

# Lake County Illinois

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



## **Meeting Minutes - Draft**

**Tuesday, January 14, 2020**

**5:30 PM**

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

**Lake County Community Health Center Governing  
Council**

**1. Call to Order**

*Chair Withem-Voss arrived at 5:45 p.m.*

**Acting Chair Fornero called the meeting to order at 5:35 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**

December 12, 2019 Meeting Minutes

**Attachments:** [GC Minutes 12.12.19 - DRAFT](#)

*Numerous comments were made and questions asked by Vice Chair Fornero and discussion ensued among the members, but none of which resulted in any changes to the minutes, which were unanimously approved as presented.*

*Member Bejster stated that she noticed the agenda order for this meeting has not changed to reflect the agenda order changes to the bylaws approved at the December 12, 2019 meeting. Lisa Kroeger, Executive Director Assistant, explained that due to the legislative software used to generate meeting materials, and the fact that there are additional agenda order changes in the bylaws to be voted on at this meeting, she is waiting until after this meeting to submit all of the changes to County IT as they have to be submitted on one ticket.*

**A motion was made by Member Cunningham, seconded by Member Tarter, 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**

**5. Executive Director's Report**

*Mark Pfister reminded the Council that at the regular meeting on December 12, 2019, a survey was distributed to the nine members present to obtain their availability for the purpose of moving the regular meetings to a new day and/or time. Of those nine, six indicated that Tuesdays at 5:00 p.m. or later could work for them. Mark then asked if Tuesdays at 5:30 p.m. would work for the Council. Member Cunningham stated the second Tuesday of the month would not work due to her many commitments. Mark then*

asked if the first Tuesday of the month at 5:30 p.m. would work for everyone. Member Cunningham stated that would not work for her either, and asked why meetings are now being changed to nights. Mark reiterated that the current meeting time of noon is the biggest challenge when it comes to recruiting new consumer members. He stated that when he and Dr. Zun have been at the patient townhalls, there have been consumers who are interested in becoming a Council member but that they cannot make a daytime meeting due to work and/or childcare conflicts. That is why he is making the recommendation to change the meeting day and time. He is becoming very concerned that the Health Department is not going to be able to maintain HRSA's requirement that the majority, at least 51%, of the health center board members are consumers. He then informed the Council that Member Cynthia Vargas, a consumer, would like to resign due to conflicts with her work schedule and that Member Frederick McConico, also a consumer, has to leave the Council due to the fact that his daughter is now an employee of the Health Department which is a violation of the Council's bylaws and HRSA's requirements. There is a consumer applicant, Miriam Argueta, who will soon be meeting with the Nominating Committee and, if approved at the February meeting, she will be replacing Member McConico but that still leaves the Council in need of another consumer to replace Member Vargas. Chair Withem-Voss is also having challenges due to her school and work schedule and Member Washington's health is still not good, so that is 4 out of the 6 consumers currently serving on the Council that are tenuous. Mark reiterated his recommendation that if Council members can do an evening meeting, it would greatly improve the ability to attract more consumer applicants. Member Cunningham agreed that an afternoon meeting time has always been an issue with obtaining and/or retaining members and that we're just going to have to take the chance and change it. Member Fornero stated that he would again like to bring up that reimbursement would help attract potential members and suggests that it be on the next agenda. Mark made a recommendation that the Council direct him to come up with a meeting schedule to bring back to the Council for consideration at the February meeting and that the February meeting be moved to Tuesday, February 11, 2020, at 5:30 p.m. Member Tarter asked if another change could be made to the bylaws to lower the number of members but was informed by Mark that those requirements are set by HRSA, not the Council itself, and that HRSA requires a minimum of 9, maximum of 25. Member Fornero asked if Member McConico could be grandfathered in since his daughter became employed by LCHD after Member McConico was already on the Council. Mark said no, as it is a requirement of HRSA and part of the Council's bylaws. Member McConico stated it has been a privilege to serve. Member Fornero asked what would happen if Council membership fell below 9. Mark stated it would put \$6M dollars at risk and we would be looking for additional consumer members very quickly.

Mark then reported that the lobby renovations at 3010 Grand have begun as a result of approval by the County Board of the appropriation of funds. During construction The Grand Room will serve as the new waiting room and patient registration. Some first floor

*staff have been temporarily relocated to the second floor. A temporary wall will be installed around the construction area to keep down noise and dust, and to protect clients and staff. He then distributed a copy of the final floor plan for the members' review explaining that it will all be done in three phases with the northwest side as phase 1, southwest side (CABS) as phase 2, and the east side as phase 3.*

*Mark then called on Dimitry Petion, Director of Physical Health, to provide an update on The Coleman Associates and pilot program being done at our North Chicago Health Center. Dimitry informed the Council that full immersion in the 6-step Coleman patient processing puzzle was rolled out last Monday, January 6, 2020, at North Chicago. Of the three providers at the site, two are fully performing the Coleman puzzle and one APRN is partially performing it. Operational improvement continues to be seen along with a decrease in the no-show rate for all providers. The number of patients processed per provider per hour has increased. The time-to-next appointment has been reduced from 28 days to 14. While these improvements are impressive, we are not yet satisfied. We continue to work to fine tune the process to obtain greater operational efficiency and provider productivity, as well as to improve overall patient satisfaction. Mark added that Dimitry has been a great addition to the team and that staff at North Chicago, along with other staff, have been doing a great job in working with Coleman Associates throughout the entire process. Everyone is excited with the hope that the no-show rate can be reduced to 10% with the goal of making sure everyone gets the service they need in a timely manner. Member Cunningham added that she can see that North Chicago is improving as she has not received any phone calls in quite some time.*

*Mark then introduced Dr. Shami Goyal, one of LCHD's two Regional Medical Directors, and explained that she is attending in place of Dr. Les Zun, Medical Director, who is currently attending a meeting elsewhere. He also added that Dr. Goyal is a wonderful addition to LCHD's staff and that she has been helping out at the Zion Health Center by seeing patients who love her so much they want her to become their primary care provider.*

## **6. Items for Approval**

### **6.1**

Provider Credentialing and Privileging - Dr. Zun

*Personnel Committee Chair Bejster informed the Council that the credentialing information for the providers noted in the agenda packet was reviewed in the Personnel Committee meeting which took place just prior to this regular meeting and the Committee recommends approval.*

**A motion was made by Member Cunningham, seconded by Vice Chair 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 Reappointments - Dr. Zun

*Personnel Committee Chair Bejster informed the Council that professional staff reappointments were also reviewed in the Personnel Committee meeting and the Committee recommends approval.*

**A motion was made by Vice Chair 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

Annual Approval of Cooperative Operational Agreement - Pfister

**Attachments:** [GC BOH COA 1.9.20](#)

*Mark Pfister, Executive Director, reminded the Council that this is the agreement between the Lake County Board of Health and the Lake County Community Health Center Governing Council that is to be reviewed and approved annually. It was provided to the Council for review in the agenda packet for the December 12, 2019 meeting and is now being presented for approval and signature.*

**A motion was made by Member Tarter, seconded by Vice Chair 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

6.4

Amended Governing Council Bylaws - Pfister

**Attachments:** [GC Bylaws - FINAL 1.9.20](#)

*Mark informed the members that the document before them is the final clean copy containing the changes made over the last several months. He also reminded them that at the December 12, 2019 meeting Member Cunningham asked that the Pledge of Allegiance be added to the agenda order which is why it is again on the agenda and that he recommends approval. Member Fornero asked why amendments to the bylaws require a two-thirds vote of the entire membership of the Council. Mark explained that it is good practice, per Robert's Rules for Bylaws, to have the two-thirds majority because the Council is making changes to how they govern themselves.*

**A motion was made by Member Bejster, 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

## 6.5

Governing Council Committee Appointments for 2020

**Attachments:** [2020 GC Committee Appointments](#)

*Chair Withem-Voss informed the Council that she met with Mark regarding the committee appointments and came up with the document provided to Council members in their agenda packet. Member Bejster asked if the appointments are for the full year or can they be amended at any time. Mark stated that they can be amended whenever the need arises. Member Smith noted that she is now on the Nominating Committee as well as the Budget Committee. Mark explained that members can serve on more than one committee and that Budget Committee meets once a year.*

**A motion was made by Vice Chair Fornero, 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

Healthcare Foundation of Northern Lake County (HFNLC) Dietitian - Dr. Zun

**Attachments:** [HFNLC Dietitian 20](#)

*Dr. Shami Goyal, Regional Medical Director, reviewed this item with the Council as provided in the agenda packet. Member Bejster asked if this grant is related to the same program and/or quality improvement piece previously mentioned. Dr. Goyal stated it is. Member Fornero stated that the grant is for \$100K but that expenditures are \$70K and asked if that has any effect on the grant. Mark explained that the dollars are offsetting other personnel that have already been budgeted for, so you can't double encumber. Member Tarter stated that HFNLC has previously supplemented the cost of the school-based health center (SBHC) operations and asked if the funds being allocated here affect that or is it able to self-fund. Dave McDermott, Grants Manager, explained that currently the SBHC is self-supporting with revenue. The HFNLC has a 5-year rule in which a funding recipient can receive funds for 5 years but then has to take a year off after which they can apply again. LCHD has taken their full year off, that this is a new project, but that the SBHC is currently supporting itself. Mark added that the SBHC is self-supporting as a result of opening it up to more individuals, including the teachers, and that more medical services than behavioral health services are being provided.*

**A motion was made by Member McConico, seconded by Member Bejster, that this**

item be approved. Motion carried by the following roll call vote:

**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 Clinical Dashboard Nov 2019](#)

*Christina Hayes, CQI Coordinator, shared with the Council a plan-do-study-act (PDSA) just started in one of the clinics related to colorectal cancer screening. Colorectal cancer screening rates across all health centers nationally are at approximately 25% which is just below the U.S. population average of 31% but she feels that is low and that we can do better. Colorectal cancer is the second leading cause of cancer mortality in the US because symptoms do not usually present until it is severe which means chances of survival are greatly reduced. Therefore, regular screening increases the chances of catching it in it's early stages. Member McConico stated that he believes this is diet and nutrition related. Mark agreed and stated that is why dieticians are important and necessary on the front end of patient services. Christina informed the Council that patients can do the colorectal cancer screening in the comfort of their own home by using a fecal immunochemical test (FIT) kit. The kit is given to eligible patients along with instructions on how to administer the test and that they then need to bring it back to the clinic in order for the screening test to be done. Patients with a positive test result are referred to a specialist. Unfortunately, a lot of the patients who receive the kit do not return it so they are not getting their screening and it's costly. This is why a PDSA is being done to increase those screening rates. An agreement form has been developed that providers will review with their patients and have them sign giving patients more accountability and thereby encouraging them to return it. The form states the importance of the FIT test and a date it has to be returned by. The form was piloted in December through a Nurse Practitioner at the Libertyville health center to see if it would work. It was found to be easy to implement, easy to work in to the clinical workflow without interrupting staff time, and the patients seemed to like it because they're being given an explanation as to why they're receiving the kit and why it's important. The pilot provider's overall screening rate went from 14% in November to 26.7% in December. Since it appears to be successful, that provider will continue to use the form at all of her patient locations before being rolled out to the agency as a whole. Member Tarter asked if the dashboards provided reflect all of the measurements LCHD is held accountable for by HRSA. Christina stated they do not as there are 16 different measures. Member Tarter then stated that as a Council they should be seeing all of those measures, not just a select few, and that it is his understanding that exceeding the baseline in all of those measures would result in higher reimbursements. Christina confirmed that is correct. He then stated that in that case the Council members*

should definitely be seeing them to which the other members agreed. Mark reiterated that ultimately LCHD wants to give the Council members access to Tableau so that they can review and research all of the dashboards digitally. Member Fornero called attention to the first dashboard for obesity asking why it says, "3-17 year olds with..." but the dashboard for hypertension says, "hypersensitive patients whose..." and asked why the word "patients" is not used on all of the dashboards for clarification. Christina will review the dashboards and insert the word "patients" where needed. In regard to the dashboard on obesity for 3-17 year olds, Member Fornero asked if those patients are being educated on proper nutrition and physical activity. Christina explained that the providers and MA's counsel every pediatric patient on nutrition and physical activity whether or not their BMI is high, but the low number could be a result of the provider documenting the information in the incorrect place in the system in which case the information would not be captured when the report is run. Member Fornero then addressed the immunizations dashboard and asked why children two years of age would not be fully vaccinated or at least vaccinated above the 36%. Christina explained that the data is looking at children two years of age and under and that age group has to have all of their childhood vaccines plus at least two flu shots by 24 months, but if that doesn't happen then once they hit 24 months they are no longer included in the measure. Administering those two flu shots during the flu seasons before they turn two is hard to do. Member Tarter asked if the standard is appropriately stated because LCHD has lost out before on the flu vaccine, and is this required by HRSA, too. Christina stated it is and explained that data actually comes from the module within LCHD's electronic health record (EHR) which is connected to HRSA. Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, added that the Council looks at this data monthly and the challenge in looking at it monthly is that the data captured is for everyone under the age of 2 at the time the report is run, however, they may not be due for their flu shot until six months later so the data is going to show that they are not in compliance which is why the percentage is low. HRSA looks at this data annually, so those not in compliance in the Council's report will be in compliance in HRSA's report.

## 8.2

LCHD/CHC Payer Mix FY2019 - Burke

**Attachments:** [Jan 2020 Payer Mix](#)

Kim Burke, Director of Healthcare Operations, presented the information provided in the agenda packet. She explained that the top three rows are the comparison of the last three fiscal years. Just under 5% of LCHD's patients have commercial insurance. Medicaid managed care organizations (MCO) have slightly decreased, while uninsured has increased, due to the fact that the State was to be redetermining Medicaid eligibility every year but were not in compliance with the Federal guidelines. They have since reimplemented that annual redetermination process. The State now mails the Medicaid revalidation paperwork but if the intended recipient does not complete and return those documents within 90-days, they are dropped from Medicaid, and have to submit a new application. If they return their paperwork within the 90-days, Medicaid reinstates them.

One of the other reasons for the increase in uninsured is the changes made to the Affordable Care Act (ACA), specifically the individual mandate which is where an individual does not have to have health insurance and there is no penalty. That, along with the increase in insurance premiums for commercial insurance, has people choosing to not get insurance. There were also decreased federal funds affecting this. Medicare numbers have decreased due to the opening of other medical facilities in Lake County that specialize in Medicare, drawing those patients away from the Health Department. Member Tarter asked if LCHD is advocating at the State and Federal level to increase the 330 grant to see increased reimbursement since it's dealing with more uninsured clients. Dave McDermott stated he does not expect to see an increase in reimbursement. Mark added that the Health Department is really advocating for the Federal government to approve the 330 grant for a 5 year appropriation to avoid continuous fiscal cliffs. Kim then provided an overview of the Medicaid MCO's and the things anticipated to happen in 2020 since Medicaid is 56% of LCHD's patients. One of the last populations excluded from mandatory managed care was the DCFS YouthCare. They are going to become part of IlliniCare as of February 1, 2020. There is some consolidation happening in the Medicaid managed care market, as well. Years ago we used to have 12 different MCO's, the State took that down to 6 statewide and in Lake County there are four. One of the four is Meridian Health Care, which has the largest part of our membership, and they are in the process of being acquired by IlliniCare. The State is not allowing that to happen in Illinois because it would create a monopoly, so they are making the parent company of IlliniCare, Centene Corporation, sell off IlliniCare and it is being sold to CVS Health. CVS Health will then be a new payer working in place of IlliniCare.

### 8.3

Governing Council Self-Evaluation Results 2019

**Attachments:** [Self-Eval Results 2019](#)

Mark Pfister reviewed the results with the Council and offered to sit down with any of them should they feel the need to discuss them outside of this meeting.

## 9. Medical Director's Report

### 9.1

Medical Director's Report - Dr. Zun

In the absence of Dr. Les Zun, Medical Director, Dr. Shami Goyal, Regional Medical Director, reviewed the Medical Director's report as provided in the agenda packet.

## 10. Dental Director's Report

### 10.1

Dental Director's Report - Dr. Cockey

Dr. Omar Cockey, Dental Director, reviewed his report as provided in the agenda packet.

## 11. Director of Finance's Report

*Pam Riley, Director of Finance, informed the Council that there is not a finance report for this meeting as Finance is in the process of closing the year end. There will be a preliminary November and December report at the February 11, 2020 meeting.*

**12. Reports of Committees**

*Mark Pfister reiterated that a meeting will be set up for the Strategic Planning committee, Jefferson McMillan-Wilhoit, and Anna Yankelev, to discuss the Strategic Plan work done to-date.*

**13. Old Business**

None

**14. New Business**

None

**15. Executive Session**

**Chair Withem-Voss called for a motion to enter in to executive session. A motion was made by Member Tarter, seconded by Member Cunningham, to enter in to executive session at 7:00 p.m. for review of executive session minutes. Motion carried unanimously.**

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

**Absent:** 2 - Brown and Vargas

**Executive Session**

*In accordance with 5 ILCS 120/2.06(d) discussion was held in executive session.*

**Chair Withem-Voss called for a motion to come out of executive session. A motion was made by Member Tarter, seconded by Member Cunningham, to come out of executive session at 7:09 p.m. Motion carried unanimously.**

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

**Absent:** 2 - Brown and Vargas

**15.1**

Review of Executive Session Minutes - Pfister

**A motion was made by Vice Chair 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

**16. Adjournment and Next Meeting**

**A motion was made by Member Bejster, seconded by Vice Chair Fornero, that this meeting be adjourned. Motion carried unanimously. Meeting adjourned at 7:10 p.m.**

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

**Absent:** 2 - Brown and Vargas