

Tillamook County
Community Health Council
Meeting Minutes
December 22, 2021

Present via Telephone: Bill Baertlein, Brooke Bennett, Tim Borman, Kim Smith-Borman, Harry Coffman, Donna Parks, Carmen Rost, John Sandusky, Erin Skaar
Excused: Carol Fitzgerald, Amy Griggs, Sharon Kaszycki, Kimber Lundy
Absent/Unexcused:
Staff Present: Donna Gigoux, Irene Fitzgerald
Guests: Dylan Bringuel

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:42 pm. Introductions were made to the potential new youth member, Dylan Bringuel.

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

A. Community/Patient Concerns

1. Harry reported that he tried several times to get through to Chris Craft and he either was on hold for a long period of time, or the recording stated that the number was not working.
2. Marlene said that we are aware of the issue and are working on a phone tree to alleviate the uptick of calls coming in and hopefully we will come up with a solution.

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 November 17, 2021 Meeting minutes:**

Action: Donna P. moved to approve as written; John seconded. Motion carried.

4. Board Development:

A. **Health Council Member Contact & Areas of Expertise:**

1. No changes.

B. **Member Recruitment**

1. The council invited Dylan to become a new member.

Action: Carmen moved to approve Dylan's membership; John seconded. Motion carried.

C. **Board Membership Updates:**

1. No update.

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

1. No report.

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

1. See item B.

5. Administrator's Report:

General Update and Report – Marlene

1. **COVID19 Update** – See attached report
 - a. Omicron variant –
 - i. Precautions – get booster; limit gatherings; use Centers for Disease Control (CDC) COVID19 precautions
 - ii. Surge expectations – Mid January – Mid February.
 - b. Experiencing an increase in cases and hospital beds are filling up.
 - c. Omicron is 2-3 times more virulent than Delta.
 - d. Self-tests are not currently available in the county.
2. **Medical – Focus on Patient Engagement and Access**
 - a. COVID19 Testing & Vaccine
 - i. COVID19 Vaccine at Fairgrounds & Health Clinic – incorporating flu shots
 - ii. COVID19 Testing continues at 8th Street Annex
 - iii. Vaccine partners remain Adventist Health and Rinehart.
 - b. Wellness exams through the end of the year
 - c. Virtual visits continue but 95% of more are now in-person visits
 - d. Experiencing scheduling issues and phone system challenges (addressed at last meeting)
 - i. Changing phone tree
 - ii. Using Care Coordinators and other staff to support front desk
 - iii. Looking at contract for scheduling support – reached out to other counties; Oregon Primary Care Association (OPCA); Columbia Pacific Coordinated Care Organization (CPCCO or CCO) for ideas
 - iv. Increasing training for front desk staff in phone use and etiquette
 - e. Medical Assistants errors in coding which impacts billing
 - i. Seeking additional training for Medical Assistants (MA's) – Electronic Medical Records (EMR) and core competencies
 - f. EMR Site Specialist retired
 - i. Promoted one staff internally
 - ii. Seeking to fill a second position
 - iii. Creating a Data Analyst position
 - g. Other/questions
3. **Dental**
 - a. New Dental Clinic
 - i. Operating for 6 months.- over 300 encounters/per month target
 - ii. Already exceeded patient/productivity targets for first 6 months
 - b. Contract Dentists
 - i. 3 Contractors –
 - c. School-based Screening Working with schools to implement school-based screening and sealant program
 - d. Other
4. **Behavioral Health**
 - a. Continue work on Bi-directional integration – Pilot/test in January
 - b. CCO funding will allow continuation of integration of psych and psych consultation model

- c. Increasing # of Medication Assisted Therapy (MAT) patients – 60+ at any given time
- d. Promoted Behavioral Health Clinician (BHC) to new position of BHC Asst. Mgr.
 - i. Community Health Worker (CHW)
 - ii. Staff development
 - iii. Specific projects
 - iv. Social media and other media presence

5. Public Health Modernization

- a. New requirements and opportunities and funding – future training item?
 - i. Examples of new requirements:
 - 1. Climate Change
 - 2. Hazards Planning
 - 3. Health Disparities and Health Equity
 - 4. Communications
 - ii. Budget prepared to respond to new funding
 - iii. Expect regional and local efforts
 - iv. A focus on assessment in many areas and related “plans”
- b. Harm Reduction – expanding to North and South County
- c. Home Visiting – looking to address home visiting needs through use of CHW
- d. Continue to be focused on COVID19 Response
- e. Public Health (PH) Deputy Director – has made it possible for us to continue to have a robust response to COVID19.

6. Community Events/Partners

- a. Mentioned in the past:
 - i. Drug Take back completed – successful – enquiring about another event
 - ii. Community Health Needs Assessment (CHNA) - County and Region – Memorandum of Understanding (MOU) coming for Health Council Approval
 - iii. Tillamook Bay Community College (TBCC) – MA Externship Program
- b. New items
 - i. School-based health center and services
 - 1. Nestucca Valley School District (NVSD) – school-based health center
 - 2. Tillamook School District (TSD) – Wilson River School seeking on-site services

7. Compliance and Site Visits

- a. Patient Centered Primary Care Home (PCPCH) – Site Visit – February 2022
- b. Oregon Health Authority (OHA) Public Health – Site visit and compliance review – April – May 2022
- c. Health Resources Services Administration (HRSA) Site Visit – August 2022

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

6. Finance Report

- A. **Page 1:** September’s month end cash balance was \$2,834,883.93 ending with \$354,601.72 more in expense than revenue.

1. **Page 6: Revenue:** Irene reported that we did not receive the Medicaid Wrap in December, and had a revenue/claim delay, mainly dental, due to the National Provider Identifier (NPI) number. Additionally, we did not receive the OHA/DHS grant in December. All other revenue was within normal range.
2. **Page 6: Expense:** All expenses were within normal range.
3. **Page 7: Materials & Services:** 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 December. Revenue was \$260,806.25 and expense was \$351,596.42. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for December was 2,707. Tillamook clinic had 1,916 encounters; dental had 454 encounters; and Rockaway had 15. Average Provider Encounters per FTE were 11.90. Provider FTE was 4.87.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 25.10 and the lowest at 7.48. The provider who had 25.10 encounters had the Ochin billing work queue issue. It is anticipated that this will be fully corrected in January.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in September was a total of \$229,013.86. The number of days open in was 21, giving the average revenue for the workday at \$10,905.
8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers averaged 56.6%, with Central clinic at 56.6; Rockaway at 54.8, behavioral health at 72.8%, and dental at 84.2.
9. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$564,790.15. The majority in the 0-30 bucket at 61.33%. The average for our 0-30-day bucket is 31.20 days; and gross charges were \$594,682.52. Payer mix shows Self Pay at 24%; and the percentage for Medicaid is 42%. Privately insured is at 23% and Medicare is at 11%. Oregon Contraceptive Care A/R is at 1%.
10. **OCHIN Top 10:** We were number 46 in the top 50 out of 130 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 57. 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)
- h) Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
- i) Days of Open Encounters (patient encounters that have yet to be “closed”)
- j) Charge Review and Claim Edit Days (two work queues within EPIC that hold charges and claims that contain errors)

Action: Bill moved to approve the Financial Report; Carmen seconded. Motion Carried.

7. Report of Committees:

- A. Quality Assurance Committee (QA)
 - 1. November QA minutes
 - a) There were no minutes available so no report.

Action: None.

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 Tillamook Family Counseling Center (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 Oregon Health Sciences University (OHSU).
 - g) The model will be tested in the new calendar year.
- 2. Behavioral Health Resource Networks (BHRN) Grant – approval of proposal
 - a) Adventist Health will be the applicant and has asked local partners what their ask would be for funds.
 - b) Funding is reinvested from Criminal Justice System transferred over for Substance Use and Opioid Use Disorder and mental illness based on Measure 110.
 - c) Funding notifications will be in March. The idea is to have Substance Use Disorder/Opioid Use Disorder (SUD/OD) services in every county.

Action: John moved to approve the proposal; Carmen seconded. Motion carried.

B. Other:

1. Staffing

- a) Office Specialist 2 – 2-3 open positions
- b) Public Health Nurse (RN3) – 2 positions open
- c) Nutritionist – posted for part time (19 hours per week) – no applicants
- d) Public Health Program Rep – Clinic/PH – position offered
- e) Public Health Program Rep (Spanish required) – applicant from Alaska
- f) Building and Grounds – no applicants, looking to contract
- g) Clinic Manager – diverted to Executive Assistant positions, one in Admin, one in Clinic

9. **New Business:**

A. Grants:

1. CPCCO Community Health Worker Letter of Intent (LOI)

- a) A new grant opportunity has become available from the CCO for a Community Health Worker (CHW).
- b) The intention would be to hire two CHW's; one for the clinic and one for Public Health to address patients with chronic disease and appointments for clinic and home visiting, Babies First, CaCoon, parenting and family assistance.
- c) The oversight for the clinic CHW would be the lead care coordinator and the Behavioral Health Assistant Manager; oversight for the public health CHW would be the lead nurse.
- d) The amount is approximately \$150. The Letter of Interest is due January 7th.
- e) The full proposal will be submitted once the LOI has been approved.

Action: Bill moved to approve submitting the LOI; John seconded. Motion carried.

2. American Rescue Plan (ARP) – Tillamook County

- a) Marlene worked with Erin to come up with the attached proposal to apply for funds from the ARP.
- b) There have been \$130 million in requests; the amount of the grant is \$5.2 million.

Action: Bill moved to approve submitting the proposal; John seconded. Motion carried.

B. Other:

1. 2022 Health Council Annual Meeting Schedule

- a) Donna G. presented the calendar noting that the only date that is not on the third Wednesday is June 22nd.

Action: Donna P. moved to approve the calendar of meetings; Bill seconded. Motion carried.

C. Policy & Procedure:

- 1. None.

D. Credentialing & Privileging:

- 1. None.

10. **Training:**

1. Closure of Nehalem Bay and Kilchis Houses – Senior Assisted Living – Erin Skaar

- a) Erin Skaar, County Commissioner and former CEO of CARE, Inc. provided an overview of why the houses are closing.

- i. The State originally asked the county to open these houses due to the need in the community.
- ii. They have been open for over 25 years and have both private pay and Medicaid, with a high rate of Medicaid residents.
- iii. Medicaid pays between \$3,000 - \$4,000 per resident; private pay is about \$8,000 - \$9,000.
- iv. Because of the high overhead and the gap between private and Medicaid payments, over time several actions took place in order to keep the houses afloat; refinance to lower mortgage payments and cut health care for employees.
- v. With the pandemic, the financial impact was immense. Outside staff were hired at a much higher cost to the agency, as trained staff locally was scarce, intensified by the pandemic.
- vi. It was determined that after hiring a consultant to look at about 10 options, each option determined that the houses were unsustainable, and closing was inevitable.
- vii. Residents have been given a 60-day notice and CARE is asking NWSDS to assist with placements at other facilities like 5 Rivers in the area, but it is anticipated most residents will go out of the area.
- viii. Over the years, the state has been contacted concerning this issue to no avail.
- ix. Erin will provide verbiage for Health Council members to write to their representatives.

11. **Upcoming Events:**

1. No report.

12. **Unscheduled:**

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