

WILL COUNTY COMMUNITY HEALTH CENTER
GOVERNING COUNCIL MEETING MINUTES
VIA TELECONFERENCE
5/4/2022

MEMBERS PRESENT

Paul Lauridsen, Chairperson
Cindy Brassea, Vice Chairman
Michael Crowner
Alan Dyche, Treasurer
Judy Easley
Deborah Kornacker-Secretary
Marie Lindsey
Nicole Luebke
Vernice Warren

MEMBERS ABSENT

Edith Cline-Kabba

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
Bose Oshin, Billing Supervisor
Gayle Andrae, Managed Care Specialist
Denise Sitasz, Administrative Assistant

WCCHC STAFF ABSENT

WCHD STAFF PRESENT

Sue Olenek, Executive Director
Elizabeth Bilotta, Assistant Executive Director
Denise Bergin, Director of Finance/Grants Management
Charles Flood, Compliance Officer

OTHERS PRESENT

Kevin Meyers, 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."

Ms. Lindsey questioned if there was a reason why the Health Department is meeting in person, but the GC board is meeting on Teams? Dr. Byrd stated she did not make the decision on meeting on Teams vs. in person.

Ms. Kornacker questioned when GC board begins to meet in person if there will always be a link to attend via Teams vs. in person if needed? Ms. Olenek stated we will have to review the bylaws, but she believes that it would only be allowed for an emergency situation and that person would not be counted as part of the quorum. The bylaws will be reviewed.

Ms. Easley questioned if it would make sense to consider changing our bylaws for those board members who would prefer to meet virtually due to exposure to a COVID positive individual? Mr. Meyers stated there are minimum requirements under state law so regardless of bylaws there are standards that need to be met. Mr. Meyers stated he hasn't reviewed the law recently; they have been working off of the emergency standard and stated that Mr. Lipetz could review once he returns from leave.

Ms. Warren questioned if there is testing that will take place prior to coming to an in-person GC meeting? Are there requirements for showing vaccine card or to be tested? Ms. Olenek spoke of the vaccine mandate

and those who are unvaccinated and need to test weekly. For those GC members who are not vaccinated will need to submit a weekly test result as well as an approved medical/religious exception. If needed a person can come every Tuesday to the HD to get tested.

Ms. Maragos stated that the Governor's proclamation was extended, which gave us the ability to continue to have online meetings.

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. Lauridsen, Chairman, called the meeting to order at 5:06p.m.

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

II. MISSION STATEMENT

Mr. Dyche read the Mission Statement.

III. Pledge of Allegiance

III. APPROVAL OF MINUTES

ROLL CALL AND DETERMINATION OF QUORUM – Quorum present.

A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to accept the minutes from April 6, 2022. **Motion carries.**

Roll Call: Paul Lauridsen "Aye", Cindy Brassea "Aye", Michael Crowner "Aye", Alan Dyche "Aye", Judy Easley "Aye", Deborah Kornacker "Aye", Marie Lindsey "Aye", Nicole Luebke "Aye", Vernice Warren "Aye"

IV. Public Comment for Agenda Items Only: none

v. CEO Report

Cancellation of contract with Walmart- We have a contract effective 11-30-21 with Walmart Pharmacy to include them in our 340B program. Walmart will only use McKesson as its 340B wholesaler, meaning McKesson would supply the Walmart sites with prescription medication to replenish what is ordered from WCCHC providers and dispensed to WCCHC patients. Using McKesson requires a separate contract with them. McKesson required they be reimbursed for drug costs by either withdrawing funds directly from a Will County bank account, or payment terms of 15 days. We would not be able to comply with either arrangement. Due to our affiliation with the County of Will, we are unable to allow automatic withdrawal of payments from the County's bank account and we could not guarantee that payments could be processed within 15 days. We ask the Governing Council for its approval to terminate this contract with Walmart, with 90 days' notice.

Sliding fees for patients enrolled in the Ryan White program – The Illinois Dept. of Public Health, who grants funding to AIDS Foundation of Chicago (AFC) for patients living with HIV (Ryan White program) has updated its policies regarding the collection of Ryan White program fees. Currently, AFC places a call to all clients who meet the income guidelines and have received free outpatient medical care, mental health, substance use and dental services at least every 6 months, to ask for a minimum payment. Based on IDPH's new policy, agencies such as the WCCHC who provide these services are asked to post the Ryan White fee schedule in a visible area for Ryan White patients to see, and to attempt to collect these fees. Per IDPH and AFC policies, there are no consequences for nonpayment and all charges are to be zeroed out at the end of the calendar year. Ideally this information should be posted with WCCHC grievance information. AFC will look for this posting during its annual site visit.

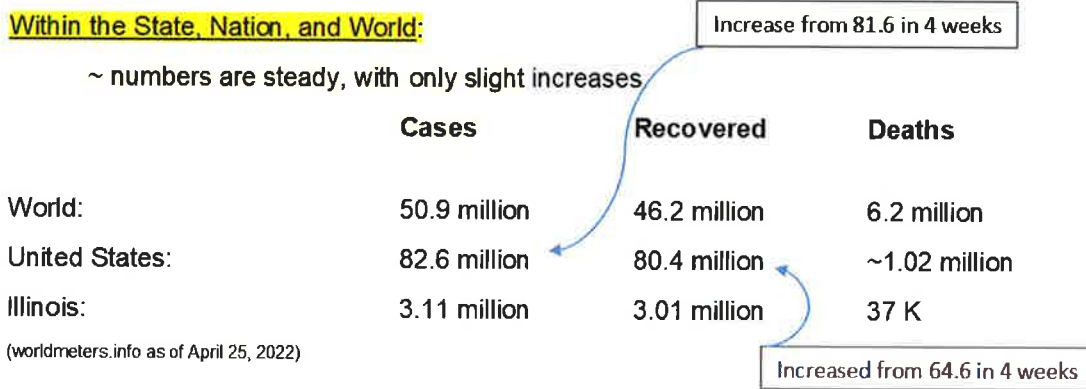
Income	Charge
0-100% FPL	\$0
101-140% FPL	\$0
141-200% FPL	\$0.50
201-300% FPL	\$1.00
301-400% FPL	\$1.50
401-500% FPL	\$2.00
501-800% FPL	\$2.50

HRSA ARPA Supplemental Funding – The US Dept. of Health & Human Services Health Resource Services Administration (HRSA) recently announced the availability of supplemental funding for FQHC recipients of American Rescue Plan (ARP) funding. We received more than \$3 million for 2 years from an ARP grant last summer. This supplemental funding is to support the upcoming 2023 transition in the way FQHCs will be expected to collect and report on annual data in the Uniform Data System (UDS) report. According to the funding notice, the purpose of the \$60,000 supplemental funding to “respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure.” This funding can be used by health centers for “COVID-19 vaccination capacity, COVID-19 response and treatment capacity, maintaining and increasing health center capacity, recovery and stabilization, and infrastructure, including to expand their analytics and/or reporting capacity.” The grant application is due on or before May 23. We are considering the following for this grant application: Expansion of patient self-monitoring to include diabetes management as well as hypertension, inventory management for medications, financial support of COVID vaccinations and testing for uninsured patients, and Nextgen population health analytics.

Ms. Lindsey discussed the expansion of the patients self-monitoring? Were we doing this with hypertension? Ms. Maragos stated this program is going so well that we want to expand it to diabetes as well. Ms. Lindsey asked that we add a report of the hypertension home monitoring program to our Quality Committee report.

CMO Report

COVID Update



Total Daily New Cases – Illinois (through April 25, 2022):

~ increase in cases as they are up FROM 748 daily new cases in March TO 3,807

(Graph was shown of new cases in Illinois)

Daily Deaths - Illinois (through April 3, 2022):

~ Decreased FROM 20 daily deaths in March 2022 TO 10 daily deaths as of April 25, 2022
(Graph was shown of daily deaths in Illinois)

COVID Summary (as of April 14, 2022; Institute for Health Metrics)

- **BA.2 surge is ending in Europe.** Cases are expected to continue declining in the Northern Hemisphere until next winter.
- **Omicron in China:** With only 2% of the population previously infected and 30% immune from vaccination, a large surge is expected if lockdown and strict control measures fail.
- **BA.2 in the US:** Some states are seeing a small rise in cases because of the BA.2 Variant, but high levels of immunity due to previous infection (76%) are preventing a large surge.
- **Mask wearing is below 25%** – the lowest since we began tracking.
- **Sharing antivirals and vaccines with countries in need is imperative.**
- **Policy recommendations:**
 - o Secure and distribute antiviral medications as these save lives and prevent hospitalizations
 - o Reversal of the lifted mask mandate on Public Transportation and Airplanes
 - o Maintain surveillance systems to detect new variants, and should new escape variants occur, mask requirements should be reinstated
 - o For those who are immunocompromised or have high risk factors: **continue wearing a mask** and avoiding large crowds, especially indoors

COVID-19 Protocol Change:

It is of note that the community health center has changed its return-to-work policy for staff, it is (in blue):

Staff member with COVID-like symptoms:

- must immediately (same day) submit to a rapid, PCR, COVID-19 test at the WCCHC
 - if the COVID-19 test is negative,
 - * the symptomatic, but COVID-19 negative staff member, will be allowed to work should they feel capable of performing their duties (though it is not advised that a symptomatic staff member continue to work within the health center environment given the risk of transmission of disease to their co-workers and patients, some of whom are immunocompromised)
 - * the symptomatic, but COVID-19 negative staff member, will be required to wear an N-95 mask for five (5) working days
 - * the symptomatic, but COVID-19 negative staff member, will not be allowed to share in the communal dining areas
 - * the symptomatic, but COVID-19 negative staff member, will be required to submit to a rapid, PCR, COVID-19 test every three (3) days for one (1) week; meaning, there will be COVID-19 testing initially, in three (3) days from the initial test, and in six (6) days from the initial test
 - * should any testing result in a positive outcome, the staff member will be excused from work for a period of five (5) days, using benefit time during this sick leave event
 - * upon return, after testing positive for COVID-19, the staff member will be required to wear an N-95 mask for five (5) business days
- Staff members who are exposed to a confirmed COVID-19 positive individual:

- must immediately (same day) submit to a rapid, PCR, COVID-19 test at the WCCHC
- must also provide written documentation of the COVID-19 positive individual's test result to whom they were exposed, and complete and sign a form affirming that the staff member was indeed, exposed to said COVID-19 positive person. This document will be properly vetted by the Communicable Disease (CD) staff of the WCHD
- if the COVID-19 test is negative,
 - * the exposed, but COVID-19 negative staff member, will be allowed to work should they feel capable of performing their duties
 - * the exposed, but COVID-19 negative staff member, will be required to wear an N-95 mask for five (5) working days
 - * the exposed, but COVID-19 negative staff member, will not be allowed to share in the communal dining areas
 - * the exposed, but COVID-19 negative staff member, will be required to submit to a rapid, PCR, COVID-19 test every three (3) days for one (1) week; meaning, there will be COVID-19 testing initially, in three (3) days from the initial test, and in six (6) days from the initial test
 - * should any testing result in a positive outcome, the staff member will be excused from work for a period of five (5) days, using benefit time during this sick leave event
 - * upon return, after testing positive for COVID-19, the staff member will be required to wear an N-95 mask for five (5) business days

Staff member who reports that they have tested COVID-19 positive:

- COVID-19 positive staff member must provide written documentation of their COVID-19 test result and complete the reporting form. This document will be properly vetted by the Communicable Disease (CD) staff of the WCHD
- COVID-19 positive staff member must sign a form, completed by the staff members' manager, affirming that they are indeed COVID-19 positive
- the COVID-19 positive staff member will be excused from work for a period of five (5) days, using benefit time during this sick leave event
- upon return, the COVID-19 positive staff member will be required to wear an N-95 mask for five (5) business days

(a graph was shown of work restrictions for HCP With SARS-CoV-2 Infections and Exposures)

Staffing Update:

The following positions remain vacant in the health center:

- Family Medicine Physician (1)
 - * One interviewed last week, did not decide to join our practice
- Family Medicine Advanced Practice Registered Nurse (1) - **hired**
- Mental Health Advanced Practice Registered Nurse (1) OR
- Psychiatry Physician (1)
- Registered Nurse (1)
- Registration Supervisor [(1) resigned 2 weeks ago]
- Nurse Population Health Manager (1)

CDO Report

BinaxNOW Rapid COVID Testing in Dental

For the month of April 1-25, 2022, the dental clinic performed 255 tests in clinic, 16 in mobile with **NO positive** cases.

Dental clinic will continue to perform BinaxNOW COVID testing for every patient, every visit before aerosol producing procedure.

Mobile Dental Visits

We are in planning process to schedule Apis, our PHDH (Public Health Dental Hygienist), in the mobile unit without a dentist present with limited scope of services (oral exam screening, digital x-rays, regular and deep cleaning, sealants for children and Fluoride treatment). A PHDH cannot use Local anesthetic for SRP (deep cleaning) if there is no dentist present.

We ordered Oraqix, a dispenser for anesthetic gel which can be used for SRP instead.

We will not schedule any patient with a toothache, needing extractions, fillings etc. in mobile. These patients will be scheduled in clinic.

All the patients seen in the mobile, will be reviewed by the assigned dentist in the clinic:

1. Review x-rays, diagnose (PHDH will do clinical screening)
2. Check EDR, EHR documentation
3. Chart a treatment plan from x-rays
4. Make referrals when needed
5. Send prescriptions
6. Add diagnosis code
7. Approve chart etc.
8. Billing will be done under the supervising dentist

Internal Referrals

From April 1-25, 2022, the dental clinic received 59 internal referrals from our WCCHC medical providers. They include children, pregnant women and adults referred to Dental for oral health care.

Ms. Luebke asked if Catholic Charities wants to schedule the Dental Van to come out, is there a consent form that should be filled out in advance of the Dental Van coming? Dr. Garg stated "Yes" the paperwork can be sent out in advance and be filled out prior to the van coming to Catholic Charities.

Ms. Olenek questioned if a person cannot be services at the Dental Van, do we have the ability to make an appointment at the Dental Clinic? Dr. Garg said "Yes" either same day appointment or next day.

VI. Reports

Revenue: Ms. Maragos presented the revenue report ending November 30, 2021. We came in 9.2% over budget for fiscal year 2021. Our target was 100% and our actual was 109.2%.

Expenditure: Ms. Maragos presented the expenditure report ending November 30, 2021. The report reflects we are under budget by approximately 9%.

Revenue: Ms. Maragos presented the revenue report ending April 2022. Our target was at 41.7% and our actual was 25.5%. Our variance was 16.2%.

Ms. Bilotta stated we have a variety of payers and time frames for when the payments come in. There is a large variety of different payer times for grants and payer sources.

Ms. Bergin mentioned that we have the year-to-date target at 41.7%. She thinks we should project our target revenue 1 month of arrears as well as for expenses. She offered to speak to the County Finance department to change how our payment cycle is presented (1 month in arrears on our year-to-date target).

Ms. Olenek spoke of CHC having the choice to choose a different target that we want to look at. Governing Council agreed to ask for the change from the Finance Department. Ms. Bergin will speak to the department and ask for the change.

Expenditure: Ms. Maragos presented the expenditure report ending April 2022. Our goal was at 33.3% and our expenditures came in at 33.7%.

Patient & Visits: Ms. Maragos presented the Patients and Visits report. Our numbers are down especially with the OB/Gyn's and the Pediatricians. We believe this could be due to patients' difficulty in getting through to the switchboard, making appointments as well as providers that were not in the office due to COVID whether themselves or family. Discussion took place.

Provider Productivity: Ms. Maragos presented the Provider Productivity report. Discussion took place.

VII. Discussion

Ms. Lindsey presented the Quality Committee meeting. The meeting had taken place prior to the Governing Council meeting. Ms. Lindsey spoke of the Events and Incidents report that had been presented and specifically spoke of the data breach in Optometry. Ms. Olenek spoke of HD having the availability of encrypted flash drives for those needing one.

- 15 Key Performance Indicators were discussed.
- Patient Experience Surveys were discussed, and Ms. Lindsey mentioned that the Center is doing fairly well in this area. Wait times and the inability to reach the switchboard was still an issue in the surveys.
- Clinical Risk Assessment was reviewed and discussed by the Quality Committee.
- Quality Committee responsibilities were reviewed and discussed.

VIII. Action Items

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to approve policy AD-0012 After Hours Coverage. **Motion carries.** Paul Lauridsen "Aye", Cindy Brassea "Aye", Michael Crowner "Aye", Alan Dyche "Aye", Judy Easley "Aye", Deborah Kornacker "Aye", Marie Lindsey "Aye", Nicole Luebke "Aye", Vernice Warren "Aye". **Motion carries.**
- A **motion** was made by Ms. Brassea and **seconded** by Ms. Lindsey to approve renewal of contract for Trishna Harris, APRN, CNM. **Motion** was made by Mr. Crowner and **seconded** by Ms. Brassea to use the previous roll call. **Motion carries.**
- A **motion** was made by Ms. Lindsey and **seconded** by Ms. Warren to amend the motion to change Marisa Ruiz-Medina, MSN, APRN contract to replace "practice medicine" with "practice nursing". **Motion** was made by Ms. Lindsey and **seconded** by Ms. Easley to use the previous roll call. A **motion** was made to approve amended agreement by Ms. Lindsey and **seconded** by Ms. Easley. **Motion carries.**
- A **motion** was made by Ms. Lindsey and **seconded** by Ms. Kornacker to amend the change to Mutengwana Kasapu-Mwaba, APRN, FNP-C contract to replace "practice medicine" with "practice nursing". A **motion** was made by Mr. Dyche and **seconded** by Ms. Luebke to use previous roll call. **Motion carries.** A **Motion** was made by Ms. Lindsey and **seconded** by Ms. Kornacker to approve contract as amended. 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 Mr. Dyche and **seconded** by Ms. Kornacker to approve the sliding fees for Ryan White program. **Motion** was made by Ms. Lindsey and **seconded** by Ms. Brassea to use the previous roll call. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Ms. Warren to approve the cancellation of 340B contract with Walmart. **Motion** was made by Mr. Dyche and **seconded** by Ms. Easley to use the previous roll call. **Motion carries.**

- A **motion** was made by Mr. Dyche and **seconded** by Ms. Luebke to submit for Change of Scope to HRSA to add SBHC location. **Motion** was made by Ms. Lindsey and **seconded** by Ms. Brassea to use the previous roll call. **Motion carries.**
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Lindsey to approve proposed date of meeting change to June 8 for Finance Committee and Governing Council meetings. **Motion** was made by Ms. Brassea and **seconded** by Ms. Lindsey to use the previous roll call. **Motion carries.**

IX. BOARD MEMBERS' CONCERNS AND COMMENTS: None

PUBLIC CONCERNS AND COMMENTS: No comments stated

- X.** A **motion** was made by Ms. Kornacker and **seconded** by Ms. Easley to adjourn the meeting at 6:37pm. **Motion** was made by Ms. Lindsey and **seconded** by Ms. Easley to use the previous roll call. **Motion carries.**

XI. Executive Committee/Executive Session: None

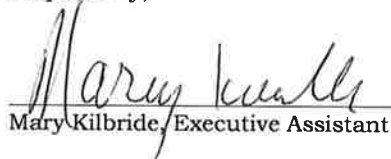
XII. NEXT MEETING

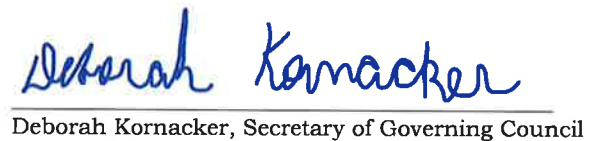
Wednesday, June 8, 2022
Wednesday, June 8, 2022

4:30pm
5:00pm

Finance Committee
Governing Council

Prepared by,


Mary Kilbride, Executive Assistant


Deborah Kornacker, Secretary of Governing Council