

Tillamook County
Community Health Council
Meeting Minutes
February 22, 2023

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

1. Call to Order: Harry Coffman called the meeting to order at 12:35 pm.

A. Welcome new registered nurse Elizabeth Pulliam – *postponed to next month*

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

A. Community/Patient Concerns

1. No Report

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 January 18 Meeting minutes:**

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

4. Board Development:

A. **Member Recruitment**

1. No report

B. **Health Council Member Contact & Areas of Expertise:**

1. Donna Parks requested to have her email taken off on contact sheet

C. **Common goals – shared resources between agencies:**

1. Donna Parks trial run of Safe Park is going really well! One month in, 2 more to go, which will hopefully be extended.

D. **Underrepresented & Youth Member**

1. No report

E. **TCCHC Committee/Workgroup/Opportunities**

1. No Report

F. **Health Council Acronyms**

1. See Attached

5. Administrator's Report:

General Update and Report – Marlene/Donna Reporting

A. Community Update

1. **COVID-19 Updates:** Community transmission of COVID-19 remains high due to a test positivity rate over 10%.
 - As of February 15th, Tillamook County had 18 new cases of COVID-19 and a test positivity rate of 52.5% measured over the past week for Tillamook County. However, community level of disease impact is low with 2.6 new COVID-19 cases admitted to the hospital and 1% (per 100,000) staffed inpatient beds occupied by a confirmed COVID-19 patient.
 - Masks are still required in patient care areas including public areas that patients have access to (hallways, lobby, reception etc.). Masks are optional in non-patient/ non-public areas.
 - OHA is no longer staffing their COVID-19 support line, please refer callers to use 211 or transfer to public health extension.
 - encourage people stay up to date on boosters, etc.
 - Vaccines still available throughout county and at our Health Center.

2. Medical Updates

a. Providers:

i. *Telemedicine w/ Dove Rainbow*

1. *Process has been improving over time*
2. *Working on final policy & procedure and SOP*
3. *Continuing to meet weekly with team to make improvements and address any issues*
4. *Still figuring out and research equipment and facility needs.*
 - a. Tested out process with MA on site and Provider off-site
 - b. Added new high-resolution tools to supplement visits.
5. Will consider a CHW in the field with e-tools to assist with visits.
6. Next 6 months will focus on metrics and patient satisfaction:
 - a. # of completed visits; # of no shows and cancellations; # of cancellations for technical reasons
 - b. Patient satisfaction survey will be distributed – Use CAHPS? Add questions for Telemedicine
 - c. Current one week data shows – 75% of patients are still coming into the office for visits while the provider is remote; cancellation and no-show rate combined is 40%; daily completed visits is 8.

ii. MD/Internal Medicine – left AH and is interested in working for us in next 4-6 months – **Administrator reached out to provider. No response.**

1. Will follow-up after determine Dove Rainbow schedule
2. Review exam room options
3. Confer with medical director and finance

iii. Dermatologist – volunteer still planning to start Summer/Fall

1. Working on volunteer paperwork
2. Will be included w/ deeming through FTCA - paperwork extensive
3. complex and time-consuming to complete Oregon requirements for licensure so will take longer than expected to get started but we are still proceeding and Dr. is committed. 😊

- b. **MA training and support** - Working on MA training to support and retain staff
 - i. Carol Miller, MA – designated lead MA working w/clinic mgr and med. Dir
 - ii. TBCC partnership – will need to re-establish when new coordinator hired
 - iii. One additional MA position is pending – will be able to provide a regular MA schedule with immunizations, and compliance with PH requirements for ordering and reporting birth control. Under supervision of PH Deputy working in partnership with Clinic Mgr and Med. Director.
- c. **Nurses**
 - i. New Nurse started on February 1, 2023!
 - ii. In training with training schedule created by Dr. Steffey and team.
 - iii. Nurse practitioner as supervisor – TBD – still in process.
- b. **Behavioral Health**
 - i. **Staffing/Position Vacancies impacting patient access:**
 - ii. BHC 2, Karen Sheeler – **seeking another clinician for patient care - LCSW**
 - 1. County will post on other sites and working on more promotion
 - 2. Continue working w/ CPCCO for recruitment and “interest views”
 - 3. Pursuing contract options w/ ARRAY – telemedicine to fill need
 - a. LCSW – virtual/telemedicine provider
 - b. Will bill through CHC EMR and document as our patients
 - iii. **We continue to work with BrightPsych for referral and support**
 - 1. Don’t provide services to Medicare patients
 - 2. Don’t provide services to all insurance types
 - 3. Will volunteer pro-bono for a certain amount of Medicare
 - a. No criteria for selection yet.
 - iv. **Public Health Program Representatives** – multiple vacancies in clinic with medical, behavioral, and public health
 - 1. **Interpreter/Care Coordinator (Misty), resigned months ago**
 - a. Posted but not qualified applicants; has closed; will repost
 - b. Will try posting a different introduction on sites
 - 2. **BHRN grant funded – new**
 - a. Posted no offers; posting closed; will repost
- c. **Dental**
 - i. Delayed - Expanding to North and South County – Was scheduled to start January but target moved because we do not have staff to deliver services
- 3. **Strategic Planning Timeline – revisit/reminder**
 - a. As was discussed during our previous meeting, we are involved in an update to our strategic plan and gathering information for a comprehensive strategic planning session for a 5 year plan.
 - b. Work with consultants: Solid Ground – Marc Smiley & Eric Brinkert (new affiliation for Eric Brinkert, who assisted us with planning previously)
 - c. Executive Committee members participated in a group interview – 02/14/23
 - d. Timeline –(See timeline create by Marlene & Maia) Feb – April - Interviews with key partners (5), health council, and managers; April – May planning sessions with leadership; May – June-update draft to current plan; May – June - identify issues for comprehensive strategic planning to occur in 2024-25.

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

6. Finance Report

A. **Page 1:** December's month end cash balance was \$3,558,296.35 ending with \$5,802.81 less in revenue than expense.

1. **Page 6: Revenue:** Irene reported that we received HRSA drawdowns totaling \$371,850.75. We did not receive a Medicaid Wrap payment, Irene is following up with OHA – they state about 6 months of back reports need to be resent. Still have not received interest payments, Irene suspects it will come in January. All other revenue is within normal range.
2. **Page 6: Expense:** All other expenses were within normal range. Reserve build up is nice to have for Public Health building expenses.
3. **Page 7: Materials & Services:** All expenses were within normal range for materials and services.
4. **Pages 9-12: HRSA Budget Revenue and Expense:** Revenue was \$371,850.75 for December and expense was \$374,655.39. All other revenue/expense was within normal range. HRSA grant money normal.
5. **Page 13: Encounters:** Total encounters for December was 2,131. Tillamook clinic had 1,384 encounters; dental had 680 encounters; and Rockaway had 20. Average Provider Encounters per FTE were 13.00. Provider FTE was 4.07.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 26.97 and the lowest at 10.06.
 - Had staff outages and open charts from November that carried over into December, which is making December seem overstated (Dr Steffey).
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in December was a total of \$138,139.25. The number of days open in was 20, giving the average revenue for the workday at \$6,907.
8. **Page 17 - 19: Accounts Receivable:**

Total Accounts Receivable was \$641,616.38. The majority in the 0-30 bucket at 48.50%. The average for our 0-30-day bucket is 30.10 days; and gross charges were \$622,044.89. Payer mix shows Self Pay at 36%; and the percentage for Medicaid is 27%. Privately insured is at 21% and Medicare is at 16%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** We were number 85 in the top 50 out of 161 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 51. 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: Sharon moved to approve the Financial Report; Donna seconded. Motion Carried.

7. Report of Committees:

- A. Quality Assurance Committee (QA)
 - i. Approval of January Minutes
 - ii. February Report – Dr Borman:
 - 1. Still a work in progress due to revamping and organizing efforts.
 - 2. Anya working on SDOH project
 - 3. Next meeting 3/9 @ 2pm

Action: Donna moved to approve the January minutes; Sharon seconded. Motion carried. John moved to approve the February report; Bill seconded. Motion carried.

8. Old Business:

- A. **Grants:** None

Other:

- 1. Strategic Planning – discussed in Administration Report

9. New Business:

- A. Grants: None
- B. Policy & Procedure: HIPAA Policy Assessment & Amendments underway
 - Once policy is complete, will be presented to the council for review and approval
- C. Credentialing & Privileging: None

Action: no action

10. **Training:**
1. HIPAA Training – postponed to next month - TBD
11. **Upcoming Events:**
1. All Staff Training – all day March 3rd – Reproductive Health and Trauma Informed Care
a. All are invited – Kim and Carmen volunteered to join in person
b. Meeting at the OSU extension office at 8 am
12. **Unscheduled:**
1. None
- 13: **Adjourn:** The meeting was adjourned at 1:21 PM