

Hilltown Community Health Center

Board of Directors Meeting

May 13, 2021

5:30 p.m. – 7:30 p.m.

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtm dHNlcGN1R2hINEpWUm90QT09>

Meeting ID: 976 0036 9054

Passcode: 627611

AGENDA

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Presenter</u>
5:30 PM	Call to Order and Approval of Minutes	Vote Needed	Lee Manchester
5:35 PM	Finance Committee Report	Vote Needed	Treasurer John Melehov
5:55 PM	Staff Presentation <ul style="list-style-type: none"> Hilltown Safety at Home – Domestic Violence Victim Advocacy 	Inform	Mary Krol and Patti McManamy
6:05 PM	Committee Reports <ul style="list-style-type: none"> Executive Committee Fundraising Committee Personnel Facilities Recruitment Orientation and Nomination Strategic Planning 	Vote Needed	Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long Nancy Brenner
6:20 PM	Senior Management Reports <ul style="list-style-type: none"> Credentialing and Privileging Report Quality Improvement Report Risk Management CEO Report Employee Recognition 	Vote Needed Vote Needed Vote Needed Inform/Discussion Inform	Michael Purdy Vickie Dempsey Michael Purdy Eliza Lake Vickie Dempsey
6:45 PM	New Business <ul style="list-style-type: none"> Quality Improvement/Risk Management Program/Policy Service Area Analysis Annual Meeting Board Portal Update Change in Scope approval (tentative, subject to HRSA response) <ul style="list-style-type: none"> Addition of Psychiatric Services to Column I Addition of Obesity Medicine to Specialty Services – Column I 	Vote Needed Vote Needed Discussion Inform/Discussion Vote Needed	Vickie Dempsey Eliza Lake Eliza Lake Tabitha Griswold Eliza Lake
7:00 PM	Old Business <ul style="list-style-type: none"> 70 Worthington Road Project – vote to make offer on April 17, 2021 	Inform/Discussion	Eliza Lake

7:20 PM Executive Session

Discussion

Lee Manchester

7:30 PM Adjourn

Vote Needed

Lee Manchester

Upcoming Meetings

- Thursday, June 3, 2021 at 5:30 PM via Zoom – Annual Meeting at the same time
- Thursday, July 8, 2021 at 5:30 PM via Zoom
- Thursday, August 12, 2021 at 5:30 PM via Zoom

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 4/8/2021 5:30pm

Zoom Meeting

MEMBERS: Lee Manchester, President; John Follet, Vice President and Treasurer; Kathryn Jensen, Clerk; Alan Gaitenby; Matt Bannister; Jennica Gallagher; Deb Leonczyk; Seth Gemme

STAFF: Eliza Lake, CEO; Michael Purdy, CCCSO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant

GUEST: Marisela Fermin, NP, Medical Director

ABSENT: Nancy Brenner; Wendy Long

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 3/11/2021	<p>Lee Manchester called the meeting to order at 5:31 pm. Kathryn Jensen noted that it would be helpful to add language in regard the definition of a broadside, she suggested language such as “a poem with art for framing.” There was no further discussion or amendments needed to the March minutes.</p> <p>Kathryn Jensen moved to approve the March minutes as amended. Jenicca Gallagher seconded the motion.</p> <p>Eliza Lake presented Marisela Fermin, NP as the new Medical Director. Introductions were made by all those present.</p>	The Board voted unanimously to approve the March 11, 2021 Board minutes as amended.
Finance Committee	<ul style="list-style-type: none">John Melehov reported on the Interim Financial Statement for February. John noted that the department has been making strides to be able to close one month instead of two months prior. John highlighted that overall, there was a net income loss of \$5K. The finances are generally tracking on budget within reasonable deviations. Pharmacy and Optometry patient revenues are lagging slightly more than expected. John also noted that the grant income figures will be fluctuating due to	

	<p>the 330 Grant drawdown and other grants. The salary expenses are as expected compared to the budget. The total expenses were as budgeted, spending \$173K. Total expenses YTD were \$336K, which is more than last year, but there are more grants this year to account for that spending. Variance of budgeted net income surplus was about on target for the actual of the month. The cash on hand was increased by \$82K for the month. There is a very strong ratio due to strong asset base, which allows for no financial concerns for the foreseeable future.</p> <p>Matt Bannister moved to approve the Finance Committee report. Jenicca Gallagher seconded the motion.</p>	<p>The Board voted unanimously to approve the Finance Committee report.</p>
Staff Presentation	<ul style="list-style-type: none"> Franny Huberman, Director of the Behavioral Health Department and David Bjorklund, Assistant Director of the Behavioral Department presented about their department. They provided a brief update on the shift to telehealth for the department, updates on staffing, a fellowships from the Mass League, and development/expansion of an internship program and future planning. They highlighted the increased access for patients created by telehealth capabilities and the resulting decrease in the no-show rate. The difficulties they face continue to be retrieving paperwork from patients, and internet challenges. The staffing update included hiring two new clinicians, both of which are working remotely. Another provider, hired in the last year and a half, is transitioning to her own private practice, which is a constant struggle with BH retention. They discussed increasing staff supervision for all the clinicians, which is very much valued by clinicians. The Mass League provided a grant for mini-fellowship opportunities for Behavioral Health clinicians. That grant covered the cost of the training and release time from regular work duties. Two clinicians are partaking in different mini-fellowship opportunities. They discussed development of the MSW internship program with more robust training. Eliza noted that the program has been a pipeline for recruitment as well. They concluded with a discussion 	

	of future planning and the role of a hybrid model of in-person care with telehealth.	
Executive Committee	<ul style="list-style-type: none"> John Follet reported that the committee has not met. 	
Recruitment, Orientation & Nominating (RON) Committee	<ul style="list-style-type: none"> Alan Gaitenby reported that the committee will be meeting next week to go over the Board survey and reassess the process of bringing on new board members at the recommendation of the DEI committee. 	
Facilities Committee	<ul style="list-style-type: none"> Alan Gaitenby reported that this committee has met. This meeting was in response to the grant money available and developing a list of essential facility needs. This list includes: <ul style="list-style-type: none"> Painting clinical spaces in HHC Replacing the boiler in WHC Installing a wrap (concrete) slab in WHC Mini splits for dental in HHC (primarily for A/C) Driveway work in both HHC and WHC Handicap concrete ramps in WHC Landscaping for HHC and WHC 	
Personnel Committee	<ul style="list-style-type: none"> John Follet reported that this committee met. The committee discussed a staff satisfaction survey that will go out in late Spring. The committee reviewed old surveys and then developed a draft survey. The survey had a heavy emphasis on leadership management questions to staff. The committee will meet again to discuss how the survey will interact with an assessment that the agency is eligible for, from the MassLeague. The committee also discussed the recommendation for the board approval of the Immunization Against Communicable Diseases Policy and final approval of the bilingual fluency stipend procedure. 	
Strategic Planning	<ul style="list-style-type: none"> Eliza Lake reported that the committee has not met. Senior Management has met since then and completed assessments that are part of the planned process. This is very much tied in to budgeting the spending of the grant funds being received, which has been in flux during the COVID-19 pandemic. 	
Fundraising Committee	<ul style="list-style-type: none"> Matt Bannister reported that the committee has not met. Eliza noted that the donor letter for the vaccination letter 	

	has been put on hold but will be replaced by an ask for the funding for the DEI Coordinator. The Annual Report planning is in progress.	
Committee Reports	<ul style="list-style-type: none"> • Alan Gaitenby moved that the Committee reports be approved. Kathryn Jensen seconded the motion. 	The Board voted unanimously to approve the Committee Reports.
Credentialing/ Privileging Report	<ul style="list-style-type: none"> • Michael Purdy presented the following new employees that were credentialed and privileged: <ul style="list-style-type: none"> ○ Sheri Bucko, Medical Assistant in Eyecare Department ○ Margaret Eseppy, RN ○ Arlene Radwich, RN <p>John Follet moved that the Credentialing and Privileging of the above employees be approved. Deb Leonczyk seconded the motion.</p>	The Board voted unanimously to approve the credentialing and privileging of Sheri Bucko, Margaret Eseppy, and Arlene Radwich.
Quality Improvement/ Risk Management	<p>Vickie Dempsey reported on last month's QI Committee discussion of Quality Improvement:</p> <ul style="list-style-type: none"> ○ Cures Act requirement regarding patient record access was postponed until April. Providing more time for planning around this new requirement. ○ Joanna Martin, Nutrition, has expanded her role to manage three of the QI projects by increasing her hours to complete those tasks. ○ Andrea Reed, RN resigned to move to do VNA work leaving a vacancy in the HHC Medical Department. Two new RN's were hired to fill that vacancy. They are being orientated and onboarded. ○ Vickie highlighted Lee Manchester's volunteer work for the past four weeks, in education patients, working with them to fill out paperwork, and moving them through the clinic. <p>Jenicca Gallagher moved to accept the Quality Improvement report, Alan Gaitenby seconded that motion.</p> <p>Michael reported on the QI/RM Committee's Risk Management discussion:</p> <ul style="list-style-type: none"> ○ There are no incidents to report 	<p>The Board voted unanimously to approve the Quality Improvement Report.</p> <p>The Board voted unanimously to approve the Risk Management Report.</p>

	<ul style="list-style-type: none"> • Michael reported that staffing continues to be a challenge. Employee health is still a risk management issue with maintaining proper quarantining, which has an impact on staffing numbers. • Michael reported on the work being done to make pediatric medical staffing more robust, specifically in Worthington. • The vaccination clinic is growing, safely and efficiently. • SBHC is back up and running. Working through infection control protocol to safely see patients there. <p>Matt Bannister moved to accept the Risk Management report, Seth Gemme seconded that motion.</p>	
CEO Report	<ul style="list-style-type: none"> • Eliza Lake provided a CEO report presentation this month. • Eliza added to the presentation that the Huntington Select board was very welcoming, excited, and supportive in the use of Stanton Hall for vaccinations, 7 days a week. The Select board will be looking forward to an approval vote from the Board of Health by April 17th. The vaccination team is working on bolstering staffing through identifying volunteers with the Medical Reserve Corps and soliciting help from other entities. • Within the presentation Eliza reviewed the numerous federal and state grant funding opportunities, PPE distribution and testing supplies. As well as the recent inclusion in the CHC vaccine program and HCHC's role in that program. 	
Staff Recognition	<ul style="list-style-type: none"> • Michael Purdy recognized Jon Liebman, NP who recently stepped down as Medical Director. He has been an asset to the leadership team. He has restructured the medical team and developed leadership, accountability, and a collaborative environment. Eliza noted that HCHC has been very lucky to have a Medical Director, and a provider that is incredibly dedicated to the mission. He has also been instrumental to the transition to C3 and during the COVID crisis. 	
New Business	<ul style="list-style-type: none"> • Eliza presented the personnel policy, Immunization Against Communicable Diseases policy. This policy was edited to waive staff working entirely remotely from certain immunization requirements. 	The Board voted unanimously to approve the Immunization Against

	John Follet motioned to approve the Immunization Against Communicable Diseases Policy and Alan Gaitenby seconded the motion.	Communicable Diseases policy.
Old Business	There was no old business to discuss.	
Executive Session	An executive session as called to order.	
Adjourn	John Follet moved the meeting be adjourned. Matt Bannister seconded the motion. The meeting was adjourned at 7:45 pm. The next scheduled meeting will be May 13, 2021 via Zoom.	The Board voted unanimously to approve adjournment.

Respectfully submitted,
Tabitha Griswold, Executive Assistant



Hilltown Community Health Center

Interim Financial Statement Presentation

March 2021 - Presented 5/12/2021

Highlights

- ▶ **\$10K** Net Income
- ▶ Cash position remains strong

Income Statement

	Jan Actual	Feb Actual	Mar Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change		YTD Feb Budget	Variance	%
OPERATING ACTIVITIES											
Revenue											
Patient Services - Medical	\$135,440	\$144,778	\$192,632	\$472,851	\$514,653	(\$41,802)	-8%		\$481,108	(\$8,257)	-2%
Patient Services - Dental	\$106,182	\$97,030	\$137,833	\$341,045	\$339,514	\$1,531	0%		\$305,046	\$35,999	12%
Patient Services - Beh. Health	\$36,624	\$35,380	\$44,740	\$116,744	\$107,226	\$9,518	9%		\$104,338	\$12,406	12%
Patient Services - Optometry	\$9,337	\$8,577	\$11,981	\$29,895	\$44,561	(\$14,666)	-33%		\$47,801	(\$17,906)	-37%
Patient Services - Optometry Hardware	\$6,162	\$6,444	\$8,379	\$20,985	\$17,834	\$3,151	18%		\$20,861	\$124	1%
Patient Services - Pharmacy	\$37,224	\$35,267	\$21,233	\$93,724	\$24,922	\$68,802	276%		\$162,500	(\$68,776)	-42%
Quality & Other Incentives	\$3,776	\$9,268	\$6,325	\$19,369	\$24,949	(\$5,580)	-22%		\$16,150	\$3,219	20%
HRSA 330 & Other Grant	\$261,014	\$215,010	\$212,593	\$688,617	\$414,817	\$273,799	66%		\$454,925	\$233,692	51%
Other Grants & Contracts	\$49,817	\$119,646	\$107,004	\$276,468	\$184,064	\$92,404	50%		\$486,050	(\$209,582)	-43%
Int., Dividends Gain /Loss Investmenst	(\$465)	\$11,231	\$9,823	\$20,589	(\$65,461)	\$86,049	131%		\$8,841	\$11,748	133%
Rental & Misc. Income	\$2,577	\$2,567	\$2,577	\$7,722	\$8,834	(\$1,112)	-13%		\$3,782	\$3,940	104%
Total Operating Revenue	\$647,688	\$685,199	\$755,120	\$2,088,007	\$1,615,914	\$472,093	29%		\$2,091,402	(\$3,395)	0%

- ▶ All service revenue increased over past 2 months
- ▶ Pharmacy slightly depressed but has rebounded in April & May
 - ▶ Walmart, additional Walgreens, & Referral Loop services on-line as of the end of April
- ▶ Grant/PPP coordination with continue throughout 2021

Q1 2021 vs Q1 2019

OPERATING ACTIVITIES				Q1 2021	Q1 2019	Difference	%
Revenue							
	Patient Services - Medical			\$472,851	\$650,949	(\$178,098)	-27%
	Patient Services - Dental			\$341,045	\$489,704	(\$148,659)	-30%
	Patient Services - Beh. Health			\$116,744	\$85,957	\$30,787	36%
	Patient Services - Optometry			\$29,895	\$49,502	(\$19,607)	-40%
	Patient Services - Optometry Hardware			\$20,985	\$26,036	(\$5,051)	-19%
	Patient Services - Pharmacy			\$93,724	\$18,484	\$75,240	407%
	Quality & Other Incentives			\$19,369	\$758	\$18,611	2457%
	HRSA 330 & Other Grant			\$688,617	\$379,859	\$308,758	81%
	Other Grants & Contracts			\$276,468	\$196,230	\$80,238	41%
	Int., Dividends Gain /Loss Investmenst			\$20,589	\$31,394	(\$10,805)	-34%
	Rental & Misc. Income			\$7,722	\$7,429	\$292	4%
	Total Operating Revenue			\$2,088,007	\$1,936,301	\$151,706	8%

	Jan Actual	Feb Actual	Mar Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change		YTD Feb Budget	Variance	%
Compensation and related expenses											
Salaries and wages	(\$443,161)	(\$433,354)	(\$454,897)	(\$1,331,412)	(\$1,315,955)	(\$15,457)	-1%		(\$1,308,965)	(\$22,447)	-2%
Payroll taxes	(\$33,016)	(\$32,472)	(\$34,730)	(\$100,218)	(\$99,172)	(\$1,046)	-1%		(\$123,623)	\$23,405	19%
Fringe benefits	(\$47,695)	(\$42,289)	(\$44,019)	(\$134,003)	(\$97,496)	(\$36,507)	-37%		(\$118,403)	(\$15,600)	-13%
Total Compensation & related exp	(\$523,873)	(\$508,115)	(\$533,645)	(\$1,565,633)	(\$1,512,622)	(\$53,010)	-4%		(\$1,550,990)	(\$14,642)	-1%

► Salaries On Budget

- \$10k Surplus in March
- Reasonably close to Net Budget

	Jan Actual	Feb Actual	Mar Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change		YTD Feb Budget	Variance	%
Other Operating Expenses											
Advertising and marketing	(\$10)	(\$223)	\$0	(\$233)	(\$99)	(\$134)	-135%		(\$1,851)	\$1,618	87%
Bad debt	(\$10,871)	(\$7,853)	(\$8,793)	(\$27,518)	(\$4,303)	(\$23,215)	-540%		(\$19,951)	(\$7,567)	-38%
Computer support	(\$8,840)	(\$15,246)	(\$7,868)	(\$31,955)	(\$34,714)	\$2,760	8%		(\$32,951)	\$997	3%
Conference and meetings	(\$2,087)	(\$440)	(\$1,910)	(\$4,437)	(\$1,598)	(\$2,839)	-178%		(\$1,960)	(\$2,477)	-126%
Continuing education	(\$1,522)	(\$7,870)	(\$281)	(\$9,673)	(\$3,460)	(\$6,213)	-180%		(\$9,000)	(\$673)	-7%
Contracts and consulting	(\$13,540)	(\$8,482)	(\$12,971)	(\$34,993)	(\$48,780)	\$13,786	28%		(\$33,300)	(\$1,693)	-5%
Depreciation and amortization	(\$26,315)	(\$26,315)	(\$26,315)	(\$78,946)	(\$85,633)	\$6,687	8%		(\$85,633)	\$6,687	8%
Dues and membership	(\$6,731)	(\$1,857)	(\$4,579)	(\$13,166)	(\$7,952)	(\$5,214)	-66%		(\$12,181)	(\$985)	-8%
Equipment leases	(\$1,535)	(\$3,829)	(\$2,126)	(\$7,490)	(\$6,730)	(\$760)	-11%		(\$6,666)	(\$824)	-12%
Insurance	(\$2,206)	(\$2,319)	(\$2,330)	(\$6,855)	(\$6,532)	(\$323)	-5%		(\$6,589)	(\$266)	-4%
Interest	(\$354)	(\$350)	(\$313)	(\$1,017)	(\$3,755)	\$2,738	73%		(\$1,090)	\$73	7%
Legal and accounting	(\$2,630)	(\$4,167)	(\$2,501)	(\$9,299)	(\$7,626)	(\$1,673)	-22%		(\$10,464)	\$1,166	11%
Licenses and fees	(\$5,283)	(\$1,628)	(\$2,347)	(\$9,258)	(\$15,072)	\$5,815	39%		(\$11,775)	\$2,517	21%
Medical & dental lab and supplies	(\$6,811)	(\$7,785)	(\$7,342)	(\$21,938)	(\$26,084)	\$4,146	16%		(\$23,065)	\$1,127	5%
Merchant CC Fees	(\$136)	(\$1,601)	(\$1,403)	(\$3,141)	(\$5,302)	\$2,162	41%		(\$3,604)	\$464	13%
Office supplies and printing	(\$4,214)	(\$1,759)	(\$6,798)	(\$12,771)	(\$7,255)	(\$5,515)	-76%		(\$14,657)	\$1,887	13%
Postage	(\$2,189)	(\$1,701)	(\$165)	(\$4,055)	(\$4,408)	\$352	8%		(\$4,200)	\$145	3%
Program supplies and materials	(\$15,432)	(\$10,809)	(\$31,160)	(\$57,401)	(\$50,547)	(\$6,855)	-14%		(\$57,750)	\$349	1%
Pharmacy & Optometry COGS	\$426	(\$14,659)	(\$9,127)	(\$23,360)	(\$23,642)	\$282	1%		(\$73,431)	\$50,071	68%
Recruitment	\$0	(\$5,040)	\$0	(\$5,040)	(\$4,666)	(\$374)	-8%		\$0	(\$5,040)	
Rent	(\$9,927)	(\$9,227)	(\$10,053)	(\$29,207)	(\$25,613)	(\$3,594)	-14%		(\$25,799)	(\$3,409)	-13%
Repairs and maintenance	(\$17,864)	(\$17,421)	(\$15,978)	(\$51,263)	(\$47,759)	(\$3,504)	-7%		(\$43,927)	(\$7,335)	-17%
Small equipment purchases	(\$7,898)	(\$1,595)	(\$37,825)	(\$47,318)	(\$1,669)	(\$45,649)	-2735%		(\$12,970)	(\$34,348)	-265%
Telephone	(\$11,151)	(\$13,513)	(\$14,943)	(\$39,607)	(\$39,086)	(\$521)	-1%		(\$43,202)	\$3,595	8%
Travel	(\$619)	(\$572)	(\$1,258)	(\$2,448)	(\$4,235)	\$1,787	42%		(\$6,000)	\$3,552	59%
Utilities	(\$5,193)	(\$7,258)	(\$4,052)	(\$16,503)	(\$12,044)	(\$4,459)	-37%		(\$14,250)	(\$2,253)	-16%
Total Other Operating Expenses	(\$162,934)	(\$173,520)	(\$212,440)	(\$548,894)	(\$478,565)	(\$70,329)	-15%		(\$556,269)	\$7,375	1%
NET OPERATING SURPLUS	(\$39,118)	\$3,564	\$9,034	(\$26,520)	(\$375,273)	\$348,754	93%		(\$15,857)	(\$10,662)	-67%
NON-OPERATING ACTIVITIES											
Donations, Pledges & Contributions	\$1,870	\$1,549	\$640	\$4,059	\$30,645	(\$26,586)	-87%		\$26,250	(\$22,191)	-85%
NET NON-OPERATING SURPLUS	\$1,870	\$1,549	\$640	\$4,059	\$30,645	(\$26,586)	-87%		\$26,250	(\$22,191)	-85%
NET SURPLUS/(DEFICIT)	(\$37,248)	\$5,113	\$9,674	(\$22,461)	(\$344,628)	\$322,167	93%		\$10,393	(\$32,854)	-316%

Cash Flow

CASH FLOWS FROM OPERATING ACTIVITIES		
	NET SURPLUS/(DEFICIT) FOR PERIOD	\$9,674
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH		
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	(\$114,928.46)
CASH FLOWS FROM INVESTING ACTIVITIES		
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$16,491.99
	NET INCREASE/(DECREASE) IN CASH	(\$98,436)
	CASH AND CASH EQUIVALENTS AS OF 3/1/2021	\$3,225,545
	CASH AND CASH EQUIVALENTS AS OF 3/31/2021	\$3,127,109
		(April 1 Payroll paid 3/31/21)

- ▶ Cash on hand decreased **\$98K**
 - ▶ April 1st Payroll accounts for \$200K of negative cash flow

Balance Sheet

ASSETS		
	Total Current Assets	\$3,178,577
	Net Property & Equipment	\$3,961,437
	Total Other Assets	\$376,354
	TOTAL ASSETS	\$7,516,368
Liabilities & Fund Balance		
	Total Current Liabilities	\$2,217,667
	Total Long Term Liabilities	\$127,280
	Total Liabilities	\$2,344,946
	Fund Balance / Equity	
	Fund Balance Prior Years	\$5,171,422
	Total Fund Balance / Equity	\$5,171,422
	Total Liabilities & Fund Balance	\$7,516,368

- ▶ Current Assets = **\$3.2 M**
- ▶ Current Liabilities = **\$1 M** (PPP improperly included as current in statement)
- ▶ Current Ratio = **3.03**

From: [Eliza Lake](#)
To: [John Follet](#); [Lee Manchester](#); [John Melehov](#)
Cc: [Tabitha Griswold](#); [Pat Kirouac](#)
Subject: Finance Committee Vote re HVAC Quote
Date: Tuesday, April 27, 2021 12:47:58 PM
Attachments: [HVAC Quote April 2021.pdf](#)
[image001.png](#)
[image002.png](#)

Dear Finance Committee:

Per our policy, all expenditures over \$10,000 must be approved by the Finance Committee. Attached is a quote for \$17,500 for the installation of mini-splits in Huntington for the front desk and lab, and for the dental department. Our current HVAC system has not been able to keep staff and patients comfortable in our hotter summers.

Please vote ASAP on whether the Finance Committee will approve this expenditure via email. We will note the vote in the minutes of the next Finance Committee meeting.

Thank you,
Eliza

Eliza B. Lake, MSW
Preferred Pronouns: She/Her/Hers
Chief Executive Officer
Hilltown Community Health Center
58 Old North Road
Worthington, MA 01098
Phone: 413-238-4128
elake@hchcweb.org
www.hchcweb.org



Cover your
face



Wash your
hands



Socially
distance

HILLTOWN COMMUNITY HEALTH CENTERS, INC.
58 OLD NORTH ROAD
WORTHINGTON, MA 01098
413-238-5511 FAX 413-238-5570
MA SALES TAX EXEMPT # 042-161-484
EXPIRES 12/31/2028

PURCHASE REQUISITION

Suggested Vendor: Western Mass Climate Control Requested by: _____

Address: 269 Ponders Hollow Rd Program: _____
Westfield ma Date: _____
01085

Catalog # (if known)	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST
	Install mini split units			
	1 for Dental 2 exam Rooms			\$1,750.00
	and the reception office			
	3 zones			
	1 for Medical Reception			
	and the Lab 2 zones			

(A CHECK REQUEST FORM IS REQUIRED FOR PAYMENT)

SUB-TOTAL

SHIPPING

TOTAL

Approved by: Russell C. Jordan 4-20-21
DEPARTMENT MANAGER DATE
Approved by: [Signature] 4/23/21
CHIEF FINANCIAL OFFICER DATE
Approved by: [Signature] 04/26/2021
CHIEF EXECUTIVE OFFICER DATE
Approved by: _____
FINANCE COMM. or CHAIR of BOD DATE

Up to \$500 - Dept. Head or Designee signature only
\$501 to \$5,000 - Dept. Head and either CEO or CFO
\$5,001 to \$10,000 - Dept. Head and CEO and CFO
\$10,001 and above - CEO, CFO, and Finance Committee or Chair of BOD

NOTE - See Financial
Procedures Manual for
Procurement standards.

Western Mass Climate Control
 269 Ponders Hollow Road
 Westfield, MA 01085
 Phone/Fax
 413-568-7770

Invoice

Bill To
Hilltown Community Health Care ATTN: Accounts Payable 58 Old North Road Worthington, MA 01098

Invoice Date	Invoice #
4/22/2021	20872

P.O. No.	Terms	Job Date	Location
	Due on receipt	04/22/2021	

Item	Description	Qty	Rate	Amount
Quoted Job	Installation of two zone Fujitsu system for medical reception and lab. Installation of three zone system for dental reception and 2 adjacent exam rooms. Per quote on April 6, 2021.		*****	17500.00

		Subtotal	\$17,500.00
		Sales Tax (0.0%)	\$0.00
		Total	\$17,500.00
		Payments/Credits	\$0.00

Balance Due	\$17,500.00
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From: [Alan Gaitenby](#)
To: [John Follet](#); [Lee Manchester](#); [Nancy Brenner](#)
Cc: [Eliza Lake](#); [Bannister, Matthew](#); [Deb Leonczyk](#); [Jennica Gallagher](#) ([jgallagher@greenfieldcoopbank.com](#)); [Kathryn Jensen](#); [Lee Manchester](#); [Seth Gemme](#); [Wendy Long](#); [John Melehov](#); [Michael Purdy, OD, MPH](#); [Vickie Dempsey](#); [Tabitha Griswold](#)
Subject: Re: Vote to proceed with purchase of 70 Worthington Road, Huntington, MA property
Date: Saturday, April 17, 2021 8:43:10 AM

I vote to approve making the offer as described

From: John Follet <jfollet@hchcweb.org>
Date: Saturday, April 17, 2021 at 7:26 AM
To: Lee Manchester <lmanchester@www.umass.edu>, Nancy Brenner <nbrenner5311@gmail.com>
Cc: Eliza Lake <elake@hchcweb.org>, "Bannister, Matthew" <MBannister@bankatpeoples.com>, Alan Gaitenby <gaitenby@legal.umass.edu>, Deb Leonczyk <leonzcyk@comcast.net>, "Jennica Gallagher" (jgallagher@greenfieldcoopbank.com) <jgallagher@greenfieldcoopbank.com>, Kathryn Jensen <kjens3@icloud.com>, Lee Manchester <lmanchester@www.umass.edu>, Seth Gemme <sgemme@gmail.com>, Wendy Long <wvlong@comcast.net>, John Melehov <jmelehov@hchcweb.org>, "Michael Purdy, OD, MPH" <mpurdy@hchcweb.org>, Vickie Dempsey <vdempesy@hchcweb.org>, Tabitha Griswold <tgriswold@hchcweb.org>
Subject: Re: Vote to proceed with purchase of 70 Worthington Road, Huntington, MA property

Lee et al,

I vote to approve making the offer as Eliza has carefully researched and presented. The Finance Committee will of course review and sanction any final deals in the future. The overall cost should include the savings incurred by moving from 9 Russell Rd.

John

From: Lee Manchester <martinm@umass.edu>
Sent: Friday, April 16, 2021 10:49 PM
To: Nancy Brenner <nbrenner5311@gmail.com>
Cc: Eliza Lake <elake@hchcweb.org>; Bannister, Matthew <MBannister@bankatpeoples.com>; alan gaitenby <gaitenby@legal.umass.edu>; Deb Leonczyk <leonzcyk@comcast.net>; Jennica Gallagher (jgallagher@greenfieldcoopbank.com) <jgallagher@greenfieldcoopbank.com>; John Follet <jfollet@hchcweb.org>; Kathryn Jensen <kjens3@icloud.com>; Lee Manchester <lmanchester@www.umass.edu>; Seth Gemme <sgemme@gmail.com>; Wendy Long <wvlong@comcast.net>; John Melehov <jmelehov@hchcweb.org>; Michael Purdy, OD, MPH <mpurdy@hchcweb.org>; Vickie Dempsey <vdempesy@hchcweb.org>; Tabitha Griswold <tgriswold@hchcweb.org>
Subject: Re: Vote to proceed with purchase of 70 Worthington Road, Huntington, MA property

I think we have a motion from Matt, and can construe Nancy's or Jennica's support as a second. On the understanding that this motion is just to make an offer, including the contingencies that Eliza mentions, I will assume that the Board will still need to make a further vote to complete the purchase once it is clear that the conditions of the offer are met, and that we can still vote to withdraw the offer at the risk of losing the deposit. With these assumptions I vote in favor of making the offer, so that we can go ahead with the inspections and get a fuller knowledge of the condition of the building.

Lee

On Fri, Apr 16, 2021 at 6:20 PM Nancy Brenner <nbrenner5311@gmail.com> wrote:

I agree to proceed with this potential purchase. (The positives are impressive, but so are the pitfalls.)

On Apr 16, 2021, at 5:46 PM, Eliza Lake <elake@hchcweb.org> wrote:

Matt -

Thank you for these comments. Yes, we will ensure that the offer gives us multiple ways to get out of the offer if it looks like the building will not meet our needs (programmatic, financial, etc).

And yes, we will outline these specifics once they are all clear, and will come back to the Board with details on a regular basis, and will bring any budget for renovations for approval, only in part because it's a requirement for its submission to HRSA. And yes, we will absolutely figure out what the ongoing costs will be. We anticipate that the reduction in monthly mortgage/rental costs will make up for some of the anticipated increases in utilities and maintenance costs. But of course we need to learn more about the building before we know more.

Thanks for the questions,
Eliza

Get [Outlook for iOS](#)

From: Bannister, Matthew <MBannister@bankatpeoples.com>
Sent: Friday, April 16, 2021 4:17:17 PM
To: Eliza Lake <elake@hchcweb.org>; alan gaitenby <gaitenby@legal.umass.edu>; Deb Leonczyk <leonzcyk@comcast.net>; Jennica Gallagher (jgallagher@greenfieldcoopbank.com) <jgallagher@greenfieldcoopbank.com>; John Follet <jfollet@hchcweb.org>; Kathryn Jensen <kjens3@icloud.com>; Lee Manchester <lmanchester@www.umass.edu>; Nancy Brenner (nbrenner5311@gmail.com) <nbrenner5311@gmail.com>; Seth Gemme <sgemme@gmail.com>; Wendy Long <wvlong@comcast.net>
Cc: John Melehov <jmelehov@hchcweb.org>; Michael Purdy, OD, MPH <mpurdy@hchcweb.org>; Vickie Dempsey <vdempesy@hchcweb.org>; Tabitha Griswold <tgriswold@hchcweb.org>
Subject: RE: Vote to proceed with purchase of 70 Worthington Road, Huntington, MA property

I am comfortable making the motion, assuming there will also be some e-mail dialog as part of the process, and that the caveats/outs you list will be in place to allow us to still back out at any moment moving forward.

I would suggest there is also at least an outline for how any needed renovations, as well as the expected increase in maintenance/resources that owing will bring over the longer term, would be covered in annual budgets. If these can reasonably be funded from anticipated savings or there are future budget line items reserved for this purpose, that would alleviate the concern. Any homeowner can tell you that there can often be a string of unexpected expenses.

Thanks.

Matt

Matthew Bannister | Senior Vice President | Marketing and Corporate Responsibility
PeoplesBank | 413.493.8704 | bankatpeoples.com



From: Eliza Lake <elake@hchcweb.org>

Sent: Friday, April 16, 2021 4:03 PM

To: alan gaitenby <gaitenby@legal.umass.edu>; Bannister, Matthew <MBannister@bankatpeoples.com>; Deb Leonczyk <leonczyk@comcast.net>; Jennica Gallagher (jgallagher@greenfieldcoopbank.com) <jgallagher@greenfieldcoopbank.com>; John Follet <jfollet@hchcweb.org>; Kathryn Jensen <kjens3@icloud.com>; Lee Manchester <lmanchester@uvm.umass.edu>; Nancy Brenner (nbrenner5311@gmail.com) <nbrenner5311@gmail.com>; Seth Gemme <sgemme@gmail.com>; Wendy Long <wylong@comcast.net>
Cc: John Melehov <jmelehov@hchcweb.org>; Michael Purdy, OD, MPH <mpurdy@hchcweb.org>; Vickie Dempsey <vdempsey@hchcweb.org>; Tabitha Griswold <griswold@hchcweb.org>

Subject: Vote to proceed with purchase of 70 Worthington Road, Huntington, MA property

Importance: High

[EXTERNAL] THIS MESSAGE ORIGINATED FROM OUTSIDE OF PEOPLESBANK AND MAY BE A PHISHING ATTEMPT

Good afternoon –

First, my apologies for writing you late on a Friday afternoon – if I had any other option, I would have waited until at least next week.

I am writing to provide you with an update about HCHC's interest in purchasing the property at 70 Worthington Road in Huntington, currently the site of the Huntington Country Store. While I know that I presented the idea at the last Board meeting, I would like to present all of our thinking, and why we are recommending that we take this step. The timeline for addressing this issue has been escalated by the owner refusing to engage any further with us without an offer on the table, which is why I am writing on a Friday afternoon.

Problems to Solve:

- **HCHC has completely run out of space** for its operations, particularly for our Behavioral Health office. In order to ensure the safety of our staff we have been forced to reallocate office space previously used by BH staff, who are now all working remotely, to other staff members. This will continue to be an issue even if social distancing rules are relaxed, as we have hired a number of new BH providers to meet patient demand, and we are expanding our staffing to meet the demands of managing telehealth, quality improvement, and increased need for reception and nursing staff. We are completely out of room.
- We have been renting a **sub-par space at 9 Russell Road** for many years, and it has been a struggle to maintain it as a space that meets our needs. Over the last ten years, we have expanded from renting three spaces to renting the entire building. The spaces are small, the heating and air conditioning are inconsistent, and the parking is insufficient – the staff have been parking off site/on the street for years in order to preserve spaces for clients. Needless to say, we are not building equity by paying rent, which is currently \$3,544/month, which does include all utilities.

Financial Context:

We have recently learned that we will be the recipient of at least **\$500,000 in capital funding**, which we could use for any work required on a capital project, but we will need to have a plan for its use in hand to get federal approval quickly this summer. In addition, we have approximately \$3 million in our bank account, and can use \$500,000 in stimulus for improvements to our existing facilities.

Other Possible Solutions with Analysis:

- **Rent a space somewhere else in the community.** We have looked around, and have talked with our realtor, and there aren't any other spaces available that would be accessible to communities we need to serve. Moving outside of the Huntington/Russell corridor would not allow the Community Programs to function in the same manner in which they have been, and would be moving the programs away from the largest concentration of population/target groups.
- **Expand existing buildings:** after discussions about this idea, we do not think it would create enough space to meet our needs. The only opportunity for expansion would likely be to extend the dental wing at the Huntington Health Center, but in our planning for such an idea years ago, we were only adding another thousand square feet or so. It would require moving the septic system and propane tank, would be environmentally difficult, given catchment basins, etc., and would only postpone the need for more space.
- **Purchase land and build a new building:** There is no land for sale that is on an accessible road in either Huntington or Russell. In addition, the cost of building materials have increased dramatically over the last year, so the cost of building a new building (or doing any construction) could be significantly more than the cost of renovation, which is not always the case.

Reasons to Purchase 70 Worthington Road Property:

- **Additional Space:** The building has 5,000+ square feet of useable space at the moment. This would be almost a doubling of the space we are currently

renting for the Community Programs. While we do not have plans yet, we believe it has sufficient space to allow us to create a family center, meeting spaces, Zoom rooms for BH, and flex and assigned office spaces on both the first and second floor. The attic is large and eminently expandable, should we ever be able to install an elevator to create access.

- **Location:** There are few spots in the Hilltowns that are as well known and accessible as the site. Staff have said that “even people in Worthington” know where it is and would be comfortable going there. It has ample parking, and is close to both the school and the Huntington Health Center, making it a good place for administrative offices, as well.
- **Price:** With a \$339,000 asking price, the property is extremely reasonable. It has been on the market for at least three years, and the price has been reduced a number of times. We believe this is due to its size, location right on the road, lack of any yard at all, and commercial lay-out. Unfortunately, many commercial businesses in Huntington are struggling, so there isn’t demand for comparable spaces.

Reasons NOT to Purchase 70 Worthington Road Property:

- **Age of building:** This is an old building. It has, as the architect, good bones, but they are 220+ year old bones. This means that the floors are not completely level, and have some odd transitions. Over time, different owners have made odd decisions about additions - some rooms in the back, for instance, have no heat. In general, however, most decisions were the right ones, like where they put the posts (according to the architect) and leaving all the original fireplaces, which are inoperable but historic. And almost the entire building has been insulated with cellulose, which is not always possible with very old buildings. Specific concerns include:
 - Some rot is clear in the beams in the basement, which has the original framing.
 - The “main” staircase to the second floor is tiny and winding, and will not be appropriate for our purposes. There is an external staircase, which could be crucial for code requirements, but it is not sufficient.
 - Fire codes may require a sprinkler system, which can be more difficult to install in a post and beam building
 - Codes require certain means of egress – it’s unclear what would need to be done to accomplish these
 - We have not yet seen the hazardous materials report and Title V septic report, but these would be issues with any building.
- **Maintenance:** Given the age of the building, maintenance will be an on-going issue. It will be a big addition to our current maintenance requirements, as the landlord is responsible for issues with the current building housing the Community Center. The building has been very well maintained and paint on the clapboard is in very good shape, but all buildings need painting eventually. The roof is also in good shape, but all roofs age at the same rate, and need fixing. We would likely have to dedicate sufficient resources to an on-going maintenance budget.

While I am sure that there are other pros and cons, these are the major ones.

NEXT STEPS:

We have scheduled a visit for next Wednesday to the site by the state Building Inspector and a structural engineer to determine 1) whether the space will be acceptable by DPH and other codes for us to add it to our license, and 2) if there are structural issues that would be prohibitive to our moving forward, in terms of cost or usage. The owners, however, told us yesterday that they will not let us back into the building until they have an offer in hand. We have discussed it internally, and with the realtor and architect, and agree that based on the considerations above, we are willing to make an offer that contains all the contingencies that we allow us to be comfortable moving forward.

In order to make an offer, we would need approval from the Board to do so. We would offer \$325,000, with \$2,000 as a deposit, with an addendum that states that we will walk if there are any issues that would not allow us to open the site for the functions that we need, or if doing so would be cost-prohibitive. We would require that we be allowed to bring inspectors on-site for the next month, and would require access to all reports and inspections that are relevant. If we decide to move forward with the purchase, we would come to the Finance Committee to discuss the final price, how we will finance or pay for the balance of the purchase price.

I ask that the Board vote to approve our extending an offer on 70 Worthington Road, Huntington of \$325,000, contingent upon a list of conditions developed by our legal counsel and realtor.

Please feel free to send me questions, as I know that this is a lot to process so quickly. While I know that the timing is tight, it would be very helpful to have a motion, second, and vote by the end of the day Sunday. We could then likely have an offer negotiated in time for the inspection to take place next week.

Thank you all for your consideration, and please do send me any questions.
Eliza

Eliza B. Lake, MSW
Preferred Pronouns: She/Her/Hers
Chief Executive Officer
Hilltown Community Health Center
58 Old North Road
Worthington, MA 01098
Phone: 413-238-4128
elake@hchcweb.org
www.hchcweb.org
<image003.png><image005.jpg>

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Service Area Analysis Documentation

HCHC determines its service area each year after analyzing the UDS data showing the zip codes of patients from the prior year. Staff and board review the zip codes that represent where the majority of patients come from and then, taking its official HRSA service area boundaries and the continuity of the zip codes, constructs a new service area to represent where at least 75% of all patients reside. HCHC's most recent UDS data shows that 74.7% of HCHC 2020 patients came from following contiguous zip codes. Given the disruption of COVID in 2020, and the minimal additional patients needed, HCHC will be defining its 2021 Service Area to be the same as it was in 2020.

TOWN	ZIP CODES
Amherst	01002 01004 01003
Belchertown	01007
Chesterfield	01012 01084
Cummington	01026
Easthampton/Westhampton*	01027
Goshen	01032
Granby	01033
Hadley	01035
Hatfield	01038 01088
Huntington	01050
Middlefield	01243
Northampton	01060 01061 01062 01053
Pelham	01012
Plainfield	01070
Southampton	01073
Williamsburg	01039 01096
Worthington	01098
Blandford	01008
Chester	01011
Granville	01034
Russell	01071 01097
Southwick	01077
Westfield/Montgomery	01085 01086



Policy Title: Quality Improvement Program	Policy Number: ADM-17
Department: Administrative	Policy status: Active
Regulatory Reference: None	
Date Published: APR 2010	
Dates Reviewed: SEP 2018, SEP 2020, APR 2021	
Dates Revised: SEP 2020, APR 2021	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to follow regarding its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program.

POLICY:

HCHC will attain its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program. The health center's quality improvement program requires that every major organizational initiative be measured against two criteria: improvement of clinical care, social needs, and organizational sustainability.

Questions regarding this policy or any related procedure should be directed to the Chief Operating Officer (COO) at 413-667-3009, extension 255

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

Procedure:

HCHC is committed to providing safe optimal health care for its patients that is consistent with community standards and accepted standards of practice established by our clinical staff through a process of continuous performance improvement. HCHC is also committed to furthering operational sustainability by focusing on profitable growth and financial stability through a process of continuous performance improvement.

A. SCOPE

The scope of the quality improvement program is organization-wide and includes activities that monitor and evaluate all phases of the health care delivery system through objective, criteria-based audits, outcome audits, tracking tools, and reporting systems.

B. OBJECTIVES

1. To ensure the delivery of patient care at the most achievable level of quality in a safe and cost effective manner.
2. To identify opportunities for improvement and institute continuous improvement strategies as appropriate
3. To develop a system of accurate, comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.
4. To utilize information gained in quality assessment and improvement activities to direct staff development and clinical education at HCHC.
5. To increase knowledge and participation in quality improvement activities at HCHC.
6. To demonstrate the program's overall impact on improving the quality of care provided to our patients.
7. Timely resolution of identified problems that have a direct or indirect impact on patient care including documentation of the effectiveness of corrective actions implemented.

C. QUALITY IMPROVEMENT/RISK MANAGEMENT (QI/RM) COMMITTEE

1. Responsibilities of the Quality Improvement/Risk Management Committee:
 - a. To direct HCHC staff to conduct studies and/or reviews as it deems necessary in order to further the strategic goals of the organization as endorsed by the Board of Directors.
 - b. To prioritize specific performance improvement activities in each department in order to align these resources with the health center's strategic plan.
 - c. To assess the quality improvement strategies, activities, and outcomes as reported by organization staff and, where necessary, make recommendations for change.
 - d. To document activities and actions to demonstrate the program's impact on improving organizational sustainability and clinical quality.
 - e. The COO, independently or in conjunction with the QI/RM Committee, will report

semi-annually to the Board of Directors: (1) the results of patient satisfaction surveys (2) departmental clinical goals as reported to the Bureau of Primary Health Care and progress made towards these goals and (3) a trend analysis of quality indicators and a plan to improve those indicators.

- f. The COO will report to the Board the minutes from any six QI/RM meetings, evidencing oversight of QI/RM activities that took place during the course of the year.
- g. To annually evaluate the quality improvement program to determine whether the program has been effective in meeting its goals and objectives and to make revisions to the program as deemed necessary and appropriate to be aligned with the health center's strategic plan.
- h. To ensure that quality improvement activities are systematic, comprehensive, and integrated across the organization.
- i. To be convened as an Ethics Committee as a committee of the whole to review individual cases where there is uncertainty about how to proceed clinically as sometimes arises, for example, when a patient refuses the professional's treatment plan or when the provider/patient team are in disagreement about a treatment plan.

2. Composition of the QI/RM Committee

The QI Committee is a staff-level committee and will be chaired by the COO. Other permanent members of the Committee are:

- a. Chief Executive Officer
- b. Chief Clinical and Community Services Officer
- c. Medical Director
- d. Dental Director
- e. Director of Behavioral Health
- f. Community Programs Director
- g. Eye Care Director
- h. Dental Operations Manager

Other staff members may be asked to attend meetings or assist the team as deemed appropriate.

The clinical departments will conduct monthly meetings which include peer review monitoring. Quality dashboards (such as HEDIS, P4P, UDS, and other appropriate quality indicators) required by grants will be reviewed and assessed using process improvement methodology. Reports will be forwarded to the QI/RM Committee for discussion.

The non-clinical departments will regularly report on their departmental dashboards and quality improvement activities.

D. MECHANISMS

- 1. Meeting focus will follow the *QI/RM Reporting Calendar* with additional agenda items as deemed appropriate.

2. HCHC will utilize a tracking registry for maintaining and improving quality of care for common chronic diseases and assuring optimal delivery of preventive services.
3. Data Collection and Information Resources:
 - a. Department specific indicators
 - b. All clinical and community record reviews
 - c. Established quality indicators collected through AZARA and other third party aggregators
 - d. National benchmarks and standards, including Healthy People 2020
 - e. Patient satisfaction surveys
 - f. Employee satisfaction surveys
 - f. Incident reports
 - g. Results of trends developed as a result of systematic peer review
 - h. Presentations of chart review assessments from departments
 - i. Bi-annual presentation by the billing department
 - J. Other methods as determined by the needs of a specific quality improvement team

4. Data Interpretation & Improvement plans

The QI/RM Committee will assess indicators by systematically evaluating HCHC performance against standardized quality measures. As the QI/RM Committee identifies opportunities for improvement they will direct the appropriate department to take action and report back with their action plan for improvement. Efforts will be made in those areas to improve performance through rigorous project selection with measurable results and clear operational accountability. This action plan must be data driven.

5. The Committee will meet no less than six times per year.
6. Minutes shall be maintained by a QI Committee designee, reviewed and voted upon by the Committee, and be signed by the Chair.

E. CONFIDENTIALITY

- a. All documents, reports, minutes, findings, conclusions, recommendations, or other memoranda transmitted to or developed by the QI Committee shall be received and kept in confidence by the Chair and/or designees.
- b. When the QI Committee conducts an audit, a code system will be devised in order to preserve the confidentiality of the audit, as well as to protect the individual(s) involved.

F. THE PROCESS IMPROVEMENT MODEL

- a. HCHC uses a combination of QI processes and relies heavily on the underlying principles of LEAN - the relentless pursuit of the perfect process through waste elimination. Fundamental to the LEAN approach are the standardization of processes,

making problems visible to supervisors and management, and identifying root causes.

Credentialing and Privileging Update for HCHC BOD

Month: **May**

Name	Position/ Credentials	Start date	Date Credentialed	Special Certifications	Privileging Requests	Special Privileging	Any items pending?	Other Info
Carol Sanderson	Registered Nurse (RN)	4/22/2021	4/12/2021	none	Privileging for Medical Staff	COVID Vaccine Clinic (ONLY)	none	none
Marci Yoss	Physician Quality Improvement Specialist	5/4/2021	4/12/2021	American Board of Family Medicine, MD	none	none	none	none
Crystal Tufts	DA Intern	4/21/2021	5/5/2021	none	none	none	none	Supervisor: Karen Rowe
Brenna Keogh	NP Shadow	unknown	4/12/2021	none	none	none	none	Shadowing Jon Liebman
Jose Aguilar	Psych NP	6/4/2021	5/5/2021	ANCC Psychiatric Mental health Nurse	none	Pscyh NP	Pscyh NP Privileges Approved	none



CEO Report

May 13, 2021

HILLTOWN COMMUNITY HEALTH CENTER



C3 – New Developments

- Primary Care Capitation and Risk Contracting

- 1115 Waiver Engagement

- ✓ Advocacy with state re needs of FQHCs, including focus on population health, inadequacy of current rates, and tiers of participation
 - ✓ Education efforts (stay tuned!) for FQHCs' leadership, Board, and staff

- Exploring conversations with other payers, including BCBS, Medicare Direct Contracting, and dual eligible programs. which may or may not be relevant to HCHC

C3 –Shared Services Projects

- Pharmacy Expansion and Advisory Council
 - Contracting with a company to help C3 transition pharmacies, start new pharmacies, and create a Management Services Organization (MSO)
- Coding Support
 - retrospective coding and provider education program
- Project Management Service

C3 – Total Cost of Care Performance

- 2019 Results:
 - C3 as a whole is meeting its quality score
 - HCHC's performance puts us within the 1% corridor relative to our budget
 - we will therefore have no payment or revenue related to C3

- 2020 Results:
 - will not be finalized until Fall 2021
 - HCHC controlled TCOC and could receive \$16k surplus payment
 - Many adjustments still to come

C3 – Shared EMR Project

- A new initiative based on old conversations, resurrected due to cash availability
- Proposal to move interested C3 members to an Epic based system, creating opportunities for:
 - Health information exchange with other C3 and Epic providers
 - Shared specialists
 - Potential for shared RN triage, scheduling, billing, and other functions
 - Integration of medical and dental health records
 - Reduction in number of contracts for telehealth, reporting, IT support, etc.
- Very costly to implement, and then significant increase in annual costs
 - Waiting for more details and a demo
 - Would address serious challenges in using current system, given hosting environment
 - Allowable expense under both H8F (ARPA) funding and new HRSA capital grant (C8E)

Funding Updates - Federal

- H8F: American Rescue Plan Act (ARPA): Still developing final budget submission, but possible new thinking about maintaining flexibility – budget due 5/31/21
 - Board will need to approve final budget prior to submission by email
- C8E: ARPA – Capital: Grant of \$605,000 for capital projects, application due 6/24/21

Funding Updates – Mass League of CHCs

- Mass League: Vaccine Infrastructure and Workforce: \$75,000 to spend by 7/1/21 on vaccination efforts – hiring CHWs and buying advertising to increase demand – Town of Huntington refused payment
- MassHealth Payment Rate Negotiations
- Vaccination Clinic Project Management Consultant: The League is providing us with a free consultant to help with timelines, workplans, etc. She started with staff interviews this week.
- Organizational Culture Initiative: We are launching an Organizational Culture Assessment project, funded and provided by the League, that will be used in tandem with staff survey results to determine possible changes.

Vaccine Clinic Update

- Huntington Vaccine Clinic:
 - On April 28th, the Huntington Selectboard approved HCHC's plan for the use of Stanton Hall, and waived any rental payment – first clinic was held 5/6/21
 - HCHC is now fully enrolled in the HRSA Vaccine Program, which ensures that we have access to doses
 - Due to diminishing demand, we have asked local Boards of Health in 10+ towns to provide a reverse 911 call alerting all residents of the availability of vaccination appointments – there has been very little response
 - We are hiring CHWs and creating a large outreach/advertising campaign to increase visibility and identify individuals in need of vaccination
- We are working with local Boards of Health to identify opportunities for:
 - Community pop-up vaccination clinics in Hilltowns and Valley, including at schools, businesses, and other locations
 - HRSA guidance is that we can, with a strong MOU that includes important reporting requirements, provide vaccine to community partners – currently in talks with Westfield, Amherst, and Northampton
 - The focus will be on health equity – accessing populations who face barriers to vaccination

Other Updates

- Posted DEI Coordinator position and are receiving applications
- Contracted with HVAC engineer to assess our current systems with respect to their age, condition, current mechanical code, DPH requirements, and ASHRAE guidelines. He will provide us with the report that enables us to upgrade the HVAC as appropriate to our program of services.
- Evaluating proposals from outside companies for 24/7 IT support, including network monitoring and maintenance. Finance Committee approved replacement of current servers to “future proof” system – does not address issues of connectivity between sites
- Contracted with local company to maintain HCHC website and make it compliant with accessibility standards

Board membership Request

- I have been asked to be a Board member of the Mass Budget and Policy Center. I was nominated by Clare Higgins and Michael Curry, both former Board members. They named me as someone who can represent the rural communities of Western Mass.
- MassBudget, with partners and policymakers, works to eliminate poverty and advance racial and economic equity in the Commonwealth by helping to:
 - Redesign our revenue system to ensure that people and corporations pay their fair share so we can invest in the public good;
 - Guarantee that all workers can count on decent wages and policies to ensure that their work life respects their needs; and
 - Invest in healthy, thriving communities by improving access to quality, affordable education from cradle to career, modernizing our infrastructure, and providing affordable access to supports and services so that everyone can be healthy and prosperous.
- I would be on the Board with my title at HCHC, unlike current Board memberships, so I want the Board to be aware of and approve my potential membership

Change in Scope - vote needed

- On June 4th, HCHC will begin to provide telehealth psychiatric services through our new psych NP, Jose Aguilar
- At the moment, our HRSA Form 5A, which defines our services and therefore the scope of malpractice insurance, only contains psychiatry as a services that is available through a formal written referral agreement.
- We need to submit a Change in Scope that adds Psychiatry to Column I of Form 5A.

VOTE: To approve HCHC's submission of a Change in Scope application that adds Psychiatry to Column I of Form 5A.

70 Worthington Road Project

- Based on Board vote of approval, extended offer of \$325,000 on April 27, 2021
 - We included 60-day due diligence period for all inspections to be completed
 - Very broad with lots of opportunity to decide project is unsuitable
- Movement has been very slow, given unresponsiveness of seller's attorney
- Current counteroffer (after some back and forth) includes:
 - Insistence on asking price – we agree
 - Requirement of escrow of payment after due diligence is complete and we agree to purchase – we agree
 - Requirement that escrow be held by seller's attorney – we will not agree
 - Requirement that either party can withdraw during due diligence period – we do not agree
- Waiting for response from our attorney, and hope to have Purchase and Sale signed ASAP

Pros and Cons of Project

■ Pros:

- Increase access to and expand scope of services for community
- Could, even without grant funding, reduce monthly costs (HVAC unknown) and be creating equity
- Create space for all programs and room for expansion, including at other sites
- Will be receiving \$605,000 in September to use on alterations and renovations
- Currently assessed at \$10k less than asking price, and vast majority of improvements now and in the future will be grant funded

■ Cons:

- Building is very old, and may need significant work and then upkeep
- Community acceptance of reuse of building

Discussion

Questions?
