

Tillamook County
Community Health Council
Meeting Minutes
February 16, 2022

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:39 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 January 19, 2022 Meeting minutes:

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

4. Board Development:

- A. Health Council Member Contact & Areas of Expertise:
 - 1. No changes.
- B. Common goals – shared resources between agencies:
 - 1. No report.
- C. Underrepresented & Youth Member
 - 1. Marlene will follow up with Brooke regarding a possible additional student from TBCC.
- D. TCCHC Committee/Workgroup/Opportunities
 - 1. Marlene provided a chart with opportunities for Health Council members to participate in various projects if they would like to.
 - a) Existing opportunities:
 - i. Executive Committee
 - ii. Strategic & Operational Planning
 - iii. QA/QI Committee
 - iv. Tillamook County Wellness – multiple opportunities
 - v. Audits/Site Visits
 - b) New opportunities:
 - i. Diversity, Equity and Inclusion – internal

- ii. Public Relations and Communications
- iii. Community Health Worker Framework

D. Health Council Acronyms

- 1. See Attached

5. Administrator's Report:

General Update and Report – Marlene

A. COVID19 Update – See attached report

- 1. Decrease in positive case numbers
- 2. Decrease in vaccinations
- 3. Testing kits available – FREE

B. Test Kit Distribution (see attached)

C. Other Public Health Updates

- 1. Harm Reduction Events - We have created a page for harm reduction on our website under the public & environmental health tab. It includes information on the purpose, what we provide, info on our sites, and Clatsop and Columbia as well.
- 2. Home Visiting – supplementing with CHW
- 3. Modernization – still trying to secure a person to provide OHA overview
 - a) Presentation to come
 - b) Multiple opportunities for Health Council member involvement.

D. Medical

- 1. Testing out virtual visits w/ MA in the room and provider elsewhere.
- 2. Looking to implement new virtual & telephonic language services - AMN

E. Behavioral Health

- 1. Bi-directional integration – pilot for Feb 15- summary of debrief. Next steps:
 - a) Set up rooms at TFCC for visits
 - b) Establishing virtual visit process and training of CHC front desk staff
- 2. Reviewing capacity and sustainability for Psych – part of the CCO grant

F. Dental

- 1. Productivity – still good with one dentist but less w/out hygienist
- 2. New Hygienist hired; new Dental Asst hired = fully staffed
- 3. School-based Sealants are in operation and certification with OHA obtained
- 4. Future development – mobile services, school dental, regional dental services

G. Equity & Inclusion

- 1. Internal committee work
- 2. Designating staff lead – Anadelia Aguilar .2FTE/wk
- 3. Work underway
 - a) Report from REDE group on DEI Framework
 - b) Share w/Health Council (see attached document from 02/09/22)
 - c) HR with county – applications, proficiency testing, etc.
- 4. Opportunity for Health Council member participation.

H. Communications & Outreach- organizing teams and infrastructure

- 1. PH Modernization – hiring new bilingual/bicultural staff w/ BBSI
- 2. New – Communications & Wellness Mgr. – working on job description

3. Public Relations & Marketing – existing internal committee that develops strategies for each month, week, and daily.
 - a) Opportunity for Health Council member involvement.
- I. Community Health Worker – Development – see agenda item for discussion.
- J. Reminders:
 1. UDS Report – submitted and review with Health Council during finance report
 2. Compliance and Site Visits
 - a) PCPCH – Site Visit – February 2022
 - b) OHA Public Health – Site visit and compliance review – April – May 2022
 - c) HRSA Site Visit – August 2022News
11. Health Council Members – opportunities for further involvement -draft document
 1. Marlene stated that she will be providing a chart with opportunities for Health Council members to participate in various projects if they would like to.
 - a) Existing opportunities:
 - i. Executive Committee
 - ii. Strategic & Operational Planning
 - iii. QA/QI Committee
 - iv. Tillamook County Wellness – multiple opportunities
 - v. Audits/Site Visits
 - b) New opportunities:
 - i. Diversity, Equity and Inclusion – internal
 - ii. Public Relations and Communications
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Action: Sharon moved to approve the Administrative Report; Bill seconded. Motion carried.

6. Finance Report

- A. **Page 1:** December's month end cash balance was \$2,579,752.54 ending with \$237,129.70 more in expense than revenue.
 1. **Page 6: Revenue:** Irene reported that we did not receive the Medicaid Wrap, DHS or Screenwise funding in December. Additionally, we received facility fees of \$105,418.76 for Environmental Health in December. We are still dealing with the dental NPI issue and are working with the CCO to resolve. All other revenue was within normal range.
 2. **Page 6: Expense:** All expenses were within normal range, except for Leave Buy Out of retiring employees of \$31K.
 3. **Page 7: Materials & Services:** We had an annual charge of \$20K for IT computer replacements, and \$6K for professional services. 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 \$241,979.60 and expense was \$365,084.24. All other revenue/expense was within normal range.

5. **Page 13: Encounters:** Total encounters for December was 3,331. Tillamook clinic had 2,947 encounters; dental had 323 encounters; and Rockaway had 11. Average Provider Encounters per FTE were 11.80. Provider FTE was 3.81.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 13.60 and the lowest at 7.94.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in September was a total of \$121,289.38. The number of days open in was 18, giving the average revenue for the workday at \$6,738.
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 \$514,551.48. The majority in the 0-30 bucket at 58.11%. The average for our 0-30-day bucket is 27.40 days; and gross charges were \$556,245.86. 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 26 in the top 50 out of 134 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 65. 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: Donna P. moved to approve the Financial Report; Sharon seconded. Motion Carried.

B. Uniform Data System (UDS) Report Overview

1. UDS report for calendar year 2021 was presented to the Health Council for review and approval.

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

7. Report of Committees:

A. Quality Assurance Committee (QA)

- a) January Meeting – no minutes due to staffing changes

Action: No action.

8. Old Business:

A. Grants:

- 1. Behavioral Health Resource Networks (BHRN) Grant – approval of proposal
 - a) Announcement date has been moved to the end of the month.

B. Other:

1. Health Council Role in Vacancies

- a) Marlene discussed the role of the Health Council members in compliance with the HRSA requirements for “Key Management Staff” (i.e., Administrator, Chief Operations Officer, etc.) based on the upcoming site visit in August to include:
 - i. Monthly reminders to the Health Council about current vacancies
 - ii. Review of strategy to meet the needs
 - iii. Review of process for notifying members of the issue:
 - Advise the chair
 - Discuss at Executive Committee meetings
 - Share in Administrator Report

2. Existing:

- a) Public Health Nurse (RN3) – 2 positions open - OPEN
- b) Nutritionist – posted for part time (19 hours per week) – January applicant – contact for interview
- c) Building and Grounds – begins March 1, second position still open
- d) OS2 – x2 (1 replace, 1 new)
- e) MA – x2 (1 BHRN grant, 1 clinical support/panel management, etc.)
- f) EMR Site Specialist – requisition pending
- g) EHS 1&2 – revised job descriptions
- h) PHPR – Posted Replace?
- i) Medical Billing Technician – posted

3. New:

- a) NEW: Administrative Specialist – Admin – pending final w/HR
- b) NEW: Administrative Specialist – clinical – pending final w/HR
- c) NEW: Community Health Administration Manager – job description finalized
- d) NEW: Communications & Wellbeing Manager – Job description sent to HR
- e) NEW: Chief Financial Officer – Job description is being created
- f) NEW: Community Health Worker – finalized pending w/HR
- g) NEW: Data Analyst/Manager – Job Description being created
- h) NOTE: Seeking to revise PHPR job descriptions to align with roles

9. **New Business:**

A. **Grants:**

1. CPCCO Community Health Worker (CHW) Grant Application
 - a) We are looking to hire two CHW's; one for public health and one for clinical.
 - b) Application is due February 18th.
 - c) A member asked if we are looking at ethnic and racial backgrounds, such as our Hispanic population for specific outreach.
 - d) Staff replied that the methodology is based on our Hispanic clients, which is about 25% of who we serve. We strive to have a similar percentage of bilingual staff for in-person contact at the front desk. This also includes bilingual postings and information on the internet, social media, and specific projects. The job description ask specifically for bilingual/bicultural applicants.

Action: John moved to approve submission of the application; Kimber seconded. Motion carried.

B. **Other:**

1. No report.

C. **Policy & Procedure:**

1. None.

D. **Credentialing & Privileging:**

1. Jennifer Allbright, RDH

Action: Kimber moved to approve credentialing & privileging for Jennifer Allbright; John seconded. Motion carried.

10. **Training:**

1. 2022 Social Map Presentation – Amy McVeety
 - a) A virtual presentation and printed presentation available in print was given to the members outlining our community projects and social media content for the year.

11. **Upcoming Events:**

1. No report.

12. **Unscheduled:**

13. **Adjourn:** The meeting was adjourned at 2:25 PM