

Tillamook County
Community Health Council
Meeting Minutes
October 19, 2022

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

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:40 pm. Introductions were made with Maia Vanspeybrock and Tabatha Noffsinger present.

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

A. Community/Patient Concerns

1. A member called to schedule an annual appointment with Dr. Steffey and was told that she couldn't make the appointment because she didn't have a current letter from her mother on file. Member has taken care of her mother for 4-5 years and this issue has never come up. She told the scheduler that she can provide a current letter when she comes in with her mother for the appointment. Scheduler checked with Dr. Steffey, who gave permission to make the appointment. Member wondered if it was a new policy and wanted us to check.

RESPONSE: Managers meeting met and discussed the issue. We have new front desk staff and it is believed that it's a training issue. Managers will meet with staff and discuss.

2. A member called 2-3 different times to try to get in touch with his provider and couldn't get through to anyone. He stopped in at the Admin office and Donna gave him the extension of his provider. Member wondered if there are issues with the phone system as he was routed to scheduling and did not receive a call back.

RESPONSE: We discussed this issue at the managers meeting and are currently looking into the phone system as we have been inundated with calls concerning Covid and flu boosters and vaccines. Additionally, we have several new MA's and they are not checking messages regularly and getting back to patients. Dr. Steffey is working with the lead MA to train new staff. We are asking staff from other areas to check messages and sort nature of calls on paper to be delivered to responsible staff to follow up.

3. Ambassador/Advocate encounters with Community Members
 1. No report
4. Community Partners – partner dialogues, invitations to meetings, etc.
 1. No report.

3. Consent Calendar:

A. Approval of September 21, 2022 Meeting minutes:

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

4. Board Development:

A. Member Recruitment

1. No report.

B. Health Council Member Contact & Areas of Expertise:

1. Member renewals need to be updated.

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. Community Update

1. Our Public Health Deputy will present today for our training item with updates on COVID 19 boosters and more!
2. High transmissibility level for Covid
3. Boosters are available for 5 years and up
4. Moderna Bivalent booster for adults is available
 - a) Health center will be hosting booster/pop up clinics for the community and at last report there were challenges with medical volunteers due to the changes in volunteer medical liability insurance coverage.
 - b) Checking with our insurance carrier, we found that volunteers are sufficiently covered through the County, so we do not need to rely on the state declaration of emergency to ensure that the state will provide liability coverage for volunteers.
5. Boosters are available throughout the county at pharmacies and health care settings.
6. The boosters protect against the Omicron BA4/BA5 variants and original strain that cause COVID 19.
7. Get a booster if it has been over 2 months since your last booster if you're over 12 years of age.

B. Staffing

1. Vacancies: Multiple
 - a) Clinical
 - i. Nurses – working with CCO for recruitment; considering an FNP as clinical manager; building partnership with community college nursing program
 - b) Behavioral Health
 - i. Assistant Manager and Clinician resigned 9/16/22
 - ii. Recruiting – no applicants with county

- iii. Working with CPCCO to recruit in person and potentially to add virtual for Spanish and English
- c) Psychiatrist
 - i. Contract with BrightPsych for patients that needed continued support
 - ii. Working with CCO to recruit for in-person, virtual, or hybrid visits
- d) Managers
 - i. Clinic Manager hired. Tabatha Noffsinger started on Monday.
 - ii. Administrative Manager – interviews completed
 - iii. Communication & Wellbeing Manager – position offered but candidate declined position. Continuing to recruit.
- e) Administrative
 - i. New Administrative Specialist hired – Maia – and she will be focused on HR with other duties. This new role/position was created to provide support to take on roles and duties of Lola Martindale, former clinic manager.

C. Medical

1. Virtual Visits Program Update
 - a) Testing out virtual visits with MA in the room and providers elsewhere
 - i. Testing out process with MA on site and provider off site
 - ii. Adding new high resolution tools to supplement visits
 - iii. Will be looking to add a Community Health Worker (CHW) in the field with e-tools to assist with visits
2. MA training and support
 - a) Carol Miller, MA, has been assigned as Lead
 - b) Working with TBCC for a partnership with their MA program
 - c) Dr. Brown has agreed to provide Lunch and Learn events for MA's
 - d) CPCCO will provide training on priority topics to be determined
3. Nurses – still vacant and trying some creative options
 - a) Nurse Practitioner as a supervisor for clinic staff
 - b) Work on rotation with TBCC new nursing program
 - c) Increase salary on county pay scale – again!

D. Other

1. Expanded Dental
 - a) North county services start around October
 - b) Posted and interviewing for a Mobile Clinic driver

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

6. Finance Report

- A. **Page 1:** August's month end cash balance was \$3,407,615.98 ending with \$675,791.84 more in expense than revenue.
 1. **Page 6: Revenue:** Irene reported that we received two HRSA drawdowns totaling \$454,290.77. We also received \$192,664.59 in CareOregon Quality Pool/COVID19 funds. 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 \$454,290.77 for August and expense was \$301,069.27. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for June was 1,907. Tillamook clinic had 1,173 encounters; dental had 704 encounters; and Rockaway had 28. Average Provider Encounters per FTE were 10.40. Provider FTE was 3.85.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 13.57 and the lowest at 7.94. 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 \$164,102.30. The number of days open in was 23, giving the average revenue for the workday at \$7,135.
8. **Page 17: Available vs Completed Schedule:**
Irene reported that the schedule for providers was not reported in July.
9. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$512,917.00. The majority in the 0-30 bucket at 55.89%. The average for our 0-30-day bucket is 30.80 days; and gross charges were \$606,330.06. Payer mix shows Self Pay at 35%; and the percentage for Medicaid is 32%. Privately insured is at 19% and Medicare is at 14%. Oregon Contraceptive Care A/R is at 1%.
10. **OCHIN Top 10:** We were number 89 in the top 50 out of 145 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 46. 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: Donna P. moved to approve the Financial Report; Sharon seconded. Motion Carried.

7. Report of Committees:

A. Quality Assurance Committee (QA)

- 1. Irene provided QA/QI meeting minutes along with QA/QI reports for June to August 2022 plus a 12 month graph.

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

8. Old Business:

A. Grants:

- 1. Behavioral Health Resource Networks (BHRN) Grant
 - a) See Administrator’s Report

Other:

- 1. None.

9. New Business:

A. Grants:

- 1. HRSA Rural Health Network Grant
 - a) Due November 22, shooting to apply November 18th
 - b) Purpose is to build a network with partners and volunteers to improve access and enhance outcomes.
 - c) We already have in place a model based on Tillamook County Wellness.
 - d) The amount is up to \$300K for 4 years.

Action: Carmen moved to approve the application; Kim seconded. Motion carried.

B. Other:

- 1. Potential contractor for Strategic Planning
 - a) Since we are anticipating a site visit from HRSA next summer, it is important that we have a Strategic Plan in place.
 - b) Looking to contract for the planning meeting with a contractor we are familiar with, Solid Ground, which Eric Brinkert is partnering with.
 - c) Would like to include 1 or 2 Health Council members in the planning.

C. Policy & Procedure:

- 1. None

D. Credentialing & Privileging:

- 1. None.

Action: No action.

10. **Training:**

1. Public Health Boosters & Flu Vaccines

- a) Rockie Phillips, Public Health Deputy Director, provide an overview and answered questions regarding boosters and vaccines.
- b) We have Moderna and Pfizer is on its way; Moderna bivalent is for 6 to adult and Pfizer is 5 and up
- c) Both can be used for primary and boosters and there is a supply currently available. It is suggested that you get whichever booster available; they are both effective.
- d) We have high dosed flu vaccine and you can get a vaccine by appointment.
- e) We are offering pop-up clinics for both boosters and vaccine; on Saturday September 24th we scheduled a clinic at the fairgrounds and saw 260 people.
- f) Next booster clinics scheduled are October 19 & 20 from 3:30 – 7 at Nestucca Valley K-8; Saturday October 29 from 10-2 along with Drug Take Back event for needles and drugs at the fairgrounds; November 6th at Sacred Heart for Spanish only from 12:30-3:30; and November 7-8 from 10-6 at the Fairgrounds.

11. **Upcoming Events:**

1. No report.

12. **Unscheduled:**

13: **Adjourn:** The meeting was adjourned at 1:52 PM