


Tillamook County
Community Health Council
Meeting Minutes
June 22, 2022

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

Minutes Approved on 6/22/22 by 
Harry Coffman, Health Council Chair

1. Call to Order: Chair John Sandusky called the meeting to order at 12:40 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 reported being in the waiting room at the clinic and noticed an elderly couple that had been waiting for over 45 minutes. The member brought to the couple's attention that there is a sign in the lobby stating that if you are waiting for over 15 minutes to alert the front desk staff. The couple was not comfortable with doing that so the member asked if she could alert the staff for them. She did, and staff responded to the couple apologizing for the delay as the provider was backed up.
2. Front desk staff need to be more mindful of patients in the lobby and approach them if they are waiting too long. They need to also notify patients at check in if the provider is running late, if they know it at the time.

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 May 18, 2022 Meeting minutes:

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

4. Board Development:

A. Member Recruitment

1. Carmen contacted Amy Griggs, which has not attended a meeting in over a year. Amy said it was too difficult to hear when she calls in so she has decided to resign.

B. Officer Appointments

1. Slate of Officers:
 - Harry Coffman, Chair
 - John Sandusky, Vice-Chair

- Carmen Rost, Secretary
 - Carol Fitzgerald, Member-At-Large
2. Carmen did not want to continue with the position of Secretary.

Action: Kimber moved to approve the Slate of Officers; Carol seconded. Motion carried.

C. Members Terms Expiring

1. Members Expiring:
 - Donna Parks
 - Carmen Rost
 - John Sandusky
2. All members agreed to another 3-year term.

Action: Kimber moved to approve the renewal of membership for those expiring; Carol seconded. Motion carried.

D. Health Council Member Contact & Areas of Expertise:

1. See attached, no changes.

B. Common goals – shared resources between agencies:

1. No report.

C. Underrepresented & Youth Member

1. No report.

D. TCCHC Committee/Workgroup/Opportunities

1. No report.

D. Health Council Acronyms

1. See Attached

5. Administrator’s Report:

General Update and Report – Donna G.

A. COVID 19

1. Still seeing slight increases in positive case numbers.
2. Decrease in vaccinations but rates still good with over 81.2% (April = 80.6%) at least one dose; and 75.1% (April 74.4%) fully vaccinated for those 18 years and older.
3. New pediatric Pfizer and Moderna available and arrived today.
4. Testing kits available for free or people can order directly from HRSA.

B. Public Health

1. Harm Reduction
 - Harm Reduction events covering 3 sites throughout the county.
 - 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, information on our sites, and Clatsop and Columbia as well as a link to download the flyer.
2. Home Visiting
 - Community Health Worker pathway for training has been established.
 - Sent one person to training with training completed this week.
3. Modernization
 - Developing staffing structure timeframe.
 - Multiple opportunities for Health Council member involvement in the future.

- A short PowerPoint presentation on Modernization was provided to the members.

B. Medical

1. We are testing out virtual visits with an MA in the room and the provider elsewhere as Dove Rainbow is leaving.
 - Looking at high resolution tolls to supplement visits.
 - Would be great to have CHW in the field with tools to assist with visits.
2. We have contracted with AMN Language Services that has provided training to staff on using the new equipment.

C. Behavioral Health

1. Bi-directional integration
 - a) We are struggling with referrals and are looking for new strategies.
 - i. Potential for outreach worker
 - ii. Holding dental events as they are a big draw in north and south county
 - iii. Will be implementing dental into TFCC new patient wellness screening tool, we are creating with input for staff from both organizations.
 - b) Developing framework for behavioral health and target productivity and time for consultation and warm hand-offs.
 - c) Looking at new reimbursement codes for traditional health workers which includes paraprofessionals called Behavioral Health Specialists. These staff would also go through CHW training and additional behavioral health training still be developed.
 - i. Set up rooms at TFCC for visits.
 - ii. Establishing virtual visit process and training of CHC front desk staff.
 - iii. Adding referrals from bi-directional to dental care.
 - d) Reviewing capacity and sustainability for psychiatrist which is part of the CCO grant.
2. Psychiatrist leaving August 1.
 - a) Plan is in place to seek to fill the vacancy in partnership with TFCC.
 - b) CPCCO will lead for recruitment.
 - c) Also seeking virtual psychiatrist in the interim.
 - d) Reviewed all patient list and transitioned:
 - i. To primary care for stable patients
 - ii. Consultation and assistance to transition with provider continuing to prescribe, and
 - iii. Patients that will need to continue to see a psychiatrist.
 - The 3rd category is comprised of about 40 patients. These will be more difficult to address but working with CPCCO and TFCC on the transition plan.
 - Letters are being sent to all patients this week and include outreach to answer questions and to assist with transitions.

D. Dental

1. Expanding dental services in north and south county.
2. Considering new and expanding services
 - i. Specialty – pediatric and oral surgery (typically too expensive)
 - ii. Under-insured – have insurance but low income and high deductibles
 - iii. More to come for Health Council discussion and consideration.

E. Compliance and Site Visits

1. PCPCH site visit initially scheduled for February was postponed for April and June.

2. OHA Public Health site visit and compliance review April – May.

- Expect visits to be completed this week.

F. Facilities update – Hooley Building

1. Agreement with St. Johns church to lease the parking lot for \$600 per month.
2. There is only one bidder for the project.

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

6. Finance Report

A. **Page 1:** March's month end cash balance was \$2,588,494.01 ending with \$198,491.18 more in revenue than expense.

1. **Page 6: Revenue:** Irene reported that we received the Medicaid Wrap in April with a PPS rate of \$329.25 per encounter state adjustment update with a total of \$214K for March 2021 and \$270 in April for 2021. We are always 90 days behind. It is expected we will receive \$1 million + for the 2021 wrap. Additionally we received \$946.94 from Adventist for Harm Reduction.
2. **Page 6: Expense:** We had moving expenses of \$1,500 for an RN in April. All expenses were within normal range.
3. **Page 7: Materials & Services:** All expenses were within normal range for materials and services.
4. **Pages 9-11: HRSA Budget Revenue and Expense:** Revenue was \$361,394.23 and expense was \$273,711.76. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for April was 1,932. Tillamook clinic had 1,226 encounters; dental had 624 encounters; and Rockaway had 11. Average Provider Encounters per FTE were 8.90. Provider FTE was 4.71.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.43 and the lowest at 6.51. We changed to 7AM to 6PM on May 3rd as well as an increase in 40 minute appointments, which may account for the lower number. Irene will look into it.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in April was a total of \$155,588.02. The number of days open in was 21, giving the average revenue for the workday at \$7,409.
8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers was not reported in April.
9. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$522,511.14. The majority in the 0-30 bucket at 63.13%. The average for our 0-30-day bucket is 29.60 days; and gross charges were \$564,802.37. Payer mix shows Self Pay at 33%; and the percentage for Medicaid is 39%. Privately insured is at 18% and Medicare is at 10%. Oregon Contraceptive Care A/R is at 1%.

10. **OCHIN Top 10:** We were number 32 in the top 50 out of 138 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 62. This may be due to open encounters, delays in payment, and closing of 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; Carol seconded. Motion Carried.

7. Report of Committees:

- A. Quality Assurance Committee (QA)
- a) May Meeting Minutes - cancelled
 - b) Irene provided in the packet Quality Measures reports from December, 2021 through March, 2022. They are not in the format as was used in the past, the process is a work in progress. The format that Ronda used in the past will be similar in July.
 - c) We have a new panel manager from the CCO who used to work as the Office Supervisor for us. Her name is Donna Fox.

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

8. Old Business:

A. Grants:

1. Behavioral Health Resource Networks (BHRN) Grant – approval of proposal
 - a) Waiting to receive funding.
 - b) There were changes in the funding for the county.
 - c) Adventist was the applicant for the county which asked for \$500K - \$600K. That amount has been reduced to \$470K.
 - d) Funds we requested were to be used for:
 - i. Full time PHPR for Harm Reduction program.
 - ii. Marketing
 - iii. CHW training

- iv. Drug and Alcohol services
 - v. Peer support with TFCC
 - vi. .5FTE for a Data Specialist
 - vii. Behavioral Health and Substance support staff
- e) A revised budget is being sent in to the state.

Other:

- 1. None.

9. **New Business:**

A. Grants:

- 1. Sustainable Relationships for Community Health (SRCH) grant
 - a) This is our third SRCH grant in the amount of \$22,000.
 - b) It was approved by the BOCC this morning.
 - c) The funds will support a portion of the salary for a CHW for the clinical side.

Action: Kimber moved to approve the application; Sharon seconded. Motion carried

B. Other:

- 1. No report.

C. Policy & Procedure:

- 1. Compliance Plan
 - a) The policy was reviewed by the Health Council members.
 - b) There was a question regarding page 8 concerning the Emergency Treatment section.
 - c) Will review at next meeting for clarity.

Action: No action.

D. Credentialing & Privileging:

- 1. None.

Action: No action.

10. **Training:**

A. Risk Management Annual Report

- 1. Donna G. provided slide in the member packets as well as the presentation online.
- 2. This is the annual report required by HRSA for the FTCA redeeming application which is due July 8th.
- 3. The report covers the calendar year 2021 and contains 17 incidents or complaints.

Action: Sharon moved to approve the presentation; Bill seconded. Motion carried

B. Just Culture Presentation

- 1. This month, staff were provided this presentation along with a link to the survey at the all-staff meeting.
- 2. Donna G. presented slides in the member packets as well as the presentation online.

3. Results of the Just Culture survey will be presented at the meeting in July.

11. **Upcoming Events:**

1. No report.

12. **Unscheduled:**

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