



OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Executive Committee** of the **North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Friday, March 17, 2023 at 3:00 PM

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Meeting number: 1-408-418-9388 **Access Code:** 2480 045 4071 **Password:** 1234

AGENDA

1. Call to Order
1. ACTION: Approval of Recommendations of the Medical Executive Committee for Reappointments for: Bababo Opaneye, M.D., Daniele Hoppe, M.D. and for Privilege Amendment/Staff Status Change for: James Billings, M.D., Jessica Dotson, D.O., Susan Brust, APNP, Heidi Heise, APNP
2. Adjournment

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 03/16/2023 TIME: 2:55 PM BY: D. Osowski

Presiding Officer or Designee



North Central Health Care

Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider James M. Billings, M.D. Appointment Period 08-01-2022 to 08-31-2023
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☒ Medical Director
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active
☐ Provisional ☐ Consulting

Provider Type ☒ Employee ☐ Locum Locum Agency: _____
☐ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add psychiatry Medical Director privilege on 03-17-2023
Add BHS Medical Director privilege on 03-17-2023

☐ Category Reason: _____

☐ Type Reason: _____

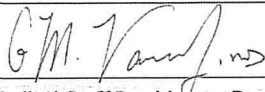
☐ Other Reason: _____

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

PRIVILEGE RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____



(Medical Staff President or Designee Signature)

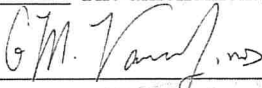
03/16/2023

(Signature Date)

MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied



(MEC Committee or Designee Signature)

03/16/2023

(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: ☒ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Executive Director Signature)

(Signature Date)

(Signature Date)



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Jessica M. Dotson, D.O. Appointment Period 09-01-2022 to 08-31-2024
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☒ Medical Director
☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active
☐ Provisional ☐ Consulting

Provider Type ☒ Employee ☐ Locum Locum Agency: _____
☐ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add youth BHS Medical Director privilege on 03-17-2023

☐ Category Reason: _____

☐ Type Reason: _____

☐ Other Reason: _____

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

PRIVILEGE RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

(Medical Staff President or Designee Signature)

03/16/2023
(Signature Date)

MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied

(MEC Committee or Designee Signature)

03/16/2023
(Signature Date)

GOVERNING BOARD ACTION

~~Reviewed by Governing Board:~~ _____
(Date)

~~Response:~~ ☒ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Executive Director Signature)

(Signature Date)



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Heidi L. Heise, APRNP Appointment Period 01-01-2023 to 12-31-2024
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active
☐ Provisional ☐ Consulting

Provider Type ☒ Employee
☐ Locum Locum Agency: _____
☐ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

_____ Category Reason: _____

_____ Type Reason: _____

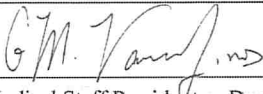
☒ Other Reason: Change collaborating physician from Dr. Gauthro
to Dr. Billings on 03-17-2023

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

PRIVILEGE RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____



(Medical Staff President or Designee Signature)

03/16/2023

(Signature Date)

MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied



(MEC Committee or Designee Signature)

03/16/2023

(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: ☒ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Executive Director Signature)

(Signature Date)



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Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Susan R. Brust, APRN Appointment Period 12-01-2021 to 11-30-2023
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active
☐ Provisional ☐ Consulting

Provider Type ☒ Employee
☐ Locum Locum Agency: _____
☐ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

_____ Category Reason: _____

_____ Type Reason: _____

☒ Other Reason: Change collaborating physician from Dr. Gouthro
to Dr. Billings on 03-17-2023

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

PRIVILEGE RECOMMENDATION

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Comments: _____

(Medical Staff President or Designee Signature)

03/16/2023
(Signature Date)

MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied

(MEC Committee or Designee Signature)

03/16/2023
(Signature Date)

~~GOVERNING BOARD ACTION~~

~~Reviewed by Governing Board: _____~~
~~(Date)~~

~~Response: ☐ Concur~~
~~☐ Recommend further reconsideration~~

(Governing Board Signature)

(Signature Date)

(Executive Director Signature)

(Signature Date)

