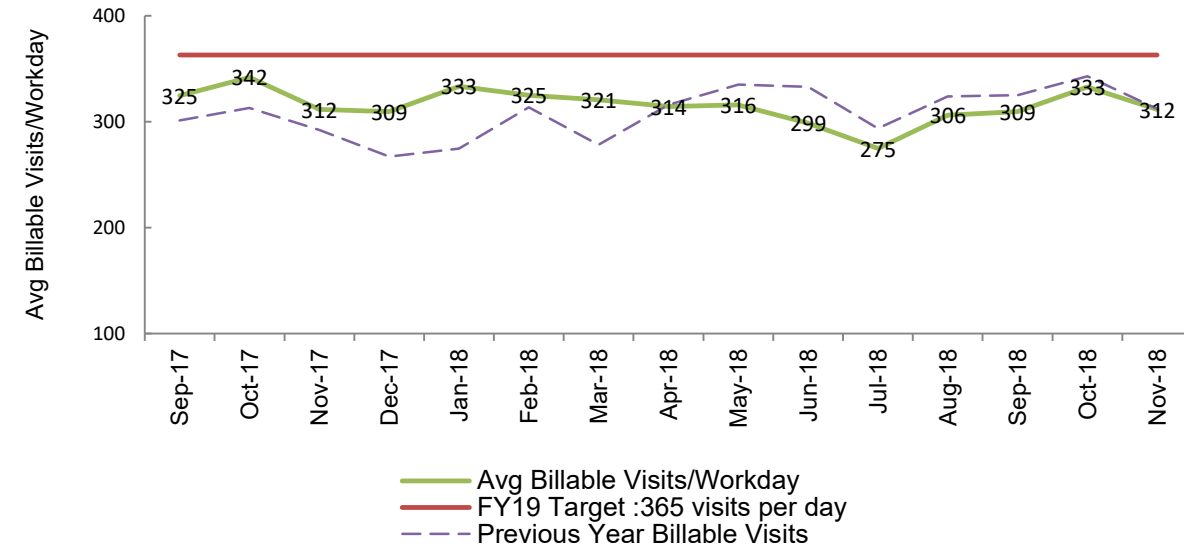
Prepared by: [Larry Mingo](#)

# FQHC Weekly Billable Visits Per Department

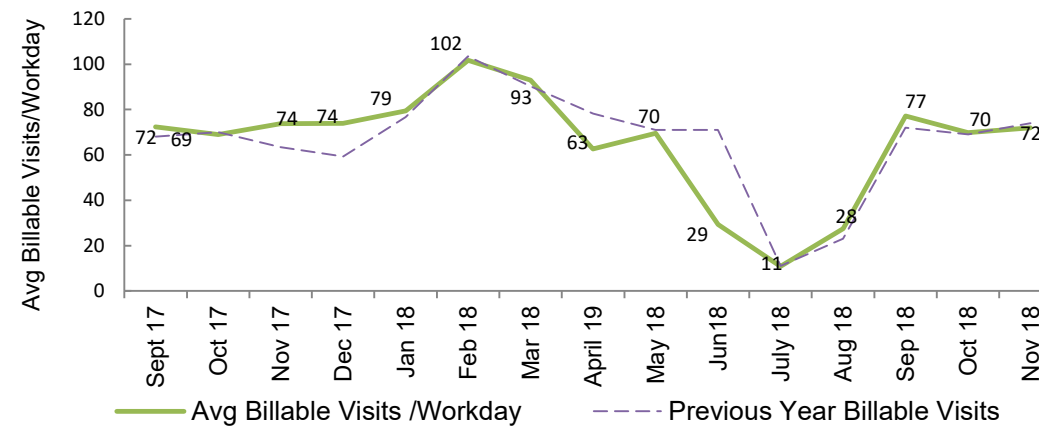
**Primary Care Average Billable Visits Per Workday**



**Dental Average Billable Visits Per Workday**



**School-Based Health Center Average Billable Visits Per Workday**



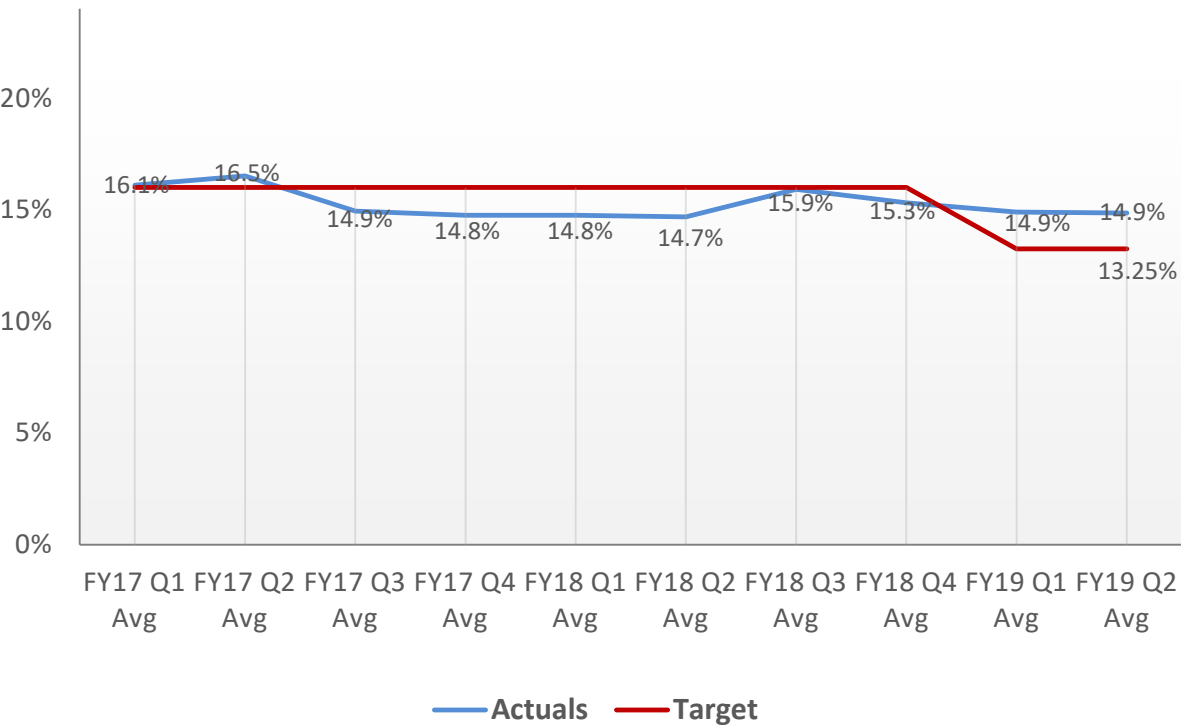
\* SBHC clinics are closed during the month July except Parkrose SBHC

Notes: Primary Care and Dental visit counts are based on an average of days worked.  
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

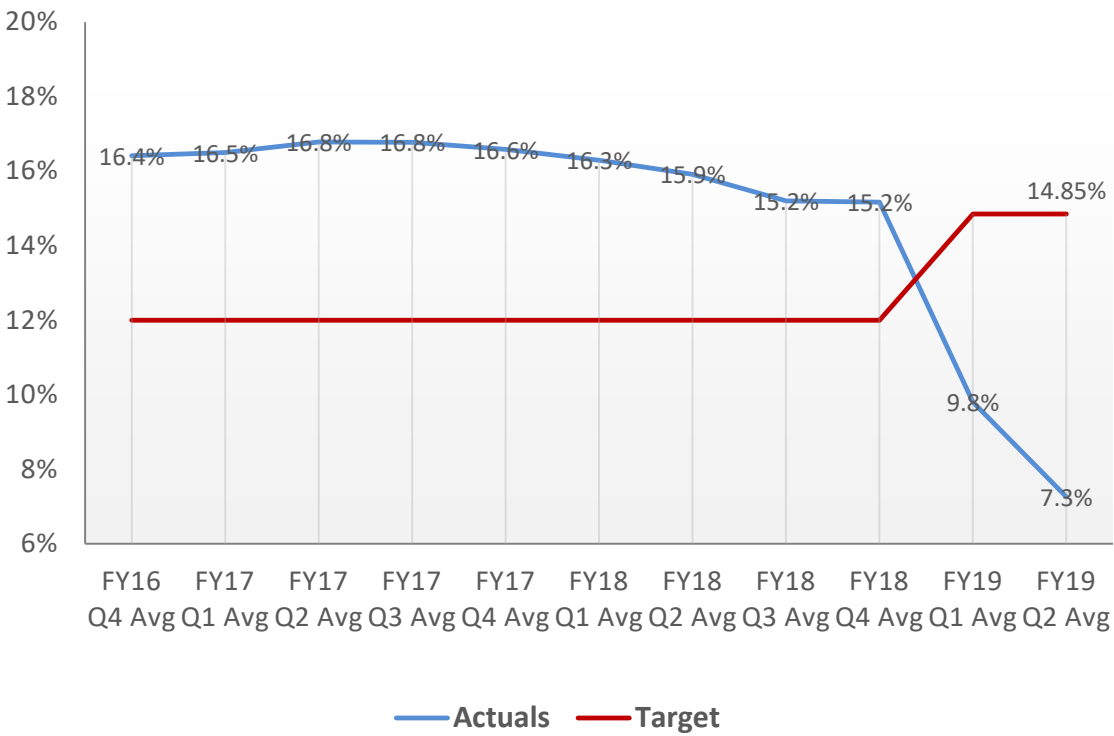


# Monthly Percentage of Uninsured Visits for FQHC Centers

Percentage of Uninsured Visits in Primary Care

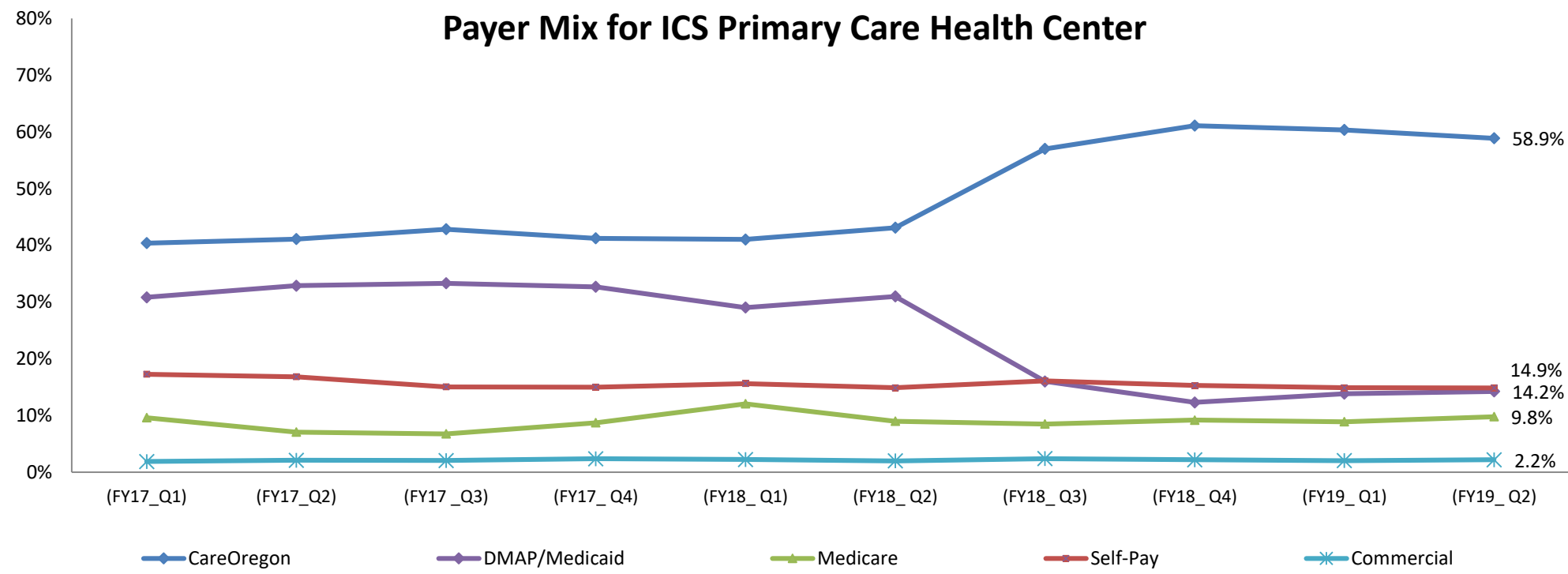


Percentage of Uninsured Visits in ICS Dental



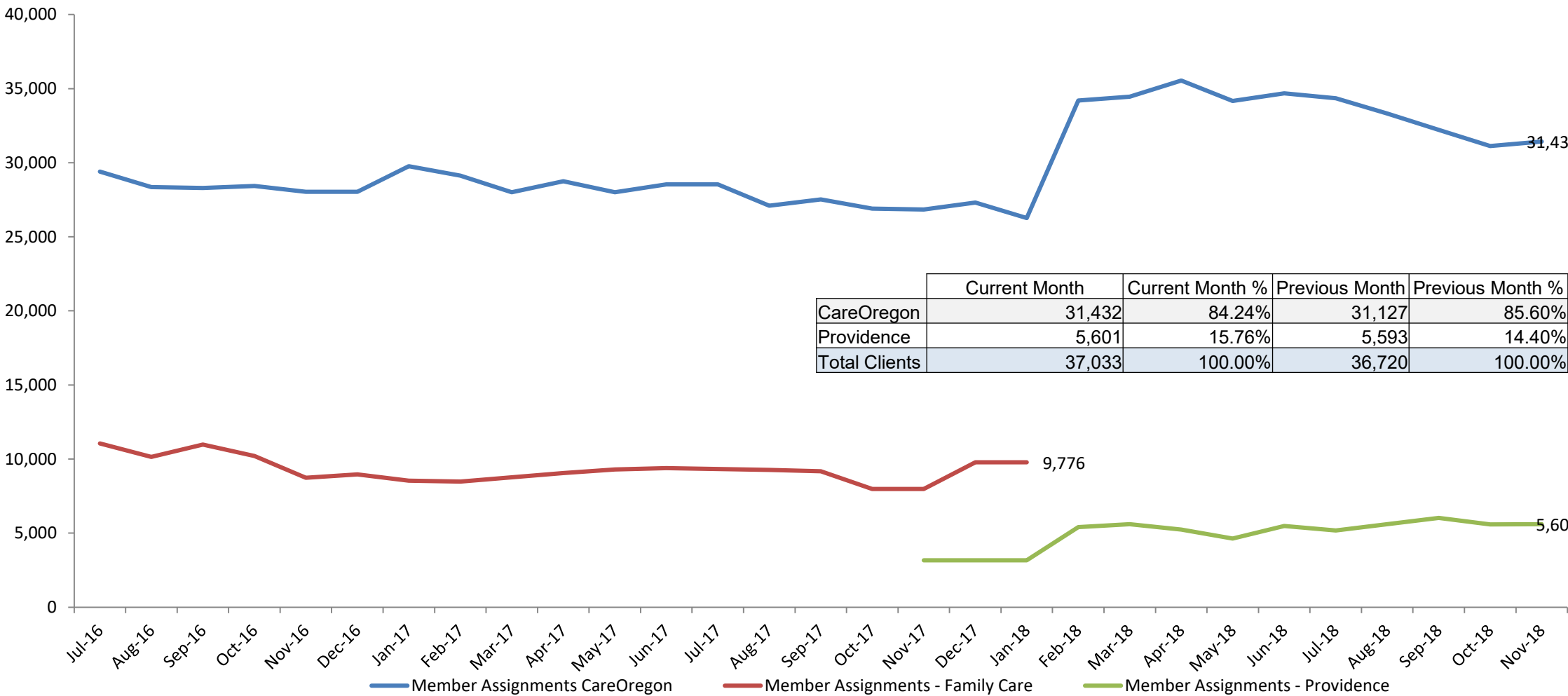
\*FY19 –Quarter#2 in progress ( only includes Oct & Nov 18 Data)

Comments:  
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%  
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%



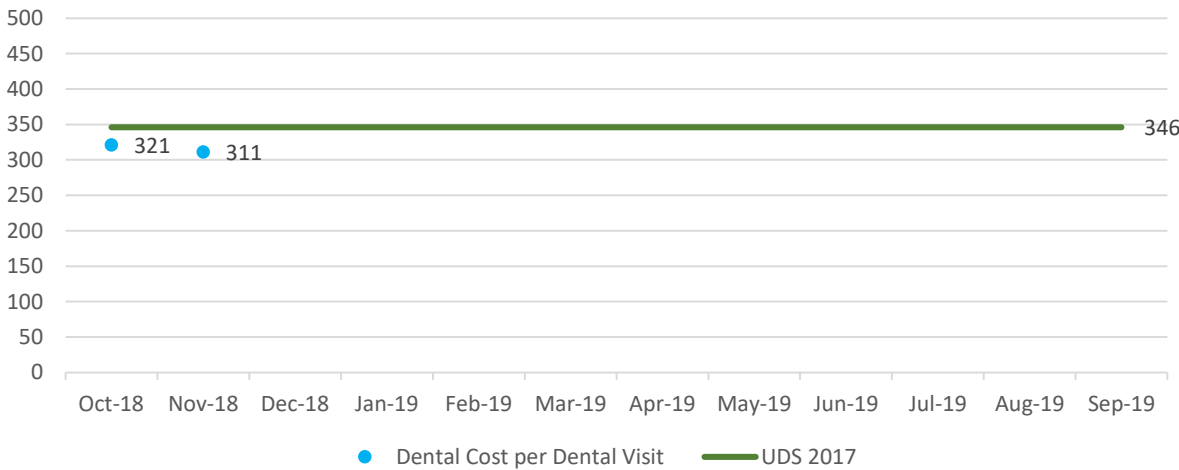
Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

Primary Care Member Assignments

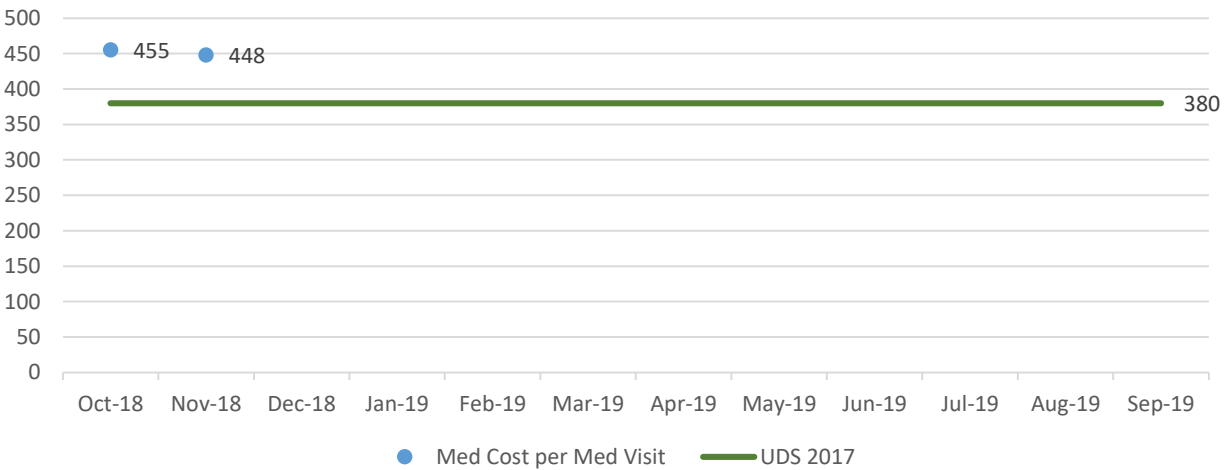




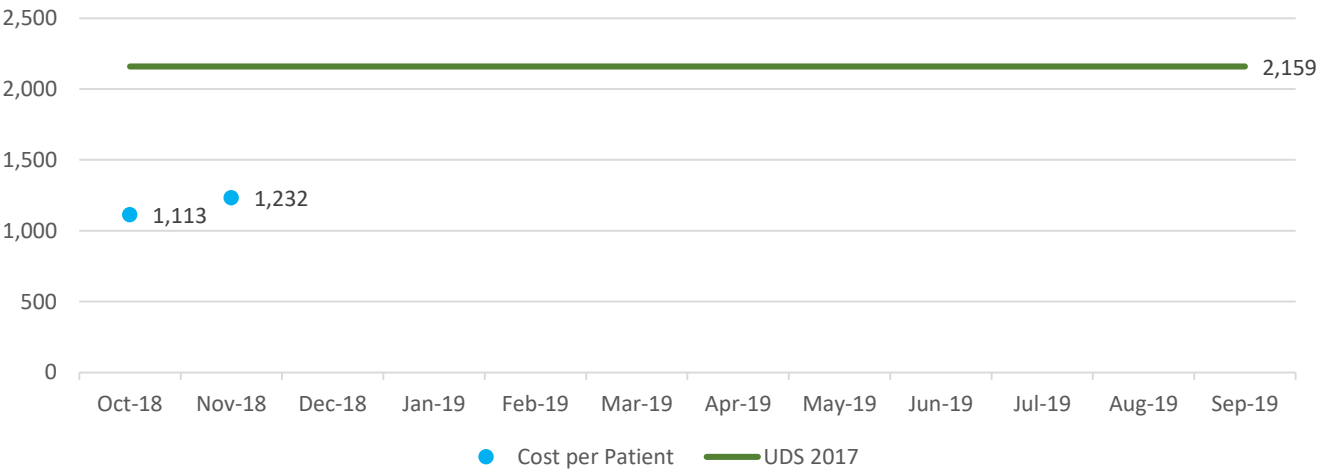
Dental Cost Per Dental Visit



Med Cost per Med Visit



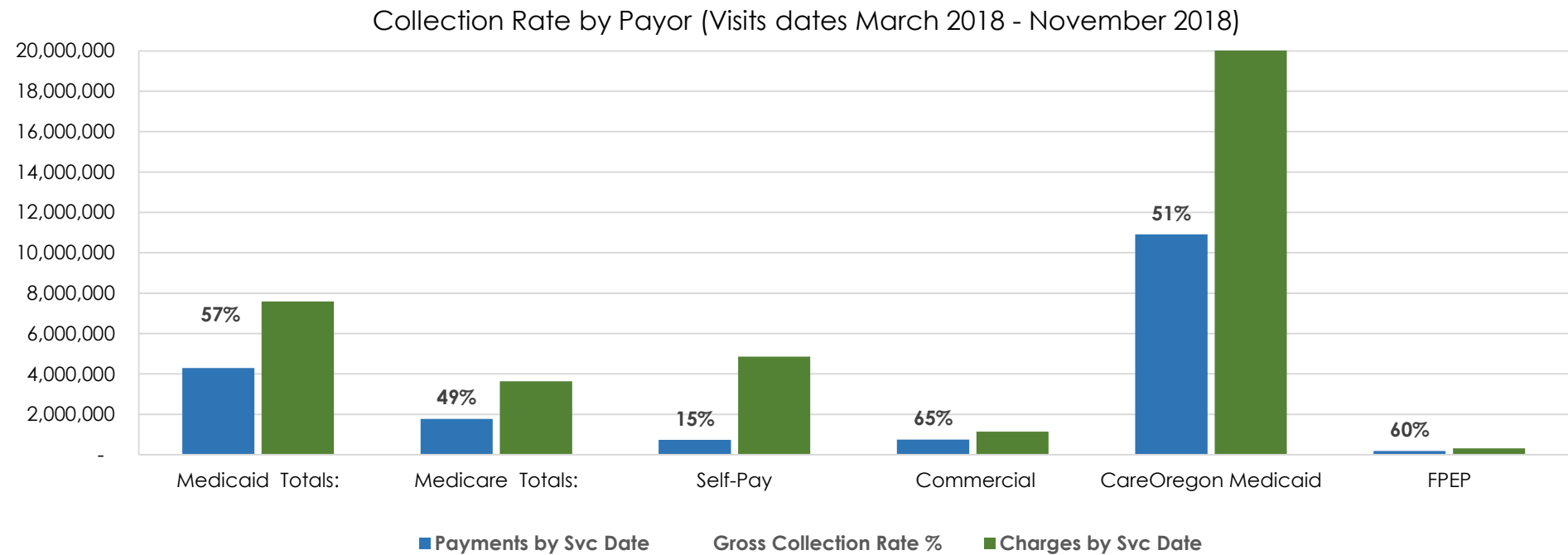
Cost Per Patient



# FQHC Gross Collection Rate by Payer

## March 2018 – November 2018

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	FPEP
Payments by Svc Date	4,292,522	1,776,752	740,265	750,520	10,904,619	189,462
Charges by Svc Date	7,583,503	3,633,599	4,863,664	1,148,282	21,414,058	314,241
Gross Collection Rate %	57%	49%	15%	65%	51%	60%





**Multnomah County Health Department**  
**Federally Qualified Health Center Financial Statement**  
 For Period Ending November 2018

**Community Health Centers - Page 1**
**November Target: 42%**

	Revised Budget	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>Revenue</b>							
Behavioral Health	\$ 5,394,614	\$ 395,899	\$ 395,357	\$ 386,929	\$ 392,315	\$ 315,304	\$ -
General Fund	\$ 10,497,645	\$ 880,918	\$ 882,684	\$ 992,021	\$ 924,144	\$ 894,914	\$ -
Grants - BPHC	\$ 9,967,847	\$ -	\$ -	\$ 1,710,117	\$ 781,367	\$ 935,417	\$ -
Grants - Incentives	\$ 7,326,480	\$ -	\$ 1,068,109	\$ 2,340,693	\$ 498,640	\$ 1,500	\$ -
Grants - All Other	\$ 9,415,223	\$ 384,509	\$ 370,555	\$ 862,642	\$ 1,015,074	\$ 377,259	\$ -
Health Center Fees	\$ 96,332,757	\$ 7,807,405	\$ 9,042,004	\$ 8,052,219	\$ 7,717,611	\$ 9,970,501	\$ -
Self Pay Client Fees	\$ 1,127,294	\$ 86,553	\$ 100,907	\$ 76,035	\$ 105,026	\$ 98,354	\$ -
<b>Total</b>	<b>\$ 140,061,860</b>	<b>\$ 9,555,284</b>	<b>\$ 11,859,615</b>	<b>\$ 14,420,656</b>	<b>\$ 11,434,177</b>	<b>\$ 12,593,249</b>	<b>\$ -</b>
<b>Expense</b>							
Personnel	\$ 94,257,953	\$ 7,027,910	\$ 7,335,971	\$ 7,174,182	\$ 8,172,851	\$ 8,042,358	\$ -
Contracts	\$ 4,952,788	\$ 234,197	\$ 178,587	\$ 897,067	\$ 217,171	\$ 762,433	\$ -
Materials and Services	\$ 13,973,151	\$ 1,065,843	\$ 1,191,908	\$ 1,327,446	\$ 1,512,088	\$ 1,558,757	\$ -
Internal Services	\$ 26,382,068	\$ 1,167,854	\$ 2,089,623	\$ 2,117,172	\$ 2,425,022	\$ 2,054,471	\$ -
Capital Outlay	\$ 495,900	\$ -	\$ -	\$ 17,730	\$ 10,116	\$ -	\$ -
<b>Total</b>	<b>\$ 140,061,860</b>	<b>\$ 9,495,803</b>	<b>\$ 10,796,090</b>	<b>\$ 11,533,597</b>	<b>\$ 12,337,248</b>	<b>\$ 12,418,019</b>	<b>\$ -</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ 59,481</b>	<b>\$ 1,063,526</b>	<b>\$ 2,887,058</b>	<b>\$ (903,071)</b>	<b>\$ 175,230</b>	<b>\$ -</b>

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed





**Multnomah County Health Department**  
**Federally Qualified Health Center Financial Statement**  
 For Period Ending November 2018

Community Health Centers - Page 2											November Target:		42%				
	Revised Budget		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Year to Date Total	% YTD	
Revenue																	
Behavioral Health	\$	5,394,614	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	1,885,804	35%
General Fund	\$	10,497,645	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	4,574,681	44%
Grants - BPHC	\$	9,967,847	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	3,426,901	34%
Grants - Incentives	\$	7,326,480	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	3,908,941	53%
Grants - All Other	\$	9,415,223	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	3,010,039	32%
Health Center Fees	\$	96,332,757	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	42,589,740	44%
Self Pay Client Fees	\$	1,127,294	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	466,874	41%
Total	\$	140,061,860	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	59,862,981	43%
Expense																	
Personnel	\$	94,257,953	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	37,753,271	40%
Contracts	\$	4,952,788	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	2,289,455	46%
Materials and Services	\$	13,973,151	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	6,656,042	48%
Internal Services	\$	26,382,068	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	9,854,142	37%
Capital Outlay	\$	495,900	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	27,846	6%
Total	\$	140,061,860	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	56,580,757	40%
Surplus/(Deficit)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	3,282,224	

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed

# Complaints Report

Reported  
Complaints

Complaint by Type



## Reported Complaints

This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

Use the filters below to further explore the data!

By Service Area

(All)

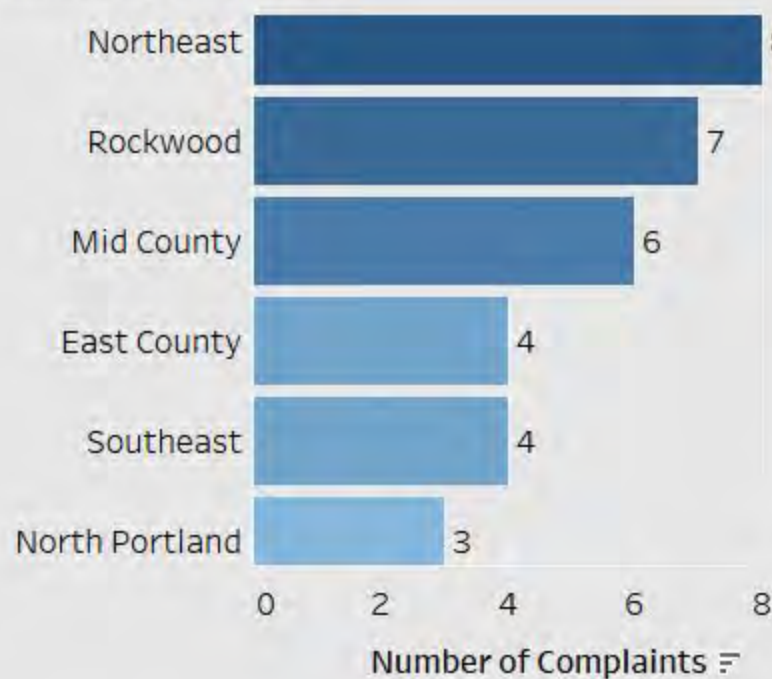
By Quarter

2018 Q4

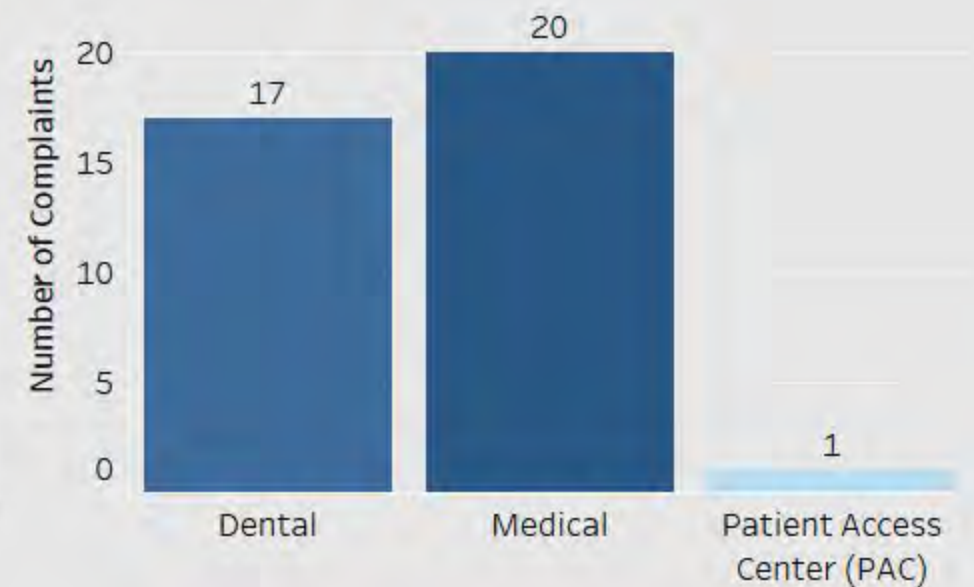
## Complaints by Month



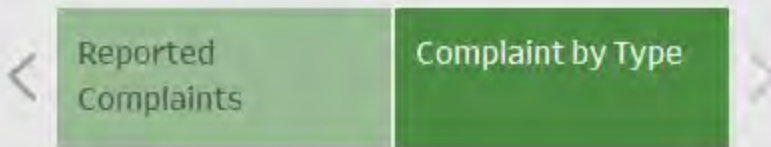
## Complaints by Location



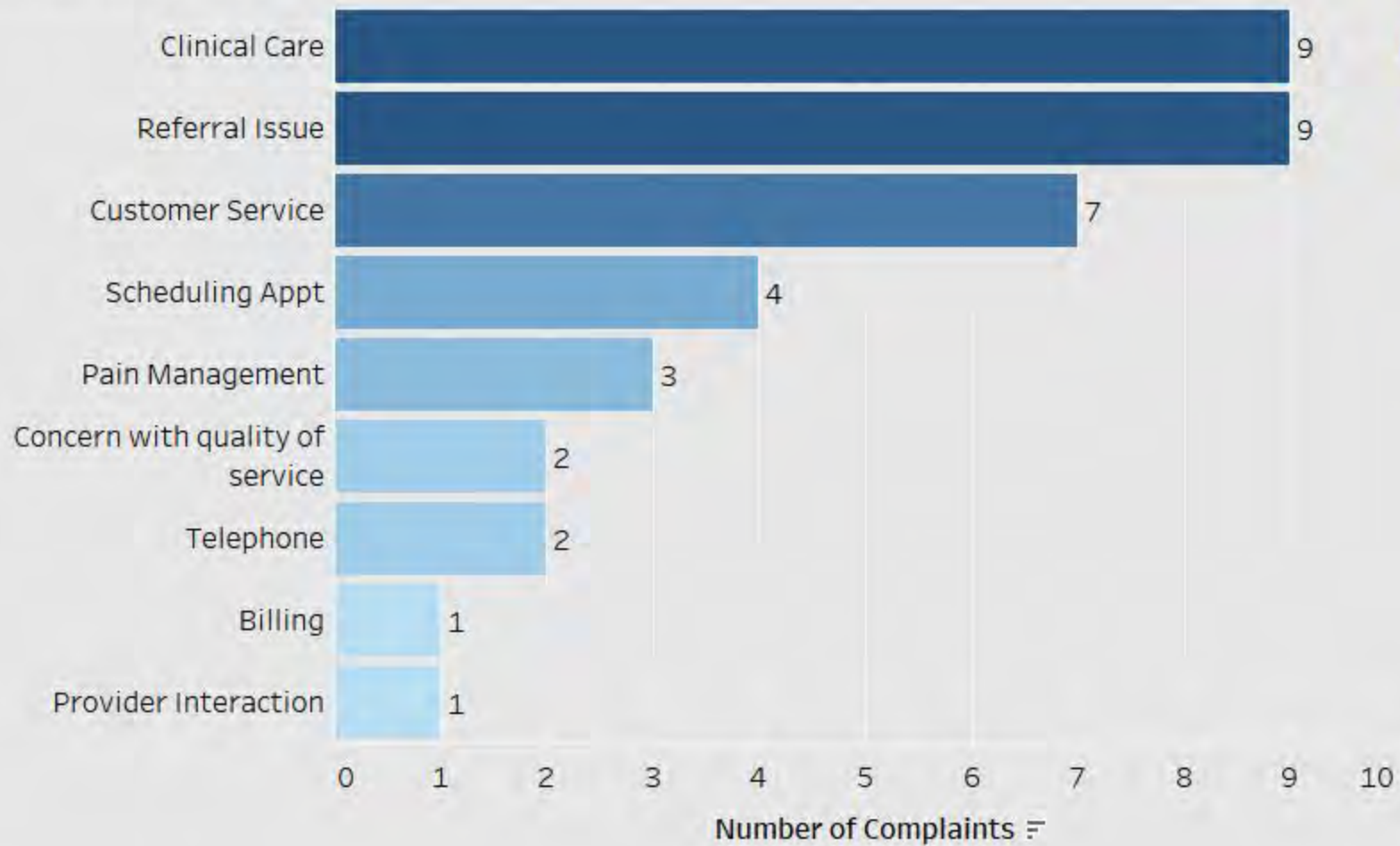
## Complaints by Service Area



# Complaints Report



## Complaints by Type



### By Service Area

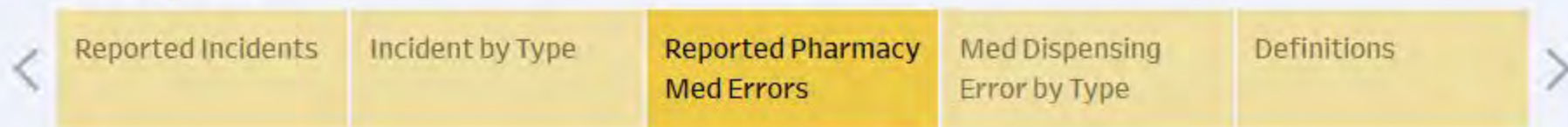
(All) ▼

### By Quarter

2018 Q4 ▼



# Incidents Report



## Reported Pharmacy Medication Errors

Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

Number of Med Dispensing Errors by Quarter 2018



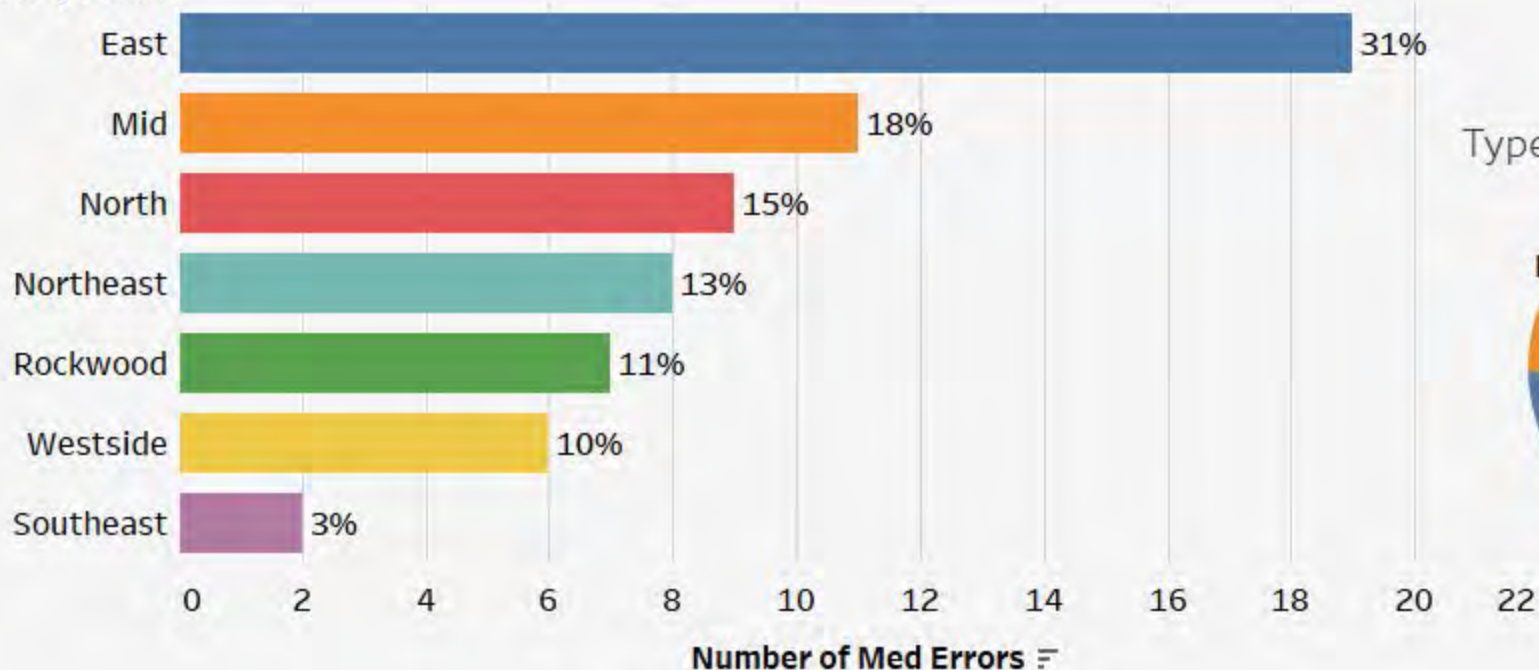
Use the filters below to further explore the data!

**By Quarter**  
(All) ▼

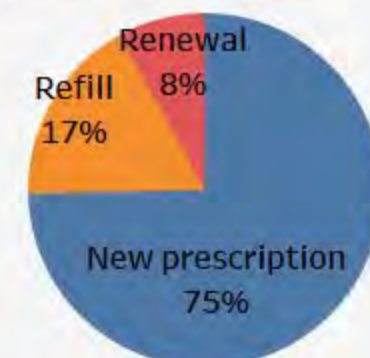
**By Pharmacy**  
(All) ▼

Pharmacy Name

### Pharmacy Name



Type of Prescription



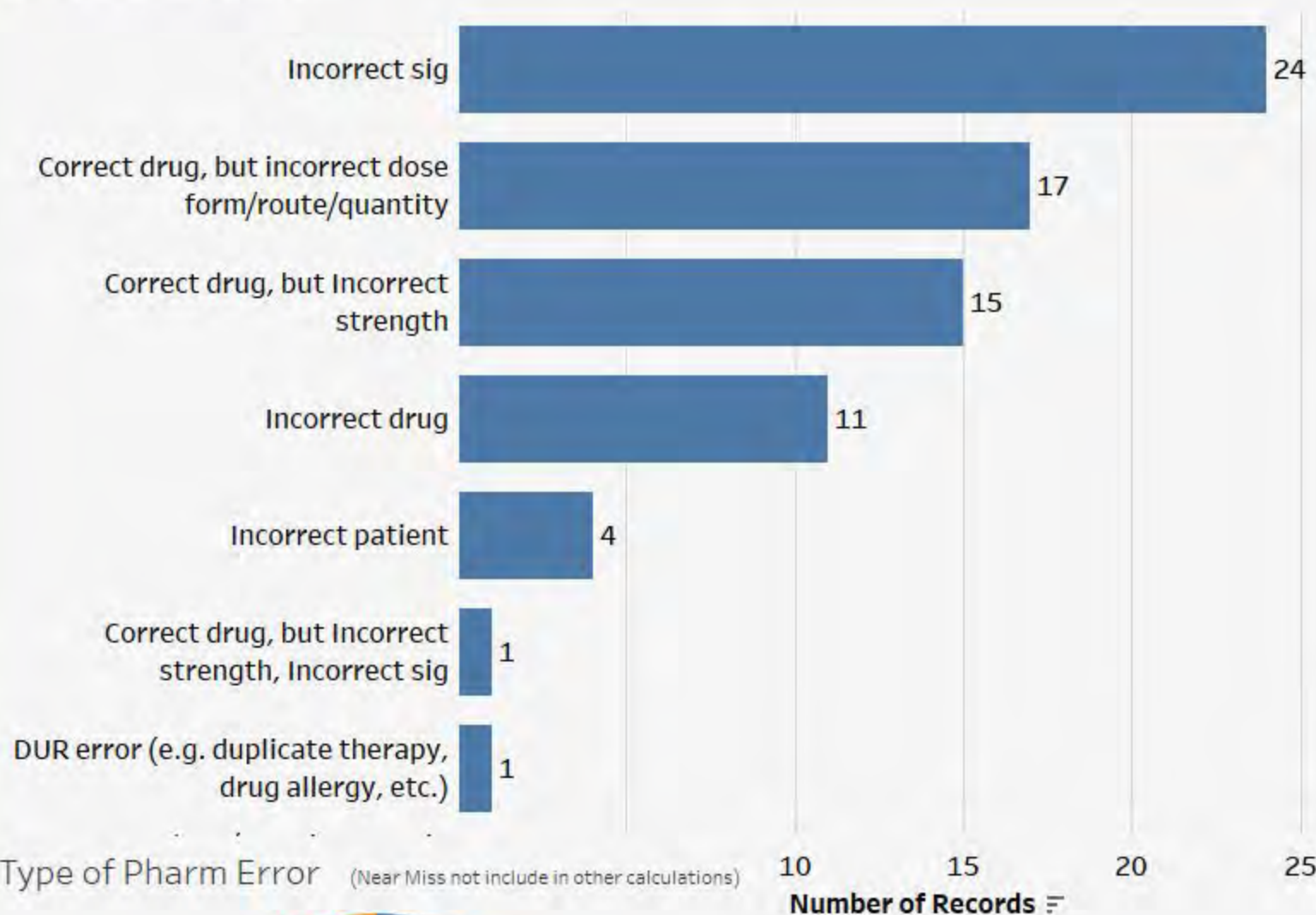


# Incidents Report

## Type of Pharmacy Medication Dispensing Error



Description of Error



Use the filters below to further explore the data!

By Quarter

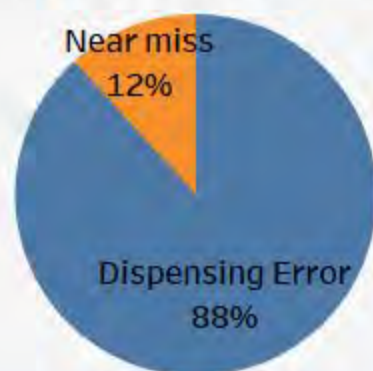
(All)

By Pharmacy

(All)

Type of Pharm Error

(Near Miss not include in other calculations)



Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

# Presentation Summary



## Change in Scope Request: Relocation of FQHC Services to New Headquarters

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	<b>Inform &amp; Vote</b>
-------------	---------------------------------	--------------	----------------	--------------------------

Date of Presentation: <a href="#">2/11/19</a>	Program / Area: <a href="#">HRSA Compliance - Scope</a>
Presenters: <a href="#">Vanetta Abdellatif</a>	
Project Title/Scope Change and Brief Description <ul style="list-style-type: none"><li><a href="#">Relocating headquarters to new building</a></li></ul>	
Describe the current situation: <ul style="list-style-type: none"><li><a href="#">Construction of MCHD's new headquarters is in final stages, and all staff and services currently located at 426 SW Harvey Milk St. will be relocated to the new building, located at 619 NW 6th Ave.</a></li><li><a href="#">The new headquarter building has space for all three current services at the McCoy Building: Pharmacy, Lab, and the HIV Health Services Center. All current staff will also move to the new space.</a></li><li><a href="#">By HRSA regulations, this move requires adding the new building as a service and administrative site in our Board- and HRSA-approved Scope, and removing 426 Harvey Milk St. from our scope.</a></li></ul>	

## Presentation Summary



- The move is scheduled for April, 2019. A transition plan has been developed to reduce impact to patient care:

### **Week 1: HIV, Lab, and Pharmacy Services Move**

Friday, April 5th:  
HIV, Lab, and  
Pharmacy begin to  
pack and move  
supplies beginning at  
noon. Some patient  
care available.

Saturday, April 6 and  
Sunday, April 7th:  
All supplies unpacked  
and organized at new  
building.

Monday, April 8th:  
HIV, Lab, and  
Pharmacy have a  
"soft" opening on  
Monday with reduced  
schedules.

Tuesday, April 8th:  
HIV, Lab, and  
Pharmacy expected to  
be fully operational and  
open with regular  
services.



### **Week 2: All Other Administrative Health Center Staff Move**

Friday, April 12th:  
All administrative  
staff pack up  
offices and  
materials  
beginning at  
noon. No changes  
to patient care.

Saturday, April 13 and  
Sunday, April 14th:  
All supplies unpacked  
and organized at new  
building.

Monday, April 15th:  
Staff move into  
new building and  
unpack!



### **Why is this project, process, system being implemented now?**

- The current headquarters is housed in the McCoy Building at 426 S.W. Stark. This former retail and office space was never designed to be a health center. The county has sought to leave the site for nearly 14 years.
- The new building will better support MCHD's mission in the following ways:
  - The site selected is highly accessible, in a central location on multiple mass transit lines.
  - The HIV clinic and Pharmacy spaces were designed to meet LEED standards, and in alignment with standards of trauma-informed care.
  - The administrative space is designed to be adaptable to future needs, and to promote cross collaboration among health department programs and staff.

# Presentation Summary



Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)*

- Multnomah County worked with the city of Portland Housing Bureau, the Portland Development Commission and other public agencies.
- The project began prior to 2013; Multnomah County worked closely with the Old Town / Chinatown neighborhood association when developing the building. The Neighborhood association supports this move.
- The Community Health Council has received regular updates on the building progress and The Board has received regular updates on the process, including photos of the building stages.
- Patients are being notified of the move and signage has been posted throughout the building.

List any limits or parameters for the Council's scope of influence and decision-making

- Board is not approving any new services or hours of operation.

Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)*

- The McCoy Building (426 Harvey Milk St.) will be removed from our scope and all services and administrative functions at that site will cease when the move is completed by April 12, 2019 (see full schedule above).
- 619 NW 6th Ave. will be added to our scope and all clinic services/functions will begin at the new location by April 8, 2019 (see full schedule above).

Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)*

- No administrative functions or services can commence at the new site, and such activities must continue at 426 Harvey Milk St.
- Alternative space will have to be found to accommodate clinical services and administrative functions.

Which specific stakeholders or representative groups have been involved so far?

- Health center leadership and staff have been included in tours of the new building and in designing clinical areas.
- The Board of County Commissioners has received regular updates on the building progress.
- Old Town/Chinatown Neighborhood Association has been an active partner.
- CHC Board has discussed the move at past meetings.



# Presentation Summary



Who are the area or subject matter experts for this project? (& *brief description of qualifications*)

- Senior Health Department leadership have collaborated with Multnomah County Facilities staff since the project began.

What have been the recommendations so far?

- To relocate to the new building.

How was this material, project, process, or system selected from all the possible options?

- The land was available, accessible to our service area and target population, and allowed us to design the space from scratch rather than retrofit our operation into an existing building.

Council Notes:

# We're Moving.



**Multnomah  
County**

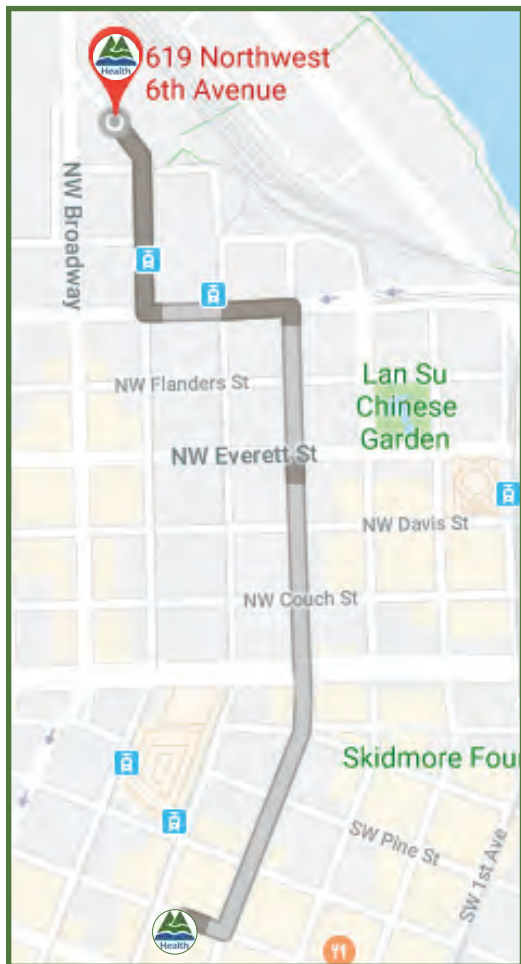
**Health Department**

**Gladys McCoy  
Building**

**April 9  
2019**

**619 NW 6th Avenue, Portland, OR 97209**





## **Continuing Quality Services In A Beautiful New Setting**

- **Westside Pharmacy** 503-988-5267  
*Current location closing at Noon on Friday, April 5  
New location opening at 10 am on Monday, April 8*
- **STD & HIV Testing Services** 503-988-3700
- **Immunizations** 503-988-3406
- **Communicable Disease Services** 503-988-3406
- **Health Services Center** 503-988-5020

*Our current locations will be closing on April 5.*

*The new Gladys McCoy Building will be open on April 9.*

### **TRIMET SERVICE**

**Union Station**  
(Stop ID 7601 & 7763)  
MAX Green Line  
MAX Yellow Line

**NW Broadway**  
(Stop ID 625 & 12805)  
17 - Holgate/Broadway

**NW Glisan & Broadway**  
(Stop ID 1997)  
77 - Broadway/Halsey

**NW 6th & Flanders**  
(Stop ID 9300)  
2 - Division  
9 - Powell Blvd  
44 - Capitol Hwy/  
Mocks Crest

**NW Everett & 5th**  
(Stop ID 8886)  
4 - Fessenden  
8 - Jackson Park/  
NE 15th  
16 - Front Ave/  
St. Helens Rd  
35 - Macadam/Greeley  
44 - Capitol Hwy  
Mocks Crest  
77 - Broadway/Halsey

# Nos estamos mudando.



**Multnomah  
County**

**Health Department**

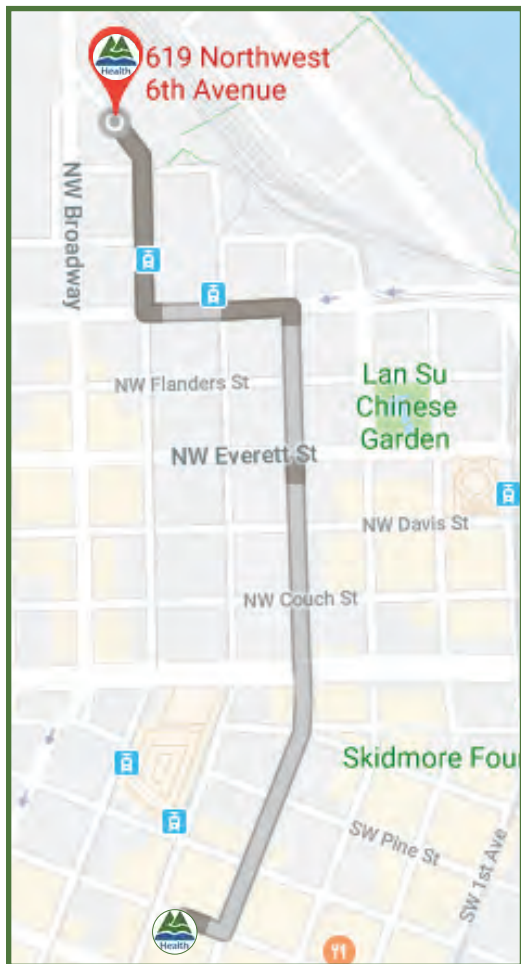
**Gladys McCoy  
Building**

**9 de abril  
2019**

**619 NW 6th Avenue, Portland, OR 97209**







## **Seguiremos Ofreciendo Servicios De Calidad En Un Nuevo Ambiente Hermoso**

### • **Farmacia Westside** 503-988-5267

*La ubicación actual se cerrará el viernes 5 de abril al mediodía*

*La ubicación nueva se abrirá el lunes 8 de abril a las 10 am*

### • **Servicios Para Pruebas De ETS & VIH** 503-988-3700

### • **Vacunas** 503-988-3406

### • **Servicios Para Enfermedades Infecciosas** 503-988-3406

### • **Centro Para Servicios De Salud** 503-988-5020

*Nuestra ubicación actual se cerrará el 5 de abril.*

*El nuevo Gladys McCoy Building se abrirá el 9 de abril.*

### **SERVICIO TRIMET**

#### **Union Station**

*(ID de parada 7601 y 7763)*

Línea verde de MAX

Línea amarilla de MAX

#### **NW Broadway**

*(ID de parada 625 y 12805)*

17 - Holgate/Broadway

#### **NW Glisan y Broadway**

*(ID de parada 1997)*

77 - Broadway/Halsey

#### **NW 6th y Flanders**

*(ID de parada 9300)*

2 - Division

9 - Powell Blvd

44 - Capitol Hwy/

Mocks Crest

#### **NW Everett y 5th**

*(ID de parada 8886)*

4 - Fessenden

8 - Jackson Park/  
NE 15th

16 - Front Ave/  
St. Helens Rd

35 - Macadam/Greeley

44 - Capitol Hwy  
Mocks Crest

77 - Broadway/Halsey



# We're Moving.



**Multnomah  
County**  
Health Department

**Gladys McCoy  
Building**

**April 9  
2019**

**619 NW 6th Avenue, Portland, OR 97209**

## *Continuing Quality Services In A Beautiful New Setting*

- **Westside Pharmacy**

*Current location closing at Noon on Friday, April 5  
New location opening at 10 am on Monday, April 8*

**503-988-5267**

- **STD & HIV Testing Services**

**503-988-3700**

- **Immunizations**

**503-988-3406**

- **Communicable Disease Services**

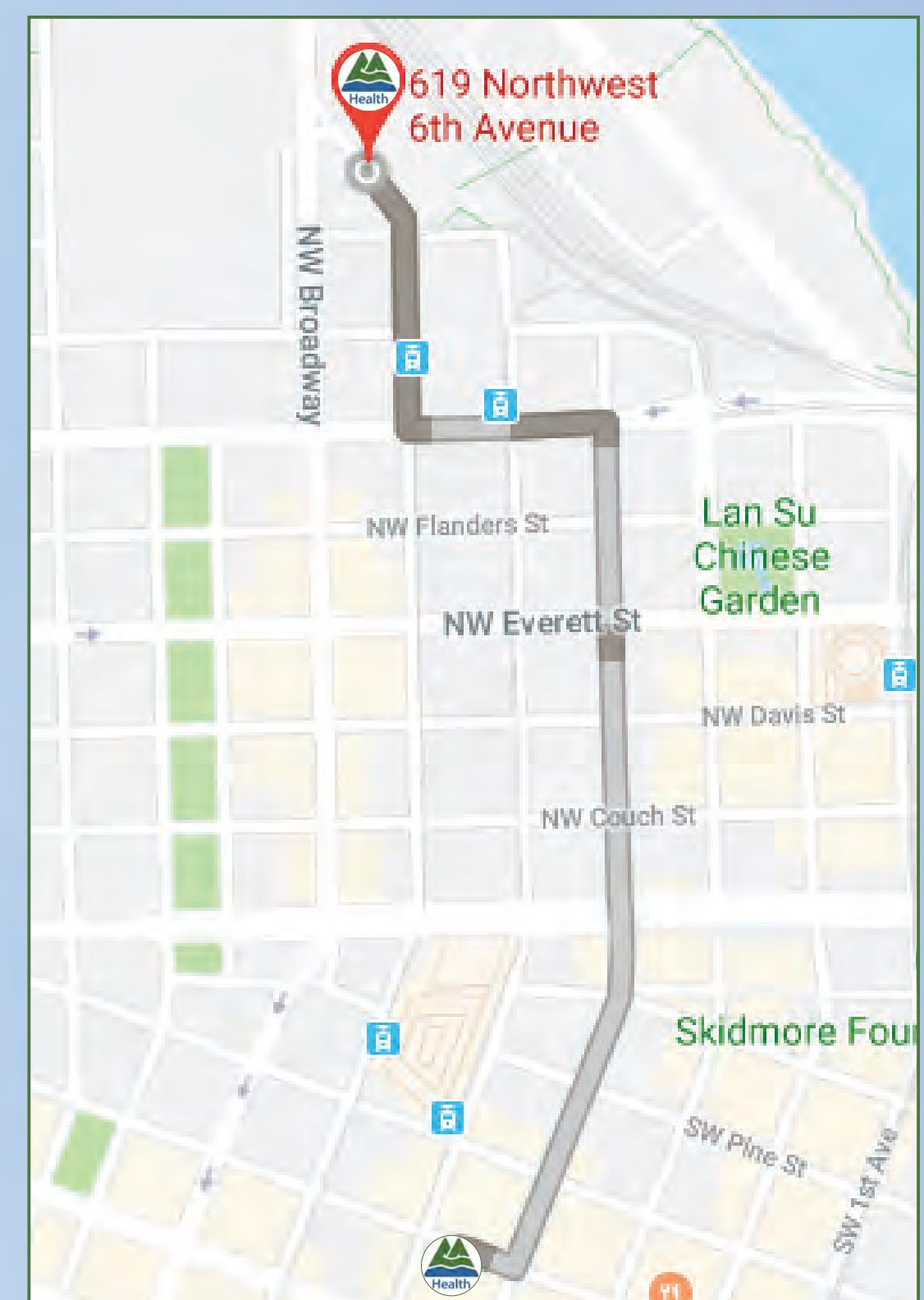
**503-988-3406**

- **Health Services Center**

**503-988-5020**

*Our current locations will be closing on April 5.*

*The new Gladys McCoy Building will be open on April 9.*





## Presentation Summary

### Grant Opportunity

#### **Community Health Council (CHC) Authority and Responsibility**

As the governing board of the Multnomah County Health Center, the CHC is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: February 11, 2019		Program: ICS Emergency Preparedness	
Presenters: Vanetta Abdellatif			
This funding will support:	<input checked="" type="checkbox"/> Current Operations	<input type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services
<ul style="list-style-type: none"> <li>Grant funds will support purchase of a Generator and a Soft-sided Mobile Operations Center (tent)</li> </ul>			
What need is this addressing? <ul style="list-style-type: none"> <li>This funding will support the Health Center Emergency Preparedness Plan</li> </ul>			

<p>What is the expected impact of this project? (# of patients, visits, staff, health outcomes, etc)</p> <p>This will support the entire Health Center population.</p>
<p>What is the total amount requested: \$10,000-\$15,000 (exact costs are not provided in the funding announcement.</p>
<p>Expected Award Date and project/funding period: May 1, 2019 is expected award date (one time purchases of equipment)</p>
<p>Briefly describe the outcome of a “YES” vote by the Council (<i>be sure to also note any financial outcomes</i>)</p> <p>Upon a “yes” vote, MCHD will submit an application to the SPIRE Grant Program through the Oregon Office of Emergency Management</p>
<p>Briefly describe the outcome of a “NO” vote or inaction by the Council (<i>be sure to also note any financial outcomes</i>)</p> <p>Upon a “no” vote, MCHD will NOT submit an application to the SPIRE Grant Program through the Oregon Office of Emergency Management and will not be able to purchase the needed equipment.</p>
<p>Related Change in Scopes Requests: <i>Not applicable</i></p>