

Tillamook County
Community Health Council
Meeting Minutes
October 16, 2024

Present: Harry Coffman, Carmen Rost, Kim Smith-Borman, Tim Borman, Kelsey Leonning, Donna Gigoux, Vicky Mata, Donna Parks, John Sandusky, Erin Skaar

Excused: Sharon Kaszycki

Absent/Unexcused:

Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman

Guests: Deb France, OH+Planning

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. Members brought up discussion that was originally brought up during Executive Committee – Bringing more specialty providers to the county. Carmen spoke on the difficulties of patients accessing care, especially when it requires travel over Hwy 6 which is already a difficult dangerous road, but more so in winter months. Members would like to see more partnerships with specialist providers and bringing them to the county. This was identified in the health center strategic plan, as well as the community health needs assessment. Admin is looking into partnerships with Adventist to make this a possibility.
 - B. **Ambassador/Advocate encounters with Community Members**
 1. No comments
 - C. **Community Partners – partner dialogues, invitations to meetings, etc.**
 1. Donna P would like to mention that her Safe Park is now 24/7, people just need to leave for a short period of time, but can come back.

3. **Consent Calendar:** **Approval of September 18, 2024 Health Council Meeting minutes**

Action: Donna P moved to approve council minutes; Carmen seconded. Motion carried.

4. **Board Development:**
 - A. **Member Recruitment:**
 1. Discussed, No updates
 - 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, it's difficult due to busy schedules. Group will keep trying.
 - E. **TCCHC Committee/Workgroup/Opportunities**
 - F. **Health Council Acronyms – sent annually**

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

Community Health Council Meeting Minutes (10/16/2024)

A. General Update:

i. Staffing Update:

1. **Dental:** a new dentist has been hired through Dental Care LLC, Dr Itzel Romero. Starting this month, October. Also adding a new dental assistant, Kyla Hurliman. Both these staff will be working in our own dental clinic, not the dental offices that we contract with. Dr Romero will be seeing Medicaid patients, she speaks Spanish, recent graduate from dental school, and is excited to serve in a rural area and provide services to the LatinX population. We have entered into a separate agreement for a dental mentorship with 2 dentists at SandCreek, during her first year.
2. **Behavioral Health:** hiring 2 new Behavioral Health Clinician I's, will be onboarding in the next month. Both providers are in the area, and one had done some in clinic practicing during her schooling. Credentialing and Privileging will happen soon for approval. Will continue to work with virtual psychiatrist.
3. **Medical:** Chris Craft is leaving the clinic end of December for another opportunity. The transition plan is in process, creating notice letters for Chris's patients. Onboarding for Dr Darin Prulhiere will be starting mid December. He already is in the area, community members already know him, he is super excited to start at our clinic. Soon, communications will post his bio and picture for everyone to see and welcome him. At the same time, we are looking into recruitment for another advance practice clinician, more details soon.
4. **Management:** looking to replace Irene's replacement as Accounting Manager, but also for a Chief Financial Officer, in preparation for Irene's retirement. Working with external recruiter for candidates. For replacing Marlene as CEO/Administrator, the health council will be involved in interviewing candidates and choosing that replacement; that isn't happening yet but more details to be shared. Medical Director also is on the list for replacement due to retirement ages coming up.

- ii. **Pharmacy:** Lease and sublease have been signed for the Genoa pharmacy and integrated health center space, located on 8th and Main street, near our dental clinic. Currently working on layout and other details for space with Genoa, with hopes to open services in early 2025. All services will be available for the community, not just our patients.

Action: John moved to approve the administrators report; Donna G seconded. Motion carried.

6. **Finance Report:**

- A. **Page 1:** August's month end cash balance was \$4,371,438.73 ending with \$427,920.05 more in expense than revenue. This is due to no Medicaid WRAP payments, annual software and equipment purchases and construction costs.
 1. **Page 6: Revenue:** No Medicaid WRAP received, 340b payment issue being looked into. Other revenue is within normal range.
 2. **Page 6: Expense:** All other expenses were within normal range.
 3. **Page 7: Materials & Services:** \$20k in software purchases. All expenses were within normal range for materials and services.

4. **Pages 9-12: HRSA Budget Revenue and Expense:** Revenue was \$209,686.58 for the month. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 1,715. Tillamook clinic had 1,186 encounters; dental had 508 encounters; and Rockaway had 19. Average Provider Encounters per FTE were 10.50. Provider FTE was 3.52.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 14.01 and the lowest at 8.04. Hygienist Jennifer had 333 posted patient encounters.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in the month was a total of \$166,892.98. The number of days open in was 22, giving the average revenue for the workday at \$7,586. Dental revenue was \$43,977.19 for the month, with number of days open of 22, giving the average revenue for the workday at \$1,999.
8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was \$455,583.86. The majority in the 0-30 bucket at 50.12%. The average for our 0-30-day bucket is 33.90 days; and gross charges were \$456,629.98. Payer mix shows Self Pay at 49%; and the percentage for Medicaid is 25%. Privately insured is at 16% and Medicare is at 10%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** We were number 93 in the top 50 out of 196 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 51. 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: John moved to approve the Financial Report; Carmen seconded. Motion Carried.

- B. **PPS Rate Increase:** This increases the rate of reimbursement from Medicaid claims, and it hasn't been updated since 2012. Irene and consultants are working on collecting all the data for the application to submit, goal is in December 2024. Hopeful to submit again after the pharmacy integrated space is open, to possibly increase the reimbursement amount more.

Action: Carmen moved to approve the application of the PPS rate increase; John seconded. Motion Carried.

7. **Report of Committees:**

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

a. **June Report**

b. **July Report**

c. **August – No meeting**

d. John mentioned that the information shared during the QAQI meetings is interesting, if anyone is interested in joining, to please let staff know. Occurs 2nd Thursday 2-3pm virtual.

Action: John moved to approve June, July QAQI reports; Donna P seconded. Motion carried.

8. **Old Business:** Service Area Competition part 1 of grant was submitted, the final part is due November 14 and admin with consultants are working on requirements. Behavioral Health grant was submitted also, waiting to hear back about their decision.

9. **New Business:**

A. **Marlene Annual Evaluation:** November 4th 11am, Teams or at the Courthouse

i. Health council members can fill out the evaluation form for Marlene and send back to Maia by 10/31

B. **Grants:** None

C. **Policy & Procedure:** None

D. **Credentialing & Privileging:** Dr Iztel Romero

Action: Vicky moved to approve credentialing and privileging for Itzel Romero; Donna P seconded. Motion carried.

10. **Upcoming Events:** Health Fair at the Fairgrounds, 11/5 3p-7p. First 200 attendees get free dinner. Prizes and activities, vaccines given and other health literacy items to be shared.

11. **Unscheduled:** None

12. **Training: Facilities Planning with Deb France, OH+Planning**

A. Deb shared the plan that her and her team have been working on since last year, which includes an evaluation of all health center buildings, but with emphasis on the reconfiguration of the clinic space to use the space better, providing more private check in areas, more exam rooms, and a care coordinators room closer to the front for patient utilization. In the interim, instead of a fully inclusive facility with all services, the stop gap would be to expand the main clinic.

B. The renovation project would be done in 3 phases, during all phases the clinic can remain open and fully operational. First phase would be to extend the front waiting area and reconfigure the front check in desk area. This first phase has the benefits after construction to allow more secure space for patients to check in, better use of waiting area to include a children play area and to utilize the outside space that is currently a dead area with not much use. Phase 2 will be care coordinators area, then the exam room reconfiguration.

C. **Timeline:** currently in design phase through end of 2025; with construction happening 2nd quarter 2026 through end of 2027. During the design phase, working with health council, staff, and commissioners, for input.

13. **Adjourn:** The meeting was adjourned at 12:22 PM