

WILL COUNTY COMMUNITY HEALTH CENTER
GOVERNING COUNCIL REGULAR MEETING
MINUTES
9/4/2019

MEMBERS PRESENT

Marie Lindsey, Chairman
Eloy Ramirez, Treasurer
George Mora - left @ 6:17pm
Paul Lauridsen
Cindy Brassea
Vernice Warren
Judy Easley
Cathi Niewinski

MEMBERS ABSENT

Edith Cline-Kabba-excused
Deborah Kornacker-excused
Alan Dyche-excused

WCCHC STAFF PRESENT

Mary Maragos, Chief Executive Officer
Stacy Baumgartner, Director of Operations
Mary Kilbride, Executive Assistant

WCHD STAFF PRESENT

Sue Olenek, Executive Director
Elizabeth Bilotta, Director of Administrative Services

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 5:33p.m.

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

Pledge of Allegiance

II. MISSION STATEMENT

Mr. Lauridsen read the Mission Statement

III. APPROVAL OF MINUTES

A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Brassea to accept the August 7, 2019 meeting minutes as written. **Motion carries.**

IV. Chairman's Comments

- Ms. Lindsey announced that there would be a brief Executive Session after the GC meeting to approve previous Executive Session meeting minutes.
- Ms. Lindsey mentioned meeting with State Representative Natalie Manley and her positive comments regarding the interaction she had at the Center during a previous visit. Ms. Maragos requested if Ms. Lindsey could reach out to her and request a comment be put on Facebook, Twitter etc.

V. CEO Report

• **Plan to Address Patient Numbers:**

Ms. Lindsey and Mr. Dyché presented the Governing Council's report to the BOH on 8/21/19. Ideas on how to address declining patient numbers were discussed, with two main foci: 1) Provider recruitment and retention, and 2) Increasing awareness of services. The Board of Health members verbalized their support of the plan and recommended we research and document what changes we'd like for the provider contracts. Sue and Mary attended a day-long IPHCA seminar in Springfield on 8/28 on *Designing Provider Compensation* to learn of best practices.

• **Approval of contract with CVS Pharmacy and Wellpartner:**

We ask the Governing Council for its approval to contract with CVS Pharmacy for inclusion in our 340B program. They exclusively use Wellpartner as their 340B Administrator, so attached to the CVS agreement is language about utilizing Wellpartner. CVS fees are slightly higher than Walmart's; they are non-negotiable. As with Walmart, they will only include non-generic prescriptions in the 340B program. CVS identified 14 area store locations currently receiving prescriptions from WCCHC providers.

• **Approval to engage with Verity for 340B administration:**

Review was done of contracts and reporting capabilities of the following 340B Administrators, to take the place of Rx Strategies: Atria/Hudson Headwaters, 340Basics, Verity, and Wellpartner. All have better reporting capabilities than Rx Strategies. All can incorporate an integration with our Nextgen software for verification of eligible patients and prescriptions, which is critical to compliance. The following elements differ among them and factored into the decision: data verification time (varying from within minutes to daily); allowing a sliding fee scale for uninsured; incorporating a system of reordering medications (automatic vs pharmacist-assisted); inclusion of all prescriptions vs only those financially beneficial to the patient (considering drug cost + dispensing fees + administrator fees which can be higher than a \$4 cost available for some generics); fees to administer the program.

• **FY19 New grant award:**

On 8/2/19 we received a notice of grant award from HRSA for FT2019 Integrated Behavioral Health Services (IBHS) supplemental funding in the amount of \$166,998, which is \$22,000 more than we requested in the grant application! The purpose is to support an increase in access to high quality integrated BH services, including prevention or treatment of mental health conditions and/or substance use disorders, including opioid use disorder. We must use these funds to add at least 0.5 FTE substance use disorder and/or mental health service personnel who will expand access to Substance Use Disorder (SUD) and/or mental health services and increase new and/or existing patients receiving SUD and/or MH services. We must demonstrate progress with quarterly reporting.

• **Approval of BCBS amendment:**

We have been selected to receive an additional 10% reimbursement on PPO claims. The amendment is to our direct PPO agreement with BCBSIL.

• **Approval of fee increase with CHG Credentialing:**

The Governing Council will be asked for approval to sign an amendment with CHG Credentialing acknowledging the small fee increases.

• **Approval of contract with Staffing Team, Inc.:**

The Governing Council will be asked for approval to contract with Staffing Team, Inc. for temporary support staffing such as for medical assistants, dental assistants, and nurses. Their fees are significantly less than the service we currently use, and we have not been satisfied with the candidates from our current temporary staffing agency, Maxim.

- **Approval of renewed contract with Miles of Smiles:**
Our dental Sealant grant with IL Dept. of Public Health is up for renewal. Miles of Smiles, Inc., of Pekin, IL is listed as a subcontractor on this grant. Miles of Smiles dentists and hygienists visit Will County area schools and provide cleanings and sealants to children who are uninsured or who have Medicaid insurance. They in turn refer children to WCCHC for follow-up and further dental care if needed. The contract with Miles of Smiles has not changed from last year, except for the dates.
- **Continued Supplemental Funding from HRSA:**
In addition to quarterly funding, we recently received notice of two additional “supplemental” funding awards from HRSA: 1) SUD-MH (Substance Use Disorder - Mental Health) \$110,750 to be used from September 1, 2019 to August 30, 2020 to add at least 1.0 FTE in personnel who will support substance use disorder and/or mental health service expansion; 2) Quality Improvement \$59,345 to be used from August 12, 2019 to August 30, 2020 to strengthen quality improvement activities.
- Ms. Maragos gave an update of the unduplicated patients: For January through August, 2018 we were at 9239 patients and are currently at 8958 for January through August, 2019 (down -3.0% as of 8/25)

CMO Report

- **Joint Commission (JACHO) Activities:**
 - the JACHO team continues to meet weekly
 - the following items are **high priority items:**
 - * Two infectious disease Performance Improvement projects (hand hygiene and wet time)
 - * Building of the electronic reporting models and tools on which the function area experts record findings of their compliance reviews and activities
 - * Securing a hospital relationship to allow for our required, annual, Dental x-ray apron inspection.
 - * An interrogation of our Nitrous Oxide delivery and inspection process
 - * An evaluation of our Autoclave process
 - * The initiation of “Weekly Briefings” for our staff. These briefings come in the form of a weekly emailed update on JACHO and Compliance concepts. This is followed by a direct conversation between the supervisors and staff.
 - * A re-evaluation of our Universal Precaution kits (these are kits used to manage clean biologic spills, e.g. body fluids, blood)
 - * Physical plant - painting project (wall hygiene)
- **Quality Measures:**
The health center continues to have low colorectal cancer screening rates. Our plan to improve these rates is still to work with our lab vendor, Quest, whom will “panel manage” and call all of our patients who have had an order for screening, but have yet to return the test kit.

Since we are aware that as of 2017, there were >95,000 new cases of Colon Cancer in the United States, and >39,000 new cases of Rectal cancer, in order to properly meet this service requirement in our community, we must have a comprehensive approach to achieving higher screening rates.

September has been designated as “Colorectal Cancer Awareness Month”. A group of students from Lewis University and their professor will be working with us.

- **Peer Review Process:**
As requested by the Quality Committee of the Governing Council, the following is a report of the last 5 mths. of the provider Peer Review process: The number of peer reviews April-June was 28. The number of peer reviews July-August was 28.

Regarding the process of Peer Review request and number returned,

- a) it appears that the combination of offering a shorter timeline for completion and bi-weekly reminders yield an increase in the number returned
- b) non-compliant providers remain non-compliant with each peer review cycle
- c) the simplification of the peer review tool has increased provider comfort. These observations were noted as there was an increase in the number of peer reviews return in July and August as compared to April and May. The providers have counseled on the standard that is expected and the consequences of continue non-compliance.

Of the data collected, the staff does an adequate job at documenting items wherein the process has been hard-wired into the electronic health record and workflow.

The lower score on Diabetes care has its etiology in multiple areas, one being, the lack of true "panel management"; wherein we identify the world of our Diabetic patients, contact each of them routinely, reminding them of the need to return for labs and disease management. To do otherwise, is depending on an individual provider to remember which patients have not returned for their requisite three (3) month or six (6) month follow-up appointment. However, though panel management is the likely culprit for this lowered score, there were also providers who missed opportunities to measure blood levels, and thus had patients with persistently higher than normal blood glucose. The corrective actions are, the hiring of an individual to install and manage a proper Care Coordination unit that will "panel manage" chronic diseases, this has recently been accomplished. Also, the CMO will have individual meetings with lower performing providers to review the evidenced-based guidance on the management of Diabetes.

Lastly, the lower scores in the area of Family Planning center around the lack of use of the proper Family Planning template (only used by 7 of the 11 providers). The four providers whom do not use the tool are those providers in Primary Care who do also see a large percentage of Family Planning patients. With the use of the proper template, each of the required Family Planning data points would be collected and the peer review scores should reflect this. The corrective action to achieve this is to educate the primary care staff on its use. The provider staff has already been educated as of the last provider meeting.

- **Community Collaboration**

We continue to prepare to receive transfer patients from the Will Grundy Medical Clinic. We have designated a Spanish-Speaking team comprised of a Primary Care & Obstetrics provider and a Case Manager, presented the patients with a Welcome Packet, reviewed their internal process for referrals and their Medication Formulary. We have educated our staff of the transfer of patients. We will be developing the workflow around receiving these patients, as well as a communication plan for our staff. This will occur within the next week.

- **Recruitment**

Dr. Byrd discussed the current positions open at the Center.

- **Revenue Report**

Ms. Maragos presented the Revenue report ending in July. Our target is 66.6% and our variance was -2.7%.

- **Expenditure**

Ms. Maragos presented the Expenditure report. Our goal was 58.3% and we came in at 57.7%. Discussion took place.

- **BOH Statistical Report**

Ms. Maragos presented the BOH Statistical Report. Discussion took place. We are down by 1% on visits compared to last yr.

- **Provider Productivity Report**
The Provider Productivity report was presented and discussed. The report has changed due to removal of administration time (e.g. time spent going to meetings, sick time, vacation time, personal time) which then improved our report and more accurately reflected productivity.

VI. **DISCUSSION**

Quality Committee: Ms. Lindsey presented a summary of the Quality Committee meeting (see Quality Committee mtg. minutes) which took place prior to GC meeting.

3 Clinical Performance Measures Report

- Performance Report was presented on the 3 Clinical Performance Measures that were decided in the 2019 Strategic Plan as needing improvement due to low performance. Discussion took place regarding the Clinical Performance Measures report from January to June. Recommendations for improvement suggested by the Staff CQI Committee members were reviewed.

Colorectal Cancer Screening:

For January to June, 109 out of 968 adult patients 50–75 years of age had colorectal cancer screening done, which resulted in a slightly higher compliance percentage of 11.26%.

Quest Diagnostics, our lab service will assist by contacting patients that have an order for colorectal cancer screening.

Childhood Immunizations:

19 two-year-old patients as of June 30 yielded a compliance percentage of 16%.

Training on the Bi-directional Immunization Communication between ICARE was reinforced. This allows the Clinic Support Staff to reconcile and upload the Immunizations from I-CARE for a patient.

Diabetes Poor Control:

The results of the Diabetes Poor Control Measure from the UDS report from January to June was 57%. The manual audit of 70 charts for the same time period yielded a result of 47%, an improvement since this is an inverse measure.

The manual audit revealed however that some of the providers had not yet seen their known diabetics in calendar year 2019. Based on these audit results, Dr. Byrd plans to share the results with the providers and identify PCP-specific patient panel data per provider.

GC Report on Patient Trends: Ms. Lindsey spoke of the action plan being presented to the BOH at the August meeting. The recommendations listed in the plan were reviewed and discussed. Ms. Lindsey suggested asking the patients annually if they are interested in participating in EDI (electronic data interchange) or need to make changes to their contact information.

VII. **ACTION**

- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Warren to approve switching Quality Committee mtg. from December 4, 2019 to November 6, 2019. **Motion carries.**
- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Niewinski to approve switching Finance Committee mtg. from November 6, 2019 to December 4, 2019. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Ms. Warren to approve switching Governing

Council mtg. from January 1, 2020 to January 8, 2020. **Motion carries.**

- A **motion** was made by Ms. Easley and **seconded** by Mr. Ramirez to approve taking contract with pharmacy services agreement with CVS and Wellpartner off the table. **Motion carries.**
- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Warren to approve contract with pharmacy services agreement with CVS and Wellpartner. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Ms. Brassea to approve amendment for agreement with CHG Management. **Motion carries.**
- A **motion** was made by Mr. Lauridsen and **seconded** by Mr. Ramirez to approve United Way FY19 year-end report. **Motion carries.** Marie Lindsey's name needs to be changed from Mary Lindsey to Marie Lindsey.
- A **motion** was made by Ms. Niewinski and **seconded** by Ms. Warren to approve Miles of Smiles contract. **Motion carries.**
- A **motion** was made by Mr. Ramirez and **seconded** by Ms. Easley to remove from table the Governing Council's Plan to address Patient Trends. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Mr. Ramirez to approve the GC report on Patient Trends. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Ms. Niewinski to table the contract with Verity for 340B administration. **Motion carries.**
- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to approve contract with Staffing Team. **Motion carries.**
- A **motion** was made by Ms. Niewinski and **seconded** by Ms. Warren to approve BCBS PPO Amendment. **Motion carries.**
- A **motion** was made Mr. Ramirez and **seconded** by Ms. Easley to approve OPDS Community Benefit Grant Agreement. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Mr. Lauridsen to approve renewal of contract for Dr. Tracy Vera, M.D. **Motion carries.**
- A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to approval renewal of contract for Dr. Sonal Gandhi, D.D.S. **Motion carries.**
- A **motion** was made by Ms. Warren and **seconded** by Mr. Ramirez to approve contractual arrangement with Susan McErlean, APRN. **Motion carries.**
- A **motion** was made by Ms. Warren and **seconded** by Mr. Ramirez to approve credentialing for Dr. Anusha Khapeker, M.D. **Motion carries.**

VIII. PUBLIC COMMENT: No comments stated

IX. A **motion** was made by Mr. Lauridsen and **seconded** by Ms. Easley to adjourn the meeting at 6:55pm. **Motion carries.**

X. EXECUTIVE SESSION:

A **motion** was made by Mr. Ramirez and **seconded** by Ms. Easley to go into Executive Session at 6:56pm.

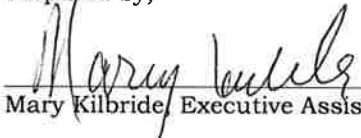
XII. NEXT MEETING

Wednesday, October 2, 2019
Wednesday, October 2, 2019

Governance Committee
Governing Council

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

Prepared by,


Mary Kilbride, Executive Assistant


Alan Dyche, Governing Council Secretary