

Tillamook County
Community Health Council
Meeting Minutes
June 26, 2024

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

1. **Call to Order:** Harry Coffman called the meeting to order at 11:07 am.

2. **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

3. **Consent Calendar:**
 - A. **Approval of May 22, 2024 Health Council Meeting minutes**

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

4. **Board Development:**
 - A. **Member Recruitment:**
 1. Appointment of New Members:
 - i. Kelsey Leonning
 - ii. Donna Gigoux

Action: Sharon moved to approve the appointment of Kelsey and Donna G; Carmen seconded. Motion carried.
 2. Reappointment of Current Member for 3 Year Renewal:
 - i. Kim Smith-Borman

Action: John moved to approve the renewal of member Kim Smith-Borman; Donna P seconded. Motion carried.
 3. Resignations of Current Members:
 - i. Bill Baertlein
 - ii. Kimber Lundy
 - iii. Carol Fitzgerald

4. Appointment of Executive Officers and Members:

- i. Harry Coffman – Chair
- ii. John Sandusky – Vice Chair
- iii. Carmen Rost – Secretary
- iv. Donna Gigoux – Member at Large

Action: Tim moved to approve the appointment of the executive officers and executive members; Donna P seconded. Motion carried.

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 plans to work with Kelsey on recruiting other members from the youth population, either from high school or at community college
2. Harry is also in process of recruiting members from the Hispanic/LatinX population, will pick up applications from Admin

E. TCCHC Committee/Workgroup/Opportunities

F. Health Council Acronyms – sent annually

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

A. General Update:

- i. **Personnel:** recently onboarded a telehealth/remote Nurse Psychiatrist through Array Health. Workflows are in place and has started seeing patients. We requested that the county post a job recruitment for a Behavioral Health Clinician level 1; this person usually is someone who is process of getting their license. A great way to build up division. We currently have 6 medical providers in the clinic, but they are not all 100% FTE patient care, therefore there is only about 4.8 FTE in direct patient care time that is available. Access is and has been an issue, and this does not exactly help that situation. We are looking to post a job recruitment post for a new physician, who will be seeing the older population and complex patients, as well as those who are falling through the gaps in availability. There is another posting in the que, for a Nurse Practitioner, while thinking of the retirements that are slated to happen in the next 5 years. Marlene is looking for input for these ideas. Harry says if we are not meeting the needs, then it’s important that we look to onboarding another provider to fill the gaps. Donna P hopes we don’t get any slack from the HR county process, but the need is there and is in support of posting/recruiting for these positions. John S says he is in support, asked if the nurse practitioner would be like the nurse psychiatrist, they are separate but if we could find someone local in person, then that’s what we and the community prefers. Carmen is asking about the closing of Adventist clinics, and whether that was due to lack of providers; the reason is not public, but may assume it’s lack of profit from not enough patients along with lack of providers. Tim thinks it’s a good idea to start the process of recruitment sooner rather than later, due to the extensive process. While also thinking about retaining staff efforts as that is important as well. We are also working on revising the job description for the clinical nurse manager, as the duties have gone through changes over time. Dental division has hired a new program manager, starting in July 2024. Current manager is working part time and will assist with the onboarding. Working with HR on a job description for a dental director, who is currently staffed through a

contract with a LLC. We also still have a vacancy for our in house dentist. We have had a few interests through our HRSA workforce program, which offers loan repayment. We continue to contract with local dentists through a referral workflow, and we just increased their rate payment since that hadn't been done in a while. Finally, the role of the medical examiner – in the past, the medical examiner, medical director and health officer were the same person. That person now is only the medical examiner, but he is now looking to retire, and that brings up the issue of who is next in line. Usually medical director is next, but when they are out, the health officer is second – and our health officer wants to step down from that role. A new workflow needs to be figured out, whether it's another contract with a different county or some other part time position. Another option is to have the sheriffs office handle finding the next medical examiner.

- ii. **Facilities:** still figuring out details for the leased pharmacy space. Main clinic's lease is under review by landlords foundation, but we would like to finalize the pharmacy space prior to opening up the main clinic lease. Tim B has a concern with Mr Kittell, who assisted TCCHC in the possible pharmacy building purchase, and now is representing the foundation who owns the main clinic. Legal counsel made sure Mr Kittell kept his transactions separately, living in a small town with a very limited amount of attorney's who practice real estate law.

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

6. **Finance Report by Marlene in Irene's Absence**

A. **Page 1:** April's month end cash balance was \$4,765,414.42 ending with \$277,938.82 more in expense than revenue. This is due to fiscal year end, department has to get in all remaining purchases before year end closes. This often results in a lot of extra expenses.

1. **Page 6: Revenue:** OHA had a negative adjustment of \$75k for a reproductive health grant. All revenue is within normal range.
2. **Page 6: Expense:** Increase in overall expenses due to year end fiscal year closing, results in a higher amount of purchases during the month. 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 \$210,401.29 for April, and expense of \$389,242.43. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for April was 1,617. Tillamook clinic had 1,097 encounters; dental had 446 encounters; and Rockaway had 28. Average Provider Encounters per FTE were 12.00. Provider FTE was 2.91.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 30.30 due to open charges and the lowest at 8.63. New page added to show our dental provider, Dr. Benanti and hygienist, Jennifer Allbright. Benanti had 1 posted patient encounters, and Jennifer had 84 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 April was a total of \$133,594.13. The number of days open in was 22, giving the average revenue for the workday at \$6,072. Dental revenue was \$13,102.34 for the month, with number of days open of 22, giving the average revenue for the workday at \$596.

8. Page 17 - 19: Accounts Receivable:

Total Accounts Receivable was \$461,594,41. The majority in the 0-30 bucket at 52.90%. The average for our 0-30-day bucket is 31.80 days; and gross charges were \$414,954.45. Payer mix shows Self Pay at 44%; and the percentage for Medicaid is 32%. Privately insured is at 15% and Medicare is at 8%. Oregon Contraceptive Care A/R is at 1%.

9. OCHIN Top 10: We were number 100 in the top 50 out of 191 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 49. 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 P moved to approve the Financial Report; Tim seconded. Motion Carried.

7. Report of Committees:

- A. **Quality Assurance Committee (QA) – March Report**
- B. **Quality Assurance Committee (QA) – April Report**

Action: Tim moved to approve both the March and April QA report; Carmen seconded. Motion carried.

8. Old Business: Admin will be working on plans for new member orientation; general overview, specific responsibilities (fiduciary, reporting, approvals of grants and other)

9. New Business:

- A. **Grants:** None
- B. **Policy & Procedure:** None
- C. **Credentialing & Privileging:** None

10. Upcoming Events: Offices closed June 19 and July 4

11. Unscheduled:

A. HRSA New Access Point Grant

- i. HRSA will award up to \$650k for a new site, we would like to request \$450k-550k
- ii. There are requirements of having to provide all required services per HRSA health center guidelines
- iii. Plan would be to lease a building, half would be the partnership with Genoa Healthcare for an onsite pharmacy, the remainder of building would be for integrated services

Action: Tim moved to approve starting the application for HRSA New Access Point, but would like to hear our plan once more developed; Donna P seconded. Motion carried.

B. Columbia Pacific Care Oregon Clinical Pharmacist Grant

- i. Care Oregon has funds to be used for a integrated clinical pharmacist on site
- ii. This opportunity came up 2 years ago, at that time we were not ready
- iii. With updated staff and workflows, CPCCO is still ready to assist in implementing this program – we would need to create a job description, they would assist with policy and procedures and other work flows
- iv. CPCCO sees the value in assisting Medicaid patients with pharmacy needs, from distributing medication to assisting with understanding medications
- v. The issue we have is space, but an idea is house them at the pharmacy space with Genoa

Action: Carmen moved to approve applying for the Care Oregon grant; Donna P seconded. Motion carried.

12. Training: Recruitment Strategies Discussion

- a. The group started the discussion talking about new ways to recruit health council members, with keeping in mind the target population groups that are still underrepresented: youth and LatinX
- b. Members mentioned that now that we have a youth member, Kelsey, we should utilize her connections and avenues, such as other youth members in her classes who might want to join, or other LatinX members who are interested in healthcare. Kelsey did mention a student who is taking classes at TBCC, Harry will work on reaching out
- c. The group had previously created a workplan on ways to recruit, we revisited that and noted down some ideas: speaking on the radio, advertising in the newspaper, posting around the clinic. It is especially important to keep track of who is a health center patient and who is not, as we cannot have more than 49% be community members, but we are doing pretty good on the ratio, with more consumers than community members.
- d. Harry also, as mentioned earlier in the meeting, has a community member, unsure if patient, who is LatinX and will be connecting with them.
- e. Members who have gone through such advertising in the newspaper, have stated that they did not receive any interested inquiries
- f. Another idea would be to send out a Care Message to all patients with a link to information and an application
- g. We then discussed the structure of the health council meetings, knowing that we discuss this regularly. Members thought it should be a discussion if an issue arises, a new member or current member is unable to make the meeting day and times, then we should open the discussion up. we will also send out a board assessment with this question on it.

13. Adjourn: The meeting was adjourned at 1:04 PM