

Tillamook County
Community Health Council
Meeting Minutes
July 21, 2021

Present via Telephone: Bill Baertlein, Brooke Bennett Harry Coffman, Carol Fitzgerald, Sharon Kaszycki, Donna Parks, Carmen Rost, John Sandusky, Erin Skaar, Kim Smith-Borman
Excused: Tim Borman, Kimber Lundy, 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 called in to get an appointment with Dr. Steffey to discuss a new medication. She was told that there were no appointments until the 8th. She asked if we were still doing telehealth visits and was told no. Donna G. will relay the message to clinic manager.
2. A member reported that there was a negative comment on Facebook regarding getting through to the dental scheduling line. Donna G. reported that the issue was reported to the dental manager, the manager left a message to the person who wrote the comment stating that she would assist her, and after 2 weeks has not heard back. The issue is the CCO has assigned over 5,000 new dental patients and the workload for existing staff is backlogged. Getting through is difficult due to the number of calls they are getting. We are working to hiring an OS2 to offload some of the work, but hiring is difficult at this time.

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 June 16, 2021 Meeting minutes:

Action: Donna P. moved to approve as amended; Sharon 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. No report.

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 rising in the county
 - a) We have had 42 cases in the last 2 weeks with 19 last week and 9 over the weekend. If we were still using the risk level model, we'd be in moderate to high risk right now.
 - b) Numbers in the state have doubled and hospital capacity is a potential issue.
 - c) There are only 53 ICU beds remaining in the region.
2. 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.
3. Discussion
 - a) A member asked if there are going to be any housing issues or evictions.
 - b) The moratorium from the CDC is in effect until July 31st. If there is need, contact Peter at CARE, as he has funding to assist people in need.

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

6. Finance Report

A. Page 1: May's month end cash balance was \$3,650,552.46 ending with \$878,241.46 more in revenue than expense.

1. **Page 6: Revenue:** Irene reported that we received OHA COVID-19 funding of \$914K. She indicated that sometimes OHA will send grant funding up front and then we end up sending funds back if not expended. All other revenue was within normal range.
2. **Page 6: Expense:** Due to the fiscal year end, expenses were higher. We had \$18,110 in COVID-19 expenses. All other expenses were within normal range.
3. **Page 7: Materials & Services:** Irene reported that we had \$183 in volunteer insurance and higher expenditures in operating supplies due to the fact that we couldn't purchase during the month of June
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that we had more expenditures than revenue in May. Revenue was \$205,936.59 and expense was \$277,954.94. All other revenue/expense was within normal range.

5. **Page 12: Encounters:** Total encounters went from 4,322 in April to 3,682 in May. Tillamook clinic had 3,306 encounters; dental had 322 encounters; and Rockaway had 54. Average Provider Encounters per FTE went from 9.10 in April to 11.20 in May. In comparing encounters with providers to last year, it shows a significant increase for the month. Provider FTE was 5.16 in April to 3.76 in May.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 14.57 and the lowest at 8.38..
7. **Page 16: Monthly Generated Revenue:** Provider revenue in May was a total of \$111,522.16. The number of days open in was 21, giving the average revenue for the workday at \$5,728.
8. **Page 17: Available vs Completed Schedule:** Irene reported that the schedule for providers remains at about 50 – 70%, with one provider at 78.2%. Behavioral Health is doing well with warm handoffs, MAT, etc.
9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$471,931.80. The majority in the 0-30 bucket at 69.81%. The average for our 0-30-day bucket is 25.20 days; and gross charges were \$534,104.05. 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 73. Prior month we were at 10 with a ranking score of 71. 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: Sharon moved to approve the Financial Report; Kim seconded. Motion carried.

7. Report of Committees:

A. Quality Assurance Committee

1. June QA minutes

- a) John provided a recap of the measures for the month.
- b) He referred to the Dashboard which has shown several measures trending up, which is remarkable.
- c) It was discussed that the council members would like to do something for the staff to thank everyone for the increase in numbers going up.
- d) It was decided that breakfast will be brought in on September 8th at 7:30 AM just prior to the all staff meeting.

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

8. Old Business:

A. Grants:

1. No report.

B. Other:

1. Staffing

- a) RN 1 or 2 – RN2 has accepted the position and will begin July 19
- b) Office Specialist 2 – Interview scheduled
- c) Clinic Manager – begins August 16
- d) Behavioral Health Clinician 3 – interviews scheduled
- e) Mobile Clinic Coordinator – position accepted, begins August 2
- f) Front Office Supervisor – tentative start date August 2
- g) Public Health Nurse (RN#) - 2 positions open
- h) Medical Billing Tech – open
- i) Nutritionist/WIC Coordinator – on hold
- j) Public Health Program Rep (Spanish Required) – in progress

9. New Business:

A. Grants:

1. No report.

B. Other:

1. Rede Group

- a) The Rede Group is gathering data for a Regional Health Equity report.
- b) They are asking for feedback for those community member who are 65+.
- c) Health Council members were asked if they would like to participate and several said yes.
- d) Health Council also decided that they should show support by having a vote in support of the report.

Action: John moved to approve the Rede Group Equity report; Sharon seconded. Motion carried.

C. Policy & Procedure:

1. No report.

D. Credentialing & Privileging:

1. Michael Redmond, DO

Action: John moved to approve the credentialing and privileging of Michael Redmond; Sharon seconded. Motion carried.

10. **Training:**

1. Community Health Equity Presentation for Clatsop, Columbia and Tillamook Counties
 - a) A member of the Rede Group presented information regarding the efforts to develop a regional health equity report for the three counties.
 - b) Its purposes is to reduce health disparities in our communities.
 - c) Our region has a population of middle aged and older living in poverty, homelessness, and uninsured and a lower population who attended college.
 - d) Health Council members identified several barriers our county citizens encounter and the overall condition of our communities.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 2:34 PM