

Tillamook County
Community Health Council
Meeting Minutes
November 18, 2020

Present via Telephone: Harry Coffman, Brooke Bennett, Tim Borman, Carol Fitzgerald, Sharon Kaszycki, Kimber Lundy Donna Parks, Carmen Rost, John Sandusky, Bill Baertlein
Excused: Amy Griggs, 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 12:22 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 October 21, 2020 Meeting minutes:**
 - 1. No changes

Action: Sharon moved to approve as amended; John seconded. Motion carried.

4. Board Development:

- A. **Health Council Member Contact & Areas of Expertise:**
 - 1. (See Attached List)
- B. **Member Recruitment**
 - 1. Marlene was happy to report that Bill Baertlein is willing to become a Health Council member. He can begin in February. Donna G. will send him the application and related materials. All members were extremely happy for his service to the council as BOCC liaison and will welcome him to the Health Council.
- 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 –

- 1. A. Marlene's Performance Evaluation – Marlene thanked the members who participated in her evaluation. The Commissioners discussed that the consultants the county hired to research the health department leaving the county structure is feasible.

2. We would need to measure the pros and cons of forming a 501c3 non-governmental organization. This may take years to iron out the logistics, such as:
 - Analysis – functions such as IT, HR, legal, etc.
 - Financially provide for non-profit
 - Role of the board
 - Benefits and how it would impact staff – no county benefits
 - BOCC is interested in looking into it but is not married to the outcome
 - May have to do an internal survey of staff to get feedback

B. Harm Reduction with Clatsop County – Needle Exchange

1. Clatsop County and Tillamook County have entered into an agreement to partner in a needle exchange in Tillamook County. Clatsop will provide the vehicles and the CCO will provide the supplies. Clatsop has a successful program in their county.
2. This project has been discussed with the Opioid reduction group and it is agreed that it is a need in the County.
3. We would need to engage the new sheriff, the District Attorney and the County Commissioners to determine if they are on board to move forward. This can be done at a presentation at the BOCC; and Mike McNickle is willing to attend the meeting virtually to discuss. We are looking to hold the meeting in January.
4. A location for the exchange needs to be decided upon; Clatsop would like to start with a north county location. One possible location is behind Rockaway Clinic. The exchange will involve education, referral, and needle exchange with proper disposal of sharps.
5. A member asked what the community does now to safely dispose of needles; City Sanitary has an agreement to take sharps.
6. Another member stated that there is federal resistance on needle exchange and if that will play a factor in this project. Marlene verified that no federal funding will be used in this project.
7. It was suggested that disposal of needles should be a subject for training. Carmen will contact City Sanitary.

C. COVID-19

1. We are now in a 2-week freeze with new guidance. The county and local businesses need to respond to OSHA requirements and there is a required response from every county department on how they are complying. The county counsel is taking the lead and will be gathering information to support enhancements to implementation, cleaning, PPE, etc.
2. The health department and the county has taken measures to comply with social distancing, mask wearing, and some employees who can work from home.
3. A plan for a COVID testing site along with sick patients for acute care is being discussed for the Hooley building, tentatively to begin in December. The address is 2111 8th Street.

D. Staff Travel

1. Staff who are planning on traveling to family for the holidays are being discouraged from doing so. If staff does travel, a protocol is being developed for their return to work.
2. Testing will be required for staff who travel and staff member will be confined to a separate room from other staff with PPE worn at all times until it is determined that they are not symptomatic.

E. Dental Services

1. There are issues with fiberoptic access from the Ivy street building over to the dental clinic across the parking lot. IT is working on solutions.

2. The “go live” date has been moved to February 24th due to the fiberoptic issue.
3. Signage has been installed for both inside and outside of the building.
4. Training has been conducted for the electronic health record entitled Epic Wisdom to dental staff. There are some issues with IT for OCHIN to access the EHR.
5. We have been assigned about 6,000 dental patients and have a backlog of 200.
6. 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.
7. Screenings at schools is on hold due to the phased reopening and COVID.

F. OPCA COVID Mini Grant

1. Marlene provided information regarding this grant. It was due prior to the full Health Council and the Health Equity staff would like to apply for the funds. Grant amount is between \$3000 - \$5,000.
2. Funds will be used for print materials, design and data software, transcultural support and incentives.
3. The Executive Committee had approved application for the grant; Marlene presented to get the full council approval.

Action: Kimber moved to approve the grant application; Sharon seconded. Motion carried.

G. Psychiatrist Coordinated Care Management (CCM)

1. We are working on coordination with TFCC to ensure access to care for shared patients.
2. Patients need quick and ready access to psychiatrist and Behavioral Health Clinicians. There are levels of care; episodic, chronic mental health, maintain medications, etc.
3. A member stated that she had a client who was excited the psychiatrist and is grateful. She is now back on her medications.
4. A member asked if TFCC is still working in the jail. Marlene stated there is no longer mental health staff at the jail, and discussion will address transfer from jail to community. Jail should not be a treatment option for mental health. The BOCC, Sheriff's Office, the District Attorney have been working on a mental health court.

6. Finance Report

A. Page 1: April month end cash balance was \$2,587,010.93 ending with \$3,310.15 more in revenue than expense..

1. **Page 6: Revenue:** Irene reported that we received \$10K from Clatsop County for COVID expenses. All other revenue is within normal range.
2. **Page 6: Expense:** Irene reported that we had an increase in leave buy out due to 2 retirees and one MA; and \$13K for non-capital equipment for dental. All other expenses are all within normal range.
3. **Page 7: Materials & Services:** All within normal range except as mentioned above.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that all revenue and expense for HRSA grants are within normal ranges.

5. **Page 12: Encounters:** Total encounters went from 1,307 in August to 1,145 in September. Tillamook clinic had 808 encounters; dental had 262 encounters; and Rockaway had 28. Average Provider Encounters per FTE went from 8.90 in August to 8.80 in September. Provider FTE was 3.72 in August to 3.54 in September.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers trended up with the highest at 10.08 and the lowest at 8.01.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in September was a total of \$85,472.34. The number of days open in September was 21, giving the average revenue for the workday at \$4,070.
8. **Page 17: % of Available vs Completed Schedule:**
September average shows the highest at 79.0% and lowest at 42.8%.
9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$344,021.76. The majority in the 0-30 bucket at 69.29%, higher than the prior month at 63.31%. The average for our 0-30-day bucket is 31.10 days; and gross charges were \$325,293.09. Payer mix shows Self Pay at 21%; and the percentage for Medicaid is 45%. Privately insured is at 22% and Medicare is at 11%. Oregon Contraceptive Care A/R is normal at 1%. Irene reported that there are still MODA issues with managed care issues which causes delay in applying payment to account and increases the days in A/R. Most issues are close to resolve.
10. **OCHIN Top 10:** We were number 10 in the top 10 out of 115 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 75. Prior month we were at 5 with a ranking score of 78. 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.

7. Report of Committees:

- A. Quality Assurance Committee
 1. October QA minutes

- a) John went over the recap that was provided in the packet showing the measures, compliance rate and goal percentages.

Action: Kimber moved to approve the report; Carol seconded. Motion carried.

8. **Old Business:**

A. **Grants:**

1. No report.

B. **Other:**

1. Staffing

- a) Registered Nurse – 1 offer
- b) Public Health Program Manager – no applications, need to created a Department Director
- c) Community Health Office Supervisor – made offer
- d) Medical Assistants – (3) – TBCC new students starting
- e) Behavioral Health Clinician 3 – 1 application, repost Spanish preferred, not required
- f) Community Health Nurse Manager – made offer
- g) Office Specialist 2 – made offer
- h) Building & Maintenance – interviews pending

9. **New Business:**

A. **Grants:**

1. OPCA COVID-19 Mini Grant – See Administrative Report

B. **Other:**

1. No report.

C. **Policy & Procedure:**

1. None

D. **Credentialing & Privileging:**

1. Dove Rainbow PA-C

Action: Carmen moved to approve the credentialing and privileging for Dove Rainbow; Carol seconded. Motion carried.

10. **Training:**

1. Health Equity & Inclusion Update – Shelby Porter provided an update of the project that she and Libby Kokes, Americorp Vista are working on.
2. Creation of videos in Spanish, Spanish website, flyers and social media for seniors, etc.

11. **Upcoming Events:**

12. **Unscheduled:**

13. **Adjourn:** The meeting was adjourned at 1:47 PM