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WHITE RIVER HEALTH DISTRICT
DESCHUTES RIM HEALTH CLINIC
BOARD OF DIRECTORS REGULAR MEETING AND WORK SESSION
DECEMBER 14, 2023 MEETING MINUTES

1605 GEORGE JACKSON RD.
PO BOX 219, MAUPIN OR 97037
www.deschutesrimhealthclinic.org

BOARD MEMEBERS PRESENT: Sue Knapp, Julie Whetzel, Allison Bechtol
BOARD MEMBERS ABSENT:
DRHC: Lindsay Roper, Barbara Stanberry, Shelby Dumire
GUESTS: Rod Woodside, Kim Mead, Doug Lowell, Debbie Laxague, Lisa Silvey, Kathy Richie, Virgina Sheer

I. CALL TO ORDER

The meeting was called to order at 5:04 pm by the Chair, Sue Knapp.

II. CONSENT AGENDA (Action)

A. The Regular Board Meeting Minutes from 11/9/23 and the 11/16/23 Emergency Meeting Minutes were reviewed. There being no corrections or additions, Julie Whetzel moved to approve the 11/9/23 and 11/16/23 minutes. Sue Knapp seconded. All ayes. Motion carried.

III. FINANCIAL REPORTS (Action)

A. October and November 2023 Financial reports were presented. Julie asked a question on October's P&L: What is the difference between patient medical revenue and patient revenue? Sue will clarify with Melody. Lindsay is now identifying who checks are written out to on month end reports which is very helpful. November is the month that we were able to tap into our tax dollars (LGIP funds). We also had a positive income on medical and dental revenue, all of which resulted in a positive end to the month. There being no other questions on the October or November financials, Julie Whetzel moved to approve them. Allison Bechtol seconded. All ayes. Motion carried. October financials tabled.

IV. PUBLIC COMMENT:

A. Kim Meads asked if there will be a time at the end of the meeting for the public to ask questions. Sue explained that this time (Public Comment) is set aside for members of the public to ask questions about topics not on the agenda. If you have questions on a topic that is on the agenda, you can ask as we discuss that topic, but we will not be getting into a discussion.

B. Kathie Richey, representing Life Food Pantry, presented the Board with a letter from October 2005 regarding placement of a food storage building on the district's property. This topic will be put on next month's meeting agenda.

V. NEW BUSINESS

A. The Board reviewed the application for open Board Position 5 (4-year term) from Susan Thompson, of Maupin. Sue Knapp moved to approve Susan Thompson's application for the Board position on the WRHD Board. Julie Whetzel seconded. All ayes. Motion passed. Sue will put together a board binder and get it to Susan. She will be joining us beginning in January.

B. Board resignation received from Melissa Napoli. The reason for resignation is mainly a bandwidth (time commitment) issue. Allison Bechtol moved to accept Melissa's resignation from the Board. Sue Knapp seconded. All ayes. Motion passed.

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C. Board resignation received from Julie Whetzel to be effective January 1, 2024. Sue has asked Julie to remain on the Board through January as there is a topic on the next agenda which requires a Board member to recuse themselves. Since we will need a quorum of three in order to review this upcoming topic, Julie has agreed to remain on the Board through January 2024. Sue Knapp moved to accept Julie's resignation. Allison Bechtol seconded. Sue went on to say how much she has appreciated Julie's work over the past 2 years. She has been a real asset; Julie stated she plans to stay involved.

Doug Lowell: asked if the Board conducts exit interviews? Sue explained that Board members typically outline their reason for withdrawal in their resignation letters. Doug further suggested that exit interviews are a good way to find out in detail what you can learn from them. Sue stated she had talked with Julie and will circle back with Melissa.

D. Memorandum of Understanding between Mid-Columbia Center for Living and DRHC: The document came to Sue via email from the Clinic Manager. It is a mental health memorandum of understanding. It Identifies what will happen, what the process is, if we have a patient in a mental health crisis present to DRHC. The MOU outlines the process we will need to go through and how to interact with Mid-Columbia Center for Living who would send out a crisis worker and get law enforcement involved, if necessary. Staff should read this and be familiar with the process. The Clinic Manager in particular would have a role in the process. Please let Sue know if you have any questions. Allison suggested that a representative from Mid-Columbia Center for Living attend a future board meeting. Julie Whetzel moved to accept the MOU. Sue Knapp seconded. All ayes. Motion passed.

E. Tour of Moro Clinic. Sue had a really good conversation with Caitlin, Administrator of the Moro clinic and January 10th will be the date our Board will go to visit their clinic. We wanted to talk with their staff about their organizational structure and their Rural Health Clinic designation. They are excited to have us tour.

VI. OLD BUSINESS

A. Discuss opportunity to add a District Manager (DM). This is the discussion to add a DM in addition to a Clinic Manager (CM). That person would be the one to develop the annual budget, interact with SDAO, Law enforcement and other entities, develop long range goals and strategic plans, bring business issues to the Board for approval etc. Any issue that is not directly related to the running of the clinic would be the responsibility of this person (although this person would work closely with the CM). Sue would like to post this position as soon as we have filled the CM position and begin recruitment. The DM could be full-time or part-time? Julie noted that a DM is essential in order to do the long-range planning & strategic planning. Someone who is in the role of maintaining the goals of the clinic and health district is particularly important with staff/Board turnover. Sue noted that a DM really protects the Board. Without a DM or CM, the Board is really at risk and is left to fill all the open roles. She noted that most other Districts have a DM. Allison noted that many other rural health clinics have this structure as well. Sue recommends that we develop a position description for a DM. Julie noted that SDAO has recruitment services for DM's because they see the value in getting the right person in this kind of role. We've been without a DM for almost 4 years. Sue Knapp moved that we move forward with creating a position description for a DM (full or part time) as soon as we hire a CM. Allison Bechtol seconded. All ayes. Motion passed.

Public Questions:
Kim Mead asked who has been doing the DM work and for how long? Sue stated that as Board Chair, she has been covering DM duties for quite a while. Other board members and personnel have also filled in.

Doug Lowell: Needed clarification on which positions are a priority. He asked are we trying to build an infrastructure for administration rather than prioritizing the medical position which produces revenue for the clinic? Sue explained that we need someone to guide the management of the clinic and staff (including a provider) in order to be successful. Shelby explained that our priority is CM and then provider and DM.

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Virginia: wanted to know, once a CM is hired, what are you going to do to make sure this CM is successful? What is the support system in place to make sure they get the help they need. Response: The support system is the Board without a DM in place. The DM should have the knowledge and expertise to help a CM. Sue noted that we all support each other and work as a team.

Kim Mead: asked, have we ever had a DM? Sue responded: Sharon DeHart was the DM and when she left, the Board Chair took on that role.

B. Clinic Operations/ Work coverage:
    1. The Clinic website was down for a few days and Barb has worked to get it up and running.
    2. Local Government Investment Pool: Shelby is the primary contact and now Barb will be the secondary contact.
    3. Banking issues at Rivermark: New account has been set up. Online banking is working and access to bill pay is in process. Lindsay is contacting insurance companies, so EFT payments are directed to the correct account. Shelby is contacting vendors as well. Debit card is on its way.
    4. Sue is keeping on Al (our IT person) to get VPN access for COIPA so they can do our financials.
    5. Lindsay is adding policies to website and trying to keep it current.
    6. Shelby noted that the weekly staff meetings are very useful. She is talking to Audra, AHCG, regarding an FNP in White Salmon to see if she is interested in working at clinic similar to Shay and Rebecca.

C. Audit Update: Melody and Sue are almost through collecting required documents. Sue has told the auditors about things we just can't find, and they are fine with that. Internal Control Questioner sent to Sue to complete. Fraud Questioner also received. Sue will complete these and get them back to the auditor. They also sent "walk throughs" on payroll procedures, cash receipt procedures and cash disbursement procedures. Sue will share these with staff. They also asked for the foundation financials to become part of the audit because the foundation's financials were part of the 2019-2020 audit. Sue has sent them all the foundation financials and bank statements. Julie asked if we had an idea of how long the audit will take to complete? Sue thinks it will take them at least four weeks to complete the 20-21 audit. Then they will move onto 2021-2022. Julie will reach out to Amy Johns with the Secretary of State office to give her an update.

    Public Questions:
    Doug: How is progress in the 990's (for the Foundation)? Sue says all caught up for 20-21 and 21-22. She will be asking CPA to finish 2022-2023 and then they will all get put on the website. Doug also asked if we had experienced some financial mishandling in the last couple of years? Any fraud? Sue shared that there was some concern about the use of a debit card. He further inquired about segregation of duties (handling of finances). Sue explained that when you only have a few employees, segregation of duties is difficult. She shared that this led to our recent revision of our Financial Policy that now identifies who is responsible for what. Any prior issue had no impact on the budget. This is an example of how a DM would help.

D. Provider and Position Recruitment Update: We've received some resumes for the CM position. Interviews will be set up with Shelby and Board members. We also had an interview with a potential medical provider interested in working on a part-time basis. As soon as we know more and this is firmed up, we will post to the website and let the community know. This provider is able to work on her own (be an MA) and knows our electronic medical record system. The prior provider we did not hire needed more support that we could not provide That is why this provider may be a better fit for us.

    Public Questions:
    Kim Mead: Are the providers we have considered "temporary" so that an insurance company will not consider them a PCP? Shelby explained that it is up to the individual insurance

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company to set PCP parameters. Shelby also mentioned Jordan Nagel, MD, our medical director might be eligible as a PCP. Kim will need to check with her insurance company.

VII. Contract Reviews:

A. Lindsay Roper: this revised contract for Administrative Assistant will be discussed next month when Susan is on the Board as Sue will need to recuse herself.
B. Shelby Dumire: Allison Bechtol moved to approve Shelby's service agreement as part-time Clinic Manager. Julie Whetzel seconded. All ayes. Motion passed.
C. Jordan Nagle, MD: Julie Whetzel moved to approve Dr. Nagle's 2024 contract as Medical Director. Allison Bechtol seconded. All ayes. Motion passed.

VIII. ROUND TABLE UPDATES:

A. Allison has talked with COIPA via phone. They provide many services that may be of use to us. They have put us in contact with Kylan who is over their Support Services and her team does things like credentialing. COIPA is delegated for PacificSource and Providence, but they work with several other health plans and it may be easier/faster to work through COIPA rather than health plan by health plan. They have copies of all our health plan contracts and are going to be reprinting our contract binder. They also have tools that will be very useful as we begin to contact and renegotiate our contracts. Some free services they offer include: clinic workflows and EMR training. They are very willing to help us any way they can. Most of their services come at a cost so we'll just have to learn about what they have to offer and be prudent. We have a meeting next week with Kylan to learn more about credentialing and then will set up a follow up meeting about other services they offer.

B. Lindsay: Shay is now credentialed with PacificSource. Dental billing is getting caught up and medical is current.

C. Barb is going to get access to QuickBooks so she can finish up the asset inventory. She has talked to Shay and she is willing to stay on to see patients. Barb will also talk to Rebecca to see if she is willing to continue her patient care .

Kim Meads: Her parents have PacificSource. Can Shay now be their PCP? It was suggested that Kim contact the clinic with her specific insurance information so that Barb can research if any of our providers can be considered a PCP.

D. Julie: North Central Public Health District (Public Health entity for Wasco Co. and Sherman Co.) has voted to stay as an independent public health entity and not become a department of Wasco County health. They will continue to contract directly with OHA. Julie talked with Shelly Cambell regarding our staffing needs and asked if they could assist us. Because they are also recruiting for similar positions, Shelly volunteered to forward an email to their health partners with our job positions.

E. Sue: Revised W2 forms for the Petersons for 2022 have finally been completed and sent to them. She also shared SDAO legislative updates for 2024. There are about four bills that affect us.

X. COMMUNICATIONS: None

Public Questions:
Doug: shared concerns he has heard from the community regarding the upcoming tax levy in 2024. Sue acknowledged the need for the levy. She stated that we are trying to keep the clinic running. We have some medical care. We have a pro bono Dentist. Doug suggests conversations with the public, surveying the public, be more welcoming to members that attend board meetings and hold a town hall. Maybe ask for an advisory committee to help with a town hall. He offered his services. Sue agreed a town hall would be good to do and will reach out to others (Phil Brady, Commissioner and Columbia Gorge Health Council) for their assistance.

XI. CLOSE PUBLIC MEETING/OPEN EXEUCTIVE SESSION: Sue Knapp, Board Chair, closed the public meeting at 6:40 pm.

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XII. EXECUTIVE SESSION – Per HB 2806 effective 7/31/2023:"to consider matters relating to safety of governing body, public body staff and public body volunteers and to security of public body facilities and meeting spaces and relating to cyber security infrastructure and responses to cyber security threats" (this meeting is closed to the public). Prior to entering the Executive Session, Sue Knapp noted the HB and reiterated that this meeting was open only to the Board and pertinent Clinic Staff, was confidential, and no decisions would be made in the Session. Any documents used during the meeting are confidential and must be destroyed after the meeting's conclusion. The Executive Session was called to order at 6:52 pm by the Chair, Sue Knapp and closed at 7:29 pm.

XIII. REOPEN PUBLIC MEETING: Sue Knapp, Board Chair, reopened the public meeting at 7:29 PM. Julie Whetzel moved to continue the forensic investigation on systems outside the clinic. Sue Knapp seconded. All ayes. Motion passed.

XIV. ADJOURNMENT OF REGULAR BOARD MEETING: Sue Knapp, Board Chair, adjourned the December 14, 2023, Regular Board Meeting at 7:30 PM.

ATTESTATION: DocuSigned by: Sue Knapp 24E0DF828AD5440...

Sue Knapp, Board Chair

Attest: DocuSigned by: Allison Bechtol 39F7AA2C071E43A...

Allison Bechtol, Board Secretary