

Tillamook County
Community Health Council
Meeting Minutes
January 19, 2022

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:31 pm.

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 December 22, 2021 Meeting minutes:

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

4. Board Development:

A. Health Council Member Contact & Areas of Expertise:

- 1. No changes.

B. Member Recruitment

- 1. Marlene will follow up with Brooke regarding a possible additional student from TBCC.

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. Testing supplies will be sent by signing up on the government site; 4 tests per household
 - b. Additional tests will come from OHA and HRSA to distribute to community in the next couple of weeks. Expecting approximately 3,000.

- c. Testing continues at Hooley by appointment, Adventist, and Rinehart.
- d. Public health will be implementing a workflow for patients self-reporting positive cases. OHA is working on an online reporting system.
- e. State and local public health staff cannot keep up with the number of cases; focus on efforts to trace cases is no longer happening as it did in the past.
- f. Number of cases is skyrocketing; we had 54 positive cases in one day.

2. Medical & Behavioral Health – Focus on Patient Engagement and Access

- a. Operations
 - i. Large number of calls coming in; staff is having a difficult time clearing messages and answering the phones.
 - ii. Ongoing staff shortages: front desk and MA's are having difficulty with getting back with patients who call in and leave messages; check in process, etc.
 - iii. Looking at a possible call center/phone bank to take messages and deliver to staff. Have to look at cost, volunteers, etc.
 - iv. Training new staff for the front; all are new, even the supervisor so there is a learning curve.
 - v. Marlene said if the members encounter problems to please let us know.

3. Dental

- a. New assistant and hygienist is on leave. It is possible that a new hygienist may be sought as it is unclear if the hygienist will return.

4. Behavioral Health

- a. Behavioral Health staff are calling patients to reduce no-show rates.
- b. Bidirectional program will begin February 15th by having a provider and MA available for TFCC staff at their location or virtually.
- c. A Behavioral Health Clinician was just promoted to the Assistant Manager; this will include more responsibilities for the Community Health Worker when the program gets funded by a grant from CPCCO.

5. Public Health Modernization

- a. New requirements, opportunities and funding, looking at hiring temporary staff to begin the process of implementation, which includes communication and outreach for equity and inclusion, climate changes, emergency preparedness, etc.
- b. This will also involve hiring a new Communications manager to oversee the Public Health Program Representatives in conjunction with the Public Health Deputy Director.

6. 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
 - i. Marlene stated that she is working on a plan to conduct a virtual Strategic Planning event prior to the site visit.

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

6. Finance Report

- A. **Page 1:** November's month end cash balance was \$2,816,882.24 ending with \$18,001.69 more in expense than revenue.
1. **Page 6: Revenue:** Irene reported that we did not receive the Medicaid Wrap in November. All other revenue was within normal range.
 2. **Page 6: Expense:** All expenses were within normal range.
 3. **Page 7: Materials & Services:** It was noted there was a negative balance in Small Tools & Minor Equipment; it will be fixed by journal entry. Computer software and supplies will have a voucher expense in December for new computers. Irene reported that all other 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 November. Revenue was \$248,205.47 and expense was \$338,163.37. All other revenue/expense was within normal range.
 5. **Page 13: Encounters:** Total encounters for November was 3,458. Tillamook clinic had 2,997 encounters; dental had 414 encounters; and Rockaway had 21. Average Provider Encounters per FTE were 11.40. Provider FTE was 4.38.
 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.94 and the lowest at 10.35. All providers had double digits in November.
 7. **Page 16: Monthly Generated Revenue:**
Provider revenue in September was a total of \$110,265.19. The number of days open in was 19, giving the average revenue for the workday at \$5,803
 8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers averaged 61.4%, with Central clinic at 61.9; Rockaway at 33.3, behavioral health at 66.2%, and dental at 76.3%.
 9. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$522,942.05. The majority in the 0-30 bucket at 65.11%. The average for our 0-30-day bucket is 29.30 days; and gross charges were \$604,282.98. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is 35%. Privately insured is at 25% and Medicare is at 12%. Oregon Contraceptive Care A/R is at 1%.
 10. **OCHIN Top 10:** We were number 35 in the top 50 out of 133 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 61. This was due to open charts for one provider. 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: Sharon moved to approve the Financial Report; Carol seconded. Motion Carried.

7. Report of Committees:

A. Quality Assurance Committee (QA)

1. November & December QA minutes

- a) Due to the retirement of the EMR Site Specialist and a new hire in training, there were no minutes available to report.
- b) Carmen shared that there are new benchmarks coming in January, with smokeless tobacco being one of them.
- c) Dental review was held over.
- d) It was noted that the needs to be improvement in entering depression paperwork into the system. The results of screening is highly skewed by Covid.
- e) Meaningful Use project has ended; we did not meet the metrics.

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

8. Old Business:

A. **Grants:**

1. CCO Bidirectional Integration grant

- a) See Admin Report
- b) This program will provide TFCC patients access to primary care services at their location with out provider and an MA.
- c) Pilot begins February 15th virtually for both medical and MAT.
- d) We received funding for the second year implementation.

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/ODU) services in every county.

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

2. Discussion:

- a) A member asked if there was any movement with hiring our own HR person; it was noted that the county is contracting with HR Annie and the processes have been better than previous. Internally, Lola Martindale was the HR person who worked with the HR department; and since she retired the work has been assigned to other staff in the interim.
- b) HR has dedicated a staff member to focus on our department; however, at this time they are short handed as well.

9. **New Business:**

A. Grants:

- 1. No report.

B. Other:

- 1. No report.

C. Policy & Procedure:

- 1. None.

D. Credentialing & Privileging:

- 1. None.

10. **Training:**

- 1. None.

11. **Upcoming Events:**

- 1. No report.

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:58 PM