

Tillamook County
Community Health Council
Meeting Minutes
August 17, 2022

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:37 pm.

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

A. Community/Patient Concerns

1. Member reported that she was told when she logged into My Chart, she owed money but never received a bill. Irene will follow up and indicated it could be a My Chart timing issue.
2. The member tried to contact billing staff by pushing the associated button from the recording. She left a message but did not hear back from anyone.
3. Irene will have her billing staff change their greeting so that it includes hours and OCHIN billing phone number.

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 July 20, 2022 Meeting minutes:**

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

4. Board Development:

A. Member Recruitment

1. No report.

B. **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. It was again noted that there remains an opportunity to serve on the QI/QA committee.
2. No volunteers came forward at this time.

D. **Health Council Acronyms**

1. See Attached

5. Administrator's Report:

General Update and Report – Marlene

A. COVID 19

1. Community level transmission is high.
2. There were 23 cases recorded between 8/7/22 – 8/13/22 with a test positivity rate of 23.7%.
3. It is recommended that masks be worn indoors and masks remain required in all health care settings for visitors, staff, and patients.
4. Common symptoms are headache, sore throat, and coughing.
5. Meetings should be virtual and refrain from gathering in small groups.

B. Monkey Pox

1. Vaccine is available for high-risk, we have just enough for 2 people.

C. Home Visiting

1. Community Health Worker has completed training and will begin doing home visits.
2. We are supplementing a CHW because we cannot secure nursing staff. She can work under supervision of an existing nurse.

D. Modernization

1. Met with OHA staff to discuss process, answer questions, and learn about state processes.
2. We have developed our internal staffing structure, assignments, and timeframe.
3. There will be multiple opportunities for Health Council member involvement in the future.

E. Medical

1. Dove Rainbow will be working remotely beginning in late August part time and permanently beginning in October.
2. The new interpreter system is working well and staff and patients are very happy with it.

F. Behavioral Health

1. The Behavioral Health Assistant Manager will be leaving September 15th. We are looking for her replacement.
2. We are working with a contractor that provides Tele-Psych services for those patients who are high-risk. Letters will go out to patients with the information.
3. Working with the CCO to assist us in getting another psychiatrist.

G. Dental

1. Expanding dental services in north and south county. Dental LLC will be hiring a part time dentist and hygienist for the mobile clinic.
2. Meeting with Rinehart for referrals to dental.
3. Looking into sites for north and south county to park the mobile clinic.

C. PCPCH Site Visit – August 18th

1. Seeking tier 4 out of a total of 5 tiers.
2. Rockaway Beach is the chosen location for the site visit.
3. Staff are being selected to be on-site during the visit.

F. Facilities update – Hooley Building

1. Agreement with St. Johns church to lease the parking lot for \$600 per month.
2. We received one bid on the second try but rejected it due to being too high.
3. Will be going out for a third bid.

G. Abortion Services

1. OPCA is working with OHA on options for FQHC's to offer the medication services for abortion.
2. There are no abortion services in our county or contingent counties.

Action: Kimber moved to approve the Administrative Report; Kim seconded. Motion carried.

6. Finance Report

A. **Page 1:** June's month end cash balance was \$2,811,643.25 ending with \$208,729.27 more in revenue than expense.

1. **Page 6: Revenue:** Irene reported that we received the Medicaid Wrap through September and will send October through December in the next month or so. All other revenue is within normal range.
2. **Page 6: Expense:** 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 \$274,098.30 and expense was \$60,712.96. Irene reported that since she began working for the department, HRSA grant was \$1.5 million and with all of the additional grant funds that went into our base grant, the amount is \$2.5 million. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for June was 1,723. Tillamook clinic had 1,083 encounters; dental had 565 encounters; and Rockaway had 29. Average Provider Encounters per FTE were 9.20. Provider FTE was 4.14.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.55 and the lowest at 6.59. The lowest provider encounters are due to a provider out on family leave.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in June was a total of \$124,098.44. The number of days open in was 22, giving the average revenue for the workday at \$5,641.
8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers was not reported in June.
9. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$457,635.90. The majority in the 0-30 bucket at 55.16%. The average for our 0-30-day bucket is 27.60 days; and gross charges were \$472,480.42. Payer mix shows Self Pay at 34%; and the percentage for Medicaid is 34%. Privately insured is at 17% and Medicare is at 14%. Oregon Contraceptive Care A/R is at 1%.

10. **OCHIN Top 10:** We were number 58 in the top 50 out of 141 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 56. This may be due to 56 open encounters, and charge review lag. There are multiple issues concerning OCHIN and we have been assigned and working with a new team. 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: John moved to approve the Financial Report; Kimber seconded. Motion Carried.

7. **Report of Committees:**

A. Quality Assurance Committee (QA)

1. August meeting was cancelled.
2. Irene is working on an audit and future meetings were moved to a week later due to reporting timing.

Action: No action.

8. **Old Business:**

A. **Grants:**

1. Behavioral Health Resource Networks (BHRN) Grant
 - a) Funding was received from the state
 - b) Funding will be used to expand MAT, alcohol & drug services & screening and treatment.
 - c) We will be hiring a new Behavioral Health Clinician and an OS2 for behavioral health.

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. Reproductive Health – mifepristone (medication abortion pill)
 - a. Marlene had a discussion with OHA regarding details of FQHC’s providing this service.
 - b. Federal says no, but OHA is wanting to implement into CHC’s.
 - c. Indigent people cannot afford medical procedure.
 - d. This service is consistent with our mission.
 - e. Needs to be a community effort with the hospital. Would involve Adventist for ultrasound and possible follow-up.
2. Virtual Provider
 - a. Dr. Steffey and Dove Rainbow are working on the scope of work.

C. Policy & Procedure:

1. Compliance Plan
 - a) Members reviewed the policy. There were no changes.

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

2. Referral Policy
 - a. Members reviewed the policy. There were no changes.

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

3. Palliative and End of Life/Hospice Referral Policy
 - a. Members reviewed the policy. There were no changes.

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

D. Credentialing & Privileging:

1. None.

Action: No action.

10. **Training:**
 1. No training.

11. **Upcoming Events:**
 1. No report.

12. **Unscheduled:**

- 13: **Adjourn:** The meeting was adjourned at 1:46 PM