

Tillamook County  
Community Health Council  
Meeting Minutes  
January 20, 2021

**Present via Telephone:** Brooke Bennett, Tim Borman, Harry Coffman, Carol Fitzgerald, Sharon Kaszycki, Kimber Lundy, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein, Erin Skaar

**Excused:** Amy Griggs; Donna Parks

**Absent/Unexcused:**

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

**Guests:**

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:20 pm.

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

A. Community/Patient Concerns

1. A member reported that a fax from his wife's provider was not received at the health center, or at least the staff could not locate it. Donna G. will alert Ronda to check out the fax machine.

B. Ambassador/Advocate encounters with Community Members

2. No report.

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

1. No report.

**3. Consent Calendar:**

A. **Approval of December 16, 2020 Meeting minutes:**

1. No changes

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

**4. Board Development:**

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

1. (See Attached List)

B. **Member Recruitment**

1. Welcome Bill Baertlein! Bill's application to become a member of the Health Council along with his signed conflict of interest form is included in the packet.

**Action:** Sharon moved to approve Bill as a new member; Carmen seconded. Motion carried.

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. Staffing during Pandemic**

1. Patient care at the main clinic is 8-5, Monday through Friday. Providers are rotating from clinic to the Hooley building for sick visits and COVID testing. Providers are offering in-person and virtual visits.
2. Behavioral health visits are in high demand and referrals are being made internally. The new psychiatrist is working with providers with patients and we continue to share him with TFCC two days per week.
3. BH manager continues to work with consultants on the innovative Community Care Model for the psychiatrist.
4. We have hired two new MA's and they are currently in training. The providers are assisting in the training and the teamwork is positive. Marlene invited the council members to share any comments they may hear in the community on how it is going, as it can be a great challenge with new staff. We will be hiring another MA as well.
5. Discussion:
  - A member thanked Marlene for the staff resilience during this time and is grateful for her leadership and extensive time devoted to making things run as smooth as possible.
  - A member asked if there were many allergic reactions to the vaccine; Marlene said there were a few and not serious. This member stated that the members should try to dispel rumors regarding the vaccine reactions and promote the effectiveness of the vaccine, over 90%.

#### **B. Dental Clinic**

1. The tentative new date for opening is February 22<sup>nd</sup>, bearing in mind we need to have Century Link grant IT access from their equipment.
2. Current dental staff are now answering the COVID-19 hone line, answering vaccine questions and scheduling for dental services.

#### **C. COVID-19**

1. We have 3 Public Health nurses and volunteers to do contact tracing and investigations. The county needs to purchase computers and cell phones to use over the next 6 months for volunteers.
2. The county remains in the extreme risk category; however, it is looking like cases are dropping.

#### **D. Equity & Inclusion**

1. Staff have developed a video in Spanish and is posted on Facebook. There is a series of 5 videos in production and will be targeted in a separate web page in Spanish. Marlene also stated that there are community meetings on the radio or dial in every Wednesday at 10AM and Fridays at 8AM.

**Action:** Carol moved to approve the Administrative Report; Sharon seconded. Motion carried.

## **6. Finance Report**

**A. Page 1:** November's month end cash balance was \$2,356,029.63 ending with \$125,309.39 more in expense than revenue.

1. **Page 6: Revenue:** Irene reported that the HRSA CARES Act funds of \$149,000 ran from July and ending in September. This affected the lower revenue amount. All other revenue is within normal range.

2. **Page 6: Expense:** Irene reported that we had an increase in contracted services, intercounty insurance and higher staffing costs due to hiring new people. All other expenses are all within normal range.
3. **Page 7: Materials & Services:** There was an increase in contracted services due to an increase in dental and behavioral health and mental health. All other expenses were within normal range except as mentioned above.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that program expense was \$254,671.35 and revenue was \$218,375.33, leaving \$36,296.02 more in expense than revenue. Additionally, COVID funding was over expended for supplies and Irene will need to move expenses to either a another federal or state line item, she is looking into the details and will decide and report back.
5. **Page 12: Encounters:** Total encounters went from 1,838 in October to 1,889 in November. Tillamook clinic had 1,100 encounters; dental had 284 encounters; and Rockaway had 27. Average Provider Encounters per FTE went from 7.60 in October to 9.90 in November. Provider FTE was 4.21 in October to 4.34 in November.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.17 and the lowest at 7.94.
7. **Page 16: Monthly Generated Revenue:**  
Provider revenue in November was a total of \$128,104.28. The number of days open in was 18, giving the average revenue for the workday at \$7,117.
8. **Page 17: % of Available vs Completed Schedule:**  
November average shows the highest at 84.1% and lowest at 45.5%.
9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$354,940.16. The majority in the 0-30 bucket at 71.54%, higher than the prior month at 61.81%. The average for our 0-30-day bucket is 27.60 days; and gross charges were \$425,444.15. Payer mix shows Self Pay at 19%; and the percentage for Medicaid is 39%. Privately insured is at 22% and Medicare is at 20%. Oregon Contraceptive Care A/R is normal at 1%.
10. **OCHIN Top 10:** We were number 18 in the top 10 out of 118 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 69. Prior month we were at 8 with a ranking score of 75. 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; Sharon seconded. Motion carried.

**B. Appendix A: Primary Care Federal Poverty Level for 2021**

- 1. Irene presented the annual federal poverty level, which is presented every January to the council for approval and adoption.
- 2. The nominal fee has not changed or the percentages, and mental health fees were added.
- 3. Irene would like to change the verbiage from “nominal” to “minimum” fee with the council’s permission, once she does more research on how HRSA would like for us to refer to the fee.
- 4. She would also like to remove the verbiage (medical, dental, behavioral and mental health services) under the minimum fee section as services are referred in the table.

**Action:** John moved to approve the Appendix A and to grant permission for the proposed changes; Sharon seconded. Motion carried.

**7. Report of Committees:**

**A. Quality Assurance Committee**

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

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

**8. Old Business:**

**A. Grants:**

- 1. OHA SRCH grant
  - a) Funding was awarded in the amount of \$50K; \$30K to continue work with Wellness to address diabetes with YMCA coordination of the Diabetes Prevention Program and outreach with partners in a shared referral pathway (nutrition, exercise, recreation). This includes videos for home viewing.
  - b) \$20K will be used to hire a contractor to research models and develop community buy-in for a Community Health Worker, or care extenders with people and organizations to identify barriers to care for patients in the county.
  - c) The funding is slated for January 1, 2021 through June 30, 2021.

**B. Other:**

- 1. Staffing
  - a) RN 1,2,3 – 1 offer pending license for RN1; RN3 will begin in March
  - b) MA – still looking to hire one more MA
  - c) Clinical Nurse Manager – begins Monday
  - d) Office Specialist 2 – 1 outstanding position to hire

- e) Building & Grounds – reposted
- f) Community Public Health Deputy Director – working on job description to get approval to replace the Public Health Manager with better pay

9. **New Business:**

**A. Grants:**

- 1. OHA – Wrap around grant
  - a) Marlene reported that the Executive Committee approved applying for this grant for \$20K, but it was determined that we will not be applying for the funds as it pays for services that we do not need at this time.

**B. Other:**

- 1. Confidentiality Statements
  - a) Donna G. reported that she mailed out the statement with a return envelope for members to sign the form. It is required annually.

**C. Policy & Procedure:**

- 1. None

**D. Credentialing & Privileging:**

- 1. None.

10. **Training:**

**A. COVID-19 Vaccines**

- 1. Marlene presented a verbal recap of the levels of vaccine roll out to the public. Group 1a has 4 groups:
  - Group 1: Hospitals; urgent care; skilled nursing and memory care facility health care providers and residents; tribal health programs; emergency medical services providers and other first responders.
  - Group 2: Other long-term care facilities and congregate care sites, including health care providers and residents; hospice programs; mobile crisis care and related services; individuals working in a correctional setting; personnel of group homes for children or adults with intellectual and developmental disabilities.
  - Group 3: Outpatient settings serving specific high-risk groups; in home care; day treatment services; non-emergency medical transportation.
  - Group 4: Health care personnel working in other outpatient and public health settings.
- 2. Group 1b includes educators and school staff and completing those in group 1a with second dose
- 3. Depending on the number of vaccines received, the plan continues with second dose for group 1b, moving on to those over 80+, then over 70+, then over 65+.
- 4. Vaccines are sent to Adventist, TCCHC, Rinehart, and Nehalem Fire.
- 5. County staff and community members meet 1-2 times per week to discuss if they are on track with the plan, number of vaccines available, possible events, number of volunteers, and communication.
- 6. Information is sent out on Wednesday at 10AM, Fridays at 8AM, on the radio, Facebook, and our webpage.
- 7. There is now a dedicated COVID line which is 503-842-3914.

- B. Donna G. presented two videos. One is from PBS NOVA entitled “Your COVID-19 Vaccine is Coming”. The other is called “I’m a Vaccine”, by the makers of School House Rock. Marlene wanted

the members to critique the video to see which one would be good to share on social media, as well as educate the members on the vaccine.

a) PBS video comments:

- Public is more concerned about the potential side effects
- Needs to be a video in Spanish
- It is important that people know that the virus is still transmitted even after the vaccine, that it isn't a cure-all. Also, new strains mean we have to continue to social distance and wear masks until full herd immunity is reached
- Like that it discusses antibodies, the RNA, etc.
- We should not dumb down the language, it is consistent with overall 6<sup>th</sup> grade level

b) "I'm a Vaccine" video comments

- Prefer the first video, this one seems to trivialize the virus and with so much misinformation, needs to be more specific
- This video could be used for younger audience, doesn't go far enough
- Need to communicate that the vaccine does not make you immune right away
- Video doesn't go far enough
- Herd immunity will take a while, even up to another year

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 2:07 PM