

Tillamook County
Community Health Council
Meeting Minutes
June 25, 2025

Present: Carmen Rost, Sharon Kaszycki, Sofia De Souza, Harry Coffman, Vicky Mata, Kim Smith-Borman, Donna Gigoux, Donna Parks, Erin Skaar

Excused: Katy Sommers, John Sandusky

Absent/Unexcused:

Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman

Guests: Tabatha Noffsinger, Shelby Jenck

1. **Call to Order:** Harry Coffman called the meeting to order at 12:03 PM.
2. **Consumer/Community/Partner's Needs, Concerns, Issues** (based on Health Council Strategic Plan Goal 2 & 3):
 - A. **Community/Patient Concerns**
 - i. Medicaid Cuts – Carmen brought the groups attention to the pending/possible Medicaid cuts that will not only affect our health center, but also the only hospital in the county, who also receives Medicaid funds. Carmen would like to have more attention brought to this issue by the commissioners through speaking about it or through the newspaper. Commissioner Chair Skaar was present and mentioned that she is keeping an eye and ear on the news, recently had seen a post from Congresswomen Bonamici highlighting the advocacy of Tillamook county and other rural counties where there are no other options if the bill severely affects business at the hospitals and health clinics. It was reminded that members were sent a letter to sign in their emails, for expressing their concern in Medicaid cuts; also mentioned that this is a perfect example of what health council members have the responsibility to do, to advocate in the community and in government of how these changes will affect the patients they are representing.
 - B. **Ambassador/Advocate encounters with Community Members**
 - i. No comments
 - C. **Community Partners – partner dialogues, invitations to meetings, etc.**
 - i. Donna Parks – will soon be able to host up to 5 RV spots at her location, providing water and a port a potty, but no dumping. But this is in hopes to fill the gap of people not being able to find a spot at any other local RV spot, which fill up or are rarely available for long term.
3. **Consent Calendar:** Approval of May 21, 2025 Health Council Meeting minutes

Action: Sharon moved to approve council minutes; Carmen seconded. Motion carried.
4. **Board Development:**
 - A. **Member Recruitment:**
 - i. Board Development Committee Update
 - a. Continuing on the recruitment efforts to find future replacements for members who might be stepping away in the next year or two.

- 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 the board development committee.

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. No update

E. TCCHC Committee/Workgroup/Opportunities

- i. No update

F. Health Council Acronyms – sent annually

5. Administrator's Report: Marlene

A. General Update:

i. Grants

1. **Care Oregon Clinical Pharmacist Grant:** funds were awarded this year to our health center for a 2 year period for funds of \$480,000 to hire a Clinical Pharmacist for the community. The job description is still in review with HR but hopefully will be finalized soon, in order to start recruitment and onboarding.
2. **Care Oregon Language Access Grant:** funds were just awarded this month that will be used to develop an interpreter training process for current staff, while also covering the cost for an interpreter. This job doesn't exist in the county system, so another job that we have to wait to be finalized before we can post and fill. These funds also will cover cost for proficiency and certification with the state.

ii. Big Bill:

1. Senate is currently working through the big bill from the president, includes a lot of large changes, and specifically would affect Medicaid patients nationally. This in turn will have significant impact on health centers receiving the same level of revenue from Medicaid patients, reducing the revenue to Self Pay which is significantly lower. If the provisions in the bill pass as is, we could see at least a 20% reduction in revenue, which means that there will be less patients who qualify or who will remain covered by Medicaid through new rules of registering, remaining registered and/or if working requirements are implemented. Admin is working with the Treasurer's Department on scenarios for reductions. This would be a huge hit, as our current patient population is around 50% Medicaid. As a FQHC, we are required to see any patient regardless of pay, but if there is a huge increase in Self Pay, for which patients pay around \$20 per visit, versus a \$400 payment per visit from Medicaid, revenue will be heavily affected. Along with other related topics, DEI, gender affirming care, will affect operations.

iii. Recruitment Updates

1. **Recruitment:** recruitment is underway for replacements for Chris Craft, FNP and Dr Brown, MD. Along with additional providers to fill the gap that was already there before Chris Craft left in 2024. There is a lot that is pending with HR with job descriptions and pay study, so a few other recruitments are pending that completion.

iv. Facilities Updates

1. **New Clinic:** Genoa pharmacy will be postponing their original opening date due to staff changes; but we plan to open the clinic side the second or third week of July, depending on receiving all the necessary equipment. For the summer, it will be just one day a week with our volunteer provider, Dr Westrom, providing Dermatology services. Once we have another provider onboard, we will move towards the plan of having the clinic open normal hours to match our main clinic.
2. **Main Clinic:** as previously discussed, Riggert Family Foundation had requested our response of a purchase offer, to which we sent back a letter stating our intent of purchase and that we are looking into financing options with the county.

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

6. **Division Report – Tabatha Noffsinger, Clinic Manager**

A. Role Overview

- i. Manager of Medical Assistant staff, registration staff, clinic locations (3) and other facilities maintenance, and Fleet Manager. Also Risk Manager of the clinic.
- ii. Key Roles:
 - a. Clinic Manager: duties include but not limited to staff management, scheduling and workflow, updating guidelines, oversight of data and audits, operational processes, and monitor patient satisfaction.
 - b. Risk Manager: duties include but not limited to data tracking and reporting, incident and grievance management, and risk assessments of the clinic.

B. Key Division Staff

- i. 9 Medical Assistants, 5 Office Specialists, Facilities and Maintenance Staff, 1 Office Supervisor, and future Clinical Nurse Manager

C. Division Improvements

- i. Maximize MyChart utilization – patient communication, document management, efficient scheduling
- ii. Collaborate with EPIC/OCHIN – improve electronic record usage, data collection and reporting
- iii. Scheduling Guidelines – improving access, add blocks for specific high risk visit types; other enhancements: Double booking, Linked Blocks, Fast Pass – all of which have improved access to care and visits for patients this year, allowing more patients to access care and sooner

D. Upcoming Projects

- i. Ticket Scheduling: a tool used to notify patients via MyChart when there is an appointment that needs to be scheduled. If the appointment is scheduled on behalf of the patient through hyperspace, the MyChart alert will disappear. When using the Ticket Scheduling feature, Hyperspace will use the Appt Request Workqueue

to manage open appointments that still need to be scheduled. Now integrated with HelloWorld (MyChart use is not required).

- ii. Hello World: Text message system that is integrated with EPIC
 - a. All messages are automatically translated into 14 languages and sent to patients based on their preferred language
 - b. Reminder messages include appointment times and addresses—an important feature for managing multiple locations.
 - c. Every reminder includes a signup link for MyChart, though Hello World does not require MyChart for its functionality.
 - d. Follows Best Practices for Patient Reminder Frequency

7. **Finance Report:**

- A. **Page 1:** April's month end cash balance was \$3,535,490.11 ending with \$1,786.20 more in revenue than expense. This is due to 2 Medicaid WRAP payments but also large expenses relating to software, vaccines, travel, memberships and building maintenance.
- 1. **Page 6: Revenue:** Received 2 Medicaid WRAP payments. Other revenue is within normal range.
- 2. **Page 6: Expense:** Payment for billboards relating to STD awareness; annual payment for EMR software; quarterly vaccine payment to OHA; travel for conferences and large payment for building maintenance for the HVAC feasibility project. 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:** The final month of our current HRSA grant; new grant cycle that was awarded this year starts in May with \$2.5m/year. All other revenue/expense was within normal range.
- 5. **Page 13: Encounters:** Total encounters for the month was 2,103. Tillamook clinic had 1,242 encounters; dental had 836 encounters; and Rockaway had 7. Average Provider Encounters per FTE were 9.70. Provider FTE was 3.08.
- 6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 12.29 and the lowest at 7.66. Hygienist Jennifer had 248 posted patient encounters and Dr Romero had 268 posted encounters, this is due to prior month billing caught up in the billing queue.
- 7. **Page 16: Monthly Generated Revenue:**

Provider revenue in the month was a total of \$79,670.30. The number of days open in was 22, giving the average revenue for the workday at \$3,621. Dental revenue was \$85,536.50 for the month, with number of days open of 22, giving the average revenue for the workday at \$3,888.
- 8. **Page 17 - 19: Accounts Receivable:**

Total Accounts Receivable was \$589,738.25. The majority in the 0-30 bucket at 73.86%. The average for our 0-30-day bucket is 37.40 days; and gross charges were \$562,635.99. Payer mix

Community Health Council Meeting Minutes (6/25/2025)

shows Self Pay at 38%; and the percentage for Medicaid is 35%. Privately insured is at 11% and Medicare is at 14%. Oregon Contraceptive Care A/R is at 1%.

9. **OCHIN Top 10:** OCHIN ranking for was 77 with a modified score of 57. OCHIN now has 208 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: Donna P moved to approve the Finance Report; Donna G seconded. Motion carried.

8. **Report of Committees:**

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

- i. **April Report:** no comments.

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

9. **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:** no updates.

C. **Policy and Procedure:** None

10. **New Business:**

- A. **Policy & Procedure:** Credentialling and Privileging – policy needs to be updated to reflect updated guidance in regards to temporary credentials and privileges for providers in the event of a declared emergency. This policy needed to be updated for our documents submitted to HRSA for our FTCA coverage. The updated information is pulled directly from HRSA guidance which
Community Health Council Meeting Minutes (6/25/2025)

explains the responsible party to declare an emergency and what that means for health centers when credentialing their providers and clinical staff.

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

B. Grants:

- i. **Care Oregon (CPCCO) Large Grant:** this grant will provide funds to hire 2 clinical traditional healthcare workers (THW), to fill the gap of funding left from a previous THW grant from the CPCCO. These THW will reduce the barrier to accessing care by going out into the community and engaging with patients; along with providing chronic pain management. This work was successful with a previous THW who had to resign earlier this year. This grant is due July 1.
- ii. **Care Oregon (CPCCO) Language Access:** funds were just awarded this month that will be used to develop an interpreter training process for current staff, while also covering the cost for an interpreter. This job doesn't exist in the county system, so another job that we have to wait to be finalized before we can post and fill. These funds also will cover cost for proficiency and certification with the state. Since a short turnaround, we are now asking for approval to use the funds for our intended purpose.

Action: Donna G moved to approve the application to both the Care Oregon grants; Carmen seconded. Motion carried.

C. Credentialing & Privileging: None

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

12. **Training: Public Health Modernization – Shelby Jenck**

A. Background

- i. The goal of public health modernization is to establish a standardized public health system where individuals everywhere can rely on their local health department to perform core functions and provide fundamental services. This system should also maintain the flexibility required to address emerging health challenges.

B. Modernization Aims

- i. Leadership and Organization – recruitment, support, retain workforce
- ii. Assessment and Epidemiology – better track, involve and keep the community informed on health risks and prevention activities
- iii. Health Equity & Cultural Responsiveness – improve health services and prevention programs to be more accessible
- iv. Community Partnership Development – increase collaboration with community partners to increase participation in health prevention and reduce disease
- v. Communication – communication about disease risks, environmental hazards and emergency events

C. Goals for County Public Health Departments

- i. Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.

- ii. Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities' ability to respond.
- iii. Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.
- iv. Plan for full implementation of public health modernization and submission of local modernization plans by 2025.

D. Milestones

i. Leadership/Organizational

- a. Health Needs Assessment (2022, 2025); Strategic Plan Update (2024); Capacity and Cost Assessment (2024); Pay Assessment Study and Job Description Update (2024-2025); Trauma Informed Workplace (2024-2025)

ii. Assessment & Epidemiology

- a. Vulnerable Populations in Tillamook County (2022); North Coast Community Food Systems Needs Assessment (2022); Environmental Health Assessment (2022); Tillamook Community Health Needs Assessment (2022, 2025); Public Health Modernization Assessment (2024); Annual Consumer Assessment of Healthcare Providers and Systems (CAHPS; annually)

iii. Health Equity & Cultural Responsiveness

- a. TCCHC Staff Engagement – Health Equity and Inclusion (2020); Latina/o/e Community Assessment (2021); Regional Health Equity Assessment (2021); TCCHC JDEI Strategic Plan (2024)

iv. Community Partnerships

- a. Community Wide Emergency Response Needs Assessment (2022); Columbia Pacific CCO Community Advisory Council Demographic Assessment and Report (2022); Latina/o/e Community Assessment (2021); Vulnerable Populations in Tillamook County (2022); North Coast Community Food Systems Needs Assessment (2022); Tillamook Community Health Needs Assessment (2022, 2025); Capacity and Cost Assessment (2024); Public Health Modernization Assessment (2024)

v. Communication

- a. Communications Strategic Plan (2024)

E. Next Steps: June 30, 2025 – submission of various plans based on assessments and recommendations over the period 2021-2025; July – September 2025 – integrate recommendations for assessments and strategic plans to develop Modernization Plan; September – December 2025 – workshop and listening sessions to ensure alignments of strategies and goals

13. **Unscheduled:** None

14. **Adjourn:** The meeting was adjourned at 2:00 PM