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Tillamook County
Community Health Council
Meeting Minutes
May 22, 2024
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> **Present:** Harry Coffman, Carmen Rost, Sharon Kaszycki, Donna Parks, John Sandusky, Carol Fitzgerald, Kim Smith-Borman, Tim Borman
> **Excused:** Bill Baertlein, Kimber Lundy
> **Absent/Unexcused:**
> **Staff Present**: Maia VanSpeybrock, Marlene Putman
> **Guests**: Kelsey Leonning, Tabatha Noffsinger

1. Council made introductions to Kelsey, welcoming her to the meeting and the council.

2. **Call to Order:** Carmen Rost called the meeting to order at 11:22 am.

3. **Consumer/Community/Partner's Needs, Concerns, Issues (**based on Health Council Strategic Plan Goal 2 & 3**):**
   A. **Community/Patient Concerns**
      1. Donna Parks is having a celebration of life for her mother, invites all to join for celebration today
   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 April 17, 2024 Health Council Meeting minutes**

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

5. **Board Development:**
   A. **Member Recruitment:**
      1. group needs to work on recruiting at least 3 more members, in addition to the 2-3 recruitments we identified during our site visit from the youth and LatinX population
      2. Admin is also in discussion with recruiting previous staff, Donna Gigoux, who retired last year, to join the council. She would bring her previous experience of admin for health council/health department for many years.
   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 a high school student that he is in contact with who is interested in becoming a nutritionist (Kelsey Leonning)
      2. Admin and Harry will discuss plan on onboarding and adding to council
      3. Need to start thinking about orientation and other ways to recruit new members
      4. 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. **General Update:**
        i. **Dental:** in March, our Dentist Dr Benanti resigned to move closer to family. Since then, we have been recruiting for his replacement with some difficulties. Our contracted Dental Director, Dr Javadi has been in discussions with some potential replacements and has been working with admin on possible interim solutions.
        ii. **Pharmacy:** as previously discussed, we are still working towards opening up a contracted pharmacy, in partnership with an organization that often works with FQHC's in bringing much needed pharmacy services to communities. Admin is working on finding a location that will provide space for the pharmacy and possible integrated services.
        iii. **Facilities:** the county has completed their facilities planning project that assessed all departments and their spaces and future needs. That company is further working with the health department on our current and immediate needs, including HVAC engineering for a replacement unit in the main clinic. Along with future plans for the dream all inclusive service building.
        iv. **Plans:** we have been working with various consultants on various plans, including Communications, JDEI, Strategic, Facilities, Modernization for public health. Most of these plans are nearing the completion date, with all being fully complete by this fall and ready to implement.
        v. **Other Assessments:** assessment and evaluation of wellness activities, also looking at how to better use telemedicine and technology. Tim mentioned that provider/physician burnout is huge right now, or rather provider wellness. He brings input on how to better assist providers in their personal wellness, to prevent burnout; which will be brought into the assessment. A survey will be coming out to the staff, to set a baseline for where we are now, and to assist with metrics moving forward. A consultant is identified, and team meet about once a week to discuss ideas and plans.

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

7. **Finance Report by Marlene in Irene's Absence**
    A. **Page 1:** March's month end cash balance was $5,043,353.24 ending with $6,607.43 more in revenue than expense. This is due to 2 HRSA drawdowns for the month because there was no drawdowns the month prior.

        1. **Page 6: Revenue:** There was 2 HRSA drawdowns for March, this is to catch up from last month. 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 $463,082.35 for March due to 2 drawdowns. All other revenue/expense was within normal range.

5. **Page 13: Encounters:** Total encounters for March was 1,425. Tillamook clinic had 1,087 encounters; dental had 281 encounters; and Rockaway had 10. Average Provider Encounters per FTE were 10.10. Provider FTE was 3.68.

6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 14.06 and the lowest at 7.87. New page added to show our dental provider, Dr. Benanti and hygienist, Jennifer Allbright. Benanti had 10 posted patient encounters, and Jennifer had 110 posted patient encounters. Dr Benanti left during the month of March, will see a drop during and after.

7. **Page 16: Monthly Generated Revenue:**
Provider revenue in March was a total of $103,704.95. The number of days open in was 20, giving the average revenue for the workday at $5,059. Dental revenue was $-16,745.89 for the month, with number of days open of 20, giving the average revenue for the workday at $-817.

8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was $452,746.82. The majority in the 0-30 bucket at 53.19%. The average for our 0-30-day bucket is 29.80 days; and gross charges were $384,835.23. Payer mix shows Self Pay at 45%; and the percentage for Medicaid is 29%. Privately insured is at 16% and Medicare is at 9%. Oregon Contraceptive Care A/R is at 0%.

9. **OCHIN Top 10:** We were number 55 in the top 50 out of 191 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 61. 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: Kim moved to approve the Financial Report; Sharon seconded. Motion Carried.

8. **Report of Committees:**
   A. **Quality Assurance Committee (QA) – March Report**

       a. Postpone March report to next month when QAQI committee member is present and ready to report out.

    Action: No Action

9. **Old Business:** None discussed at this time

10. **New Business:**
   A. UDS 2023 Report
       a. Maia made a presentation on CY 2023 UDS data that was reported to HRSA earlier this year for data that was collected in 2023.
       b. Slides covered verifying that at least 75% of patient population resided within our service area zip codes. We steadily have around 95% of our patient population living within the service area for the past 20 years.
       c. Slides further went on to analyze patient age ranges, sexual orientation, gender identity, income, payor mix, language, race and ethnicity.
       d. Tim mentioned that zip codes and age ranges can vary year to year, depending on emerging health trends, like COVID19 for example. People from all over, whether passing through the county or visiting, would come for vaccines since it was available. Which in turn can change our data annually.
       e. We also discussed how the number of the patient population can vary for many reasons, also relating to the above scenario. The health center always runs wellness appointments for children, which can account for our seemingly large patient population for ages under 19, but then we see a drop off in the next age range. These patients might not be seeing their PCP at the health center, and are only seen once a year.

    Action: Tim moved to approve the presentation and analysis of CY 2023 UDS Data; Donna seconded. Motion carried.

   B. Grants: None
   C. Policy & Procedure: None
   D. Credentialing & Privileging: None

11. **Upcoming Events:**
   A. In Person – Strategic Planning Executive Team (Health Council, Managers, BOCC) May 30th 1-4pm at TBCC

12. **Unscheduled**: None

13. **Training**: Risk Management CY 2023 Presentation by Tabatha Noffsinger, Risk Manager and Clinic Manager

       a. Tabatha presented on data collected in 2023 for Risk Management, including claims, incidents, and complaints. HRSA updated the requirements for quarterly and annual reporting guidelines, to which Tabatha updated accordingly.
       b. Each quarter has an assessment relating to high risk areas, with action plans and measurable outcomes.
       c. The presentation goes on to explain the health centers risk management policy and procedure, for collecting and reporting on claims, incidents and complaints. Tabatha explains the different

measurements, like Adverse Events, Near Misses, Unsafe Conditions, and others. Risk Management uses these terms when reporting on any events reported.

d. The types of risk types were explained, giving some examples such as Complaints, Falls, Sharps Injuries to name a few. These are categorized when reporting. For 2023, our highest percentage of incidents reported was complaints, for various reasons.

e. The health center follows an annual all staff, and/or including role specific training, like for clinical staff or behavioral health staff, who have extra training that is required for their role.

f. Staff have expressed interest in specific trainings, like trauma informed care, de-escalation, patient boundaries, for some examples. Which we have on a list for proposed future activities, pending funds and scheduling.

g. Member was wondering if only staff are able to participate in trainings, like CPR. Admin will look into the specifics, since some trainings requirement actual payment per person. Other trainings that are not per person, like a previous all day trauma informed/de-escalation training, are usually more welcoming to health council members and volunteers for participation.

h. Health council applauds Tabatha's amazing work in presenting and collecting all the data.

Action: Donna moved to approve the presentation and analysis of CY 2023 Risk Management Data; John seconded. Motion carried.

14. **Adjourn**: The meeting was adjourned at 12:44 PM