

Tillamook County  
Community Health Council  
Meeting Minutes  
February 19, 2020

**Present:** Tim Borman, Carol Fitzgerald, Sharon Kaszycki, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein  
**Excused:** Harry Coffman, Amy Griggs, Kimber Lundy  
**Absent/Unexcused:**  
**Staff:** Marlene Putman, Donna Gigoux, Irene Fitzgerald  
**Guests:**

**1. Call to Order:** Vice-Chair John Sandusky called the meeting to order at 12:27 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 January 22, 2020 Meeting minutes:**
  - 1. No changes.

**Action:** Donna P. moved to approve as written; Clayton seconded. Motion carried.

**4. Board Development:**

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

- 1. (See Attached List)

**B. Board Membership Updates:**

- 1. Executive Committee
  - a) Donna P. mentioned that in April the board usually asks for nominations prior to voting for officers and members on committees. She would like to see if another member would like to serve on the Executive and Financial Committees instead of her. She is experiencing some difficulty attending some meetings because of her increased obligations.
  - b) She also stated that she wants the board to vote, and include in the minutes, that they want her to provide lunches. She is happy to do so.

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

- 1. No report.

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

- 1. John stated he will check with TBCC to see if there are any students who would like to be on the Council.

**5. Administrator's Report:**

**General Update and Report provided by Marlene Putman, Administrator –**

- A. Update on Behavioral Health

1. Psychiatrist: We have a 4<sup>th</sup> year student from OHSU who will be graduating in June. He is working with OHSU to do his final rotation in Tillamook. His name is Michael Redmond. We have signed his rotation agreement and he will begin in March.
2. There is no job description for a psychiatrist in the County. TFCC is open to hiring him, placing him in our clinic, and provide supervision. According to the Region 10 survey, anticipated salary is \$205K adding 40-50% in benefits. TFCC has agreed to pay one-third of the salary and Marlene will request that the CCO pay one-third or more of the cost.
3. One issue is that our Health Provider Shortage Area (HPSA) score has recently changed. Prior to the new year, our score for Mental Health was 21 and it dropped to 19. This is an issue for Michael, as he needs the score to be 21 to maintain his scholar status. In discussion with the state representative, he may still qualify because discussion with him began back in November.
4. Billing issues and workflow are being discussed. Michael will use his time to develop the position, workflows, priorities, etc.
5. The Behavioral Health Manager position will need to be filled in the next month or so. We are looking to promote existing staff.

**B. Tillamook County Wellness**

1. Marlene provided an update on the Wellness Advisory Committee. This committee was appointed by the BOCC in 2016. Since then, the committee has been involved in applying for and receiving grants from the state and has procured donations from several community sources.
2. Currently, the focus is on diabetes and colorectal cancer (CRC) screening through two Sustainable Relationships for Community Health, or SRCH grants from the OHA.
3. The diabetes grant provides screening events and referrals to YMCA and the nutritionist.
4. The CRC grant gathers information from screening events and refers patients to their primary care provider for CRC screening.
5. Both grants work with Adventist, Rinehart, and other providers to gather aggregate information to assess the programs' success and to report back to OHA.
6. These projects are staffed by current TCHD staff, Americorp Vista and a temporary employee.
7. There is an outreach video being developed about CRC with local people stating "We got screened".
8. The goal for both projects is to reduce chronic disease. The grants end in June.

**C. Strategic Planning – May**

1. We anticipate holding Strategic Planning in May this year. We need to send out the Staff Satisfaction Survey prior to the event. There is a small planning group from last year. Usually we hold the event on the normal Health Council meeting date.

**Action:** Sharon moved to approve the Administrator's report; Carol seconded. Motion carried.

**6. Finance Report**

- A.** December's month end cash balance was \$2,137,375.74 ending with \$94,376.78 more in revenue than expense. Irene explained that in January and February she anticipates revenue will be down significantly due to open charts from being down from the computer compromise and the lack of OCHIN not processing the charge review work queue when we were down.

1. **Revenue:** We received a \$99,730.24 for Environmental Health for annual facility licenses. All other revenue was within normal range.
2. **Expense:** We had no expense from line 5500 Skilled/Service/Maint Worker as this is an open position. As a result, our Janitorial expenditures are high; \$5,580 for 2 months. Under Moving Reimbursement, we paid \$180.60 to a provider when she turned in her receipts. There will be more expenditures from this line item moving forward. Inactive Employee Insurance was lower than usual at \$746.06, prior month was double. This is for Medicare Part F. All other expenses are all within normal range.
3. **HRSA Budget Revenue and Expense:** Revenue and expenses within normal range.
4. **Encounters:** Total encounters went from 1,868 in November to 1,290 in December. Average Provider Encounters per FTE went from 11.10 in November to 8.90 in December. Provider FTE was 3.24 in November to 3.25 in December.
5. **Monthly Generated Revenue:**  
Provider revenue in December was a total of \$97,923.28. Irene is impressed with our new PA's revenue, given she is just building her panel and seeing patients on her schedule for an hour. The number of days open in December was 21, giving the average revenue for the workday at \$4,896.
6. **Encounters/Workday By Provider:** Average percentages for December was 58.7% of available vs. completed; productivity is slightly down, with one provider in particular.; warm handoffs were up for Behavioral Health staff.
7. **Accounts Receivable:** Total Accounts Receivable was \$295,153.23. The majority in the 0-30 bucket at 58.65%, lower than the prior month at 67.70%. The average for our 0-30-day bucket is 25.3 days; and gross charges were \$318,163.42. Payer mix shows Self Pay at 30%; and the percentage for Medicaid is 51%. Privately insured is at 27% and Medicare is at 13%. The issues with Oregon Contraceptive Care AR are still present, now 4% instead of the normal 1%.
8. **OCHIN Top 10:** We were number 8 in the top 10 out of 111 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 76. Prior month we were at #16 with a ranking score of 69. 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)

**Action:** Clayton moved to approve the financial report; Donna P. seconded. Motion carried.

**7. Report of Committees:**

**A. Quality Assurance Committee**

**1. January minutes**

- a. Carmen provided a recap of the quality measures for the month.
  - 1. Child Immunization Status Audit – Carmen indicated that the metric requires a lot of shots prior to age 2. If the timing gets off on the series the metric is not met. Metric shows 32.1% with a goal of 30%, so the committee felt we were meeting the metric at this time.
  - 2. Oral Health: There is no goal set, but we have met this metric 100% since March of 2011.
  - 3. Diabetes control HbA1c <8% we had a 61.2% compliance and a goal of 60%.
  - 4. Diabetes poor control HbA1c >9% was 24.8% with a goal of 22%. It looks like this is meeting the goal, but lower is better so the goal is not met. Also, we have identified a number of new cases through the SRCH grant, which runs up the number of poor control patients.
  - 5. High Blood Pressure <140/80 had a compliance of 69% with a goal of 72%.

**Action:** Sharon moved to approve the QA report; Clayton seconded. Motion carried.

**8. Old Business:**

**A. Grants:** No report.

**B. Staffing:**

- 1. Chief Operations Officer – interviews scheduled March 3<sup>rd</sup>
- 2. Behavioral Health Manager – this will be handled internally
- 3. Behavioral Health MA – we have a temporary employee; interviews take place March 3<sup>rd</sup>
- 4. WIC Assistant – interviews scheduled
- 5. RN levels 1,2, & 3 - posted and will remain posted until filled
- 6. Office Specialist I & II – one hired; one backed out. Need two more, will be reposted.
- 7. Building & Grounds – interviews scheduled

**C. Other:**

- 1. Workshop with BOCC and New HR Director
  - a) It is unclear if it is necessary to arrange this meeting as Marlene has met with the new HR director at length to discuss our needs.
  - b) It seems she is very aware of the difficulties in the past with the department and has ideas on how to assist us to get our positions filled quickly.

**9. New Business:**

**A. Grants/Other:**

- 1. None.

**B. Policy & Procedure:**

- 1. None.

C. **Credentialing & Privileging:**

1. None.

10. **Training:**

A. Dental Services Presentation

1. Dawna Roesener, Dental Manager, provided an overview of our dental program.

- a) Oregon Health Authority Dental Sealant Program

- Through funding from Oregon Community Foundation, twice a year OHA provides a hygienist to apply sealants to children of certain ages. This program will end in one year.
- During off times, it is the plan to provide sealants to all ages at all of the schools using volunteer dental staff in the mobile clinic.

- b) Mobile Clinic dental services

- There have been some issues getting the mobile clinic up and running.
- We've experienced issues ordering dental supplies, but have finally found a vendor to work with and hope to have all equipment installed and ready in the spring.
- Meanwhile, we are trying to find volunteers for dental services a few days a week in each area of the county.
- Staff who work with us will qualify for loan repayment, which will draw in a new dentist and hygienists. Our HPSA score for dental went up as well.

- c) Dental partnership/Willamette Dental

- Willamette Dental is leaving Tillamook County and has contacted us regarding taking over the practice as our own.
- We are working with our Dental Director, Dr. Cyrus Javadi, to assist us in forming a partnership. He is going to form an LLC solely to provide contractually dental staff to provide services for our patients utilizing the Willamette building.
- Willamette is looking to donating dental equipment that is currently in the building. A walk through will take place with Dr. Javadi to assess the equipment.
- This will help with Mobile Clinic staffing as well.

2. Discussion

- a) A member stated that she remembered when we had dental and it didn't go well; she sees that things have changed with the ACA and getting reimbursed for Medicaid patients make this possible.
- b) Another member said that the donation of the dental equipment is fabulous and saves us a lot of money.

**Action:** A third member asked the group for a consensus vote to show that the Health Council is in favor of moving forward with this proposal. By consensus, all were in favor.

11. **Upcoming Events:**

12. **Unscheduled:**

- 13: **Adjourn:** The meeting was adjourned at 1:51 PM.