

Tillamook County  
Community Health Council  
Meeting Minutes  
August 21, 2024

**Present:** Harry Coffman, Carmen Rost, Sharon Kaszycki, Donna Parks, John Sandusky, Kim Smith-Borman, Tim Borman, Donna Gigoux, Vicky Mata

**Excused:** Kelsey Leonning

**Absent/Unexcused:**

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

**Guests:** Marc Smiley – Solid Ground Consulting

1. **Call to Order:** Harry Coffman called the meeting to order at 11:05 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 July 17, 2024 Health Council Meeting minutes**

**Action:** John moved to approve council minutes; Donna G seconded. Motion carried.
  
4. **Board Development:**
  - A. **Member Recruitment:**
    1. Vicky Mata was appointed a new member on 7/17/24, council is back to 10 members
  - 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. Group is still working on recruiting youth members at the community college.
  - E. **TCCHC Committee/Workgroup/Opportunities**
  - F. **Health Council Acronyms – sent annually**
  
5. **Administrator’s Report:** Marlene
  - A. **General Update:**
    - i. **Pharmacy:** admin and county counsel are still reviewing the 3 agreements that relate to opening up a new integrated site with the contracted pharmacy with Genoa Healthcare. Managers and operations are discussing staffing plans along with space planning of how to best use the space. The idea is to keep the space as is for the most part, besides the area that the pharmacy is building out. This approach is to keep costs low and to later possibly make adjustments once we know what is needed.

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- ii. **Dentist:** the dental team has interviewed and offered a full time dentist position, the dentist will be employed through Dental Care LLC, who handles our staffing for our dental clinic. This is a new grad dentist, they and the whole dental team are super excited for this onboarding. First steps will be to credential and orient the new dentist to the community and the clinic.
- iii. **Succession Planning:** management is working closely with each other and HR on succession planning involving the various managers who will be retiring in the coming years, along with vacancies in lower level positions and replacing providers as they decide to move on.
- iv. **Physician:** a physician was interviewed and an offer is in process of being made. This new provider will potentially start January 2025, with the hopes to assist with taking on patients who are not able to see a provider in a timely manner due to most current providers being under 1.0 FTE.

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

6. **Introductions:** Vicky Mata introduced themselves to the council, council made introductions to welcome our new member. The group is super excited to have Vicky a part of the board, some already knew her from personal experiences, and years long friendship as a community member and successful business owner.

7. **Finance Report:**

- A. **Page 1:** June's month end cash balance was \$4,610,175.87 ending with \$115,674.32 more in expense than revenue. This is due to no DHS grant revenue and a much lower managed care revenue program income.
  - 1. **Page 6: Revenue:** 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 \$235,213.83 for June. All other revenue/expense was within normal range.
  - 5. **Page 13: Encounters:** Total encounters for June was 1,385. Tillamook clinic had 995 encounters; dental had 286 encounters; and Rockaway had 17. Average Provider Encounters per FTE were 9.20. Provider FTE was 3.36.
  - 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.07 and the lowest at 7.63. Hygienist Jennifer had 21 posted patient encounters.
  - 7. **Page 16: Monthly Generated Revenue:**  
Provider revenue in June was a total of \$146,512.63 The number of days open in was 19, giving the average revenue for the workday at \$7,711. Dental revenue was \$-3,003.30 for the month, with number of days open of 19, giving the average revenue for the workday at \$-158.
  - 8. **Page 17 - 19: Accounts Receivable:**

Total Accounts Receivable was \$477,808.31. The majority in the 0-30 bucket at 51.05%. The average for our 0-30-day bucket is 34.5 days; and gross charges were \$397,264.93. Payer mix shows Self Pay at 42%; and the percentage for Medicaid is 36%. Privately insured is at 13% and Medicare is at 8%. Oregon Contraceptive Care A/R is at 0%.

9. **OCHIN Top 10:** We were number 90 in the top 50 out of 191 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 50. We are still short one medical biller. Metrics are used to determine the success of an entity based on the following:
1. Days in Accounts Receivable (average length of time that an account balance is active)
  2. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
  3. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
  4. 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)
  5. Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
  6. Days of Open Encounters (patient encounters that have yet to be “closed”)
  7. 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; John seconded. Motion Carried.

8. **Report of Committees:**

A. **Quality Assurance Committee (QA) – Postponed**

**Action:** No Action

9. **Old Business:** None discussed

10. **New Business:**

A. **Board Self Assessment:**

- i. It was determined that a self assessment for the board hasn't been done in a few years, and thought it would be a good time to collect data on each members idea of what they want to see from this board. Admin will be sending out the survey for members to complete and this will hopefully assist in gauging what content we can add or change for a better and more successful board.

B. **Grants: Service Area Competition (SAC) FY2025-2028**

- i. This grant is the tri-annual grant via Health Resources and Services Administration (HRSA) which funds salaries for the whole department, usually a 3 year grant. This relates to the site visit that is conducted usually mid way through the 3 year grant period. The documents to submit are similar to those submitted for the site visit. Members expressed great enthusiasm to reapply for this funding source, as it is one of the most important sources we can obtain and retain.

**Action:** John moved to approve applying for the SAC FY2025-2028; Carmen seconded. Motion carried.

**C. Policy & Procedure:** None

**D. Credentialing & Privileging:** None

11. **Upcoming Events:** None

12. **Unscheduled:**

**A. PPS Rate Increase:** Irene and consultants working on updating the Medicaid repayment amount, which hasn't been updated in over 10 years. The calculation includes all expenses, salaries, payment on rents, along with a bunch of other related expenses. Irene and Marlene hope to submit by end of year, and to submit another round before they retire in a couple years, to get the clinic on track for current expenses. If awarded, this will greatly impact revenue per visit for Medicaid patients.

**B. Letter of Support:** a letter of support request has been sent to community health centers nationally, to support in the request of congress to reauthorize the Community Health Center Fund at \$5.8 Billion/year for the next 3 years by December 31, 2024 when the funds expire. This letter is open to all national, state and local organizations.

**Action:** John moved to approve signing the letter of support; Carmen seconded. Motion carried

13. **Training: Strategic Plan Draft Discussion with Marc Smily at Solid Ground Consulting**

A. Marc presented on the strategic plan for 2025 and beyond, which the engagement process happened earlier this year, involving the community, health council and staff. A few other plans were pulled together in this overall strategic plan, the Communication Plan, JDEI Plan, Facilities Plan.

B. Consultants at Solid Ground have created a rough draft of the updated plan, which includes updated goals and strategies, for which the managers of the health department plan to dive deeper into the actions and plan for implementation.

C. Marc went over the layout and format of the plan document, including the previous plan goals, and vision mission values, for which can have further discussion with council members. Marc mentioned the overall feedback regarding those ideas did not show much change was required.

D. This plan has a slightly different framework, to include more of the other services provided by the health department, rather than just the clinic aspect. This is to include Public Health, Environmental Health, Behavioral Health and Dental.

E. Health council members are responsible for the high level direction of the plan, not necessarily the lower level individual actions. Members approved of the general direction of the updated strategic plan, and trust that staff and management can progress in the goals for the next few years.

F. Timeline: overall goals and main strategies are ready for council approval. The actions and implementation plan is next steps for managers to complete, with assistance from staff. The estimate is to have the final plan for approval by end of this year. The SAC application should have the document uploaded when applying for that funding.

**Action:** Donna P moved to approve the goals and strategies of the strategic plan; Carmen seconded. Motion carried

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