

WILL COUNTY COMMUNITY HEALTH CENTER
GOVERNING COUNCIL MEETING MINUTES
VIA TELECONFERENCE
10/6/2021

MEMBERS PRESENT

Paul Lauridsen, Chairperson
Cynthia Brassea, Vice-Chairperson
Edith Cline-Kabba
Alan Dyche, Treasurer (arrived @ 6:00pm)
Judy Easley (arrived @ 5:08)
Deborah Kornacker-Secretary
Marie Lindsey

MEMBERS ABSENT

Michael Crowner
Nicole Luebke
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
Gayle Andrae - Managed Care Specialist
Mary Kilbride - Executive Assistant to the CEO
Denise Sitasz, Administrative Assistant to the CMO

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 5:05p.m.

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

II. MISSION STATEMENT

Ms. Lindsey read the Mission Statement.

III. APPROVAL OF MINUTES

No quorum was available at the start of the meeting.

A quorum was available @ 5:08pm

A **motion** was made by Ms. Easley and **seconded** by Ms. Lindsey to accept the minutes from September 1, 2021. **Motion carries.**

Roll Call: Paul Lauridsen, "Aye", Cindy Brassea, "Aye", Edith Cline-Kabba, "Aye", Deborah Kornacker, "Aye", Marie Lindsey, "Aye", Nicole Luebke, "Aye" Edith Cline-Kabba was not in attendance at 8/4/21 meeting,

IV. No comments from Chairperson

V. Public Comment for Agenda Items Only: none

VI. CEO Report

Approval of Healthcare Connection recruiter – We ask the Governing Council to approve the contract with another physician recruiter, Healthcare Connection, as we continue to have difficulty filling our vacant Family Medicine Physician and Psychiatrist openings.

Approval of agreement with Up to Date – We ask the Governing Council for its approval to renew our subscription for Up to Date, a diagnosis and prescribing resource for our providers that is embedded within our Nextgen E.H.R. This invaluable resource also offers continuing education credits to providers each time they use it.

Subrecipient Award from IPHCA – The IL Primary Healthcare Association recently received a multi-million-dollar award from HHS/CMS to fund Insurance Navigators across the State. We were awarded \$50,000 to hire an additional ACA Counselor/ Navigator for outreach to community members to assist them with insurance eligibility and enrollment. We plan to hire 1.0 FTE as a temporary employee, with no benefits. We ask the Governing Council for its approval of this contract.

COVID Vaccinations – As of 9/24/21, we have provided a total of 1360 vaccinations against COVID-19, using either Moderna or Pfizer vaccine, to adults and children ages 12 and over. Of these, 51% have been to persons of Latino/Hispanic ethnicity. 73% of vaccine recipients have been from a racial or ethnic minority. We offer 3 doses as well and have been doing outreach to patients who qualify. Starting 10/4 we'll be ready to administer booster doses to persons ages 65 and over, those with certain health conditions, and those with occupations at increased risk for exposure such as health care providers and educators.

COVID Testing – We are ready to resume COVID testing for the community, but still wait to hire a temporary nurse to participate in the process. We have 4 nurses from the University of St. Francis who have expressed interest.

Additional CVS Pharmacy location for 340B – We ask the Governing Council for its approval on an Amendment with CVS/Wellpartner to add another location to our 340B program. Based on their research, we are already a substantial number of prescriptions to this new location in New Lenox. There is no disadvantage to adding more locations. The advantages are increased access to this program for our patients, and potential added revenue for us.

Mr. Lauridsen questioned what was the highest amount of bonus that was given out? Ms. Maragos stated it was \$2000.00.

CMO Report

COVID-19 Update:

Numbers of Cases (raw numbers)

	Cases	Recovered	Deaths
World	~231 million	~207 million	~4.74 million
United States	~43.4 million	~32.9 million	~ 699 K
Illinois	~ 1.60 million	~1.45 million	~ 27 K

~ worldometer.info (as of 9/23/2021)

Total Daily New Cases - Illinois (through September 23, 2021):

~ slightly decreased as is down from 3,836 daily new cases in August 2021
(graph was shown during meeting)

Total Deaths - Illinois (through September 2021):

~ Upward trend as is increased from 26,472 total deaths on August 30, 2021
(graph was shown during meeting)

Daily Deaths - Global (through January 1, 2022):

~ Upward trend from the December 1, 2021 projection of 5,263,598 deaths
(graph was shown during meeting)

Summary (as of September 13, 2021; Institute for Health Metrics and Evaluation)

Current situation:

In North America, several states in the US and Mexico have peak case reports but have overall begun to show a decrease in cases.

Canada is still entering their Delta surges. Data on this is yet to unfold that can predict the penetration of the Delta variant into the region and the ultimate effect that it will have on numbers of cases and associated deaths.

In most of the United States, there have been declines in the current Delta peak at the national level.

The Delta variant is projected to plateau with only a minor increase in December (that will not be considered to be profound). This plateau should lead to fewer deaths and hospitalizations compared to last winter in North America.

This phenomenon, should these projections bear true, will be attributed to the differential effect of the vaccines on preventing severe hospitalizations and deaths VS the vaccine's effect on disease prevention.

The factors that are of lingering concerns for Epidemiologists, and could potentially cause their forecasts to be inaccurate, are two:

1. The potential for the evolution of different **Variants**. Though there has not been population-based data to suggest that the Mu variant is driving surges. However, it is notable that when we became aware of the Delta variant, we were not able to accurately predict how damaging it would become in April. Thus, variants can completely change their course and thus skew our ability to predict outcomes.

2. **Waning immunity.** There is a notable Mayo Clinic study (and many other studies) that suggest there is waning immunity for infection for all of the COVID-19 vaccines. Of course, there is much more of a controversy about whether immunity for severe hospitalization and death wanes. Data from Israel published in the New England Journal of Medicine this week suggests that immunity for severe hospitalization, severe cases, and for death may also start to wane, and that it wanes faster for AstraZeneca than for Pfizer or Moderna. More research is needed in this area, thus, more to come on this.

Ultimately, the use of **boosters and mask use**, may have the largest impact in the winter to combat any waning immunity that is currently causing Epidemiologist concerns.

Staffing Update:

The following positions remain **vacant** in the health center:

- Family Medicine Physician
- Family Medicine Advanced Practice Registered Nurse
- Mental Health Advanced Practice Registered Nurse

- Psychiatry Physician (telehealth, part-time)
- Psychiatry Physician
- Behavioral Health (B.H.) Registered Nurse (0) – **HIRED**
- Certified Medical Assistant (2) – one **HIRED**

- Social Worker (1)
- Medical Secretary (1)
- Behavioral Health Manager (1)

CDO Report

BinaxNOW Rapid COVID Testing in Dental

For the month of September 1-29, 2021, the dental clinic performed **265** tests with **NO** positive case.

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

Internal Referrals

From September 1-29, 2021, Dental received **83** internal referrals from our WCCHC medical providers. It includes children, pregnant women and adults referred to Dental for oral health care.

Part Time Dental Hygienist Position

I am glad to announce that dental hygienist candidate has accepted the part time, 3 days/ week offer, and tentative start date is 10/4/2021.

This staff person will be scheduled for additional training to be a Public Health Dental Hygienist (PHDH) and will work primarily on the mobile.

A registered dental hygienist (RDH) is a licensed dental professional who have the training and education that focus on and specialize in the prevention & treatment of gum diseases.

Mr. Lauridsen/Ms. Olenek questioned if a Dentist has to see a patient after the Public Health Dental Hygienist takes care of them? Dr. Garg stated a Dentist needs to sign off on the patient in order to be able to bill the insurance company.

Ms. Kornacker stated how unusual the BINAX testing results are, given that we are coming back with all negative tests? Dr Garg stated the Center is doing a wonderful job, screening patients prior to them coming into the Center which she believes is the reason for the negative tests.

“Public health dental hygienist” means a hygienist who holds a valid license to practice in the State, has 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience and has completed at least 42 clock hours of additional structured courses in dental education in advanced areas specific to public health dentistry.

Revenue: Ms. Maragos presented the revenue report as of September 30, 2021. Variance is -8.4%. We are doing our best to catch up to what we projected. We are still sending out claims daily. Ms. Bergin stated that we will still be earning revenue after the fiscal year has closed.

Expenditure: Ms. Maragos presented the expenditure report as of September 2021. Our target is 75%. We are below the target at 67.3%. Ms. Maragos stated that we will ask approval from the BOH to utilize unspent salaries for other expenses.

Ms. Kornacker asked if we will lose an FT position by using those funds differently than budgeted. Ms. Maragos stated “No” we will not lose any positions.

Patient and Visits: Ms. Maragos presented the Patient and Visits report. Discussion took place. Ms. Kornacker questioned what the numbers are for patient visits at NBO/EBO. Ms. Maragos stated we currently do not have a Primary Provider at these locations and therefore we do not have patient visits for primary care available at those locations.

Provider Productivity: Ms. Maragos presented the Provider Productivity report. Ms. Lindsey questioned what the color yellow meant in the report? Ms. Maragos stated yellow is for those providers that are meeting their goals.

Ms. Kornacker questioned if there is an expectation for the productivity volume for providers? Ms. Maragos stated for a physician the expectation is 16.8 visits a day and for a NP it is 14 visits a day. Ms. Kornacker asked who sets the expectation numbers? Ms. Maragos stated it came from other FQHC’s throughout the state as well as IPHCA. These numbers are average targets.

VII. DISCUSSION

VIII. ACTION

- A **motion** was made by Ms. Lindsey and **seconded** by Ms. Brassea to approve FY22 draft budget. **Motion** was made by Paul Lauridsen “Aye”, Cindy Brassea “Aye”, Edith Cline-Kabba “Aye”, Alan Dyche “Aye”, Judy Kornacker “Aye”, Deborah Kornacker “Aye”, Marie Lindsey “Aye”. **Motion carries.**
Mr. Lauridsen questioned if CHC is still relying on the County levy? Ms. Bilotta stated she will be presenting the overall budget to the BOH in October and overall, the reliance on the County levy per division. The current levy is at \$10 million and is not changing.
Mr. Lauridsen questioned if the levy has changed in the last couple of years? Ms. Bilotta stated it has stayed at \$10 million since 2019. Ms. Maragos spoke of the fact that our budget is going up every year and therefore, CHC reliance on the levy is going down.
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea for approval of Up To Date subscription renewal. **Motion** was made to use previous approval of roll call. Paul Lauridsen “Aye”, Cindy Brassea “Aye”, Cindy Brassea “Aye”, Edith Cline-Kabba “Aye”, Alan Dyche “Aye”, Judy Easley “Aye”, Deborah Kornacker “Aye”, Marie Lindsey “Aye”. **Motion carries.**
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Cline-Kabba to approve additional site to CVS 340B Program. **Motion** was made by Ms. Brassea and **seconded** by Ms. Easley to use the previous roll call. **Motion carries.**
- A **motion** was made by Ms. Lindsey and **seconded** by Ms. Kornacker to approve contract with recruiter Healthcare Connections. A **motion** was made by Ms. Brassea and **seconded** by Mr. Dyche to use the previous roll call. **Motion carries.**
- A **motion** was made by Ms. Brassea and **seconded** by Ms. Lindsey to approve sub-recipient contract with IPHCA for HHS/CMS Navigator award. **Motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea to use the previous roll call. **Motion carries.**

- A **motion** was made by Ms. Lindsey and **seconded** by Ms. Cline-Kabba to approve revised policy QRM-0010 Client Rights and responsibilities. A **motion** was made by Ms. Lindsey and **seconded** by Mr. Dyche to use the previous roll call. **Motion carries.**
Ms. Kornacker asked for clarification on #8 "Patient acknowledges that the provision of safe medical care is at the core of our practice; and should they not be able to collaborate with our providers to stay within the parameters of safe medical care, they could be asked to leave our practice"?
Dr. Byrd stated an example would be if a patient asks for a specific medication that the provider feels would not be safe for them or not practical and yet the patient is still insisting, they can be asked to leave our practice.
- A **motion** was made by Ms. Kornacker and **seconded** by Ms. Brassea to approve policy QRM-0034 Post-Hospital Continuity of Care & Charge Capture. **Motion carries.** A **motion** was made by Ms. Easley and seconded by Ms. Brassea to use previous roll call. **Motion carries.**
Ms. Lindsey questioned if a face sheet can be electronically sent to the hospitals? Dr. Byrd stated that we do have access to the hospital records through a portal and can fax them information from our E.H.R.

IX. BOARD MEMBERS' CONCERNS AND COMMENTS:

PUBLIC CONCERNS AND COMMENTS: No comments stated

- X.** A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to adjourn the meeting at 6:22pm. **Motion carries.** A **motion** was made by Ms. Lindsey and seconded by Mr. Dyche to use the previous rollcall. **Motion carries.**

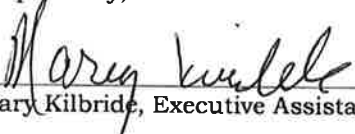
XI. Executive Committee/Executive Session

XII. NEXT MEETING

Wednesday, November 3, 2021	4:30pm	Quality Committee mtg.
Wednesday, November 3, 2021	5:00pm	Governing Council mtg.

(Meetings will be conducted virtually, through Microsoft Teams)

Prepared by,


Mary Kilbride, Executive Assistant



Deborah Kornacker, Secretary of Governing Council