

Lake County Illinois

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



Meeting Minutes - Draft

Thursday, August 8, 2019

12:00 PM

3010 Grand Ave., Waukegan, IL 60085

**Lake County Community Health Center Governing
Council**

1. Call to Order

Chair Withem-Voss called the meeting to order at 12:06 p.m.

Present 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent 2 - Brown and Vargas

2. Approval of Minutes

2.1

July 11, 2019 Meeting Minutes

Attachments: [GC Minutes 7.11.19 - DRAFT](#)

A motion was made by Member Bejster, seconded by Member Fornero, that the minutes be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent: 2 - Brown and Vargas

3. Public Comment to the Governing Council

None

4. Presentations

4.1

FY2019 Audit Results - Riley

Attachments: [FQHC Year-End Report](#)

John George, CPA, and Kelly Kirkman, Senior Manager, with RSM US LLP, presented highlights from the year-end financial audit process and results. The audit process began in December 2018 with planning the County audit and the Health Department as a component of that audit. Preliminary fieldwork, understanding the transaction cycle and operations of the entire County including the Health Department and identifying the plan for the approach to the audit, began in January. Fieldwork and final fieldwork took place March through May to obtain trial balance from management, test specific transactions asking for third party confirmation, supporting documentation, and proper recording. The report was then issued in June. The Health Department is a major fund of the County and you will see that reflected in it's own column in the report. Overall, the opinion is an unmodified opinion, meaning it's clean, the best you can get, and is consistent with what the County has received in the past. Specific to the Health Department, there were no current or past audit adjustments. In connection with the financial audit, a compliance audit is also done looking at Federal funds of the County. Three major programs, one of which is specific to the Health Department and that is the WIC program, were looked at for the compliance audit. Again, there were no single audit findings, no compliance issues. Finally, an FQHC report was issued in relation to the Health Department report as a whole.

The overall result was clean reports across the board.

This matter was presented

4.2

Credentialing and Recredentialing Process Overview - Burke

Attachments: [GC Credentialing Presentation](#)

Kim Burke, Director of Healthcare Operations, provided an overview of the credentialing and recredentialing process in followup to a conversation started at the Council meeting on July 11, 2019. She noted that while the sex offender registry list check is currently done only for the Child & Adolescent Behavioral Services (CABS) program staff, they are looking to expand it to the entire Health Department. The Medical Staff Office, upon completion of their verifications, submits the approved provider information to the insurance companies so the providers can be enrolled and the Health Department can get paid. The verifications done by the Medical Staff Office are required by Joint Commission and the Health Resources and Services Administration (HRSA). The provider credentialing packet then goes to the Council's Personnel Committee for review and recommendation to the Council for approval. A monthly sanction check of various agencies is also done. Member McConico asked for an example of an Illinois Medicaid sanction and Kim explained that it would be fraudulent billing. She then went on to explain that providers are recredentialed every two years through the same process. Member Fornero asked if a provider would be disqualified if marijuana was detected in the drug screen. Dr. Zun explained that normally they would be unless the provider possessed a medical card stating it was medically indicated, but since the Federal government does not recognize that use and we're a Federally Qualified Health Center (FQHC), he would not recommend hiring that provider. Member Fornero then asked what happens in the same situation after January 1, 2020, which is when possession and sales of recreational marijuana in Illinois becomes legal. Mark Pfister explained that since the Health Department receives Federal grants, we have to be consistent with the Drug Free Policy and the Cannabis Act. Human Resources will be sending a notice to all staff that even though recreational marijuana becomes legal in Illinois as of January 1, 2020, all staff are still required to adhere to the Health Department's Drug Free Policy.

This matter was presented

5. Executive Director's Report

Mark Pfister informed the Council that on August 20, 2019, a budget review meeting will be held with the new County Administrator, Bill Panos, the Finance Director and Finance team, and two County Board members. The budget was approved by the Board of Health Budget Committee and the Governing Council Budget Committee at their joint meeting on Wednesday, July 17, 2019, and by the Board of Health at their meeting on July 24, 2019. It will be on the September 12, 2019 Governing Council agenda for approval and, if approved, goes to the County joint committees for approval on October 16, 2019. Dr. Zun will be in charge of the September 12, 2019 Council meeting as Mark will be in Springfield

for a meeting. We are currently in a period of transition, especially with providers, as many new hires are coming on board and some long-term staff are leaving. Lastly, proposed changes to the Governing Council Bylaws have been included in the agenda packet that bring them more in line with the Board of Health Bylaws. He asked the Council to think about, discuss, and re-look at the attendance language to assure it's the language they would like because as it's currently written there are 3 Council members at risk of being removed from the Council. This will be discussed further under agenda item 8.2.

6. Items for Approval

6.1

Provider Credentialing and Privileging - Batch #129

Personnel Committee Chair Mallory Bejster informed the Council that the Personnel Committee met just prior to this regular meeting to review the credentialing packets of Dr. Cynthia Floore, full-time family medicine at Zion Health Center, and Dr. Ayesha Ali, full-time family medicine float, and recommends approval by the Council of these two providers. Member McConico asked how someone can become a patient of Dr. Ali. Dr. Zun explained that Dr. Ali will be a float provider, meaning she will move amongst the health centers as needed. Therefore, she will not be available to be a primary care provider (PCP).

A motion was made by Member McConico, seconded by Member Fornero, that this item be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent: 2 - Brown and Vargas

6.2

Professional Staff Reappointment

Personnel Committee Chair Mallory Bejster informed the Council that the Personnel Committee met just prior to this regular meeting to review the reappointment of Dr. Robert Grunsten, part-time Psychiatrist at the Grand Avenue health center, and recommends approval by the Council.

A motion was made by Member Fornero, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent: 2 - Brown and Vargas

6.3

Commercial Insurance - Burke & Riley

Attachments: [Commerical Insurance](#)

Kim Burke informed the Council that she and Pam Riley, Director of Finance, head up the

Revenue Cycle Committee. That committee is continually looking at ways to improve efficiencies within the Health Department in order to increase revenues so that it relies less on tax dollars. She then presented proposed changes to the commercial insurance starting with the FQHC payor mix. The Health Department is reimbursed for commercial insurance through fee-for-service payments. Currently, there are two contracts with commercial carriers: Blue Cross PPO and Humana HMO/POS/PPO. When the Health Department bills either of those commercial carriers, it gets paid a set amount for each service rendered based on the service type. For Medicare and Medicaid, because the Health Department is a FQHC, they get paid an encounter rate, one rate that covers everything. So, under commercial insurance the Health Department gets paid less than it would for a Medicare or Medicaid patient. For patients with non-contracted commercial insurance, the Health Department bills the out-of-network commercial payor. If the patient has an assigned PCP, the bill gets denied by the commercial insurance because the Health Department is not that patient's assigned PCP and, therefore, no payment is received. Or, since the Health Department is out-of-network, the charges are posted to the patient's deductible and again, no payment is received. The cost of that visit is then put to the patient who is responsible for the payment. The proposed change to the process is to inform patients at the time they make an appointment that the Health Department is out-of-network and they will be responsible for all charges incurred should they decide to follow through with the appointment. That same message would also be given at the clinic front desk when the patient registers for their appointment. If they decide to keep the appointment, and qualify for the sliding fee scale, charges would be adjusted based on that scale. They would also sign a financial agreement stating they realize the Health Department is out-of-network, that they are responsible for all charges incurred, and should they need a referral authorization the Health Department can not help them. Member Washington asked who would be responsible for informing the patient of this. Kim reiterated that it would be the Patient Access Center (PAC) staff scheduling the appointment and the health center front desk staff when the patient arrives for that appointment. Those staff will be retrained should we choose to move forward with this change. Regular quality checks would also be done to ensure those staff are following that training and if it's found they are not, that patient would not be held responsible and those charges would be written off. Member Bejster asked if the change would be communicated to patients prior to taking effect to give them the opportunity to find an in-network provider. Kim stated it would and that the number of patients within that group is 721, of which 25% are on sliding scale. Member McConico asked if the Health Department would be assisting patients with finding an in-network provider. Kim explained that a navigator, which is available at all clinic sites, could assist the patient with access to their insurer's website. Mark explained that the patient would then have to work with their insurance company in finding an in-network provider as it would be the responsibility of that insurance company to inform the patient which providers are in-network.

A motion was made by Member McConico, seconded by Member Bejster, that this item be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent: 2 - Brown and Vargas

7. Approval of Grants

7.1

Health Resources and Services Administration (HRSA) Teaching Health Center Grant Application - Pfister

Mark Pfister reminded the Council that, per HRSA, any new grant we apply for has to be approved by the Council. HRSA has just released a 2020 funding opportunity for FQHC's to apply to become teaching health centers. The Health Department has identified a great need for psychiatry and this grant would allow us to receive up to \$150,000 per psychiatry resident. We are working with Rosalind Franklin to form a consortium and apply for this grant should the Council approve it.

A motion was made by Member Tarter, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Secretary Washington, McConico, Tarter, Bejster, Cunningham and Smith

Absent: 2 - Brown and Vargas

8. Information Items

8.1

CQI Update - Hayes

Attachments: [CQI Dashboard](#)

Christina Hayes, CQI Coordinator, informed the Council that the Health Department continues a stable performance across all indicators. The two biggest areas in need of improvement are Immunizations and Diabetes and the Quality Improvement Committee is in the early planning stages of developing initiatives to address those. The nutrition team is working on a quality improvement project to increase the number of patients with uncontrolled diabetes seen by a nutritionist as its been found that if the patient has to come back to see the nutritionist in a separate appointment, they usually don't keep that appointment. Therefore, a test scheduling project is being conducted at BMB to have those patients seen by a nutritionist while they are already at the clinic to see their provider so that they can get education and coaching on how to best manage their diabetes. The test began with one provider and has now been through two PDSA cycles. During the first cycle the dietician saw 71% of those patients. During the second cycle, that number increased to 100%. The third cycle will be expanded to all of the providers at BMB and if it continues to work we will look at expanding it to all of the health center sites. Member McConico asked if there was anything prohibiting borderline diabetics from fasting. Dr. Zun explained that if a patient has diabetes, we want them to maintain control of their illness and lack of food intake for one day may alter that control making them significantly

hypoglycemic, so he would not recommend it. Member Fornero pointed out that the chart for diabetes is for HbA1c greater than 9% and asked why it's not measuring the NQL target of greater than 4%? Christina explained that the 4% is the percentage of our diabetic patients who are uncontrolled. That's not the target we want their HbA1c to be, that's the percentage of patients we have whose HbA1C we want to be below 9%.

This matter was presented

8.2

Proposed Revisions to the Lake County Community Health Center Governing Council Bylaws - Pfister

Attachments: [DRAFT GC Bylaws - REDLINE VERSION](#)

Mark Pfister reminded the Council that this is an item for discussion because proposed changes to bylaws are required to be presented first and then voted on at the next meeting regular meeting, allowing for review and subsequent amendments by the Council members. He explained that the changes were done to clean up typos, grammar, wordiness, clarify language, and align them with the Board of Health bylaws. He specifically called the Council's attention to Article VII - Membership and Terms of Office, D. Removal, with the key word being "shall," meaning it will happen, not may happen, and recommended that the word "unexcused" be added before "absence" as it is understood there may be times when attendance is not possible due to extenuating and reasonable circumstances (i.e., death of a family member, medical emergency). He stated he believes the intent of the original language was to address those members who were not showing up for meetings and were not notifying the Chair or Administration. He then pointed out the language that states, "or dropping below 75% attendance for the last 12 meetings held," and asked the Council to relook at and really think about it as that language does not include unexcused absences. Member Fornero stated he felt it needed to be clarified due to the word "or," which Mark agreed with and asked Member Fornero to come up with suggested language with input from his fellow Council members by the next regular meeting. Member Bejster asked if the 75% was a HRSA requirement or if it was something that the Council could alter on their own. Mark stated it is not a HRSA requirement, that the 75% was added by the Council to address HRSA criticism that monthly meetings were not being held due to the lack of a quorum as a result of members who were habitually absent. The Council is free to change that language as they see fit. Dave McDermott, Grants Manager, was in the audience and confirmed that the HRSA compliance manual does not state a 75% attendance requirement. Member Tarter suggested that "shall" be changed to "may" since the 75% is not a HRSA requirement, asked that the language for Committees be reviewed as it currently does not contain a reference to the Open Meetings Act (OMA), and that under Article XIII - Order of Business, "Presentations" be moved to after "Action Items" as it was previously voted on to include it as part of "Discussion Items." Member Cunningham addressed Article IX - Officers, B. Election and Terms of Office, and asked that the ballot style voting be reinstated. Mark asked Member Tarter to refer to page 4 of the proposed bylaws, noting that there are

several references to OMA. Member Tarter stated he felt that those referred only to the Council and not the committees of the Council. Mark suggested that B. Regular and Special Meetings could be revised to read "Regular, Special and Committee Meetings," which would address the Member Tarter's concern. He also asked the Council to look at the Nominating Committee's role in regard to Member Cunningham's concern regarding ballot voting. Member Smith referenced Article VI - Size & Composition, C., and asked why "(of Hispanic origin or not)" was being removed. Mark explained that the word "ethnicity" covers all groups, that the language being removed did not add further value. Member Smith then referenced the paragraph directly below, D., and asked why "(2)" was being removed. Mark explained that again it was additional language that did not need to be there as it did not add value. Member Bejster asked if there was a way to show which sections of the bylaws were HRSA standards and which were not as she was under the impression the bylaws were HRSA driven. Dave McDermott stated that the HRSA application he is preparing contains a section that specifically addresses the bylaws and he would send that to Lisa Kroeger to send to the Council members.

This matter was presented

9. Medical Director's Report

9.1

Medical Director Report - Zun

Dr. Zun reviewed his report as provided in the agenda packet. Member Tarter commented that there seems to be difficulty in staffing the SBHC. Dr. Zun stated that in the short time he has been with the Health Department a full-time SBHC provider has given notice and that a new provider is coming on board, but other than that he has not had an issue. Member Tarter said the issue appears to be with the position of nurse practitioner. Dave McDermott confirmed that we are on our fifth nurse practitioner since the SBHC opened. Mark added that the current provider was actually going to leave a year ago, but that he was able to convince her to stay on for another year. The current market is also a factor in addition to the myriad of bosses in the form of the Superintendent, School Administration, Principal, and Health Department Administration. Member Smith asked how Council members do or can receive notice of the townhall meetings. Dr. Zun explained that there has only been one to-date and that Chair Withem-Voss was in attendance, but he wants to be careful so as to not overwhelm patients and the Council members. Mark recommended that the Council appoint two members to attend each townhall as they occur and that the next one is scheduled for December 2019.

This matter was presented

10. Dental Director's Report

10.1

Dental Director Report - Cockey

Dr. Cockey reviewed his report as provided in the agenda packet. He added the possibility of having a dental residency program at the Health Department in cooperation

with New York University (NYU) but there are obstacles to overcome. He is also hoping to work with College of Lake County to have their dental hygiene students work with the Health Department. Member Washington asked about using dental students from the school in downtown Chicago. Dr. Cockey stated the dental students from UIC do come to the Health Department but their residency program is a little different in that they are already doctors that have graduated that come to the community health centers to obtain post-graduate training to hone their skills. There is a dental school in Downers Grove that is a potential partner. Member Tarter asked if the arrangement with the dental school residents is the same as medical school students in that they can work in the community health centers in order to work off some of their school debt. Dr. Cockey stated with NYU that is not an option as NYU pays the dentist \$40K and the Health Department would host them and provide a dental assistant. Member Tarter suggested that Dr. Cockey speak with Dr. James Macrowski, a former Council member and retired dentist who is now teaching at Marquette University, about availability of dental students. Dr. Zun added that once a physician completes their training they can apply for the loan forgiveness program and he believes it applies to dentists, as well. Dr. Cockey stated that it depends on the program. Dave McDermott confirmed that dentists can apply for the loan forgiveness program after they start a residency program.

This matter was presented

11. Director of Finance's Report

11.1

Director of Finance Report - Riley

Attachments: [Director of Finance Report 8.8.19](#)

Pam Riley reviewed the financial reports provided in the agenda packet. Member Fornero asked what "Transfers from Other Funds" refers to. Pam explained that is primarily FICA and IMRF. The County gives the Health Department that money back and it is included in that line. Member Fornero then noted that at the bottom of that same page there is a line for "Operations Excess/(Deficiency)" and a line for "Total FQHC Excess(Deficiency)" but that the dollar amounts for both are the same and asked if both lines are necessary. Pam stated that the Operations line can be removed.

This matter was presented

12. Reports of Committees

Member Bejster presented a report from the Personnel Committee as a result of discussion held during their meeting just prior to this regular meeting. During that meeting Member Cunningham pointed out the importance of hiring providers that are representative of the patients being served at the different clinic locations throughout the communities. The Committee members then voted on and approved an ask of Dr. Zun and staff to look at developing a provider recruitment plan geared towards hiring providers from underrepresented minority populations, specifically African American providers.

Mark thanked the Committee for bringing this to the Council as it is a reaffirmation of the Health Department's efforts and added that Dr. Zun just hired a Latino Regional Medical Director, and that two of our OB/GYN physicians, Dr. Idries Abdur-Rahman and Dr. Jamil Abdur-Rahman, are African American. Member McConico asked if they are culturally Africans. Mark stated they are Americans that originally and directly came from Africa. Member McConico asked if the Dominican Republic is considered hispanic, to which Mark replied yes and explained that origin refers to the country someone comes from and that the ethnicity would be hispanic.

13. Old Business

None

14. New Business

Member Smith presented two items to the Council. She informed the Council that she has been working in Highwood in a 12-week Family to Family course offered by NAMI and facilitated by Fenix Clinic. There are 16 enrollees in the course and all of them have been touched by suicide in one way or another. The need for this service is very high, particularly in the brown and black communities, and one of the concerns is safety going to the Fenix clinics within those communities. As a Council member and consumer she has been advocating on behalf of the Health Department and encouraging people to utilize the Health Department's clinics and services. Mark informed the Council that he has had two meetings with Fenix and has told Dr. Bruner that whatever the Health Department can do in order for Fenix to refer patients to our behavioral health services, just let us know. He also noted that when Erie Family came in it was the hope that they would maintain the Health Reach Mundelein location, to better serve those in that area but the volume was not there and subsequently that facility was closed. Member Smith will be sending the Council members and Administrative staff the invitation to the Family to Family class graduation. Mark will have Sam Johnson-Maurello, Director of Behavioral Health, and Joe Tranchita, new Associate Director of Behavioral Health, come up with some concepts as to how we can reach out to those communities.

Member Smith then asked if there is training for staff, especially front line staff, on how to deal with a violent situation. Mark stated there has been a couple of different trainings as to what should be done in the case of an active shooter. There have also been trainings on how to handle aggressive people and de-escalate the issue. The biggest problem is that people from the community have said we need armed guards, metal detectors, etc., but what does that say to our patients? What does that say to our staff? Staff may feel more safe, but it continues the mental health stigma. There have been comments made in the media that the individuals causing the recent problems around the country are those with mental health issues, but there is no science behind that. We have to walk a tightrope between open doors and a welcoming environment and treating our patients as if we expect them to do something threatening. Mark stated he would have Jerry Nordstrom, Director of Business Operations, present at the next meeting.

15. Executive Session

None

16. Adjournment and Next Meeting

Chair Withem-Voss adjourned the meeting at 2:01 p.m.