MEMBERS PRESENT
Marie Lindsey, Chairman
Vernice Warren, Vice Chairman
Alan Dyche, Secretary
Judith Easley
Paul Lauridsen
Deborah Kornacker
Cindy Brassia
George Mora

MEMBERS ABSENT
Edith Cline-Kabba-excused

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

WCCHC STAFF ABSENT
Dr. Jennifer Byrd, Chief Medical Officer

WCHD STAFF PRESENT
Sue Olenek, Executive Director
Elizabeth Bilotta, Assistant 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 5:11 p.m.

ROLL CALL AND DETERMINATION OF QUORUM – Quorum present.

Pledge of Allegiance

II. MISSION STATEMENT
Mr. Dyche read the Mission Statement

III. APPROVAL OF MINUTES
A motion was made by Mr. Dyche and seconded by Mr. Mora to accept the February 5, 2020 meeting minutes as written. Motion carries.

IV. Chairman’s Comments:

V. CEO Report
- **UDS Comparison Report:**
  The final Uniform Data System (UDS) report was submitted to HRSA in time for the deadline on 2/15/20. Compared to 2018, we essentially equaled the number of patients and significantly increased the number of patient visits. In the meeting packet is a comparison report of 2019 vs 2018 vs 2017 performance.
- **Intelligent Medical Objects, Inc. (IMO):**
  We ask the Governing Council for its approval to contract with IMO. We previously utilized this software product in Nextgen for searching for diagnosis codes for billing purposes. While the

Governing Council
product was included in our monthly subscription to OSIS which hosts our server, as of Feb. 24, 2020, OSIS no longer supported the product and we either had to contract for it on our own or do without it. As the second option is not feasible (the providers simple cannot know all possible diagnosis codes including bimonthly updates), we were forced to contract with IMO ourselves. There is no substitute for use with Nextgen E.H.R. software. The original implementation fee was $5000 and we were able to negotiate it down to $1000.

- **Unannounced Joint Commission visit:**
  Early on Feb. 19 we were surprised to see two site visitors from the Joint Commission. They were here for 2 long days and their focus was assessing and educating on quality and safety. Their goal, as they stated, is “Leading the Way to Zero” (preventable medical errors) and identification of problem areas before harm occurs. The Joint Commission is a voluntary accreditation that is rare among ambulatory practices but becoming more common among community health centers. An account of their preliminary findings is attached, listing 30 citations among the 7000 standards for ambulatory and patient centered medical home accreditation.

- **2020 Sliding Fee Scale:**
  We ask the Governing Council for its approval of the 2020 Sliding Fee Scales for Medical, Dental, and Behavioral Health services. These are based on the 2020 Federal Poverty Guidelines.

- **2020 Fee Schedule for Medical, Hospital, Dental and Behavioral Health:**
  We have compared our fees from 2019 to the 2020 fees for medical and behavioral health services in our geographic region, at the 75th percentile, per HRSA recommendations. See attached data sheet. We ask the Governing Council for its approval of the revised fee schedule for calendar year 2020.

- **Recovery Coach:**
  Workforce Services of Will County received a grant to pay for recovery coaches and place them at various community agencies. A recovery coach is a lay person who has a personal history of substance abuse and is recovery themselves. They will act as peer coaches to our patients with substance use disorders. They will have phone and in-person contact, give reminders for visits, assist in group sessions, and act as a peer mentor. They will not have access to the electronic medical records. We ask the Governing Council for its approval for an Agreement with Workforce Services of Will County.

- **Integration of Dental with Primary Care/Well Baby Visits:**
  February is Dental Health Month. Dr. Garg will reintroduce a pilot program for Well baby visits for children age 1-3 seen in primary care. After the medical visit, Dr. Flores or Dr. Khapekar will encourage the parents to have their child see the dentist also as a bonus visit. Child will be seen right after the medical visit. One exam room in primary care will be set up to see these patients for dental. The dental appointment will be approximately 10-15 min and will include oral exam, tooth brush prophy, fluoride vanish, examination for baby-bottle tooth decay and dental education. If patient has medical card, it will be billed otherwise sliding fee scale applies.

- **CIOX Records Management Agreement:**
  Our Medical Records staff is dwindling to 2 staff members. In 2018 we had 4 staff members, in 2019 3 staff, and recently one retired. CIOX would assist with sending medical records in response to requests from insurance and attorneys. Fees would be collected by CIOX and we would get 15% of the total fees collected. There would be no additional fees for the WCCHC. Current medical records staff would stay busy with responding to patients’ and referring providers’ requests for medical records (both non-billable), stat requests, scanning and filing of documents in the electronic medical record, and archiving. We ask the Governing Council for its approval of the Agreements with CIOX (Service Order detailing tasks), Contract for Services, and Business Associate Agreement.

**Unduplicated Patients:**

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<thead>
<tr>
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<td>2096</td>
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B. CMO Report

**Joint Commission:**
The health center received its triennial site survey on Wednesday and Thursday, February 26th & 27th. We were visited by two physician reviewers and one observer. The visit was rich in educational points, and offered some advice on areas of improvement. However, overall the impression was that of competence and high quality. We will come to know the outcome of their survey in the coming weeks.

**Recruitment:**
There are 10 MD candidates, 4 APRN candidates, and 1 Physicians Assistant whose interviews are pending since my last report.

2 APRN candidates have been interviewed since the last report, both are seemingly good candidates, one for our Family Medicine service and one for our Psychiatry service. Both have the ability to prescribe Suboxone (for opioid dependence) and would mesh well into our Medication Assisted Treatment program.

**Medication Assisted Treatment (MAT) program:**
The health center continues to collaborate with the Will County Executive's office in our county's efforts in combating the Opioid Epidemic that is overcoming our nation.

To that end, we will be adding a new resource to our service to enrich the patient experience for those patients diagnosed with Substance Use Disorder (SUD). These staff are called "Recovery Coaches".

These persons have become a vital component of SUD treatment programs. They are non-clinical people who themselves have experienced substance use and are in recovery. Some recovery coaches are also people who have had close family members diagnosed with substance use disorder.

They promote the belief in the possibility of recovery by fostering hope, assisting with decision making and sober life planning, harm reduction by reducing addictive behaviors, and support / model positive life changes to avoid relapse.

We presume to have these new staff begin within the next month.

Also, we have had two "graduates" from our MAT program. These are two patients whom have successfully completed their outpatient treatment programs and have been weaned from Suboxone. We will be longitudinally monitoring their progress.

**Academics:**
I participated in a webinar sponsored by the Illinois Primary Healthcare Association that centered around Recovery Coaches. This was a timely exercise given our impending receipt of these kind of staff to our clinical environment.

The call featured a lecturer who has been a professional Recovery Coach for 20 years, and who has been sober for >20 years.

The webinar offered fundamental information on the topic of "Peer Support / Recovery Coach" personnel, how these kinds of workers emmesh into treatment environments, what we should expect of them, their expectations of us, how they document their interactions with patients, and more.

Our Psychology students continue to work with our Psychiatrists and one (1) APRN student continues to work with one of our Advanced Practice Registered Nurses as of mid-January.

Additionally, we have one (1) medical student working with our Pediatricians.
They continue to provide direct patient care in collaboration with the providers.

**Community Collaboration:**
I have been asked to give special consultation to the Illinois Primary Healthcare Association (IPHCA) on a clinical topic, thereafter recommendations can be made to the state.

Further, IPHCA will be discussing the legalization of Marijuana in our state, its health impacts and formulating a consensus statement.

**Community Collaboration**

I took part in a coordination of care conference call with the Chief of the Presence St. Joseph's Emergency Department (E.D.) and his team. The call centered around the development of their Medication Assistance Treatment (MAT) Program. This collaboration would entail the Emergency Department's physicians prescribing the initial dose of Suboxone (the medication used in the treatment of Opioid Disorders) and thereafter coordinating a follow up appointment with our Community Health Center for longitudinal MAT care and other Primary Care, Psychiatric, Dental and Optometry services.

From an epidemiologic perspective, I was informed that, on a *weekly* basis, their E.D. sees ten (10) cases of Opioid Overdose and one (1) Opioid induced fatality. To that end, all of the Presence Emergency Departments will be developing MAT programs to initiate Suboxone and coordinate follow up with local providers.

The short-term plan that I recommended was to offer them two (2) resource persons in our health center that can be contacted directly by their discharge planners/“navigators” during business hours. Also offer was my cell number to be used daily from health center closure until 10pm during the week, and on weekends. In this way, we can narrow the potential gap in Suboxone initiation as they have yet to begin to prescribe.

The long-term plan will be for the Presence E.D. physicians to give the initial dose, and transition the care to the health center.

I provided them with scholarly articles on Emergency Department Suboxone start-ups, a Narcan administration instructional video, and a Narcan Patient Education Pamphlet. I have been invited to their March 2020 department meeting to further these discussions.

**VI. DISCUSSION**

**Revenue Report:** Ms. Maragos presented the Revenue report ending in January. We are 0.7% above target. Hospital fees and private insurance for medical/dental are coming in strong.

**Expenditures:** Ms. Maragos presented the Expenditure report ending in January. Our goal was 8.3% and we are at 10%.

**Division Statistical Report:** The Division Statistical report was presented and discussed. Our patient visit numbers for January are up 39% compared to the period in 2019.

**Report from the Finance Committee:** Mr. Dyche assumed the role of Chairperson for Finance Committee. Mr. Dyche presented a summary of the Finance Committee meeting (see Finance Committee mtg. minutes) which took place prior to GC Governing Council. Discussion took place regarding the 2020 Medical/Hospital/BH/Family Planning fees, as well as the 2020 Sliding Fee Scales and the revised 340B Sliding Fee Scale.
• Ms. Maragos presented the 2020 Medical/Hospital/BH/Family Planning Fees that GC will be asked to approve later in the meeting. Ms. Maragos also stated that the GC should approve the nominal fee of $25.00 and that it specifically does not pose a barrier of care.
• Ms. Maragos presented the 2020 Sliding Fee Scales. She will be asking GC for approval later in the meeting.
• Ms. Maragos presented the new 340B Sliding Fee Scales. She will be asking GC for approval of changing from 5 levels of slide to 4 levels of slide to align with technical capabilities of Verity, our new 340B Administrator.
• The preliminary Joint Commission survey report was presented and discussion took place.
• Ms. Maragos presented the 11 Tenets of Safety Culture.
• The UDS Comparison Report was presented and reviewed.
• GC members filled out their annual survey to be reviewed at the April Governance Committee mtg.
• Discussion of proposed GC Executive and Committee assignments will be tabled until April.
• The slate of officers were discussed. The following had been decided on and voting will take place at the April GC meeting: President-Marie Lindsey, Vice President-Cindy Brassea, Treasurer-Alan Dyche, Secretary-Deborah Kornacker.
• The Chairperson for the Committee were discussed. Voting will take place at the April GC meeting for chairpersons of Committees: Quality-Marie Lindsey, Finance-Alan Dyche, Governance-Judy Easley.
• Ms. Oleneck will contact the County Executive to see if he is possibly interested in appointing a GC member.

VII. ACTION
• A motion was made by Ms. Easley and seconded by Ms. Brassea to approve the Medical/Hospital/BH/Family Planning fees for 2020. Motion carries.
• A motion was made by Mr. Dyche and seconded by Ms. Easley to approve the 2020 Sliding Fee Scale including nominal fees. It was agreed the nominal fees do not pose a barrier to care. Motion carries.
• A motion was made by Ms. Warren and seconded by Ms. Brassea for approval of 340B Sliding Fee Scale. Motion carries.
• A motion was made by Ms. Kornacker and seconded by Mr. Lauridsen to approve policy BR-0011 Patient and Insurance Billing. Motion carries.
• A motion was made by Mr. Dyche and seconded by Ms. Easley to approve policy BR-0013 Petty Cash. Motion carries.
• A motion was made by Ms. Kornacker and seconded by Ms. Warren to approve policy BR-0019 Collection on the Mobile Medical/Dental Unit. Motion carries.
• A motion was made by Ms. Easley and seconded by Ms. Warren to approve policy BR-0002 Determination of Patient Family Size and family Income. Motion carries.
• A motion was made by Ms. Warren and seconded by Mr. Dyche to approve policy QRM-0050 Referral/Consult Tracking. Motion carries.
• A motion was made by Mr. Dyche and seconded by Ms. Warren to approve amended policy AD-0027 Employee Education Plan and Policy. Motion carries. On page 49 add “annual harassment training”, and under Procedure #4 add (on the 1st Monday).
• A motion was made by Ms. Easley and seconded by Mr. Lauridsen to approve Agreement with Workforce Services of Will County for Recovery Coaches. Motion carries.
• A motion was made by Ms. Easley and seconded by Ms. Brassea to table approval of Governing Council Executive Committee Officers for 2020. Motion carries.
• A motion was made by Ms. Warren and seconded by Mr. Dyche to table approval of Governing Council Committee Chairpersons for 2020. Motion carries.
• A motion was made by Ms. Easley and seconded by Mr. Dyche to table approval of renewal of GC members for 2020. Motion carries.
• A motion was made by Mr. Lauridsen and seconded by Ms. Easley to approve Intelligent Medical Objects (IMO) Contract. Motion carries.
• A motion was made by Ms. Warren and seconded by Ms. Easley to approve ClOIX Agreements for medical records management Motion carries.
VIII. PUBLIC COMMENT: No comments stated

X. A motion was made by Ms. Easley and seconded by Ms. Warren to adjourn the meeting at 6:47pm. Motion carries.

XI. NEXT MEETING

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Prepared by,

Mary Kilbride, Executive Assistant

Alan Dyche, Governing Council Secretary