

Tillamook County
Community Health Council
Meeting Minutes
May 19, 2021

Present via Telephone: Bill Baertlein, Brooke Bennett, Tim Borman, Harry Coffman, Sharon Kaszycki, Kimber Lundy, Donna Parks, Carmen Rost, John Sandusky, Erin Skaar, Kim Smith-Borman

Excused: Carol Fitzgerald, 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 12:18 pm.

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

A. Community/Patient Concerns

1. At the Executive Committee meeting last month a member stated that she was sent a bill on the very day she had an appointment with the Nutritionist. She wondered if she was pre-billed, but found out that the bill was for a visit last year. She contacted the billing company and told them it was not appropriate to get billed a year after a visit. Irene will speak with the billing team and find out what happened.

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 April 21, 2021 Meeting minutes:

1. Donna P. noted that under Consent Calendar there were no changes to the minutes, but the action stated that the motion to approve as amended.
2. Donna G. will change that the motion to approve as written.

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

4. Board Development:

A. Health Council Member Contact & Areas of Expertise:

1. No updates.

B. Member Recruitment

1. No report.

C. Board Membership Updates:

1. No update.

C. Common goals – shared resources between agencies:

1. No report.

D. Underrepresented & Youth potential members:

1. Marlene asked Brooke if she could see if any college students in the Health Care Administration course would be interested in joining the Health Council as a youth member.
2. Brooke will follow up and send information to Marlene if any students are interested.
3. Harry will follow up with the high school for members in the fall.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator –

A. Tillamook County COVID-19 Case Summary

B. COVID 19 Update

1. Positive cases are going down in the county
2. Vaccine numbers
 - a) 59% of county residents are vaccinated, the goal is 65% with the state is 70%
 - b) We will phase out vaccine clinics due to low numbers by the end of May
 - c) We will move vaccine distribution to the Hooley building and vacate the fair ground location
 - d) In June vaccinations will be clinic based and 2 ½ days for vaccine clinics
3. Mask requirements
 - a) Fully vaccinated persons no mask is required outside
 - b) We will keep current mask requirements for now and not create a new policy
4. CHC patients vaccination
 - a) Currently giving 10-11 vaccinations per day in clinic
5. Equity Plan
 - a) Additional outreach is required for black indigenous people of color (BIPOC)
 - b) Goal is to vaccinate 80% of the population in this category, currently at 25%
 - c) At current rate at 1% per week should reach goal by end of June
 - d) Need to have one on one conversations with patients over the next 6 months with homeless, dreamers and Latinx
 - e) Low numbers may be because of not trusting the vaccine

C. Feasibility Assessment/Study

1. Call with Project Officer

- a) We had a call with our HRSA project officer yesterday, May 18th. The call included staff from the treasurer's office, John Sandusky, Irene Fitzgerald, County Counsel, Chief of Staff for the county, Donna Gigoux and other HRSA staff members.
- b) We were given basically 2 directions to go. One was to have the county continue to be the applicant and we would be the recipient as a non-profit of the grant funds. The other would be the county would relinquish the grant and it would be open to anyone to apply.
- c) Our next step is to contact Oregon Primary Care Association (OPCA) for their expertise.

D. Dental Services

1. Clinic

- a) Clinic opened May 5th with the first couple of days going over process with minimal number of patients
- b) Currently the goal is to have 10-12 patients per day
- c) Intermediate goal is 15 patients per day, 300 patients per month for the first 6 months
- d) Ultimate goal is 18-20 patients per day with 360 – 400 patients per month

2. School-based Screening & Sealant

- a) Starting Fall 2021, we will be conducting the school based sealant program. This includes contracting with a hygienist, updating policies, and getting a new MOU with the school districts.

E. Behavioral Health Services

1. Sustainability & Productivity – psychiatrist integration
 - a) Working with Synergy Consultant services to develop an integration program with the psychiatrist and TFCC.
 - b) Working also with a pilot project with Rinehart to begin soon to provide services
2. Bidirectional Integration project
 - a) We will be working with TFCC to have a provider and MA at their location to allow their patients the opportunity to get primary care in that setting
3. We will be seeking an additional behavioral health clinician, preferably bilingual

F. Harm Reduction

1. Needle exchange occurs every 1st and 3rd Wednesday of the month at CARE location in the parking lot. It has been very well received in the community.

G. Medical – Wellness Exams

1. Outreach begins in June to encourage annual wellness exams for all ages
2. During the exam we will determine the patient’s vaccine status, provide the vaccine and answer any questions or concerns

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

6. Finance Report

- A. **Page 1:** March’s month end cash balance was \$2,715,347.83 ending with \$567,951.61 more in revenue than expense.
 1. **Page 6: Revenue:** Irene reported that we received from OHA \$252K to assist in reimbursing public health contact tracing based on the number of cases and received \$454K from the CCO to catch up with our wrap for dental. Other revenue was within normal range.
 2. **Page 6: Expense:** All expenses were within normal range.
 3. **Page 7: Materials & Services:** Irene reported that we were reimbursed \$2,645 for “Up to Date” a program similar to WebMD.
 4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that we had more expenditures than revenue in March. Revenue was \$216,926.56 and expense was \$271,796.50.
 5. **Page 12: Encounters:** Total encounters went from 2,578 in February to 4,081 in March. The increase was due to vaccines. Tillamook clinic had 3,717 encounters; dental had 259 encounters; and Rockaway had 37. Average Provider Encounters per FTE went from 8.10 in February to 9.60 in March. Provider FTE was 5.56 in February to 5.21 in March.

6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.77 and the lowest at 8.06, with an average of 9.16.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in January was a total of \$193,804.09. The number of days open in was 23, giving the average revenue for the workday at \$8,426.
8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers remains at about 50 – 60%, with one provider at 72.8%. 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 \$435,683.20. The majority in the 0-30 bucket at 72.30%. The average for our 0-30-day bucket is 25.10 days; and gross charges were \$610,987.16. Payer mix shows Self Pay at 20%; and the percentage for Medicaid is 35%. Privately insured is at 25% and Medicare is at 18%. Oregon Contraceptive Care A/R is normal at 1%.
10. **OCHIN Top 10:** We were number 16 in the top 10 out of 120 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 70. 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 service 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: Kimber moved to approve the Financial Report; Donna P. seconded. Motion carried.

7. Report of Committees:

A. Quality Assurance Committee

1. April QA minutes

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

- b) John also stated that the Medically Assisted Therapy (MAT) patients are now at 48. Dr. Borman would like to begin services in the clinic, but the problem is where to put him as there are so many employees in the clinic. It will be decided by the fall.

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

8. **Old Business:**

A. **Grants:**

1. HRSA American Rescue Plan (H8F)

- a) The new grant will also provide funding for 2 years for staff, mainly public health nurses, for salaries and benefits, purchase of vehicles, and hire 2 OS2's and one Care Coordinator.
- b) A second part of this grant is for \$500K and will be used for construction to remodel the Hooley building. The architect is drawing up plans for the remodel. The footprint may be expanded, and interior changed to accommodate staff and services. We would use part of our reserve to complete the remodel as we cannot co-mingle funds from both sources.

2. Sustainable Relationships for Community Health (SRCH) Grant

- a) The project for Community Health Workers is finishing up with OHA. There are additional funds available through the CCO for assistance.

B. **Other:**

1. Staffing

- a) RN 1 or 2 – public health nurse, one retiring and one promoted; 2 open positions
- 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
- g) Environmental Health – internal promotion beginning May 16

9. **New Business:**

A. **Grants:**

- 1. No report.

B. **Other:**

- 1. No report.

C. **Policy & Procedure:**

- 1. No report.

D. **Credentialing & Privileging:**

- 1. No report.

10. **Training:**

A. Risk Management Annual Report

- 1. Donna G. presented the annual Risk management report to the Health Council. It is a requirement by HRSA in order for us to apply for our Federal Tort Claims Act (FTCA) malpractice insurance, which is due at the end of June.

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

11. **Upcoming Events:**
12. **Unscheduled:**
 - A. Carmen noted that there was a bad review on Facebook regarding our clinic. She said she left the name of the person with Lola for follow up.
- 13: **Adjourn:** The meeting was adjourned at 1:49 PM