

Tillamook County
Community Health Council
Meeting Minutes
November 17, 2021

Present via Telephone: Brooke Bennett, Tim Borman, Harry Coffman, Kimber Lundy, Donna Parks, John Sandusky

Excused: Bill Baertlein, Kim Smith-Borman, Carol Fitzgerald, Amy Griggs, Sharon Kaszycki, Carmen Rost, Erin Skaar

Absent/Unexcused:

Staff Present: Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:38 pm. *It was noted that the council did not have a quorum. Members present will vote on the required items, and Donna G. will send out to members absent to get their votes via email.*

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

- A. Community/Patient Concerns
 - 1. No report.
- 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 October 20, 2021 Meeting minutes:

Action: John moved to approve as written; Donna P. seconded. Motion carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

4. Board Development:

A. Health Council Member Contact & Areas of Expertise:

- 1. See Training – discussed in further detail.

B. Member Recruitment

- 1. See Training – discussed in further detail.

C. Board Membership Updates:

- 1. See Training – discussed in further detail.

D. Common goals – shared resources between agencies:

- 1. No report.

E. Underrepresented & Youth potential members:

- 1. Brooke stated she had a couple of students interested in joining the Health Council. Donna G. will send Brooke the application.
- 2. Harry said he hasn't had much luck with the high school.

5. Administrator's Report:

General Update and Report provided by Donna Gigoux in Marlene's absence –

A. COVID 19 overview (see attached report)

1. The BOCC will no longer share the report during the community updates; it has resulted in people asking for responses that are easily accessible by visiting OHA and our social media, and it became cumbersome for staff to respond.
2. A member asked what protocol we are following for boosters. Marlene reported that OHA follows the CDC, and we follow OHA's recommendations. We are the primary source for children's first dose and boosters. Adventist and Rinehart provide vaccinations but on a limited basis.
3. Another member reported that the Monoclonal Antibody treatment is now one injection and no longer an IV treatment. Additionally, the pill form is slated to be approved by the FDA.

B. Dental Sealants

1. School based sealant program has begun; OHA is providing oversight and is doing a site visit.
2. We are trying to hire 2 dental assistants through contracted Dental Care LLC; one is slated to begin on the 29th.
3. We are looking to implement dental services in the patient satisfaction surveys to get their input.

C. Behavioral Health

1. We were awarded the CCO Bidirectional Integration grant for year 2 to support the psychiatrist and the bidirectional efforts with TFCC.

D. OHA Measure 110 (BHRN Grant)

1. OHA has released funding entitled BHRN (Behavioral Health Resource Network) that was a result of Measure 110 recently passed, which decriminalized drug possession.
2. This diverted funds from the criminal justice system to help communities to address substance use disorder and opioid use disorder.
3. There is over \$280 million dollars available statewide. Adventist Health will be writing the grant and has asked partners to provide a list of items they feel would help address community need.
4. We are compiling a wide list including additional behavioral health staff, alcohol and drug counselors, peer support, MAT services, etc.
5. Our request is upwards of \$600K but it will be up to OHA on what they will support. Partners include TFCC, Tides of Change, CARE, Rinehart and others.

Action: Kimber moved to approve the Administrative Report; Harry seconded. Motion carried. *Voted ye*
via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald

E. Medical Services

1. We continue to have phone system struggles and are diving into some solutions.
2. We are working on a phone tree to simplify the system and improve answering the phones and returning messages.
3. A lot of the staff are new, and we are understaffed as well, making answering the phone difficult.
4. Staff need to be re-trained to properly answer and direct calls.

5. Additionally, the call volume is very high given the pandemic and vaccines for children and boosters.

F. Transition Plans for Clinic Manager Facilities and EHR Specialist

1. Lola and Ronda are both leaving December 10th. Lola has been with the department for 30 years and Ronda for 20.
2. Staff are meeting tomorrow to discuss transition plans more in-depth and reassign duties.

Action: Donna P. moved to approve the Administrative Report; Kimber seconded. Motion carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

6. Finance Report

A. **Page 1:** September's month end cash balance was \$3,189,485.65 ending with \$295,013.20 more in expense than revenue.

1. **Page 6: Revenue:** Irene reported that we did not receive the Medicaid Wrap in September, and had an increase in medical managed care fees, mainly dental due to the National Provider Identifier (NPI) number delay. Additionally, there was an issue with a delay with a provider that surfaced, causing rejections of claims for that provider. All other revenue was within normal range.
2. **Page 6: Expense:** All expenses were within normal range.
3. **Page 7: Materials & Services:** In September, we had an increase in office supplies, operating supplies, computer software and licensing, and drugs and vaccines. Irene reported that all expenses were within normal range for materials and services.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Irene reported that we had more expenditures than revenue in September. Revenue was \$231,565.93 and expense was \$366,836.14. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for September was 2,831. Tillamook clinic had 1,519 encounters; dental had 406 encounters; and Rockaway had 23. Average Provider Encounters per FTE were 7.80. Provider FTE was 4.74.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 24 and the lowest at 9.60. The provider who had 24 encounters had the billing work queue issue. It is anticipated that this will be fully corrected in December or January.
7. **Page 16: Monthly Generated Revenue:** Provider revenue in September was a total of \$105,350.54. The number of days open in was 21, giving the average revenue for the workday at \$5,017.
8. **Page 17: Available vs Completed Schedule:**

Irene reported that the schedule for providers averaged 55%, with Central clinic at 60.6; Rockaway at 57.1, behavioral health at 71%, and dental at 72.6. Mobile clinic showed 10.3% seeing sick patients at the fairgrounds.

9. **Page 18 & 19: Accounts Receivable:** Total Accounts Receivable was \$490,540.58. The majority in the 0-30 bucket at 55.28%. The average for our 0-30-day bucket is 24.20 days; and gross charges were \$455,158.64. Payer mix shows Self Pay at 24%; and the percentage for Medicaid is 43%. Privately insured is at 20% and Medicare is at 12%. Oregon Contraceptive Care A/R is at 1%.
10. **OCHIN Top 10:** We were number 40 in the top 50 out of 129 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 72. This was due to open charts for one provider, issues with lack of billing staff, and OCHIN delay on work queues. 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. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

B. Appendix A: SF424 SAC Budget & COVID-19 Supplemental Grant Updates

1. SF424 SAC Budget
 - a) Irene presented the Service Area Competition (SAC) budget, required to be approved by the Health Council.
 - b) 100% of this budget goes to staff salary

Action: John moved to approve the SAC Budget; Kimber seconded. Motion Carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

Budget Narrative & Personnel Justification

- a) The Budget Justification was presented. It backs up the SF424 Budget.

Action: Brooke moved to approve the Budget Justification; Donna P. seconded. Motion Carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

Application for Reduced Fee

- a) Irene provided an updated application for reduced fee.

Action: Kimber moved to approve the application; Brooke seconded. Motion Carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

Special Circumstances Form

Community Health Council Meeting Minutes (11/17/21)

a) Irene presented the special circumstances form for approval.

Action: Donna P. moved to approve the form; Brooke seconded. Motion Carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

7. Report of Committees:

A. Quality Assurance Committee

1. October QA minutes

- a) John provided a recap from Carmen, who attended the meeting.
- b) Covid has impacted our At-a-Glance numbers. All people seen with symptoms must be counted, even though we cannot know their medical history. Cancer screenings are an example.
- c) Also, Public Health is short-staffed due to Covid so Babies First, which usually gets kids in for immunizations and therefore has the numbers up to compliance by year-end, is unable to do that right now.
- d) The Depression screening form is also not given to sick patients, but they still count as patients seen. We'll be telling HRSA that and we're certainly not alone.
- e) Peer Review numbers have improved.
- f) High Blood Pressure: Benchmark is 72% We are at 68% since more new patients came in for help.
- g) Statin therapy for Cardio-vascular disease-new, awaiting a benchmark for this.
- h) Diabetes-Lots of new patients coming from Adventist Health, also Dr. Brown and Dove's patients.
- i) Both flu and Covid vaccines continue to be available at the 4-H Building at the Fairgrounds and in the Clinic for our patients.
- j) In Behavioral Health, our new clinician, Esther, is learning our system and Care Coordination with Tillamook Family Counseling Center.

Action: John moved to approve the report; Brooke seconded. Motion carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

8. Old Business:

A. Grants:

1. CCO Bidirectional Integration grant

- a) We received funding for year 2 to continue working on this project.
- b) Working with Synergy Health on the bidirectional integration, which will allow TFCC clients to access a primary care provider at their location during a visit.
- c) Visits can be virtual, telephone or in person.
- d) We will train their staff on MAT services.
- e) The psychiatrist will treat clients for persistent and serious mental health issues.
- f) We began to have a rotation for medical students from OHSU.
- g) The model will be tested in the new calendar year.

B. Other:

1. Staffing

- a. Office Specialist 2 – 2 open positions
- b. Public Health Nurse (RN3) – 2 positions open
- c. Nutritionist – posted for part time (19 hours per week)
- d. Public Health Program Rep – Clinic/PH – in process

- e. Public Health Program Rep (Spanish required) – in process
- f. Public Health Program Rep – Dental – in process
- g. Medical Assistant – in process
- h. Building and Grounds – struggling with getting applicants
- i. Clinic Manager - Facilities
- j. EMR Site Specialist – Begins the 29th

C. Staff Transitioning

1. Clinic Manager/Facilities

- a) Meetings are happening with Leadership to transition job duties.
- b) Temporarily, most of the job duties will be assigned to the new Clinic Manager.
- c) New staff will be hired, most likely Executive Assistants, to offload work like facilities, HR oversight, etc.

2. EMR Site Specialist

- a) Irene is in meetings with other managers to determine plans for this transition.
- b) In the interim, it was decided to hire 2 EMR specialists.
- c) Plans will continue to possibly include hiring a data manager.

9. **New Business:**

A. **Grants:**

1. HRSA Service Area Competition (SAC) grant

- a) Donna will send Health Council member the narrative and the vote can occur via email.

Action: Voted to approve the SAC Grant via email: Harry Coffman, Tim Borman, Brooke Bennett, Kimber Lundy, John Sandusky. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

C. **Policy & Procedure:**

- 1. Financial Policy Updates (See Financial Report)
- 2.

D. **Credentialing & Privileging:**

- 1. Dove Rainbow, PA-C
- 2. Kaylynn Walls, RDH
- 3. Dr. Cyrus Javadi, DDS

Action: John moved to approve Dove Rainbow, Kaylynn Walls, and Dr. Javadi; Kimber seconded. Motion carried. *Voted yea via email: Bill Baertlein, Carmen Rost, Sharon Kaszycki, Kim Borman, Carol Fitzgerald*

10. **Training:**

- 1. HRSA Compliance Manual – Chapter 19: Board Authority & Chapter 20: Board Composition
 - a) Donna G. provided a PowerPoint to the group present and will mail out the presentation to those who were not present. She also included the chapters in the packet provided.
 - b) The presentation addressed demonstrating compliance and related considerations for each of the required elements.
 - c) The Health Council is in compliance with HRSA’s expectations.
 - d) A member stated that we need to do more outreach to the Latinex and LGBTQ communities. At current, we are working with TBCC, which may draw more diverse interested youth members.

11. **Upcoming Events:**

1. No report.

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:49 PM