

WILL COUNTY COMMUNITY HEALTH CENTER  
GOVERNING COUNCIL REGULAR MEETING  
MINUTES  
7/10/2019

---

**MEMBERS PRESENT**

Marie Lindsey, Chairman  
Eloy Ramirez, Treasurer  
George Mora  
Paul Lauridsen  
Deborah Kornacker  
Cindy Brassea  
Vernice Warren  
Judy Easley

**MEMBERS ABSENT**

Edith Cline-Kabba-excused  
Alan Dyche-excused  
Cathi Niewinski-excused

**WCCHC STAFF PRESENT**

Mary Maragos, Chief Executive Officer  
Dr. Jennifer Byrd, Chief Medical Officer  
Stacy Baumgartner, Director of Operations  
Mary Kilbride, Executive Assistant

**WCHD STAFF PRESENT**

Sue Olenek, Executive Director

**OTHERS PRESENT**

Adam Lipetz, Assistant State's Attorney

**I. CALL TO ORDER**

The regular meeting of the Will County Community Health Center Governing Council was held at the Will County Community Health Center, 1106 Neal Avenue, Joliet, Illinois. Ms. Marie Lindsey, Chairman, called the meeting to order at 5:03p.m.

ROLL CALL AND DETERMINATION OF QUORUM – **Quorum present.**

Pledge of Allegiance

**II. MISSION STATEMENT**

Ms. Kornacker read the Mission Statement

**III. APPROVAL OF MINUTES**

A **motion** was made by Ms. Kornacker and **seconded** by Mr. Lauridsen to accept the June 3, 2019 meeting minutes as written. **Motion carries.**

**IV. Chairman's Comments**

Ms. Lindsey asked that going forward the category of Executive Session be put on the agenda.

**V. CEO Report**

• **Grant Awarded to University of St. Francis (USF):**

On June 22 the USF received notice of award from HRSA for The Partnership to Educate Nurse Practitioners and Extend Health Services. The WCCHC is listed as a sub-awardee for \$21,600 per year for 4 years beginning 7/1/19 to provide clinical precepting of their Mental Health Nurse Practitioner and Family Medicine students. Our participating providers will receive education about providing optimal precepting experiences. We will participate in 9 webinars and one on-site training about rules, regulations, and best practices of telemedicine. Training will start in

late fall, 2019 and tentatively end in May, 2020. Once we are fully informed, we will discuss the possibility of launching a telepsychiatry program with the Governing Council. We will also need formal approval from HRSA for a change of scope.

- **Will Grundy Medical Clinic MOU and Partnership:**

We have had several meetings over the past year with leaders of the Will Grundy Medical Clinic. They currently have a patient population of about 1000 uninsured Hispanic adults who do not qualify for insurance. They plan to refer them to one of 3 area FQHCs (WCCHC, Aunt Martha's and VNA) as they are having difficulty staffing their primary care clinic with volunteer physicians. They plan to continue care coordination and linkage to specialty referrals for their existing patients, as well as any new patients that fit that same demographic. If the Governing Council approves, we will be given the first 100 patients beginning on August 1. We have identified a 3-person bilingual care team (Marissa Ruiz, APN, Dr. Cynthia Vera, Ob/Gyn, and Lizette Guzman, BH Case Manager) for this special population of patients.

- **IL Capital Grant Funding Approved:**

On June 28 Governor Pritzker signed funding appropriations for a WCCHC capital grant application that was approved on 11/20/14 but unfunded by Governor Rauner in January 2015. \$289,381 was awarded by the IL Capital Development Board for a whole-clinic generator and an electronic messaging sign for the Health Center. Jordan Powell of the IPHCA has been working painstakingly on our and other health centers' behalf to get this finally funded.

- **Colon Cancer Screening Initiative:**

Hope Light Foundation and The Center for Asian Health Equity at the University of Chicago has funding available for health departments to participate in the distribution of fecal immunochemical test (FIT) kits. Between \$3,000 and \$5,000 per organization is available for this initiative. An application was submitted on 7/3/19. We would be responsible for the following deliverables if chosen: 1) Distribute fecals immunochemical test (FIT) kits to patients ages 50-75, 2) Follow up with patients to ensure the return of the FIT kit, 3) Connect FIT positive clients to diagnostic colonoscopy, 4) Attend one webinar session per month to learn of best practices to reduce disparities, and evaluate and monitor outcomes; 5) Attend an in-person on Tuesday, August 6.

- **Family Planning Title X Program Approval:**

After a successful site visit this last May, our Corrective Action Quality Plan was recently approved by the IDPH Family Planning Grant reviewers.

- **Credit Card Processing:**

After processing a new credit card processing terminal for our Monee location, Direct Connect credit card processing company requested that we sign a new agreement. Currently the other divisions of the WCHD utilize Government Payment Services (GPS) for credit card transactions. In their agreement with GPS, the patient/client pays the processing fee instead of the WCHD. A copy of the fee schedule is included for discussion at our meeting.

- **Unduplicated Patients:**

Ms. Maragos gave an update of the unduplicated patients: As of June 30, 2018 we were at 7687 patients and currently have 7409 patients as of June 30, 2019. We are down 3.6%.

### **CMO Report**

- **Compliance:**

We continue our monthly compliance walk through evaluations of each of the health center sites. We are monitoring for violations in the areas of safety, physical plan cleanliness and structure, infectious disease risks, privacy of protected health information, pathways of egress, maintenance of vaccine storage & temperature monitoring, and medication management.

- **Communication:**

Weekly meetings have begun with the Primary Care nursing team to provide interaction with the managers and to continue to work towards a collaborative and high-quality work environment.

- **Quality:**

Our UDS quality indicators continue to be a primary concern of ours. Our three Continuous Quality Improvement (CQI) Sub-committees continue to work towards increasing our UDS quality scores. The **Colorectal Cancer team** has the following plan to improve this outcome measure: 1) We are collaborating with our Quest Laboratory vendor to begin to perform outreach calls to all of our patients whom have received a lab order for a Colon Cancer home screening test kit whom have not yet returned the test. This is being done to remind the patients to perform the test and return it as soon as possible so that the sample may be tested. 2) We are training our provider staff to efficiently and effectively use the Electronic Health Record centralized charting area for routine health maintenance data so that any provider in the group who interacts clinically with the patient can quickly reference routine health maintenance data and come to know if a patient is up to date or behind on these on these vital health indicators, and thus make real time adjustments to the patients' care, lastly 3) We plan to utilize our Nurse Care Coordinators to "panel manage". This is a process whereby we list all of our patients ages 50-75 yrs., and call each of them to invite them to come in for colorectal cancer screening. Thereafter, continuing to monitor the patients to ensure they make appointments, keep appointments, follow through with ordered testing, and that the results are documented in the medical record.

- **Education and Training:** Our annual Skills Day was completed on June 12. All of the staff received both written and practical analyses of their skill set. This year we added a more comprehensive practical exam for our Dental Assistants. A **lunch and learn session on PrEP** took place on June 26<sup>th</sup>. It was designed to expand our staffs' knowledge of PrEP and its value in decreasing the spread of HIV.

Dr. Byrd presented the previously requested Peer Review form. The form was reviewed and suggested changes were made.

#### **Revenue Report**

Ms. Maragos presented the Revenue report ending in May. Our variance was -4.5% of projected. The EMR Incentive/MU was not calculated in this report and once calculated it may possibly change the variance. Ms. Maragos will make that change.

#### **Expenditure**

Ms. Maragos presented the Expenditure report. Our goal was 41.6% and we came in at 42%. Discussion took place.

#### **BOH Statistical Report**

Ms. Maragos presented the BOH Statistical Report. Discussion took place.

#### **Provider Productivity Report**

Dr. Byrd presented the Provider Productivity report. Discussion took place regarding the difficult time the Center is having in hiring providers.

## **VI. DISCUSSION**

#### **Differences of GC, BOH, and Will County Board**

Ms. Maragos presented the differences of GC, BOH and Will County Board related to oversight of the CHC. Ms. Lindsey questioned Ms. Olenek on what she anticipates would be the BOH objection or difference of opinion for either a service site or continuation application. Ms. Olenek stated the BOH has to consider the resources it takes to provide another site e.g. rent, and other expenses related to servicing a site and therefore it would have to be reviewed.

The BOH and County Board meeting schedules were given to the GC board members.

**Patient Satisfaction Surveys:**

Dr. Byrd presented the patient satisfaction surveys. Survey was reviewed and suggested changes were made.

**Monee Open House/National Health Center Week Celebration**

The Monee Open House/National Health Center Week celebration flyer was given to all GC members.

**VII. ACTION**

- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Easley to approve United Way Funded Partnership Agreement. **Motion carries.**
- A **motion** was made by Ms. Warren and **seconded** by Mr. Ramirez to approve as amended QRM-0005 Credentialing and Privileging policy. **Motion carries.**
- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Brassea to approve policy QRM-0002 Internal Event Reporting. **Motion carries.**
- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to approve as amended policy QRM-0056 WCHD/WCCHC Staff Regarding Access to Care and Related PHI. **Motion carries.**
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea to table Direct Connect for credit card processing. **Motion carries.** Mr. Ramirez felt the pricing was expensive for GovPayNet as an alternative. Ms. Olenek suggested Ms. Maragos question Ms. Bergin and/or Ms. Sarver what the average charge for credit card processing is. Ms. Maragos was asked by GC board to investigate into this further.
- A **motion** was made by Mr. Ramirez and **seconded** by Mr. Lauridsen to approve MOU with Will Grundy Medical Clinic. **Motion carries.** Signature line will be added for Ms. Olenek's name.
- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Brassea to approve recredentialing for Dr. Pranjali Vadgaonkar, M.D. **Motion carries.**
- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Brassea to approve recredentialing for Dr. Manamar Singh, M.D. **Motion carries.**

**VIII. PUBLIC COMMENT:** No comments stated

- IX.** A **motion** was made by Ms. Warren and **seconded** by Mr. Lauridsen to adjourn the meeting at 6:49pm. **Motion carries.**

**X. EXECUTIVE SESSION:**

A **motion** was made by Mr. Mora and **seconded** by Mr. Ramirez to go into Executive Session at 6:50pm.

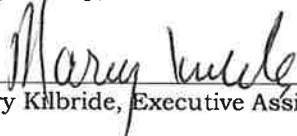
**XII. NEXT MEETING**


**Wednesday, August 7, 2019**  
**Wednesday, August 7, 2019**

**Finance Committee**  
**Governing Council**

**5:00pm-5:30pm**  
**5:30pm-7:00pm**

Prepared by,

  
Mary Kilbride, Executive Assistant

  
Alan Dyche, Governing Council Secretary