

Minutes
North Gilliam County Health District
BOARD OF DIRECTORS
March 19, 2024
7:00pm
Arlington City Hall
500 West First Street
Arlington, Oregon

Call to Order – Ron Cecil, Chair @7:00pm

Board Members Present: Ron Cecil, April Aamodt, Todd Terp, Grant Wilkins

Board Member not Present: Kolton Boethin

District Employees Present: David Anderson, Tena Ferguson, Stacey Reding

Guests Present: Rick Schadewitz

Public Comment

Rick Schadewitz asked to discuss the decals on Carrie's personal vehicle advertising for the Clinic and District. The decals on the truck prompted three people become aware of the healthcare clinic and marketing could potentially bring more patients to the clinic, what is the issue with the decals being on her vehicle?

Board members stated they would reach out for legal counsel to ensure there would not be any liability to the district.

Consent Agenda

Minutes- No motion was passed; the board requested to have each board member's comments added to the minutes regarding their opinions on how the district should move forward with paid leave benefits.

Financial Report- Todd Terp Motions to Approve Financial Report as presented, 2nd by April Aamodt, All in favor, AYE- Ron Cecil, Todd Terp, April Aamodt, Grant Wilkins, OPPOSED-

MOTION PASSED.

Additionally, Grant Wilkins would like the checks that have not been cleared since 2022 to be cleaned up in QuickBooks. Todd Terp makes motion for the uncleared checks to be cleaned up in QuickBooks, April Aamodt 2nds, All in favor, AYE- Ron Cecil, Todd Terp, April Aamodt, Grant Wilkins, OPPOSED -**MOTION PASSED**

Department Reports

Clinic Report -Attached and Presented by Todd Terp

Medic Report-

- David is wanting to Reevaluate Run Rates- Hasn't been done since 2020.

David called around and found that Boardman Fire charges 3000, Sherman County 1500, and Condon 800 for ACLS rate. Waiting for some other agencies to respond.

- The ambulance is due in September 2024. Ambulance loan options are attached.
- David would like to be able to purchase a new power load for the stretcher and a new Lucas Machine (CPR Machine) to make both ambulances the same. (@ around 2446 This was said in the meeting, will not remove from the minutes.)

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- **Cost of a new Lucas Machine is \$18,000.00**
- **Cost of new Power load is \$24,000.00?? around that.**
- Stryker has told David that they will not cover the old Lucas machine from the old ambulance.
- Stryker will install the new equipment.
- Grant is wondering about the value of the older ambulance. If there is a possibility of Stryker buying back the old equipment. David says he will look into that.
- April states that if we could sell the older ambulance it could go towards the cost of the new ambulance. David says he will try to get estimates for the older ambulance.
- CAD system has been updated and is functioning waiting for Mobile VPNS for each unit and for each of those the cost is \$20.00 a month.

Old Business

- a. Policy & Procedures Handbook Recommendation
 - 1) Andrew Myers recommendations about paid leave- Attached.

-Vacation Benefit

- Tena needs time and money to plan for Vacation.
- Kaylene, Richard, Donna, and Laurel have other jobs, so it is still hard to plan out vacations.
- The board does not want to take away anything that has been previously earned. Discussion of giving a one-time six-month grace period to use the time off already accrued. NO MOTION

-Sick Benefit- David strongly disagrees with reducing the sick hours to 40 hours the full-time employees are missing out on the other 56 accrued sick hours. David feels like full-time employees should be present at the next meeting to be aware of this benefit loss because he thinks it's huge.

Topic Tabled to next meeting.

- b. Budget Committee for 2024-2025 update
 - 1) April 3, 2024, 2pm & April 10, 2024, 2pm
Still working on budget numbers. Waiting for the first meeting which will be at the clinic.

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New Business

- a. **Legal Representation-** Ron thinks it's time to consider looking at other options and what the costs would be. Todd agrees. Grant has asked if there are any other possible firms? Ron would like to see what the other options are. David says he will look into this. Todd will also look into this. Grant is open to this happening. April states we are a special district, that there is a concern for this.

- b. **Vehicle Decals-**Ron asks David when the truck decals will be done.? David states that there are samples coming in the mail. As soon as he receives the samples, he will pick and get this taken care of. David stated he could get this done quickly.

- c. **Clinic Decals** on Carrie's personal vehicle- Grant states that he was approached by a community member regarding the decals. His concern with the decals being on a personal vehicle, is it legal; is there any liability to the district, otherwise he doesn't have a problem with it. Just looking out for the district. A board member will reach out for legal counsel for liability to the district.

NGCHD Website- Grant would like old minutes added to the website as well as making it easier to find them. Todd stated he has been able to find the minutes on the website easily.

Meeting Adjourned at 8:53pm.

Executive session may be called as needed in accordance with ORS.192.660 (i)

Agenda subject to change without prior notification.

There wasn't an executive session.

Next Regular Meeting- Tuesday, April 16, 2024

THESE MINUTES ARE APPROVED AS THE OFFICIAL March 19thth, 2024_REGULAR MEETING MINUTES OF THE NORTH GILLIAM COUNTY HEALTH DISTRICT BY THE BOARD OF DIRECTORS SIGNING BELOW:



NGCHD Board Member



NGCHD Board Member



Submitted by

Admin Report March 2024

Water Heater and recirculation pump are replaced. Spoke with Blue MT Plumbing regarding the cost of servicing the water heaters once a year. (Draining them and blowing out the lines removing all sediment.) In comparing the cost of an annual maintenance service vs. the replacement cost of a water heater on an as needed basis, we would end up spending more on the annual service than the purchase of the water heater as needed. I really appreciate the honesty in this evaluation. It is not often a salesman would be honest especially when it means less money in their pocket.

Audit Report: Barnet and Moro have almost completed the audit. I have asked David Barnet to join us at a board meeting to present the results.

March

We've Received the 2024 estimated tax letter from the County, to be received in December 2024. The estimated amount to be received is: \$879,000.0. There is a copy of the letter in your board packet.

SDAO / Underwriting Department SDIS Survey Team goal to determine a replacement cost value for all structures currently valued at over \$150,000 every five years. This process will help to make sure we are protected in the event of a loss and lends credibility to our reinsurers, on whom we rely heavily for the largest losses. I have not received the date of the survey. Results of the inspection will be available in October when SDAO releases renewal update packets.

Oregon PERS Employer Contribution YTD Report **\$6,281.70 YTD** 1.1.2024 to 3.5.2024

Rate Category	Normal Cost Rate Percentage	Combined UAL Rate Percentage	Net Rate Percentage
PERS General Service	15.54%	1.84%	17.38%
PERS Police & Fire	15.54%		17.38%
OPSRP General Service	9.24%		11.08%
OPSRP Police & Fire	14.03%		15.87%

I've been working with eClinicalWorks's Revenue Cycle Management Team and their Optimization Team to review our Electronic Health Records set up. We are moving forward in our efforts to maximize efforts on the back office side and on the front office side of things.

- Overview with eClinicalWorks RCM team revealed features within our EHR were never initialized on the RCM Revenue Cycle Management end of things. I continue working on that.

I continue to work on the Rural Health Clinic Certification course. There isn't enough time during the workday to set time aside for the course. I've been utilizing the evenings and weekends to focus on the course. Going well.

The Rural Health Care implementation process will take a minimum of a year to achieve RHC Status. There are many Quality Measure benchmarks that must be met to be eligible for the higher reimbursement and to stay in compliance with CMS/ AKA: Medicare requirements and guidelines to maintain our RHC status.

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Once we have achieved RHC status, there will be an external survey ensuring the clinic and all staff are meeting the required CMS (Medicare) regulations. Going forward a survey will take place every 2 years.

WHAT THIS MEANS TO US:

Higher reimbursement

These dollars are being left on the table currently.

WHAT THIS MEANS TO THE PATIENTS:

**Better Care or as it is referred to today
Value Based Care**

Value Based Care MEANS - Designing care so that it focuses on quality of care, provider performance and the patient experience.

Medical claims have previously been reimbursed as a **Fee for Service**

*See the patient, evaluate, and complete assessment, drop the claim. = **FEE FOR SERVICE**

Value Based Care MEANS Designing care so that it focuses on quality of care, provider performance and the patient experience.

- Accountable Care
- Care Coordination / Case manager / Transitions of Care
- Integrated Care
- Person-Centered Care

The Affordable Care Act was signed into law in 2010. Introducing significant reforms to health care policy. Not only to reduce costs for insured but to make healthcare more accessible.

Moving our clinic forward to meet the required Quality Measures and reporting these benchmarks to the insurance companies; Hence the payors will provide a higher reimbursement rate to incentivize participating clinics.

Example:

- The Clinic currently has 287 Medicare Insured Patients.
 - Medicare's current reimbursement rate is 37.00 per visit.
 - With RHC status the reimbursement rate will increase to \$139.00 per visit.
 - WHY YOU ASK:
 - Insurance companies are not paying as much for member claims due to the push on preventative care.

- So, they are passing some of their savings on to participating practices/clinics.
- Clinics are incentivized to do this additional work to receive a higher reimbursement rate. **This is a 375% increase in reimbursement.**
 375.67567567568% of 37.00 = 139.00
- On average a person over 65 with Medicare coverage sees their Primary Care Provider a minimum of 3 times a year. Using the minimum visit denominator the clinic will receive \$119,679.00 for those visits alone.
- Increasing revenue and stability for the Health District but most importantly the Rural Health Clinic status emphasizes expanded health services and more thorough care leading to a healthier community.
- Yes, this means more work, but we can be proud to know the local clinic here in Arlington is making a difference in the community it serves.
- Closing note; We can grow, provide better healthcare, and make a difference in our community. I ask for your trust in moving this clinic forward.

I will need time to be a clinic administrator to oversee and make this happen.