

Tillamook County  
Community Health Council  
Meeting Minutes  
August 18, 2021

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

**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 12:25 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 was told by a friend that they went in to establish care for a sports physical for their child. They saw Dr. Paulissen and were very happy with their experience.

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 July 21, 2021 Meeting minutes:**

**Action:** Sharon moved to approve as written; Kimber 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 report.

C. **Common goals – shared resources between agencies:**

1. No report.

D. **Underrepresented & Youth potential members:**

1. Marlene will contact Brooke again regarding any students who may want to become youth members.
2. Harry will contact the instructor at the high school once school begins.

**5. Administrator's Report:**

**General Update and Report provided by Marlene Putman, Administrator –**

A. Tillamook County COVID-19 Case Summary

1. Positive cases are rising in the county

- a) We have had 66 cases over the weekend, seven day case count was 181, highest ever, between August 8-14. We have 274 cases between August 1 – 15, again highest ever since the pandemic began.
  - b) Total of cases between March 2020 and August 15<sup>th</sup> is 1,045.
  - c) Approximately 78-80% of cases are unvaccinated. The breakthrough rate is August so far is 21.90%; unvaccinated 170, vaccinated 60 and unknown 44. (unknown – vaccination record is not in Oregon’s immunization registry, and they may have been vaccinated outside of Oregon.
  - d) Case investigation is delayed due to high volume of new cases.
  - e) There are only 42 ICU beds remaining in the region.
2. Severity
- a) There have been 5 deaths in the county, all unvaccinated individuals.
  - b) 35 hospitalizations with 1 new this week. Unvaccinated – 31; vaccinated – 1; and unknown – 3.
  - c) Test positivity rate is 22.1% between August 8 – 15, highest since start of pandemic. Test positivity rate had been less than 6% for majority of pandemic until end of July. The higher rate indicates how much COVID-19 is spreading in a community.
  - d) There are 6 active outbreaks with public health investigating 11 more potential outbreaks.
  - e) Delta variant is three times more transmissible than earlier strains of the virus, causing at least 2 times more infections. The variant now accounts for over 85% of sequenced cases in Oregon, with Oregon ranking 8<sup>th</sup> in the nation.
  - f) Mask mandate effective August 13<sup>th</sup> to wear masks indoors and outdoors if you cannot social distance. Take precautions, distance, wash hands frequently, postpone events.
  - g) Anticipate an increase in cases after the fair, both county and state. It is anticipated that Oregon should peak around September 7<sup>th</sup> (Labor Day).
  - h) With the increased volume of positive cases it is nearly impossible to keep up, as we do not have enough staff to dedicate to case investigation and outbreaks.
3. Testing/Vaccine Events & Locations
- a) On August 21<sup>st</sup>, there are 2 events; one is the YMCA Resource Fair and, in the evening, a Juntos Family Night by OSU Extension at the port, both offering the vaccine using the mobile clinic.
  - b) 8<sup>th</sup> street annex (Hooley building) is offering testing and seeing 80+ people a day.
  - c) Mobile screening using the mobile clinic in St. Johns parking lot two times a week. We are seeing a two-fold increase in demand. 64% of county population are fully vaccinated.
  - d) Booster doses will be offered at the end of September 8 months after the second shot. Boosters are given right now to those who are immune compromised, such as cancer treatments, organ transplant recipients, HIV, etc. Call for an appointment or look at the link on our website.
  - e) Vaccines are available at the Fairgrounds Tuesdays and Thursdays 9-3. Call for appointment at 503-842-3914, or call 503-842-3900 to schedule a vaccine at the clinic either at an appointment with your PCP or schedule with a nurse.

## B. Behavioral Health Integration

- 1. There is a significant increase in substance and alcohol abuse since the pandemic began. We are hiring a new Behavioral Health Clinician.

## 2. Bidirectional Integration

- a) We are working on a partnership with TFCC to have a provider and MA available at their location in order to assist in establishing care for those patients who feel more comfortable being seen there instead of the clinic.

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

## **6. Finance Report**

A. **Page 1:** June's month end cash balance was \$3,589,062.61 ending with \$61,489.85 more in expense than revenue.

1. **Page 6: Revenue:** Irene reported that all revenue was within normal range.
2. **Page 6: Expense:** There was an increase in leave buy-out. The county contributes to employees' medical deductible and expenditures not covered by insurance, and due to the union contract, there was a large contribution in June. Additionally, new dental equipment was purchased. 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 June. Revenue was \$250,672.68 and expense was \$283,558.52. All other revenue/expense was within normal range.
5. **Page 12: Encounters:** Total encounters went from 3,306 in May to 2,135 in June. Tillamook clinic had 1,968 encounters; dental had 95 encounters; and Rockaway had 32. Average Provider Encounters per FTE went from 11.20 in May to 9.90 in June. Provider FTE was 3.76 in May to 3.92 in June.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.02 and the lowest at 7.40.
7. **Page 16: Monthly Generated Revenue:** Provider revenue in May was a total of \$126,372.37. The number of days open in was 22, giving the average revenue for the workday at \$5,744.
8. **Page 17: Available vs Completed Schedule:** Irene reported that the schedule for providers shows improvement ranging between high 50 – 80%, with one provider at 88.4%. Behavioral Health is doing well with warm handoffs, MAT, etc.
9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$388,631.83. The majority in the 0-30 bucket at 52.86%. The average for our 0-30-day bucket is 23.60 days;

and gross charges were \$385,369.81. 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 18 in the top 10 out of 125 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 66. Prior month we were at 10 with a ranking score of 71. This was due to open charts across the board. 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:** Donna P. moved to approve the Financial Report; Sharon seconded. Motion carried.

## **B. Appendix A: Fiscal Policies & Procedures**

1. Insurance Fraud, Waste and Abuse
  - a) Irene presented a PowerPoint presentation that she modified to take the place of the annual training that used to be provided by CMS. She will present this to the full council next week for approval.
  - b) An attestation form is also provided in the packet that members will sign and send in to Irene when their training is complete.

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

## **7. Report of Committees:**

### **A. Quality Assurance Committee**

#### **1. July QA minutes**

- a) John provided a recap of the measures for the month and also stated that if the Health Council members have any questions or concerns, to let him know and he will report at the meetings.
- b) He referred to the Dashboard which has shown several measures trending up.
- c) A recap is included in the packet showing the measures and goals.

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

8. **Old Business:**

A. **Grants:**

1. No report.

B. **Other:**

1. Staffing

- a) Office Specialist 2 – 4 open positions
- b) Clinic Manager – started August 16<sup>th</sup>
- c) Behavioral Health Clinician 3 – began August 9<sup>th</sup>
- d) Mobile Clinic Coordinator – started August 2<sup>nd</sup>
- e) Front Office Supervisor – started August 2<sup>nd</sup>
- f) Public Health Nurse (RN#) - 2 positions open
- g) Medical Billing Tech – accepted, begins Monday
- h) Nutritionist– Position approved by BOCC for 19 hours per week
- i) Public Health Program Rep (Spanish Required) – posted

9. **New Business:**

A. **Grants:**

1. CCO Behavioral Health Large Grant

- a) The Letter of Intent was submitted to the CCO and we were approved to apply for the grant.
- b) The grant proposes to enhance psychiatric access and increase workforce development by continuing to develop our PATHways program which includes psychiatric face to face services for patients, consultation and education for providers within the CHC, but also collaboration with community partners regarding their psychiatric consultation needs and how psychiatric time could be made available in a well thought out and planful manner.
- c) The grant also would enhance community services by continuing the development of bi-directional services in partnership with TFCC, the starting point will be the development of a MAT service within their agency. The CHC will provide support from the primary care and BH team, the psychiatric aspect will include support around co-occurring disorders (mental health and substance use disorders, or mental health and physical health conditions).

**Action:** Bill moved to approve the grant application; John seconded. Motion carried.

B. **Other:**

1. Breakfast for Staff September 8<sup>th</sup>

- a) The members participating in the breakfast are:

- Harry – Biscuits & Gravy
- Donna P. – Veggie egg souffle
- Carmen – coffee cake
- Kim – enchilada casserole
- John – coffee
- Bill – pastries
- Kimber – donuts

- b) Donna G. will send out an email to the members reminding them of what to drop off and will notify Lola regarding logistics.

**C. Policy & Procedure:**

1. No report.

**D. Credentialing & Privileging:**

1. Melissa Paulissen, MD

**Action:** John moved to approve the credentialing and privileging of Dr. Paulissen; Sharon seconded. Motion carried.

10. **Training:**

- a) No training.

11. **Upcoming Events:**

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:34 PM