

**From:** [Eliza Lake](#)  
**To:** [alan gaitenby](#); [Cheryl Hopson](#); [John Follet](#); [Kathryn Jensen](#); [Lee Manchester](#); ["Nancy Brenner"](#); [Tim Walter](#); [Wendy Lane](#); [Wendy Long](#)  
**Cc:** [Janet Laroche](#)  
**Subject:** Brief Board Meeting Thursday Evening  
**Date:** Tuesday, March 07, 2017 2:33:46 PM  
**Attachments:** [Board Minutes 02-23-2017 draft \(2\).pdf](#)  
[CEO Progress Report Template.docx](#)

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Good afternoon –

I have asked John if I could ask the Board to convene a VERY brief Board meeting prior to your training on Thursday evening so that we can complete some business for HRSA in time for our deadline. I hope that enough members are planning on attending that there will be a quorum.

Here are the two items:

- Vote on the February Board meeting minutes (attached), so that we can submit them to HRSA.
- Vote on my proposed template for reporting to the Board on HCHC's progress on its annual and long-term programmatic goals (attached). I forgot to ask for the vote at the meeting, and we need to submit this as well.

I will be at the meeting for the first 10 minutes or so, as long as these votes take, and then will leave you to your training!

Thanks,  
Eliza

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## HCHC BOARD OF DIRECTORS MEETING

**Location:** Huntington Health Center, Huntington, MA

**Date/Time:** 02/23/2017 5:30pm

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

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

**ABSENT:** Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 01/26/2017	<p>John Follet called the meeting to order at 5:30pm.</p> <p>The January 26, 2017 minutes were reviewed by the Board members present. It was noted that last month's committee reports were not voted upon at the meeting. <b>A motion to accept all committee reports from the January meeting was made by Nancy Brenner. The motion was seconded by Kathryn Jensen. Without further discussion needed, the January committee reports were approved.</b></p> <p><b>A motion was made by Lee Manchester to approve the January 26, 2017 minutes with the correction above. The motion was seconded by Tim Walter. The motion to approve the January minutes as amended was approved unanimously.</b></p>	<p>January 26, 2017 committee reports were approved</p> <p>The January 26, 2017 minutes were approved</p>	
Finance Committee	<p>Tim Walter reported for the finance committee. There was a \$14,338 deficit for the month of December. The unaudited deficit for 2016 is \$148,149. The auditors will be here in March. The behavioral health dept had a 2016 surplus of \$38,836. Included in this month's finance packet for Board members was UDS</p>		

	<p>information.</p> <p>It was noted that the organization has not grown or gotten smaller in the past year, but it's important to be expanding to Amherst.</p>		
CEO Report	<p>Eliza informed the Board that the strategic plan has not been completed. The draft outline was passed out to the group and the Strategic Planning Committee has reviewed the document.</p> <p>She presented her monthly report in a new format. She asked for thoughts and feedback from the Board regarding content and format. She wants the structure and information to be beneficial for the Board as well as have the format be helpful to her in reporting. The medical director will be cc'd on her report moving forward and he will have a closer relationship with the Board of Directors.</p> <p><b>ACO:</b> Eliza reported that senior management is pleased to have joined C3 and is pleased with the relationship that has formed with them. There's been much support from C3, including with the EHR project. The ACO has submitted their report to the state and will have a decision in May. If approved, the implementation will be in July.</p> <p><b>EHR:</b> This has been a big focus over the past month with things changing very quickly. It's been decided that negotiations with eCW will begin and Frank will have this responsibility. A possible change-over time frame would be May/June. The decision has been shared with department heads and the reasons why we'll continue using eCW. It was asked what the contract length will be with eCW. Frank thinks approximately 1-2 years. He</p>		

	<p>says eCW is anxious to keep us on as a client. A meeting with them will take place soon to discuss transition and support.</p> <p><b>Amherst:</b> Jim Brassord, an Amherst resident has offered to do a rowing fundraiser to benefit the Amherst site. He plans to row from Miami to NYC starting in May.</p> <p><b>Organization:</b> We've been offered free customer service training to take place in the fall; free infection control training for non-clinical staff; Beth Brett has attended active shooter training and will be sharing what she's learned with staff, including organizing drills for all sites.</p> <p><b>Politics:</b> Federal health center funds are scheduled to expire this September. The Mass League reports that it's doing what it can to be proactive, but is being strategic about what bills they put their energy into.</p> <p>Health centers in the eastern part of the state are seeing impacts regarding immigration. Some patients are not leaving their homes for appointments, and 2 providers have resigned and are moving back to the country they grew up in. There's a forum in Northampton soon regarding health and immigration.</p> <p>Eliza and Frank are travelling to Washington DC in March for the National Association of Community Health Centers conference. April 12<sup>th</sup> is MA State House Day.</p>		
Executive Committee	<p>Training for the Board of Directors was postponed earlier this year and is rescheduled for Thursday, March 9 at 5pm at the Huntington Health Center.</p> <p>It was decided to change the date of</p>		

	the March Board meeting to Thursday, March 23 due to Eliza and Frank being in Washington DC. Frank will inform the Finance Committee if there will be a meeting this day as well.		
Recruitment, Orientation & Nominating (RON) Committee	Tim has been in touch with Marie Burkart about possible candidates to join the Board. There's the possibility of a banker to join. The committee is still searching for someone with legal experience.		
Corporate Compliance Committee	Training emails for staff and the Board continue to be sent every 2 weeks. Videos will soon be added to the trainings and will be sent by email to all. An annual review is scheduled for the All-Staff In-Service Training in April.		
Facilities Committee	There has not been a recent meeting of this committee. A review of the list created last year needs to be done. A recent water main break in Huntington required us to bring in a tanker truck of water to keep the Huntington site open for patients. Russ Jordan will work on an idea of bulk water tanks to have on hand for futures issues such as this.		
Personnel Committee	John Follet reported that the committee discussed the sick leave bank program where staff can donate unused sick hours to the program. Employees with an extended illness may apply to receive some of these donated hours. It's felt that this program is not being used as it should be. There is 4 years' worth of sick time in this bank currently. Since employees have a cap on the number of hours of sick time they can accrue, some staff will donate hours to the bank		

	<p>so they can continue to accrue more. It was asked who approves employees to use hours from the bank? It was decided that this is an issue that needs to be explored further.</p> <p>It was noted that this committee needs more staff involvement. It's being considered to have two teams of this committee – one in Huntington and one in Worthington.</p>		
Quality Improvement Committee	<p>The January minutes were distributed to this group. Cheryl reported that the electronic medical record continues to have trouble capturing the data needed for medical reporting. The 1422 grant is also having data collection issues. An NCQA recertification team has been formed and is meeting regularly to prepare the sites to become NCQA certified once more. The patient satisfaction survey results from the fall were very positive. A few patients weren't sure how their health information is being kept confidential so education in that area will be developed and implemented. We also had positive results from the recent MHQP survey conducted. Eliza was invited to a state-wide group meeting because of our outstanding results related to patient engagement.</p>		
Expansion Committee	<p>Lee reported that the advisory committee has met and Nancy attended as well. The group is a good representation of potential users of the health center. Marie Burkart will continue to recruit members.</p>		
Strategic Planning Committee	<p>The committee is meeting again March 13 and the plan will be presented at the March 23 Board</p>		

	meeting.		
Committee Reports	After all the committee reports had been reviewed and discussed, <b>Alan Gaitenby made a motion to accept all committee reports. The motion was seconded by Kathryn Jensen and without further discussion were approved.</b>	Committee reports presented at this meeting were approved	
Old Business	None		
New Business			
NCQA/PCMH and Policy Review	We're in the process of getting policies organized for our upcoming NCQA certification. According to NCQA, policies need to be in place for 90 days before data can be run to submit for our certification. The NCQA-related policies are needed to show process and other policies are needed to set standards and then show improvement over time.		
Late Patient Policy	This policy has been in place for some time, but more details were added to the procedure. John asked if we have data available on the number of late patients? This is something that we'll look into and get back to John on. <b>Wendy Long moved to approve the Late Patient policy as written. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Late Patient Policy.</b>	The Late Patient Policy was approved.	
Provider On Call Policy	This policy was brought to the Board for review. Saturday information for the provider on call schedule was added. It was noted that providers receive a flat fee when on call. Also, providers can reduce their weekly clinical hours if on call that week by giving advance notice. <b>Wendy Long moved to approve the Provider On Call policy as written. Nancy Brenner seconded the motion, and</b>	The Provider On Call Policy was approved.	

	<b>the Board voted unanimously to approve the Provider On Call Policy.</b>		
Hours of Operation and After Hours Coverage-Establishment of Patient Notification	The hours of operation and after hours coverage was reviewed by the Board. We did not have an actual policy stating that the Board is required to approve the organization's hours of operation. <b>Wendy Long moved to approve the Hours of Operation and After Hours Coverage-Establishment of Patient Notification policy as written. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Hours of Operation and After Hours Coverage-Establishment of Patient Notification Policy.</b>	Hours of Operation and After Hours Coverage-Establishment of Patient Notification Policy was approved.	
No Show Policy	The no show policy was brought to the Board for review. It was discussed that even if the patient calls within 24 hours of his/her appointment time, the patient is considered a no show. <b>Wendy Long moved to approve the No Show policy as written. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the No Show Policy.</b>	The No show Policy was approved.	
Welcome for New Medical Patients Policy	This is a new policy required for NCQA certification. A minor typo was noted and a correction will be made on page 2. <b>Wendy Long moved to approve the Welcome for New Medical Patients policy with the correction noted above. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Welcome for New Medical Patients Policy.</b>	Welcome for New Medical Patients Policy was approved.	
Transferring Current Patients to a New PCP Policy	This is a new policy required for NCQA certification. <b>Wendy Long moved to approve the Transferring Current Patients to a New PCP</b>	Transferring Current Patients to a New PCP Policy was approved.	



	<b>policy as written. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Transferring Current Patients to a New PCP Policy.</b>		
Assigning New Patients to a PCP Policy	This is also a new policy required for NCQA certification. <b>Wendy Long moved to approve the Assigning New Patients to a PCP policy as written. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Assigning New Patients to a PCP Policy.</b>	Assigning New Patients to a PCP Policy was approved.	
Early Childhood Caries (ECC) Patient with Medium Risk Policy	This dental dept policy was brought to the Board for review. Cheryl commented that this policy is very thorough. There was a minor typo on page 3 and a correction will be made. <b>Wendy Long moved to approve the Early Childhood Caries (ECC) Patient with Medium Risk policy with the correction noted. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Early Childhood Caries (ECC) Patient with Medium Risk Policy.</b>	Early Childhood Caries (ECC) Patient with Medium Risk Policy was approved.	
Early Childhood Caries (ECC) Patient with High Risk Policy	This dental dept policy was also brought to the Board for review. Cheryl commented that this policy is very thorough as well. There was a minor typo on page 3 and a correction will be made. John asked if there is a difference between medium and high caries? Cheryl answered saying there are multiple factors that can determine the difference. There's a questionnaire that's completed by the patient or the patient's parent/guardian. <b>Wendy Long moved to approve the Early Childhood Caries (ECC) Patient with High Risk policy with the correction noted. Nancy Brenner</b>	Early Childhood Caries (ECC) Patient with High Risk Policy was approved.	

	<b>seconded the motion, and the Board voted unanimously to approve the Early Childhood Caries (ECC) Patient with High Risk Policy.</b>		
Hygiene Exam Policy	The Hygiene Exam policy was brought to the Board for review. With no discussion needed, <b>Wendy Long moved to approve the Hygiene Exam policy. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Hygiene Exam Policy.</b>	Hygiene Exam Policy was approved.	
Oral Health-Dental Infection Control Policy	The Oral Health-Dental Infection Control Policy was also brought to the Board for review. With no discussion needed, <b>Wendy Long moved to approve the Oral Health-Dental Infection Control policy. Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Oral Health-Dental Infection Control Policy.</b>	Oral health-Dental Infection Control was approved.	
HCHC Advertisement	Tim shared with the group a half page ad that recent appeared in the Plainfield Post promoting HCHC. This ad will continue for the next 6 months.		
Gun Safety	A brief discussion took place regarding providers asking parents of minors about guns in the home.		
Adjourn	<p>A motion to adjourn the meeting was made by Tim Walter and seconded by Alan Gaitenby. The meeting adjourned at 7:00pm.</p> <p>The next regular Board meeting is scheduled for Thursday, March 23, 2017 at 5:30pm at the Worthington Health Center.</p>		

Submitted by,

Janet Laroche, Executive Assistant



HCHC Board of Directors  
**Progress Report – Strategic and Programmatic Goals**  
[Date]

<b><u>Goal Areas and Progress Reports<sup>1</sup></u></b>
<b><i>Goal 1: Health Care System Integration and Financing</i></b>  <u>C3 ACO:</u>  <u>EHR Transition:</u>  <u>NCQA/PCMH Certification:</u>
<b><i>Goal 2: HCHC Expansion</i></b>  <u>Amherst:</u>  <u>Pharmacy:</u>
<b><i>Goal 3: Improved Organizational Infrastructure</i></b>  <u>Server Upgrades:</u>  <u>Emergency Preparedness:</u>  <u>Staff Training:</u>
<b><i>Other Reports</i></b>  <u>Finance and Audit:</u>  <u>State and National Policy:</u>

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<sup>1</sup> As outlined in the 2017 Strategic Plan – the specific activities may change over time, but the Strategic Goals will remain consistent.