

Tillamook County
Community Health Council
Meeting Minutes
March 26, 2025

Present: Carmen Rost, Donna Parks, John Sandusky, Sharon Kaszycki, Donna Gigoux, Erin Skaar, Kim Smith-Borman, Kelsey Leonning, Katy Sommers

Excused: Harry Coffman, Vicky Mata

Absent/Unexcused:

Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman

Guests:

1. Members introduced themselves to new member, Katy Sommers.
2. **Call to Order:** John Sandusky called the meeting to order at 11:05 am.
3. **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. No comments
4. **Consent Calendar:** Approval of February 19, 2025 Health Council Meeting minutes

Action: Donna P moved to approve council minutes; Donna G seconded. Motion carried.
5. **Board Development:**
 - A. **Member Recruitment:**
 - i. Board Development Committee Update
 - a. Committee meeting monthly for updates and discussions around board recruitment and retention. Group has brought on a few applications for new members and will continue to outreach to the community. Next steps are to work on onboarding materials and work with Donna G on welcoming new members to the board.
 - b. Committee wanted to bring to the board the opportunity for members to join executive committee and/or become an officer (Chair, Vice-Chair, Secretary) as current officers look to either retire or step back from those roles. This will be a recurring discussion as training and replacements will need to happen soon.
 - 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. Kelsey has found a replacement at Tillamook High School for the next year. Application to be processed next month.
 - E. **TCCHC Committee/Workgroup/Opportunities**
 - i. If any member is interested in learning more about QAQI committee, let admin know.

F. Health Council Acronyms – sent annually

6. Administrator's Report: Marlene

A. General Update:

- i. **Pain Management Protocol and Process:** with the leaving of Chris Craft and Dr Brown, both providers saw a number of patients with Pain Management plans. As staff work on transition plan of patients, pain management process was identified as a big issue for these patients to be addressed. Different circumstances for each patient with different health issues, either legacy pain patients, palliative or hospice patients. All of which may feel some sort of panic around their prescriptions. History of pain medication prescribing has gone through various phases, currently not as strict as before like during opioid crisis. Staff are working through the policy and process of handling patients pain management. As a safety net clinic, we are the place of last resort for patients, who might be dealing with access issues or stigma elsewhere. Contracting with external assistance on how to navigate through this transition period. Each patient will have opportunity to meet with a provider to discuss pain management, and to decide if they want to stay at the health center.
- ii. **Strategic Plan:** of all the plans, we have a Communication Plan, JDEI Plan and Strategic Plan. At the same time, community was involved in an updated Community Health Needs Assessment Plan. To align all these plans and implement an action plan, we have contracted with Rede Group to assist with this alignment; working with staff and other stakeholders, to have deliverables at the end of year.
- iii. **Trauma Informed/Workplace Wellness Project:** through the strategic planning process, it was identified that staff highly requested training on trauma informed care and workplace wellness, to address burnout especially and culturally appropriate work processes. The project kicked off with initial meetings with each staff teams, and will work towards training sessions with the whole department, customized to specific job duties and environments. This work will continue into next year.
- iv. **Transition of Staffing:** recruitment for another provider in process for Dr Brown's replacement. Other key management retiring in the near future, Dr Steffey, Marlene, Irene; of which Irene and Marlene's position replacement recruitment will involve the council of interviewing and making sure the fit is good for both parties. Looking into ways to recruit providers to our community with loan repayment information and/or sign on bonuses.

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

7. Finance Report:

- A. **Page 1:** January's month end cash balance was \$3,707,651.87 ending with \$27,382.88 more in revenue than expense. This is due to \$181k received for OHA Reproductive Health funding and \$126k for the annual Medicare Cost Report. We did not receive our monthly HRSA Health Center funding of about \$230k due to delays with the payment system during Executive Order chaos.

1. **Page 6: Revenue:** Received \$181k from OHA and \$126k for Medicare Cost Report. Other revenue is within normal range.
2. **Page 6: Expense:** Error processed and to be fixed by county for Teamsters Incentive, does not

apply to our department. One time VEBA contribution for all employees of \$500/each, per the union contract negotiations. All other expenses were within normal range.

3. **Page 7: Materials & Services:** All other expenses were within normal range for materials and services.
4. **Pages 9-12: HRSA Budget Revenue and Expense:** Revenue was \$18,834.13 for the month for one supplemental grant; did not receive normal monthly HRSA drawdown due to delays in processing. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 2,009. Tillamook clinic had 1,498 encounters; dental had 484 encounters; and Rockaway had 0 due to Chris Craft leaving. Average Provider Encounters per FTE were 12.30. Provider FTE was 3.90.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 11.97 and the lowest at 6.14 for Dr Prulhiere's second month and claims held in queue for credentialling. Hygienist Jennifer had 76 posted patient encounters and Dr Romero had 164 posted encounters.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in the month was a total of \$184,238.20. The number of days open in was 21, giving the average revenue for the workday at \$8,773. Dental revenue was -\$1,438.61 for the month, with number of days open of 21, giving the average revenue for the workday at -\$69.
8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was \$600,659.48. The majority in the 0-30 bucket at 72.18%. The average for our 0-30-day bucket is 34.60 days; and gross charges were \$581,972.79. Payer mix shows Self Pay at 39%; and the percentage for Medicaid is 30%. Privately insured is at 18% and Medicare is at 13%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** OCHIN ranking for December was 79 with a modified score of 55. OCHIN now has 206 total members using their system. Metrics are used to determine the success of an entity based on the following:
 - i. Days in Accounts Receivable (average length of time that an account balance is active)
 - ii. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
 - iii. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
 - iv. 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)
 - v. Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
 - vi. Days of Open Encounters (patient encounters that have yet to be "closed")
 - vii. Charge Review and Claim Edit Days (two work queues within EPIC that

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hold charges and claims that contain errors)

Action: Katy moved to approve the Finance Report; Kim seconded. Motion carried.

8. Appendix A:

- A. Uniform Data Systems (UDS) 2024:** annual report of patient data, including demographics, zip code, federal poverty level, race/ethnicity and insurance type, among lots of other data. Submitted to HRSA and edits have been approved. Issues arise usually with how data is reported in EPIC vs how HRSA wants the data.

Action: Approved by consensus.

9. Report of Committees:

A. Quality Assurance Committee (QA)

- i. January Report:** no comments, if any member wants to join QAQI, let admin know.

Action: Approved by consensus.

10. Old Business:

A. Grants: HRSA Grant – SAC; OHA Grant – BHRN

- i.** Received our notice of award for our SAC grant which is the large \$2.5mil grant for a 3 year grant period; funds clinical staff salary and benefits.
- ii.** BHRN grant is still under review for the second round; currently still using funds from the first round of applications. Remaining funds to be used for furniture and equipment for new integrated site and other training for providers.

B. Policy and Procedure: None

11. New Business:

A. Grants: None

B. Policy & Procedure: None

C. Credentialing & Privileging: None

- 12. Upcoming Events:** Consejo Hispano open house Tillamook office 210 Stillwell Ave, Tillamook OR. March 19th 4pm-6pm.

- 13. Unscheduled:** OHSU Grant to start a Breastfeeding Support Mentorship Project in Tillamook County. Max amount to request is \$10,000, this will get the project started with policies, training and outreach, along with starting the mentorship with WIC patients.

Action: Donna G moved to approve application to OHSU grant; Kim/Donna P seconded. Motion carried.

14. Training: None

- 15. Adjourn:** The meeting was adjourned at 12:40 PM