

**WILL COUNTY COMMUNITY HEALTH CENTER**  
**GOVERNING COUNCIL MEETING MINUTES**  
**VIA TELECONFERENCE**  
6/3/2020

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**MEMBERS PRESENT**

Marie Lindsey, Chairman  
Cindy Brassea, Vice Chairman  
Deborah Kornacker, Secretary  
Alan Dyche, Treasurer  
Vernice Warren  
Paul Lauridsen  
George Mora  
Edith Cline-Kabba

**MEMBERS ABSENT**

Judith Easley - excused

**WCCHC STAFF PRESENT**

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

**WCCHC STAFF ABSENT**

**WCHD STAFF PRESENT**

Sue Olenek, Executive Director  
Elizabeth Bilotta, Assistant Executive Director

**OTHERS PRESENT**

**Pledge of Allegiance**

**I. CALL TO ORDER**

The regular meeting of the Will County Community Health Center Governing Council was held virtually, via teleconference due to COVID-19 isolation requirements. Ms. Marie Lindsey, Chairman, called the meeting to order at 5:19p.m.

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

**II. MISSION STATEMENT**

Mr. Dyche read the Mission Statement.

**III. APPROVAL OF MINUTES**

A **motion** was made by Mr. Dyche and **seconded** by Ms. Warren to accept the June 3, 2020 meeting minutes as written. **Motion carries.**

**Roll Call:** Marie Lindsey, “Aye”, Cindy Brassea, “Aye”, Deborah Kornacker, “Aye”, Alan Dyche, “Aye”, Vernice Warren, “Aye”, Paul Lauridsen, “Aye”, George Mora, “Aye”, Edith Cline-Kabba, “Aye”

**IV. Chairman’s Comments:**

**V. CEO Report**

● **IL Capital Construction Grant:**

The Capital Construction Grant was submitted in the summer of 2014, it was approved in December, 2014 but then unfunded by the incoming Governor Rauner. Governor Pritzker funded the project in 2019, but by then the cost of a whole-clinic generator far exceeded the amount awarded (\$289,381). We submitted a request for a change in scope, and it was approved on 5/5/20 to fund a roof replacement and an electronic message sign for the CHC. Our roof is the original from 2005 and has begun to leak. A replacement was due. Bids for the roof have been obtained and the work will begin in June!

Ms. Maragos asked if anyone has any suggestions for the electronic message sign? Ms. Olenek

asked if there has been a proposal drawn up yet? Ms. Maragos said No, we just received a price. Ms. Olenek stated there is extra monies in HD construction budget for outdoor signage. She suggested possibly coordinating all of the signs between both buildings to make sure they make sense.

- **OSIS Contract renewal for 8/1/20 to 7/31/22:**

Our current contract with Ohio Shared Information Services (OSIS) is up for renewal. This organization supports our electronic health record and hosts our server. We have been satisfied with their responsiveness. Mike Cirullo, our E.H.R. program manager has reviewed the contract as has our attorney. There are no changes compared to the previous contract except for a slight price increase.

- **DME for patients to self-monitor their health and improve virtual visits:**

One of the downsides of virtual visits is the lack of vital signs needed to assess a patient's well-being. It is equally important for our patients to be able to monitor their own state of health. We can now order durable medical equipment such as blood pressure kits, blood glucose meters and strips, peak flow meters (for asthmatics/chronic lung problems), and nebulizers from our Nextgen prescription module. If we send the prescription to Kodocare Pharmacy in Joliet, they will deliver it to the patients. If uninsured, Kodocare will send WCHC a bill. Part of the CARES/COVID funding will be used to cover the costs.

- **Additional COVID-19 funding from HRSA:**

On 5/4/20 we received Notice of Award from HRSA for \$271,924.00, our third award from HRSA for COVID-related expenses. For 5/1/20 through 4/30/21, it may be used "to support activities to purchase, administer, and expand capacity for testing for COVID-19." We will use some of this funding to hire 6 temporary "COVID testers." They will perform testing at our community sites and also contact people with results. Our staff will be present for assistance and oversight.

- **COVID funding from the HSS:**

On May 8 we received checks from the US Dept. of Health and Human Services CARES Act Provider Relief Fund. This Act provided relief funds to hospitals and healthcare providers, are not loans, and do not need to be repaid. The amount received is based on the number of our Medicare patients. We received \$12,012.30 for our Bolingbrook location and \$72,791.59 for the Community Health Center Joliet location. We are using the funds to supplement our lost revenue in 2020.

- **HRSA COVID-19 Uninsured Claims:**

HRSA is supporting a COVID-19 Uninsured Program. This is a payment source of last resort for our uninsured patients who are ineligible for Medicaid. The HRSA program allows health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020, to submit claims for reimbursement at the Medicaid encounter rate. So far, we have 75 eligible patients for which we'll submit a claim to HRSA for reimbursement. Instead of receiving the minimal fee of \$25 for a visit, we'll receive an encounter rate of approximately \$140.

- **Illinicare Per member per month agreement:**

Governor Pritzker, in collaboration with the IL Primary Healthcare Association, has mandated Medicaid Managed Care Organizations offer IL FQHCs a per-member-per-month agreement for the balance of 2020 to offset their losses due to underproductivity. We ask the Governing Council for its approval of an agreement with Illinicare. Based upon assigned patients and 2019 revenue, it makes fiscal sense to do this. For Illinicare (Medicaid HMO) in 2019 the total charges for 1073 patients totaled \$734,000 while the revenue was \$358,000 (the FQHC encounter rate), averaging \$29,833/month. This agreement would provide \$22.53 per member per month x 1073 members = \$24,175/month. At the end of 2020, there would be a reconciliation to pay us the balance to equal the total revenue received in 2019. Meanwhile it would give us monthly revenue to offset our 2020 expenses.

- Quest is covering the cost of COVID testing:**  
Due to government subsidies, Quest will cover any financial liability for all COVID testing for patients. There will be no charge for uninsured patients. For patients with insurance, Quest will bill the insurance, but Quest will not send a bill for any remaining liability. The patient will not see a bill.
- COVID Updates:**  
This month we had our second “fogging” to eliminate viruses and pathogens at the health center. We had our air ducts cleaned (badly needed!) and in the first week of June will have UV light filters installed in the HVAC system. We have ordered 3 free-standing HEPA air filters for dental.

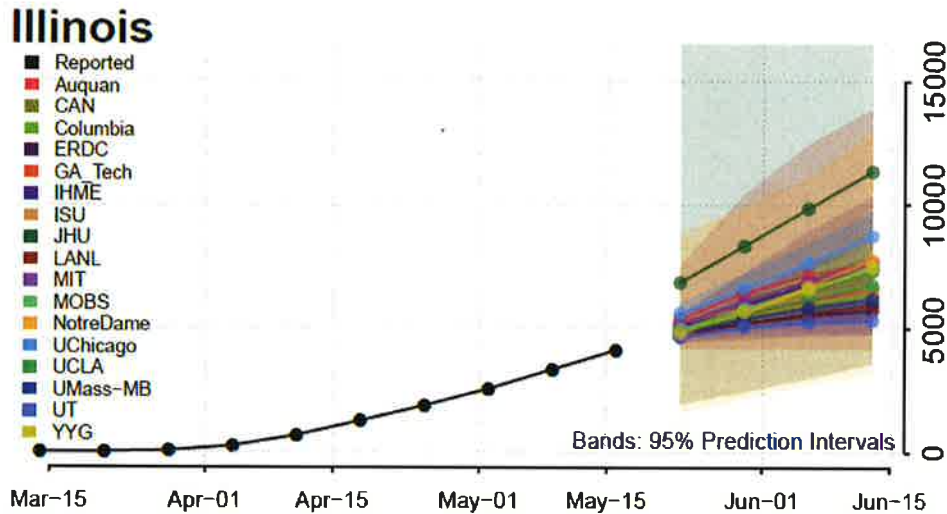
Ms. Maragos shared the spreadsheet statistics of COVID testing in community

<b>COVID testing in community – statistics</b>						
<u>Dates</u>	<u>Persons Tested</u>	<u># Persons Positive</u>	<u>% Positive</u>	<u>Hispanic +</u>	<u>Non-Hispanic Blacks +</u>	<u>Non-Hispanic Whites +</u>
April 28-30	106	5	4.70%	40%	0%	60%
May 5-7	147	8	5.40%	40%	13%	47%
May 12-14	120	22	18.30%	91%	9%	0%
May 19-21	83	13	15.70%	85%	15%	0%
May 26-28	196	29	14.80%	62%	28%	10%
	<b>652</b>					

**B. CMO Report**

**CDC**

**Update: 2020-05-19**



This graph shows that, as of May 19, 2020, the CDC's **cumulative trending models** show a **continued increase in the death rate** in Illinois from COVID-19 **through June 15<sup>th</sup>**.

You will note that there are multiple trending models listed below on the graph, all which have **slightly different data**.

The reason for the differing outcome data is because each model uses a different set of initial assumptions on which to base their analyses.

Some models make the assumption that the current isolation orders will go on indefinitely, others use state by state re-opening data upon which to base their initial assumptions.

It is of note, that if a model **presumes that we will continue to isolate in the same way** indefinitely, this type of model will not be able to properly predict health outcomes.

An excellent review article on these trending models is: "*Where the latest COVID-19 models think we're headed - And why they disagree*"; by Ryan Best and Jay Boice; May 18, 2020.

The Best/Boice article notes that there is **one data scientist** out of MIT, **Mr. Youyang Gu**, who factors in state by state reopening data, thus his model appears to be the most accurate.

Mr. Gu's data support the notion that the death rate in Illinois will continue to grow through the month of June and possibly July, though Mr. Gu's July trending projections are still pending.

These **trending models will be our guide** to come to know how risk averse we should continue to be regarding isolation, social distancing, and reopening.

Given that these data show a continued rise in the death rate through mid-June, the health center will **continue our current COVID-19 Pandemic workflow:**

Governing Council

Page 5

- locked doors
- patients by appointment only
- Telephonic office visits for a large percentage of health center patients
- screen patients who walk-up
- require that all patients wear masks
- require that all staff wear masks
- continue internal social distancing
- continue heightened hygiene protocols (enriched cleaning staff regimen, regular COVID fogging, workspace cleaning several times daily by all staff)
- Expansion of service in Dental to start seeing children only, in addition to the Emergency adult patients that we are currently seeing

### The Impact of Continued Social Isolation & Why is it SO Important:

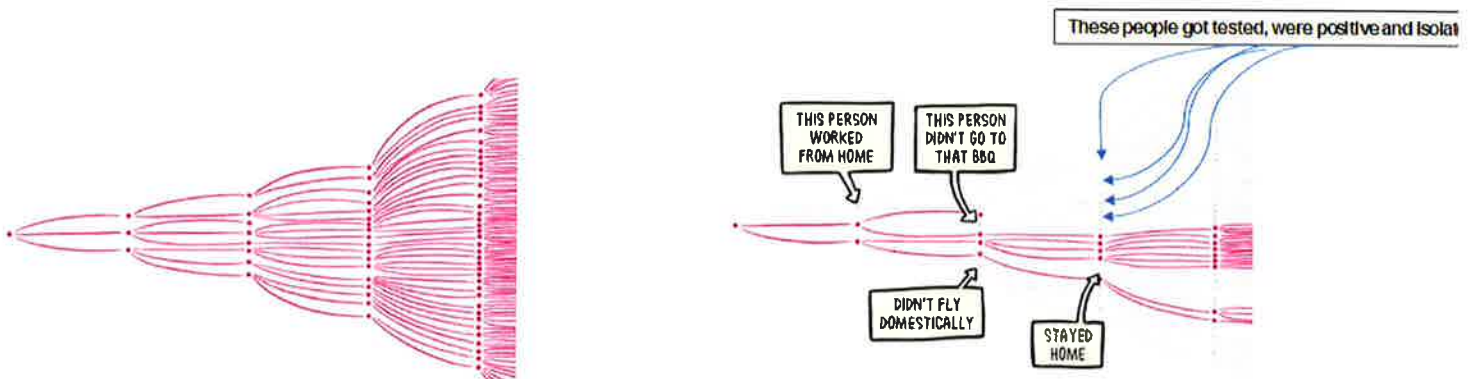
The cartoon graphic below shows what will happen **if we do not continue to take precautions** with social isolation, quarantine, hand washing, and masking.

No Masks, No Social Distancing, No Isolation of COVID positive cases

WITH Masks, Social Distancing, & Isolation of COVID positive cases

**PINK** = INFECTED

**GREY** = NOT INFECTED



From an *historic perspective*, we need only to look and **learn from other epidemics** to further understand the impact of social isolation and its continued need and importance.

The epidemic of 1347, "Black Death", that killed 200 million Europeans in four (4) years was found to be "in some way" **spread by proximity**. Therefore, it was decided that in the Venetian-controlled port city of Ragusa to isolate traveling sailors on their ships for 30 days until they "could prove that they were not sick". Because this isolation worked, the 30-day isolation period became a part of Venetian Law, and was called, "Trentino". This isolation period was extended to a 40-day period and was then called "Quarantina". Quarantina became the modern term we used today, **Quarantine**.

The practice of quarantine spread to the Western World as an effective strategy to combat the spread of highly communicable and lethal diseases.

The Center continues to impart this wisdom to our staff and patients.



Depicted: The European epidemic of 1347 - ‘Black Death’

## 2. Black Death—The Invention of Quarantine



*A couple suffering from the blisters of the Black Death, the bubonic plague that swept through Europe in the Middle Ages. From the Swiss manuscript the Toggenburg Bible, 1411.  
VCG Willson/Corbis/Getty Images*

### **Community Based Mobile Health Unit (MHU) COVID-19 Testing:**

Since beginning this effort on **April 28<sup>th</sup>**, we have **tested** approximately **500 people**. The MHU makes voyages three days per week (in Joliet), and will be expanding to five days per week (add Monee and Bolingbrook) at the beginning of June.

This expansion is made possible by hiring Medical Students and Advance Practice Registered Nursing students to man the new testing sites.

The Center continues to educate our staff and the community that the more we test, the more we come to know **who is COVID positive**, and the more efficiently we can then **isolate the positive cases from COVID negative persons**.

Wide spread testing being one of the primary tools to decrease the viral spread.



**Medication Assisted Treatment (MAT) Program**

The Pandemic has caused an increase in the expression and exacerbation of Mental Health conditions and Substance Use Disorders.

The Center continues to stay in close contact with our MAT patients, and track & monitor their treatment and movement on a weekly basis.

There have been no casualties within this specialty population, and our practice is still open to new patients.

It is of note, that our MAT patients have, in large part, transitioned to virtual treatment options with their treatment programs, thus are still receiving substance abuse treatment in addition to the medication that we provide them.

This past week, Dr. Byrd took part in an Illinois Primary Health Care Association (IPHCA) sponsored Webinar on "FQHC MAT programs and patient management". Information was shared on case management, patient tracking, and patient support tools.

**Community Involvement**

Dr. Byrd continue to serve as the Chair of the Clinical Support Committee and have been asked to share our re-opening strategy at the upcoming June 2020 meeting.

I will be sharing Mr. Youyang Gu's and CDC's data and our stratagem based on those projections.

Ms. Maragos discussed the possibility of obtaining Otto for virtual visits.

Ms. Kornacker asked about the fogging which took place in the Center. Ms. Baumgartner stated it is a peroxide-based chemical. She will send Ms. Kornacker the contact information of the fogging company for the University of St. Francis.

**VI. DISCUSSION**

**Revenue Report:** Ms. Maragos presented the Revenue report ending in April. We are down 2.4% as of the end of April. Ms. Olenek questioned if EDI application also sends bills to patients for virtual visits? Ms. Maragos stated Yes it does.

**Expenditures:** Ms. Maragos presented the Expenditure report ending in April. Our goal was 33% and we came in at 31%.

**Patients and Visits Report:** Ms. Maragos presented the clinic/patient visits. This is replacing the BOH Statistical report. We were unable to capture the virtual visits from that report. This report is a UDS report.

**Finance Committee report:** Mr. Dyché presented a summary of the Finance Committee meeting (see Finance Committee mtg. minutes) which took place prior to Governing Council mtg.

**Clinical Risk Assessment:** Ms. Baumgartner presented the Managing Risks in Ambulatory Care Assessment and reviewed the areas that the Center needed to work on and our results.

Ms. Kornacker questioned if the Risk Assessment had been worked on by staff or managers? Ms. Baumgartner stated at this time it was the management team that worked on the assessment.

Ms. Lindsey requested that this report be presented to the Governing Council again at a later date and make clear if items have turned from a No to a Yes. Ms. Lindsey also suggested that some of these items should be presented to the Quality Committee. Ms. Baumgartner will resubmit this to the Committee and GC at a later date.

Ms. Olenek addressed #44 on the Clinical Risk Assessment (CRA): Has the staff ensured that prescription pads are controlled and secured from unauthorized access and questioned if this has been addressed? Has this been taken care of? Ms. Baumgartner stated this is an ongoing process and she feels that we could be in a better position with this which is why it is on the report.

Ms. Kornacker addressed #138 on the CRA: Adverse events that are reported to the Continuous Quality Improvement Committee will begin to be reported in a summary format during the monthly All Staff Meetings? Ms. Kornacker asked if staff will be able to oversee this? Ms. Baumgartner stated this will be worked on as a team.

**Amendments to Open Meetings Act:**

Open Meetings Act changes due to the Pandemic were presented: Senate Bill 2135: allows meetings to be conducted by audio or video conference without the physical presence of a quorum of the members if a declaration of disaster has been issued and the public body complies with certain requirements. It takes effect upon the Governor's signature.

**BOH denial of bylaws changes regarding virtual meetings:**

Ms. Maragos spoke about the bylaws changes we had submitted in June being denied by BOH due to this being a temporary situation; we don't need to make changes to our bylaws to accommodate it. Ms. Olenek stated she spoke with Dan McGrath (ASA-BOH) and he suggested if we want to make changes to the bylaws with anything re: Open Meetings Act, we just need to indicate that our policy would be reflected in the current Open Meetings Act. If the Open Meetings Act is changed, we do not need to change the bylaws every time. Ms. Olenek will look into the discrepancy in opinions of both ASA's regarding bylaws vs. open meeting act.

**VII. ACTION**

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Warren to approve OSIS contact renewal for 8/1/20 to 7/31/22. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Kornacker to approve Illinicare Per member per month Agreement. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Warren and **seconded** by Ms. Brassea to approve policy QRM-0007 Patient Satisfaction Survey. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Warren to approve policy QRM-0052 Diagnostic Tracking. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Brassea and **seconded** by Mr. Dyche to approve renewal of contract for Dolly Agba, APRN. **Motion carries.** Ms. Kornacker questioned 2 hrs. notification of sick time, is this common? Dr. Byrd stated providers are asked to be considerate when needing to call in sick in order to coordinate the patient schedule.  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Brassea to approve addendum for Michelle Axium, APRN to decrease moving from 15-21 per week to minimum of 13 hours per week. **Motion carries.** Ms. Lindsey questioned the benefits for a 13-hour/wk. staff. Are there any other benefits that a PT provider would receive? Dr. Byrd stated she will not receive medical benefits but will receive CME benefits.  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"



- A **motion** was made by Ms. Brassea and **seconded** by Mr. Dyche to approve recredentialing for Dr. Ashu Bansal, DDS. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea to approve recredentialing for Dr. Danish Hangora. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea to approve recredentialing for Dr. Jennifer Byrd, M.D. **Motion carries.** Ms. Lindsey requested that Ms. Maragos sign credentialing form as Dr. Byrd's supervisor.  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Brassea and **seconded** by Mr. Dyche to approve credentialing of Dr. Parres Wright, OD. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Ms. Brassea and **seconded** by Mr. Dyche to approve credentialing of Dr. Jeanie Lucy, OD. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Brassea to approve recredentialing for Mary Maragos, APRN. **Motion carries.**  
**Roll Call:** Marie Lindsey, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Vernice Warren, "Aye", Paul Lauridsen, "Aye", George Mora, "Aye", Edith Cline-Kabba, "Aye"

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


- X. A **motion** was made by Mr. Dyche and **seconded** by Ms. Brassea to adjourn the meeting at 6:50pm. **Motion carries.**

**XI. NEXT MEETING**

**Wednesday, July 1, 2020**  
**Wednesday, July 1, 2020**

**Governance Committee 4:30pm-5:00pm**  
**Governing Council 5:00pm-6:30pm**

Prepared by,

  
 Mary Kilbride, Executive Assistant

  
 Deborah Kornacker, Governing Council Secretary