

Tillamook County
Community Health Council
Meeting Minutes
June 16, 2021

Present via Telephone: Tim Borman, Harry Coffman, Carol Fitzgerald, Kimber Lundy, Donna Parks, Carmen Rost, John Sandusky, Erin Skaar, Kim Smith-Borman
Excused: Bill Baertlein, Brooke Bennett, Sharon Kaszycki, 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 12:25 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 thought we had the best mental health in our clinic.
- 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:

Action: Kimber moved to approve as amended; Carol 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. It was suggested that we contact the high school or TBCC for any Latinx students who may be interested.

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) 63.59% of county residents are vaccinated, the goal is 65% with the state is 70%. This is 1.41% or 310 people who need to get their first vaccination.
- b) We have moved vaccine distribution to the Hooley building and vacate the fair ground location, vaccinations will be clinic based and 2 ½ days for vaccine clinics

3. Delta Variant

- a) Delta variant is now in the US and it is being studied. The CDC has not changed their guidance, although there is not sufficient evidence yet to know if those who are vaccinated can either get the variant or spread it.
- b) Children under 12 have not been approved to get vaccine. If the variant spreads further, it may affect children going to schools.
- c) The variant is highly contagious and non-vaccinated people are becoming ill.

4. 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

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) Need to have one on one conversations with patients over the next 6 months with homeless, dreamers and Latinx
- d) Low numbers may be because of not trusting the vaccine

C. Dental Services

1. 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.
- b) Parents or teachers may not want the screenings on school grounds.
- c) Screenings happen in the clinic during wellness visits.

D. Community Health Nursing Services

1. We have had contracts with all three school districts to provide public health nurses

- a) At this point, we do not have capacity to provide services in the schools
- b) Perfect storm of lack of nurses to provide home visiting, communicable disease, case investigations and disease prevalence.
- c) There is a huge impact due to the availability of nurses across the US and there are new assessment criteria for onsite nursing with districts having 70% of free and reduced lunch eligibility and to include children with diabetes which requires 1:1 support.
- d) Looking at options as Tillamook School District alone needs 4-5 nurses.
- e) This may be another project for TBCC to begin a nursing program.

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

E. 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.

a) Services provided are wound care and providing Naloxone with training on how to use it.

F. Behavioral Health

1. Currently we have 53 Medically Assisted Therapy (MAT) patients.
2. There has been a rapid increase due to COVID-19.

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

6. Finance Report

A. **Page 1:** April's month end cash balance was \$2,772,311.00 ending with \$56,963.17 more in revenue than expense.

1. **Page 6: Revenue:** Irene reported that all revenue was within normal range.
2. **Page 6: Expense:** All expenses were within normal range.
3. **Page 7: Materials & Services:** Irene reported that Drugs and Vaccines had an expense of \$26,510.10 for quarterly vaccines. Memberships and Dues were higher due to Oregon Primary Care Association (OPCA) annual dues in the amount of \$12,445.01 and we had an expense of \$1,160.30 for legal fees.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that we had more expenditures than revenue in April. Revenue was \$179,805.58 and expense was \$279,942.44. This is due to no Quality Improvement received this year and salary for public health and custodian resulted in more expense. Irene also reported that a carry over amount of \$122K was approved by HRSA.
5. **Page 12: Encounters:** Total encounters went from 4,081 in March to 4,322 in April. The increase was due to vaccines. Tillamook clinic had 3,997 encounters; dental had 257 encounters; and Rockaway had 48. Average Provider Encounters per FTE went from 9.60 in March to 9.10 in April. Provider FTE was 5.21 in March to 5.16 in April.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 10.03 and the lowest at 7.05, with an average of 9.15.
7. **Page 16: Monthly Generated Revenue:** Provider revenue in January was a total of \$130,906.72. The number of days open in was 22, giving the average revenue for the workday at \$5,950.
8. **Page 17: Available vs Completed Schedule:** Irene reported that the schedule for providers remains at about 50 – 60%, with one provider at 79.6%. 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 \$476,662.82. The majority in the 0-30 bucket at 71.13%. The average for our 0-30-day bucket is 25.60 days; and gross charges were \$576,076.02. 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 10 in the top 10 out of 122 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 71. Prior month we were at 16 with a ranking score of 70. 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; John seconded. Motion carried.

B. Appendix A: Fiscal Policies and Procedures

1. Irene presented the HRSA American Rescue Plan Act budget for approval which included the Budge Summary, Narrative, and Personnel Justification.

Action: Tim moved to approve the Appendix A; Carmen seconded. Motion carried.

7. Report of Committees:

A. Quality Assurance Committee

1. May QA minutes

- a) Carmen provided a recap of the minutes which included tobacco use numbers are slightly declining. Dr. Steffey will educate the MA’s and providers to include screening and documenting smokeless tobacco use.
- b) Carmen also said the wellness exams will help boost the numbers which have declined during the pandemic.

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

8. **Old Business:**

A. **Grants:**

1. HRSA American Rescue Plan Grant

- 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.

2. HRSA American Rescue Plan – Construction

- a) This grant will provide modification/construction to the new building recently purchased (Hooley building). It would modify the existing building and construct an addition that will go up to the sidewalk.
- b) The amount of the grant is \$569K. The anticipated cost will exceed the grant amount as it more than doubles the space that we will offset with our reserves.
- c) Marlene looked at our last construction grant and the cost to add 1,200 sq.ft. was \$465K ten years ago.
- d) The building will have multiple uses; conference room for training, space for WIC, Environmental Health, Public Health, testing vaccine drive by, flu clinics, immunizations, family planning.
- e) This will pay prevailing wage to the contractor, and we will need to go out for bid.
- f) Plans are being drawn up by an architect.

Action: John moved to approve the application for the construction grant; Kimber seconded. Motion carried.

B. **Other:**

1. Staffing

- a) RN 1 or 2 – RN2 has accepted the position and will begin July 19th
- b) MA – 1 open position, interviews scheduled
- c) Clinic Manager – begins in August
- d) Behavioral Health Clinician 3 – interviews scheduled
- e) Mobile Clinic Coordinator – interviews scheduled

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:**

1. Social Media – Shelby Porter

- a) Shelby provided a report regarding our social media (Facebook, Website).
- b) She showed that our online presence has increased significantly and more people are reacting to our content.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:55 PM