

Tillamook County  
Community Health Council  
Meeting Minutes  
June 17, 2020

**Present via Telephone:** Bill Baertlein, Harry Coffman, Tim Borman, Carol Fitzgerald, Sharon Kaszycki, Donna Parks, Carmen Rost

**Excused:** Amy Griggs, Kimber Lundy, Clayton Rees, John Sandusky

**Absent/Unexcused:**

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

**Guests:** Josiah Becker, Shelby Porter

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:32 pm.

**2. Consumer/Community/Partner's Needs, Concerns, Issues (based on Health Council Strategic Plan Goal 2 & 3):**

**A. Community/Patient Concerns**

1. Donna Parks brought up a complaint about receiving a past due bill within the 30-day range. Irene responded that there are several issues currently with OCHIN, due to new management and team members. There is a lack of communication, OCHIN staff are overlooking important issues and are implementing policies without consulting with her or her staff. She said her staff are checking daily on issues and Irene is in contact with their management to clear up issues. Hopefully, this will not occur again.

**B. Ambassador/Advocate encounters with Community Members – no report.**

**C. Community Partners – partner dialogues, invitations to meetings, etc.**

**3. Consent Calendar:**

**A. Approval of May 20, 2020 Meeting minutes:**

1. No changes.

**Action:** Sharon moved to approve as written; Carol seconded. Motion carried.

**4. Board Development:**

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

1. (See Attached List)

**B. Board Membership Updates:**

1. Health Council Member Roster & Areas of Expertise

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

1. No report.

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

1. Harry reported that he contacted Anna Kleiman at the High School. She intended to announce the opportunity to the Junior class in anticipation for their Senior project, however, classes were adjourned early due to COVID-19 so she hasn't had a chance to do so.

**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 activities.
  - a) The clinic schedule in Tillamook is 8-5 Monday through Friday and the mobile clinic is available daily in the parking lot from 10-4 for testing and other services if a patient is not comfortable being seen in clinic.
  - b) Rockaway Beach clinic is starting to be open one day a week in July in order to determine viability and potential more days open.
  - c) We continue to offer virtual visits and telephone visits (telemedicine).
  - d) We are looking at the dashboard on productivity by providers and location including the mobile clinic daily. We are currently at 60% of normal productivity.
  - e) Public health:
    - i. Public Health nurses continue to do home visits and WIC with virtual visits.
    - ii. The COVID-19 line is still active daily 8-5, although it is not used as frequently.
    - iii. We continue to provide testing for the virus.
    - iv. We are working with community sectors seeking to prepare for reopening and meeting state criteria (schools, food processing, restaurants, and transient lodging).
  - f) Environmental Health – continue services throughout the county dealing with several community concerns and complaints.
  - g) Irene continues to monitor finances and productivity and will provide an update in her financial report. We have received several grants from HRSA and OHA due to COVID-19.

B. Continued Health Services

1. Virtual and in-person visits continue for all services.
2. There is an increase of in-person visits based on patient demand and health issues.
3. All providers are in the clinic for 4 days per week at least and 2 days of virtual visits, as needed.
4. Dental visits are increasing and reaching 60% of pre-COVID productivity with 2 contracted dentists.

C. BHI – Collaborative Care Model with Psychiatrist

1. Psychiatrist – position description has been written and will be posted on June 25<sup>th</sup> with a start date of mid-July.
2. CPCCO Grant
  - a) We were invited to apply for the full grant. It is due June 22<sup>nd</sup>.
    - i. Agenda item for approval by the BOCC will be Wednesday, June 17<sup>th</sup>.
    - ii. For the Psychiatric Integration we will be asking for 50% of the \$205K salary from the CPCCO with 25% each from CHC and TFCC.
    - iii. Additional funding request includes 50% for benefits, purchase of EHR, registry for the U of W AIMS model, computer equipment and supplies.
    - iv. Also, the grant will ask for 50% of the cost for a Behavioral Health 3 Clinician (Manager), with the CHC paying the remaining 50%. It will also include a request for equipment and supplies.
    - v. Marlene stated that we are the only CHC doing this integration and the CCO is very supportive.
    - vi. The psychiatrist will address levels of care, medications, assessments, consultation with TFCC and emergency room.
    - vii. The psychiatrist will be housed in both the CHC and TFCC.

D. New Dental Clinic Progress

- a) The CHC has been assigned over 7,000 CareOregon dental patients. Many OHP patients were assigned to Willamette Dental, which has left the county. Patients who wish to stay with Willamette Dental need to go either to Lincoln City or Hillsboro, the nearest offices. Willamette offered to sell and/or donate us the equipment and other supplies for \$60K and the landlord has agreed for us to take over the lease.
  - b) Our Dental Director, Dr. Cyrus Javadi, has formed an LLC and will hire a dentist, hygienist, and two dental assistants to staff the office; we will provide our dental staff for the front office for registration, scheduling and referrals.
  - c) We are researching liability insurance coverage and other costs for the clinic, and will purchase Epic Wisdom, owned by OCHIN, to allow easier tracking and reporting.
  - d) We will continue to contract with our other 2 dentists in order to provide services to our assigned patients. Target for beginning services is September or October, as the mobile clinic will be impacted by COVID-19 requirements.
- E. New Physician
- a) The new position will be posted, closed and interviews scheduled, with a start date in September or better.
- F. Shelter Project
- a) Program is in place and agreements are in place. Care coordinators will serve as lead for all referrals for sheltering related referrals and placements. Information will be distributed to partners so they understand program and services to aid referral, when needed.
- G. Harm Reduction – Opioid Use Reduction and prevention project in partnership with Clatsop County
- a) We are working with Clatsop County, who have a working program, for a needle exchange. We would work alongside their mobile unit, where the exchange of needles will be done, with our Mobile clinic to provide Behavioral Health and other services for those who utilize the exchange.
  - b) We will need to conduct a survey of jail inmates about favorable locations for the weekly needle exchange and resource sites.
  - c) We need to conduct an information campaign to key partners and elected officials and look into sustainability resources and partnership for base funding.
    - i. Contact state HIV/Aids program and CPCCO for start-up & continuation funding;
    - ii. Request county/general funding to support the project, look for stable funding streams and contributions on a yearly basis;
    - iii. Establish revenue-generating services that cover costs if necessary and request a 3-year funding from the CCO to establish the program and from partners.
  - d) Discussion: A member understood that the federal grant would not allow a program to purchase and distribute needles. Marlene explained that our mobile clinic and services will be present in conjunction with Clatsop County, who will be doing the needle exchange.

**Action:** Donna P. moved to approve the Administrator’s report; Tim seconded. Motion carried.

## **6. Finance Report**

- A. **Page 1:** April month end cash balance was \$2,245,515.74 ending with \$4,951.89 more in expense than revenue. Irene reported that we have received several stimulus grants due to COVID.

1. **Page 6: Revenue:** Revenue shows that other than the stimulus grants, all other revenue is within normal range.
2. **Page 6: Expense:** All expenses are all within normal range
3. **Page 7: Materials & Services:** All within normal range.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that 100% of HRSA grant funds have been expended at the end of the fiscal year except Integrated Behavioral Health, which will carry over to the next fiscal year.
5. **Page 12: Encounters:** Total encounters went from 1,283 in March to 860 in April. Irene reported our productivity is down 40-60% and provided a comparison showing where we are during COVID compared to this time last year. Tillamook clinic had 631 encounters compared to last year which was 1,063; dental had 85 encounters compared to last year at 340; Rockaway had 21 (all virtual) compared to 49; and the mobile clinic average 78. Average Provider Encounters per FTE went from 9.40 in March to 5.90 in April. Provider FTE was 3.52 in March to 4.06 in April.
6. **Page 15: Monthly Posted Encounters per Provider:** Encounters for all providers trended down with the highest at 6.50 and the lowest at 4.60.
7. **Page 16: Monthly Generated Revenue:**  
Provider revenue in April was a total of \$34,561.17. The number of days open in April was 22, giving the average revenue for the workday at \$1,571.
8. **Page 17: % of Available vs Completed Schedule:**  
April average were lower for every provider.
9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$239,372.59. The majority in the 0-30 bucket at 45.01%, lower than the prior month at 60.85%. The average for our 0-30-day bucket is 23.30 days; and gross charges were \$167,156.37. Irene reported that there are several issues with new staff at OCHIN and she is in conversations with OCHIN management daily and has one staff member dedicated to finding errors. Payer mix shows Self Pay at 46%; and the percentage for Medicaid is 16%. Privately insured is at 19% and Medicare is at 17%. Oregon Contraceptive Care AR is now in normal range at 1%. AR is better because old claims have been processed and the past due self-pay. Because of COVID collection letters have been extended out 30 days and the responses she is getting from patients are good in setting up payment plans.
10. **OCHIN Top 10:** We were number 50 in the top 10 out of 115 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 70. Prior month we were at #31 with a ranking score of 61. 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:** Sharon moved to approve the financial report; Donna P. seconded. Motion carried.

C. Appendix A: Fee Schedule Update for July 2020

- 1. Irene presented the annual fee schedule for various medical procedures. She noted that most fees did not have much difference than last year, and in a one case there was an error which was corrected this year and resulted in a higher fee.

**Action:** Sharon moved to approve the Fee Schedule update; Carol seconded. Donna P. is opposed. Motion carried.

7. **Report of Committees:**

A. Quality Assurance Committee

- 1. May QA minutes
  - a) A recap was provided in the packet showing the measures, compliance rate and goal percentages.

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

8. **Old Business:**

A. **Grants:**

- 1. CPCCO Psychologist (See Admin Report)
- 2. CPCCO Wellness Grant
  - a) Wellness did not receive an invitation to apply for the full grant; staff met with CCO staff and received great information and instruction for future grant opportunities.
  - b) A member stated that she was disappointed that the county did not increase the public health contribution to the department as requested, as the contribution has not been raised since 2013. Marlene stated that the county has concerns about cash flow after the cyber attack and COVID shut down, affecting negatively on the overall county budget.

B. **Staffing:**

- 1. Psychologist – (See Admin Report)
- 2. Behavioral Health Manager – (See Admin Report)
- 3. RN levels 1,2, & 3 –One nurse has been hired; posting for an additional position
- 4. Custodian – posted, interviews will be scheduled
- 5. COO – started June 15

C. **Other:**

- 1. None.

9. **New Business:**

**A. Grants:**

1. None.

**B. Other:**

1. Virtual Meeting Needs for Members & Virtual Meeting Changes

- a) Donna G. stated to the council members that virtual meetings will be changed over from Skype to Microsoft Teams. She said members who do not dial in and want the video option will need to download Google Chrome. She stated that she had a brief training and will try to become more familiar with Teams in order to assist members in joining the virtual meetings.
- b) Additionally, HRSA has a requirement that Health Council members meet monthly, and some members may need additional equipment to meet the needs of the requirement (laptop, cell phone, video camera, etc.). Donna will be sending out a questionnaire via email to members who have them, and call members individually for those who don't.

2. Statement for Community

- a) Marlene provided a draft email to Commissioner Baertlein that she wrote regarding the Black Lives Matter movement. She asked if the Health Council members would like to write a press release to the community regarding these statements.
- b) Discussion:
  - Members discussed the email and liked the personal local flavor of our community. Discussion included the statement released by TFCC and whether or not the BOCC and Health Council should issue a joint statement. It was decided that there will be separate statements issued, as the Sheriff's office is going to issue a statement as well.
  - Marlene will modify the statement and send it to Tim Borman and Bill Baertlein for their input and approval.

**C. Policy & Procedure:**

1. None

**D. Credentialing & Privileging:**

1. None

10. **Training:**

A. Health Promotion and Marketing

1. Shelby Porter, Americorp Vista, presented a report regarding social media statistics. Using an analytic metric that refers "reach", which is the number of users who saw posted content on the platform (in this case Facebook) and "engagement rate" which is calculated by the number of interactions (likes, shares, clicks, comments) on posted content divided by the number of users who saw the post.
2. The starting metrics stood at 333 page likes, 326 followers and posting on average once a month, the average reach was 153 and the average engagement rate was 6%.
3. Between March 16 – May 30, 2020 we had 669 page likes, 869 followers, average posting 1-2 times per day with an average reach of 848 and an engagement rate of 17%. This means that followers nearly tripled and likes doubled during that period.
4. Discussion:
  - One member stated that it looks like a successful outreach, and another was very impressed with the report.

B. Risk Management Annual Report to the Board

1. Donna G. presented the annual report for Risk Management. The report defined what risk is, types of risk, definition of risk management, just culture and staff role. It outlined who serves on the risk management committee and what the quarterly meetings cover.
2. Also included is an annual incident report for the calendar year 2019. It provides which risk factor was identified and total incidents. Donna G. explained that one incident could include several risk factors. Calendar year 2018 had 44 incidents reported and 2019 had 22.
3. Donna G. also explained that incidents that are reported first go to Quality Assurance Committee and are then forwarded to Risk Management Committee for final actions. Final actions may include root cause analysis, Plan-Do-Study-Act (PDSA's), staff training, etc.
4. All clinic staff and Health Council have annual training for risk management, including the Just Culture Survey.

**Action:** Sharon moved to approve the annual report; Carol seconded. Motion carried.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 2:16 PM