



Hilltown Community Health Center

**BOARD MEETING
FEBRUARY 25, 2016
HUNTINGTON HEALTH CENTER
6:00 PM**

AGENDA

1. Call to Order
2. Approval of the January 28, 2016 Meeting Minutes
3. Finance Committee Report
4. Guest Presenter, Mary Ellen O'Driscoll, Technical Services & Special Populations Director, Massachusetts League of Community Health Centers
5. Executive Director / Senior Manager Reports
6. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
 - Fundraising and Development
7. New Business
8. Adjourn

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HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA

Date/Time: 01/28/2016 6:00pm

MEMBERS: Wendy Lane Wright; Cheryl Hopson; Lew Robbins; Lucy Fandel; Alan Gaitenby; Lee Manchester; Tim Walter; Nancy Brenner; John Follet, Interim President; Kimberly May, Clerk

STAFF: Eliza Lake, Executive Director; Jeff Hagen, COO; Frank Mertes, CFO; Michael Purdy CCSO; Janet Laroche, Executive Assistant

ABSENT: Wendy Long

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 12/11/2015	<p>John Follet called the meeting to order at 6:05pm.</p> <p>The December 11, 2015 minutes were reviewed by the Board members present. A motion was made to approve the December 11, 2015 minutes as written. The motion was seconded and with no discussion needed, the motion to approve the minutes was approved unanimously.</p>	<p>The December 11, 2015 minutes were approved</p>	
Finance Committee	<p>Frank Mertes reported on the January finance committee meeting. Frank informed the Board that he plans to make some contractual adjustments related to how we recognize revenue on a monthly basis. For 2015, it was reported that we did not meet budget expectations. But, YTD, there was a surplus of \$95,000 compared to - \$304,000 of 2014. Going forward, we'll look at the budget monthly and what actually occurred that month. There is currently 12 days cash on hand. At this time, we're paying bills on time and cash is up from last year at this time.</p>		
Executive Director Report	<p>Eliza reported that the budget discussion reported at the finance committee has been discussed by senior management. The goal is to have 3% operating margin in the future.</p>		

	<p>As stated in her report, there were two separate patient threats during the month that have raised safety concerns and questions in the organization. A policy has been created to prohibit firearms on the property which will be reviewed at this meeting. A safety committee will also be formed and will be responsible for keeping track of items that need to be addressed, create trainings and drills for staff, and work with law enforcement. A ticketing system to track ideas and issues will also be put into place. Scanners have been installed at reception desks and staff are scanning IDs of patients and the photos are being added to the patient's medical record for security. Eliza has met with staff at HHC.</p> <p>The HRSA site visit is tentatively scheduled for April 13-15. The Mass League offers free trainings to get prepared for the visit along with information on which program requirements other CHCs are not meeting. John asked if there were any volunteers from the group to attend a presentation by the Mass League. It was agreed to have the presentation made to the entire Board. Eliza will arrange for this during the February meeting.</p> <p>The fundraising for Amherst is going well. Donations and pledges are being received. A packet for donors is being sent to the printer this week. The outreach community group trained several people to be ambassadors to the community. They meet the 2nd Tuesday of each month at 9am at the Amherst Town Hall and Board members are welcome to attend. A community education brochure is the next item to be created.</p> <p>Eliza reported that HCHC has been removed from the Partnership for Community Health grant and an Administrative Services Organization</p>		
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	<p>with the other Western Mass CHCs will not happen any time soon.</p> <p>It was also reported that there are provider shortages at the present time in behavioral health, medical and dental. All of these departments are actively recruiting.</p>		
Executive Committee	The executive committee is in need of members due to the vacant positions of Treasurer and Vice President.		
Facilities Committee	<p>The vinyl siding project in Worthington has been completed.</p> <p>This committee will be assigned some tasks due to the recent safety issues that arose earlier this month.</p>		
QI Committee	A new charter and Lean Team project will begin soon which will focus on internal communications within the medical dept. We're in need of some new staff to be trained in the Lean Team process. The Mass League will be offering a class soon and senior management will consider sending others to the training.		
Corporate Compliance	No report this month		
Personnel Committee	The committee has decided that up to 5 weeks of vacation time can be accrued as part of the paid vacation policy. The bereavement leave policy was discussed further and it was decided to re-word the policy to make 'extended family' clearer. This will be reviewed at the next meeting.		
Recruiting, Orientation & Nominating Committee	Tim and Wendy plan to meet to discuss the need and to begin recruiting another Board member.		
Expansion Committee	The expansion committee has not yet met. Lee has offered to facilitate the first		

	meeting. Nancy, Lucy and Eliza have agreed to meet with him.		
Strategic Planning Committee	This committee has not met recently. HRSA will want to see the health center's plan. Eliza reported that senior management reviews this plan on a regular basis. It was suggested to hire someone to facilitate with the development of the plan. John, Wendy LW, and Nancy will work to schedule a meeting.		
Fundraising & Development Committee	Eliza invited the Board to attend any of the meetings taking place with her, Marie and Janet. These meetings happen on a regular basis in Worthington. Eliza also meets regularly in Amherst to discuss fundraising developments and plans. It was suggested to have Marie Burkart, Development Director speak at a future Board meeting regarding fundraising for the entire organization.		
Old Business	None		
New Business			
Board Membership	The RON committee plans to meet to discuss the recruitment of a new member. A few members (2-3) from the valley will need to be discussed and recruited soon. John mentioned that he'd like to see term limits for officers discussed by the RON committee. Currently, a quorum would be 6 members for voting purposes now that the Board has 11 members.		
Finance Committee Meetings	It's been discussed and decided by the Finance Committee to continue meeting monthly just prior to the monthly Board meetings.		
Electronic Board Packets	Janet reminded members that the secure BOD page of the health center's web site is functional. She asked if members would like to receive an email containing		

	a link to the area prior to each meeting to see and print (if needed) the packet for each meeting. Paper packets can be mailed out as well. The group agreed to the email being sent with the link each month.		
Firearms-Free Workplace Policy	In light of the events taking place in the past month, a firearms policy was created and reviewed at this meeting. It states that the organization prohibits the possession or use of firearms on company property. Signs will be ordered and hung at each patient and employee entrance for each location. It was asked if patients are asked if firearms are kept in the home. The answer was that it's asked at well-child visits only. The domestic violence advocates sometimes become aware of the presence of firearms in a home, and if the situation calls for it, communicates with local law enforcement. A motion was made to accept the firearms-free workplace policy as written and then seconded. With no further discussion, the policy was approved.	The firearms-free workplace policy was approved	
Change in Building Hours	A change in building hours was brought to the board for review and voting. The Worthington Health Center is requesting to be open until 6pm on Tuesdays instead of 7pm due to the clinician who worked until that time is no longer an employee. There was no change made to the hours of the Huntington Health Center. A motion was made to accept the amended building hours as written and then seconded. With no discussion needed, the change in building hours was approved unanimously.	A change in building hours was approved	
HCHC Web site	There are a few remaining issues that need to be resolved with the health center's new web site. An interview was held with a new design firm from Easthampton to assist us. These issues can be fixed in approximately 2.5 days		

	which will then allow us to promote the new site.		
Speakers	Low asked if a schedule could be created to invite outside speakers to present to the Board on relevant topics on a quarterly basis, for example. Ideas brought up include the 1422 grant, payment reform and perhaps speakers from the Speakers Bureau of the Mass League, if they have one. This is something that can be arranged.		
Adjourn	The meeting adjourned at 7:40pm. The next meeting is scheduled for Thursday, February 25, 2016 at 6:00pm at the Worthington Health Center. Please note the new start time.		

Approved – Feb. 25, 2016 –Finance Committee Meeting Minutes

Committee: Finance Meeting

Location: Huntington

Date: February 25, 2016 @ 5:30 P.M.

Committee Members present: ☒ Lewis Robbins, ☒ Tim Walter, Staff: ☒ Eliza Lake, ☒ Frank Mertes,

Agenda Item	Summary of Discussion			Decision / Next Steps	Person Responsible / Due Date
Old Business: Minutes for January 28, 2016	Minutes from the January 28th Finance Committee meeting were presented. Mr. Lewis made a motion and Mr. Walter seconded to accept the minutes as written.			Approved	N/A
No Financials Presented Discussion on YE Close	<u>Year End Considerations:</u> <i>It is anticipated that the actual results will be reduced for FY 2015 once all accounts are reconciled.</i>			No Action	N/A

Agenda Item	Summary of Discussion			Decision / Next Steps	Person Responsible / Due Date
Updates:	<p>Finance / HR Department</p> <ol style="list-style-type: none"> 1. Completed UDS, - in review process with HRSA. 2. Completed workers comp audit. We expect a small \$400 to \$500 dollar assessment for 2015 activity due to additional compensation paid out. 3. In negotiations with landlord on 9 Russell Road Lease, will give update when completed. 4. Eliza and Frank met with USDA representative to review any long term financing needs we may have, they have a nice loan program that we may be able to utilize in the future should there be a need. Currently Amherst activity would not be eligible. 5. Eliza and Frank met with Commonwealth Purchasing representative to review current cost savings and review any possible additional vendors that we could utilize. 6. Frank had a telephone conf. meeting with Jennifer Vanegas, VP of First American Healthcare Finance to discuss possible lease/loan arrangements if needed for Amherst expansion. The meeting went well and but will be evaluating against other banks/lenders as time goes on. 7. Finance / Billing department making progress on year end account reconciliations for annual audited 			No Action	N/A

	<p>which is scheduled for week of March 21.</p> <p>8. Scheduled insurance review for executive staff with Whalen insurance, will report out after the meeting.</p> <p>9. We have noticed a slow-down in cash receipts, due to lower revenues in December and January, we are planning accordingly and will watch this situation carefully.</p> <p>10. Eliza and Frank are to attend the NACHC National Policy & Issues Forum in WASHINGTON DC on March 16-19, the Policy & Issues Forum is the largest gathering of health center clinicians, executive directors, State and Regional Primary Care partners, board members and advocates each year. This event focuses on the latest in state and federal government policies affecting Community Health Centers and health care for millions of Americans including all the patients we serve.</p> <p>11. Staff Update:</p> <p>A. In January we hired a new receptionist, Kristin Whalen, and Marie Burkhart became an employee rather than consultant.</p> <p>B. In February we hired Robyn Laferriere, the Clinical QI Coord and HOPE Nurse, along with Carolyn Sailer, the Lead QI Coord.</p> <p>C. Lora Grimes MD is scheduled to begin employment on March 2nd.</p> <p>D. The accounting department is currently</p>				
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	<p>operating with one less staff, to help compensate for this Jared's hours have been increased from 20/week to 25.5/week.</p> <p>E. We continue to review the need for added staff that have budgeted in the Finance and HR departments.</p> <p>F. We are conducting a provider compensation review to standardize the compensation package for all providers.</p>				
Meeting Adjourned	Vote to adjourn meeting made by Mr. Walter and seconded by Mr. Lewis.			Approved	N/A

Respectfully submitted,
Frank Mertes, on behalf of Finance Committee

Executive Director Report: February 24, 2016

It has been a short month, with an early Board meeting this week, and it has thankfully been a quieter month than January proved to be. On the Senior Management team, we have all been busy focusing on the particular challenges of our positions: Frank has been working to close the books on 2015 while creating a structure that will serve us well in 2016; Jeff has been addressing the increasingly rare technical difficulties while supporting the efforts of our new Safety and Quality Data taskgroups; Michael has been working with his managers to address the empty provider positions that can have such a negative impact on the organization's bottom line; and I have been working not only to advance the Amherst project but also focusing on the upcoming state budget process and recent regulatory changes that will affect the state's support for uninsured patients. We have all been working to prepare for the HRSA site visit in April, with fabulous support from Janet Laroche and Marie Burkart. And most importantly, the staff have continued to see patients in a caring and efficient manner!

As you will hear, the Finance Committee report will be brief, as it often is in January. Before we can determine how we performed in the first month of the year, the Finance Department must finish its analysis of last year's performance, so that we know what the starting point was on January 1st. In addition, February is when our most comprehensive federal report is due, the UDS, which takes a great deal of time to pull together and polish. The expectation is that the financials for the month will be completed in time for the auditors, who will be here the week of March 21st, but we assume that they won't be great. The lack of providers in most of the clinical departments has an impact. We are excited that Dr. Laura Grimes' schedule is open and being filled, and that we are in talks with another doctor who could work at our Amherst site when it opens. The search for dental providers is more difficult, but we are working hard to find someone soon. We are still optimistic about the year, but will be monitoring the situation closely. Personally, while I know that is a very small number, I have been thrilled at the little bit we have saved due to the winter's weird weather – no cancellations so far (knock on wood!), potentially fewer cancelled appointments, lower heating bills, less snow plowing needed.

One more point about our finances; today I received a draft letter from the Mass League that I am supposed to use to develop testimony to the state. Here is a paragraph I thought you might find interesting: "Although negative operating margins were reported for the 25th percentile of community health centers in FY2011, 2012 and 2013, the group posted its strongest result in FY2014 at -1.7%. The operating margins have increased for all quartiles with the median at 0.2%, as the average net patient service growth rate for all centers was 7.4% from FY2011- FY2014....Many MA community health centers have struggled financially since implementation of health reform (2006). Since FY2006, Operating Margins for all health centers have trended downward with a slight increase in FY2014. While the median operating margin for the highest performing health centers has hovered around 3 to 4 percent, the majority of our members have either break even or negative operating margins....Managing personnel related expenses continues to present a huge challenge for health centers, who are competing with higher-paying hospital-based and private medical practices for workforce positions,

particularly primary care physicians and other practitioners.” We are not alone in the struggles we face.

Other updates:

- **Amherst:** The project continues to go very well. We have continued to recruit individuals for the Campaign Committee, and hope to get two or three more before we bring them together to really launch the outreach to major donors. What’s really nice is that we are currently at 66% of the goal, and that does not include the very likely award of \$72,000 from the Town of Amherst in Community Development Block Grant funding. I will bring a copy of the completed donor packet, which was used for the first time yesterday and was very well received by the potential Committee member (and donor!). In addition:
 - Mary Lou Stuart, our Dental Director, and I made a presentation to the Hampshire Dental Society, and received the most challenging reception yet to this project. A few of the dentists in attendance were adamant that they would serve the target population were the MassHealth payment rates adequate, and while I told them that I would support any advocacy effort to make that possible, they were unmoved and unsupportive. A number of others, however, came up to me and Mary Lou and expressed their support, and I plan to approach them for further support as we reach out the dental community as a whole to educate them about the JPMHC.
 - The Outreach Committee met and provided concrete input into an Outreach plan, including the idea that we create a 3D model of the site, and started the development of a list of events at which we could have a John P. Musante Health Center table. The group will be providing input into the development of a brochure, including the translation of the materials into the most useful languages.
 - There will be a meeting of the full Community Partners group (which is the broadest group involved) on Thursday, March 31st at 9:00 AM in the Town Room of the Amherst Town Hall, which is the day of our next Board meeting. You are all more than welcome to attend. This meeting will be an opportunity to update the community on our progress, and also to solicit ideas for membership on the JPMHC Advisory Committee, from which potential Board members could be nominated.
 - Also on March 31st, I am speaking to the lunchtime meeting of the Amherst Rotary Club (which could potentially have a grant for the project), and on March 22nd, I am speaking to the Amherst Club, which was originally formed in protest of the Rotary’s exclusion of women as members. I have met with the Chamber of Commerce about our possible membership, which would give us a marketing boost in the area, and with a member of the Selectboard to discuss outreach to community leaders.
 - Randy Fisher and I will be meeting with ServiceNet in the beginning of April to discuss a possible collaborative relationship in Amherst – there are definitely benefits to doing so, and the two organizations have always had a good relationship.

- The architect is pleased with the progress on the plans (we just received a massive set, which he says are the 60% completion set), and reports that some contractors he talked to about the project think it could be completed in 24-30 weeks, which is much quicker than previous estimates. Next week we will be meeting with him and a number of staff members to make some final decisions about things like chairs, equipment placement, etc. Then there will be a meeting about finishes and colors – we must be getting close!
- A small group of us met to discuss the development of a **coordinated quality data plan**; there are so many funders with so many different measures on which we must report that we need to create a better structure to ensuring that we are addressing them all. Our plan is to create a spreadsheet with all required measures, and then prioritize them based on their impact on both clinical and financial outcomes, and on the ease with which they can be improved. The issues to address are often related to the interactions between clinical care practices and the documentation of those practices in the EMR. We will be meeting monthly, and will work closely with and report to the Quality Committee about our efforts.
- The **Safety Committee** held its first meeting and reviewed its charter, selected a Chair (Beth Brett from the Dental Department), and developed a list of situations and policies that need to be addressed. They will be meeting every two weeks, and will pull in Senior Management as needed; I have asked in particular to be involved in any conversations with local law enforcement. They provided input into the construction of new walls in Huntington, and the installation of security systems in internal doors to reduce the ability of patients to wander into clinical areas. I am very happy about the dedication of the individuals involved, and I think that it will be a very fruitful project.
- I have sent a letter to Representative Steve Kulik, who is on the House Ways and Means Committee, to express our recommendations for the **FY17 state budget**, which is in development now. I hope to meet with him to discuss these, particularly since the lobbying day organized by the Mass League is the first day of our HRSA visit. I haven't determined who from HCHC would be able to attend, but certainly would welcome participation from the Board, if there is any interest in traveling to Boston on April 13th.
- I will be submitting testimony this week to the Executive Office of Health and Human Services relative to **proposed changes to the Health Safety Net program**. The changes could have a real impact on community health centers, as they are proposing to reduce eligibility for full coverage from 200% of the federal poverty line to 150%, and partial coverage from 400% to 300%, and reducing the look-back for coverage from 90 days to 10 days. We are asking that they not implement these changes for 4/1/16, as they propose, but wait until the state budget is finalized. This is because these cuts are being made in response to the Governor's cuts to the program, in his proposed budget, which usually has little relationship to the final budget. I will let you know the outcome, but I made sure that Rep. Kulik also knew our position on this, even though there's little the Legislature can do. And just for your reference, HCHC receives \$382,500 from HSN, 78% of which is for dental care, to provide care for over 850 individuals. Reducing individuals' access to this important aspect of the health safety net would both decrease the likelihood of their receiving care, and increase the number of individuals that health center will have to serve without financial support from the state.

- Michael has asked that the Board consider voting to express HCHC's support of House Bill 1973, currently before the Massachusetts Legislature, which is entitled *An Act relative to the modernization of optometric patient care*. Passage of this bill would enable optometrists in Massachusetts to prescribe oral medication and/or treat glaucoma. Massachusetts is currently the only state that does not allow optometrist to do so, although they can prescribe topical glaucoma medication as long as it isn't for the treatment of glaucoma. Optometrists are trained to both prescribe oral meds and treat glaucoma, and in fact the Federal Trade Commission and Department of Justice sent a letter to the Legislature asking that they pass this bill. This bill would increase access to patients, particularly those patients with barriers to eye care. Before we push this effort, and before we make our support public to our patients, I would like to know that the Board has voted to support this bill.

Finally, since the Board meeting tomorrow evening will be taken up almost entirely by a training on HCHC's April site visit from the federal Health Resources and Services Administration, my expectation is to limit my report at the meeting as much as possible. Therefore, if you have any questions about anything you read in this report, please feel free to email me and the whole Board, and I will send the answer to everyone.

Senior Management Reports

Clinical and Community Services:

Community Service programs

- We have hired a case manager for the 1422 grant that will work with our case management/HOPE nurse

Eye Care

- We are updating the price guide for the lenses we sell in the optical shop; this would be a modest increase (\$10) to keep us in line with the market, but the prices will continue to be extremely affordable.
- Provider was out for nearly two weeks due to both a sick child and Continuing Medical Education, which negatively impacted revenue for the month of February

Behavioral Health

- Continue to have two positions open. A potential candidate, an LICSW, was offered the position but decided to remain at CSO, a local provider.
- We have three more candidates to interview, with first interviews this week and hopefully second interviews next week.

Oral Health/Dental

- Continues to have two positions open, and are looking to restructure our advertising to attract dentists with experience and begin the process of creating a more robust leadership structure in the department

Medical

- We have an interested Family Practice MD that is returning to shadow our providers; the goal is to establish stability in Worthington and work in Amherst

Operations Report:

Facilities:

- The parking lot light in Huntington has been installed by Eversource and the new employee entrance has been wired with an electronic lock and fob access. Utilization of the new parking lot has been good. We typically have about 17 cars in the lot, opening up 17 slots in the front of the building for patients.
- In response to the safety concerns raised by events of last month, plans have been drawn by our architect to build two walls in the Huntington Health Center. These walls will provide another layer of security for both patients and staff and will serve to isolate the waiting room from the clinical areas. The doors will be equipped with electronic locks, and staff use their IDs, which will have internal fobs, to take patients back into the clinical areas, or the receptionists will be able to buzz patients through the doors.
- Operations has obtained a quote for ID software that incorporates proximity lock activation (see above). We are considering using some of the annual DPH Emergency Preparedness grant to pay for this technology – this year we will receive \$4,000.

Information Technology:

- The T-1 lines for failover are built and ready to be installed. Due to an employee absence on Verizon's part, we are having to restart the site survey and subsequent paperwork for this project. Completion of this project will mean that we are not entirely reliant upon the fiberoptic system for our internet and phone systems – should the fiber go down, we will still have internet for prioritized activities.
- Operations is working on the eReferral to the YMCA with DPH and eCW, part of the 1422 grant. We anticipate testing to be completed before month's end. This will fulfill a requirement that our providers can, through the electronic medical record, refer patients to a Diabetes Prevention Program at the YMCA, and they will be able to send us back information about the patient through the same system. This is something that the federal and state governments are very interested in expanding throughout the country, so that not only will all medical providers be linked eventually through one medical record, but other local community-based providers will be part of the system as well. Needless to say, this is a very complicated undertaking, given the HIPAA and other protections required.
- We experienced a server crash over the weekend of 2/13/2016. The cause of the crash was corruption found in a Xentools update which affected the active directory and crashed the server housing all the network drives as well as the public (All Staff) drive. The results is that for a brief time, staff could only access their email through our web-based system, and could not access any of their files on the network. This did not affect the medical or dental records systems, so there was no impact on the clinical side of the organization, but the financial and administrative offices were unable to do much of their work for a couple of days. The system was recovered and the health center is now operational however, there is some degradation in redundancy. Quotes have been obtained to harden our system's redundancy, so that if this sort of glitch happens again, we have a better back-up system.

Finance Report:

1. Completed Uniform Data System (UDS) report, which is the major report due to the Health Resources and Services Administration (HRSA) every year. In it we report data on our patients (demographics, geography, insurance status, etc), our staff (FTEs by discipline), our finances, and more. It is currently being reviewed by HRSA, we will make revisions based on their comments, and then it becomes part of the public record.
2. Completed workers compensation audit. We expect a small \$400 to \$500 dollar assessment for 2015 activity due to additional compensation paid out.
3. In negotiations with landlord on 9 Russell Road lease, will give update when completed. The goal is to have one lease for the entire building, as we need the space for our growing Community Programs.
4. Eliza and Frank met with USDA representative to review any long term financing needs we may have; they have a nice loan program that we may be able to utilize in the future should there be a need. Currently Amherst activity would not be eligible as it is only for businesses in small communities. We see this as an important relationship to cultivate.
5. Eliza and Frank met with Commonwealth Purchasing representative to review current cost savings and review any possible additional vendors that we could utilize. Commonwealth Purchasing is the bulk purchasing organization created by the Mass League of CHCs, which now operates on a national scale.
6. Frank had a telephone conference meeting with Jennifer Vanegas, VP of First American Healthcare Finance to discuss possible lease/loan arrangements if needed for Amherst expansion. The meeting went well and but will be evaluating against other banks/lenders as time goes on.
7. Finance / Billing department making progress on year end account reconciliations for the annual audit, which is scheduled for week of March 21st.
8. Scheduled insurance review for executive staff with Whalen insurance.
9. We have noticed a slow-down in cash receipts, due to lower revenues in December and January, we are planning accordingly and will watch this situation carefully.
10. Eliza and Frank are to attend the NACHC National Policy & Issues Forum in Washington, DC, on March 16-19th. The Policy & Issues Forum is the largest gathering of health center clinicians, executive directors, State and Regional Primary Care partners, board members and advocates each year. This event focuses on Congressional advocacy, and is an opportunity to learn about the latest in state and federal government policies affecting Community Health Centers and health care for millions of Americans including all the patients we serve.
11. Staff Update:
 - a) In January, we hired a new receptionist, Marie Burkhart became an employee rather than consultant, and we filled some new positions as a result, in part, of our new 1422 Grant from DPH; a Clinical QI Coordinator and HOPE Nurse, and a Lead QI Coordinator.
 - b) Lora Grimes, MD, is scheduled to begin employment on March 2nd, and patients are already being scheduled to see her starting the next week. And some new patients have been calling specifically to see her!

- c) The accounting department is currently operating with one less staff, to help compensate for this existing staff hours have been increased. We continue to review the need for added staff that have budgeted in the Finance and HR departments.
- d) We are conducting a provider compensation review to standardize the compensation package for all providers.

-Meeting Minutes

COMMITTEE: QI

Location: Huntington

Date/Time: 2/26/16/0815

TEAM MEMBERS: Kimberly May (Clerk, BOD), Cheryl Hopson (Member BOD), Jon Liebman (Medicine Representative), , Mary Lou Stuart (Dental), Cynthia Magrath (Practice Manager), Janet Laroche (Admin Support, Lean Team Leader), Kim Savery (Community Health Representative), Jeff Hagen (COO), Serena Torrey (Behavioral Health Representative)

ABSENT: Michael Purdy (Community Health), Eliza Lake (Executive Director)

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Old Minutes	Minutes from 12/4/15 reviewed and approved with no changes.	N/A	N/A
Old Business	<p>A. Regular Peer Review: Medical Report—please see attached report. Particular issues that were discussed—</p> <p>1) Patient was seen with gangrene of the toes—referred to Vascular, who then called to cancel; more than a week later, the patient ultimately got seen at Beth Israel and was hospitalized for 4 days. Various systemic issues contributed to this—poor consult follow up, lack of insurance coverage, breakdown in provider communication, and lack of information back to the provider from BI; 2) Complaints continue about front desk responsiveness and communication; 3) 1/13/16—a behavioral health patient made a threat to kill a provider, and the facility ended up on lockdown for several hours. This yielded close interaction with local law enforcement, the creation of a safety committee, and a plan for a simple barrier to separate the waiting room from patient care areas (at a cost of <\$4K)</p> <p>Next Meeting Behavioral Health, (followed by Dental, Opto/Community Health, Medicine)</p> <p>B. Call Center Planning Update—ultimate plan is to have a single phone number, 2 people answering at each site. Also, optometry has been added to the clinics managed at the call center. Phone lines complete; software training for operators in progress. This is moving ahead--\$1025 needed to connect the 2 sites was provided, and go-live</p>	<p>A. Behavioral Health Report due at next meeting</p>	<p>A. Behavioral Health rep</p> <p>B. Cynthia will continue to follow and report on this.</p>

	<p>anticipated 4/1/16..</p> <p>C. PHO group participation—insurance and credentialing negotiation is through this membership (at Cooley Dickinson). Received \$17K from last year. Jon is our clinical representative, and usually discusses with the group leader Sam, over the phone. Data mapping and gathering remains the largest challenge—we have been downgraded for diagnoses with very low numbers. Brianna is working on this. Currently, there is an issue with the fact Jon is not an MD. There is a meeting to discuss planned.</p> <p>D. ICD10 Update—rocky and time consuming, but proceeding. Updating problem lists as patients are seen means this will take at least a year (many are seen annually). Billing issues may arise from the changes in diagnostic codes, especially if less specific codes are chosen. It will take a billing cycle or two to understand the potential impact of this.</p> <p>E. Worthington Dental Expansion—new operatory is in use—will remove this from the agenda.</p> <p>F. 1422 Grant QI Information—they require our participation in electronic communications for e-referral (YMCA diabetic referrals in this case). Currently, we are working through onsite meetings with a contractor from the Mass League for workflow observation. In alignment with the other 3 grantees, will look at possible workflow standardization.</p>		
New Business	<p>A. New Representative for Behavioral health—Serena Torrey.</p> <p>B. Lean Project: We have noted ongoing issues with intra-facility communications. A charter was presented—see attachment. Discussion: clarification that this is for both sites; and add to the problem statement that the chain of communication for all intra-facility patient information needs to be clarified. Staff from Huntington and Worthington are both represented on the team.</p>	<p>B. Janet will take back to the Lean Team, and ask for changes. This will then be forwarded back to QI.</p>	<p>B. After the next Lean Team meeting.</p>

	<p>C. Patient surveys—using the new survey developed by Lean Team 2015. Medicine and Dental were reviewed (please see attached). There were remarkably few systemic issues. The survey is quick and easy, and has been well received. We will continue with this method for the time being.</p>		
Adjourn and Next Meeting	<p>Adjourned at 0900. Next meeting 3/25/16/0815, and resume last Friday of the month at 0815. Group would like to meet in Huntington.</p>		3/25/16/0815