Tillamook County
Community Health Council
Meeting Minutes
February 21, 2024

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

1. Call to Order: John Sandusky 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. Dialysis center located at Adventist is closing their doors, projected to close once they are able to place everyone at a new location, expected by end of March. This impacts our community, 20-40 people. The closure is due to the cost exceeding the revenue generated along with the work that is needed to be done in the space they use. Eric Swanson at Adventist asked about the gap of cost vs revenue to see if there could be a solution to assist in the gap, but no plans in action as of now by Adventist. There are 2 dialysis centers, one is Lincoln City and one in Astoria, which Eric reached out to these centers to see if they could open a location here in Tillamook. The same issue will most likely appear for any company coming to town, the rate of Medicare reimbursement is not high enough to be successful. Marlene is involved in discussions with Adventist to see if there is a plan that can be developed. Columbia Pacific CCO group is also in discussions, and there is a community pool of funds that could potentially be used for a gap fill. Potential future conversations could be had with TBCC and creating an educational pathway for dialysis technicians for the community. Outreach to our representatives by health council can be done to advocate for the health needs the community is losing. Marlene will keep talking with Adventist and CPCCO risk share group.

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 January 17, 2024 Health Council Meeting minutes**

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

4. Board Development:

A. Member Recruitment: No comments

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. No new updates, Harry still plans to talk to school.

E. TCCHC Committee/Workgroup/Opportunities

F. Health Council Acronyms – sent annually

5. Administrator's Report: Marlene

1. **Dentist Update**: Dr Benanti, clinic dentist, has put in his notice and will be leaving end of March 2024. We are currently working on recruiting with the help of the our contracted dental director, and looking at other options for backup and gap fills. One option is hiring a locum dentist for 2 months.
2. **Behavioral Health:** The clinic has not had a psychiatrist since Dr Redmond left. We are currently working on recruitment for an in person psychiatrist but also working with Array on contracting with a telemedicine psych nurse practitioner.
3. **Strategic Planning**: reminder of the various engagement pieces happening. Staff will be part of division or area specific focus groups, managers and leads will have one-on-one interviews, health council will be a part of decision making meetings, and externally, partners were given a survey and some are being selected for a one-on-one interview.
4. **Communications Contractor**: Contracted with Corinne Weiss, who has been assisting with all things communications, updating, revamping, streamlining and more. Communications will be incorporated into our strategic plan.

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

6. Finance Report

A. Page 1: December's month end cash balance was $4,960,995.51 ending with $152,418.76 less in expense than revenue. This is due to no OHA state grant revenue for November.

1. **Page 6: Revenue:** There was 2 Medicaid wrap payments in December to catch up. All 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 $270,928.92 for December and expense was $465,619.14. All other revenue/expense was within normal range. HRSA grant money normal.

5. **Page 13: Encounters:** Total encounters for December was 1,361. Tillamook clinic had 960 encounters; dental had 351 encounters; and Rockaway had 19. Average Provider Encounters per FTE were 9.70. Provider FTE was 3.70.

6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 10.81 and the lowest at 6.65. New page added to show our dental provider, Dr. Benanti and hygienist, Jennifer Allbright. Benanti had 113 posted patient encounters, and Jennifer had 60 posted patient encounters.

7. **Page 16: Monthly Generated Revenue:**
   Provider revenue in December was a total of $36,122.01. The number of days open in was 19, giving the average revenue for the workday at $1,901. Dental revenue was $13,787.78 for the month, with number of days open of 19, giving the average revenue for the workday at $726.

8. **Page 17 - 19: Accounts Receivable**:
   Total Accounts Receivable was $560,496.30. The majority in the 0-30 bucket at 56.85%. The average for our 0-30-day bucket is 29.80 days; and gross charges were $378,470.98. Irene is watching the AR bucket for charges 211+ days since it is creeping upwards. Payer mix shows Self Pay at 36%; and the percentage for Medicaid is 38%. Privately insured is at 14% and Medicare is at 11%. Oregon Contraceptive Care A/R is at 0%.

9. **OCHIN Top 10**: We were number 66 in the top 50 out of 184 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 58. Large amount of open charts can be reflected if there are holidays or outages right before the end of the month, leaving charts open. We recently lost a billing tech, so Irene will be watching charge lag numbers and has approved overtime hours for our one remaining billing tech. 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: Bill moved to approve the Financial Report; Carmen seconded. Motion Carried.

B. Appendix A: TCHD Federal Poverty Level for 2024 – income figures come from HRSA and are posted around the clinic, in English and Spanish, for our sliding fee scale. No new services were added since we added dermatology, and all other fees have remained the same.

Action: Carmen moved to approve the updated federal poverty scale for 2024; Tim seconded. Motion Carried.

7. Report of Committees:

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

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

8. Old Business:

A. Naming of New Building & Open House– Executive Council discussed possible names, voting for "Community Health Services Building" based of all the services that are provided in that annex building. "Community Services" was determined as confusing for another local group uses that name and are not affiliated with the health center. The full group likes that name. Open house dates were discussed, with the possibility of later March or April, depending on manager availability to be onsite to give a tour. The open house would be around 3-5pm, include words from either commissioners, health council, Marlene and will offer some small snacks. More details to be determined.

Action: Tim moved to approve naming the new building "Community Health Services Building"; Donna seconded. Motion carried.

9. New Business:

A. Grants: None

B. Credentialing & Privileging: None

C. Policy & Procedure: None

D. Pharmacy building discussion with Joel Stevens (1:02-1:58p)

1. **Revisit Goal:** council voted to pursue adding pharmacy services in September 2023. Originally, it was just to provide the need for community, it has grown into the possibilities of expanding clinic services due to the building layout.
2. **Lease**: landlords have sent us a draft agreement, which we have been reviewing with legal since late January, early February 2024.
3. **Legal Counsel**: Joel Stevens has been in discussion with Marlene since the agreement was received. Language in the lease is landlord friendly, but most sections are very typical. Terms that are concerning: landlords have to approve all improvements, landlord must approve all subleases, landlord may require tenants to remove all improvements and return to original state. There is a clause of first right of refusal for purchase, but if external source offers to buy the building, we have to match the price. All these clauses can pose a risk to the health center.
4. John mentioned that it seems the least risky to just purchase the building, assuming the funds are there. Joel agrees that the risk that is removed through this way, is having to remove improvements or worry about the next owner approving the same way as the current owners. We would also have the building in the end to do as we'd like.
5. **Scenarios of Lease vs Purchase**: see chart attached for scenarios.
6. Bill mentioned that he believes owning is better than leasing, at the end of it all, it's better if we own the building, if the price is right. He suggested to look into ways to get a lower interest rate for municipal rates.
7. Tim wonders how the need will outweigh the price of lease or purchase. He worries that there might not be stability of providers or services to warrant the need to move forward with this project. Kim wonders if it would be better to level the building based off the quality of the current building. Also seconds what Tim mentioned regarding filling the building.

Action: Bill moves to looking into option of purchase of pharmacy building; Sharon seconded. Tim and Kim nay. Motion carried.

10. Upcoming Events:

- Virtual - **March 12 11:15-1:15p**; Strategic Planning Focus Group for full health council
- In Person **- March 19 10am – 2pm**; Strategic Planning Decision Meeting #1, all are welcome, Executive members who can make it are required

11. Unscheduled: None

12. Adjourn: The meeting was adjourned at 2:27 PM

Pharmacy & Clinical Space - Commercial Lease or Purchase Options 2024

Goal: To provide a pharmacy option for Tillamook County residents with nominal financial impact to the Health Center operations while securing additional clinical space for services/operations if feasible. (HC approved pursing pharmacy agreements September 12, 2023)

	Lease Options	Monthly Lease	Annual Lease	Improvements	Total Year 1 w/out repair	Funds at Risk	Utilities Cost 1 Yr.
#1	**Co-locate Pharmacy and Health Services w/ Nominal Improvements for CHC** Exam room, small office space and portable sinks; use laptop with Wi-Fi hotspot. Try to keep existing internal fixtures and footprint as much as possible.	Yr.1 = $6,500 Yr.2 = $6,695 Yr. 3= $6,895 Yr. 4 = $7,102.73 Yr. 5 = $7,315.81	$78,000 $80,340 $82,740 $85,232.76 $87,789.72				TBD
	Genoa Cost:	$1100	$13,200	$100,000 est.	$113,200	$113,200	
	CHC Cost	$6000	$72,000	$50,000	$122,000	$122,000	
	Remove improvements; return to original 50%					$25,000	
	CHC Subtotal					**$147,000**	
	TOTAL	**$7100**	**$85,200**	**$150,000**	**$235,200**	**$260,200**	
#2	**Co-locate Pharmacy and Health Services w/ all improvements for CHC Clinical space as outline with OH/McKinstry proposal**						
	Genoa Cost	$1100	$13,200	$100,000 est.	$113,200	$113,200	
	CHC Cost	$6000	$72,000	$500,000	$572,000	$572,000	
	Remove improvements; return to original 50%			$250,000		**$250,000**	
	CHC Subtotal			$750,000		**$822,000**	
	TOTAL	**$7100**	**$85,200**	**$850,000**	**$685,000**	**$935,200**	

#3	**Co-locate Pharmacy and Health Services w/ mid-range Improvements for CHC Clinical space as modified from OH/McKinstry proposal**						
	Genoa Cost	$1100	$13,200	$100,000 est.	$113,200	$113,200	
	CHC Cost	$6000	$72,000	$250,000	$322,000	$322,000	
	Remove improvements; return to original 50%					**$161,000**	
						$483,000	
	TOTAL	**$7100**	**$85,200**	**$350,000**	**$435,200**	**$596,200**	