

Tillamook County  
Community Health Council  
Meeting Minutes  
September 16, 2020

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

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:23 pm.

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

- A. Community/Patient Concerns
  - 1. Marlene reported that a new protocol is being adopted with information regarding staff travel. Any staff that has traveled out of the area needs to wear all appropriate PPE and get a rapid test prior to returning to work. By consensus, the council members agreed that this protocol is acceptable for the future.
- B. Ambassador/Advocate encounters with Community Members – no report.
- C. Community Partners – partner dialogues, invitations to meetings, etc.

**3. Consent Calendar:**

- A. **Approval of August 19, 2020 Meeting minutes:**
  - 1. No changes.

**Action:** Sharon 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. **Member Recruitment**
  - 1. No report.
- C. **Board Membership Updates:**
  - 1. No report.
- C. **Common goals – shared resources between agencies:**
  - 1. No report.
- D. **Underrepresented & Youth potential members:**
  - 1. On hold until school resumes.

**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.

1. Tillamook County currently has 48 cases (positive and presumptive), no deaths and no outbreaks in businesses.
2. Public Health nurses are conducting contact tracing, and updates are provided weekly every Friday to the BOCC and community. The COVID line is still receiving calls.
3. Face shields and masks are made available to patients in the clinic.
4. We continue to provide testing services through our mobile clinic parked in the clinic parking lot. We test only patients who show symptoms, unless patient is high risk or in a care facility.
5. We are on track to get the rapid test equipment very soon.
6. We are scheduling for all services (medical, dental, behavioral health) both in person and virtually.
7. Staff assisted with emergency responders for those displaced by the fires at the fairgrounds. Staff provided prescriptions, diabetes testing, assisted in referrals to local resources.
8. Information is on Facebook and our webpage.

#### B. Psychiatrist

1. We are partnering with TFCC to provide access to care, curbside, consultation, prescribing prior to full assessments. He is quite busy. CareOregon and the CCO will provide technical support on the collaborative care model as well as consulting with Synergy Health. We received QA & CCO funds to pay for the consultants.
2. We need to recruit for a Behavioral Health 3 by the end of the month or in early October.

#### C. Dental Services

1. We have a “go live” date of October 27<sup>th</sup> for the dental clinic.
2. The LLC will make an offer to an experienced dentist and hire the hygienist temporarily until we can develop their job description and pay table. The dental assistants will be hired by the LLC.
3. The address for the new clinic is 805 Ivy Avenue, right across the former administration building.
4. We are set with equipment and have ordered signage. We will announce through marketing once it’s set to open.
5. We will still contract with Tillamook Family Dentistry (Dr. Ahn), Greentree Dental (Dr. Zike) and The Smile Studio (Dr. Long) in order to serve more patients. We are the only provider in the county for uninsured and OHP.

#### C. New Physician

1. Dr. Craig Brown begins October 5<sup>th</sup>. He worked for our clinic back in the 90’s. His patient base includes Medicare patients.

#### D. Staffing

1. Robin has officially retired but will continue as a 150 day employee to provide flu clinics and emergency preparation services. Flu clinics will begin in October,
2. We do not have a Public Health Manager and current staff does not want to be promoted because of the low pay.
3. We are working on the job description for the Clinic Nurse Manager. We have had issues hiring due to the low pay.
4. We lost our Front Desk Supervisor because she couldn’t find housing. We will repost.

#### D. Wellness

1. Adventist hired Michelle Jenck and she will provide the services she has provided for us. Our two Public Health Program Reps are working with our 2 Vistas on Diversity and Inclusion, and a

COVID grant from OHA through TFCC for education for persons over 65 and people of color that are more prone to the virus.

2. Looking to hire facilitators from Rede Group.

E. Harm Reduction with Clatsop County

1. We continue to work with Clatsop on needle exchange in Tillamook County. We are looking for a location to provide services.

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

**6. Finance Report**

1. **Page 1:** June month end cash balance was \$2,591,367.65 ending with \$108,897.85 more in revenue than expense.
2. **Page 6: Revenue:** Irene stated that we have received \$375K in July in carry over grant funds from HRSA and \$165K in state grants. All other revenue is within normal range.
3. **Page 6: Expense:** Operating expenses was nearly \$60K due to end of year expenses. All expenses are all within normal range.
4. **Page 7: Materials & Services:** All within normal range.
5. **Pages 9-11: HRSA Budget Revenue and Expense:** HRSA revenue for July was \$356,066.13 and expense was \$400,319.33, resulting an \$44,263.20 more in expense than revenue.
6. **Page 12: Encounters:** Total encounters went from 1,257 in June to 1,298 in July. Tillamook clinic had 907 encounters; dental had 299 encounters; Rockaway had 49. Average Provider Encounters per FTE was 7.60. Provider FTE was 3.95.
7. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers trended up with the highest at 9.63 and the lowest at 6.23.
8. **Page 16: Monthly Generated Revenue:**  
Provider revenue in June was a total of \$109,018.95. The number of days open in July was 22, giving the average revenue for the workday at \$4,955.
9. **Page 17: % of Available vs Completed Schedule:**  
July average overall was 47%.
10. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$335,921.21. The majority in the 0-30 bucket at 62.74%, higher. The average for our 0-30-day bucket is 36.20 days; and gross charges were \$345,389.58. 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 32% and the

percentage for Medicaid is 34%. Privately insured is at 19% and Medicare is at 13%. Oregon Contraceptive Care AR is slightly up at 3%.

#### 11. **Fiscal Policies and Procedures – Appendix A**

1. The FPL form was modified to include Mental Health minimum fees at \$25, the same as medical and dental.

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

12. **OCHIN Top 10:** We were number 22 in the top 10 out of 115 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 66. 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:** Donna P. moved to approve the financial report; Sharon seconded. Motion carried.

#### 7. **Report of Committees:**

##### A. **Quality Assurance Committee**

##### 1. **August QA minutes**

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

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

#### 8. **Old Business:**

##### A. **Grants:**

1. No report.

##### B. **Other:**

1. No report.

#### 9. **New Business:**

##### A. **Grants:**

##### 1. **Knights Cancer Institute Community Grant for COVID**

- a) An application is being submitted for the health equity project of \$15,000. Public Health Program Rep and the Vistas will use the funds for Spanish web page and Facebook.

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

**B. Other:**

1. No report.

**C. Policy & Procedure:**

1. None.

**D. Credentialing & Privileging:**

1. Dr. Craig Brown
2. Karen Sheelar

***Action:*** Donna P. moved to approve the credentialing and privileging for both providers; Sharon seconded. Motion carried.

10. **Training:**

1. No report.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:42 PM