

Tillamook County
Community Health Council
Meeting Minutes
September 18, 2019

Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Sharon Kaszycki, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)

Excused: Tim Borman,

Absent/Unexcused:

Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Chair Harry Coffman 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 August 14, 2019 Meeting minutes:**

Action: Donna P. moved to approve the minutes as written; Carmen seconded. Motion carried.

4. Board Development:

A. **Health Council Member Contact & Areas of Expertise:**

1. (See Attached List)

B. **Common goals – shared resources between agencies:**

2. No update.

C. **Underrepresented & Youth potential members:**

1. Harry will contact the Health Occupations instructor to see if a student would like to be on the Health Council as a Youth Member.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator –

- A. Marlene was pleased to report that our HRSA Operational Site Visit resulted in 100% compliance! There were a few minor details that needed to be accomplished; items were met well within the 14 day deadline.
- B. We are still struggling with getting positions interviewed and hired through HR. Marlene reported that the HR director has retired; she will be setting up a meeting with Joel Stevens, the County Counsel; Shawn Blanchard, the county Treasurer, and Bill Baertlein to discuss getting our staff trained in order to expedite the process. The county is doing a nation-wide search for a new director, and Marlene has requested to be on the interview panel. Joel Stevens and Shawn Blanchard are the 'interim' staff handling HR items. Many positions have been posted and closed; however, applicants have not been contacted for interviews for over a month.

1. Current open positions are:
 - a) Public Health Program Coordinator for the mobile clinic;
 - b) Public Health Program Coordinator for Clatsop County Harm Reduction grant;
 - c) Public Health Program Coordinator for OHA SRCH grant;
 - d) Behavioral Health Manager (approved but not posted yet);
 - e) Chief Operations Officer (offered and accepted but applicant asked for an extension. Position was re-posted)
2. Discussion:
 - a) A member stated that during the site visit, it was obvious how important HR is to us being able to function as a CHC fully. She wondered if we could share an HR department with another county possibly. Marlene stated that the county has their own procedures, and this would not be possible; the hope is to get our own staff trained to contact applicants and conduct interviews.
 - b) Another member asked if we need to write another letter; it was discussed to wait until Marlene can speak with staff mentioned above first. She also asked if there were any grant funds that are affected by not having staff hired. The reply was not at this time but grant funds are being used to hire most of these positions.
 - c) An additional member asked if it was prudent to look into an MOU with TFCC or the hospital for assistance with hiring staff. Marlene said that she could suggest it, but it would pose some conflicts. It was decided that the Health Council as a co-applicant needs to take a more in-depth role in getting these positions hired, and possibly set up a meeting with county leadership to discuss in depth, after Marlene discusses with staff mentioned. He said he appreciated that hiring personnel are the onus on the Commissioners, but action needs to be taken, as we pay indirect for this service to the county. Other members agreed.
3. Wellness Presentation to BOCC – Marlene stated that there was a presentation to the BOCC meeting and she will provide the link to the Health Council members. It was also determined that the presentation should be given at an upcoming meeting.
4. Donna G. mentioned that Bill Hatton, Veteran’s services for the county, has agreed to provide a presentation at the November meeting.

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

6. Finance Report

- A. July’s month end cash balance was \$2,033,682.16 ending with \$190,267.64 more in expense than Revenue. Irene explained that expenses were higher than expected due to no Medicaid Wrap received in July; a delay in Managed Care claims at over 120 days; and a delay of payment for Family Planning/Workers Comp/Maternity Case Management.
 1. **Revenue:** As mentioned above, there was no Medicaid Wrap received in July and will be reflected in the August financial report; Medical Managed Care fees involves the reprocessing of SBIRT due to an operations change and the result of staff not coding correctly. This is affecting days in accounts receivable to over 120 days. All other revenue is within normal ranges. Interest line 4699 is calculated by percentage of departmental fund balance at month-end.
 2. **Expense:** Expenses are all within normal range.

3. **HRSA Budget Revenue and Expense:** Expenses are more than revenue. Expenses totaled \$212,638.82 and revenue was \$197,603.25. Retirement is not included in the HRSA budget; Irene has added a monthly allotment of retirement, which will not match the GL.
4. **Encounters:** Total encounters went from 1,236 in June to 1,298 in July. Average Provider Encounters per FTE went from 13.30 in June to 11.90 in July. Provider FTE was 3.16 in June to 2.70 in July.
5. **Monthly Generated Revenue:**
Provider revenue in July was a total of \$100,873. The number of days open in July was 21, giving the average revenue for the workday at \$4,803.
6. **Encounters/Workday By Provider:** Average percentages for July was 57.9% of available vs. completed; slightly up from June for some providers.
7. **Accounts Receivable:** Total Accounts Receivable was \$3366,516.12. The majority in the 0-30 bucket at 61%, slightly lower than the prior month at 61.72%. The average for our 0-30-day bucket is 33.10 days; and gross charges were \$330,729. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is 42%. Privately insured is at 18% and Medicare is at 9%. There are still issues with Oregon Contraceptive Care AR. Usually, it is less than 1%, in July it shows 4%. Normally the amount is \$5-\$6K, and it shows the current amount is \$12,005.70. 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 17 in the top 10 out of 100 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 71. There was an issue with open charts, and Dr. Steffey is looking at that every day. Once the COO begins work, this would be in their purview. Prior month we were at #15 with a ranking score of 85. 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) Carmen identified an error on page 18. At the end of the column of Accounts Receivable by Payor, it shows June 2020 and should be June 2019. Irene will fix the error.

Action: Donna P. moved to approve the Financial Report as amended; Carmen seconded. Motion carried.

B. Appendix A: Financial Management and Control

1. Irene presented the Financial Management and Control Policy, adding language that was identified during our HRSA site visit. In item 3: Procedure, paragraph 1a, “Community Health Centers” was added to be consistent throughout the document.

Action: Sharon moved to approve the policy as amended; Amy seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. July & August minutes
 - a) John went over the recap of the minutes of July and August.
 - b) All measures in July were met or exceeded except for Diabetes HbA1c Poor Control at 28.2% with a benchmark of 22%. He mentioned that there was discussion that a new workflow is in place that involves the nutritionist’s implementation for patients with diabetes. It was decided in QA to revisit this at the next quarterly audit to see if the metrics improve.
 - c) Measures in August were met or exceeded except for Tobacco Use screening. It was discovered by the site specialist that the counseling requirement is not being entered into the chart. She sent a reminder email to the provider and support staff to remind them to document that counseling is being completed.
 - d) Discussion:
 - i. A member was interested in learning if patients over 18 that have not been vaccinated are requesting to be vaccinated as an adult. She mentioned that the polio virus has morphed and whooping cough is being passed to children by adults. It is important to remember that health professionals are fighting perspectives.
 - ii. Another member was interested in what is involved in the peer review process for dental. Dawna Roesener came in and told the council members that Dr. Javadi, our dental director, conducts the review of 5-6 dental charts and reviews it with the dental providers. He discusses what may be missing in the chart and talks about areas of improvement.
 - iii. Marlene reported that the Dental Care Organization (Delta Dental) may be pulling out of the area and the CCO may have different expectations regarding the dental peer review. We should know more by the beginning of the calendar year.

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

8. Old Business:

A. GRANTS & Resource Development –

1. OHA SRCH & Colorectal Cancer Screening Grant

- a) We are contracting with YMCA and have their staff member coordinate the grant
- b) The goal is to reduce chronic disease risk, especially type 2 diabetes, by addressing social determinants of health.

- c) Community partners will work together to assess, align and restructure health screening and referral practices to reduce risk and to increase clinic and community linkages to evidence-based prevention and self-management programs and services.
 - d) We are waiting to hire a coordinator for the Colorectal Cancer SRCH grant. HR has been contacted.
2. **Staffing**
- a) (See Administrator's Report).

9. New Business:

A. Grants/Other:

- 1. No report.

B. Policies/Procedures:

1. Co-Applicant Agreement

- a) This agreement was approved at the Executive Committee last week in order to send it to HRSA during the 14-day period to correct any issues. It is presented today for the Health Council to ratify. Donna G. mentioned that portions that were changed are highlighted.

Action: Donna P. moved to ratify the agreement; Sharon seconded. Formal consent granted.

2. Community Health Council Bylaws

- a) This document was approved at the Executive Committee last week in order to send it to HRSA during the 14-day period to correct any issues. It is presented today for the Health Council to ratify. Donna G. mentioned that portions that were changed are highlighted.

Action: Carmen moved to ratify the Health Council Bylaws; Carol seconded. Formal consent granted.

3. Credentialing & Privileging – Danell Boggs, LCSW

Action: Donna P. moved to approve the C&P for Danell Boggs; Amy seconded. Motion carried.

4. Credentialing & Privileging – Karen Sheelar, LPCI

Action: Carmen moved to approve the C&P for Karen Sheelar; John seconded. Motion carried.

5. Credentialing & Privileging – Dr. Benjamin Zike, DDS

Action: John moved to approve the C&P for Dr. Zike; Clayton seconded. Motion carried.

10. Training – Time permitting

A. Medication Assisted Therapy Presentation (MAT)

- 1. Danell Boggs and Karen Sheelar presented the MAT overview. Presentation slides are included in the packet.

11. Upcoming Events:

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:30 PM.