

Mascoma Community Healthcare  
Board of Directors Meeting  
Mascoma Community Health Center  
September 10, 2018

APPROVED MINUTES

In attendance: Voting Directors: Dale Barney (chair), Scott Berry, Kris Briand, Barbara Dolyak, John Dow, Tim Jennings, Sean Murphy, Mary Paquette (treasurer), Michael Paine, Denis Salvail, Mike Samson, Louis Shelzi, Peter Thurber, Andrew Ware, Karen Wolk. Staff Attending: Donna Ransmeier. Public: 2 community attendees Paula Maxwell, Katie. Board not attending: Ashleigh King, Curtis Payne, Alice Schori. Recorder: Roger Lohr.

**1. Call to Order and Announcements**

Chair Dale Barney called the meeting to order at 7:02 PM.

**2. Minutes Approval**

**Samson moved to approve the Mascoma Community Health Center Board meeting minutes for August 13, 2018 as submitted and amended, seconded by Salvail. Approved by all voting Board members.** The changes to the document included plus 1.75% to rate in item 4 motion.

**3. MCHC and Committee Report Summaries**

A. Clinical Director Report

Clinic Director Donna Ransmeier reported there are 2,006 patients at MCHC as of September 10, 2018. The new PA Maria Nunez Stiglich is doing well and appointment bookings are increasing. Interviews for the front desk position that is mostly for the dental service are ongoing and the position should be offered by next week. The MAT program will begin this week. A review of the no-show rate showed 8-10% and typical rates for similar clinics is about 15%. The Board discussed the no-show policy. There will be a flu clinic in October and the date has not been confirmed. The flu shots will be announced for example, sending an email blast and displaying a banner.

B. Executive Committee

The Executive Committee has been working with the other committees, strategic planning, and addressing personnel issues.

C. Finance Committee

Finance Committee documents were distributed to the Board. The Dashboard document was reviewed. Mike Samson stated that the current issues include revenue and patient count increases. The \$350,000 accounts receivable are divided between insurance companies, government, and patients. The Vermont Medicaid reimbursement is expected within 90 days and will represent about 25% of the receivables, which is more than \$30,000.

The line of credit at Bar Harbor was not approved as expected in August so individual loans helped to make the USDA debt payment. The \$36,000 gap between revenue and expense should take about 4 months to relieve and the Development efforts are expected to cover what is needed. It is projected that break even will be attained in January and additional staffing will be on board by then, too,

Mr. Samson reviewed the MCHC financial goals for September and he explained the Vermont Medicaid reimbursement process. Potential MCHC revenue and the need for an additional dentist were discussed. There is also a need to increase the number of medical patients, and add to the medical staff for more flexibility in the staffing schedule.

D. Nominating Committee

Dale Barney chairs this committee and the Board discussed that there are 16 currently Board members and the number serving should be 19. Additionally, some Board members have expressed an interest to leave the Board. There is a need to have representation from the towns of Dorchester and Grafton. Another need

is for Board members with experience in healthcare administration, patient care, and marketing. The Board discussed that each Board member recommend a name to serve on the Board with consideration of the experience factors that were outlined.

#### E. Human Resources

MCHC is currently searching for help with the front desk and/or a dental scheduler and interviews are ongoing. The position is expected to be filled soon. Two recruiting firms are helping MCHC. The Board discussed approaching new dental school graduates and the need for FQHC certification so such staff can address repaying medical school loans. Currently, the state of New Hampshire has no funding for repaying these loans. The board certified physician needed for Anthem was also discussed.

#### F. Physical Plant & Equipment Committee

The Physical Plant & Equipment Committee document was distributed and the report was submitted. The HVAC and plumbing problems have been addressed.

#### G. Ethics Committee

No ethics violations were reported.

#### H. Healthcare Advisory

The Board discussed how to differentiate efforts of the Healthcare Advisory and Quality Committees that are done by the same group of Board members and staff. The committee purposes will be reviewed with attention to FQHC requirements.

#### I. Quality and Safety Committee

A Quality and Safety Committee report document was distributed to the Board. Staff members have been added to this committee including a dental representative. FQHC requirements for reporting such as immunizations are being compiled. The committee will meet again on September 13 at 7:30 AM.

#### J. Development Committee

The written Development Committee report was distributed to the Board and Tim Jennings announced that there are still positions to be filled for the volunteer coordinator and communication/marketing coordinator. Charts on development were reviewed for January through July and in August. The "in-person ask" line was highlighted. A letter has been drafted to conduct a direct mailing to previous small donors to solicit the \$5-500 contributions. It is anticipated that this appeal can raise about \$18,000 annually.

### **4. Other Business**

The Board discussed patient recruitment and marketing. The factors on these efforts include the cost, the amount of manpower and effort needed, and the effectiveness of the efforts. There is also a need for clarity on issues such as the need for membership or insurance to patronize the clinic. It was felt that personal contacts have been successful in the past to recruit patients and a list of organizations to approach was produced including elections, basketball games, town PD and FD, realtors, welcome packets, friends groups, employer packages, youth leagues, religious orgs, farmers markets, Lions clubs, etc. Suggestions were made to solicit speakers to discuss health issues or hold roundtable discussions, offer yoga, maternal or CPR classes, provide transportation to senior centers, use list services, and Facebook boosts, and fast squads. There was a call to develop a process to develop content to use on some of the media outlets. It was suggested that a matrix be devised to incorporate the factors (cost, manpower, effectiveness) for each of the ideas to see which ideas could be successful.

Public attendee Paula Maxwell commented about her interest in the MCHC Board. She works with business owners as a financial consultant.

### **5. Board Motions**

**Berry moved to nominate and approve Karen Wolk as the MCHC Board Secretary, seconded by Shelzi. All voting attendees approved.**

### **6. Executive Session**

The Board recessed and entered Executive Session at 8:48 PM.

The Board meeting was reconvened at 9:18 PM

**7. Adjournment**

**Paquette moved to adjourn the meeting, seconded by Dolyak. All voting attendees approved.**

The meeting was adjourned at 9:18 PM.