

Tillamook County  
Community Health Council  
Meeting Minutes  
January 22, 2025

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

**Excused:**

**Absent/Unexcused:**

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

**Guests:**

1. **Call to Order:** John Sandusky called the meeting to order at 11:03 am.
2. **Consumer/Community/Partner's Needs, Concerns, Issues** (based on Health Council Strategic Plan Goal 2 & 3):
  - A. **Community/Patient Concerns**
    - i. No comments
  - B. **Ambassador/Advocate encounters with Community Members**
    - i. No comments
  - C. **Community Partners – partner dialogues, invitations to meetings, etc.**
    - i. Donna P opened up her cooking shed, it's cozy and warm; and open to Safe Park and Donna's micro shelter people. Located at Community Services – 2710 1<sup>st</sup> Street. Sharon asked if any cooking utensils were needed, Donna P says she has all they need.
3. **Consent Calendar:** **Approval of December 18, 2024 Health Council Meeting minutes**

**Action:** Sharon moved to approve council minutes; Carmen seconded. Motion carried.
4. **Board Development:**
  - A. **Member Recruitment:**
    - i. Discussed, no updates
  - B. **Health Council Member Contact & Areas of Expertise:**
    - i. Discussed, No updates
  - C. **Common goals – shared resources between agencies:**
    - i. No comments
  - D. **Underrepresented & Youth Member**
    - i. Should be on the look out for a new student/youth member once Kelsey graduates in May 2025.
  - E. **TCCHC Committee/Workgroup/Opportunities**
    - i. Succession Planning committee to meet 2/3 at 11-12 to discuss board recruitment and succession planning. Materials to be provided for the meeting, including board roster, requirements for board, other.
  - F. **Health Council Acronyms – sent annually**
5. **Administrator's Report:** Marlene
  - A. **General Update:**
    - i. **Clinic Appraisal:** document received which shows the value of the building with and without the current lease we hold, which extends to 2058. Riggert Foundation requested a Community Health Council Meeting Minutes (1/22/2025)

follow up meeting which was scheduled at the last meeting for 1/28 to discuss next steps. Meeting with health council members 1/27 to discuss plan and how to proceed.

- ii. **Facilities:** there are multiple maintenance items in each building that needs work, such as HVAC in main clinic, exterior painting for main clinic, construction in new integrated site, others; along with the expansion plan for the main clinic. Another item to consider, expansion of dental. All of these are dependent on how the main clinic is handled.
- iii. **Grant:** as shown in grant section 8 A, grant is due 1/27, proposing to implement traditional healthcare workers to focus on managing diabetes in county. This is a 4 year grant, for up to \$250k/year.
- iv. **Integrated Pharmacy building:** Genoa to start construction on their side of the building soon. New building located at 800 Main Ave. Plan to open late spring, will see how construction goes.
- v. **Dental Expansion:** researching and planning on how to expand dental, not only physically but also staffing. Looking at sign on bonuses, loan repayments, and possibly school payments for dental school, to encourage staff to stay in community.
- vi. **Manager Presentations:** creating a schedule for managers to come speak to health council, admin is working on a format and topics to discuss (like overview, patients served, budget, funding source, etc). To start in spring, possibly with Dental.
- vii. **Succession Planning:** not only succession planning for the board, but for key staff, like Medical Director, Accounting Manager, CEO. Health Council are to be involved with recruitment and interviewing. There will be lots of managers leaving in the next 5 or so years, so possibly the creation of another committee for staff specific recruitment.
- viii. **New Administration:** potential changes with the new administration, especially involving healthcare and policy, immigration and safe spaces. Safe Spaces policy was rescinded by the administration, which will allow ICE agents in spaces such as health facilities, schools and churches. Oregon is still a Sanctuary state, which doesn't allow local law enforcement to assist federal authorities with immigration enforcement unless it involves a criminal warrant. Admin is working on policies and procedures for staff and patients around immigration to implement.

**Action:** Sharon moved to approve the administrators report; Kim seconded. Motion carried.

## 6. **Finance Report:**

- A. **Page 1:** November's month end cash balance was \$3,596,453.01 ending with \$13,368.55 more in revenue than expense. This is due to 2 Medicaid WRAP payments received, and increase in Harm Reduction events.
  1. **Page 6: Revenue:** Received 2 Medicaid WRAP payments. Other revenue is within normal range.
  2. **Page 6: Expense:** All other expenses were within normal range.
  3. **Page 7: Materials & Services:** High amount for a Harm Reduction event. All other

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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. Closing out all COVID19 grants, won't see those on future reports. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 1,735. Tillamook clinic had 1,209 encounters; dental had 335 encounters; and Rockaway had 15. Average Provider Encounters per FTE were 9.20. Provider FTE was 3.57.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 18.26 and the lowest at 4.32. Hygienist Jennifer had 117 posted patient encounters and Dr Romero had 7 posted encounters, we will start seeing more in future months as dental picks back up.
7. **Page 16: Monthly Generated Revenue:**  
Provider revenue in the month was a total of \$94,515.02. The number of days open in was 18, giving the average revenue for the workday at \$5,251. Dental revenue was \$11,190.09 for the month, with number of days open of 18, giving the average revenue for the workday at \$622.
8. **Page 17 - 19: Accounts Receivable:**  
Total Accounts Receivable was \$531,843.62. The majority in the 0-30 bucket at 70.11%. The average for our 0-30-day bucket is 30.20 days; and gross charges were \$474,853.82. Payer mix shows Self Pay at 41%; and the percentage for Medicaid is 29%. Privately insured is at 17% and Medicare is at 12%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** We did not receive the OCHIN scorecard this month due to new staff/turnover at OCHIN, will receive November and December in the next month. It is expected that our score will be better due to A/R timing and claims being processed in a timely matter, although old open charts could be an issue. 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:** Carmen moved to approve the Financial Report; Sharon seconded. Motion Carried.

- B. **PPS Rate update:** submitted, waiting for review that could take up to a year, but retroactively applied.
- C. **6-month Projection 2025:** Irene and Marlene working on a 6-month projection for 2025 and will provide details once that is ready.

7. **Report of Committees:**

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

i. **November Report**

**Action:** Sharon moved to approve the November QAQI summaries; Carmen seconded. Motion carried.

8. **Old Business:**

- A. **Board Assessment Results:** Maia presented key questions from the 2024 board assessment, which included current situation and suggestions on how to improve the health council members experience and involvement in the board.
- B. **Grants:** Rural Health Outreach grant is due 1/27, the goal is to expand and support community with Traditional Healthcare Workers deployed around county.
- C. **Policy and Procedure:** None

9. **New Business:**

- A. **Board Annual Training Schedule:** annual schedule showing key topics that the board is required to complete, trainings or presentations. Work in process but to assist with keeping on track along with showing gaps in which members could add other topics.
- B. **Grants:** None
- C. **Policy & Procedure:** None
- D. **Credentialing & Privileging:** None

10. **Upcoming Events:** None

11. **Unscheduled:** Riggert Foundation follow up meeting 1/28 to discuss main clinic – *canceled due to foundation members being sick.*

12. **Training: Credentialing and Privileging Process**

- A. Anna Mitchell presented the process of credentialing and privileging medical staff, which can include providers in medical, behavioral health and dental; nurses, medical assistants. The process and important verifications that staff must complete before it is brought to the board for approval. Idea for future approvals, would be to include the checklist with the approval sheet, just to show verification of the requirements being completed. The purpose of this process is to verify that the provider or staff is actually certified and qualified to be in the role they are. Anna checks for valid license, school records, prior employment, and peer reviews to name a few sources. Once Anna has done her checks, Dr Steffey, or the Medical Director, does the final review before approving the provider themselves. Providers are then re-credentialed every 2 years with similar verification sources.

13. **Adjourn:** The meeting was adjourned at 12:37 PM