



# Hilltown Community Health Center

**BOARD MEETING  
NOVEMBER 17, 2016  
WORTHINGTON HEALTH CENTER  
5:30 PM**

## **AGENDA**

1. Call to Order
2. Approval of the September 29, 2016 Meeting Minutes
3. Approval of the October 27, 2016 Meeting Minutes
4. Finance Committee Report
5. Chief Executive Officer / Senior Manager Reports
6. Committee Reports (as needed)
  - Executive Committee
  - Recruiting, Orientation, and Nominating (RON)
  - Corporate Compliance
  - Facilities
  - Personnel
  - Quality Improvement
  - Expansion
  - Strategic Planning
7. Old Business
  - NACHC Board Training
8. New Business
  - New Credentialing Review:
    1. Donna Mayer, Dental Assistant
    2. Lori Canfora, LPN
  - ACO Update
  - Draft NACHC Compliance Manual
9. Executive Session: CEO's Evaluation

Adjourn

## HCHC BOARD OF DIRECTORS MEETING

**Location:** Worthington Health Center, Worthington, MA

**Date/Time:** 09/29/2016 5:30pm

**MEMBERS:** Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Cheryl Hopson; Tim Walter; Kathryn Jensen; Wendy Lane Wright, Clerk; Lew Robbins, Treasurer; Alan Gaitenby

**STAFF:** Eliza Lake, Executive Director; Frank Mertes, CFO; Janet Laroche, Executive Assistant;

**ABSENT:** Wendy Long; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 08/25/2016	<p>John Follet called the meeting to order at 5:35pm.</p> <p>The August 25, 2016 minutes were reviewed by the Board members present. It was brought to the attention of the group that a change was needed under the RON Committee notes that it should read '10 members out of 15'. <b>A motion was made by Nancy Brenner to approve the August 25, 2016 minutes with the correction listed above. The motion was seconded by Wendy Lane Wright. The motion to approve the minutes with the noted correction was approved unanimously.</b></p>	The August 25, 2016 minutes were approved	
Finance Committee	<p>In addition to the monthly financial updates and dashboard sent to the full Board prior to the meeting, Lew Robbins reported that year-to-date revenue is under by approximately \$570,000. Expenses are approximately \$322,000. There seems to be two issues related to these figures. Our expenses are less variable and the fixed expenses we have do not reflect the size of the organization. There is optimism that once Amherst opens, this will assist with bringing in more revenue. Amherst is not expected to open</p>		

	<p>until sometime in 2017, so our current financial situation will continue for a while. Frank is watching A/R and A/P closely. Bills are being paid.</p> <p>For the monthly dashboard, CapLink target has been added.</p> <p>Nancy asked if we're collecting what patients owe in a timely manner? Frank said we're collecting A/R in 22 days which is very good. Lee asked how can the health center keep moving forward if we have a deficit? Frank explained that depreciation is included in these figures. He's watching our cash on hand closely.</p> <p><b>A motion was made by Nancy Brenner to approve the September financials, financial report, and financial dashboard as presented. The motion was seconded by Cheryl Hopson. Without further discussion, the motion to approve the financial report was approved.</b></p>	September financials, financial report, and dashboard were approved	
Executive Director Report	<p>Eliza asked if there were any questions regarding her report that the Board received. Eliza informed the Board that a recent meeting with Berkshire Health Systems was successful. This was set up as a result of the unmet received from HRSA due to not having an agreement with a hospital. She received an agreement from them that uses the language we requested. The agreement is to be signed on Monday.</p>		
Executive Committee	<p>John asked if the members of the executive committee could meet briefly after this meeting to set at time to begin the evaluation process for the executive director.</p>		
Recruitment, Orientation	<p>Tim reported that there are</p>		

<p>&amp; Nominating (RON) Committee</p>	<p>currently 10 Board members of the possible 15, leaving 3 positions available for Amherst. We're lacking representation from the towns of Goshen and Russell. Marie Burkart's been calling members of the Amherst Advisory Committee to ask about joining the Board. There are approximately 8-12 members that will be called.</p>		
<p>Corporate Compliance Committee</p>	<p>Eliza reported that the credentialing and privileging policy has been redone. It will be an annex to the corporate compliance plan. HIPAA training for all staff will take place in November at the all-staff in-service training.</p>		
<p>Facilities Committee</p>	<p>It was reported that Frank will begin to attend these meetings. Russ Jordan, facilities manager was recently hurt so the painting that was to begin at the Worthington Health Center has been postponed.</p>		
<p>Personnel Committee</p>	<p>Minutes from the last meeting were distributed. The topic of sick time accrual is not ready to be put into place yet. More discussion is needed.</p> <p>An appeal was received from a former employee. It was investigated and the decision was upheld by the committee.</p> <p>It's come to the attention of this committee that the employee handbook is in need of changes. This committee will begin working on them.</p>		
<p>Quality Improvement Committee</p>	<p>Cheryl reported for the committee. The minutes from the August 26th meeting were distributed for review. The meeting time of this meeting has changed, starting with the</p>		

	<p>September meeting.</p> <p>The medical dept reported that there has not been a resolution to the radiology issues occurring with Noble Hospital. Providers are encouraging patients to go elsewhere. Eliza has become involved in the issue.</p> <p>Eliza and the Department Heads created the clinical performance dashboard that the Board received in their Board packet prior to the meeting. Each department will use this format for tracking the progress of their clinical HRSA requirements and reporting their performance to the QI Committee and the Board.</p> <p>Since the behavioral health department does not have any HRSA requirements, the director of the department is tracking what she feels is most important. The optometry dept does not have any HRSA requirements either. Our EHR specialist is pulling the data and assisting with how fields are mapped to capture the correct data. Consistent data is the goal and the EHR specialist is documenting where the data is being collected from. This committee will report quarterly to the full Board on our HRSA measures.</p> <p>The patient satisfaction survey will begin to go out in October. This will be the 2<sup>nd</sup> time for this year. Directions on how to hand out the survey are being created in order to collect more consistent data and the correct number of responses across departments.</p>		
Expansion Committee	The committee did not report this month. The Amherst Outreach		

	Committee is meeting again on October 31 <sup>st</sup> .		
Strategic Planning Committee	Nancy reported that three months of the minutes from this committee were distributed for review. The minutes are primarily showing the processes of this committee. The mission, vision and values are being worked on and are just about finalized. The committee is now conducting a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. It was stated that community stakeholders would be asked for input as well. A survey was sent to all staff and the Board. Nancy asked if the Board would agree to attend a special meeting to have a strategic planning discussion. The date of October 12, 2016 at 5:30pm was suggested. The group agreed that this date would work. The meeting will take place at the Worthington Health Center.		
Committee Reports	After all the committee reports had been reviewed and discussed, <b>Tim Walter made a motion to accept all committee reports, including the clinical dashboard, presented at the September 29th meeting. The motion was seconded by Lew Robbins and without further discussion were approved.</b>	Committee reports presented at this meeting were approved.	
Old Business			
Bylaws	The bylaws were reviewed by the attorney and distributed once again to the Board members. The three questions asked of the attorney were: a 2/3 vote is needed to remove any member of the Board; The Board cannot vote by proxy because under Mass state law this is not allowed; If the Executive Committee votes on a decision, it doesn't need to be voted on again		

	<p>by the full Board. But it was discussed that the decisions made by the executive committee must be communicated back to the full Board at the next meeting. <b>A motion was made by Tim Walter to amend the proposed Bylaws to state that the Executive Committee will report its actions back to the full Board at the next Board meeting. Alan Gaitenby seconded the motion. With no further discussion, the motion was approved.</b></p> <p>Nancy mentioned a few minor changes she would like made to the bylaws, including the word 'poverty' being added to page 2 where it says to approve federal 'poverty' guidelines; also on page 2, 4th line from bottom the first 'and' should be removed from the sentence ...and to report to and advise the Board...; <b>A motion was made by Nancy Brenner to amend the proposed Bylaws with minor wording changes in sections 3.2 and 3.3 listed above. Alan Gaitenby seconded the motion. With no further discussion, the motion was approved.</b></p> <p><b>A motion was made by Tim Walter and seconded by Wendy Lane Wright to accept the Bylaws as written and amended with the voted corrections. With no further discussion needed, the motion was approved.</b></p>	<p>The proposed Bylaws were amended to reflect that the Executive Committee will report its actions back to the full Board at the next Board meeting.</p> <p>The proposed Bylaws were amended to reflect minor wording changes in sections 3.2 and 3.3 were approved.</p> <p>HCHC Bylaws were approved as amended</p>	
NACHC Technical Assistance	<p>Eliza and John held a conference call regarding the Technical Assistance training being offered to the Board by HRSA, with HCHC's Program Officer Betty Davis, NACHC staff person Sherry Giles, and NACHC consultant Pam Byrnes participating. After a discussion of Board needs and schedules, the group agreed on</p>		

	two evening trainings of two hours each. The topics to be covered are those outlined in the OSV Final Report. It was decided to conduct these trainings in January 2017, once the Board has finished the Strategic Planning process. The Board has agreed to accept the training being recommended by HRSA and to schedule it in January.		
New Business			
Credentialing and Privileging Committee	<p>The credentialing checklists for the following new employees were brought to this meeting as being recommended for full credentialing by the Credentialing and Privileging Committee: Brenda Jaeger, NP; Andrew Adams, DDS; Mary McClintock, DMD; and Aaron Tieger, LMHC.</p> <p>The re-credentialing checklist for the following employee was brought to this meeting as being recommended for full privileges by the Credentialing and Privileging Committee: Michelle Taylor, RN.</p> <p>After a brief discussion of the candidates, <b>a motion was made by Alan Gaitenby and seconded by Wendy Lane Wright to approve full privileges for Brenda Jaegar, Andrew Adams, Mary McClintock, Aaron Tieger and Michelle Taylor. With no further discussion, the Board voted to approve the credentialing of these providers.</b></p>	Credentials were granted for Brenda Jaeger, Andrew Adams, Mary McClintock, Aaron Tieger and Michelle Taylor	Bridget Rida to notify all employees of the granted credentials
Financial Policies and Procedures	The Financial Policy and Procedure was brought to the Board for review and approval. The changes were marked in the document sent to the Board prior to the meeting. The changes bring HCHC in compliance with federal and state regulations, and in particular 45 CFR Part 75 and HRSA PIN 2013-01, and also outlines the process through which the Board	The Financial Policies and Procedures were approved	



	<p>will select HCHC's audit firm. A brief discussion took place as to why the procedures manual was brought for review as well since the Board doesn't usually approve procedures. It was felt that it was required for the Board to see the procedures related to the finances of the health center. <b>A motion was made by Tim Walter and seconded by Lew Robbins to approve the financial policies and procedures. Without further discussion, the Financial Policy and Procedures were approved.</b></p>		
Sliding Fee Discount Scale Policy	<p>The sliding fee discount scale policy needed to be modified slightly due to findings related to the recent HRSA site visit, including the fact that it applies to all patients who meet the income eligibility guidelines, not just those who were uninsured. <b>A motion was made by Tim Walter and seconded by Nancy Brenner to accept the changes brought forward. Without further discussion, the Sliding Fee Discount Scale Policy was approved.</b></p>	Sliding Fee Discount Scale Policy was approved	
Credit and Collection Policy	<p>The Credit and Collection Policy needed revisions to be in compliance with HRSA regulations. Procurement language has been added, which was a recommendation related to the recent HRSA site visit. An approval matrix for purchase and internal signatures has been revised. Internal controls are still in place, but the approval amount needing Board approval has increased from \$5,000 to \$10,000. The new matrix states purchases \$3,000-\$5,000 need one signature by either the CFO or CEO; \$5,000-\$10,000 needs two signatures; over \$10,000 needs Board signature. This procedure is</p>	The Credit and Collection Policy was approved.	

	being brought to the Board so HRSA is aware the Board was informed and it was discussed. The policy was reviewed by our auditing firm as well. <b>A motion was made by Lew Robbins and seconded by Wendy Lane Wright to accept the revised Credit and Collection Policy. Without further discussion, the Credit and Collection Policy was approved.</b>		
Credentialing and Privileging Policy	The Credentialing and Privileging Policy was in need of revisions due to findings related to the recent HRSA site visit. Credentialing is done for licensed personnel in order for them to be hired. Privileging is to offer privileges to perform certain duties if the training needed is documented. The privileging process has been added to this policy. <b>A motion was made by Lee Manchester and seconded by Nancy Brenner to accept the revised Credentialing and Privileging Policy. Without further discussion, the Credentialing and Privileging Policy was approved.</b>	The Credentialing and Privileging Policy was approved.	
Annex 7 to Corporate Compliance Plan; Credentialing and Privileging	Eliza explained Annex 7 to the Corporate compliance plan related to credentialing and privileging. This annex falls under Corporate Compliance and is referred to by the policy. <b>A motion was made by Alan Gaitenby and seconded by Tim Walter to accept Annex 7 to the Corporate Compliance Plan. Without further discussion, the credentialing and privileging annex was approved.</b>	Annex 7 to Corporate Compliance Plan; Credentialing and Privileging was approved	
Adjourn	The meeting adjourned at 7:20pm. A special meeting of the Board to discuss strategic planning is scheduled for Wednesday, October 12, 2016 at 5:30pm at the		

	<p>Worthington Health Center.</p> <p>The next regular Board meeting is scheduled for Thursday, October 27, 2016 at 5:30pm at the Huntington Health Center.</p>		
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## Meeting Minutes

**COMMITTEE:** Board of Directors

**Location:** Huntington Health Center

**Date/Time:** October 27, 2016 5:30 pm

**MEMBERS:** John Follet, Chair; Lewis Robbins, Treasurer; Alan Gaitenby

**STAFF:** Eliza Lake, CEO; Frank Mertes, CFO, Michael Purdy, CCCSO

**ABSENT:** Nancy Brenner, Vice Chair; Wendy Lane Wright, Clerk; Lee Manchester; Cheryl Hopson; Wendy Long; Kathryn Jensen; Tim Walter; Janet Laroche, Executive Assistant

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 9/29/2016	<p>The meeting was called to order by Chair Follet at 5:45pm</p> <p>The September minutes were not approved due to the lack of a quorum.</p>	Carried over to the next monthly meeting	
Finance Committee Report	<p>The monthly financial statements and dashboard were reviewed. Total year to date net revenue is \$574,539 under budget with grant revenues exceeding budget expectations by \$232,938. Total YTD expenditures are \$319,451 under budget due to fewer staff and supplies cost. Net operating activities resulted in a loss of \$452 in September and a YTD loss of \$197,605. The final net surplus resulted in a gain of \$62,807 for September and a YTD gain of \$299,318 due primarily to fundraising efforts.</p> <p>There was some comment and discussion of the format of the dashboard which will remain unchanged.</p>		
CEO/Senior Manager Reports	<p>The report had been previously circulated and was not reported in any great detail. There was some discussion about Behavioral Health beginning to incorporate biofeedback and to explore protocols for the use of hypnotherapy. It was pointed out that these practices should be evidence based and that practitioners should be privileged.</p>		

	<p><b>Eliza gave an update on the Amherst expansion:</b></p> <ol style="list-style-type: none"> <li><b>1. Fundraising.</b> Over a million dollars has been raised over the last year with only 13% left to raise. This is considered extraordinary. Recently we received a grant from the Amelia Peabody Charitable Foundation of \$50,000.</li> <li><b>2. Advisory Committee.</b> Marie Burkhart has been doing a great deal of outreach looking for qualified individuals that reflect the diversity in the community. One such gentleman was reported upon. It is expected that the committee will begin meeting soon and that Lee and Nancy will be invited to attend.</li> <li><b>3. Construction.</b> A project manager has been hired. Due to various issues the architect has not completed the plans. The architect needs more detail on the specifications of equipment so that design conforms to code. A meeting with Amherst town officials about the plans went very well. Plans will be completed in November and the project will go out to bid.</li> </ol>		
<b>Committee Reports</b>	<b>Due to low attendance because of inclement weather there were no committee reports.</b>		
<b>Old business</b>	<p><b>NACHC Board Training</b>  A preliminary outline of the training is now available (see attached). Dates (subject to change) were set for January 12, 2017 and February 16, 2017, both at 5:00pm.</p>		
<b>New Business</b>	<b>No Credentialing review</b>		
<b>Adjournment</b>	<b>The meeting was adjourned at 6:19pm, moved by Lew Robbins and seconded by Alan Gaitenby</b>		

## QI COMMITTEE

**Location:** Huntington Health Center

**Date/Time:** 10/18/2016 8:15am

**TEAM MEMBERS** Cheryl Hopson (chair); Sheri Cheung, Medicine Representative; Eliza Lake, CEO; MaryLou Stuart, Dental Representative; Jon Liebman, ANP; Cynthia Magrath, Practice Manager; Kathryn Jensen, Board Representative; Kim Savery, Community Programs Representative

**ABSENT:** Serena Torrey, Behavioral Health Representative; Michael Purdy, CCCSO; Janet Laroche, Admin & Lean Team Leader

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Minutes	<p>The meeting was called to order by Cheryl Hopson, Chair, at 8:20 am.</p> <p>The minutes from the September 20, 2016 meeting were reviewed. With no discussion needed, Jon Liebman made a motion to approve the minutes as written. Eliza Lake seconded the motion. The September 20, 2016 minutes were approved unanimously.</p>	The September 20, 2016 minutes were approved.	
Peer Review / Department Reports	<p>The dental department was up for review and reported that they have worked out a way to encode sealants on first molars and number of cavities. MaryLou reported that the department expects to begin encoding these in January 2017. They will also encode "phase 1 treatment completed." The department has had a two year old complaint heard by the state board, resulting in the HCHC staff being exonerated. The department plans to change its X-ray procedure to vertical bitewings. Cynthia reported that she has been collecting data per practitioner after noticing variation in data entry in order to prepare for future training on the data system. This is complicated by the fact that staff members have varying levels of security restrictions on entering data. Two new dentists have begun</p>		

	<p>working and are doing well.</p> <p>In a brief review of other departments, Jon reported that the medical department was doing well overall and has had no complaints. Addressing the data encoding is a big job: they have fixed the items that are easy to fix, but anticipate a large amount of time will be required to fix the entire encoding system. This type of job is not revenue-generating, and staff time to address it is limited. Eliza added that the addition of the Amherst site may add some administrative capacity for tasks like this because of economy of scale. She plans to hire a consultant to help HCHC with upcoming PCMH certification.</p>		
Old Business			
1422 Grant	<p>Kim reported that the tests in Laura Grimes's team for undiagnosed hypertension are in process. A template has been created for pre-diabetes. The referral process with the Y is going well. The Williamsburg pharmacy has been chosen to pilot an active collaboration with a pharmacy. Jon asked if data is being collected per cohort, or if the entire clinical population is being measured, as the latter would show a positive effect for the center of patients in poor health dropping out. Kim will work on a cohort system. The project still has an open position for a community health worker. Two staff are receiving training in supervisory skills.</p>		Kim will continue to report on this
Lean Team Project	<p>The LEAN project did not report due to the absence of Janet Laroche at this meeting.</p>		Janet will continue to report on this
Reporting Measures Dashboard/Spreadsheet	<p>Eliza reported that the dashboards requested by HRSA are nearly finished and being submitted by the 90-day deadline. If these are not accepted, HCHC will have another 90 days to address them.</p>		Eliza

Patient Satisfaction Survey	Janet had sent information to the committee about patient satisfaction survey collection. The effort is to choose 2-3 days per week and to give surveys to all patients on those days. There will be an effort to choose days on which the greatest staff members are present.		
Crucial Catch Event / Mammograms	Kim reported that a community project to promote mammograms is in its final planning stages. It will take place at the Common Table restaurant in Chester. Representatives from Cooley-Dickinson and Noble will be there, and Berkshire Medical Center is sending materials. Data on mammogram completion are positive, but there is very little data from Noble. The list of relevant patients is being combed. Jon reported that many patients with private insurance are getting mammograms without HCHC knowing, as referrals are often not required by the insurers.		
Adjourn	There being no other business, Cynthia Magrath moved the meeting be adjourned. After a second by Kim Savery, the meeting was adjourned at 9:15. The next meeting is scheduled for <b>Tuesday, November 15, 2016</b> at 8:15am at the Huntington Health Center.		

Respectfully submitted,  
Kathryn Jensen



**HILLTOWN COMMUNITY HEALTH CENTERS, INC.**  
**DRAFT BOARD TRAINING AGENDAS**

We discussed breaking up the training into 2 sessions. The following are suggestions for topics and flow. I have allowed time for questions and discussion in each session.

Session 1: Health Center Program Requirements (2-3 hours)

- Scope of project
- 19 Requirements
- Key question-consideration areas in each for Boards

Session 2: Board Roles and Responsibilities; Organizing for Success (2-3 hours)

- Board roles and responsibilities
  - Board role in policy and fiduciary responsibilities
  - Board-Management/staff relationship
  - Strategic planning
- Organizing for Effectiveness and efficiency
  - Establishing and maintaining an effective Board
    - Recruiting and retaining Board members
  - Role of committees
  - Board self-evaluation
  - Developing an annual Board work plan

## HCHC STRATEGIC PLANNING MEETING

**Location:** Worthington Health Center, Worthington, MA

**Date/Time:** 11/07/16 5:30pm

**COMMITTEE MEMBERS PRESENT:** John Follet, BOD President, Wendy Lane Wright, BOD Clerk; Nancy Brenner, BOD Vice President; Eliza Lake, HCHC Executive Director; Frank Mertes, HCHC CFO; Alan Gaitenby, BOD Member

**ABSENT:** None.

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Meeting Open at 5.30			
Discussion opens discussion w/ Eliza Lake's efforts to synthesize the SWOT analysis from the Board retreat and staff input.	What do we do with the "data" as reflected in the SWOT analysis, or how we move to the next stage in this process? More specifically, how do we take the input from SWOT and move on? Frank suggests developing a limited set of high level strategic goals through which to organize and address the SWOT data. Eliza reminds us that perhaps some of those goals are in fact the same (or similar) to those we've been operating under (e.g. expansion).	NA	NA
Nancy Brenner proposes we move to strategic goals.	How do we "frame" those goals such that we can address the narrower data from the SWOT, or rather how to move from the trees to the forest? Discussion evolves around the following high level frames for our strategic goals: <i>financial stability, staff support and development, quality care delivery.</i>	NA	NA

Eliza Lake suggest we go through the “data” from SWOT and code them for strategic goals ID’d above.	Starting w/ <i>financial stability</i> we moved through all the synthesized SWOT data to populate that goal. Those data will then be “activated” in the language of a strategy, for instance under the goal of <i>financial stability</i> , we might populate it w/ a strategy like we seek to achieve “expanded services and sites”.	Full treatment of SWOT data, i.e. code individual data items for the high level / strategic goals (above)	Eliza will draft this based on data/analysis from SWOT and share with committee.
Next steps	Take the prior step from Eliza and the committee will develop individualized strategies to address those goals (and their respective SWOT data) – after the comm. edits Eliza’s submission	Populated Goals / SWOT edited	comm. to do after Eliza does the prior
Next Meeting? To be determined.	Adjourn		