

Tillamook County
Community Health Council
Meeting Minutes
September 12, 2023

Present: Sharon Kaszycki, John Sandusky, Carmen Rost, Harry Coffman, Tim Borman, Kim Smith-Borman, Carol Fitzgerald

Excused: Kimber Lundy, Bill Baertlein, Donna Parks, Erin Skaar

Absent/Unexcused:

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

Guests:

1. Call to Order: Harry Coffman called the meeting to order at 12:41 pm.

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 August 16, 2023 Health Council Meeting minutes

Action: John moved to approve council minutes; Carmen seconded. Motion carried.

4. Board Development:

A. Member Recruitment

1. Marlene and the council have worked on creating an action plan for recruiting members that better reflect the population of the county and of the health center. (See 9.A.3 HRSA Site Visit Findings)

B. Health Council Member Contact & Areas of Expertise:

1. No report

C. Common goals – shared resources between agencies:

1. No report

D. Underrepresented & Youth Member

1. Michelle Jenck, Director at Adventist Hospital, has provided 2 high school students information who are interested in joining the health council; one is interested in health care career, another looking at career options in social and health services.
2. Juntos, Program Coordinator relationship to pursue; interested in adding a youth and parent team; Hispanic underrepresented group
3. Kim also has shared with the Chair contacts of 3 potential members of the community who identify with Hispanic ethnicity for recruitment.

E. TCCHC Committee/Workgroup/Opportunities

1. QA/QI workgroup met to discuss the format of information that is presented to the council monthly. It is a work in process and will be discussed with executive council in October.

F. Health Council Acronyms – sent annually

5. Administrator's Report: Marlene

- A. Behavioral Health services through contractor Array, to add a LCSW to the team. Also to contract with a psych Nurse Practitioner. There was a person identified for the LCSW position but they unfortunately had to quit Array for personal reasons. There is also a lead on identifying a person for the Nurse Practitioner position.
- B. Dr. Benanti – Dentist; working on a plan for his future retirement and training a dentist to replace him. With this, working on a plan for expanding dental services also, working with local dentists on bringing on specialty services. Possibly bringing on dental students for rotations.
- C. Dr Dale Westrom – Volunteer dermatologist; has a very full schedule! Community is excited about access to those services.
- D. COVID19 debrief – required report to the State of Oregon on lessons learned and outcomes.
- E. Strategic Planning for 2025 – 2028; will start to create an updated plan this fall. Just finalized the interim plan for 2023-2024.

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

6. Finance Report

- A. **Page 1:** July's month end cash balance was \$5,254,317.23 ending with \$138,360.79 more in revenue than expense. This is due to 3 Medicaid WRAP payments received totaling \$659K.
 - 1. **Page 6: Revenue:** Irene reported that we received HRSA drawdowns totaling \$226,894.93. All other revenue is within normal range.
 - 2. **Page 6: Expense:** All other expenses were within normal range.
 - 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 \$213,421.48 for July and expense was \$555,839.53. All other revenue/expense was within normal range. HRSA grant money normal.
 - 5. **Page 13: Encounters:** Total encounters for July was 1,714. Tillamook clinic had 991 encounters; dental had 660 encounters; and Rockaway had 29. Average Provider Encounters per FTE were 10.20. Provider FTE was 4.03.
 - 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.86 and the lowest at 7.25.
 - 7. **Page 16: Monthly Generated Revenue:**

Provider revenue in July was a total of \$145,282.07. The number of days open in was 20, giving the average revenue for the workday at \$7,264.

8. **Page 17 - 19: Accounts Receivable:**

Total Accounts Receivable was \$498,220.90. The majority in the 0-30 bucket at 54.48%. The average for our 0-30-day bucket is 33.70 days; and gross charges were \$496,527.31. Payer mix shows Self Pay at 41%; and the percentage for Medicaid is 34%. Privately insured is at 15% and Medicare is at 9%. Oregon Contraceptive Care A/R is at 1%.

9. **OCHIN Top 10:** We were number 78 in the top 50 out of 172 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 51. The number of open charts is due to provider being out. 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; John seconded. Motion Carried.

7. **Report of Committees:**

A. **Quality Assurance Committee (QA)**

- 1. Approve August QA/QI Minutes

Action: Sharon moved to approve the August QA/QI minutes; Carmen seconded. Motion carried.

- 2. Debrief of workgroup meeting

- a. Tim, John, Carmen, Tara Stevens (Public Health Program Rep), and Marlene Putman (Administrator), met to discuss how the QA/QI committee has revamped reporting, how the health center utilizes the information, and what the health council desires in the monthly reporting. The executive council will further discuss outcomes and solutions for future health council reporting.

Action: No action

8. **Old Business:**

- A. None

9. **New Business:**

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A. HRSA Site Visit Findings:

1. Annual service area review with UDS zip codes – 2022 PowerPoint

Discussion included comparing the last 3 years, 2020, 2021, and 2022, UDS data zip codes of patients that the health center saw. Numbers stayed consistent for each year, with small variations, but with over 95% of zip codes within the service area of the health center for over 20 years. Members discussed how large the county is and how the small unincorporated towns are included in the Tillamook city zip code, shows how data can be a bit misleading at times. The presentation further discussed patients by ethnicity and age, showing a large white and Hispanic population, with some crossover. Age group shows large 0-17 year population, followed by second largest age group of 18-39 years old. Patients by sexual orientation was also a data point, with 48% heterosexual and 44% unknown as this is a new data point the health center is collecting and patients don't always answer due to individual reasons. Other topics in presentation included patients by insurance type, and patients by income, which the latter is similar to the sexual orientation data point as far as the high percentage of unknown data. Language was the last topic in the presentation showing over 75% of patients speak English and about 19% Spanish speaking.

Action: John moved to approve the UDS 2022 presentation; Kim seconded. Motion carried.

2. Collaborative relationships regarding Emergency Department Utilization – Information

Discussion included how the health center is collaborating with community partners around emergency department utilization. The health center participates in regional and local groups, but this topic does not present itself regularly outside of substance abuse discussions. Further discussion and investigation to be had on how to tackle this particular finding.

3. Board Composition reflects TCCHC patient population – Action Plan

Draft of action plan was shared with the council of specific objectives and target timelines for a more diverse and reflective board composition. The plan is already in motion before finalization due to the councils hard work and outreach. (See 4.D Board Development). Discussion of increasing the capacity of the council in amount of members to allow for all the new potential candidates. Additional exhibits to be added in order to be sent to HRSA.

Harry brought up the conflict of time usage, with youth especially due to school hours. A key question to ask applicants. John spoke about the college nurse program starting in Winter term (January); which might pose similar timing issues, but John will stay in the loop with the students.

Action: Sharon moved to approve the board composition action plan; John seconded. Motion carried.

4. Fee Schedule policy – Approve in 9.B

5. Policy on payment plans; policy for Refusal to Pay – Approve in 9.B

6. Procedure for training/retraining of Sliding Fee discounts – Approve in 9.B

B. Policy & Procedure: See Presentation

1. Approve Fee Schedule Policy and Procedure – NEW

Policy is for the annual procedure of updating the fee schedule based on the 90th percentile of the medical book “Practice Management Information Corporation”.

Action: John moved to approve the Fee Schedule policy and procedure; Sharon seconded. Motion carried.

2. Approve Collections Agency Policy – *added wording (highlighted) to include wording for refusal to pay and inability to pay*

Action: John moved to approve the Collections Agency policy and procedure; Carmen seconded. Motion carried.

3. Approve Special Circumstances Policy – *highlighted sections on page 1 that discusses inability to pay*

Action: Sharon moved to approve the Special Circumstances policy and procedure; John seconded. Motion carried.

4. Approve Application for Reduced Fee Policy – *highlighted section on page 3 that includes wording for inability to pay*

Action: Sharon moved to approve the Application for Reduced Fee policy and procedure; John seconded. Motion carried.

5. Standard Operating Procedure for Sliding Fee Discount

Action: John moved to approve the Standard Operating Procedure for Sliding Fee Discount; Carmen seconded. Motion carried.

C. Pharmacy discussion – Genoa Healthcare – *see presentation*

1. Tillamook Pharmacy is closing. Over 1,200 patients who were receiving prescriptions there. Panic happening for how long the wait will become for medications when they make a switch to Fred Meyers, which is already swamped. Genoa Healthcare is a company that is used nationally and works with various FQHCs in need of pharmacy services. They offer stop gap services that can be implemented within a very short period of time; also offer to build a pharmacy given available space. They hire and manage their business, working very closely with our providers and patient population. Harry brought up the ongoing issue of lack of space, but would really to see this service added. John asked if this has to be approved by the commissioners, Marlene responded with “services are within the council purview” but she is in discussion with the commissioners. Tim mentions that bringing this service into the health center would alleviate a lot of pain patients feel when having to go to various locations to get medications.
2. Marlene is requesting permission from the council to continue this investigation to bring pharmacy services to the health centers patients and the county.

Action: John moves to approve the health center in pursuit of adding a pharmacy service option through Genoa Healthcare; Carmen seconded. Motion carried.

D. Telehealth Patient Satisfaction Survey Results – *attached*

1. Will discuss next month

E. National Health Service Corps – Site Agreement – *attached*

1. For information

10. **Training:** None

11. **Upcoming Events:**

10/1 Shine a Light for Survivors – Tides of Change

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[at this time, Kim and Tim Borman had to leave for another meeting]

12. **Unscheduled**: CPCCO Summit Sponsor – sponsorship is not funded, CPCCO would just like the health centers support. Summit is for opioid risk and substance abuse awareness.

Action: John moved to approve the health center sponsoring the CPCCO summit; Carmen seconded. Motion carried by consensus due to lack of full quorum.

- 13: **Adjourn**: The meeting was adjourned at 2:32 PM