

Tillamook County
Community Health Council
Meeting Minutes
April 21, 2021

Present via Telephone: Brooke Bennett, Tim Borman, Harry Coffman, Carol Fitzgerald, Kimber Lundy, Carmen Rost, John Sandusky, Bill Baertlein, Erin Skaar
Excused: Amy Griggs, Sharon Kaszycki, 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 12:22 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 had reported a bad experience on her first shot but said her second shot went much better with the health center.
2. A member reported that the YMCA does a great job in assisting people who need assistance in the community. She specifically said Galena was great!

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 March 17, 2021 Meeting minutes:**

1. No changes

Action: John moved to approve as written; Kimber seconded. Motion carried.

4. Board Development:

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

1. A moment of silence was held in honor of Clayton Rees, who passed away recently.
2. No updates.

B. **Member Recruitment**

1. Kim Smith-Borman sent in an application for membership to the Health Council and was in attendance. Health Council members and staff introduced themselves.

C. **Board Membership Updates:**

1. Review and Approve new member Kim Smith-Borman.

Action: Bill moved to approve Kim as a Health Council member; Carmen seconded. Motion carried.

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:

- 589 total cases
- 14,069 negative tests (OHA)
- 25 hospitalized total – 0 this week
- 3 COVID-19 related deaths

2. Risk Level

- COVID-19 cases had a slight downturn from 67 prior to 49 in the last 2 weeks in Tillamook County. Tillamook County may remain in the “High Risk” category, but there is potential to move to the “Moderate Risk” category.

3. Vaccine Administration as of 4/20/21

- 10,507 total primary vaccines have been administered, which is 40% of county residents and 6,696 have received both doses of the two dose vaccines, which is 25% of the county residents.
- 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.
- Frontline worker event this last Saturday was very successful, 346 individuals were vaccinated. Several other worksite events have also been completed and other specific outreach events have been scheduled.
- All Oregonians aged 16 and older can schedule a Pfizer vaccine. Vaccines can be scheduled online at <https://app.blockitnow.com/consumer/covid-care> or by calling 503-842-3914.
- At this point, we only have Moderna vaccine. Moderna and Johnson & Johnson are only authorized for 18 and over. We are working with Adventist, OHA, and Tillamook County school districts to make the Pfizer vaccine available.
- Vaccinations are free. No insurance is needed and no proof of immigration status or Social Security number is required.
- Johnson and Johnson vaccine is still on hold pending investigation.

B. Dental Clinic

1. The dental clinic will open on May 3rd. The X-Ray test was passed and they are ready to go with staff hired through Dental Care LLC.

C. Behavioral Health

1. Measure 110 passed in November. The measure’s goal is to establish a more health-based, equitable and effective approach to drug addiction in Oregon by shifting the response to drug possession from criminalization to treatment and recovery.
2. We are working on expanding partner support, with Rinehart and TFCC for consulting with the Psychiatrist. We will be looking into the Mobile Clinic and hiring a coordinator.

D. Equity and Diversity

1. The videos and Spanish website have been developed. We are working on a contract to maintain content on the Spanish page as we do not have staff available.

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

6. Finance Report

- A. **Page 1:** February's month end cash balance was \$2,147,396.22 ending with \$10,547.67 more in revenue than expense.
1. **Page 6: Revenue:** Irene reported that we received donations of \$15K for Wellness and \$1K for COVID19. We also received \$32K in Medicare based on the Medicare Cost Report that was submitted earlier this year. Other revenue was within normal range.
 2. **Page 6: Expense:** Irene reported that we had overtime expenses for public health nurses and MA's for covering for COVID19 activities. We received a refund of \$5K for unemployment as we were overcharged. Other expenses were within normal range.
 3. **Page 7: Materials & Services:** Irene reported that we has \$12K in computer expense for laptops and phones, and a credit of \$308.38 of the return of unopened flu vaccine.
 4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that all revenue and expenses were within normal range. She also explained that we usually receive Quality Improvement funds every year and we have no received it yet. It could be that the pandemic has caused a drop in our metrics. We were using those funds for the consultant for the psychiatrist. She will need to do an adjustment if we do not receive the funds this year.
 5. **Page 12: Encounters:** Total encounters went from 1,996 in January to 2,578 in February. The increase was due to vaccines. Tillamook clinic had 2,186 encounters; dental had 211 encounters; and Rockaway had 27. Average Provider Encounters per FTE went from 14.50 (overstated in January) to 8.10 in February. Provider FTE was 4,27 in January to 5.56 in February.
 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.45 and the lowest at 7.93, with an average of 8.10.
 7. **Page 16: Monthly Generated Revenue:** Provider revenue in January was a total of \$119,213.63. The number of days open in was 19, giving the average revenue for the workday at \$6,274.
 8. **Page 17: Available vs Completed Schedule:** Irene reported that the schedule for providers remains at about 50 – 60%, with one provider at 72.4%. Behavioral Health is doing well with warm handoffs, MAT, etc. Rockaway has increased to 2 days per month and we continue to monitor encounters.

9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$413,165.82. The majority in the 0-30 bucket at 72.22%. The average for our 0-30-day bucket is 29.90 days; and gross charges were \$471,985.11. 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 29 in the top 10 out of 120 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 63. Prior month we were at 34 with a ranking score of 62. 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: John moved to approve the Financial Report; Kimber seconded. Motion carried.

7. Report of Committees:

- A. Quality Assurance Committee
 1. March QA minutes
 - a) Carmen went over the recap that was provided in the packet showing the measures, compliance rate and goal percentages.
 - b) Carmen also stated that the number of patients are down which causes the metrics not to be met. Staff is shorthanded, and the panel management is not being done consistently to bring in the patients.
 - c) Screenings are not happening like they normally would and will continue to be an issue until COVID is under control.

Action: Carmen moved to approve the report; John 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. MA – 1 open position
- c. Clinic Manager – offer made; awaiting housing
- d. Behavioral Health Clinician 3 – open position
- e. Community Public Health Deputy Director – internal posting
- f. Mobile Clinic Coordinator – will post

9. **New Business:**

A. Grants:

1. HRSA American Rescue Plan (H8F)

- 2. Irene provided an overview of the CARES Act as well as the new grant. She stated that we have received 3 CARES Act funding from HRSA. The larger grant funding ended in September last year and provided funding for staff who weren't grant funded as the productivity has dropped due to the pandemic.
- 3. The new grant will also provide funding for staff, mainly public health nurses, for salaries and benefits. Other funds will be used for renovating the Hooley building; however, we cannot add footprint to the building.
- 4. Other funds in the grant will provide generators at locations that need it, and cars, one for Public Health and one for Environmental Health.
- 5. Additionally, we will increase staff by hiring 2 OS2's and one Care Coordinator.

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

B. Other:

- 1. No report.

C. Policy & Procedure:

- a) None.

D. Credentialing & Privileging:

- 1. Danell Boggs, LCSW
- 2. Michelle Bleth-Weber, RDH

Action: Carmen moved to approve the credentialing for both Danell Boggs and Michelle Bleth; Carol seconded. Motion carried.

10. **Training:**

- A. None

11. **Upcoming Events:**

12. **Unscheduled:**

A. Brooke Bennet wanted to let the council know that our CHC has donated expired equipment and supplies to TBCC for educational purposes.

13: **Adjourn:** The meeting was adjourned at 1:57 PM