

Tillamook County  
Community Health Council  
Meeting Minutes  
October 18, 2023

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

**1. Call to Order:** Harry Coffman called the meeting to order at 12:40 pm.

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

**A. Community/Patient Concerns**

1. **Pharmacy desert** – member mentioned a piece broadcasted on the news regarding how pharmacy deserts are common in small communities, especially when large corporations are closing their doors in these communities. Member stated she sent a letter to Senator Ron Wyden on the important need and lack of options in Tillamook County.
2. **Bad experience at Adventist** – member brought up her personal experience at local hospital Adventist. They lost her appointment time, and she had been waiting for 2 hours without anyone helping her or noticing. After waiting, she left the hospital and only then did they call her again. She is very glad to have the service we provide at our own community health center, as she has never had a situation like that. Marlene requested the member make a statement with our clinic manager regarding her praise of our clinic and comparing it to Adventist.
3. **Moda Advantage discontinued in Tillamook** – member brought up that Moda Advantage is dropping the Advantage program in Tillamook County in January 2024, which leaves no other Advantage programs for the county. Members with the plan should be aware but for the clinic staff to be aware also. Another member stated that the insurance agents should be aware and notifying clients.

**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 September 12, 2023 Health Council Meeting minutes**

**Action:** Tim moved to approve council minutes; Kim seconded. Motion carried.

**4. Board Development:**

**A. Member Recruitment**

1. HRSA approved action plan for board composition underway (see 4D)
2. 4 potential council members have been reached out to with 2 responding with an interest to join (see 4D). The other 2 potential council members have not called the admin office back on their

interest. It was requested that the member who brought their contact information to the board to reach out to them again regarding their interest.

**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. Ruby Gardner – senior at the high school
2. Guadalupe Rojas Vega - senior at the high school
3. Maia and Marlene to follow up with the students counselor's and the health occupations teacher to try to set up a schedule for them to attend our meetings.
4. Designate mentors for new members - TBD

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

1. New committee to be added will be for the Rural Health Network Development planning grant that was awarded for 7/1/23-6/30/24. Details to be shared soon. Collaborative grant with Adventist Health, Rhinehart, Nehalem Bay, TFCC, TCCHC , CPCCO, OHSU, OSU to form a workgroup around access to care, with proposal to: talk about sharing data, implementation of traditional health worker, and look at Connect Oregon to create a closed loop referral system with the previously mentioned partners. This grant should be successful, will lead the health center to be set up to apply for a 4 year implementation grant in the near future. Members who expressed interest in joining – Harry, Tim and Kim.

**F. Health Council Acronyms – sent annually**

**5. Administrator's Report: Marlene**

1. All members should have received the COVID/Flu vaccine clinic schedule – can find on webpage or Facebook page. Adventist was generous enough to share some of their vaccine supply with us. Tim and Kim volunteered at a clinic and assisted administering vaccines, they say it went great! No RSV – members have had to drive to Salem to get that administered through Safeway.

2. Genoa Healthcare – partnering with the company to bring a pharmacy to the county. They are excited and their board has approved the onsite pharmacy once a site is designated. Potential space is available at the old Tillamook Pharmacy, which is about a block away from clinic – confusion regarding a non-compete clause on the building, but owners have checked with their lawyers and that is not the case since they still own the building. The building is much larger than what Genoa needs to set up their pharmacy, so other ideas are in the works to include possible immunization space or other provider exam room. Tim asked about if this pharmacy will offer services to other community members, not just our patients – discussion will be had with Genoa when finalizing contract since they will serve whoever we tell them we want them to; our patients are priority. Genoa will be coming for onsite visit in November, then agreement finalization to follow in coming weeks/months. Timeline to start should be less than 6-8 months due to not having to build anything if they choose Tillamook Pharmacy's building.

3. Space Planning – McKinstry is finalizing their recommendations and we have a follow up meeting scheduled for November 9<sup>th</sup> at the Admin Annex. Members are welcome to join in person to hear from them.

4. Mobile Dental services are up and running. X-ray system doesn't work with current technology set up on the mobile clinic, so we are upgrading equipment.

5. Behavioral Health – no new contract in place for a psychiatric provider but we still have an agreement with Array for remote telehealth services. Still working with CPCCO on outreach recruitment for an LCSW and psychiatrist to work in person at the clinic.

6. Dermatologist has left the county for the next few seasons, lives here in the summer. He is excited and would like to work remotely when he isn't in clinic, team is working on logistics and equipment for that to happen in the future.

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

## **6. Finance Report**

A. **Page 1:** August's month end cash balance was \$4,939,803.49 ending with \$314,513.74 more in expense than revenue. This is due to no Medicaid WRAP payment received and low Medicaid encounter numbers.

1. **Page 6: Revenue:** Irene reported that we received HRSA drawdowns totaling \$338,832. No Medicaid WRAP payment received. All other revenue is within normal range.
2. **Page 6: Expense:** All other expenses were within normal range. Nearing end of construction 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 \$314,513.74 for August and expense was \$515,304.47. All other revenue/expense was within normal range. HRSA grant money normal. Starting to spend money on carryover grant money.
5. **Page 13: Encounters:** Total encounters for August was 2,012. Tillamook clinic had 1,141 encounters; dental had 807 encounters; and Rockaway had 21. Average Provider Encounters per FTE were 8.70. Provider FTE was 4.25. Dr Westrom had 80 visits for August. Telehealth encounters with Dove has been pretty consistent since before she went telehealth.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.87 and the lowest at 5.49. This is potentially due to posted encounters not posted or if appointment times are longer on days when Dr Borman sees patients.
7. **Page 16: Monthly Generated Revenue:**  
Provider revenue in August was a total of \$142,423.06. The number of days open in was 23, giving the average revenue for the workday at \$6,192.
8. **Page 17 - 19: Accounts Receivable:**  
  
Total Accounts Receivable was \$485,653.88. The majority in the 0-30 bucket at 63.07%. The average for our 0-30-day bucket is 29.90 days; and gross charges were \$647,843.86. Payer mix shows Self Pay at 38%; and the percentage for Medicaid is 37%. Privately insured is at 15% and Medicare is at 10%. Oregon Contraceptive Care A/R is at 1%.

9. **OCHIN Top 10:** We were number 54 in the top 50 out of 175 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 60. 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:** Carmen moved to approve the Financial Report; Bill seconded. Motion Carried.

7. **Report of Committees:**

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

- 1. Approve September minutes – action removed due to QA/QI committee already approving minutes – moving forward, approving these minutes will not be part of agenda.
- 2. September report – see summary sheet – members like the new format, easier to read, slight edit for action items to be attached to each metric, rather than at the bottom.

**Action:** Bill moved to approve the new reporting format and the September report; Kimber seconded. Motion carried.

8. **Old Business:**

A. **HRSA Site Visit Compliance Update**

HRSA approved our documents, including policies, action plan, minutes, which were submitted last month. Since we submitted everything that was requested in order to be in compliance, our health center is fully in compliance with HRSA. This site visit process will repeat in another 1.5 year or so, as they get back to regular compliance visits coming out of the pandemic. The one action item that is ongoing is developing the board composition to represent the community, which should include youth and Hispanic/LatinX members. We are working on recruiting 2 youth members, admin team will reach out to the high school to try to develop a plan in order for students to attend our meeting time.

9. **New Business:**

- A. **Schedule CEO Evaluation for 2022-2023 + 2023-2024** – October 2024 – members agreed that doing another evaluation so soon after the last one wasn't best use of time; agreed that scheduling a double year evaluation in 2024 would suffice.

**Action:** Tim moved to approve scheduling the next CEO evaluation in October 2024; Kimber seconded. Motion carried.

- B. New commissioner** – December 2023 – set up meeting to discuss collaborative relationship b/w Health Council and BOCC – Keep in mind for future (2024)
  - C. Staff appreciation potluck** – November or December – members asked about if there was a budget or funds to be used for this. Marlene is in discussions with commissioners regarding raising the limit that is required to be taxed (taxable fringe benefits). More details to come. Members suggested combining this with other seasonal potlucks that staff plan (fall potluck or winter potluck). Plan for December get together.
  - D. Restructuring of Meetings Discussion:**
    - 1. Condense Financial report for Full council
    - 2. Admin report to be highlights from divisions
    - 3. Extra time to allow for mentoring, training, committee work
    - 4. **Discussion postponed to Executive council**
  - E. Policy & Procedure:** *None*
  - F. Telehealth Patient Satisfaction Survey Results** – attached for information
  - G. Grants:** *None*
  - H. Credentialing & Privileging:** *None*
10. **Training:** Department and Division Reports – Discussion – postponed for Executive council to discuss
11. **Upcoming Events:**  
10/19 Great ShakeOut – Earthquake Drill Practice
12. **Unscheduled:** Annual distribution and collection of patient satisfaction surveys – requesting approval.
- Action:** Tim moved to approve sending out patient satisfaction surveys; Donna seconded.  
Motion carried.
- 13: **Adjourn:** The meeting was adjourned at 2:26 PM