

Tillamook County
Community Health Council
Meeting Minutes
May 21, 2025

Present: Carmen Rost, John Sandusky, Sharon Kaszycki, Sofia De Souza, Katy Sommers, Harry Coffman, Vicky Mata, Kim Smith-Borman, Donna Gigoux

Excused: Donna Parks

Absent/Unexcused:

Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman

Guests: Bradley Wangsgard, Anya Reeser, Sara Collins Young

1. **Call to Order:** Harry Coffman called the meeting to order at 12:04 PM.
2. Welcome new member and new staff: Sofia, new council member, junior in high school. Sara, new Accounting Manager.
3. **Training:** Introduction to Quality Assurance and Quality Improvement – by Anya Reeser, COO
 - A. Anya presented a introduction on Quality Assurance (QA) and Quality Improvement (QI). QA focuses on ensuring the health center meets required standards for care, or another way to put it, it's about doing things the right way consistently. Quality Improvement (QI) is about identifying areas where the health center can improve and actively work to make them better. Both are essential to delivering high quality, safe and effective care.
 - B. Anya provided an example at the Creamery Factory, dealing with ice cream that was too salty. The QI team runs tests and calibrates the systems to fix the error. QA checks then are done every so often to ensure consistency remains.
 - C. Anya stated that QAQI isn't about perfection, but rather about systematically catching small issues before they become big problems, learning from them, and making the process better over time. Why this matters? Strong QAQI helps to improve patient outcomes and satisfaction. It reduces errors, enhances safety and ensures the health center is using our resources wisely. Also, it supports regulatory compliance and maintains our credibility as a healthcare provider.
 - D. Examples of what metrics the health monitors: Diabetes control (HbA1c), Depression screening and remission, Cancer Screenings, Blood pressure control, Patient Access.
 - E. We gather feedback through patient satisfaction surveys; staff satisfaction surveys; suggestion boxes; and performance data.
 - F. We follow a Quality Improvement Model called: FOCUS-PDSA. FOCUS > Focus, Organize, Clarify, Understand, Select. This is followed by PDSA > Plan-Do-Study-Act
 - G. Health Council role in QAQI: be on the look out for opportunities for improvement; share ideas and feedback; participate in the QAQI committee as a liaison; and embrace changes that make care safer and better.
4. **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

5. Consent Calendar: Approval of April 16, 2025 Health Council Meeting minutes

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

b. Schedule change for June health council meeting: council decided to postpone June meeting by one week to June 25th, 12p-2p. This schedule change is due to staff conflict of half day training on June 18th that would interfere with council meeting.

6. Board Development:

A. Member Reappointments:

i. **Sharon Kaszycki** – John moved to approve reappointment; Carmen seconded. Motion carried.

ii. **Donna Parks** – Sharon moved to approve reappointment; John seconded. Motion carried.

iii. **Carmen Rost** – Sharon moved to approve reappointment; Katy seconded. Motion carried.

iv. **John Sandusky** – Sharon moved to approve reappointment; all members agreed. Motion carried.

v. Annual Board Member Forms to be sent out for members to complete

B. Member Recruitment:

i. Board Development Committee Update

- a. Minutes from the last meeting were shared and ongoing items were presented as a reminder. Committee is continuing work around recruitment, orientation/onboarding new members, and replacements.

ii. Board Officer Position Recruitment

- a. Continuous item to discuss is replacing key board positions, like Chair, immediately and by 2026 when Harry would like to step back on his duties. Process around recruitment and onboarding to be discussed at board development committee.

C. Health Council Member Contact & Areas of Expertise:

- i. Discussed, No updates

D. Common goals – shared resources between agencies:

- i. No comments

E. Underrepresented & Youth Member

- i. No update

F. TCCHC Committee/Workgroup/Opportunities

Community Health Council Meeting Minutes (5/21/2025)

- i. **QAQI** – committee needs health council member(s) to join.
- ii. **TCW** – various committees to join, meets at different times, great way to get involved in the community health scene.
- iii. **Facilities** – will be meeting soon to discuss main clinic facility.

G. Health Council Acronyms – sent annually

7. Administrator's Report: Marlene

A. General Update:

i. Service and Program Updates

1. Health Council members are responsible for ensuring access to needed health services through awareness, advocacy and education in the community. Health Council members should be aware of the services the health center provides, which we confirm annually and have discussions year round about additional services that the community is interested in and in need of. Advocacy work is done through promoting the health centers services to the community and patients, to make sure they are receiving the care they need. Also if patients have feedback or concerns, health council members are responsible to bring those comments to the council for discussion. And education, through educating patients and the community about our sliding fee scale for payments, our interpreter services and any other relevant information to provide when asked.
2. **Dental Services:** Dr Romero, our new dentist that replaced Dr Benanti has been increasing visits to achieve the target number of patient visits. Timeline was 9 months to get up to speed for a new dentist, and we are on target. Dr Romero is bi-lingual and bi-cultural, which has increased the number of patients who are accessing services and prefer to speak Spanish. There still is a long waiting list and appointments are booked far in advance, the demand remains high. Which is why we are bringing on another hygienist who will start in July part time to start out. Brad, our dental manager, applied for a grant through Oregon Health Authority to increase access to care via a mobile clinic model. This grant is highly competitive, but we think our proposal will stand out due to offering dental services around the county, specifically in South County which we don't currently provide much service coverage for in respects to dental. Finally, our dental clinical staff are contracted workers through Dental Care LLC, who is run by Dr Cyrus Javadi. It has been the goal and currently in process to add those positions to the county structure. The county is undergoing job description edits at this time for those positions and all other positions.

ii. Recruitment Updates

1. **Recruitment** for Advance Practice Providers, which include Family Nurse Practitioner (FNP) and Physician Association (Assistant) (PA), to replace Chris Craft (FNP) who left end of 2024, and to add a new provider. Recruitment for Family Practice Physicians, including Physician/Doctor and Physician Medical Director, to replace Dr Brown who left March 2025, and to replace Dr Steffey who will be retiring in 2026.
2. **Recruitment process** involves various consultants and outreach efforts. Currently we are working with 1 consultant and 1 recruitment organization for outreach. Also, we have these positions posted on the county human resources career page. Health Council members will be involved with the recruitment of the medical director since that is a key management position for the health center. The steps of Community Health Council Meeting Minutes (5/21/2025)

recruitment include: Interest View as the first step as an informal meet and greet before a formal interview with the Administrator and Medical Director, this provides the chance for relaxed questioning and seeing if the health center is a good fit for the applicant. The next step would be on site visits, tours of the health center and around Tillamook if out of the area. Followed by meet and greets with applicable staff, providers and MAs who will be working closely with the provider. Finally, the applicant will undergo the formal county interview process with county human resources and leadership.

iii. Facilities Updates

1. **Integrated Clinic on Main Ave**, pharmacy opening scheduled for July 11th with the pharmacy and clinic both open by then. Communications team is planning an open house for our 30th anniversary and new site some time in August 2025. Dermatology will start services in there July 9th with our volunteer Derm Dr Westrom coming back on site for the summer.
2. **Main Clinic purchase** discussion has been brought back up by the Foundation that owns the clinic building, with them proposing a purchase price. Admin has discussed this with the Commissioners and will need to do another few discussions with Health Council and both combined. This conversation is and has been held confidential due to the purchase price not agreed upon yet. This conversation has been open for a little bit over a year when the Foundation first came to the county to request a higher rent payment or purchase agreement. Research and comparison needed to be done and an appraisal was obtained. Fast forward until now, the Foundation reached out again to propose a purchase price of \$1.85 million with specific terms to repay to them. Further research will need to be done on the county side of finance options and obtaining approval from both health council and the county for us to purchase the building. The group decided that it is necessary for the Facilities Committee to convene to discuss deeper on this topic. Meeting June 2nd before the Board Development Committee.

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

8. **Finance Report:**

- A. **Page 1:** March's month end cash balance was \$3,533,703.91 ending with \$165,009.77 more in expense than revenue. This is due to 1/2 HRSA Drawdown payments due to grant period ending and the rest of the amount already drawn down. Also we did not receive any public health drawdowns. But we did receive \$150k from Care Oregon for the Traditional Healthcare Worker grant.
1. **Page 6: Revenue:** 1/2 HRSA Drawdown payments due to grant period ending and the rest of the amount already drawn down. Also we did not receive any public health drawdowns. But we did receive \$150k from Care Oregon for the Traditional Healthcare Worker grant. Other revenue is within normal range.
2. **Page 6: Expense:** 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 \$135,967.67 for the month due to receiving 1/2 months worth of drawdowns. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 1,470. Tillamook clinic had 1,272 encounters; dental had 167 encounters; and Rockaway had 11 as Dr Prulhiere builds his panel there. Average Provider Encounters per FTE were 10.10. Provider FTE was 3.45.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 14.57 for Dr Brown's last month closing charts and the lowest at 5.95 for Patricia Dannen due to various reasons. Hygienist Jennifer had 36 posted patient encounters and Dr Romero had 62 posted encounters, relating to outages and claims not processed.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in the month was a total of \$128,401.27. The number of days open in was 21, giving the average revenue for the workday at \$6,114. Dental revenue was -\$9,756.24 for the month, with number of days open of 21, giving the average revenue for the workday at - \$465.
8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was \$541,544.37. The majority in the 0-30 bucket at 49.36%. The average for our 0-30-day bucket is 34.20 days; and gross charges were \$442,063.49. Payer mix shows Self Pay at 42%; and the percentage for Medicaid is 26%. Privately insured is at 16% and Medicare is at 16%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** OCHIN ranking for the month was 89 with a modified score of 59. OCHIN now has 207 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 hold charges and claims that contain errors)

Action: John moved to approve the Finance Report; Carmen seconded. Motion carried.

9. **Report of Committees:**

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

- i. **March Report:** no comments, the committee needs a health council member to join.

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

10. **Old Business:**

A. **Health Center 30th Anniversary**

- i. July Radio Guest – John will speak on the radio about health council and the 30th anniversary of the health center
- ii. Health Council Potluck – July meeting: meet at admin for regular health council during our July meeting, chance for members to get together in person and have a potluck. Will discuss food plans in June.

B. **Grants:** PCPCH (Patient-Centered Primary Care Home) attestations have been submitted. A site visit will follow shortly. We are required to be certified as a PCPCH in order to receive funds from the state for providing quality care.

C. **Policy and Procedure:** None

11. **New Business:**

A. **Policy & Procedure:** Palliative Care and End of Life Hospice Policy Updated; overall the process has not changed, small wording updates and updated the name of the Hospice program at Adventist.

Action: Donna G moved to approve the changes to the policy; Carmen seconded. Motion carried.

B. **Grants:** Oregon Health Authority Mobile Pilot Services Program – Brad is asking for approval to submit a grant for \$90k to be used for our mobile clinic services for dental sealants and dental services in South County. The funds would assist to pay for dental clinic staff time.

Action: John moved to approve the application to the mobile pilot grant; Katy seconded. Motion carried.

C. **Credentialing & Privileging:** None

12. **Upcoming Events:** None at this time

13. **Unscheduled:** None

14. **Adjourn:** The meeting was adjourned at 1:42 PM