

**Board of Directors**

*Friday, October 18, 2019*

*1:00 p.m.*

*GCHC*

*725 Mason Street – Conference Room*

*Board Members Present*

Steven Schwartz (Acting Chair), Yolanda Oliver-Yancey, Deborah Duckett, Erica Thrash-Sall, Kyle McCree (via phone/person), Sam Olson

*Board Members Absent*

Claudnyse Holloman, Board Chair (excused), Autumn Bagley (excused)

*Guests*

Brian Swiecicki; GCHC Interim Executive Director, Glen Chipman, GHS CFO, Jean Troop, GHS Reimbursement Officer

*Recording Secretary: Karen Riddle, GHS Administrative Assistant*

**Meeting called to order at 1:10 p.m. by Steven Schwartz, Board Secretary**

**I. Adoption of Agenda**

Y. Oliver-Yancey moved, S. Olson supported the motion to adopt the agenda as presented.

*Motion carried*

**II. Welcome & Introductions**

Round table introductions were made, no telephone participants.

**III. Public Participation and Community Feedback**

Stef Sabin-GCHC Social Worker Case Manager-present/no feedback

She did comment on how staff appreciate the mutual respect being shown from management to staff.

**IV. Approval of Minutes** September 27, 2019, 2019

Y. Oliver-Yancey, S. Olson supported the motion to approve the minutes as presented.

*Motion carried*

**V. Finance Committee Summary**

G. Chipman presented the 2019 YTD Financials beginning with the September 2019 revenue and expenditures. The center continues to do well with an \$180,000+ surplus for the month and \$942,000+ surplus for the year to date. We are over the budgeted and doing quite well going into the next fiscal year.

The Cost, Reimbursement & Productivity statistics were discussed. We were a little low for Medicaid eligible encounters for the month of September; however, we were close to budget for the year. We expect to be right on task for the next fiscal year compared to budget. B. Swiecicki praised all the staff from the front desk to the providers in making this successful. It is not just about the number of patients

seen because the quality scores came up along with the numbers. It is evident in the outcomes that the staff are doing a terrific job. Y. Oliver-Yancey asked what, as board members, they could do to support the Medicaid eligible encounters. B. Swiecicki stated that the support given by the Board already has been a tremendous morale booster. It was suggested that the word of mouth, showing support and ideas all help drive GCHC forward. B. Swiecicki stated that as we continue the discussion, all the expertise of the members assists in the outcome of the Center. Y. Oliver-Yancey suggested using the mobile unit as a mobile flu clinic at schools to help reach out and spread the word of the health center's services. B. Swiecicki will pursue this opportunity.

D. Duckett shared a story of how she had an opportunity of sharing with members of the community as to what and who GCHC is all about. She recommended possibly having a fact sheet or something similar that board members could carry or have accessible to share with those stakeholders they come in contact with in the community.

The final pieces of the financial packet were reviewed and discussed including the A/R and Productivity graphs and charts. The claims denials are below the goal which is good and may lead to an adjustment in goals.

D. Duckett moved, Y. Oliver-Yancey supported accepting the FY19-October 2019 through September 2019 Financial Packet as presented.

*Motion carried*

## **VI. Contract Summary**

B. Swiecicki presented the contract summary including the Lakeview Consultants contract which will be providing strategic planning and organizational development services to the FQHC. He stated that surveys have went out to staff and interviews with community stakeholders and community partners will be held as starting points. This contract was originally in place until September 30, 2019, but due to delays we found it necessary to restart the process and have the board approve. The other agreements on the summary are two Region 10 Letters of Agreement to provide staffing of two health coaches for SUD treatment and the other is for naloxone kits provided during training and community events, and the Genesee County Early Head Start and Head Start Child and Family Development Programs. Y. Oliver-Yancey added that one of the things this partnership will bring is that every child in the program must have a screening/testing within the first 45 days. B. Swiecicki thanked her for this knowledge and will make sure it is discussed within the relationship with GCCARD.

S. Olson moved, D. Duckett supported the motion to accept the Contract Summary as presented.

*Motion carried*

## **VII. Interim Executive Director's Report**

B. Swiecicki had a meeting with the medical directors at Hurley Medical Center to discuss referral sources and the relationship with them in regards to the ED and the clients who use the ED as their primary care. There is a collaboration between Hurley Medical Center and GHS to open a site to assist with ED transfers for the PHC. This would provide a behavioral crisis unit for individuals to be screened and provided services directly. It would mostly be utilized after-hours as the Access Center will continue to be in service during operational hours. This center would be used as a diversion from entering the ED and unnecessary inpatient stays. It could also assist the law enforcement community in

placing individuals into services rather than ED or jail unnecessarily. The GCHC Board expressed support of this endeavor.

The initial HRSA CY2020 Operational Site Visit (OSV) is scheduled for either June 16 or June 23, 2020. B. Swiecicki stated that they usually arrive on Tuesday and complete it by Thursday. He asked that the Board be available during those dates, if possible. He also would like to bring a proposal for a mock surveyor in the cost of about \$7,500 to review the organization for the board's approval in the next couple of months.

B. Swiecicki noted that Jean Troop and her staff did a great job in appealing a routine audit from McLaren that started out with a large payback and was able to lower it to \$377. It is a regular practice for health plans to do these audit and look for takebacks. Jean's staff worked diligently and really did a great job at looking at the rules and applying to reduce the takeback. This is a group of staff that work behind the scenes. E. Thrash-Sall asked how often staff, who are responsible for that level of documentation, are trained. It was explained that NextGen has regular updates and training to assist staff, as well as sending staff to conferences, in-services, and trainings to bring back the training to others. There are peer reviews and then Dr. Levine does lunch-n-learns with staff. There is also a certified coder on staff who keeps her CEUs current.

S. Schwartz recognized the staff for bringing about such a positive change in the last six months. Y. Oliver-Yancey suggested that the Board put together some type of staff appreciation event, such as a Harvest Fest, for example.

B. Swiecicki also mentioned that we are looking at a relationship under a small grant. It may not bring in many dollars, but maybe some training and equipment. It's valuable to us to create relationships with our State and National partner. This is the American Heart Association along with MPCA and MDHHS over blood pressure checks and training. It could develop opportunities in the future to make these relationship building partnerships.

D. Duckett moved, K. McCree supported the motion to approve Interim Director's Report as presented.

*Motion carried*

### **VIII. Strategic Planning Committee Summary**

B. Swiecicki stated that S. Bannon, from Lakeview Consultants, has started the strategic planning. She sent out the employee surveys today, is working on retreat dates and discussion points. Some of the things we hope to focus on are improved QI measures, staff retention/relationships, operations and being mission driven rather than revenue driven.

E. Thrash-Sall moved, D. Duckett supported the strategic planning committee summary as presented.

*Motion carried*

### **IX. Personnel Committee**

There have been three new positions who started; the Front Desk and QI RN, the Behavioral Health Supervisor. The LPN will begin on Monday. We also have a new MSW-SW coming in. B. Swiecicki stated that his goal is to provide a good, solid operational team.

D. Duckett moved, Y. Oliver-Yancey supported the personnel committee summary as presented.

*Motion carried*

## **X. Quality and Safety Committee Summary**

### **a. Clinical Provider Peer Review**

#### **b. Standing Orders**

E. Thrash-Sall presented the Quality and Safety Committee Summary. The Clinical Provider Peer Review was revised. This policy is designed to serve as a learning experience for providers and to provide an opportunity for continuous quality improvement. The Standing Orders policy was revised and the procedure changed to request a 3 year approval rather than annually when there are no changes.

S. Olson moved, K. McCree supported the approval of the quality and safety committee summary as presented as well as the revisions to the Clinical Provider Peer Review Policy.

Y. Oliver-Yancey moved, K. McCree supported the approval to accept the Standing Order policy for three years with the safeguards in place.

*Motion carried*

## **XI. Old Business**

There was a brief discussion of the board composition. It was recommended that we add 1-2 additional members. Recording secretary will send a blank board application to all members.

## **XII. New Business/Policy Review**

### **a. Schedule of Charges**

#### **b. AR/Revenue Cycle Management & Collections**

Jean Troop presented the above policies that were reviewed in Finance Committee. There were no changes to the Schedule of Charges. The AR/Revenue Cycle Management & Collections was updated to meet current process and language to support the current billing staff. The policy review dates are recommended to be every three years versus annually.

Y. Oliver-Yancey moved, supported by S. Olson to accept the policy reviews as presented.

*Motion carried*

## **XIII. Adjourn**

S. Olson moved, Y. Oliver-Yancey supported the motion to adjourn the meeting.

*Motion carried*

Meeting adjourned at 2:21 p.m.

Next Board Meeting is scheduled for:  
November 15, 2019 @ 1:00 p.m.  
725 Mason Street Board Room

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Claudnyse Holloman, Board Chair

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Date