

Tillamook County  
Community Health Council  
Meeting Minutes  
March 18, 2020

**Present:** Bill Baertlein

**Present via Telephone:** Harry Coffman, Tim Borman, Kimber Lundy, Donna Parks, Carmen Rost, John Sandusky

**Excused:** Amy Griggs, Carol Fitzgerald, Sharon Kaszycki, Clayton Rees

**Absent/Unexcused:**

**Staff Present:** Marlene Putman, Donna Gigoux, Irene Fitzgerald

**Guests:**

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:16 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. – Donna P. reported that the tiny houses are on site at the Herald Center.

**3. Consent Calendar:**

A. **Approval of February 19, 2020 Meeting minutes:**

- 1. No changes.

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

**4. Board Development:**

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

- 1. (See Attached List)

B. **Nominations for Officers/Executive Committee:**

- 1. (See Attached List)

C. **Board Membership Updates:**

- 1. Health Council Member Roster & Areas of Expertise
  - a) Kimber noted that she is a user of the health center and also represents disability.

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

- 1. No report.

E. **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. COVID-19 Update

- 1. Marlene provided an update on the current COVID-19 public health emergency response team.

- a) Our contracted Emergency Preparedness person is working closely with Gordon and the County team to procure supplies
- b) The team meets weekly along with telephone meetings with the Board of County Commissioners, which community members may join in, on Mondays, Wednesdays and Fridays.
- c) Per the Governor's Executive Order, all planned events, including Strategic Planning are on hold until further notice.
- d) Health Council meetings will all be held over the phone until further notice.
- e) Encounters are down due to COVID and the Mobile clinic is being utilized for seeing patients outside the normal clinic and is also providing testing for patients in their vehicles. Home Visiting nurses and WIC are being performed via telephone.
- f) We have a prudent reserve and have received funding from the state for COVID response; this will be used for staff and emergency procurement.
- g) We have issued a press release regarding COVID response; and are contacting patients using phone visits as opposed to in-person.
- h) Staff is meeting using Skype meetings and remaining in individual offices.
- i) Mobile clinic is open from 10-5 daily and we have established a COVID phone line for nurses to answer questions from the public.
- j) Discussion:
  - A member asked if prescriptions can be ordered over the phone if a person usually needs to pick up the prescription at the clinic; another member stated that it would be great if someone could deliver the prescription to the patient in their car.
  - Another member asked about supplies like PPE. Our Emergency Prep coordinator is ordering supplies from the state stockpile for what is available, which includes masks, sanitizer, regular cleaning supplies, gowns, gloves and eye guards.
  - A member stated that she heard that the tests were limited in number and hope that more tests are forthcoming.

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

## 6. **Finance Report**

A. January's month end cash balance was \$2,231,752.52 ending with \$273,909.91 more in expense than revenue. Irene explained that in January there was a system issue whereas we were unable to request a HRSA CHC drawdown of \$200K. Additionally, OCHIN Billing Service did not work the billing queue during the outage as requested. There was no Medicaid Wrap in January which is over \$100K.

1. **Revenue:** All other revenue was within normal range.
2. **Expense:** We had an expense of \$5,000 for earnest money for the new building. All other expenses are all within normal range.
3. **HRSA Budget Revenue and Expense:** As stated we did not receive HRSA revenue in January. All other revenue and expenses within normal range.
4. **Encounters:** Total encounters went from 1,290 in December to 955 in January. This is due to OCHIN not working the billing queue during the computer outage. Average Provider

Encounters per FTE went from 8.90 in December to 5.80 in January. Provider FTE was 3.25 in December to 4.11 in January.

**5. Monthly Generated Revenue:**

Provider revenue in January was a total of \$52,647.72, down by half from December. The number of days open in January was 21, giving the average revenue for the workday at \$2,507.

6. **Encounters/Workday By Provider:** Average percentages for January was in the mid 40% for two providers of available vs. completed, and in the upper 60% for two providers; productivity is understandably down.
7. **Accounts Receivable:** Total Accounts Receivable was \$236,902.76. The majority in the 0-30 bucket at 50.29%, lower than the prior month at 58.65%. The average for our 0-30-day bucket is 23.30 days; and gross charges were \$245,518.83. 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 38 in the top 10 out of 111 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 59. Prior month we were at #8 with a ranking score of 76. This is due to OCHIN not working the billing queue and there were 36 open charts. 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:** John moved to approve the financial report; Donna P. seconded. Motion carried.

**7. Report of Committees:**

A. Quality Assurance Committee

1. February minutes

- a. A recap of the quality measures for the month is provided in the packet.
  - 1. Depression Screening and follow-up had a compliance of 76% with a goal of 62%
  - 2. Tobacco Use Screening and Cessation had a compliance of 81.3% with a goal of 86%
  - 3. Ischemic Vascular Disease had a compliance of 73.8% with a goal of 68.5%

4. ER usage showed out of 3,559 paneled patients, 276 patients used the ER with 45 high utilizers. Out of 276 patients seen in the ER, 171 were outside regular clinic hours, and out of 339 visits, 195 were outside clinic hours. 44% were Medicaid, 29% Medicare, 16% commercial and 11% were self-pay.
5. A member stated that the Medical Provider Peer review was awesome.

**Action:** Kimber moved to approve the QA report; Donna P. seconded. Motion carried.

8. **Old Business:**

A. **Grants:** No report.

B. **Staffing:**

1. Chief Operations Officer – anticipate candidate will begin in April or May
2. Behavioral Health Manager – this will be handled internally
3. Behavioral Health MA – was a temporary employee and now is permanent
4. WIC Assistant – will begin in April
5. RN levels 1,2, & 3 - posted and will remain posted until filled
6. Office Specialist I & II – need to fill vacancies, need two more, will be reposted.
7. Building & Grounds – began in March

C. **Other:**

1. Veterans Mission Act Training – this has been tabled
2. Service Area Competition (SAC) Contractor
  - a) Marlene stated that she would like to contract out for this as we need to apply at the end of the year. A member stated that we have done this in the past.

**Action:** Donna P. moved to go forward with hiring a contractor for the SAC grant application; Carmen second. Motion carried.

9. **New Business:**

A. **Grants/Other:**

1. Potential Physician/Internal Medicine
  - a) Marlene told the membership that there is a physician who is interested in working for us; he is well known in the community and has a patient base. She stated that the Health Council would need to approve moving forward as we are not currently looking for a provider; we'd need to post the position in order to move forward.
  - b) Discussion:
    - By consensus, members all were supportive of moving forward in pursuing and/or hiring the physician.
2. Partnership with LLC for dental
  - a) Marlene provided an overview of changes in dental services.
    - As presented in February in our training item, Willamette Dental is leaving Tillamook and have basically offered to us the practice and equipment. We have been in contact with the landlord and they are thrilled that it will remain a dental office. They have offered us a tiered rental that is very affordable.
    - Dr. Javadi, our Dental Director, has agreed to form a new LLC and hire dental staff. He has already hired many of the Willamette Dental staff. We will contract with the LLC and pay for the staff to provide dental services under our CHC. Dentists and hygienists would be able to get loan repayment.

**Action:** Donna P. moved to approve going forward with the partnership; Tim seconded. Motion carried.

3. CPCCO Large Grant

- As discussed in February, we have an opportunity to hire a psychiatrist who would begin in June or July. TFCC would pay 1/3 of the salary, we would pay 1/3 and it is hoped that the CCO would pay the rest. Marlene would like to apply for this grant to fund the psychiatrist. The Health Council has already approved applying for this grant.

4. CareMessage COVID-19 messaging

- We were approached by CareMessage that they are making their software available for us to communicate with our patients via text and email during the COVID crisis. We are not fully implemented, but this would be an effective tool to keep our patients engaged and informed.

**Action:** Kimber moved to use CareMessage as presented; Donna P. seconded. Motion carried.

B. **Policy & Procedure:**

1. None.

C. **Credentialing & Privileging:**

1. None.

10. **Training:**

A. None.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:34 PM.