WILL COUNTY COMMUNITY HEALTH CENTER

GOVERNING COUNCIL MEETING MINUTES

VIA TELECONFERENCE

8/4/2021

MEMBERS PRESENT

Paul Lauridsen, Chairperson Cynthia Brassea, Vice-Chairperson Deborah Kornacker - Secretary Alan Dyche, Treasurer Marie Lindsey Nicole Luebke

MEMBERS ABSENT

Edith Cline-Kabba Michael Crowner Judy Easley Vernice Warren

WCCHC STAFF PRESENT

Mary Maragos, Chief Executive Officer
Dr. Jennifer Byrd, Chief Medical Officer
Dr. Sangita Garg, Chief Dental Officer
Stacy Baumgartner - Director of Operations
Phil Jass - Quality Improvement/Risk Management Coordinator

WCCHC STAFF ABSENT

WCHD STAFF PRESENT

Sue Olenek, Executive Director Elizabeth Bilotta, Assistant Executive Director Denise Bergin, Director of Finance/Grants Management

OTHERS PRESENT

Adam Lipetz, ASA

Mr. Lauridsen read the statement "Due to the Covid-19 pandemic, the Governor's recent disaster proclamation, the number of COVID-19 cases in Will County, and the CDC Guidelines regarding COVID-19, it has been determined by the Chairperson of the Will County Community Health Center Governing Council that in-person meetings are not practical nor prudent. Therefore, all meetings of the Governing Council shall be held via video and/or audio until further notice."

I. CALL TO ORDER - Pledge of Allegiance

The regular meeting of the Will County Community Health Center Governing Council was held virtually, via teleconference due to COVID-19 isolation requirements. Mr. Paul Lauridsen, Chairman, called the meeting to order at 5:06p.m.

ROLL CALL AND DETERMINATION OF QUORUM - Quorum present.

Ms. Nicole Luebke was introduced as a new GC member and spoke briefly about her background.

II. MISSION STATEMENT

Mr. Dyche read the Mission Statement.

III. APPROVAL OF MINUTES

A motion was made by Ms. Lindsey and seconded by Mr. Dyche to accept the minutes from July 7, 2021. Motion carries.

Roll Call: Paul Lauridsen, "Aye", Cindy Brassea, "Aye", Deborah Kornacker, "Aye", Alan Dyche, "Aye", Marie Lindsey, "Aye", Nicole Luebke, "Aye"

- IV. Chairman's Comments: Mr. Lauridsen questioned if the 340B vote is still open for participants? Ms. Maragos stated it is and would appreciate anyone going on to support 340B.
- V. Public Comment for Agenda Items Only: none

Ms. Maragos discussed the ongoing GC training that will take place during the Governing Council meetings. One of the modules was listed on the agenda for review if any GC member was interested. Further discussion will take place.

VI. CEO Report

Update on management of patients with hypertension – We have decided to use a vendor called: CAREMINDr' for home blood pressure monitoring devices, apps for patients to use, and one-way data import to our electronic health record. In the future this vendor has the capability of adding other home monitoring devices, such as for patients with diabetes, asthma, depression, and/or substance use disorder. We ask the Governing Council for its approval for the agreement with this vendor.

GOStaffing Agreement – for physician recruitment. We ask the GC for its approval on this updated agreement. We have successfully found a full-time family medicine physician with this assistance of this recruiter, Dr. Siddiqui. If this Agreement is approved, we will finalize the contract with Dr. Siddiqui and expect she will start sometime in September.

<u>Comphealth Locums Agreement</u> – We ask the GC for its approval on the renewal of this agreement for locum-tenens (temporary part-time providers), with option for hire. As we continue to see mental health providers, we may elect to hire a locum-tenens instead, with intent to hire if desirable.

<u>Governors State University</u> – Agreement addendum – A previous MOU with GSU was only pertaining to our mobile dental services. At their request, this addendum includes all our services, for their students, staff, and families. We ask the GC for its approval of this MOU.

Colgate Bright Smiles Agreement – Colgate Bright Smiles is an organization devoted to mobile dentistry to children ages 12 and under, including oral health screening and oral health education. They would like to collaborate with us, to complement our dental services in the schools and daycares. They actually would enhance the quality of dental services provided, since they offer extra oral health education and can enter the schools/daycares ahead of us and screen for those children especially in need of dental care. We ask the GC for its approval of this Agreement.

Governing Council Member Training – Starting this month, we'll be utilizing CHC Board member training modules from the National Association of Community Health Centers (NACHC). Each training is comprised of a short video (10-18 minutes), with the following topics pertaining to HRSA Compliance for Health Center Boards.

August: Quality Oversight

Sept: Board Roles and Responsibilities Oct: Oversight of Health Center Risks

Nov: Strategic Planning and Strategic Thinking

Jan.: Public Entity Co-Applicant Boards

There are many other topics from which to select. Please let us know of your learning needs.

COVID Vaccinations – As of 7/23/21, we have provided a total of 1229 vaccinations against COVID-19, using either Moderna or Pfizer vaccine, to children and adults ages 12 and over. Of these, 49% have been to persons of Latino/Hispanic ethnicity. 70% of vaccine recipients have been from a racial or ethnic minority. We offer vaccinations 4 days per week at our Joliet site, and coordinate with the WCHD for vaccine administration on other days. They also refer to us on days they are not administering.

Ms. Maragos stated the revenue report in this packet was incorrect. Many of the deposits for the month of July were not yet inputted from the County Finance System. A corrected report will be presented at the September GC meeting.

CMO Report

COVID-19 Update:

Numbers of Cases (raw numbers)

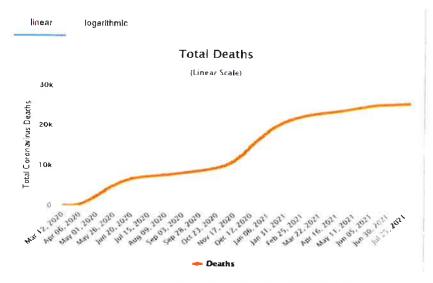
	Cases	Recovered	Deaths
World	~199 million	~179 million	~4.24 million
United States	~35.7 million	~29.6 million	629 K
Illinois	~ 1.41 million	~ 1.36 million	~ 26 K

[~] worldometer.info (as of 8/2/2021)

Daily New Cases - Illinois (through July 21, 2021): (graph was shown of daily new cases)
- Upward trend

Daily & Total Deaths - Illinois (through July 21, 2021): (graph was shown of daily new cases)
- Upward trend

Total Coronavirus Deaths in Illinois



~ worldometer.info (as of 8/2/2021)

Daily Deaths - Global (through November 2021):

- Upward trend projected, less so if universal masking was implemented (green dotted line)
- ~ healthdata.org (as of July 30, 2021)

Vaccine Hesitancy by Zip Code (January 1, 2021 to July 23, 2021):

map of the zip codes were shown for January, 2021 and July, 2021

Vaccine hesitancy continues to be a cause for concern given the disproportionate numbers of new COVID-19 cases and deaths amongst the unvaccinated.

However, it has been noted in this study, performed at Carnegie Mellon University, that vaccine hesitancy has dropped significantly over the last six (6) months.

The above tool is designed for local government and health officials to determine how they can best direct vaccination campaign efforts and will be updated with new data periodically.

Data source: The Delphi Group at Carnegie Mellon University U.S. COVID-19 Trends and Impact Survey, in partnership with Facebook

- * It is estimated that about 50% of Americans will remain susceptible to COVID-19 because of the presence of these variants, and this may sustain a surge in the winter.
- * The best strategies to prevent a surge in winter are to:
 - address vaccine hesitancy
 - continue to focus on widespread COVID-19 vaccine initiatives
 - continuing to ask people to wear masks, especially when we start seeing cases going up at the beginning of winter.
- The daily rate of excess deaths due to COVID-19 is greater than 4 per million in Arkansas and Nevada.
- It has been estimated that 39% of people in the US have been infected as of July 26.
- It is estimated that the Beta variant (B.1.351) is circulating in 12 states, that the Delta variant (B.1.617.2) is circulating in all 50 states and DC, and that the Gamma variant (P.1) is circulating in 17 states.
- The Delta variant is the dominant variant in all states.

Trends in drivers of transmission

- While some states have changed recommendations this week for mask wearing, there are few mandates still in place in the US; some states being outliers, like Florida whom have decided to allow its citizens to "decide if masks are necessary..."
- Mobility last week was 7% lower than the pre-COVID-19 baseline, and mobility was near baseline (within 10%) in 43 states. Of note, mobility being an important variable in transmission.
- As of July 26, in the COVID-19 Trends and Impact Survey, 23% of people self-report that they always wore a mask when leaving their home.
- In the US, 74.2% of people say they would accept or would probably accept a vaccine for COVID-19. This is up by 0.4 percentage points from last week. The fraction of the population who are open to receiving a COVID-19 vaccine ranges from 52% in Mississippi to 90% in Massachusetts (see vaccine hesitancy charts above).
- In our current reference scenario, we expect that 184 million people will be vaccinated by November 1st.
- Based on estimates of vaccine effectiveness for preventing infection and cross-variant immunity from prior infection, we estimate that 52% are currently immune to the Delta variant.
- The current reference scenario, which represents what researchers think is most likely to happen, the model projects 683,000 cumulative reported deaths due to COVID-19 by November 1st.

This represents 76,000 additional deaths from July 26 to November 1.

Daily reported deaths will rise to over 1,000 by the middle of September and then decline slightly until November 1st

- If universal mask coverage (95%) were attained in the next week, the research model projects 49,000 fewer cumulative reported deaths compared to the reference scenario on November 1st, thus making Universal Masking for fully vaccinated and unvaccinated persons a MUST.
- The other models, including the CDC ensemble, project small increases until mid-September.

CDO Report

BinaxNOW Rapid COVID Testing in Dental

For the month of July 1-27, 2021, the dental clinic performed 260 tests with NO positive cases. The Dental staff is wearing N95 mask, face shields, head caps, gloves and disposable gowns for each patient.

As the Delta Variant Covid Virus is spreading, the dental clinic will continue to perform BinaxNOW COVID testing for every patient, every visit before an aerosol producing procedure.

BinaxNOW is a rapid test with results in 15 minutes that detects COVID-19 antigens to help identify patients who may be currently infected without any symptoms.

Mobile Dental Visits

The Mobile Dental Unit is scheduled for the **Wilmington Share-fest**, Back to School Fair on Saturday August 14. We will be performing oral exams, cleanings, scalants, fluoride treatments, and completing required dental school forms.

The Mobile program was suspended in March 2020 due to the Pandemic and this is the first mobile visit scheduled since March 2020.

A HEPA air purification portable unit has been installed on the Mobile.

Internal Referrals

From June 29- July 27, 2021, Dental received **84** internal referrals from our WCCHC medical providers. It includes children, pregnant women and adults referred to Dental for oral health care.

Ms. Olenek stated that the Health Department has unlimited Binax tests if CHC is interested. Dr. Byrd and Ms. Olenek will speak further.

Revenue: Ms. Maragos presented the revenue report as of July 29, 2021. Discussion took place. Almost all categories look to be quite low, but it is just due to the slowdown of recording the checks. The grant revenue also has not been reported.

Ms. Bergin stated the revenue for the month of July that was recorded by the Finance Dept. downtown is very low due. The delay is on the County side not CHC/HD. There is a dramatic difference between December 2020 to June/July revenue. As a result of their audit process, the County moved some revenue from 2020 to 2021. She stated the revenue on a whole is starting to look better and will hopefully look better by August.

Expenditure: Ms. Maragos presented the expenditure report as of July 29, 2021. Discussion took place.

<u>Patient and Visits:</u> Ms. Maragos presented the Patient and Visits report. Mr. Lauridsen questioned if there is an expectation of the number of patients we should have. As long as we can get close to the 2020 numbers, which were very good, we should be OK.

Mr. Lauridsen questioned if there is an expectation of the number of patients vs. funding that we receive? Ms. Maragos stated 'Yes', and we exceeded those numbers in 2020. We are hoping to exceed the numbers this year as well.

Provider Productivity: Ms. Maragos presented the Provider Productivity report. Mr. Lauridsen asked if the providers will see this report and see what their numbers are? The providers will be given the report at the next Provider Mtg. on 8/11.

VII. DISCUSSION

Reports from the Quality Committee Chairperson: Ms. Lindsey discussed the following that took place during the Quality Committee:

The incident report was presented and reviewed.

 Key Performance Indicator report was presented and reviewed. The QI Committee reviews it often. We're hoping for a Population Health manager to be hired to help with the indicators.

ECRI Institute packet was discussed and all the key measures that are reviewed and worked on. The deficits will be worked on.

The Patient Satisfaction Survey was presented and is looking very positive.

We are hoping to review one of the Quality Training modules at the next Quality Committee meeting.

Mr. Dyche said that the new format of the Incident Report was easier to read, and he was impressed.

Governing Council Board member training: Ms. Maragos spoke of the need for the GC members to consider long range financial planning. She spoke of the Strategic Planning that takes place in December and the long-term financial plans that will be discussed. An example she gave is looking for additional revenue sources for our BH providers. She spoke of basing our spending decisions on preplanning that takes place during the GC Strategic Planning.

VIII. ACTION

A motion was made by Ms. Lindsey and seconded by Ms. Kornacker to approve GoStaffing, physicians and APRN recruiter. Motion carries. Mr. Lauridsen "Aye", Cindy Brassea "Aye", Deborah Kornacker "Aye", Alan Dyche "Aye", Marie Lindsey "Aye", Nicole Luebke "Aye".

A motion was made by Mr. Dyche and seconded by Ms. Brassea for approval of 2021-2022
 Family Planning Fee Schedule and Sliding Fee Scale. Motion was made by Ms. Lindsey and seconded by Ms. Brassea to use the previous roll call. Motion carries.
 Ms. Bilotta questioned the rate of CPT code J7303. Ms. Maragos will have Ms. Oshin review that code.

A motion was made by Ms. Lindsey and seconded by Mr. Dyche to approve policy QRM-0001
Dismissal and Case Closure of Patient/Visitor. Motion was made by Ms. Brassea and seconded
by Mr. Dyche to use the previous roll call. Motion carries. There will be an additional sentence
added to the policy on page 28.

A motion was made by Ms. Kornacker and seconded by Ms. Lindsey to approve policy CC-0002 Standards of Conduct for GC Members, Officers, Contractors and Agents of the Health Center. A motion was made by Mr. Dyche and seconded by Ms. Brassea to use the previous roll call. Motion carries. Ms. Olenek stated she would have to bargain with the union regarding the union employees signing the Certification of Commitment form attached to the policy.

A motion was made by Ms. Lindsey and seconded by Ms. Kornacker to approve policy Lab-0019
 Critical Values. Motion was made by Ms. Brassea and seconded by Ms. Kornacker to use the
 previous roll call. Motion carries.

• A motion was made by Mr. Dyche and seconded by Ms. Brassea to approve agreement with CAREMINDr for home BP monitoring. A motion was made by Ms. Kornacker and seconded by Ms. Lindsey to use the previous roll call. Motion carries. Ms. Olenek asked that the FOIA language needs to be added into the contract. Ms. Olenek questioned if there were monies in our budget for this? Ms. Maragos stated "Yes". Ms. Olenek asked if the EHR dept. will have a lot of work with this? Ms. Maragos stated "No".

A motion was made by Mr. Dyche and seconded by Ms. Lindsey to approve adding FOIA language to the agreement with CAREMINDr for home BP monitoring. A motion was made by Ms. Kornacker and seconded by Ms. Luebke to use the previous roll call. Motion carries.

 A motion was made by Ms. Lindsey and seconded by Mr. Dyche to approve agreement with Governors State University. Motion carries. A motion was made by Ms. Lindsey and seconded by Ms. Brassea to use previous roll call. Motion carries. A motion was made by Mr. Dyche and seconded by Ms. Luebke to approve Colgate Bright Smiles Agreement. Motion carries. A motion was made by Ms. Kornacker and seconded by Ms. Lindsey to use previous roll call. Motion carries.

A motion was made by Ms. Lindsey and seconded by Mr. Dyche to approve new fees for Medicine 2021. **Motion carries.** A **motion** was made by Mr. Dyche and **seconded** by Ms. Brassea to use previous roll call. **Motion carries**.

A motion was made by Ms. Lindsey and seconded by Ms. Brassea to approve renewal of contract for Anusha Moolky Khapekar, DO. Motion carries. A motion was made by Ms. Kornacker and seconded by Ms. Brassea to use previous roll call. Motion carries.

BOARD MEMBERS' CONCERNS AND COMMENTS: IX.

PUBLIC CONCERNS AND COMMENTS: No comments stated

Ms. Olenek spoke of the Governors speech that came out today.

- X. A motion was made by Mr. Dyche and seconded by Ms. Brassea to adjourn the meeting at 6:40pm. Motion was made by Mr. Dyche and seconded by Ms. Brassea to use the previous roll call. Motion carries.
- XI. **Executive Committee**
- XII. **NEXT MEETING**

Wednesday, September 1, 2021 Wednesday, September 1, 2021

4:30pm 5:00pm Finance Committee mtg. Governing Council mtg.

(Meetings will be conducted virtually, through Microsoft Teams)

Deborah Kornacker, Secretary of Governing Council