

# Lake County Illinois

*Lake County Health Department and Community Health Center  
3010 Grand Avenue  
Waukegan, Illinois 60085  
Conference Room #3112*



## **Meeting Minutes - Final**

**Tuesday, June 21, 2022**

**5:30 PM**

**RESCHEDULED FROM JUNE 14, 2022**

**3010 Grand Ave., Waukegan, IL 60085**

**Lake County Community Health Center Governing  
Council**

1. **Call to Order**

**Chair Smith-Taylor called the meeting to order at 5:31 p.m.**

**Present** 8 - Chair Smith-Taylor, Vice Chair Fornero, Secretary Argueta, Member Bejster, Member Chuc, Member Ross Cunningham, Member Tarter and Member Hernandez

**Absent** 2 - Member Lara and Member Washington

2. **Pledge of Allegiance**

**This matter was presented**

3. **Approval of Minutes**

3.1

May 10, 2022 Meeting Minutes

**Attachments:** [GC Minutes 5.10.22 - DRAFT](#)

**A motion was made by Member Ross Cunningham, seconded by Member Fornero, to approve the minutes of the May 10, 2022, meeting. Voice vote, all in favor, motion carried.**

**Aye:** 8 - Chair Smith-Taylor, Vice Chair Fornero, Secretary Argueta, Member Bejster, Member Chuc, Member Ross Cunningham, Member Tarter and Member Hernandez

**Absent:** 2 - Member Lara and Member Washington

4. **Public Comment to the Council**

*None*

5. **Executive Director's Report**

*Executive Director Mark Pfister reported on the following:*

*1) Consumer Member Usage: Per HRSA, all consumer members of the Council have to have at least one visit in the last 24 months and it has been confirmed that all current consumer members did meet that standard in 2021. Future annual report outs on this requirement will be provided in the Executive Director's report so that HRSA can see, when reviewing Council meeting minutes during their site review, that this requirement has been met.*

*2) COVID-19: We are starting to see a reduction in the number of cases. We are still averaging about 160 cases per day, but we know that case numbers are actually higher than that as home test results are not being reported. However, we have moved back down to a community level of medium as a result of declining hospitalizations. The death rate has remained stable despite infections and hospitalizations which can be attributed to vaccinations as well as natural immunity.*

3) *COVID-19 Vaccines: We will be providing COVID-19 vaccinations in our clinic exam rooms starting in July as we had previously been using our mass vaccination sites to administer to our patients and the community. We preordered the Pfizer and Moderna children's vaccines and as soon as they arrive we will be offering them to age 6 months and above as they were authorized last week by the CDC and FDA. After consultation with Dr. Zun, Medical Director, and Dr. Sana Ahmed, Medical Epidemiologist, we will be providing Moderna as our vaccine of choice in the beginning and possibly offer Pfizer later. One of the benefits of Moderna is it's a two dose regimen whereas Pfizer is a 3 dose regimen. We feel our patients would have a less challenging time returning for a second dose rather than having to return for a second and third dose. Efficacy data also shows there are some positive attributes to Moderna when compared to Pfizer, such as more immunity conferred earlier because of two doses rather than three.*

**6. Action items**

**6.1**

Provider Credentialing and/or Privileging - Dr. Zun

**A motion was made by Member Ross Cunningham, seconded by Member Fornero, to approve the provider presented for appointment (Patricia Diaz, APRN, Psychiatry). Voice vote, all in favor, motion carried.**

**Aye:** 8 - Chair Smith-Taylor, Vice Chair Fornero, Secretary Argueta, Member Bejster, Member Chuc, Member Ross Cunningham, Member Tarter and Member Hernandez

**Absent:** 2 - Member Lara and Member Washington

**6.2**

Provider Reappointment - Dr. Zun

**A motion was made by Member Bejster, seconded by Secretary Argueta, to approve the provider presented for reappointment (Chhaya Chandel, MD, Pediatrician). Voice vote, all in favor, motion carried.**

**Aye:** 8 - Chair Smith-Taylor, Vice Chair Fornero, Secretary Argueta, Member Bejster, Member Chuc, Member Ross Cunningham, Member Tarter and Member Hernandez

**Absent:** 2 - Member Lara and Member Washington

**6.3**

Approval of Billing and Collections Policies - Riley

**Attachments:** [Fees for Medical, Dental and Behavioral Health Services, Sliding Fee Disc](#)

*Pam Riley, Director of Finance, reviewed the changes with the Council. Member Bejster asked that a redline version of changes be provided to the Council in the future.*

**A motion was made by Member Bejster, seconded by Member Ross Cunningham, to approve the Fees for Medical, Dental and Behavioral Health Services, Sliding Fee**

**Discounts and Adjustments policy, as presented. Voice vote, all in favor, motion carried.**

**Aye:** 8 - Chair Smith-Taylor, Vice Chair Fornero, Secretary Argueta, Member Bejster, Member Chuc, Member Ross Cunningham, Member Tarter and Member Hernandez

**Absent:** 2 - Member Lara and Member Washington

## **7. Presentations**

### **7.1**

HMA - FQHC Management Structure Assessment - Pfister

*Mark Pfister introduced Greg Vachon, Debra Carey, and Michele Bosworth, members of Health Management Associates' (HMA) Core Team. HMA is the consultant hired by the Health Department to do a management study within the FQHC's. Greg and Debra were in person and gave a PowerPoint presentation on the assessment of FQHC management, Michele joined via Teams.*

*Slide 4: FQHC Leadership, Management and Staff*

*Secretary Argueta asked for examples of inefficiencies found that were not consistent throughout. Debra stated that there were variabilities among processes in place. Greg stated that use of reports, monitoring of registration process, and accuracy of registration varied along with differences in the clarity of roles.*

*Slide 6: Recommended Priorities for Change from FQHC Leadership & Management*

*Member Tarter asked them to define which level of leadership it is for "Improved communication between frontline staff and leadership." Greg explained that it's staff at the site level when they have interactions with two levels up and sometimes with their Regional Medical Director. Chair Smith-Taylor asked if, "Tableau/IT/Data team would create the tools needed to automate, test, and refine high value reports" would require training since they obviously don't know it's available. Debra stated it would be training for those who have never used the system and retraining for those that have to ensure they're aware of everything available in the system. The training would also incorporate how the system works within their area relevant to their specific tasks. This will also eliminate those tasks observed as being done manually that could be done more efficiently using the tools already available and also work toward improving the communication issues noted by staff. Greg added that another cause of underutilization of the reports available is not trusting the data as a result of a prior experience.*

*Slide 8: Themes*

*Member Tarter asked about staff attitude during the interview process and if they were compassionate about the patients or if they were disengaged. Greg stated there was passion for the work and an expressed desire to do better for the patients, but that HMA staff identified that there could be more cultural competency brought to the table. A bit of a*

lack of full understanding of what a patient's situation might be. Debra added that there is a lot of focus on getting through the day and getting things done, but that there is a wonderful opportunity for there to be more patient centeredness, cultural awareness, and patient engagement. In regard to "Employee Recruitment/Retention/Termination, Chair Smith Taylor asked if a correlation was seen between recruitment and retention and how they can be improved since that is the goal. Greg stated that staff felt disconnected from provider recruitment and want to be involved in the process, and that retention goes back to management capabilities and getting the right feedback. Debra added that everyone they spoke with expressed concerns over staffing shortages in different roles and positions and that some managers handled it better than others, but that it's happening across the country, not just here.

*Slide 10: Recommendations*

Member Tarter asked for the explanation of a dyad leadership model. Greg explained that a dyad is two and in an ambulatory setting where clinical services are delivered you have a clinical leader and an operational leader. Sometimes there can be a triad leadership model where you have a nurse/provider/operational leader, but the dyad in this situation makes more sense.

Mark Pfister stated that Greg, Michele, and Debra did an awesome job. He is not seeing any surprises as he has previously told the Council that there is variability between the clinic sites and that we need to standardize. What HMA has given us is a nice roadmap to that process. Many times when a consultant is hired you get a report, they give a presentation, and then they leave and nothing changes and that is something he is committed to not doing. With the HRSA ARPA funds, the contract with HMA for Phase 2 has already been amended to retain them for the next 6 months and they will immediately start work on setting up the dyad leadership model, because without the appropriate managerial leadership in place at all of our sites we are not going to get to standardization and value-based care. We have to get our updated leadership and management structure in place and get them trained up so that they can use the systems and tools and look at the data and be accountable for making change. We have to have clarity and standardization so that all of our FQHC's are following the same policies and executing the same procedures. We have to be like McDonald's, no matter which location you go to you everything is done the same way. And while the Strategic Plan covers the entire agency, for the FQHC's there is going to be a Strategic Operational Plan. With our HRSA ARPA funds we are putting out an RFP with a new scope of work that will really get in to the weeds and ask, "Do you have the right technology? What financing do you have to have set up? Do you have the right tools to identify risk and track that risk? How are you connecting to the hospitals?" The third phase will be engaging a consultant and we have the HRSA ARPA funds to do that. The kickoff meeting to Phase 2 is scheduled for next Monday, June 27. The other piece identified by HMA is communication. How is communication flowing from the top down but also how is it flowing back up from the staff. We need to find

those disconnects and connect them so that we have clear direction, clear accountability, but to allow for some autonomy. Member Hegar Chuc asked if HMA is assisting with the hiring of providers. Mark explained that HMA is focusing on the managerial issues and that another consultant is assisting with the HR and recruiting piece. Jerry Nordstrom, Director of Business Operations, will provide a report on the results of the HR consultant as soon as he receives them. Also, Pam Riley, Director of Finance, just had a coding audit of the providers and that, along with the HR consultant piece, will be provided to HMA for their review and assistance. Member Bejster asked if the Council's Strategic Planning Committee will be involved in this process. Mark stated that the committee will be very much involved with the Strategic Operational Plan. Chair Smith-Taylor echoed Mark's comments and stated that the Council is looking forward to the exciting changes and the end result.

## 8. Discussion Items

### 8.1

CQI Update - Hayes

**Attachments:** [UDS Summary](#)

Christina Hayes, CQI Coordinator, reviewed the information provided in the agenda packet. She noted that childhood immunization rates have been slowly trending upward and that since last year it has gone from 36.2% to 43.6%. An initiative being undertaken to assist with childhood immunization rates is a learning collaborative with HRSA called UDS Rapid. We will be working with HRSA and other FQHC's to dig in to the data behind that metric to see where data collection and the EHR can be optimized in order to see improvements in the measure. Vice Chair Fornero asked why the HIV Linkage to Care is zero. Christina explained that it's zero because there has yet to be an LCHD FQHC patient diagnosed with HIV in 2022. Member Tarter asked if the HRSA targets are a mean of the participating FQHC's or is it arbitrary. Christina explained that most of the targets are based off of National Quality Leaders (NQL). Each year HRSA puts out 4 NQLs, what percent they get on those metrics, and they only give NQL targets for certain measures, for other measures they don't provide a target at all. Those untargeted measures will be discussed in the QI Committee as to where we are now and what is thought to be a reasonable metric and that is how those targets are created. Member Tarter commented that he is always looking at where we are in comparison to the HRSA target because he feels that is where the funding change takes place. Mark added that HRSA has not done the 2021 UDS measures yet as there is always a bit of delay because it doesn't go in until February 15th. And once all of the UDS data is submitted, HRSA compiles it and posts it on their website which is usually by fall. Our goal is and will always be to become a quality leader.

## 9. Medical Director Report

### 9.1

Medical Director Report - Dr. Zun

**Attachments:** [Physical Health Procedures 5.25.22](#)

*Dr. Zun, Medical Director, reviewed the information provided in the agenda packet. Chair Smith-Taylor that she appreciates the variety of attachments to the report as they provide an informative overview. Mark noted that the attachments provided by Dr. Zun are all reports run out of Tableau, which is what HMA referred to during their presentation, and noted that Member Bejster and Member Hernandez, as part of Live Well Lake County, use Tableau through the Health Department's public site. Dr. Zun added that providers are encouraged to use it to look up their own productivity, customer service, and quality.*

**10. Director of Healthcare Operations Report**

**10.1**

Director of Healthcare Operations Report - Burke

**Attachments:** [FQHC Healthcare Operations Metric Dashboard 06.22](#)

*Kim Burke, Director of Healthcare Operations, reviewed the information provided in the agenda packet noting that all of the data is also pulled from Tableau. Recruitment of Medical Assistant's continues to be a challenge. The hiring practice previously required that MA's be certified by their date of hire, but that has been changed to 90-days from date of hire in order to attract more candidates who may be new graduates.*

**11. Director of Finance Report**

**11.1**

Director of Finance Report - Riley

**Attachments:** [FQHC Apr 22](#)

*Pam Riley, Director of Finance, had to leave at 6:00 p.m., so Mark reviewed the information provided in the agenda packet.*

**12. Added to Agenda**

*None*

**13. Old Business**

*None*

**14. New Business**

*Secretary Argueta asked if new member Manuel Hernandez was going to be added to any of the committees. Mark stated that he and Chair Smith-Taylor have already been discussing that and it will be on the July 12, 2022, agenda.*

**15. Executive Session**

*None*

**16. Adjournment**

A motion was made by Member Tarter, seconded by Member Bejster, that this meeting be adjourned. Chair Smith-Taylor declared the meeting adjourned at 7:21 p.m.