District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
1/26/2022

Present: Mike Smith, Chair; Melissa Mastrangelo, Vice-Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa; Robert Glass (Zoom)
*for record-keeping; Ms. Julia Bullard and Mr. Elder arrived after the roll call was taken.

Staff: Darcy Davis; Dr. Belma Andric; Dr. Hyla Fritsch; Bernabe Icaza; Candice Abbott; Shauniel Brown; Martha Hyacinthe; Dr. Charmaine Chibar; Marisol Miranda; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Maria Chamberlin; Lisa Hogans; Thomas Cleare; Patricia Lavely; David Speciale; Jon Van Arman; Dr. John Cucuras; Dr. Courtney Phillips; Beatrice Bittar; June Shipek; Jessica Cafarelli; Donald Moniger; Shannon Wynn

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.
Meeting Began at 12:47 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	**The meeting was called to order at 12:47 p.m.**
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

2. Agenda Approval		
2A. Additions/Deletions/ Substitutions **2B. Motion to Approve Agenda Items**	Yes, Dr. Fritsch informed Board members that Heather Bokor (Compliance Department Director) would like to present the vendor vaccine form that all Board members received. This addition will be added as 3B in the agenda. Mr. Smith called for approval of the meeting agenda.	**VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the agenda with the additions. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.**
3. Awards, Introductions and Presentations		
3A. COVID Testing and Vaccine Update	Dr. Andric presented the most recent COVID testing and vaccine update to the Board. Mr. Mullen asked if testing and vaccines were only for PCC patients. Dr. Andric stated that was correct. We will only be testing and vaccinating PCC patients only. Mr. Elder asked if the increase in positive COVID testings has impacted our employees. Dr. Fritsch stated it impacted our employees. Other employees have picked up the slack and business has been operating as usual.	**No action necessary.**
3B. Vendor Attestation Vaccine Form	Heather Bokor reviewed and explained the Vendor Attestation of Mandatory COVID-19 Vaccination Status and Acknowledgement of HCD Personal Protective Equipment Requirements to the Board members.	**No action necessary.**
4. Disclosure of Voting Conflict	None.	**No action necessary.**
5. Public Comment	There was one public comment submitted via email; however, it was a patient grievance and it is being processed through our Patient Experience Department at this time.	**No action necessary.**

6. Meeting Minutes **6A-1 Staff Recommends a MOTION TO APPROVE:** Board meeting minutes of December 14, 2021	There were no changes or comments to the minutes dated December 14, 2021.	**VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of December 14, 2021. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
7. Consent Agenda – Motion to Approve Consent Agenda Items		**VOTE TAKEN: Mr. Elder motioned to approve the consent agenda and move 7B-1 per the request of Mr. Smith to the regular agenda as 8B-1. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
7A. ADMINISTRATION		
7A-1. Receive & File: January 2022 Internet Posting of District Public Meeting	The meeting notice was posted.	**Receive & File. No further action is necessary.**
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	**Receive & File. No further action is necessary.**
7B. FINANCE		
7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc.	The unaudited November statements represent the financial performance through the second month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by $368k due to higher patient volumes than initially anticipated. Net patient revenue YTD was unfavorable to budget by ($161k). Total YTD revenue was unfavorable to budget by ($593k). Currently, less grant revenue has been	**VOTE TAKEN: Mr. Smith requested the consent agenda item be moved to the regular agenda under 8B-1. Mr. Elder motioned to approve the consent agenda and move 7B-**

Financial Report November 2021 YTD	recognized than originally budgeted, but this is likely to be a timing difference. Operational expenses before depreciation were favorable to budget by $1.1M due mostly to positive variances in salaries, wages and benefits $554k, purchased services $133k, medical supplies $68k, drugs $73k, and lease and rental of $116k. Total YTD net margin was ($2.0M) compared to budget of ($2.8M) resulting in a favorable variance of $810k or (29.1%). The Medical clinics' YTD gross patient revenue is unfavorable to budget by $(522k) due to reduced patient volume of 4.1% compared to budget. Net patient revenue YTD for the Medical clinics was unfavorable to budget by ($280k). The Medical clinics' total YTD revenue was unfavorable to budget by ($639k). This unfavorable variance resulted from reduced patient visits and less grant revenue recognized in the first two months than anticipated. Total operating expenses of $3.7M were favorable to the budget of $4.8M by $1.0M. The positive variance of $1.0M is primarily due to vacant positions, the timing of purchased services and the timing of real estate moves at several clinic locations. Total YTD net margin was favorable to budget by $682k or (26.5%) The Dental clinics' total YTD gross patient revenue was favorable to budget by $890k. Net patient revenue YTD for the Dental clinics was favorable to budget by $119k. Total operating expenses of $680k were favorable to budget by $34k. Total YTD net margin was ($82k) compared to a budget loss of ($210k) for a favorable variance of $129k or (61.2%). On the Comparative Statement of Net Position, due from other governments increased from $2.2M to $3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan.	**1 to the regular agenda as 8B-1. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
7C. POLICIES		
7C-1. **Staff Recommends a MOTION TO APPROVE:** Credentialing and Privileging Policy	This agenda item presents revisions to the Credentialing and Privileging Policy. The Credentialing and Privileging Procedure has been revised to be consistent with the revisions to the Credentialing and Privileging Policy. This serves to orient the Board of the formalized procedure for Credentialing and Privileging.	**VOTE TAKEN: As presented, Mr. Elder made a motion to approve the Credentialing and Privileging Policy. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
8. REGULAR AGENDA		

8A. ADMINISTRATION		
8A-1. **Staff Recommends a MOTION TO APPROVE:** 2021 Palm Beach County Community Health Assessment	This agenda item presents the Board with the 2021 Palm Beach County Community Health Improvement Plan, Service Area Map and Hours of Operation. To inform and improve the delivery of health center services, the HRSA Compliance Manual requires that the health center confirm their service area and hours of operation annually and complete or update a needs assessment of the current or proposed population at least once every three years. The needs assessment utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following: • Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment); • The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and • Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status). The next step in this process will be the creation of the 2022 Community Health Improvement Plan (CHIP). The current CHIP focuses on the following priority areas: • Mental and Behavioral Health • Active Living and Healthy Lifestyles • Access to Care and Services C. L. Brumback Primary Care Clinics Implementation Strategy focuses on three key strategies that address the needs and priority areas of Palm Beach County. a. Increase patient awareness on maintaining a healthy and active lifestyle	**VOTE TAKEN: Ms. Melissa Mastrangelo made a motion to approve the 2021 Palm Beach County Community Health Assessment. Ms. Tammy Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.**

	b. Continue integrating behavioral health into all service lines and ensure consistent reporting of social determinants of health (PRAPARE) c. Continue increasing access to care The new Community Health Assessment is included with this agenda item for review. Mr. Gibbons requested that Mr. Cleare provide the stats he spoke about on paper to understand better. Mr. Cleare stated he would provide it to the Board before the meeting adjourns. Tammy Jackson-Moore asked if the presented hours of operation are the regular hours or if they have changed. Dr. Fritsch stated the hours of operation are the regular hours and nothing has changed. Ms. Bullard asked if a needs assessment was needed to determine the hours of operations for each location. Dr. Fritsch stated, for example, St. Ann closes at 3 p.m. because that building closes earlier than other facilities the PCC is located. Saturday hours were also assessed.	
8B. FINANCE		
8B-1. **Staff Recommends a MOTION TO APPROVE:** District Clinic Holdings, Inc. Financial Report November 2021 YTD	The unaudited November statements represent the financial performance through the second month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by $368k due to higher patient volumes than initially anticipated. Net patient revenue YTD was unfavorable to budget by ($161k). Total YTD revenue was unfavorable to budget by ($593k). Currently, less grant revenue has been recognized than originally budgeted, but this is likely to be a timing difference. Operational expenses before depreciation were favorable to budget by $1.1M due mostly to positive variances in salaries, wages, and benefits $554k, purchased services $133k, medical supplies $68k, drugs $73k, and lease and rental of $116k. Total YTD net margin was ($2.0M) compared to budget of ($2.8M) resulting in a favorable variance of $810k or (29.1%).	**VOTE TAKEN: Mr. Mullen made a motion to approve the District Clinic Holdings, Inc. Financial Report November 2021 YTD as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.**

	The Medical clinics' YTD gross patient revenue is unfavorable to budget by $(522k) due to reduced patient volume of 4.1% compared to budget. Net patient revenue YTD for the Medical clinics was unfavorable to budget by ($280k). The Medical clinics' total YTD revenue was unfavorable to budget by ($639k). This unfavorable variance resulted from reduced patient visits and less grant revenue recognized in the first two months than anticipated. Total operating expenses of $3.7M were favorable to the budget of $4.8M by $1.0M. The positive variance of $1.0M is primarily due to vacant positions, the timing of purchased services and the timing of real estate moves at several clinic locations. Total YTD net margin was favorable to budget by $682k or (26.5%) The Dental clinics' total YTD gross patient revenue was favorable to budget by $890k. Net patient revenue YTD for the Dental clinics was favorable to budget by $119k. Total operating expenses of $680k were favorable to budget by $34k. Total YTD net margin was ($82k) compared to a budget loss of ($210k) for a favorable variance of $129k or (61.2%). On the Comparative Statement of Net Position, due from other governments increased from $2.2M to $3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan. Mr. Smith stated we have a positive variance primarily due to vacant positions and would like to know the impact of everyday operations. He also asked if the vacant positions are temporary or long-term due to COVID-related issues? Ms. Abbott stated of the $1 million in positive variance, about $400k are salaries and wages, and $150k are benefits. This is due to staffing shortages. Dr. Fritsch stated there was an impact on operations because of the staffing shortage, but we are working around it and recruiting new hires to fill the vacant positions. Ms. Abbott added that we are adding incentives to keep providers with the clinics and bring in new hires. Mr. Smith questioned the contractual allowance from the November 2021 finance statement provided.	

	Ms. Abbott stated she would need to go back and reline up the charity care line and for the budget. Mr. Smith asked why there is a difference in per charges per visit per clinic. Dr. Fritsch stated that Mangonia might have a higher charge per visit because this is a substance abuse clinic and we have different tests that are performed, which can cause a higher charge per visit. Mr. Smith questioned the clinics' volume as to why the volume has decreased in some locations yet increased in others. Dr. Fritsch stated the volume drop is caused due to the shortage of providers. And the volume increase in other locations is due to providers seeing more patients.	
8C. EXECUTIVE		
8C-1. Receive and File: Executive Director Information Update	C.L. Brumback Organizational Chart by Location- Dr. Fritsch reviewed and presented the C.L. Brumback Organizational Chart by Location to the Board members.	**Receive & File. No further action necessary.**
8D. OPERATIONS		
8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports	This agenda item provides the following operations reports for October 2021: Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and walk-in percentage. In November, we had 9,861 visits which are 862 less than the month prior and 283 more than November of 2020. Our average patient visits per weekday were 543 among all clinics and an improved average of 45 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,627 visits, followed by the Lewis Center Clinic with 1,262. Our payer mix for November reflects 58% uninsured patients and 26% Managed Care.	**VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Operations Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.**

	By visit category, Women's Health, Pediatrics and Substance Abuse met their productivity target. Productivity targets were met in the Delray and Lantana Primary Care, Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics, Women's Health in Lake Worth and Belle Glade and Behavioral Health in Lewis Center, West Palm Beach and Lake Worth Clinics. In the 90% and higher range were West Palm Beach, Jupiter and Lake Worth Adult Primary Care, Delray and West Palm Beach Dental and Lantana Behavioral Health. The largest age group of patients were ages 1-9 at 15% and ages 30-39 also at 15%. 48% of patients reported as White followed by 40% Black or African American. 40% of patients reported as Hispanic or Latino. 50% of patients' primary language was English, followed by Spanish at 32%. Creole-speaking totaled 16%. 60% of patients identified as female and 90% as straight. 5% of patients reported as Agricultural workers, of which 75% were seasonal and 25% migrant. 11% of patients reported being homeless, 83% were Doubling Up. The No Show rate in November remains consistently at 27%. The year-to-date Tele no-show rate is 11.4% of the total no-show. In November, the number of patients who walked in and were seen the same day totaled 1,945, 18% in medical and 23% in dental. In medical, the highest percent of walk-ins by the clinic was the West Palm Beach clinic at 28%, followed by Lantana clinic with 24% of all patients seen. In dental, the highest percent of walk-ins by the clinic was the Delray Clinic with 31%, followed by the West Palm Beach clinic with 29%. Ms. Jackson-Moore asked the difference between a seasonal worker and a migrant worker. Ms. Steele stated that a migrant worker moves to a location to work while a seasonal worker has a permanent residence and only works certain seasons. Mr. Gibbons stated it's great to hear that if a patient walks in for dental, they are seen the same day. Ms. Jackson- Moore thanked the staff for all their work.	

8E. QUALITY		
8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports	This agenda item presents the updated Quality Improvement & Quality Updates: • Quality Council Meeting Minutes January 2022 • UDS Report – December 2021 • Provider Productivity – November 2021 <u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis. <u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item. <u>QUALITY ASSURANCE & IMPROVEMENT</u> We continue to work on improving our diabetes measures. The diabetes measure data for January-November 8, 2021, shows that our patients are currently controlled at 67% % while 26% are uncontrolled, and 7% of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. A list of all patients with missing data who did not have an appointment was provided to the call center to schedule an appointment before December 31st. <u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.	**VOTE TAKEN: Mr. Mullen motioned to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.**
8E-2. Staff Recommends a MOTION TO APPROVE Quality Improvement & Quality Assurance (QI/QA) Plan Updates	This agenda item presents the updated Quality Improvement & Quality Assurance (QI/QA) Plan. The major changes to the QI/QA Plan are the update of the Work Plan and Attachment A to include updated goals.	**VOTE TAKEN: Ms. Bullard motioned to approve the Quality Improvement & Quality Assurance (QI/QA) Plan Updates as presented. Ms. Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.**

8F. PATIENT RELATIONS		
8F-1. **Staff Recommends a MOTION TO APPROVE** Patient Relations Report	This agenda item provides the following: Quarterly Patient Relations Dashboard Q4 - 2021 For Quarter 4, 62 Patient Relations Occurrences occurred between 8 clinics, 2 mobile clinics and clinic administration. Of the 62 occurrences, there were 10 grievances and 52 complaints. The top 5 categories were Care and Treatment, Physician Related, Communication, Respect Related and Finance. The top 2 subcategories with 8 complaints and grievances were Poor Communication and Response Time issues. There were also 24 compliments received across 7 clinics and clinic administration. Ms. Smith asked if Mr. Speciale could provide examples of inappropriate care from Q4. Mr. Speciale stated that it varies from the timeliness of a referral authorization to a patient unhappy with the length of time a provider spends with them. Ms. Mastrangelo asked what the grievance was from the public comment submitted. Mr. Speciale stated it seems to be related to the patient's District Cares, but it is still being investigated. Mr. Smith asked how we work with grievances from medical services and referred providers. Mr. Speciale stated that the team we will work on the issues inhouse, and Dr. Grbic, who works directly with District Cares, will reach out to the questioned provider or medical service after that.	**VOTE TAKEN: Ms. Bullard motioned to approve the Patient Relations Report as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
9. A.V.P. and Executive Director of Clinic Services Comments	None.	**No action necessary.**

10. Board Member Comments	The Board would like to tour the Healey Center. Mr. Mullens praised the Lake Worth Clinic. The staff was excellent and he had a wonderful experience. Mr. Edler wished everyone a happy holiday.	**No action necessary.**
11. Establishment of Upcoming Meetings	**February 23, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **March 30, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **April 27, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **May 25, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **June 29, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **July 27, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **August 24, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **September 28, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **October 26, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **November 29, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors	**No action necessary.**

	December 14, 2022 (HCD Board Room) 12:45 p.m. Board of Directors	
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:48 p.m.	**VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to adjourn. Ms. Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.**

Minutes Submitted by: Debra Bullard 2/23/22

Signature **Date**