

Tillamook County
Community Health Council
Meeting Minutes
November 16, 2022

Present via Telephone: Bill Baertlein, Tim Borman, Kim Smith-Borman, Carol Fitzgerald, Sharon Kaszycki, Donna Parks, Carmen Rost

Excused: Kimber Lundy, Mary King, John Sandusky, Erin Skaar, Harry Coffman

Absent/Unexcused:

Staff Present: Marlene Putman, Donna Gigoux, Irene Fitzgerald, Anna Mitchell, Maia VanSpeybrock

Guests:

1. Call to Order: Carmen Rost called the meeting to order at 12:35 pm.

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

A. Community/Patient Concerns

1. Phone tree issue: when patients call in and get all the way to #6 all other things, sends you back to scheduling. Wondering if scheduling is the backup? Donna P called 2x a day only to get transferred to wrong MA; then had to call 5x through all the options, and on the 8th try got through to a receptionist again who apologized for wrong transfer and thanked her for calling back. Called on a Monday, she was waiting on lab results from 3 weeks ago.

RESPONSE: New staff at front desk, added more OS2s to answer phones – doesn't sound like it was working that day. New clinic manager who is monitoring the phones and she will be notified. There are 5 front desk staff who should/can be answering phones. Tim suggests from personal experience of running his own office, to call the office ourselves and see how the phone system is working, and how staff answer the phone (friendly, identify themselves, etc). Also giving the new system a couple weeks to test it out and having managers monitor.

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

3. Consent Calendar:

A. Approval of October 19, 2022 Meeting minutes:

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

4. Board Development:

A. Member Recruitment

1. Mary King TBCC – emails bouncing back, down to 10 members
2. Post on website, newspaper, flyer to patients when they register (50% patient council make-up)
3. Would like to include N and S county, and/or Spanish speaking

4. Not-for-profit engagement with health background
5. Possible legal background for future office/building space
6. To represent community, would like to see younger population
7. Tim B suggests to make a slide show about health centers for recruitment and informational for community

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. TBCC – possibly ask John S
2. High school – Harry C to assist

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. Get flu shots, predicted another wave of Covid so protect self and get boosters
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. NEW-Assistant Behavioral Manager – Anya – started 11/16/22
 - 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 10/17/22.
 - ii. Administrative Manager – interviews in process
 - iii. Communication & Wellbeing Manager – position offered but candidate declined position. Continuing to recruit.
- e) Administrative
 - i. Administrative Specialist for Clinic – recruiting in process

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!
4. Medical legal advocate – connected with national network program, framework to support RHND grant opportunity and community – more to come!

D. Other

1. New HR Director – means changes again with hiring/recruiting/promoting
2. County approved a 5% across the board pay scale increase to start in January
3. Hooley expansion construction to start soon, weather will not slow them down, Marlene will continue to lobby for more office space
4. Expanded Dental
 - a) North county services start around October
 - b) Posted and interviewing for a Mobile Clinic driver

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

6. Finance Report

A. **Page 1:** September's month end cash balance was \$ 3,387,823.97 ending with \$19,792.01 more in expense than revenue.

1. **Page 6: Revenue:** Irene reported are receiving the Medicaid Wraps, officially caught up but the federal grants are lower which effected ending cash. Issue - we have salary expenses but not revenue to offset – this is due to a mistake on GL accounts for the ADP upload, things

were marked as HRSA instead of State WIC, related to HRSA drawdowns – so there was no HRSA drawdown. JE’s next month to fix issue and thus will have a larger HRSA drawdown next time. All other revenue is within normal range.

2. **Page 6: Expense:** Increase in retirement – 3 entries instead of the normal 2, Irene is checking with the treasurers office to make sure not double entry (\$52k). Public Relations - A big chunk for gift card expense for wellness incentives, and membership for health coalition for public health officials \$2.8k. 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 \$305,748.67 for September and expense was \$320,385.60. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for September was 1,269. Tillamook clinic had 927 encounters; dental had 301 encounters; and Rockaway had 5. Average Provider Encounters per FTE were 9.30. Provider FTE was 3.78.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.07 and the lowest at 6.20. The lowest provider encounters are due to a provider schedule not updated.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in September was a total of \$107,894.66. The number of days open in was 21, giving the average revenue for the workday at \$5,138.
8. **Page 18 & 19: Accounts Receivable:**

Total Accounts Receivable was \$488,694.02. The majority in the 0-30 bucket at 51.68%. The average for our 0-30-day bucket is 31.50 days; and gross charges were \$369,667.01. Payer mix shows Self Pay at 38%; and the percentage for Medicaid is 29%. Privately insured is at 19% and Medicare is at 14%. Oregon Contraceptive Care A/R is at 0%.
9. **OCHIN Top 10:** We were number 43 in the top 50 out of 145 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 60. 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)
10. **Other:** 5% across county pay increase in January 2023 = budget will be hit with that, also COLA 3% in July 2023; productivity needs to increase, need to keep \$1mil Hooley building reserve, don’t want to dip into reserve too much. Medicaid Wrap will start coming monthly and will help pad the salary increases.

Action: Sharon moved to approve the Financial Report; Tim B seconded. Motion Carried.

7. Report of Committees:

- A. Quality Assurance Committee (QA)
 - 1. Care Oregon, improved numbers – Donna Fox presented CCO measures.
 - 2. October’s meetings: caught up to August’s numbers, positive trend
 - 3. Irene and Tara working on updating template for improvement
 - 4. Metrics goal updated – numbers went down since using previous 2019 metrics
 - 5. HRSA numbers went up
 - 6. MA retraining = numbers creeping back up, issues being fixed with ordering and encounters not being completed correctly – since training with lead MA – might lead to more audits
 - 7. UDS coming up for calendar year

Action: Donna P moved to approve the report; Kim seconded. Motion carried.

8. Old Business:

- A. **Grants:**
 - 1. Behavioral Health Resource Networks (BHRN) Grant
 - a) Still working with OHA on definition & scope with extension on project deadline
 - b) Would like state consistency on language and expectations, screening tools, definitions on types of MAT services
 - c) Continuing to service MAT patients, same day appointments
 - d) Working with Adventist health for patients who want to be seen within 24 hours
 - e) Interviewing for mid-level BH clinician
 - 2. HRSA Rural Health Network Grant
 - a. Decided to postpone applying until next round

Other:

- 1. None.

9. New Business:

- A. **Grants:**
 - 1. HRSA Rural Health Network Planning Grant
 - a) Due January 6, 2023

- b) Working with CPCCO grant writer contractors to provide tech support and writing
- c) Will provide outline for new grant in December for council approval

Action: No action.

B. Other:

- 1. None

C. Policy & Procedure:

- 1. None

D. Credentialing & Privileging:

- 1. Anna Mitchell is working on Dr. Benanti's credentialing
- 2. Donna G will change letter to allow Carmen to sign credentialing form in Harry's absence

Action: Bill moved to approve credentialing; Kim seconded. Motion carried.

10. **Training:**

- 1. None

11. **Upcoming Events:**

- 1. No report.

12. **Unscheduled:**

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