

Tillamook County  
Community Health Council  
Meeting Minutes  
March 20, 2024

**Present:** Kimber Lundy, Harry Coffman, Carmen Rost, Sharon Kaszycki, Donna Parks, Erin Skaar, John Sandusky, Kim Smith-Borman, Tim Borman

**Excused:** Bill Baertlein, Carol Fitzgerald

**Absent/Unexcused:**

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

**Guests:** Marc Smiley

**1. Call to Order:** Harry Coffman called the meeting to order at 11:12 pm.

**2. Training: Strategic Planning Discussion with Solid Ground, Marc Smiley**

- A. Discussion started with introductions of members present and an overview of the process that Solid Ground follows. This time around, the planning process heavily relies on community engagement, internally and externally, which was the first stage, involving focus groups and interviews of staff, executive team, health council and external partners. Solid Ground is transitioning into the 2<sup>nd</sup> stage of plan guidance and development. Marc spoke on the other plans Solid Ground is working on for the health center, including a Communication Plan and a JDEI (Justice, Diversity, Equity and Inclusion) plan. Each of these 3 plans will have integrated data and visions, but they will each be their own separate plan.
- B. The results from the preliminary discussions, 3 key success themes were found: 1) Health department is seen as a leader in health & healthcare within the community; 2) Broad set of services provided by the health department; 3) Health department has ensured that services and communication is inclusive.
- C. Capacity was a frequent topic among the engagement data collected. Which involves staffing, hiring and retention, in order to continue current services and to expand. From engagement discussions, Solid Ground found that there were 3 key challenges that were brought up: 1) Evolving community needs, including aging population, cost of living; 2) Need of prioritization of services; 3) Limitations of staffing, and capacity.
- D. John mentioned the perceived emotional effect that was portrayed by managers at the first decision meeting that was held earlier this week. He felt the strong need and want, in regards to staffing and better processes, to make it smoother in order to hire and retain staff, which historically and currently, our department has had a huge issue with agreeing with county and HR policies.
- E. Harry wanted to bring up succession planning, not only for managers but for health council also. A plan that includes transitional hiring, as to not lose historical knowledge of current staff and members.
- F. Carmen also brought up keeping the idea of separating county and the health department in the future. With all the restrictions, not only relating to pay scales, but hiring and recruitment, are big roadblocks. Challenges of removing the department from the county would need to be explored further, but might not be a topic for this strategic plan.
- G. Future decision meetings will happen in April and May. April will be a half day for the full staff and health council to further discuss strategies and what staff would like to see in the plan.
- H. Marc asked 2 main questions revolving around capacity: how do we build capacity within the organization, and how do we prioritize? > Specifically, Q1 what are the things/services, that are core to our mission and identity, that are most important? Donna mentioned that historically the health center has difficulties maintaining what we do but rather just keep trying to add new things. Over the time of

the health center, there have been many added services and add partnerships within the community. But what services are we identifying with or what does the community know us for? John thinks the access to care for lower income families is the largest and most important service the health center can provide for the community. Kim mentioned during COVID pandemic, the public health team was the go-to resource and provided the knowledge and response the community appreciated. John also mentioned that our behavioral health services are key in our community, even if we have to use partnerships to fill gaps. Sharon mentioned that the health center has the trust of the community and that the community believes that the health center will provide the best care and truthful information regarding healthcare. Harry also wanted to keep in mind the fiscal responsibility the health center has, in order to continue to do the required and most important services, while not overreaching capacity and financially to continue expanding.

- I. Marc asked if there is anything that the department should be thinking about long term? Carmen brought up the pharmacy addition, which has become a larger discussion than initially. With the possible merger of Safeway and Fred Meyer, another pharmacy has the potential to closure. Harry mentioned the elder population within the community accessing care, with the wide spread of the community, loss of services (pharmacy), it would be key to look into possibilities to assist that population. John mentioned looking into hiring specialty providers, which is scarce in the county and patients usually have to go to Portland or Lincoln City for services beyond primary care. Kimber feels due to being a health center patient, she is last on the list to get in for other services. Donna mentioned the succession piece of staff and also the health council, which both are difficult to fill.
- J. What should we be doing in preparation for succession planning? Harry had an idea of each council member going out to recruit another member to build current committee and to allow space for members to resign. Harry thinks that each member has a specialty area from which members could actively recruit from those various areas to create an all inclusive health council. Marc said his team has tools and resources that could assist members in recruitment and successful onboarding. Harry also had an idea of having a revolving student, whether in high school or college, for students interested in healthcare careers, since recruiting and keeping younger members is difficult. Kimber brought up a huge barrier of potential members not having time, but Kimber believes that if people wanted to do it, they will find the time. This is an evolving habit of times changing, Marc stated that people aren't necessarily reluctant to get involved, but people don't want to commit to something bigger than a one time thing. Marc also has more ideas around respectful recruiting, rather than one and done of joining the full health council; more of a slow, introduction approach. Tim did mention that he thinks volunteering takes time dedicated to the mission; and we have to be mindful of the fact that we might end up with who we can get. Also brought up the fact that the time length of meetings is a huge deal moving forward, with added smaller workgroups to work on projects rather than working through everything during regular council meetings.
- K. Next steps: continue to reach out to staff and external partners. After all engagement is complete, Solid Ground will work on a report for review. Next meeting is the all staff in April, and next decision meeting is in May. Solid Ground will start developing the strategic plan for the department, along with working with health council on a specific plan for health council.

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

**A. Community/Patient Concerns**

- 1. No comments

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

- 1. No comments

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

- 1. No comments

#### **4. Consent Calendar:**

##### **A. Approval of February 21, 2024 Health Council Meeting minutes**

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

#### **5. 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. Harry has another high school student that he is in contact with who is interested in becoming a nutritionist, he will reach out to them
2. Group is still looking at ways to recruit LatinX members and starting to think of succession planning as members retire from committee

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

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

#### **6. Administrator’s Report: Marlene**

1. **Facilities:** admin has had various meetings with owners/landlords of properties we lease. Discussions resulted in rent raised in the recent past. Health council had voted previously to move forward with pharmacy building purchasing, to which admin met with a real estate lawyer and have discussed submitting a letter of intent for purchase. This brings us back to the value of the building, admin has been researching fair market value of the buildings in downtown and trying to decide on an offer amount. The facilities committee will need to meet to discuss what admin has found in research and to look at future expenses and additional sources of revenue. Discussions will include potential partnerships and ideas for the future. This is all happening at the same time our landlords for the main clinic have reached out to discuss rent increases at that building. Original Landlord of the main clinic was a partner when we first entered into the lease, heavily favorable to us and we had a lot of support in the beginning. Now that the original landlord is passed, the family foundation owns the building. There are a number of maintenance upgrades that are needed along with renovations of the waiting area and other spaces that are wanted. Further discussion during facilities meeting to see the full picture of costs.

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

#### **7. Finance Report**

**A. Page 1:** January’s month end cash balance was \$5,133,071.35 ending with \$172,075.84 less in expense than revenue.

**1. Page 6: Revenue:** There was an increase in revenue for dental quality pool incentives for \$188k. All revenue is within normal range.

**2. Page 6: Expense:** There was an increase in expense for COVID19 vaccines for \$79k. 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 \$225,494.18 for the month and expense was \$396,044.07. All other revenue/expense was within normal range. HRSA grant money normal.
5. **Page 13: Encounters:** Total encounters for the month was 1,815. Tillamook clinic had 1,164 encounters; dental had 589 encounters; and Rockaway had 21. Average Provider Encounters per FTE were 10.10. Provider FTE was 3.98.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.11 and the lowest at 7.94. New page added to show our dental provider, Dr. Benanti and hygienist, Jennifer Allbright. Benanti had 202 posted patient encounters, and Jennifer had 93 posted patient encounters.
7. **Page 16: Monthly Generated Revenue:**  
Provider revenue for the month was a total of \$125,429.94. The number of days open in was 20, giving the average revenue for the workday at \$6,271. Dental revenue was \$12,238.17 for the month, with number of days open of 20, giving the average revenue for the workday at \$612.
8. **Page 17 - 19: Accounts Receivable:**  
Total Accounts Receivable was \$496,592.14. The majority in the 0-30 bucket at 54.13%. The average for our 0-30-day bucket is 29.30 days; and gross charges were \$491,435.50. Irene is watching the AR bucket for charges 211+ days since it is creeping upwards. Payer mix shows Self Pay at 41%; and the percentage for Medicaid is 34%. Privately insured is at 13% and Medicare is at 12%. Oregon Contraceptive Care A/R is at 0%.
9. **OCHIN Top 10:** We were number 61 in the top 50 out of 187 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 60. 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:** Donna moved to approve the Financial Report; Sharon seconded. Motion Carried.

**8. Report of Committees:**

- A. **Quality Assurance Committee (QA) – skipped this month, will reconvene next month with reporting 2 months behind**

**9. Old Business:**

- A. **None**

**10. New Business:**

- A. **Health Council annual forms**
  - 1. Members requested printed copies to be picked up at in person strategic planning session 4/19
  - 2. Will also mail out and email copies
  - 3. Please return by June for term renewals
- B. **Grants:** None
- C. **Credentialing & Privileging:**
  - 1. Might need to schedule a special meeting for credentialing of Jennifer Allbright, dental hygienist, details TBD
- D. **Policy & Procedure:** None
- E. **New building name:** staff have voiced concern over name “Community Health Services building”; proposed name change “Public Health Services building”.

**Action:** Sharon moved to approve the name change of the new building; Kimber seconded. Motion carried.

**11. Upcoming Events:**

- A. In Person – **April 19<sup>th</sup>**, All Staff & Health Council Strategic Planning Session, TBCC 8:30a-11:30am
- B. In Person – **April 19<sup>th</sup>** Open House for new building, 3-5pm, 2111 8<sup>th</sup> Street

**12. Unscheduled:** None

**13. Adjourn:** The meeting was adjourned at 12:58 PM