

Tillamook County
Community Health Council
Meeting Minutes
March 17, 2021

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

Excused: Amy Griggs

Absent/Unexcused:

Staff Present: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:21 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 stated that she went to Adventist for her COVID vaccine and was concerned about the technique used to administer the shot. The vaccinator was seated, and the patient stood, making the angle wrong and in her case, the vaccine dripped down her arm. She was concerned that she didn't get enough vaccine.
2. Marlene suggested that she call the COVID line and ask to speak with one of the public health nurses about the issue.
3. A member stated she just got her first shot and said the vaccine clinic was well run, people were sweet, and she was in and out in 30 minutes.
4. A member reported that staff and volunteers were professional at the fairgrounds.

B. Ambassador/Advocate encounters with Community Members

1. No report.

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

1. No report.

3. Consent Calendar:

A. Approval of February 17, 2021 Meeting minutes:

1. No changes

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

4. Board Development:

A. Health Council Member Contact & Areas of Expertise:

1. No report.

B. Member Recruitment

1. No report.

C. Board Membership Updates:

1. Tim stated that his spouse would like to join the Health Council.

2. Donna G. will send an application.

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. Tillamook County COVID-19 Case Summary

1. Accumulative Data:

- 469 total cases
- 12,292 negative tests (OHA)
- 23 hospitalized total – 0 this week
- 2 COVID-19 related deaths

2. Risk Level

- COVID-19 cases are still increasing in Tillamook County, with majority of the cases being “family connected.” Tillamook County may remain in the “Moderate Risk” category, but there is potential to move to the “High Risk” category effective 3/26/21 – 4/08/21. OHA calculated the county with 40 new confirmed positive and presumptive cases from Sunday 2/28/21 – Saturday 3/13/21. If cases rise above 45 we would be at risk of moving to the “High Risk” category, and if cases are greater than 60 we would move to the “Extreme Risk” category effective 3/26/21. Final data count and risk status will be announced 3/23/21.

3. Vaccine Administration as of 2/16/21

- 5,273 total primary vaccines have been administered since they arrived in Tillamook County at the end of December 2020
- Partners are Adventist Health, Rinehart Clinic, and Nehalem Bay Fire and Rescue will allow scheduling and immunizing even more people in the county by sharing our eligibility list with these partners to arrange a vaccine site in south and north county as well as the one in central county. It all depends on vaccine supply and staffing.
- Assistance is available with the online enrollment form by calling 503-842-3914 staffed Monday – Friday 8am – 5pm with bilingual (English and Spanish) staff.

4. County IT is working on our behalf at the fairgrounds for better connectivity to run the clinic.

5. An online platform is being tested this week to schedule patients for the shot, as well as allow the patient to schedule their shots at the location of their choice.

B. Equity and Diversity

1. Marlene showed the new video in Spanish that was developed from the project.

C. Harm Reduction Program

1. We have an agreement in place with Clatsop County to provide training for Tillamook County to conduct a needle exchange program at CARE.
2. Staff, public health nurse, and behavioral health manager will be trained to provide this service once or twice a month.
3. For more information, visit Clatsop’s web page under Public Health’s Harm Reduction Program.

D. Dental Clinic

1. The fiber is now connected to the clinic and it will take 2-4 weeks for scheduling, and 4-6 weeks to open.
2. Staff has been hired through Dental Care LLC.
3. Training on Epic Wisdom will be provided by OCHIN to the staff.

Action: Kimber moved to approve the Administrative Report; Tim seconded. Motion carried.

6. Finance Report

- A. **Page 1:** January's month end cash balance was \$2,136,848.55 ending with \$204,348.31 more in expense than revenue.
1. **Page 6: Revenue:** Irene reported that all payor mix is down, especially for Medicaid. There were issues with credentialing and registration, causing errors and delays with billing. Additionally, medical and dental had lower schedule capacity. Irene reported that one of her billing staff worked on a Saturday and resolved the issue of our wrap payment from CareOregon, which will account for an increase of about \$456K on the Medicaid line. All other revenue is within normal range.
 2. **Page 6: Expense:** Irene reported that the 340B pricing for some medication prescribed were at an extreme amount, with a \$10K increase. She will clarify with Wellpartner about the expense and ask providers to cease prescribing this medication. All expenses are all within normal range.
 3. **Page 7: Materials & Services:** Irene reported that we had an increase in Professional and Contracted services for the Health Equity project for charges for 2 months of vendor work submitted in January. For building and grounds, there was an increase for the generator being serviced. Other expenses were within normal range.
 4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that all revenue and expenses were within normal range.
 5. **Page 12: Encounters:** Total encounters went from 1,265 in December to 1,996 in January. The increase was due to encounters not getting processed from the previous month resulting in negative revenue last month. Tillamook clinic had 1,571 encounters; dental had 192 encounters; and Rockaway had 21. Average Provider Encounters per FTE went from 7.40 in December to 14.50 in January. Provider FTE was 3.78 in December to 4.27 in January.
 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 18.39 (credentialing issue previous month) and the lowest at 11.66, with an average of 9.24.
 7. **Page 16: Monthly Generated Revenue:**
Provider revenue in January was a total of \$221,296.46, which is excellent. The number of days open in was 19, giving the average revenue for the workday at \$11,647.
 8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers remains at about 50 – 60%. Rockaway has increased to 2 days per month and we continue to monitor encounters.

9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$357,270.11. The majority in the 0-30 bucket at 76.83%. The average for our 0-30-day bucket is 27.50 days; and gross charges were \$477,251.15. Payer mix shows Self Pay at 19%; and the percentage for Medicaid is 36%. Privately insured is at 26% and Medicare is at 18%. Oregon Contraceptive Care A/R is up slightly at 2%.

10. **OCHIN Top 10:** We were number 34 in the top 10 out of 119 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 62. Prior month we were at 50 with a ranking score of 64. This was due to holding of claims for a new provider waiting on credentialing. 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. February 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; Tim 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 was 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 or 2 – open position
- b) RN3 will begin in March
- c) MA – 1 open position
- d) Clinic Manager – open position
- e) Behavioral Health Clinician 3 – open position
- f) Office Specialist 2 – starts 3/15/21 for COVID
- g) Building & Grounds – reposted
- h) Community Public Health Deputy Director – working on job description to get approval to replace the Public Health Manager with better pay
- i) Mobile Clinic Coordinator – on hold

9. **New Business:**

A. Grants:

1. CPCCO COVID-19 Emergency Funding 2021
 - a) Marlene presented to the executive committee a new grant opportunity from the CCO for COVID emergency funding in the amount of \$92,282, which would hire staff for 9 months to assist with vaccine events and offset Care Coordinator bilingual staff salaries and benefits. Additionally, it would supply signs, computers, phones, etc.
 - b) The grant application was approved at Executive Committee as the due date was prior to this meeting.
 - c) It was approved by BOCC today.

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

B. Other:

1. No report.

C. Policy & Procedure:

1. Dental Clinic Mission, Services, and Hours of Operation
 - a) Donna G. presented the policy for the new dental clinic for review and approval of the council.

Action: Donna P. moved to approve the policy; Kimber seconded. Motion carried.

D. Credentialing & Privileging:

1. None.

10. **Training:**

- A. Three Ways Health Center Board Members Can Serve As Ambassadors For The COVID-19 Vaccine
 1. A short video was presented by the National Association of Community Health Centers.
 2. Discussion:
 - Spouse and I were vaccinated together and had very different results; husband did not have any symptoms; wife, who is half his size had an extreme reaction, but she also has many other health issues. Wonder if the same dose for different sizes was studied.

- Symptoms after the second vaccine is showing an immune response, which is a good thing.
- Testing is now with pediatric patients; thinks that this issue was thought through.
- The CDC states to prepare prior to vaccine by drinking water, eating well, and resting to prepare body.
- Children does not want her or her husband alone after the second shot in case there are any issues.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 2:14 PM