

Tillamook County  
Community Health Council  
Meeting Minutes  
December 21, 2022

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

**1. Call to Order:** Harry Coffman called the meeting to order at 12:38 pm.

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

**A. Community/Patient Concerns**

1. Harry wanted to give kudos to Dr Craig for helping him manage his diabetes and create a plan for tracking his health with a glucose 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 November 16 Meeting minutes:**

**Action:** Sharon moved to approve as written; Donna P seconded with minor adjustments to months mentioned in financial report. 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. 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. Dr Paulissen recommends the use of masks when in crowded and indoor places
3. High transmissibility level for Covid; 39% positivity rate
4. Surge in flu and RSV cases, straining OR hospital beds and limiting capacity
5. Boosters are available for 5 years and up
6. Moderna Bivalent booster for adults is available
7. Boosters are available throughout the county at pharmacies and health care settings.
8. The boosters protect against the Omicron BA4/BA5 variants and original strain that cause COVID 19.
9. Get a booster if it has been over 2 months since your last booster if you're over 12 years of age.
10. Community vaccine data: 78% have initiated covid vaccination; 72% have completed primary series

#### **B. Staffing** (*Old business kept for information*)

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 – working on implementing CHW in the coordinated care
    - iii. Working with CPCCO to recruit in person and potentially to add virtual for Spanish and English
    - iv. Still working on getting patients connected with psychiatrists – room set up in clinic for virtual visits for patients
  - c) Psychiatrist
    - i. Contract with Bright Psych 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 – postponed until we start another admin specialist
    - iii. Communication & Wellbeing Manager – position still open
  - 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 – working with each division on specific staffing needs. First year that Marlene heard from HR that Public Health and safety is a priority and that it's necessary to be fully staffed to meet health needs. Maia and Marlene working on updating organization chart by division. HR assured us that they will be posting on all sites to reach larger audience.
- 2. Dental expansion ready for north county; but hygienist will be working less due to family obligations – looking for another one. Might hold weekend appointments or mobile clinic events.
- 3. Hooley building construction: contractor is ready to get going, building is about empty for them to start fencing off. They say weather will not hold them back! Needing to figure out parking spots for staff and county vehicles.
- 4. Continuing with weekly harm reduction events, looking to add boosters/vaccines at those events and overdose training
- 5. TCW: in process of CHNA (Community Health Needs Assessment) and working on CHIP (Community Health Improvement Plan); 3 main points: access to care, housing resources, financial stability. Added Access to Care committee – opportunity to participate

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

**6. Finance Report**

- A. **Page 1:** October's month end cash balance was \$3,387,823.97 ending with \$45,062.52 more in revenue than expense.
  - 1. **Page 6: Revenue:** Irene reported that we received HRSA drawdowns totaling \$357,739.17. We also received \$194,443.28 in CareOregon Quality Pool/COVID19 funds. All other revenue is within normal range. Getting back Medicaid wrap money, will be seeing that coming in soon.
  - 2. **Page 6: Expense:** All expenses were within normal range. Reserve build up is nice to have for Hooley building expenses. Payroll expenses lower than normal due to vacancies.
  - 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 \$357,739.17 for October and expense was \$318,626.53. All other revenue/expense was within normal range. HRSA grant money normal, some fluctuations due to new payroll system – information uploaded incorrectly in system, but overall back to normal. No additional grant funds as of yet – did just receive notice of award for covid expansion funds for \$107k to be used in 6 months starting 2023. Funds can be used to testing, vaccination, outreach. Will need to submit budget to HRSA in January.
5. **Page 13: Encounters:** Total encounters for October was 2,468. Tillamook clinic had 1,755 encounters; dental had 652 encounters; and Rockaway had 12. Average Provider Encounters per FTE were 11.00. Provider FTE was 4.44.
  - 316 encounters held in work que for Dr Redmond, sitting there since he left. They might be denied for timely filing. These encounters might also show as negative in coming months, usual when a provider leaves and claims are adjusted.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.91 and the lowest at 9.02.
7. **Page 16: Monthly Generated Revenue:**  
 Provider revenue in October was a total of \$206,077.07. The number of days open in was 21, giving the average revenue for the workday at \$9,813. Dr Redmond has \$38k that was stuck in the system, might get paid for some but other claims might get denied for timely filing.
8. **Page 17 - 19: Accounts Receivable:**  
 Total Accounts Receivable was \$609,847.06. The majority in the 0-30 bucket at 58.30%. The average for our 0-30-day bucket is 34.0 days; and gross charges were \$672,920.12. Payer mix shows Self Pay at 34%; and the percentage for Medicaid is 37%. Privately insured is at 16% and Medicare is at 13%. Oregon Contraceptive Care A/R is at 0%. Dr Redmond's claims might affect future months AR.
9. **OCHIN Top 10:** We were number 79 in the top 50 out of 145 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 52. 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:**

**Action:** Sharon moved to approve the Financial Report; John seconded. Motion Carried.

7. **Report of Committees:**

A. Quality Assurance Committee (QA)

- 1. Committee met a week ago, Marlene gave update on creating report on required outcomes. No patient complaints or suggestions in the box to talk about. Reorganization of QA/QI committee, to include all divisions of health department. Talked about adding services to south county, improvement on the psychiatric referrals – have lead MA follow up on faxes sent to make sure they are received, social determinations of health – Danell and Anya working on.
- 2. Meeting again in January, Marlene will share proposal for school based health center

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

8. **Old Business:**

A. **Grants:**

- 1. OHA 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 (4 year grant)
  - a. Decided to postpone applying until next round

**Other:**

- 1. None.

9. **New Business:**

A. **Grants:**

- 1. HRSA Rural Health Network Planning Grant
  - 1. Due January 6, 2023; 1 year for up to \$100k
  - 2. Working with CPCCO grant writer contractors to provide tech support and writing
  - 3. Marlene shared grant framework chart and went over goals, objectives and strategy

**Action:** John moved to approve postponing 4 year grant and applying to 1 year planning grant; Sharon seconded. Motion carried.

B. **Other:**

- 1. 2023 Health Council Meeting Schedule

**C. Policy & Procedure:**

1. None

**D. Credentialing & Privileging:**

1. Anna Mitchell working on credentialing and cleaning up process

**Action:** John moved to approved 2023 meeting schedule; Sharon seconded. Motion carried.

10. **Training:**

1. Strategic Planning

- a. Marlene shared presentation of the Organization Planning for 2022-2023: scope of work, timelines and benchmarks.
- b. Organization needs: Strategic plan, communications plan, DEI plan, facility plan, succession plan, operations plan
- c. Currently working on: operational plan and prepping for strategic plan
- d. 1 year plan for HRSA site visit, plan update for 2019-2023
- e. Strategic planning consulting team: Solid Ground – Marc Smiley and Eric Brinkert
- f. Project phases: 1) operations plan 1 year (1/2/23-6/30/23); 2) 2-3yr information for strategic planning (2024-2025)
- g. Timeline 2023:
  - Document review/compilation Jan-Feb
  - Engagement w/staff and key leaders Feb-March
  - Facilitated meetings w/key staff & HC leaders March-April
  - Additional meetings April
  - Document creation & review May-June
  - Final approval by health council June-July

11. **Upcoming Events:**

1. No report.

**12. Unscheduled:**

1. Congratulate Danell on graduating with her Doctorate
2. Dove was voted best healthcare provider in the area

13: **Adjourn:** The meeting was adjourned at 2:00 PM