

Tillamook County  
Community Health Council  
Meeting Minutes  
December 20, 2023

**Present:** Bill Baertlein, Carmen Rost, Harry Coffman, Kim Smith-Borman, Sharon Kaszycki, Tim Borman

**Excused:** Erin Skaar, John Sandusky, Kimber Lundy, Carol Fitzgerald, Donna Parks

**Absent/Unexcused:**

**Staff Present:** Irene Fitzgerald, Maia VanSpeybrock, Marlene Putman

**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. No updates

**B. Ambassador/Advocate encounters with Community Members**

1. No comments

**C. Community Partners – partner dialogues, invitations to meetings, etc.**

1. No comments

**3. Consent Calendar:**

**A. Approval of November 15, 2023 Health Council Meeting minutes**

**Action:** Sharon moved to approve council minutes; Bill seconded. Motion carried.

**4. Board Development:**

**A. Member Recruitment**

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

1. Discussed, No updates

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

1. No comments

**D. Underrepresented & Youth Member**

1. Guadalupe Rojas Vega - senior at the high school – Harry offered to reach out to the high school counselors to see if they will allow for student (and possibly students in future) to attend our council meetings. Marlene offered to discuss with John Sandusky regarding recruiting college students from TBCC who are studying healthcare.

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

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

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

1. **CEO Evaluation** – Marlene has not had a chance to type up summary notes yet. Notes to include staffing, HR and other topics to assist with guiding strategic planning. Support from commissioners around the department growth, development, sustainability and facility future planning. Key topic during evaluation revolved around succession planning of key management positions. Concerns raised and discussions scheduled regarding timelines on recruitment, posting positions, and actions

after failed recruitments. Admin has been working on the growth plan of the department, including future divisions, new and possible promotion/current management positions, and additional support positions.

2. **Facilities Planning** – consultants working on our space planning of all our buildings, have created a couple drafts for the pharmacy building, Genoa is only going to use a small portion of the building. Idea is to double the clinic space by constructing more exam rooms in the pharmacy building. Draft plan is to have dermatology, telehealth, behavioral health space – ~ 2 clinicians, 1 specialty and 1 behavioral health clinician. Construction to begin in 2024, still working on the main lease with the building owners along with plans on how construction will be done. Other improvements planned are for the main clinic lobby to create HIPAA compliant front space and children's play area. Dream plans for the one building encompassing all services also in the works, but that is further in the future.
3. **Strategic Planning** – consultants to begin their work, and will include various other plans we are working on (JDEI, communications, Rural Health Network Development, modernization). This plan will be used when we submit our SAC (Service Area Competition) that will determine our funds received from HRSA.

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

## **6. Finance Report**

- A. **Page 1:** October's month end cash balance was \$5,279,407.48 ending with \$315,805.89 less in expense than revenue. This is due to 2 HRSA drawdowns taken in this month
  1. **Page 6: Revenue:** All revenue is within normal range.
  2. **Page 6: Expense:** JE code fix that was incorrectly coded to refunds/rebates, should have gone to travel/training. 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 \$509,345.29 for October due to 2 drawdowns taken this month and expense was \$473,195.14. All other revenue/expense was within normal range. HRSA grant money normal.
  5. **Page 13: Encounters:** Total encounters for October was 2,671. Tillamook clinic had 1,995 encounters; dental had 568 encounters; and Rockaway had 29. Average Provider Encounters per FTE were 11.0. Provider FTE was 3.92. Closures due to flooding might be reflected in future months and in the coming months, but that is to be expected due to our climate and annual floods or other weather events.
  6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 14.48 and the lowest at 9.78. New page added to show our dental provider, Dr. Benanti and hygienist, Jennifer Allbright. Benanti had 180 posted patient encounters, and Jennifer had 110 posted patient encounters. Some credentialing issues with Michelle Walters, that shows with the negative amount in revenue. Issues have been fixed.

7. **Page 16: Monthly Generated Revenue:**

Provider revenue in October was a total of \$204,762.14. The number of days open in was 22, giving the average revenue for the workday at \$9,307. Dental revenue was \$52,801.04 for the month, with number of days open of 22, giving the average revenue for the workday at \$2,400.

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

Total Accounts Receivable was \$706,700.34. The majority in the 0-30 bucket at 70.07%. The average for our 0-30-day bucket is 36.4 days; and gross charges were \$665,551.79. Payer mix shows Self Pay at 27%; and the percentage for Medicaid is 46%. Privately insured is at 15% and Medicare is at 11%. Oregon Contraceptive Care A/R is at 0%.

9. **OCHIN Top 10:** We were number 65 in the top 50 out of 176 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 56. Large amount of open charts can be reflected if there are holidays or outages right before the end of the month, leaving charts open. 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:** Tim moved to approve the Financial Report; Kim seconded. Motion Carried.

7. **Report of Committees:**

A. **Quality Assurance Committee (QA) – November Summary – no comments, metrics look good**

**Action:** Bill moved to approve the November report summary; Carmen seconded. Motion carried.

8. **Old Business:**

A. **Genoa Pharmacy Update – (see admin report)** Contract portion – Genoa has sent over agreements for review. There is a sublease agreement that is dependent on the main lease agreement. There were a few edits around timelines. Hopeful to have agreements ready by mid January. The other discussion happening is with the main lessor around construction to happen through them, instead of the county process. They are open to it and have seen our draft plans. Genoa plans to move into the building quickly and can construct a wall to close off the other side of construction. Tim was questioning the outside space for construction materials, since this was an issue when constructing the new clinic annex building. Consideration during construction will need to be kept in mind.

**B. Seasonal gathering/employee recognition** – the department had already planned on a holiday gathering with a potluck, so the health council one was postponed until the new year. Planning to be brought back up next year, possibly a summer bbq where staff can meet the council.

9. **New Business:**

**A. Approve Health Council meeting schedule for 2024**

**Action:** Sharon moved to approve the 2024 schedule; Carmen seconded. Motion carried.

**B. Grants:** NW Regional Education Early Childhood Inclusion Grant

Public Health nurse has applied and was granted funds for \$2000 to purchase children's toys for the clinic area. Timeline was very quick and we are requesting approval to accept and use funds.

**Action:** Carmen moved to approve acceptance and use of grant funds; Kim seconded. Motion carried.

**C. Credentialing & Privileging:** None

10. **Training: Hybrid Meeting Structure Discussion**

- Previous discussions around some members want to meet in person again, but other members who cannot attend in person; also previously members have brought lunch and visited before the meeting
- A few members have expressed interest in attending in person in theory, but with COVID19 and RSV, flu and other sickness still very prevalent in the world, masks would be worn and worry of getting sick would still be forefront in minds
- Hybrid meetings would still have the camera in the meeting room for those virtual to attend
- One member expressed great interest in returning to in person, to keep the relationships alive and well, and the importance of interactions with people and not just technology; Harry suggested that the two meet for coffee
- One member brought up traveling to and from the meeting regarding expenses and adding to pollution; along with ample space and ventilation, which isn't always viable due to building constraints. Member does highlight the importance of social interactions, but members need to weigh the risk/benefit of meeting in person, especially in winter times
- Members agreed that a majority of members need to be in agreement of returning to in person or hybrid meetings; members agreed that summer months are better for meeting and will plan to have a luncheon with staff

**Action:** Bill moved to approve current meeting structure and re-evaluate in 6 months; Tim seconded. Motion carried.

11. **Upcoming Events:**

Next council meeting – TBCC president to speak about new nursing program and other healthcare career pathways at the school.

**Offices closed** –

12/25 – 12/26 Christmas Eve (observed) and Christmas

1/1 New Years

12. **Unscheduled:** None

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