



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

January 27, 2021

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

**BOARD OF DIRECTORS MEETING
AGENDA
JANUARY 27, 2021
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Login: <https://tinyurl.com/yda3vnks>

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

1. Call to Order – Mike Smith, Chair

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. COVID Testing Update – Dr. Belma Andric

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of October 28, 2020 [Pages 1-13]
- B. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of December 16, 2020 [Pages 14-30]

7. Consent Agenda – Motion to Approve Consent Agenda Items

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered on its normal sequence on the Agenda.

7. **Consent Agenda (cont.)**

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

January 2021 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 **RECEIVE AND FILE:**

Attendance tracking [Page 31]

B. **FINANCE**

8B-1 **Staff recommends a MOTION TO APPROVE:**

C. L. Brumback Primary Care Clinics Financial Report December 2020
(Tony Colby) [Pages 32-49]

8. **Regular Agenda**

A. **ADMINISTRATION**

8A-1 **Staff recommends a MOTION TO APPROVE:**

Nomination of Robert Glass to the Clinic Board
(Thomas Cleare) [Pages 50-54]

8A-2 **Staff recommends a MOTION TO APPROVE:**

Bylaws Update
(Thomas Cleare) [Pages 55-81]

8A-3 **RECEIVE AND FILE:**

Summary of Board Member Self-Evaluations
(Thomas Cleare) [Pages 82-85]

B. **EXECUTIVE**

8B-1 **RECEIVE AND FILE:**

Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 86-87]

C. **CREDENTIALING**

8C-1 **Staff Recommends a MOTION TO APPROVE:**

Licensed Independent Practitioner Credentialing and Privileging –
Amalinnette Zito, MD & Duclos Dessalines, MD.
(Dr. Charmaine Chibar) [Pages 88-90]

8. Regular Agenda (cont.)

D. OPERATIONS

8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Dr. Hyla Fritsch) [Pages 91-96]

E. QUALITY

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 97-158]

F. PATIENT RELATIONS

8F-1 **Staff Recommends a MOTION TO APPROVE:**
Patient Relations Dashboard Q3
(David Speciale) [Pages 159-161]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. CLOSED MEETING

12. Establishment of Upcoming Meetings

February 24, 2021 (HCD Board Room)

12:45pm Board of Directors

March 31, 2021 (HCD Board Room)

12:45pm Board of Directors

April 28, 2021 (HCD Board Room)

12:45pm Board of Directors

May 26, 2021 (HCD Board Room)

12:45pm Board of Directors

June 30, 2021 (HCD Board Room)

12:45pm Board of Directors

July 28, 2021 (HCD Board Room)

12:45pm Board of Directors

12. Establishment of Upcoming Meetings (cont.)

August 25, 2021 (HCD Board Room)

12:45pm Board of Directors

September 29, 2021 (HCD Board Room)

12:45pm Board of Directors

October 27, 2021 (HCD Board Room)

12:45pm Board of Directors

November 30, 2021 (HCD Board Room)

12:45pm Board of Directors

December 14, 2021 (HCD Board Room)

12:45pm Board of Directors

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
10/28/2020**

Present: Mike Smith, Chairperson; Melissa Mastrangelo, Vice-Chairperson; James Elder; John Casey Mullen; Marjorie Etienne

Excused: Julia Bullard; Irene Figueroa, Secretary; Tammy Jackson-Moore, Treasurer

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Executive Director of FQHC Practice Operations and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Lisa Hogans, Director of Nursing; Dominique Domond, Operations Process Manager; Marisol Miranda, Director of Practice Management; Hector Sanchez, Director of Security Services; Dr. Seneca Harberger, Family Medicine Residency Program Director; Rosella Weymer, AVP, HR & School Health; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Relations; Patricia Lavelly, Interim CIO.

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:45PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Smith called the meeting to order. Roll call was taken.	The meeting was called to order at 12:45pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions	Mr. Smith called for an approval of the meeting agenda.	

2B. Motion to Approve Agenda Items	The agenda for the October 2020 meeting was approved.	was called, and the motion passed unanimously.
3. Awards, Introductions and Presentations	<p><u>Patient Satisfaction Survey:</u></p> <p>Mr. Speciale, Director of Patient relations, presented the Patient Satisfaction survey results from January 1, 2020 – October 9, 2020. In this presentation he covered the following:</p> <ul style="list-style-type: none"> – Patient rate of return – Sample Size and Patient Language for Population Surveyed vs Population Served – Patient Age Distribution – Patient Gender Identity – Number of Patients surveyed by clinic location – Surveys received by provider/clinical team member – Patient Service Utilization (By Service lines) – Service Delivery Method – Appointment times preferred by patients – Days preferred by patients to schedule visits – Length of time Patients have been a part of the clinics – Purpose of clinic visit – The difference between patient satisfaction and patient experience – Patient rating of their providers – Patient satisfaction – Wait time perceptions – Summary of strengths and weaknesses – Patient comments and areas of opportunity <p>Mr. Smith asked about the apparent decline in patient satisfaction in wait times from 2018 in comparison to now. Mr. Speciale explained that this is a rollup survey from the beginning of the year and that because this report is conducted monthly, we can see improvement from the</p>	No action necessary.

	<p>beginning of the year. Ms. Mastrangelo asked why patients might be waiting much longer. Mr. Speciale explained that the team has been looking into causes, however it appears as if there are sometimes delays when dealing with things like proof of income, sliding fee scales, etc. This is why the team has employed the use of the Phreesia platform to help iron out some of these issues beforehand. Mr. Smith asked if we could look into internet ratings of our locations. Dr. Andric explained that the measures presented were those based on PCMH standards and standardized throughout the country. Dr. Andric answered that the team likes to focus on these because it allows the clinics to find ways to improve month after month.</p> <p><u>COVID-19 Update:</u></p> <p>Dr. Andric, presented a COVID update covering the following:</p> <ul style="list-style-type: none"> - Total tests performed - Total positives - COVID numbers trended from 3/16/20 – 10/25/20 - Weekly breakdown of COVID Results - Number of Unique Patients tested - Breakdown of positive results by zip code 	
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p>	<p>None.</p>	<p>No action necessary.</p>
<p>6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of September 30, 2020</p>	<p>*Mr. Mullen was temporarily disconnected from the meeting and reconnected before voting for the approval of the meeting minutes*</p> <p>There were no changes or comments to the minutes dated September 30, 2020</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Board meeting minutes of September 30, 2020 as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</p>

7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Elder made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: October 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Receive & File: Board Member Departure – Lisa Strickland	<p>Lisa Strickland is no longer eligible to serve on the District Clinics Holdings Board. Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.</p> <p>9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:</p> <p>a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.</p>	Receive & File. No further action necessary.

	Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.	
7B. FINANCE		
7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – August 2020	The YTD August 2020 financial statements for the District Clinic Holdings, Inc. presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.	Receive & File. No further action necessary.
8. REGULAR AGENDA		
8A. EXECUTIVE		
8A-1. Staff Recommends a MOTION TO APPROVE: Expanding the Finance Committee	<p>This agenda item presents a summary of the bylaw requirements of the Finance Committee and information on steps to add members to the committee.</p> <p>At the September 30, 2020 Board Meeting, a request to add additional members to the Finance Committee was raised. This agenda item presents information from the Bylaws about the Finance Committee to assist the Board in adding additional members.</p> <p>The current members of the Finance Committee are:</p> <ul style="list-style-type: none"> • Mike Smith • James Elder • Tammy Jackson-Moore <p>The Bylaws are silent on the number of committee members for the Finance Committee. The Executive Director or his /her designee are identified as a non-voting, ex-officio member. The</p>	VOTE TAKEN: Mr. Smith made a motion to approve the Finance Committee expansion agenda item with the resolution of a Quarterly Financial report. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.

	<p>Bylaws permit clinic staff employees to be members of the committee as well.</p> <p>Section 11.10 of the Bylaws is presented below as reference for this agenda item:</p> <p style="padding-left: 40px;">11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p> <p>As per the Bylaws, the Clinic Board can appoint additional members to the Finance Committee.</p> <p>After much discussion, the board agreed instead to have a quarterly financial report placed in the regular agenda.</p> <p>The board agreed to have the financials moved to the regular agenda on a quarterly basis.</p>	
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Health Care District recommendation for permanent replacement of Executive Director</p>	<p>Dr. Belma Andric was appointed by the C. L. Brumback Primary Clinics Board as the permanent Project Director in 2018. Since that time, her role as the Chief Medical Officer at the Health Care District has expanded and continues to do so. At this time we would like to recommend that Dr. Hyla Fritsch be made the Executive Director of Clinics and Pharmacy (HRSA Project Director). She will continue to work closely with and report to Dr. Andric.</p> <p>The Health Care District and District Clinic Holdings, Inc. entered into a co-applicant arrangement in 2012 in order to transition the responsibility for operating the four existing Federally Qualified Health Centers (FQHC's) from the State of Florida Department of Health to the</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the recommendation for permanent replacement of Executive Director as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</p>

administration of the Health Care District. In order to maintain the FQHC status and to receive significant grant funding from the Health Resources and Services Administration (HRSA), certain authorities were delegated to the FQHC Board, as requirements of the HRSA rules and regulations. Several of the key components of these responsibilities include:

- Establishment of policies for operating the FQHC's
- Approval for the selection and dismissal of the Executive Director
- Evaluation of the clinic activities including productivity, patient satisfaction, achievement of project objectives, services and utilization
- Assuring that the clinics are operated in compliance with applicable Federal, State and local laws and regulations

There is an additional agreement that has been entered between the Health Care District and District Clinic Holdings, Inc. which further outlines the role of each party in operating the clinics. The Health Care District has a robust infrastructure which provides necessary operational support, including an understanding that all clinics' personnel are employees of the District. Additionally, both parties have agreed to jointly review and approve a budget and financial plan each year. Over the past eight years, since the District accepted responsibility for the FQHC's, there has been only one Executive Director who was skilled in facilitating open communications and was able to navigate the complex relationship between the two entities. At the same time, the District investment in the primary care clinics continues to grow from approximately \$6M per year to over \$12M per year in 2020. The District has supported the strategic growth and expanded services that have been offered in the clinics and continues to identify the clinics as the primary access point for care into the "District Cares" program. While the underlying

	<p>purpose of expansion is to increase access to patients, which has occurred, the rate of expense to grow has increased at a higher rate. For example, there were 21,809 unique patients in 2014 and 46,384 patients in 2019. In order to maintain continuity and stability in these unprecedented times, as well as maintain transparency into any proposed changes to the delivery of care at the FQHC's, we believe that it would be in the best interests of staff, the respective Boards, and most importantly the patient, to allow Dr. Hyla Fritsch to continue serving the C. L. Brumback Primary Care Clinics in an expanded capacity. Her long history with the District and proven track record of successfully developing strong clinic operations is invaluable in assessing various approaches clinic management. She is able to work with existing staff and leadership, as well as the DCHI Board and HCD Board to develop suggestions to optimize care to patients of the FQHC's in a cost-effective, sustainable manner.</p> <p>The board congratulated Dr. Fritsch on her new role.</p>	
8B. EXECUTIVE		
8B-1. Receive & File: Executive Director Informational Update	Dr. Andric provided the following updates to the board: <ul style="list-style-type: none"> • Key changes within the C.L. Brumback Primary Care Clinics. • COVID Progress reports • Quarterly progress reports on COVID grants. 	Receive & File. No further action necessary.
8C. CREDENTIALING		
8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging	The agenda item represents the licensed independent practitioner recommended for credentialing and privileging by the FQHC Medical Director. The LIP listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Initial Credentialing and privileging of Dr. Grbic as presented. The motion was duly seconded by Ms. Etienne. A vote was called, and the motion passed unanimously.

standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Grbic	Valena	MD	Internal Medicine	Initial Credentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification. The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process. Valena Grbic, MD is joining the West Palm Beach Clinic specializing in Internal Medicine. She attended the University of Novisad Yugoslavia and also completed her Residency at the University of Illinois. Dr. Grbic is certified in Internal Medicine by The American Board of Internal Medicine. She has been in practice for twenty-one years and is fluent in Serbian.

8D. OPERATIONS

8D-1. Staff Recommends a MOTION TO APPROVE:
Operations Reports

The Clinics continue to see a gradual increase in overall total billable visits with just over 9,200 in the previous month, which is higher than August. Telemedicine visits comprise almost 25% of overall visits. No-show percentage for September is slightly higher at 18%, which

VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Report as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.

	<p>is up from 17% in August. Of the no-shows reported, approximately 78% were for in-person visits. Pediatric services continue to exceed productivity targets for both in-person and telehealth visits and Women’s Health is meeting 97% of their target for in-person. Just over 55% of adult providers are at or over 90% of their productivity targets for in-person visits and overall productivity is at 87% for in-person and 75% for telehealth. Boca, Jupiter, Lake Worth, Lantana Clinics exceeded 90% of productivity targets for in-person visits.</p> <p>The main phone number for the Clinics (561-642-1000) received 68,072 calls from 25,498 unique phone numbers. The busiest time of the day continues to be morning hours, and the busiest day of the week is typically Monday. Of these incoming calls, 31,254 were handled directly by our Clinic Service Center team who made 9,472 appointments.</p> <p>Mr. Smith asked if the data presented is also used internally to improve the clinics. Dr. Fritsch assured Mr. Smith that all data presented is used by the clinic admin team to find areas of opportunity for improvement. Mr. Smith asked if the data could be narrowed down to more digestible information as opposed to the overwhelming amount provided. Dr. Fritsch answered that a more streamlined version of the report will be presented in the future. Ms. Mastrangelo asked if the no-shows are new patients or established. Dr. Fritsch answered that she isn’t currently tracking the no-shows but she will have that answer in the future.</p>	
8E. Quality		
8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports	Dr. Ana Ferwerda, Medical Director and Director of Women’s Health presented the following: Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on	VOTE TAKEN: Mr. Elder made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms.

a quarterly basis. For September 2020, there were a total of 23 complaints and grievances received. 7 out of 23 were from Mobile 1 Warrior. The top 5 categories were Care & Treatment, Communication, Other, Respect Related and Physician Related. Poor Communication remains the greatest subcategory two months in a row. Three compliments were entered. Two were Physician related. In the month of September 463 Patient Satisfaction surveys were completed. 61% were completed in English, 32% in Spanish and 7% in creole. 96% of the surveys gave positive feedback. To address the concerns of the 4% of patients who gave negative feedback, a "Patient Experience Outcomes Taskforce" has been created. Athena reporting has known issues due to the updates made to UDS 2020 reporting capabilities. The team is working with Athena to fix reporting issues. 9,883 patient visits were performed during the month of September, which is an increase of 10% from the previous month. 26% of the visits were performed using Telemedicine. As of September 2020, we have 314 patients enrolled in our MAT Program receiving either Suboxone, Naltrexone or Vivitrol. This is more than double the number of patients compared to last year. 192 are in Phase 1 of treatment, 46 are in phase 4.

Mr. Smith asked about the attrition rate of patients that enter phase one and drop out completely. Dr. Andric answered that this is a hard question to answer as addiction is a relapsing illness, and it's common that patients relapse and come back. Mr. Smith asked what the frequency in contact is for patients in phase one. Dr. Ferwerda explained that this happens at least weekly, if not more frequently. Mr. Smith asked if these are televisits and if there are drug screenings done. Dr. Ferwerda explained that these sessions are in-person and point of care drug screenings are provided. Mr. Elder asked what determines the phases (time in program, time clean, etc.). Dr. Ferwerda explained that as currently set up it is not

Mastrangelo. A vote was called, and the motion passed unanimously.

	<p>necessarily based on time, but more so on the patient, and a myriad of other factors.</p> <p>Mr. Elder asked about the drop-off in colorectal cancer screening. Dr. Ferwerda explained that as it stands most health centers are having issues with having patients perform their colorectal cancer screenings as schedules due to the pandemic, and it's difficult to have patients who have a low health literacy perform these sample collections without a physical kit and training (which used to be done when we had 100% in-person appointments). The team has put a process into place where patients can receive their kits by mail. Dr. Ferwerda also explained that she further expects the data to start to show in the next two weeks.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	None.	No action necessary.
12. Establishment of Upcoming Meetings	<p><u>November 30, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>December 16, 2020 (TBD)</u> 12:45pm Board of Directors</p>	No action necessary.
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:17 PM	VOTE TAKEN: Ms. Mastrangelo made a motion to adjourn. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.

Recording inadvertently not started until just before Agenda Item 3A

Minutes Submitted by: _____
Signature **Date**

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
12/16/2020**

Present: Mike Smith, Chairperson; Irene Figueroa, Secretary; James Elder; John Casey Mullen; Marjorie Etienne; Julia Bullard;

Excused: Tammy Jackson-Moore, Treasurer; Melissa Mastrangelo, Vice-Chairperson

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Lisa Hogans, Director of Nursing; Dominique Domond, Operations Process Manager; Marisol Miranda, Director of Practice Management; Hector Sanchez, Director of Security Services; Dr. Seneca Harberger, Family Medicine Residency Program Director; Rosella Weymer, AVP, Human Resources; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Relations; Patricia Lively, Interim CIO; Shannon Wynn, Administrative Assistant

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:55PM

AGENDA ITEM	DISCUSSION	ACTION	
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Smith called the meeting to order. Roll call was taken. Mr. Smith Read the Affirmation of Mission	The meeting was called to order at 12:55pm	
2. Agenda Approval 2A. Additions/Deletions/ Substitutions	Mr. Smith called for an approval of the meeting agenda.		VOTE TAKEN: Mr. Mullen made a motion to approve the agenda. The motion was duly seconded by Ms. Bullard. A vote was

2B. Motion to Approve Agenda Items	The agenda for the December 2020 meeting was approved.	called, and the motion passed unanimously.
3. Awards, Introductions and Presentations	<p>Target BP and CCCC Awards</p> <p>Sheree Wolliston of the American Heart Association and American Medical Association presented the C.L. Brumback Primary Care Clinics with the Target BP Gold Award for their efforts in addressing the growing burden of high blood pressure in the U.S. The C. L. Brumback Primary Care clinics were also awarded the American Heart Association’s Check Change Control Cholesterol Silver Participant award for their efforts in reducing the risk of heart disease and stroke through improved cholesterol management.</p> <p>COVID-19 Dashboards</p> <p>Dr. Andric, CMO, provided the board with an update on the COVID-19 testing numbers for the previous 30 days. Dr. Andric also informed the board that the Clinics plan to play a large part in the immunization efforts in our community.</p>	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of October 28, 2020	The board decided to table the Meeting minutes of October 28, 2020 until the January 27, 2021 Board meeting.	No action taken.

7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: December 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3 Staff Recommends a MOTION TO APPROVE: Suicidal and Distressed-Homicidal Phone Calls Policy	This policy will provide a guideline to the C.L Brumback Primary Care Clinic Staff on appropriate procedure to follow when taking during a distress call.	Motion referenced above, no further action necessary.
7A-4 Staff Recommends a MOTION TO APPROVE: District Cares Program Policy	<p>The Health Care District of Palm Beach County administers the District Cares specialty benefits for eligible patients of the C. L. Brumback Primary Care and Dental Clinics. The specialty benefits are available to uninsured residents of Palm Beach County who do not qualify for any other public assistance health coverage program and who meet income and residency requirements.</p> <p>On September 1, 2020, we made an important change to our program by engaging Community Care Plan (CCP) to serve as the District Cares Program third-party administrator (TPA), providing Plan Contracting, Credentialing and Provider Services.</p> <p>In addition to this change, we hired a Medical Director for the District Cares Program who started with the District on</p>	Motion referenced above, no further action necessary.

	November 1, 2020. In her brief time here, Dr. Valena Grbic has been working to establish the best path forward for this program beginning with a policy to guide this important work.	
7A-5 Staff Recommends a MOTION TO APPROVE: Proposed Schedule for 2021 Board Meetings	This agenda item provided the Board with the proposed schedule for Board Meetings taking place in the year 2021. The meetings are scheduled for the last Wednesday of every month with some exception for holidays. The board was also informed that the November board meeting will take place on the last Tuesday of the month (11/30/2021); and the December Board meeting will take place on the second Tuesday of the month (12/14/2021).	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. EXECUTIVE		
8A-1. Staff Recommends a MOTION TO APPROVE: Bylaws Update	<p>Ms. Steele provided a general summary of the statement below:</p> <p>This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. Per the Bylaws, all changes must come before the Board at 2 meetings for approval. After approval at this meeting, the same agenda item will come to the Board at the next meeting for final approval.</p> <p>The change, provided below, adds the ability of the Board to take official action at meetings conducted by video conferencing. Currently, the bylaws only specify by telephone. Additionally the change clarifies requirements that must be met for telephone or video conferencing to be used for meetings</p> <p>12.6 Official actions of the Board may be conducted by telephone <u>or video conferencing</u> provided that such meeting complies with the requirements of the Government in the Sunshine Act. <u>For attendance</u></p>	VOTE TAKEN: Mr. Mullen made a motion to approve the update to the DCHI Bylaws pending the research done on the maximum number of remote members as permitted by law. The motion was duly seconded by Mr. Mr. Elder. A vote was called, and the motion passed unanimously.

	<p><u>and voting by telephone or video conferencing:</u></p> <ul style="list-style-type: none"> a. <u>There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing</u> b. <u>The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.</u> c. <u>No more than two (2) board members may participate in the meeting via telephone or video conferencing.</u> d. <u>Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.</u> <p>Ms. Shahriari further explained that she plans to conduct further research on how the board arrived at the number of two (2) remote board members; and if more than two can participate remotely, what the maximum number of remote participants can be.</p>	
<p>8A-2. Receive & File: Community Health Improvement Plan & Community Health Assessment Update</p>	<p>Ms. Steele provided the updates below:</p> <p>The HRSA Compliance Manual requires that the health center completes or updates a needs assessment of the current or proposed population at least once every three years, for the purposes of informing and improving the delivery of health center services. The needs assessment</p>	<p>Receive & File. No further action necessary.</p>

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 2020 Palm Beach County Community Health Improvement Plan and Community Health Assessment Update identified three priority areas for the County. Those include:

- Mental and Behavioral Health
- Active Living and Health 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

	<p>b. Continue integrating behavioral health into all service-lines and ensure consistent reporting of social determinants of health (PRAPARE)</p> <p>c. Continue increasing access to care</p> <p>The updated Palm Beach County Community Health Improvement Plan (June 2017 – December 2021) revised June 2020 is included with this agenda item for review.</p>	
8B. EXECUTIVE		
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Dr. Andric provided the following updates to the board:</p> <p>Joel Snook is no longer with the organization. Darcy J. Davis is acting interim Chief Financial Officer.</p> <p>Dr. Ferwerda has made the decision to step down from her Medical Director role. She has returned to her OBGYN role at the Lake Worth clinic and will continue her OB days in Belle Glade clinic as well.</p> <p>As of 11/9/2020, our new FQHC Medical Director is Dr. Charmaine Chibar. Dr. Chibar has served as our Pediatric Services Medical Director, and we have merged these two positions into one.</p> <p>Additionally, we have created a new position of Associate FQHC Medical Director and have promoted Dr. Sandra Warren to this position. Dr. Warren has been our champion of UDS Quality Performance Metrics.</p> <p>Jonathan Dominique has been promoted to the Clinic Quality Analyst to support our clinic quality initiatives.</p> <p>We have also created two new positions to assist with our quality measures including an Outcomes Champion and a Certified Diabetes Care and Education Specialist.</p>	<p>Receive & File. No further action necessary.</p>

Per previous discussions and approval from the Board, we had begun reporting all data for the month that is two months prior to the meeting to give our operations and quality teams time to internally review prior to sharing with the Board. Due to COVID-19 this best practice was lost. We have returned to this practice beginning now by presenting October data.

8C. CREDENTIALING

8C-1. Staff Recommends a MOTION TO APPROVE:
Licensed Independent Practitioner Credentialing and Privileging

The agenda item represents the licensed independent practitioner recommended for credentialing and privileging by the FQHC Medical Director. The LIP listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Secin Santana	Delvis	MD	Family Medicine	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary

VOTE TAKEN: Mr. Smith made a motion to approve the Recredentialing and privileging of Dr. Secin Santana as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.

	<p>source verification. The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process. Delvis Secin Santana, MD joined the West Palm Beach Clinic in 2018 specializing in Family Medicine. She attended the Institute of Medical Sciences of Camaguey and also completed her Residency at the Ramon E. Betances Hospital. Dr. Secin Santana is certified in Family Medicine by The American Board of Family Medicine. She has been in practice for three years and is fluent in Spanish.</p>	
<p>8D. OPERATIONS</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports</p>	<p>Dr. Andric presented the board with the following:</p> <p>In October, we had 9,578 visits which is down significantly from last year, and all clinic locations except Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date is at 62% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were met for adult care, OB/GYN, and pediatrics. Telehealth visits continue to fall short of target.</p> <p>Lewis Center, Lantana, Boca, and Lake Worth all hit their target productivity for adult in-person visits. Lewis telehealth visits met target, as well as OB/GYN in-person visits.</p> <p>The No Show rate October was slightly over 24%, which is higher than that in September. The No Show rate for in-person visits for October was just under 69%. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 86%. Dr. Andric also informed the board on initiatives involving the incoming Director of operations helping to directly addressing and finding ways to better improve on these issues.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Report as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>

	<p>Mr. Elder asked if we can track the trend of uninsured patients in the payer mix report. Dr. Andric answered that the uninsured patients can be tracked, but also stressed that when these patients need specialty care, they qualify for district cares. Dr. Andric also explained that because the state of Florida is one of Nineteen states that does not have expanded Medicaid, it has a higher percentage of uninsured patients than some other states that expanded under the affordable care act. Mr. Smith asked how the clinics go about helping patients that might qualify for Medicaid programming qualify for these programs. Dr. Andric informed Mr. Smith that the clinics have financial counselors on staff that help see the patient through the whole process. Mr. Mullen expressed his gratitude to the counselors for helping patients that he has brought in.</p>	
<p>8E. Quality</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Improvement & Quality Assurance (QI/QA) Plan Update</p>	<p>Dr. Charmaine Chibar, FQHC Medical Director presented the following:</p> <p>The major changes to the QI/QA Plan are the removal of the Board Member from Quality Council and instead of service-line workgroups, we have created task forces to address clinic operational needs.</p> <p>Per the bylaws, a Board Member not required on Quality Council:</p> <p>11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Quality Improvement & Quality Assurance (QI/QA) Plan Update as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

	<p>the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p>	
<p>8E-2. Staff Recommends a MOTION TO APPROVE Quality Report</p>	<p>Dr. Charmaine Chibar, FQHC Medical Director presented the following:</p> <p><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.</p> <p><u>PATIENT SATISFACTION & GRIEVANCES</u> For October, 2020 there were 18 complaints and 4 grievances. The Top 5 categories were Care & Treatment, Finance, Communication, Physician Related and Respect Related. The top subcategory with 4 four each were Wait time and Billing Issues. There were also a total of 9 Compliments received across 4 Clinics and clinic administration. The highest number of complaints and grievances came from the West Palm Beach location (5). The highest number compliments came from the Lewis Center (3)</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> Of the 16 UDS Measures: 9 exceeded the HRSA Goal and 7 were short of the HRSA Goal.</p> <p>Adult weight screening, Weight Screening for Children and Adolescents, Tobacco screening, Ischemic Vascular Disease, Depression Screening and Follow-up, Homeless Depression Screening and Follow-up, Coronary Artery Disease, Breast Cancer Screening, HIV Linkage to care, and Dental Sealants have been met.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

	<p>Interventions have been initiated for the Uncontrolled Diabetes, Cervical Cancer Screening, Uncontrolled hypertension and Colorectal Cancer Screening measures. The addition of point of care diabetes testing has improved the diabetes measure by approximately 7%. We anticipate further improvement in the next three months.</p> <p>Since a significant portion of our patient encounters are now telemedicine visits we will continue the new processes to provide patients with FIT tests for colorectal cancer screening. Better follow up process for retrieval of medical records for patients who had PAP smears done previously will be designed. We continue working with providers to improve follow up process for patients with uncontrolled medical conditions.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9,200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more.</p>	
8F. Finance		
<p>8F-1. Staff Recommends a MOTION TO APPROVE C. L. Brumbach Primary Care Clinics Financial Report – September 2020</p>	<p>Jesenia Bruno, Director of Accounting presented the following:</p> <p>The September statements represent the financial performance for the twelve months of the 2020 fiscal year for C.L. Brumbach Primary Care Clinics. Total YTD revenue was favorable to budget by \$2.4M due to the COVID-19 stimulus funds. Net patient revenue YTD was unfavorable to budget by (\$967k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Expenses before depreciation were over budget by (\$712k) or (2.7%) due mostly to negative variances in salaries and wages (\$656k), purchased services (\$83k), medical services</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the September 2020 Financial Report as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

(\$94k), and repair and maintenance (\$148k). Total YTD net margin was (\$11.7M) compared to budget of (\$13.7M) for a favorable variance of \$1.9M or 14.2%. The Medical clinics total YTD revenue was favorable to budget by \$2.9M, this favorable variance resulted from the additional recognition of HRSA and COVID-19 related grant funding of \$1.9M and unbudgeted incentive payment from Blue Cross Blue Shield of \$557k. Gross patient revenue was under budget by (\$3.2M) or (17.1%), this resulted from reduced clinic operation and closure from mid-March through May. During clinic closure, staff were reassigned to start countywide COVID-19 testing. Total operating expenses of \$23.2M were unfavorable to budget of \$22.1M by (\$1.1M) or (4.8%). This negative variance is mostly related to salaries and wages (\$800k), purchased services (\$74k), medical supplies (\$130k), medical services (\$93k), and repairs and maintenance (\$172k). Purchased services are unfavorable to budget due to higher collection fees from Athena. Medical supplies and medical services are unfavorable to budget due to unanticipated service use and supplies purchases. Repairs and maintenance is unfavorable to budget primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$10.3M) was favorable to budget of (\$12.3M) by \$2.0M or 16.4%. The Dental clinics gross patient revenue was unfavorable to budget by (\$1.5M) or (34.8%). Total revenue of \$3.6M was under budget of \$4.1M by (\$441k) or (10.8%) due to reduced services from COVID 19 closures and now social distancing reduced volumes. Total operating expenses of \$4.3M were favorable to budget by \$339k or 7.4% due mainly to positive variances of combined salaries, wages, and benefits \$243k, medical supplies of \$62k, and repairs and maintenance \$24k. Total YTD net margin was (\$1.5M) compared to a budgeted loss of (\$1.4M) for a negative variance of (\$66k). As of September 2020, the Clinics has been awarded \$3.2M in COVID-19 grants from HRSA (\$3.0M) and the CARES Act (\$227K) to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase

	<p>healthcare capacity and staffing levels for COVID-19. The Clinics through August have recognized \$2.4M 3 of the \$3.2M and the remaining monies will be recognized in coming months as the Clinics incur payroll and other expenses related to COVID-19. On the Comparative Statement of Net Position, due from other governments increased by \$782k to \$5.1M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.6M, and \$1.7M respectively for a combined subsidy of \$11.2M.</p>	
<p>8F-2. Staff Recommends a MOTION TO APPROVE Budget Fiscal Year 2021</p>	<p>Management has provided the fiscal year 2021 proposed budget. The budget includes total expenditures and capital of \$38,874,085, and District support of \$16,775,000.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the budget for Fiscal Year 2021 as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>
<p>8G. Risk</p>		
<p>8G-1. Staff Recommends a MOTION TO APPROVE PCC Risk Management Plan</p>	<p>This risk management plan for C.L. Brumback Primary Care Clinics (CLBPCC) outlines how risk management activities will be performed, recorded, and monitored throughout the fiscal year. The foreseen risks, their probability, and impact will be analyzed with a mitigation plan for each identified risk. The risk management plan will be revised annually, and it describes the risk assessment that will also be conducted annually. An education plan for all CLBPCC is outlined at the end of the document.</p> <p>Risk management is the process for identification, assessment, mitigation, tracking, control, and management of the project's risks. It drives decisions that affect the development of the business capability and management. Risk related activities are addressed monthly as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). The goal and objectives, scope, program elements, and program functions focus on risk mitigation,</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the PCC Risk Management Plan as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

	<p>patient/staff/visitor safety, and loss reduction to the enterprise.</p> <p>The Committee, chaired by the FQHC Medical Director, includes Clinics Quality Coordinator/ Risk Manager, Senior Management (FQHC Executive Director and Operations Director), Board member representative, Director of Practice Management, Clinical Staff, and Corporate Risk Management. Events will be categorized and scored appropriately in the incident reporting system (RiskQual). Issues or trends identified through the Risk Management program are brought to the appropriate individual or committee for consideration and action. Ongoing aggregated, trended Risk Management data sets are distributed to all departments and committees for inclusion in their Performance Improvement (PI) review activities.</p> <p>CLBPCC will utilize the following eight enterprise risk management (ERM) domains to promote risk mitigation at the clinics, which are operational, Clinical and Patient Safety, Strategic, Financial, Human Capital, Legal & Regulatory, Technology, and Hazard.</p>	
<p>9. CMO, VP and Executive Director of Clinical Services Comments</p>	<p>Dr. Andric informed the board that the School Nurses (though a different business unit) are working on the front lines in the schools.</p> <p>Dr. Andric informed the board that though we do not know much about the vaccines, the clinics will be ready and waiting for whatever mobilization is required to vaccinate the community.</p>	<p>No action necessary.</p>
<p>10. Board Member Comments</p>	<p>Mr. Mullen asked if it is possible that someone could have an immediate reaction to the vaccine, and if so, what are the next steps.</p>	<p>No action necessary.</p>

	<p>Dr. Andric, explained that minor reactions are common (local pain, general fatigue, etc.) that usually dissipate after 24 hours.</p> <p>Ms. Bullard asked where the decision comes from determining which vaccine is provided. Dr. Andric explained that vaccine acquisition is based on federal response, and it is provided on availability.</p>	
<p>12. Establishment of Upcoming Meetings</p>	<p><u>January 27, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>February 24, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>March 31, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>April 28, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>May 26, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>June 30, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>July 28, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>August 25, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>September 29, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p> <p><u>October 27, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u></p>	<p>No action necessary.</p>

	<u>November 30, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u> <u>December 14, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u>	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:26 PM	VOTE TAKEN: Ms. Mullen made a motion to adjourn. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.

Recording inadvertently not started until just before Agenda Item 3A

Minutes Submitted by: _____
Signature
Date

**C. L. Brumback Primary Care Clinics
Board of Directors**

Attendance Tracking

	1/29/20	2/26/20	5/27/20	6/24/20	7/29/20	8/26/20	9/30/20	10/28/20	12/16/2020
James Elder	X	X	X	X	X	X	X	X	X
Gary Butler	X	X							
Mike Smith	X	X	X	X	X	X	X	X	X
Irene Figueroa	X	X	E	X	X	X	X	E	X
John Casey Mullen	X	X	X	X	X	X	X	X	X
Julia Bullard	X	X	X	X	X	X	X	E	X
Marjorie Etienne	X	E	E	E	X	X	X	X	X
Lisa Strickland	X	X	E	E	A	E	A		
Melissa Mastrangelo	X	X	X	X	X	X	X	X	E
Tammy Jackson-Moore	X	X	X	X	X	X	X	E	E
Susan Foster		X	E	E	E				

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 27, 2021

1. Description: District Clinic Holdings, Inc. Financial Report December 2020

2. Summary:

The December 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

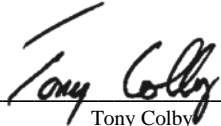
3. Substantive Analysis:

Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Tony Colby
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

 Committee Name

01/27/2021

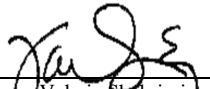
 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 27, 2021

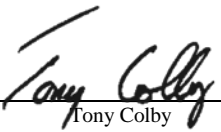
6. Recommendation:

Staff recommends the Board approve the December 2020 District Clinic Holdings, Inc. financial statements.

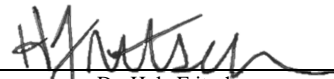
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Tony Colby
Interim VP & Chief Financial Officer



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

MEMO

To: Finance Committee
From: Tony Colby
Interim VP & Chief Financial Officer
Date: January 13, 2021

Subject: Management Discussion and Analysis as of December 2020 C.L. Brumback Primary Care Clinic Unaudited Financial Statements.

The December statements represent the financial performance for the first quarter of 2021 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$2.0M) due primarily to timing of COVID-19 stimulus funds. Net patient revenue YTD was favorable to budget by \$5.9k. Expenses before depreciation were under budget by \$642k or 9.2% due mostly to positive variances in salaries and wages \$264k, medical supplies \$240k and other supplies \$64k. Total YTD net margin was (\$5.4M) compared to budget of (\$4.3M) resulting in an unfavorable variance of (\$1.0M) or 23.3%.

The Medical clinics total YTD revenue was unfavorable to budget by \$2.1M, this unfavorable variance resulted from the timing of COVID-19 related grant funding. Gross patient revenue was over budget by \$1.5M or 56.1%, this resulted from the Clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Clinic staff continue to providing countywide COVID-19 testing. Total operating expenses of \$5.3M were favorable to budget of \$6.0M by \$634k or 10.6%. This positive variance is mostly related to salaries and wages \$277k, medical supplies \$229k, other supplies \$42k, and other expense \$38k. Medical supplies, other supplies and other expense are favorable to budget due to the usage timing and supplies purchases. Total YTD net margin was (\$4.7M) compared to budget of (\$3.5M) resulting in an unfavorable variance of (\$1.2M) or 33.9%

The Dental clinics gross patient revenue was favorable to budget by \$104k or 13.0%. Total revenue of \$597k was over budget of \$483k by \$114k or 23.5% due to unanticipated funds received from HRSA. Total operating expenses of \$1.0M were favorable to budget by \$8k or 0.8%. Total YTD net margin was (\$687k) compared to budget of (\$856k) resulting in a favorable variance of \$169k or (19.7%).

As of fiscal YTD December 2020, the Clinics has recognized \$589k in COVID-19 grants to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19.

On the Comparative Statement of Net Position, due from other governments increased by \$958k to \$2.4M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$4.6M, and \$693k respectively for a combined subsidy of \$5.3M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Dec 31, 2020</u>	<u>Nov 30, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(768,477)	(1,962,711)	\$ 1,194,234
Restricted Cash	221,426	-	221,426
Accounts Receivable, net	2,012,304	1,975,957	36,347
Due From Other Funds	-	-	-
Due from Other Governments	2,387,958	1,430,420	957,538
Other Current Assets	89,880	101,179	(11,299)
Net Investment in Capital Assets	2,963,867	2,995,532	(31,665)
Total Assets	<u>\$ 6,906,958</u>	<u>\$ 4,540,377</u>	<u>\$ 2,366,581</u>
Liabilities			
Accounts Payable	163,202	190,070	(26,868)
Due To Other Governments	-	-	-
Deferred Revenue	649,044	427,618	221,426
Other Current Liabilities	3,337,116	3,076,583	260,533
Non-Current Liabilities	1,481,877	1,469,362	12,515
Total Liabilities	<u>5,631,238</u>	<u>5,163,632</u>	<u>467,606</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,963,867	2,995,532	(31,665)
Unrestricted	(1,688,621)	(3,619,261)	1,930,641
Total Net Position	<u>1,275,246</u>	<u>(623,730)</u>	<u>1,898,976</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 6,906,958</u>	<u>\$ 4,540,377</u>	<u>\$ 2,366,581</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,685,042	1,127,054	557,988	49.5%	1,899,323	(214,281)	(11.3%)	5,062,751	3,463,266	1,599,485	46.2%	5,804,051	(741,300)	(12.8%)
453,962	204,797	(249,165)	(121.7%)	271,867	(182,094)	(67.0%)	1,434,558	626,078	(808,480)	(129.1%)	1,062,062	(372,496)	(35.1%)
1,751,178	444,262	(1,306,916)	(294.2%)	715,762	(1,035,416)	(144.7%)	1,909,187	1,367,228	(541,959)	(39.6%)	2,255,101	345,914	15.3%
(860,761)	159,530	1,020,291	639.6%	306,448	1,167,209	380.9%	727,173	489,404	(237,769)	(48.6%)	841,620	114,447	13.6%
1,344,379	808,589	(535,790)	(66.3%)	1,294,076	(50,302)	(3.9%)	4,070,918	2,482,710	(1,588,208)	(64.0%)	4,158,784	87,866	2.1%
350,651	341,390	9,261	2.7%	341,366	9,285	2.7%	1,051,954	1,057,340	(5,386)	(0.5%)	1,113,006	(61,052)	-5%
691,315	659,855	31,460	4.8%	946,612	(255,297)	(27.0%)	2,043,787	2,037,896	5,891	0.3%	2,758,273	(714,486)	(25.9%)
41.03%	58.55%			49.84%			40.37%	58.84%		47.52%			
130,321	71,249	59,072	82.9%	28,234	102,087	361.6%	234,379	210,110	24,269	11.6%	129,890	104,489	80.4%
588,890	693,744	(104,854)	(15.1%)	-	588,890	0.0%	588,890	2,488,232	(1,899,342)	(76.3%)	-	588,890	0.0%
3,302	45,034	(41,732)	(92.7%)	6,897	(3,595)	(52.1%)	14,722	135,102	(120,380)	(89.1%)	30,834	(16,112)	(52.3%)
722,512	810,027	(87,515)	(10.8%)	35,130	687,382	1,956.7%	837,991	2,833,444	(1,995,453)	(70.4%)	160,724	677,267	421.4%
1,413,827	1,469,882	(56,055)	(3.8%)	981,742	432,085	44.0%	2,881,779	4,871,340	(1,989,561)	(40.8%)	2,918,997	(37,219)	(1.3%)
<i>Direct Operational Expenses:</i>													
1,325,809	1,525,574	199,765	13.1%	1,427,860	102,051	7.1%	4,115,671	4,380,219	264,548	6.0%	4,245,988	130,317	3.1%
404,282	394,140	(10,142)	(2.6%)	365,616	(38,666)	(10.6%)	1,157,647	1,159,316	1,669	0.1%	1,123,941	(33,706)	(3.0%)
33,586	52,140	18,554	35.6%	43,837	10,251	23.4%	128,239	150,093	21,854	14.6%	224,876	96,636	43.0%
46,148	107,599	61,451	57.1%	33,103	(13,045)	(39.4%)	90,242	329,838	239,596	72.6%	113,805	23,564	20.7%
8,638	26,518	17,880	67.4%	1,026	(7,612)	(741.8%)	15,862	79,654	63,792	80.1%	28,782	12,921	44.9%
56,152	73,290	17,138	23.4%	53,733	(2,419)	(4.5%)	204,199	224,502	20,303	9.0%	165,407	(38,792)	(23.5%)
60,219	52,938	(7,281)	(13.8%)	85,786	25,567	29.8%	215,826	162,148	(53,678)	(33.1%)	257,250	41,425	16.1%
3,703	9,629	5,926	61.5%	19,935	16,233	81.4%	14,490	28,887	14,397	49.8%	68,034	53,544	78.7%
96,815	109,008	12,193	11.2%	121,087	24,272	20.0%	307,355	327,024	19,669	6.0%	358,954	51,599	14.4%
7,438	7,341	(97)	(1.3%)	4,724	(2,714)	(57.5%)	22,782	22,023	(759)	(3.4%)	18,463	(4,319)	(23.4%)
19,350	39,388	20,038	50.9%	33,567	14,218	42.4%	69,990	118,174	48,184	40.8%	90,327	20,337	22.5%
2,892	4,334	1,442	33.3%	2,377	(515)	(21.7%)	10,323	13,002	2,679	20.6%	7,131	(3,193)	(44.8%)
2,065,031	2,401,899	336,868	14.0%	2,192,652	127,621	5.8%	6,352,625	6,994,880	642,255	9.2%	6,702,958	350,332	5.2%
Net Performance before Depreciation &													
(651,204)	(932,017)	280,813	(30.1%)	(1,210,910)	559,706	(46.2%)	(3,470,846)	(2,123,540)	(1,347,306)	63.4%	(3,783,960)	313,114	(8.3%)
Overhead Allocations													

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,665	17,334	(14,331)	(82.7%)	26,292	(5,373)	(20.4%)	Depreciation	94,995	52,002	(42,993)	(82.7%)	49,816	(45,179)	(90.7%)
<i>Overhead Allocations:</i>														
1,914	2,875	960	33.4%	1,990	75	3.8%	Risk Mgt	5,675	8,625	2,950	34.2%	5,702	27	0.5%
193,553	206,967	13,414	6.5%	69,757	(123,796)	(177.5%)	Rev Cycle	586,119	620,901	34,782	5.6%	217,131	(368,988)	(169.9%)
2,029	3,852	1,823	47.3%	5,435	3,407	62.7%	Internal Audit	4,906	11,555	6,649	57.5%	17,699	12,793	72.3%
20,876	19,768	(1,107)	(5.6%)	20,918	42	0.2%	Home Office Facilities	55,353	59,305	3,952	6.7%	58,188	2,835	4.9%
37,026	33,232	(3,793)	(11.4%)	37,093	68	0.2%	Administration	87,134	99,696	12,562	12.6%	103,532	16,398	15.8%
77,803	47,193	(30,610)	(64.9%)	66,995	(10,809)	(16.1%)	Human Resources	157,380	141,580	(15,800)	(11.2%)	140,309	(17,071)	(12.2%)
15,799	17,241	1,442	8.4%	19,536	3,736	19.1%	Legal	44,066	51,724	7,658	14.8%	46,827	2,761	5.9%
8,070	8,048	(22)	(0.3%)	7,687	(383)	(5.0%)	Records	22,714	24,145	1,431	5.9%	20,840	(1,874)	(9.0%)
3,125	6,886	3,761	54.6%	11,403	8,278	72.6%	Compliance	13,024	20,658	7,633	37.0%	21,452	8,428	39.3%
6,940	7,007	67	1.0%	-	(6,940)	0.0%	Comm Engage Plan	19,812	21,021	1,208	5.7%	-	(19,812)	0.0%
70,850	82,884	12,034	14.5%	-	(70,850)	0.0%	IT Operations	192,346	248,651	56,304	22.6%	-	(192,346)	0.0%
9,366	8,445	(921)	(10.9%)	-	(9,366)	0.0%	IT Security	22,672	25,336	2,664	10.5%	-	(22,672)	0.0%
27,197	40,421	13,224	32.7%	-	(27,197)	0.0%	IT Applications	91,103	121,263	30,160	24.9%	-	(91,103)	0.0%
46,136	47,251	1,115	2.4%	-	(46,136)	0.0%	Security Services	130,389	141,754	11,365	8.0%	-	(130,389)	0.0%
65,588	121,543	55,955	46.0%	-	(65,588)	0.0%	IT EPIC	167,355	364,630	197,275	54.1%	-	(167,355)	0.0%
28,580	31,665	3,085	9.7%	28,393	(187)	(0.7%)	Finance	86,745	94,994	8,249	8.7%	89,756	3,011	3.4%
3,617	10,057	6,440	64.0%	11,021	7,405	67.2%	Public Relations	23,425	30,171	6,746	22.4%	36,055	12,630	35.0%
9,357	8,303	(1,054)	(12.7%)	94,710	85,352	90.1%	Information Technology	27,927	24,908	(3,019)	(12.1%)	237,365	209,438	88.2%
4,957	4,761	(195)	(4.1%)	2,876	(2,080)	(72.3%)	Corporate Quality	17,302	14,283	(3,018)	(21.1%)	7,109	(10,193)	(143.4%)
9,051	11,235	2,184	19.4%	6,754	(2,298)	(34.0%)	Project MGMT Office	25,530	33,706	8,176	24.3%	16,718	(8,812)	(52.7%)
1,243	1,328	85	6.4%	2,822	1,579	55.9%	Managed Care Contract	3,605	3,985	380	9.5%	9,658	6,053	62.7%
643,078	720,963	77,885	10.8%	387,389	(255,689)	(66.0%)	Total Overhead Allocations	1,784,582	2,162,890	378,307	17.5%	1,028,341	(756,242)	(73.5%)
2,739,774	3,140,196	400,422	12.8%	2,606,333	(133,441)	(5.1%)	Total Expenses	8,232,203	9,209,772	977,569	10.6%	7,781,114	(451,088)	(5.8%)
\$ (1,325,947)	\$ (1,670,314)	\$ 344,367	(20.6%)	\$ (1,624,591)	\$ 298,644	(18.4%)	Net Margin	\$ (5,350,424)	\$ (4,338,432)	\$ (1,011,992)	23.3%	\$ (4,862,117)	\$ (488,307)	10.0%
3,078	98,235	95,157	96.9%	(81,965)	(85,043)	103.8%	Capital	16,646	531,585	514,939	96.9%	-	(16,646)	0.0%
\$ 3,228,001	\$ 1,777,000	\$ (1,451,001)	(81.7%)	\$ 1,421,583	\$ (1,806,417)	(127.1%)	General Fund Support/ Transfer In	\$ 5,270,026	\$ 4,906,000	\$ (364,026)	(7.4%)	\$ 4,812,301	\$ (457,725)	(9.5%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses by Month

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
Gross Patient Revenue	1,842,091	1,535,619	1,685,042	-	-	-	-	-	-	-	-	-	5,062,751
Contractual Allowances	509,972	470,624	453,962	-	-	-	-	-	-	-	-	-	1,434,558
Charity Care	158,009	-	1,751,178	-	-	-	-	-	-	-	-	-	1,909,187
Bad Debt	788,060	799,873	(860,761)	-	-	-	-	-	-	-	-	-	727,173
Other Patient Revenue	414,367	286,936	350,651	-	-	-	-	-	-	-	-	-	1,051,954
Net Patient Revenue	800,416	552,056	691,315	-	-	-	-	-	-	-	-	-	2,043,787
Collections %	43.45%	35.95%	41.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	40.37%
Grant Funds	104,059	-	130,321	-	-	-	-	-	-	-	-	-	234,379
Other Financial Assistance	-	-	588,890	-	-	-	-	-	-	-	-	-	588,890
Other Revenue	9,732	1,689	3,302	-	-	-	-	-	-	-	-	-	14,722
Total Other Revenues	113,791	1,689	722,512	-	-	-	-	-	-	-	-	-	837,991
Total Revenues	914,207	553,745	1,413,827	-	-	-	-	-	-	-	-	-	2,881,779
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,325,809	-	-	-	-	-	-	-	-	-	4,115,671
Benefits	394,482	358,883	404,282	-	-	-	-	-	-	-	-	-	1,157,647
Purchased Services	35,150	59,503	33,586	-	-	-	-	-	-	-	-	-	128,239
Medical Supplies	19,841	24,253	46,148	-	-	-	-	-	-	-	-	-	90,242
Other Supplies	2,686	4,538	8,638	-	-	-	-	-	-	-	-	-	15,862
Medical Services	92,709	55,338	56,152	-	-	-	-	-	-	-	-	-	204,199
Drugs	82,365	73,242	60,219	-	-	-	-	-	-	-	-	-	215,826
Repairs & Maintenance	6,725	4,061	3,703	-	-	-	-	-	-	-	-	-	14,490
Lease & Rental	105,605	104,935	96,815	-	-	-	-	-	-	-	-	-	307,355
Utilities	5,024	10,320	7,438	-	-	-	-	-	-	-	-	-	22,782
Other Expense	26,726	23,914	19,350	-	-	-	-	-	-	-	-	-	69,990
Insurance	3,716	3,716	2,892	-	-	-	-	-	-	-	-	-	10,323
Total Operational Expenses	2,387,586	1,900,008	2,065,031	-	-	-	-	-	-	-	-	-	6,352,625
Net Performance before Depreciation & Overhead Allocations	(1,473,379)	(1,346,263)	(651,204)	-	-	-	-	-	-	-	-	-	(3,470,846)
Depreciation	20,995	42,335	31,665	-	-	-	-	-	-	-	-	-	94,995
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	-	-	-	-	-	-	-	-	-	5,675
Rev Cycle	215,318	177,247	193,553	-	-	-	-	-	-	-	-	-	586,119
Internal Audit	261	2,616	2,029	-	-	-	-	-	-	-	-	-	4,906
Home Office Facilities	17,338	17,140	20,876	-	-	-	-	-	-	-	-	-	55,353
Administration	23,989	26,119	37,026	-	-	-	-	-	-	-	-	-	87,134
Human Resources	42,681	36,896	77,803	-	-	-	-	-	-	-	-	-	157,380
Legal	10,774	17,493	15,799	-	-	-	-	-	-	-	-	-	44,066
Records	7,126	7,518	8,070	-	-	-	-	-	-	-	-	-	22,714
Compliance	4,813	5,086	3,125	-	-	-	-	-	-	-	-	-	13,024
Comm Engage Plan	6,756	6,116	6,940	-	-	-	-	-	-	-	-	-	19,812
IT Operations	50,805	70,691	70,850	-	-	-	-	-	-	-	-	-	192,346
IT Security	7,989	5,317	9,366	-	-	-	-	-	-	-	-	-	22,672
IT Applications	23,045	40,862	27,197	-	-	-	-	-	-	-	-	-	91,103
Security Services	42,428	41,825	46,136	-	-	-	-	-	-	-	-	-	130,389
IT EPIC	48,185	53,582	65,588	-	-	-	-	-	-	-	-	-	167,355
Finance	29,725	28,440	28,580	-	-	-	-	-	-	-	-	-	86,745
Public Relations	11,466	8,342	3,617	-	-	-	-	-	-	-	-	-	23,425
Information Technology	9,827	8,743	9,357	-	-	-	-	-	-	-	-	-	27,927
Corporate Quality	5,104	7,241	4,957	-	-	-	-	-	-	-	-	-	17,302
Project MGMT Office	7,800	8,679	9,051	-	-	-	-	-	-	-	-	-	25,530
Managed Care Contract	1,205	1,157	1,243	-	-	-	-	-	-	-	-	-	3,605
Total Overhead Allocations	568,646	572,859	643,078	-	-	-	-	-	-	-	-	-	1,784,582
Total Expenses	2,977,227	2,515,202	2,739,774	-	-	-	-	-	-	-	-	-	8,232,203
Net Margin	\$ (2,063,020)	\$ (1,961,457)	\$ (1,325,947)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (5,350,424)
Capital	-	13,568	3,078	-	-	-	-	-	-	-	-	-	16,646
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	2,042,025	-	3,228,001	-	-	-	-	-	-	-	-	-	\$ 5,270,026

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,353,111	867,517	485,594	56.0%	1,569,594	(216,483)	(13.8%)	4,157,903	2,662,868	1,495,035	56.1%	4,768,747	(610,844)	(12.8%)
Gross Patient Revenue							Gross Patient Revenue						
351,518	162,224	(189,294)	(116.7%)	225,053	(126,466)	(56.2%)	1,122,718	495,330	(627,388)	(126.7%)	925,002	(197,716)	(21.4%)
1,423,315	295,097	(1,128,218)	(382.3%)	535,851	(887,463)	(165.6%)	1,423,315	906,591	(516,724)	(57.0%)	1,649,438	226,123	13.7%
(735,754)	143,279	879,033	613.5%	286,428	1,022,182	356.9%	693,166	438,757	(254,409)	(58.0%)	799,921	106,754	13.3%
1,039,079	600,600	(438,479)	(73.0%)	1,047,332	8,253	0.8%	3,239,199	1,840,678	(1,398,521)	(76.0%)	3,374,360	135,161	4.0%
Total Contractuals and Bad Debts							Total Contractuals and Bad Debts						
252,357	246,293	6,064	2.5%	240,125	12,232	5.1%	766,828	764,314	2,514	0.3%	765,258	1,570	0.2%
Other Patient Revenue							Other Patient Revenue						
566,389	513,210	53,179	10.4%	762,387	(195,998)	(25.7%)	1,685,532	1,586,504	99,028	6.2%	2,159,644	(474,113)	(22.0%)
Net Patient Revenue							Net Patient Revenue						
41.86%	59.16%			48.57%			40.54%	59.58%			45.29%		
Collection %							Collection %						
103,030	60,507	42,523	70.3%	28,234	74,796	264.9%	207,088	178,335	28,753	16.1%	129,890	77,198	59.4%
377,627	693,744	(316,117)	(45.6%)	-	377,627	0.0%	377,627	2,488,232	(2,110,605)	(84.8%)	-	377,627	0.0%
Grant Funds							Grant Funds						
3,302	45,034	(41,732)	(92.7%)	6,897	(3,595)	(52.1%)	14,722	135,102	(120,380)	(89.1%)	30,834	(16,112)	(52.3%)
Other Financial Assistance							Other Financial Assistance						
483,958	799,285	(315,327)	(39.5%)	35,130	448,828	1,277.6%	599,437	2,801,669	(2,202,232)	(78.6%)	160,724	438,713	273.0%
Total Other Revenues							Total Other Revenues						
1,050,347	1,312,495	(262,148)	(20.0%)	797,517	252,830	31.7%	2,284,969	4,388,173	(2,103,204)	(47.9%)	2,320,369	(35,400)	(1.5%)
Total Revenues							Total Revenues						
<i>Direct Operational Expenses:</i>													
1,107,361	1,290,582	183,221	14.2%	1,173,987	66,625	5.7%	3,428,774	3,705,684	276,910	7.5%	3,526,122	97,347	2.8%
Salaries and Wages							Salaries and Wages						
339,801	336,241	(3,560)	(1.1%)	300,793	(39,007)	(13.0%)	968,512	989,415	20,903	2.1%	927,594	(40,917)	(4.4%)
Benefits							Benefits						
27,778	49,063	21,285	43.4%	36,181	8,403	23.2%	118,483	140,686	22,203	15.8%	195,039	76,556	39.3%
Purchased Services							Purchased Services						
27,375	95,283	67,908	71.3%	15,735	(11,640)	(74.0%)	63,000	291,862	228,862	78.4%	79,662	16,661	20.9%
Medical Supplies							Medical Supplies						
8,307	19,093	10,786	56.5%	(1,962)	(10,269)	(523.3%)	15,340	57,279	41,939	73.2%	24,729	9,389	38.0%
Other Supplies							Other Supplies						
56,152	73,290	17,138	23.4%	53,733	(2,419)	(4.5%)	204,199	224,502	20,303	9.0%	165,407	(38,792)	(23.5%)
Medical Services							Medical Services						
60,219	52,874	(7,345)	(13.9%)	85,786	25,567	29.8%	215,826	161,956	(53,870)	(33.3%)	257,250	41,425	16.1%
Drugs							Drugs						
3,521	7,308	3,787	51.8%	15,523	12,002	77.3%	13,084	21,924	8,840	40.3%	56,435	43,351	76.8%
Repairs & Maintenance							Repairs & Maintenance						
73,406	86,229	12,823	14.9%	94,941	21,535	22.7%	233,834	258,687	24,853	9.6%	280,775	46,941	16.7%
Lease & Rental							Lease & Rental						
5,175	6,008	833	13.9%	4,571	(605)	(13.2%)	15,369	18,024	2,655	14.7%	15,716	346	2.2%
Utilities							Utilities						
18,185	33,480	15,295	45.7%	31,554	13,369	42.4%	62,899	100,690	37,791	37.5%	83,113	20,214	24.3%
Other Expense							Other Expense						
2,851	4,293	1,442	33.6%	2,346	(505)	(21.5%)	10,201	12,879	2,678	20.8%	7,038	(3,164)	(45.0%)
Insurance							Insurance						
1,730,130	2,053,744	323,614	15.8%	1,813,187	83,057	4.6%	5,349,521	5,983,588	634,067	10.6%	5,618,879	269,358	4.8%
Total Operational Expenses							Total Operational Expenses						
Net Performance before Depreciation & Overhead Allocations													
(679,783)	(741,249)	61,466	(8.3%)	(1,015,670)	335,887	(33.1%)	(3,064,552)	(1,595,415)	(1,469,137)	92.1%	(3,298,510)	233,958	(7.1%)

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
24,439	12,917	(11,522)	(89.2%)	18,790	(5,649)	(30.1%)	73,316	38,751	(34,565)	(89.2%)	37,498	(35,818)	(95.5%)
<i>Overhead Allocations:</i>													
1,642	2,464	821	33.3%	1,636	(6)	(0.4%)	4,868	7,391	2,523	34.1%	4,689	(179)	(3.8%)
163,412	174,743	11,331	6.5%	56,664	(106,748)	(188.4%)	494,847	524,230	29,383	5.6%	176,377	(318,470)	(180.6%)
1,740	3,301	1,560	47.3%	4,470	2,730	61.1%	4,208	9,902	5,694	57.5%	14,555	10,347	71.1%
18,797	17,713	(1,084)	(6.1%)	18,694	(103)	(0.5%)	49,842	53,139	3,297	6.2%	52,004	2,162	4.2%
31,761	28,478	(3,283)	(11.5%)	30,505	(1,256)	(4.1%)	74,745	85,434	10,690	12.5%	85,143	10,398	12.2%
67,291	40,768	(26,523)	(65.1%)	54,844	(12,447)	(22.7%)	136,116	122,305	(13,810)	(11.3%)	114,861	(21,255)	(18.5%)
13,553	14,775	1,222	8.3%	16,066	2,513	15.6%	37,801	44,325	6,524	14.7%	38,510	709	1.8%
6,923	6,897	(26)	(0.4%)	6,322	(601)	(9.5%)	19,484	20,691	1,206	5.8%	17,139	(2,346)	(13.7%)
2,681	5,901	3,220	54.6%	9,378	6,697	71.4%	11,172	17,703	6,530	36.9%	17,642	6,469	36.7%
5,953	6,005	51	0.9%	-	(5,953)	0.0%	16,995	18,014	1,018	5.7%	-	(16,995)	0.0%
60,776	71,027	10,251	14.4%	-	(60,776)	0.0%	164,997	213,080	48,083	22.6%	-	(164,997)	0.0%
8,034	7,237	(797)	(11.0%)	-	(8,034)	0.0%	19,449	21,711	2,263	10.4%	-	(19,449)	0.0%
23,330	34,638	11,309	32.6%	-	(23,330)	0.0%	78,149	103,915	25,766	24.8%	-	(78,149)	0.0%
39,234	40,184	950	2.4%	-	(39,234)	0.0%	110,882	120,552	9,670	8.0%	-	(110,882)	0.0%
56,263	104,156	47,893	46.0%	-	(56,263)	0.0%	143,559	312,468	168,909	54.1%	-	(143,559)	0.0%
24,516	27,135	2,619	9.7%	23,350	(1,166)	(5.0%)	74,411	81,404	6,994	8.6%	73,814	(597)	(0.8%)
3,102	8,618	5,516	64.0%	9,064	5,961	65.8%	20,094	25,855	5,761	22.3%	29,651	9,557	32.2%
8,027	7,115	(912)	(12.8%)	77,887	69,861	89.7%	23,956	21,345	(2,611)	(12.2%)	195,205	171,248	87.7%
4,252	4,080	(172)	(4.2%)	2,365	(1,886)	(79.8%)	14,842	12,240	(2,602)	(21.3%)	5,846	(8,995)	(153.9%)
7,764	9,628	1,864	19.4%	5,554	(2,210)	(39.8%)	21,900	28,884	6,984	24.2%	13,749	(8,151)	(59.3%)
1,050	1,122	72	6.4%	2,292	1,243	54.2%	3,043	3,365	321	9.5%	7,845	4,802	61.2%
550,102	615,984	65,883	10.7%	319,091	(231,010)	(72.4%)	1,525,361	1,847,953	322,592	17.5%	847,028	(678,333)	(80.1%)
2,304,670	2,682,645	377,975	14.1%	2,151,068	(153,602)	(7.1%)	6,948,198	7,870,292	922,094	11.7%	6,503,405	(444,793)	(6.8%)
\$ (1,254,323)	\$ (1,370,150)	\$ 115,827	(8.5%)	\$ (1,353,551)	\$ 99,228	(7.3%)	\$ (4,663,228)	\$ (3,482,119)	\$ (1,181,110)	33.9%	\$ (4,183,036)	\$ (480,192)	11.5%
(13,568)	98,235	111,803	113.8%	(81,965)	(68,396)	83.4%	-	531,585	531,585	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	-	-	-	-
\$ 2,826,279	\$ 1,480,000	\$ (1,346,279)	(91.0%)	\$ 854,968	\$ (1,971,311)	(230.6%)	\$ 4,576,903	\$ 4,060,000	\$ (516,903)	(12.7%)	\$ 3,825,712	\$ (751,191)	(19.6%)

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
331,931	259,537	72,394	27.9%	329,729	2,202	0.7%	Gross Patient Revenue	904,848	800,398	104,450	13.0%	1,035,304	(130,456)	(12.6%)
102,443	42,573	(59,870)	(140.6%)	46,815	(55,629)	(118.8%)	Contractual Allowances	311,840	130,748	(181,092)	(138.5%)	137,060	(174,780)	(127.5%)
327,863	149,165	(178,698)	(119.8%)	179,910	(147,953)	(82.2%)	Charity Care	485,872	460,637	(25,235)	(5.5%)	605,664	119,792	19.8%
(125,007)	16,251	141,258	869.2%	20,020	145,027	724.4%	Bad Debt	34,006	50,647	16,641	32.9%	41,699	7,693	18.4%
305,300	207,989	(97,311)	(46.8%)	246,745	(58,555)	(23.7%)	Total Contractuals and Bad Debts	831,718	642,032	(189,686)	(29.5%)	784,423	(47,295)	(6.0%)
98,294	95,097	3,197	3.4%	101,241	(2,947)	(2.9%)	Other Patient Revenue	285,126	293,026	(7,900)	(2.7%)	347,748	(62,622)	(18.0%)
124,926	146,645	(21,719)	(14.8%)	184,225	(59,299)	(32.2%)	Net Patient Revenue	358,256	451,392	(93,136)	(20.6%)	598,629	(240,373)	(40.2%)
37.64%	56.50%			55.87%			Collection %	39.59%	56.40%			57.82%		
27,291	10,742	16,549	154.1%	-	27,291	0.0%	Grant Funds	27,291	31,775	(4,484)	(14.1%)	-	27,291	0.0%
211,263	-	211,263	0.0%	-	211,263	0.0%	Other Financial Assistance	211,263	-	211,263	0.0%	-	211,263	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
238,554	10,742	227,812	2,120.8%	-	238,554	0.0%	Total Other Revenues	238,554	31,775	206,779	650.8%	-	238,554	0.0%
363,480	157,387	206,093	130.9%	184,225	179,255	97.3%	Total Revenues	596,810	483,167	113,643	23.5%	598,629	(1,819)	(0.3%)
							<i>Direct Operational Expenses:</i>							
218,448	234,992	16,544	7.0%	253,873	35,426	14.0%	Salaries and Wages	686,897	674,535	(12,362)	(1.8%)	719,866	32,969	4.6%
64,482	57,899	(6,583)	(11.4%)	64,823	341	0.5%	Benefits	189,135	169,901	(19,234)	(11.3%)	196,346	7,211	3.7%
5,808	3,077	(2,731)	(88.8%)	7,656	1,848	24.1%	Purchased Services	9,756	9,407	(349)	(3.7%)	29,837	20,081	67.3%
18,773	12,316	(6,457)	(52.4%)	17,368	(1,404)	(8.1%)	Medical Supplies	27,241	37,976	10,735	28.3%	34,143	6,902	20.2%
332	7,425	7,093	95.5%	2,988	2,657	88.9%	Other Supplies	522	22,375	21,853	97.7%	4,054	3,532	87.1%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	64	64	100.0%	-	-	0.0%	Drugs	-	192	192	100.0%	-	-	0.0%
182	2,321	2,139	92.1%	4,412	4,230	95.9%	Repairs & Maintenance	1,406	6,963	5,557	79.8%	11,599	10,193	87.9%
23,409	22,779	(630)	(2.8%)	26,146	2,737	10.5%	Lease & Rental	73,522	68,337	(5,185)	(7.6%)	78,180	4,658	6.0%
2,263	1,333	(930)	(69.8%)	153	(2,110)	(1,378.8%)	Utilities	7,413	3,999	(3,414)	(85.4%)	2,748	(4,665)	(169.8%)
1,165	5,908	4,743	80.3%	2,014	849	42.2%	Other Expense	7,091	17,484	10,393	59.4%	7,214	123	1.7%
41	41	0	0.9%	31	(10)	(31.2%)	Insurance	122	123	1	0.9%	93	(29)	(31.2%)
334,901	348,155	13,254	3.8%	379,465	44,564	11.7%	Total Operational Expenses	1,003,104	1,011,292	8,188	0.8%	1,084,079	80,975	7.5%
28,579	(190,768)	219,347	(115.0%)	(195,240)	223,819	(114.6%)	Net Performance before Depreciation & Overhead Allocations	(406,295)	(528,125)	121,830	(23.1%)	(485,450)	79,156	(16.3%)

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,226	4,417	(2,809)	(63.6%)	7,502	276	3.7%	21,679	13,251	(8,428)	(63.6%)	12,318	(9,361)	(76.0%)
<i>Overhead Allocations:</i>													
272	411	139	33.8%	353	81	23.0%	807	1,234	427	34.6%	1,013	206	20.3%
30,141	32,224	2,083	6.5%	13,093	(17,048)	(130.2%)	91,272	96,671	5,399	5.6%	40,754	(50,518)	(124.0%)
288	551	263	47.7%	965	677	70.1%	698	1,653	955	57.8%	3,144	2,446	77.8%
2,079	2,055	(23)	(1.1%)	2,223	145	6.5%	5,511	6,166	655	10.6%	6,184	673	10.9%
5,265	4,754	(511)	(10.7%)	6,588	1,324	20.1%	12,389	14,262	1,873	13.1%	18,389	6,000	32.6%
10,512	6,425	(4,088)	(63.6%)	12,151	1,638	13.5%	21,264	19,275	(1,990)	(10.3%)	25,448	4,183	16.4%
2,246	2,466	220	8.9%	3,470	1,223	35.3%	6,266	7,399	1,134	15.3%	8,317	2,052	24.7%
1,147	1,151	4	0.3%	1,365	218	16.0%	3,230	3,454	224	6.5%	3,702	472	12.8%
444	985	541	54.9%	2,025	1,581	78.1%	1,852	2,955	1,103	37.3%	3,810	1,958	51.4%
987	1,002	16	1.6%	-	(987)	0.0%	2,817	3,007	190	6.3%	-	(2,817)	0.0%
10,074	11,857	1,783	15.0%	-	(10,074)	0.0%	27,349	35,571	8,222	23.1%	-	(27,349)	0.0%
1,332	1,208	(124)	(10.2%)	-	(1,332)	0.0%	3,224	3,624	401	11.1%	-	(3,224)	0.0%
3,867	5,782	1,915	33.1%	-	(3,867)	0.0%	12,954	17,347	4,394	25.3%	-	(12,954)	0.0%
6,902	7,067	165	2.3%	-	(6,902)	0.0%	19,507	21,202	1,695	8.0%	-	(19,507)	0.0%
9,326	17,387	8,062	46.4%	-	(9,326)	0.0%	23,796	52,162	28,367	54.4%	-	(23,796)	0.0%
4,064	4,530	466	10.3%	5,043	979	19.4%	12,334	13,589	1,255	9.2%	15,942	3,608	22.6%
514	1,439	924	64.3%	1,958	1,443	73.7%	3,331	4,316	985	22.8%	6,404	3,073	48.0%
1,330	1,188	(143)	(12.0%)	16,822	15,492	92.1%	3,971	3,563	(408)	(11.4%)	42,161	38,190	90.6%
705	681	(24)	(3.5%)	511	(194)	(37.9%)	2,460	2,043	(417)	(20.4%)	1,263	(1,197)	(94.8%)
1,287	1,607	320	19.9%	1,200	(87)	(7.3%)	3,630	4,822	1,192	24.7%	2,969	(661)	(22.2%)
194	207	13	6.4%	530	336	63.4%	561	620	59	9.5%	1,813	1,251	69.0%
92,976	104,979	12,003	11.4%	68,298	(24,678)	(36.1%)	259,222	314,937	55,715	17.7%	181,313	(77,909)	(43.0%)
435,104	457,551	22,447	4.9%	455,265	20,162	4.4%	1,284,005	1,339,480	55,475	4.1%	1,277,710	(6,296)	(0.5%)
\$ (71,623)	\$ (300,164)	\$ 228,541	(76.1%)	\$ (271,040)	\$ 199,417	(73.6%)	\$ (687,196)	\$ (856,313)	\$ 169,117	(19.7%)	\$ (679,081)	\$ (8,114)	1.2%
16,646	-	(16,646)	0.0%	-	(16,646)	0.0%	16,646	-	(16,646)	0.0%	-	(16,646)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ 401,721	\$ 297,000	\$ (104,721)	(35.3%)	\$ -	\$ (401,721)	0.0%	\$ 693,123	\$ 846,000	\$ 152,877	18.1%	\$ -	\$ (693,123)	0.0%

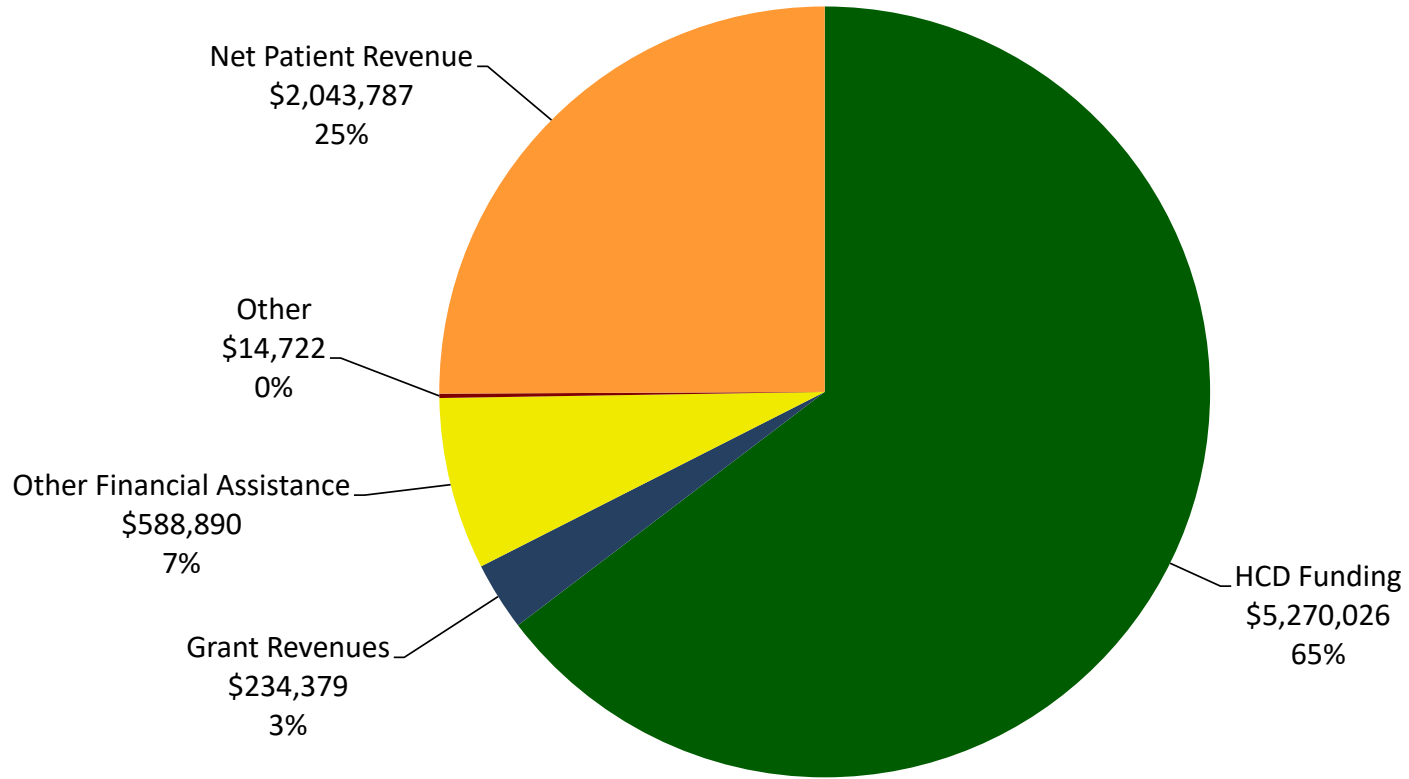
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE THIRD MONTH ENDED DECEMBER 31, 2020

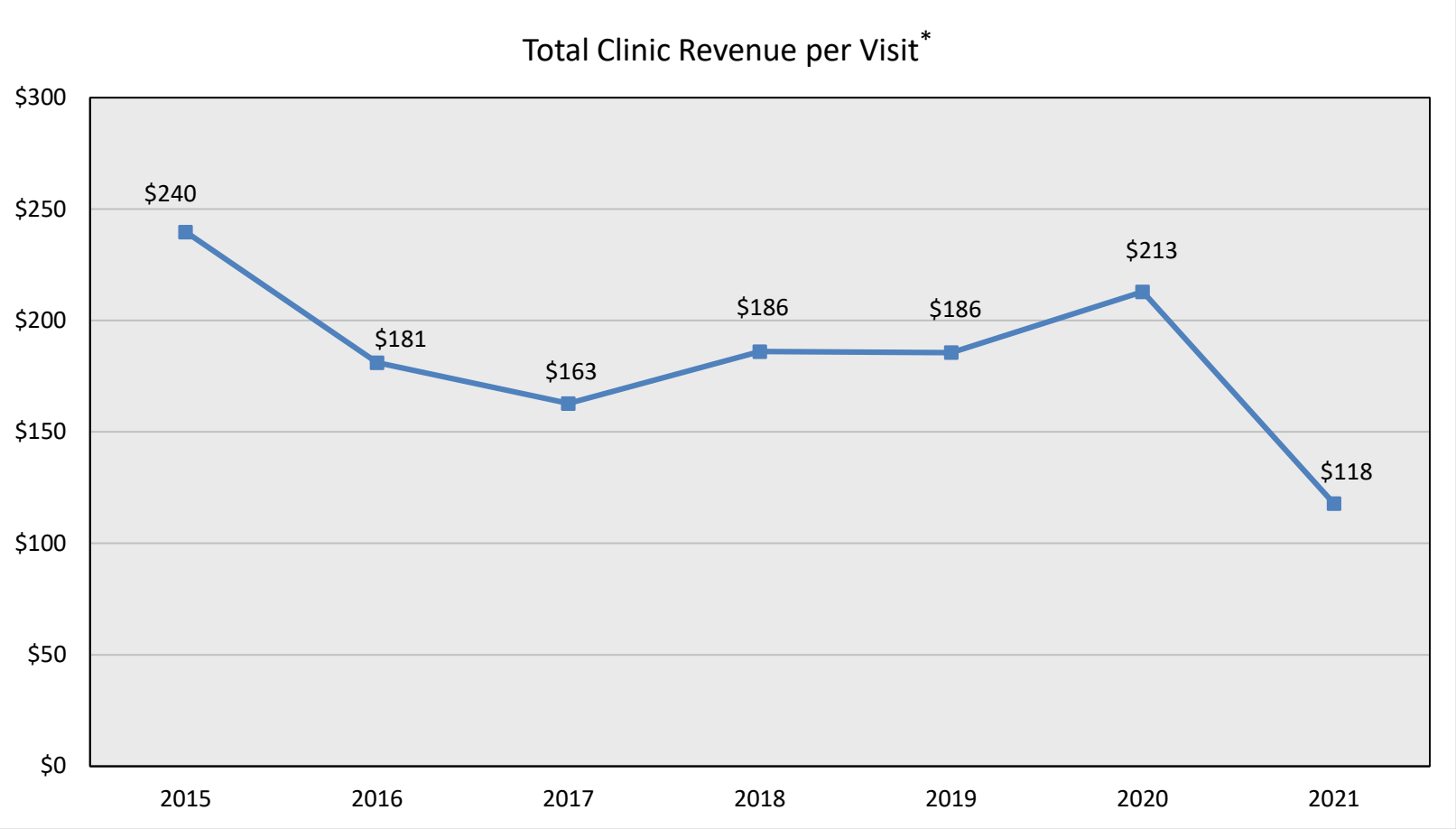
	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	435,707	469,113	28	-	904,848
Contractual Allowances	-	112,929	197,822	722	366	311,840
Charity Care	-	271,511	213,988	115	258	485,872
Bad Debt	-	7,848	24,376	959	823	34,006
Total Contractual Allowances and Bad Debt	-	392,288	436,186	1,797	1,448	831,718
Other Patient Revenue	-	149,430	61,371	21,878	52,447	285,126
Net Patient Revenue	-	192,849	94,298	20,110	50,999	358,256
Collection %	-	44.26%	20.10%	0.00%	0.00%	39.59%
Grant Funds	4,052	9,053	5,004	6,112	3,070	27,291
Other Financial Assistance	26,170	62,797	17,576	74,217	30,503	211,263
Other Revenue	-	-	-	-	-	-
Total Other Revenues	30,222	71,850	22,580	80,329	33,573	238,554
Total Revenues	30,222	264,699	116,877	100,439	84,572	596,810
<i>Direct Operational Expenses:</i>						
Salaries and Wages	101,382	239,269	121,089	153,177	71,979	686,897
Benefits	24,320	67,800	34,488	40,699	21,828	189,135
Purchased Services	-	2,573	2,097	2,000	3,087	9,756
Medical Supplies	-	9,753	16,359	-	1,128	27,241
Other Supplies	325	100	97	-	-	522
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	147	732	147	380	1,406
Lease & Rental	-	27,595	16,290	15,310	14,327	73,522
Utilities	-	1,321	1,321	595	4,175	7,413
Other Expense	-	1,264	3,078	2,356	393	7,091
Insurance	-	-	-	-	122	122
Total Operational Expenses	126,028	349,823	195,551	214,284	117,418	1,003,104
Net Performance before Depreciation & Overhead Allocations	(95,805)	(85,124)	(78,674)	(113,846)	(32,846)	(406,295)
Depreciation	-	5,840	2,624	2,437	10,778	21,679
<i>Overhead Allocations:</i>						
Risk Mgt	84	284	180	175	85	807
Rev Cycle	-	35,789	22,698	22,093	10,692	91,272
Internal Audit	72	245	155	151	73	698
Home Office Facilities	5,511	-	-	-	-	5,511
Administration	1,286	4,354	2,761	2,688	1,301	12,389
Human Resources	1,777	7,937	4,442	5,331	1,777	21,264
Legal	651	2,202	1,396	1,359	658	6,266
Records	335	1,135	720	701	339	3,230
Compliance	192	651	413	402	194	1,852
Comm Engage Plan	292	990	628	611	296	2,817
IT Operations	2,840	9,611	6,095	5,933	2,871	27,349
IT Security	335	1,133	718	699	338	3,224
IT Applications	1,345	4,552	2,887	2,810	1,360	12,954
Security Services	-	7,649	4,851	4,722	2,285	19,507
IT EPIC	2,471	8,362	5,303	5,162	2,498	23,796
Finance	1,281	4,334	2,749	2,676	1,295	12,334
Public Relations	346	1,170	742	723	350	3,331
Information Technology	412	1,395	885	861	417	3,971
Corporate Quality	255	864	548	534	258	2,460
Project MGMT Office	377	1,276	809	787	381	3,630
Managed Care Contract	-	220	140	136	66	561
Total Overhead Allocations	19,862	94,152	59,121	58,552	27,533	259,222
Total Expenses	145,890	449,816	257,296	275,274	155,729	1,284,005
Net Margin	\$ (115,668)	\$ (185,116)	\$ (140,419)	\$ (174,835)	\$ (71,157)	\$ (687,196)
Capital	-	-	11,098	5,549	-	16,646
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 693,123	-	-	-	-	693,123

Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year	Current YTD	%Var to	Prior Year					
													Total	Budget	Budget	Total					
West Palm Beach	1,227	929	1,068										3,224	1,570	105.4%	5,054					
Delray	1,061	883	989										2,933	1,790	63.9%	3,405					
Lantana	1,738	1,282	1,379										4,399	4,535	(3.0%)	4,905					
Belle Glade	616	395	661										1,672	1,217	37.4%	2,608					
Lewis Center	786	695	807										2,288	463	394.2%	750					
Lake Worth & Women's Health Care	1,153	979	958										3,090	1,892	63.3%	4,017					
Jupiter Clinic	602	407	468										1,477	1,013	45.8%	1,497					
West Boca & Women's Health Care	786	679	730										2,195	1,027	113.7%	2,422					
Mobile Van	16	-	-										16	38	(57.9%)	424					
Mobile 2 Clinic	-	-	-										-	38	(100.0%)	-					
Mobile 3 Hero	-	-	-										-	38	(100.0%)	-					
Mangonia Park	259	203	198										660	249		125					
Mangonia Park-Substance	-	-	-										-	330	(100.0%)	1,451					
Total Clinic Visits	8244	6,452	7,258	-	-	-	-	-	-	-	-	-	21,954	14,200	54.6%	26,658					
Dental Visits																					
West Palm Beach	467	334	427										1,228	1,257	(2.3%)	2,529					
Lantana	447	358	473										1,278	1,773	(27.9%)	1,844					
Delray	-	-	-										-	916	(100.0%)	1,771					
Belle Glade	-	-	-										-	473	(100.0%)	954					
Total Dental Visits	914	692	900	-	-	-	-	-	-	-	-	-	2,506	4,419	(43.3%)	7,098					
Total Medical and Dental Visits	9158	7,144	8,158	-	-	-	-	-	-	-	-	-	24,460	18,619	31.4%	33,756					
Key Ratios																					
Collection Ratio																	14%				
Bad debt write off as a percentage of total billing																		0%			
Collections per visit																		3,482			
Charges Per Visit																		171			
Percentage of A/R less than 120 days																		65%			
Days in AR																		59			
Mental Health Counselors (non-billable)																					
West Palm Beach	-	2	-															2	160	(98.8%)	443
Delray	60	41	22															123	177	(30.5%)	299
Lantana	-	36	2															38	662	(94.3%)	1,547
Belle Glade	26	18	41															85	82	3.7%	297
Mangonia Park	458	205	225															888	291	205.2%	499
Lewis Center	308	381	544															1,233	229	438.4%	628
Lake Worth	12	-	1															13	180	(92.8%)	513
Jupiter	-	-	-															-	-	0.0%	-
West Boca	-	-	-															-	-	0.0%	4
Mobile Van	-	-	-															-	88	(100.0%)	243
Total Mental Health Screenings	864	683	835	-	-	-	-	-	-	-	-	-	2,382	1,869	27.4%	4,473					

Primary Care Clinics Funding Sources

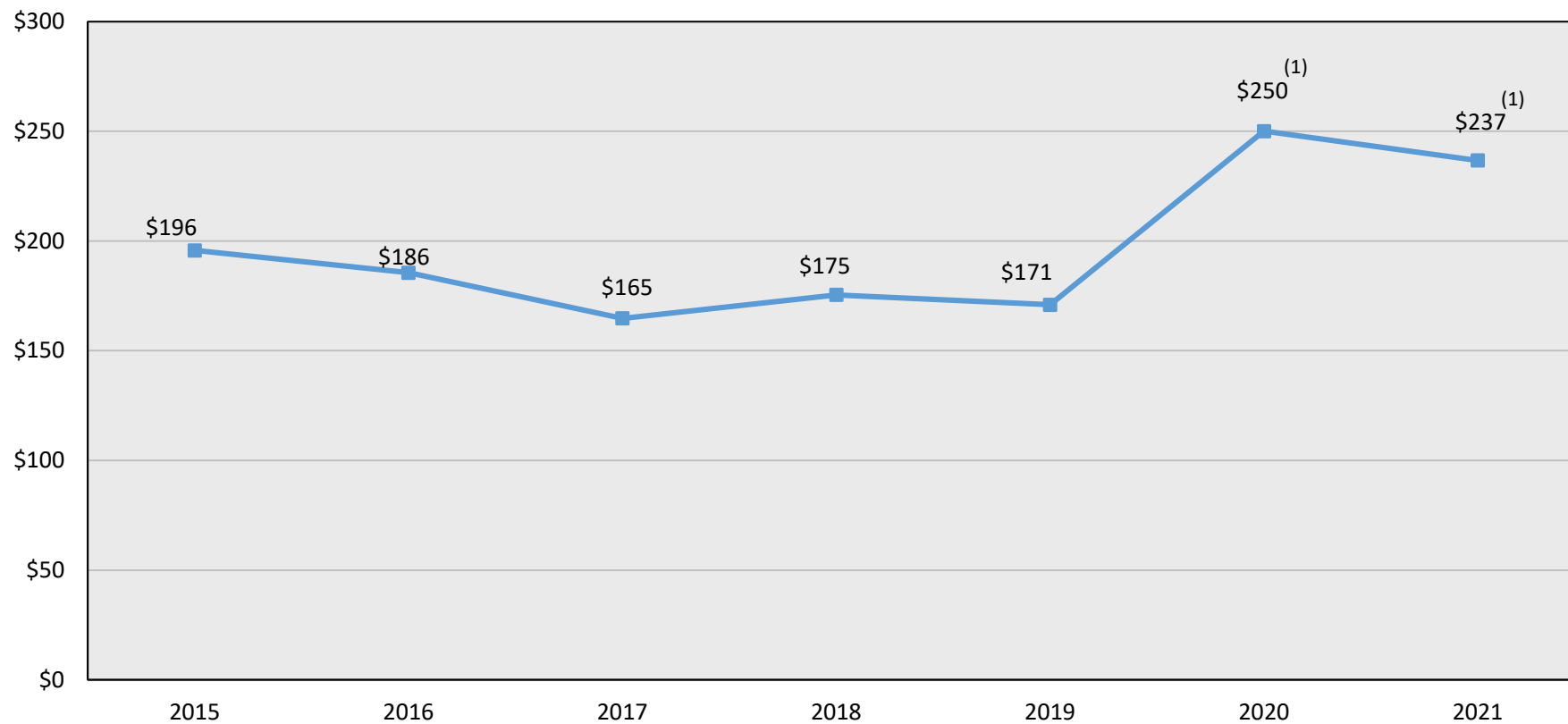


Fiscal YTD December 2021 Total Revenues \$8,151,804



* Based on total medical and dental visits

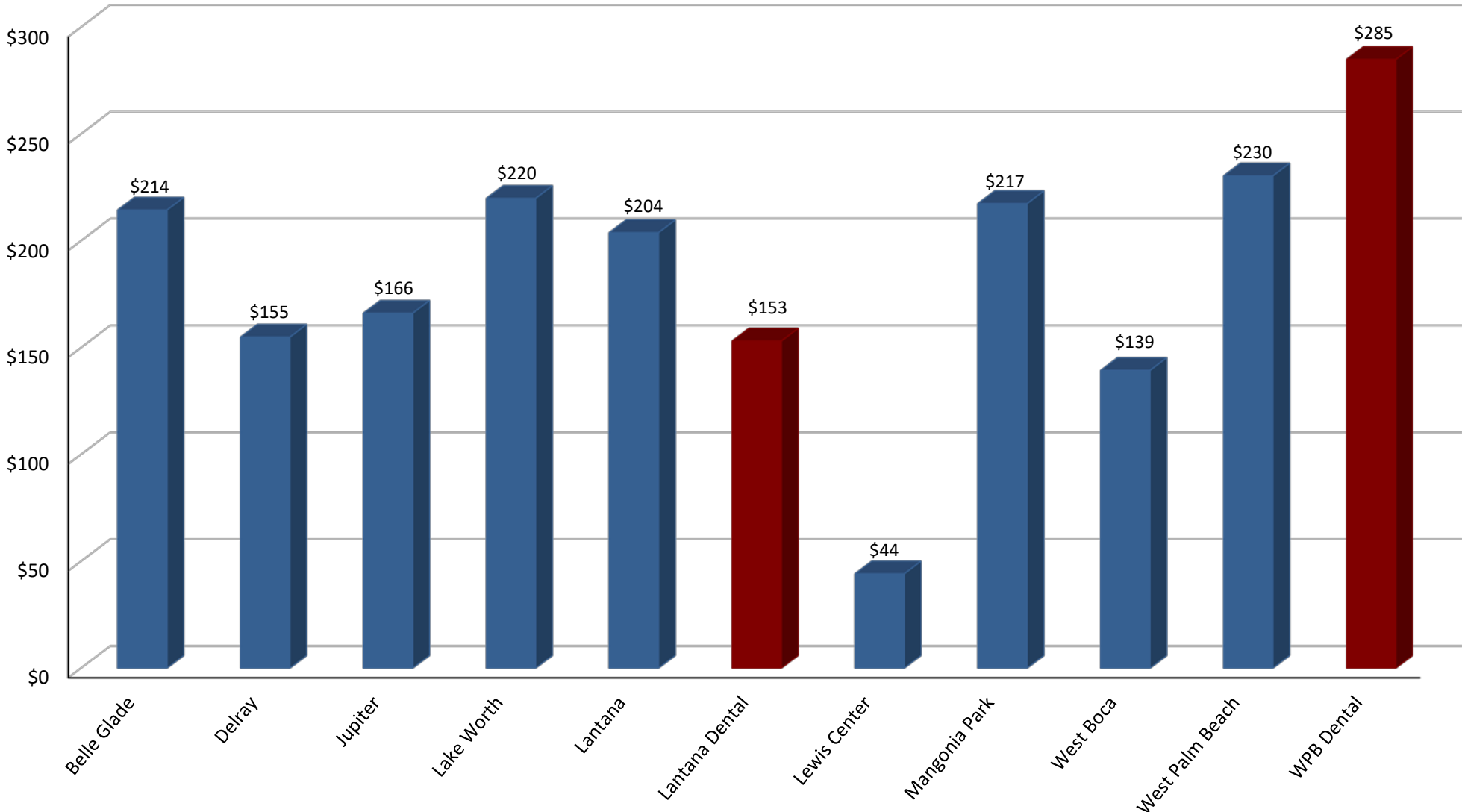
Total Clinic Operating Expense per Visit*



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

* Based on total medical, dental, and mental health visits

Total Operating Expenses per Visit by Clinic



*Based on Fiscal Year-to-Date December 2021 total operating expenses

** Visits for the medical clinics include medical and mental health visits

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021**

1. Description: Nomination of Robert Glass to the Clinic Board

2. Summary:

This agenda item recommends the appointment of Robert Glass to the Clinic Board.

3. Substantive Analysis:

Robert Glass has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Mr. Glass brings prior business experience and special population expertise to the Board. Mr. Glass also brings experience previously serving another local FQHC.

You can find a copy of Mr. Glass’s application can be found after the next page.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Tony Colby
Interim Chief Financial Officer

5. Reviewed/Approved by Committee:

Nominating Committee

Committee Name

27Jan2021


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
MEMBERSHIP / NOMINATING COMMITTEE
January 27, 2021


6. Recommendation:

Staff recommends the Board approve the nomination of Robert Glass to the District Clinic Holdings, Inc. Board.

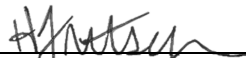
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP of Planning and Community Engagement



Dr. Hyla Fritsch
AVP, Executive Director of Clinic
& Pharmacy Services

The following information has been submitted from the hcdpbc.org:

Name : Robert G. Glass

Address :

City / State : Greenacres, FL

Telephone :

Best Time to Call : Anytime

Fax :

Email Address :

Emergency Contact Person :

Emergency

Contact Telephone

Number :

Ethnicity : Non-Hispanic

Race : Black

Employment : St. Ann Place - Associate Director

Other Volunteer Commitments you

currently have : Primerica Financial Services - Registered Agent
Glass Accounting - Owner

None at this time

Past or current community Boards serving : St. Ann Place Advisory Board, 2014-2020; Family Church Personnel Committee, Vice-Chair 2014-2016; FAU Institutional Review Board, 2011-2013; PBAU School of Leadership Advisory Committee, 2008-2012; PBAU Alumni Board of Directors, Past VP, 2008-2012; PB County Medical Society Medical Leadership Council, 2011-2012; SunFest BOD, 2010-2012; SunFest Audit Committee, 2010-2012; Family Church Pastor Search Committee, 2006-2008; WPB Nuisance Abatement Board, 2003-2005

What special contributions

would you make as a Board Member? : Special contributions such as:
Insights, experiential skills serving the homeless & indigent populations, "boots on the ground" information from serving this population on a day-to-day basis. Non-profit and for-profit leadership & management competencies. Personal multi-generational caregiving context & experience and personal multi-race/cultural context & experience.

Please check any area(s) of Expertise you bring to the Board

:

Languages Spoken English

:

Are you related to anyone currently employed by the C. L. Brumback Primary Care Clinics and if so, whom? :

Have you personally experienced by being a member of, have expertise about, or work closely with the following special populations? :

User of C. L. Brumback Primary Care Clinics? :

No

For Board Use Only

Nominee has had a personal meeting with either the Executive Director, Board President, or Nominating Committee Chair :

Date of Meeting :

Date Reviewed :

Nominee attended Board Meeting and Interviewed by Board :

Date Attended :

Action taken by Board :

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021**

1. Description: Bylaws Updates

2. Summary:

This agenda item presents the District Clinic Holdings, Inc. update to the Bylaws.

3. Substantive Analysis:

This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. Per the Bylaws, all changes must come before the Board at 2 meetings for approval. After approval at this meeting, the same agenda item will come to the Board at the next meeting for final approval.

The change, provided below, adds the ability of the Board to take official action at meetings conducted by video conferencing. Currently, the bylaws only specify by telephone. Additionally, the change clarifies requirements that must be met for telephone or video conferencing to be used for meetings

- 12.6 Official actions of the Board may be conducted by telephone or video conferencing provided that such meeting complies with the requirements of the Government in the Sunshine Act. For attendance and voting by telephone or video conferencing:
- a. There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing
 - b. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.
 - c. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Tony Colby
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

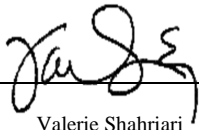
N/A
Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board approve the Bylaws Update that allows official actions of the Board to be conducted by video conferencing.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement

Amended
Bylaws
of
District Clinic Holdings, Inc.

**Amended
Bylaws
of
District Clinic Holdings, Inc.**

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
 - b. Identification and referral of individuals in need of health and social services.
 - c. Participation in the development of the Federal grant application.
 - d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
 - e. Ensure that professional standards are maintained.
 - f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

- 6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:
- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
 - b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
 - c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
 - d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
 - e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
 - f. To provide a viable link with the community, engaging in community education, public

relation activities and other activities which promote community identification and understanding of the clinics and services provided.

- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
 - . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term

Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to,

their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.

- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.

- 8.14 One Board member shall serve on the Finance and Audit Committee of the District’s Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District’s Governing Board.

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
 - b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member’s 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic’s mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, *ex officio*, member of the Executive Committee. The Executive Committee shall:
 - a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
 - c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.

- 12.6 Official actions of the Board may be conducted by telephone or video conferencing provided that such meeting complies with the requirements of the Government in the Sunshine Act. For attendance and voting by telephone or video conferencing:
- a. There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing
 - b. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.
 - c. ~~No more than two (2) board members may participate in the meeting via telephone or video conferencing.~~
 - d. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee or Board will adjust their meetings accordingly.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 27th day of January 2021.

BY: _____

Irene Figueroa
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	Title Pages amended to read: Section 11.3 relating to the Finance Committee deleted and Section 11.9 amended to remove reference to Finance Committee.
2	May 23, 2013	Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.” Section 6.1m amended to remove ability to establish and revise policies. Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation. Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

4

August 9, 2013

Section 6.1q added power to:
“Facilitate the annual Chief
Executive Officer performance
evaluation process.”

Section 8.10 amended to
include: “...employee,
consultant or those providing
services and or goods to the
Clinic...”

Section 2.1 established for
clarification regarding
common business name

Section 2.2 replaced Health
Clinic Board with Primary
Care Clinics Board of
Directors

Section 6.1.b replaced Project
with Executive

Section 6.1.h removed “To
adopt and be responsible for
operating and personnel
policies and procedures,
including selection and
dismissal procedures, salary
and benefits scales and
employee grievance
procedures within the
guidelines of the Health Care
District of Palm Beach County
Personnel Policies and
Procedures” and amended to
include ability to establish and
approve general policies for
the clinics as stated in PIN
1998-12, Part II Section 330,
Governance Requirements.

Section 6.1.m amended to
include ability to establish
policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read: “Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended to include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted
Committee members

Section 11.10 added to read:

The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

5

February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: "Meetings shall conform to the requirements of Ch. 286, Florida Statutes ("Government in the Sunshine Act"), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read:
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, *ex officio* member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1i to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

1. Description: Summary of Board Member Self-Evaluations

2. Summary:

This agenda item presents the Board’s annual self-evaluation tally of results from December 2020.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics Board completes an annual self-evaluation yearly. Attached you will find the tally of results for 2020.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Tony Colby
 Interim Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

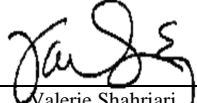
 Date Approved

6. Recommendation:


Staff recommends the Board receive and file the Summary of Board Member Self-Evaluations.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

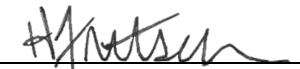
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy



Hyla Fritsch, PharmD
AVP and Executive Director
of Clinical Services & Pharmacy

C. L. BRUMBACK PRIMARY CARE CLINICS

BOARD OF DIRECTORS

SELF-EVALUATION TALLY SHEET 2021

Criteria or Measures of:	YES	NO	Need to Work on
Our Board Prepares to do its job by:			
<u>SELECTION AND COMPOSITION</u>	5		
Ensuring that the Board is composed of persons vitally interested in the work of the organization.			
Ensuring that the Board is widely representative of the community.	5		
Ensuring that there is a satisfactory combination of experience and new Board members to guarantee both continuity and new thinking.	5		
<u>ORIENTATION AND TRAINING</u>	5		
Ensuring that the organization has a Board Member manual, which it supplies to all Board members. The manual is revised periodically.			
Ensuring that Board members participate in community, state regional and national training opportunities.	5		
Conducting a thorough orientation of all new Board members.	5		
Integrating new members into the team as quickly as possible.	5		
Attending Board development activities for all Board members.	4	1	
Providing Board development activities for all Board members.	4	1	
Performing an annual evaluation of Board and organization operations.	5		
Providing all Board members with copies of the mission statement, by-laws, and all other important documents of the organization.	5		
Touring all facilities on a regular basis.	4	1	
Ensuring that Board members understand their legal responsibilities	4	1	
Ensuring that Board activities are confined to policy issues rather than management issues.	6		
<u>OUR BOARD ENSURES GOOD MEETINGS BY</u>	5		
Ensuring that the minutes of the Board and committee meetings are written and circulated to members.			
Limiting most meeting to two (2) hours or less.	5		
Providing a comfortable meeting room conducive to business.	5		
Convening and adjourning on time.	5		
Sticking to the prepared agenda and are businesslike.	5		
Working for consensus rather than fighting for a majority.	5		
Following a businesslike system of parliamentary rules.	5		
Including the Executive Director and/or other appropriate staff.	5		
Confining all discussion to policy issues and avoiding management issues.	5		
Allowing/encouraging all Board members to participate in discussion.	5		

Criteria or Measures of:	YES	NO	Need to Work on
<u>INDIVIDUAL BOARD MEMBERS</u>	5		
Attend at least 80% of all Board meetings and committee meetings to which they are assigned.			
Come to meetings prepared to discuss agenda issues.	5		
Come to meetings on time.	5		
See themselves as a part of a team effort.	5		
Act as lobbyists for the organization, as required and/or needed.	4		1
Know their responsibility as trustees of the organization.	5		
Attempt to exercise authority only during official meetings of a Board.	5		
Represent the Board interest of the organization and all constituents, not special interests.	5		
Understand that the most efficient way to govern is to delegate management to the Executive Director.	5		
<u>OUR BOARD PLANS FOR THE FUTURE OF THE ORGANIZATION BY:</u>	5		
Annually reviewing and approving the mission statement.			
Operating from opportunity to opportunity rather than crisis to crisis.	5		

REINFORCEMENTS AND SOLUTIONS

In which of the major categories above does our Board show real strength?

- Level of interest and suggestions on wait to improve outreach and services.
- Selection and composition of persons who genuinely care about the community in which they live and are vitally interested in the work of the organization.
- Working together to solve issues at hand and we clearly have one goal to serve our community.
- In our cross-section of our community representatives.

In which of the major categories above does our Board need improvement?

- Could probably benefit by visiting every clinic (over time) to see facilities for themselves.
- Maybe photos or video would help the Board to visualize clinics (led by Clinic Manager).
- To keep up with member training and education.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021**

1. Description: Executive Director Informational Update

2. Summary:

Updates on key changes within C. L. Brumback Primary Care Clinics:

- COVID-19 Vaccine

3. Substantive Analysis:

COVID-19 Vaccine

We began administering the vaccine mid-December to employees and patients over the age of 65. We have also been prioritizing special populations.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Tony Colby
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

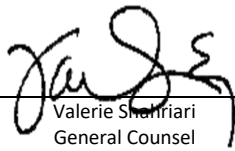
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021


6. Recommendation:

Staff recommends Board receive and file the Executive Director Informational Update.

Approved for Legal sufficiency:



Valerie Schaffari
General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations &
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Zito	Amalinnette	MD	Internal Medicine	Initial Credentialing
Dessalines	Duclos	MD	Pediatric Medicine	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.

Amalinnette Zito, MD joined the West Palm Beach Clinic in 2020 specializing in Internal Medicine. She attended the Tulane University School of Medicine and also completed her Residency at Jackson Memorial Hospital. Dr. Zito is certified in Internal Medicine by The American Board of Internal Medicine. She has been in practice for fifteen years and is fluent in Spanish.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

Duclos Dessalines, MD joined the West Palm Beach Clinic in 2017 specializing in Pediatric Medicine. He attended the National Polytechnique Institute, Mexico and also completed his Residency at the Mount Sinai Hospital Medical Center. Dr. Dessalines is certified in Pediatric Medicine by The American Board of Pediatric Medicine. He has been in practice for over nineteen years and is fluent in Creole, French and Spanish.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Tony Colby
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

Date Approved

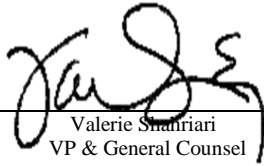
6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Dr. Amalinnette Zito, MD, Internal Medicine.

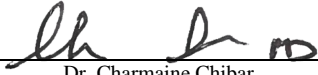
Staff recommends the Board approve the Recredentialing and privileging of Dr. Duclos Dessalines, MD, Pediatric Medicine.

Approved for Legal sufficiency:

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021



Valerie Smarriari
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021

1. Description: Operations Reports – November 2020

2. Summary:

This agenda item provides the following operations reports for November 2020:

- Clinic Productivity, including in-person and telehealth metrics and No Show trended over time

3. Substantive Analysis:

In November, we had 7,453 visits which is down from the month prior, and all clinic locations except Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date is at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were met for pediatrics. Adult telehealth visits continue to fall short of target.

The No Show rate November was slightly over 25% which is higher than that in October. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 85%.

A deep dive into Phreesia pre-registration revealed that No Show rates are even lower (only 17%) patients complete their pre-registration paperwork in advance of their appointment. Efforts continue to encourage pre-registration.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy Davis
Chief Executive Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021**


5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved


6. Recommendation:

Staff recommends the Board Approve the Operations Reports for November 2020.

Approved for Legal sufficiency:



Valerie Shanriari
VP & General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

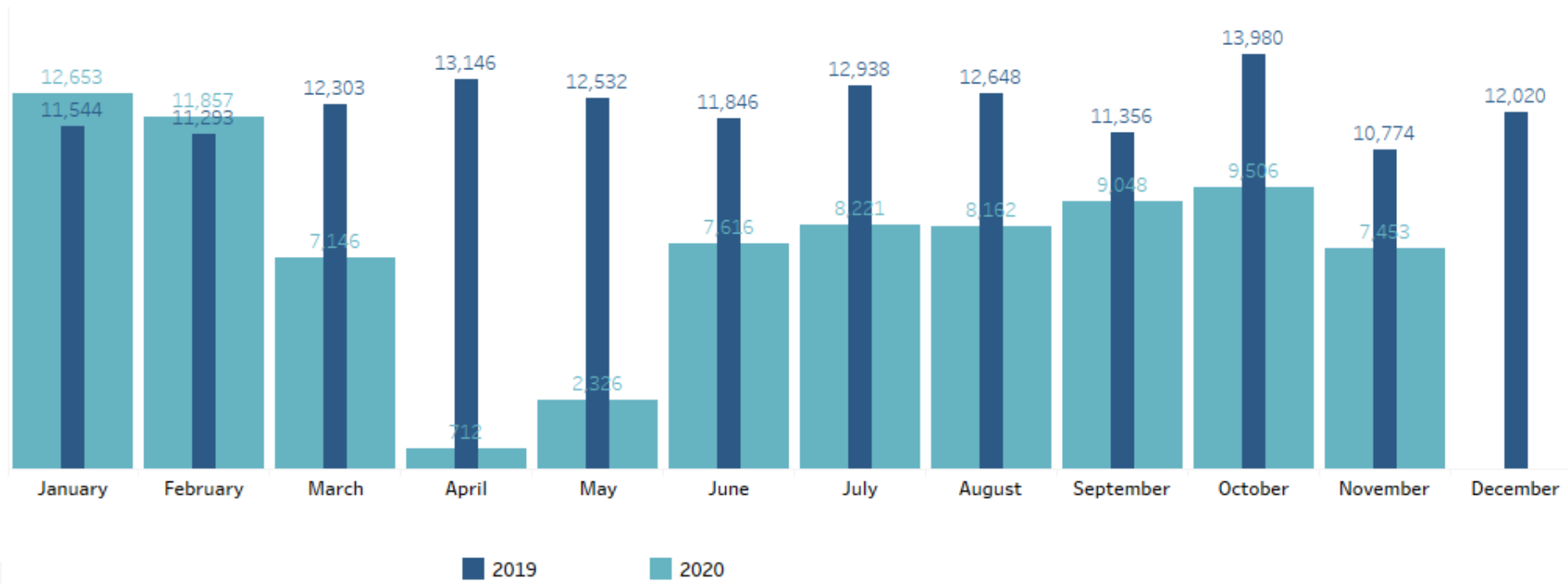
2020 Visits
84,700

Service Date
 1/1/2019 to 11/30/2020

- In Person
- Tele Health

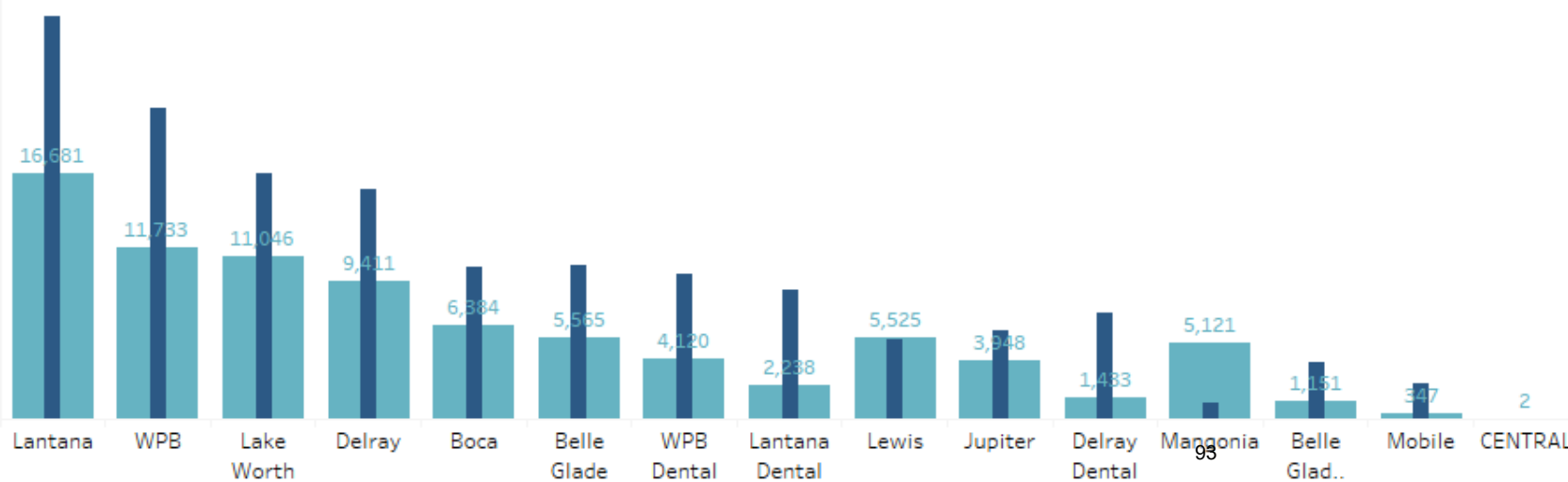
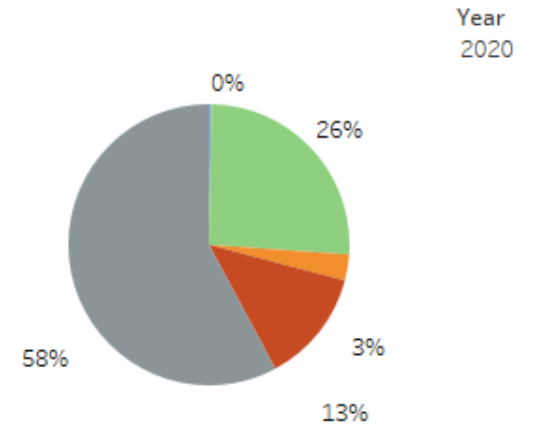
- Adult
- Adult/Peds
- Behavioral Health
- Dental
- OB/GYN
- Pediatric
- Substance Abuse

Adult/Peds = Residents



Payer Mix

- HCD
- Medicaid
- Medicare
- Private
- Uninsured



Productivity by Category

■ In Person ■ Tele Health ◆ Target

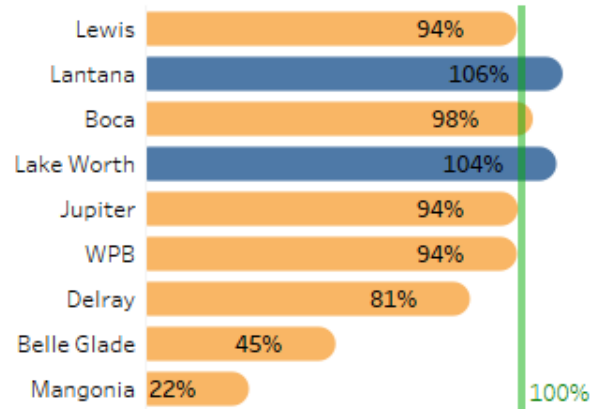


	In Person	Tele Health	Grand Total
Adult	2,292	1,762	4,054
Adult/Peds	149	78	227
Behavioral Health	88	308	396
Dental	620	-	620
OB/GYN	395	3	398
Pediatric	871	163	1,034
Substance Abuse	498	226	724
Total Visits	4,913	2,540	7,453

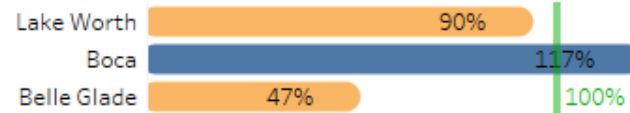
■ Met ■ Not Met

In Person Encounters

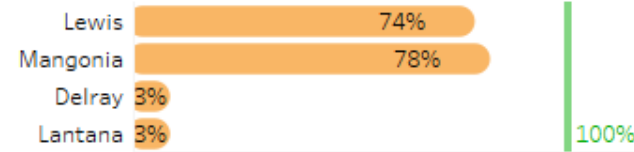
Adult



Women's Health



Behavioral Health



Adult/Peds (Residents)



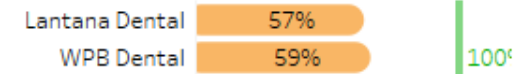
Pediatric



Substance Abuse

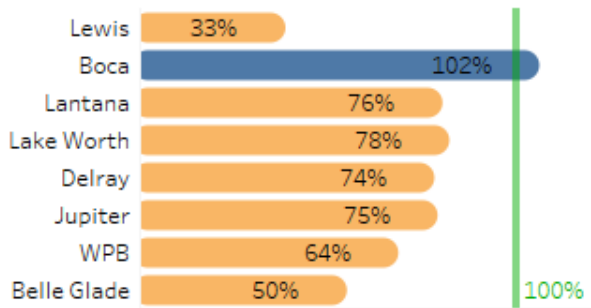


Dental



Tele Health Encounters

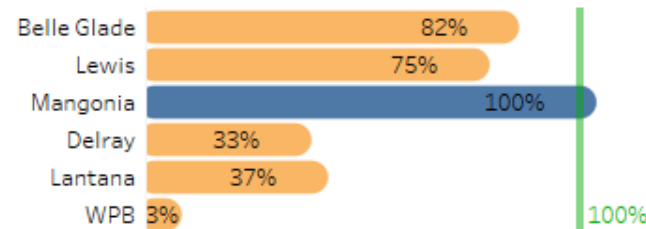
Adult



Women's Health



Behavioral Health



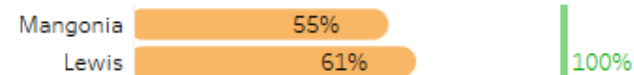
Adult/Peds (Residents)



Pediatric

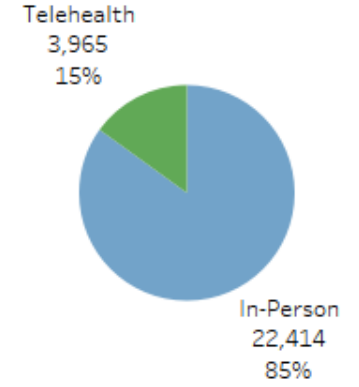
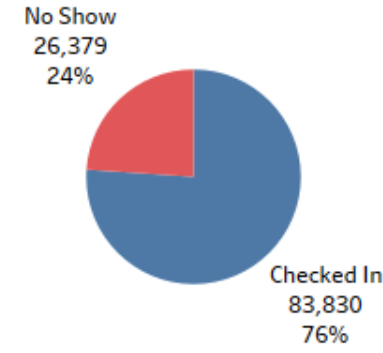
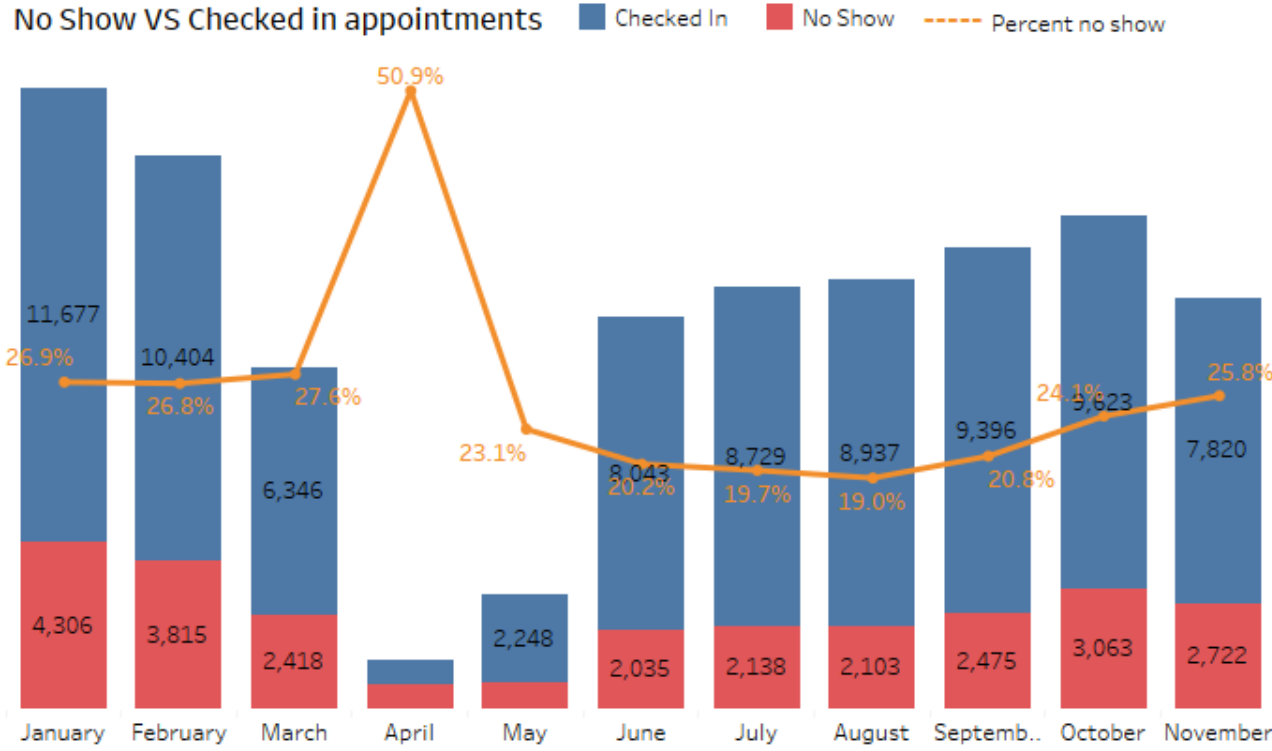


Substance Abuse

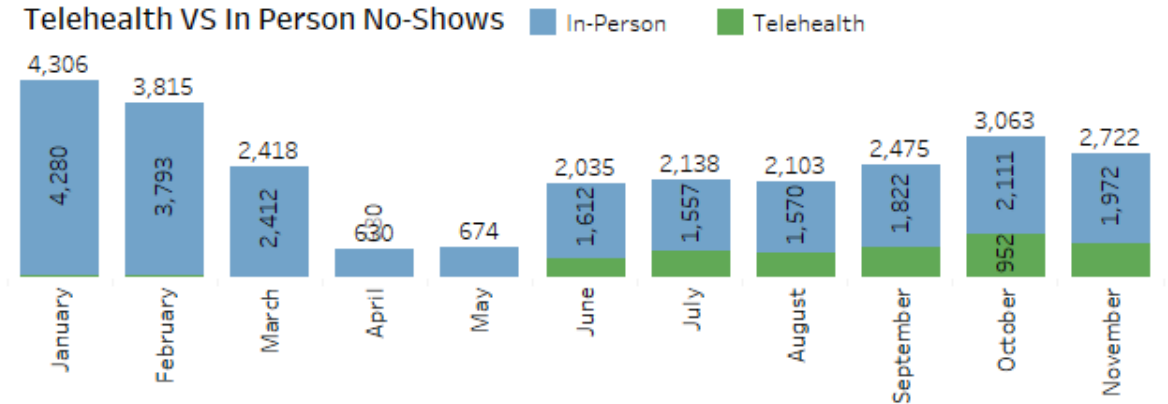


No Show appointments analysis

No Show VS Checked in appointments



Telehealth VS In Person No-Shows



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes January 2021
- UDS Report – YTD November
- Diabetes Performance Plan
- PDCA's

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.

PATIENT SATISFACTION AND GRIEVANCES

Quarter 3 data presented as separate agenda item. Progress has been made in the last year for our three PDCA's: Access, Communication & Referral Loop closure.

QUALITY ASSURANCE & IMPROVEMENT

In 2021, data for diabetes as well as screening and follow up for depression will be stratified in two categories to evaluate management of vulnerable populations. Diabetes management in migrant populations will be presented separately as will depression screening and follow up in the homeless population. We will focus on the depression remission measure and SBIRT in the coming year.

Rates and screening and follow up for depression were lower for the homeless population. Data will be analyzed in order to identify what additional interventions are needed. Diabetes was better controlled in the migrant population when compared to the data for the overall universe.

Attached you will find the Diabetes Performance Analysis for our upcoming HRSA audit and our goals for the diabetes measure in 2021.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 27, 2021**

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Tony Colby
Interim Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

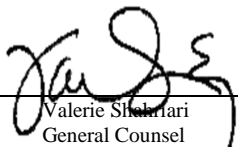
Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board Approve the updated Quality Report.

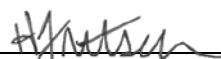
Approved for Legal sufficiency:



 Valerie Shtatari
 General Counsel



 Dr. Charmaine Chibar
 FQHC Medical Director



 Dr. Hyla Fritsch
 AVP & Executive Director of Clinic Operations
 & Pharmacy Services

Quality Council Meeting Minutes

Date: January 15th, 2021

Time: 8:00am – 11:30am

Attendees: Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dr. John Cucuras - Dental Director; David Speciale – Patient Experience Director; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management; Dr. Courtney Phillips - Director of Behavioral Health; Alexa Goodwin – Patient Relations Manager; Leah Serio – Director of Clinic Operations; Nicole Glasford, Executive Assistant

Excused: Dr. Belma Andric – Chief Medical Officer; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
QUALITY AUDITS				
DENTAL	<u>Dental Encounter Closed Rate</u> Unlocked dental chart notes for 2020 are as follows: June – 4 July – 0 August – 0 Sept – 6 Oct – 6 Nov – 4	Providers to be reminded to check for open notes at the end of the day by using the function in Dentrax. By using the “pen” function all the opened notes are available for review and signatures.	Dr. Cucuras	2/2/2021
	<u>Dental Encounters</u> 613 Patients (707 Total Encounters)		Dr. Cucuras	2/2/2021
	<u>Dental Triage</u> 268 Patients (274 Encounters)		Dr. Cucuras	2/2/2021

<p><u>Same Day Extractions</u> 170 (62%)</p>	<p>Extractions not performed are either extractions not required or need to be rescheduled. 43 no extractions needed and 36 rescheduled due to infections needing controlled.</p>	<p>Dr. Cucuras</p>	<p>2/2/2021</p>
<p><u>21 Day return</u> 83/274 (30%) Returns may also be from previous month due to the three-week window.</p>	<p>Dr. Cucuras is developing methods for better tracking of these patients.</p>	<p>Dr. Cucuras</p>	<p>2/2/2021</p>
<p><u>Dental Sealants</u> 86%</p>		<p>Dr. Cucuras</p>	<p>2/2/2021</p>
<p><u>MDI / MDI WHO</u> 629 total pediatric patients seen – 174 had MDI (27.7%) – 56/174 WHO/MDI (32.2%) – 56/629 WHO/total pediatrics (8.9%)</p>	<p>Future reporting should distinguish number of patients eligible for MDI. This will require the 629 total pediatric medical patients seen, which were well visits and/or vaccine appointments to be eligible for MDI.</p>	<p>Dr. Cucuras</p>	<p>2/2/2021</p>
<p><u>Dexis Imaging:</u> 2 lost radiographs for the month of November Files weren't merged to recognize the same patient with an error in spelling.</p>	<p>Reinstruct the dental assistants to answer "yes" when Dexis suggests the patient is the same.</p>	<p>Dr. Cucuras</p>	<p>2/2/2021</p>
<p><u>Radiation Machine BG</u> Repaired and proper paperwork submitted</p>	<p>No report needed to be filed with the state since repair was not replacing tube head.</p>	<p>Dr. Cucuras</p>	<p>2/2/2021</p>

WOMEN'S HEALTH	<p><u>Prenatal Age</u></p> <p><15 Years : 1 15-19: 0 20-24: 0 25-44: 9 >45: 0</p> <p>(Report with graph presented.)</p>		Dr. Chibar	2/2/2021
	<p><u>Entry into Care</u></p> <p>10 women entered into care in the month of November.</p> <p>7 Entered into Care in the First trimester 3 Entered into care in the second trimester</p> <p>(Report with graph presented.)</p>		Dr. Chibar	2/2/2021
	<p><u>Deliveries & Birthweights</u></p> <p>2 deliveries in the month of November.</p> <ul style="list-style-type: none"> - (<1500 grams) – 0 - (1500-2499 grams) – 0 - (>2500 grams) – 2 <p>(Report with graph presented.)</p>	<p>Team will investigate into why the numbers were so low for this month. Dr. Ferwerda confirmed that the WH team is working to properly capture.</p>	Dr. Chibar	2/2/2021
MEDICAL	<p><u>Medical Encounter Close Rate</u></p> <p>Majority of providers are now closing documents within 2 days. For the month of November, the outlier was the behavioral health service line. There were 4 BH providers</p>		Dr. Chibar	2/2/2021

	<p>who averaged more than 2 days to close their encounters.</p> <p>There were also 2 RNs who averaged more than 2 days to close their encounter.</p>																	
	<p>Hemoglobin A1C/Point of Care Testing</p> <p>The uncontrolled diabetes measure data shows that our patients currently controlled at 61% while 39% uncontrolled (3762 patients total). (Report with graph presented.)</p> <p>Lantana (21%), WPB (20%), Delray (18%)- have highest percentage of untested patients (needs data)</p> <p>From January through November 2020, there were 5 more who are in the top 6-8% of POC testing.</p>	<p>Dr. Phillips informed the team that a list of the patients with positive PRAPARES and listed as 'needs data' was provided by Andrea and the BHCs are making a push to get these patients into the clinics and to get them Tested. The hope is that this campaign will lower the number of uncontrolled diabetic patients.</p> <p>We expect that Increased Utilization of our Circulation (Medical Lyft) program to help bring in these patients. Team to meet and further discuss.</p>	<p>Dr. Phillips</p> <p>Dr. Phillips Dominique</p>	<p>2/2/2021</p> <p>2/2/2021</p>														
BEHAVIORAL HEALTH	<p><u>MAT Census</u></p> <table border="1"> <thead> <tr> <th></th> <th>Nov 2020 (n=355)</th> </tr> </thead> <tbody> <tr> <td>Phase 1</td> <td>233</td> </tr> <tr> <td>Phase 2</td> <td>31</td> </tr> <tr> <td>Phase 3</td> <td>14</td> </tr> <tr> <td>Phase 4</td> <td>43</td> </tr> <tr> <td>Vivitrol</td> <td>5</td> </tr> <tr> <td>Naltrexone</td> <td>29</td> </tr> </tbody> </table>		Nov 2020 (n=355)	Phase 1	233	Phase 2	31	Phase 3	14	Phase 4	43	Vivitrol	5	Naltrexone	29			
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	<p style="text-align: center;">355</p> <p>In MAT, we have 355 total patients enrolled. In November 2020 we enrolled 89 patients. Since reopening in May 2020, we have had an average of 50 intakes per month which is higher than pre-COVID intake numbers. Overall Discharges are up to 16.9% from previous month but staying around an average of ~11.23%. Types of discharges are tracked and finding that percent lost to follow up has increased to 12.68%, which is above the mean.</p>			
	<p><u>ASU transitional Dashboard:</u></p> <p>Overall, walk-ins are still the majority of patients that we get referred; Many referred to HCD; a little over 50% actually made it there however the who date and “did the patient make it to HCD” question don’t line up for me....thoughts?. Still not getting many from medicine and psych despite 34% going to medicine from ASU and 7% going to psych, would like to see if this improves as COVID slows. If our Care Coordinator saw them, AMA are very few. Discussion to line up with productivity data. Interesting that majority are male.</p>	<p>Meeting in the next few weeks with the ASU to find ways to capture more patients.</p>	<p>Dr. Phillips Ingrid Ivonne</p>	<p>2/2/2021</p>
	<p><u>SBIRT:</u> 25% of all patients who had SBIRT done in 2020 had it done in November.</p>			

	<p>Mangonia park improved from 26 to 64 due to changing encounter plan</p> <p>Lewis center improved from October to November by 2 patients but made similar encounter plan change</p>																	
	<p><u>Cage-Aid:</u> Over 3422 performed in the month of August. Very few positives (n= 128), but majority were in Mangonia Park. (Report with graph presented.) Majority of positives were found to be from Lewis and Mangonia clinics.</p> <table border="1"> <thead> <tr> <th>Total Score</th> <th># Patients</th> </tr> </thead> <tbody> <tr> <td>UnScored</td> <td>21</td> </tr> <tr> <td>Score = 0</td> <td>3,288</td> </tr> <tr> <td>Score = 1</td> <td>9</td> </tr> <tr> <td>Score = 2</td> <td>10</td> </tr> <tr> <td>Score = 3</td> <td>13</td> </tr> <tr> <td>Score = 4</td> <td>93</td> </tr> </tbody> </table>	Total Score	# Patients	UnScored	21	Score = 0	3,288	Score = 1	9	Score = 2	10	Score = 3	13	Score = 4	93	<p>Unscored increasing, need to discuss with Jupiter and Lantana and Delray as reminder</p>	<p>Dr. Phillips</p>	<p>2/2/2021</p>
Total Score	# Patients																	
UnScored	21																	
Score = 0	3,288																	
Score = 1	9																	
Score = 2	10																	
Score = 3	13																	
Score = 4	93																	
	<p>Postive CAGE AID with no sbirt in November 2020: 58 total cage aid positives resulted in no SBIRT.</p>		<p>Dr. Phillips</p>	<p>2/2/2021</p>														
	<p><u>Tele Visits (BH)</u></p> <p>Overall improvement</p>	<p>Dr. Phillips expect culture change to take place over the next 3 months in</p>	<p>Dr. Phillips</p>	<p>2/2/2021</p>														

	<p>Had IT meeting to address audio issues, some were handled while others have to do with Doximity.</p> <p>Not allowing phone anymore</p> <p>Used the feedback from Boca and trained each patient on the tele video.</p> <p>Tele visit must be followed by in-person visit.</p>	<p>anticipation of no longer being allowed to hold tele-visits.</p>		
	<p><u>Care Coordinator:</u></p> <p>Weekend: Equal registration in each month between Care Coordinator. Total 25 registrations (indicating new patient and a little less than 50% made it to clinic. Also gave overall CC visits over weekend. If take the visits and subtract registered, we get the existing number of patients in ASU. This would be 22 total patients in December minus 13 registered (new) and you get that 9 were already existing HCD patients.</p> <p>Weekday productivity: Ingrid tried putting one in Lewis and one in Mangonia between November and December but starting in January has them both in ASU and Mangonia. Only trying to start tracking productivity norms for them and develop some data.</p>	<p>Improve report: put number of existing patients seen on weekend and likelihood of follow up</p> <p>See the number of patients seen during week and percentage that make it to clinic to compare weekend and weekday data.</p>	<p>Dr. Phillips</p>	<p>2/2/2021</p>

	<p>PHQ9 63% of encounters got a phq2/9, very few unscored. 9% positive score over 5</p> <p>Shows 9/~400 in remission. Dr. Phillips has seen improvement in the measure however it is not reflected in the data provided by Athena when compared to Dr. Phillips's own audit.</p>	Expected improvement to be reflected with current trends	Dr. Phillips	2/2/2021
NURSING	<p>Higher Level of Care 42 ER referrals/ 42 patients were sent to the ER in the month of November. There were no patients with multiple orders in November. YTD - 68 % (13) of ER referrals were generated by WPB pediatrics clinic. October was 72% (13). Delray (14%), LKW (14%) and Jupiter (13%) had the highest ER referrals.</p>	<p>Dr. Phillips and Dr. Chibar to meet and discuss potential duplicates and the process behind closing duplicate referrals.</p> <p>Coordination of Care PDCA expected to help address this</p>	Dr. Phillips	2/2/2021
	<p>FIT Test November tele FIT test return rate is 31%. October 12-31, 2020 was 16% return rate. Overall return rate from Oct 12-Dec 29 was 23%. Trending up. Clinic return rate is 48%. (Report with graph presented)</p>	Dr. Chibar suggested the team re-implement the Poop on Demand campaign. Team is currently in the process of deciding the best approach to poop on demand.	Lisa Dr. Chibar	2/2/2021
	<p>BYMY There has been a slight decrease in patients bringing their medication to their in-clinic</p>			

<p>appointment. The Lake Worth Clinic continues to have most success with this campaign and report over 20% of in-person visits include patients bringing their medications to their appointment. Clinics continue to over-utilize the “Not Applicable” option. Clinic Service Center scripting is in the process of being revised and will include verbiage on the BYMY campaign and encourage patients to bring their medications to every clinic visit.</p> <p>(Report with graph presented.)</p>			
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QUALITY METRICS

UDS YTD November 2020

Of the **16** UDS Measures: **11** Exceeded the HRSA Goal and **5** were short of the HRSA Goal *(Clinic Score/ HRSA Goal / Healthy People Goal)*

**Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.*

Medical UDS Report	Breast Cancer Screening: (60%/60%)			
	Childhood immunization: (62%/ 60%)			
	Cervical Cancer Screening: (63% /65%) Findings: 1. 4184 (36%) patients did not have cervical cancer screening documented in EHR that decreased from 41% in the previous month. <ul style="list-style-type: none"> • 8/27 (30%) Providers has met he UDS metric 65% or above. 	Interventions: 1. Listing of patients missing cervical cancer screening need to be generated. Charts need to be audited to asses for release of information to retrieve records.	Dr. Chibar Dr. Warren	2/2/2021

<ul style="list-style-type: none"> • The rest of the providers the metric falls as follow: <ul style="list-style-type: none"> ○ 6 /27 (22%) between 60% to 64%, ○ 11/27 (41%) between 50 to 59% ○ and 2/27 (7%) below 50% 	<p>2. Patients with not previous PAP documentation need to be scheduled to have a visit. The outcomes champion may coordinate this effort in conjunction with medical records and MAs</p> <p>3. Ongoing cervical cancer screening education will be provided to providers and targeted to providers with higher numbers.</p>		
<p>Weight assessment, Children & Adolescent: <i>(91% /90%)</i></p>			
<p>Adult Weight screening and follow up: <i>(98% / 90%)</i></p>			
<p>Tobacco use screening & cessation: <i>(97% / 93%)</i></p>			
<p>Coronary Artery Disease CAD: <i>(88% / 81%)</i></p>			
<p>Ischemic Vascular Disease (IVD): <i>(89% / 86%)</i></p>			
<p>Colorectal Cancer Screening: <i>(47% / 82%)</i> Findings: 10,313 patients with FIT orders. 4449 (43%) lab results received YTD. We received lab results for 48% of those pts who had an In-Person visit. We received lab results for 31% of the patients who had a Telehealth visit. And we received 48% of lab results for those who had orders only. Delray and Lake Worth have the highest number of patients with no lab results.</p>	<p>Interventions: 1. Reestablish POD. 2. Providers reminded to drop FIT test orders for appropriate telemedicine patients. 3. More robust patient follow-up through phone call reminders. 4. Tableau dashboard created 5. Work on importing colonoscopy quality data into Athena</p>	<p>Dr. Chibar Dr. Warren</p>	<p>2/2/2021</p>

	HIV linkage: (86% / 85%)			
	Depression screening: (96% / 83%)			
	Depression screening (Homeless): (95% / 83%)			
	Hypertension: (72% / 80%) Findings: 1. 2523 (27%) patients did not have controlled hypertension. The main driven factor observed among the patients with uncontrolled hypertension is the lack of follow up; during the past 3 months only 34% of these patients had a visit. (Visits for behavioral health were excluded). 533 (71%) of those visits were telemedicine. visits. Only 1141 (51%) of patients with uncontrolled hypertension had a scheduled follow up appointment. There were 120 patient with no data.	Interventions: 1. This group of patients need to be contacted and schedule visits in the clinic preferably. 2. Telemedicine visits can be scheduled but the patient will need to have a visual reading of the blood pressure taken during the visit. The patient could have BP taken at the clinic or Publix if possible to be able to document BP reading as long as the patient shows evidence of BP for the same day.	Dr. Chibar Dr. Warren	2/2/2021
	Diabetes: (64% / 67%) Findings:	Interventions: Point of Care A1C testing campaign will continue.		
	Diabetes (Migrant): (63% / 67%)			
Dental UDS & Quality Metrics	Dental Sealants October 2020 90% (35/39)	Interventions: At least one same day sealant required for all eligible patients 6-	Dr. Cucuras	2/2/2021

	<p>November 2020 86% (331/383)</p> <p>Dr. Cucuras believes that the numbers will improve as the number of pediatric patients increases.</p> <p>Numbers running from January of 2020</p>	<p>9years old with an available erupted first molar.</p>		
	<p><u>Diabetes Performance Analysis</u></p> <p>Dr. Warren covered the Diabetes performance analysis for the Clinics. In it, she:</p> <ol style="list-style-type: none"> 1. Covered he various factors contributing to the current trends 2. Identified factors or roadblocks that may restrict the clinics from reaching their goals. 3. Ways to help address these issues. 4. Plans to help push these trends in the right directions 5. Recommended activities to help the clinics to commit to these goals. 	<p>Dr. Warren plans to implement new process over the next year.</p>	<p>Dr. Warren Dr. Chibar</p>	<p>2/2/2021</p>
PATIENT RELATIONS				
OUTREACH SUMMARY	<p><u>Outreach</u></p> <p>Testing data at the Ballpark through November 2020 shows 2,775 tests performed. Rate of positives at Ballpark is 7%. Largest group of positives is found from 50-60 year olds at (21%), 20-30 year olds (16%), and 30-40 year</p>			

	<p>olds (15%). 50-60 had the highest positive rate at 9%.</p> <p>For Outreach we have tested 6,827 patients. Rate of positive for Outreach is at 7%. Largest group of positives is found from 20-30 year olds at (23%), 30-40 year olds (15%), and 50-60 year olds (13%). 20-30 had the highest positive rate at 11%.</p> <p>Zip Codes with the highest positive rates 33415 (13%), 33430 (9%), 33445 (10%) (COVID-19 testing dashboard presented with graphs.)</p>			
	<p><u>COVID-19 Vaccines</u> 10,700 Doses received. 6,215 Moderna Vaccines provided. 86% of those vaccinated were over the age of 65.</p>			
CLINIC SERVICE CENTER	<p><u>Call Center Statistics</u> For November 2020, there were 90,570 calls received which is an 8% increase from the month prior. Of these calls there were 37,540 unique numbers which is an 18% increase from last month. Most calls were received between 9am and 12pm. Highest call volumes are typically on Monday's however due to increased demand for COVID testing, there have been higher call volumes throughout the week. The most amount of calls for the month</p>	Working with staff to develop benchmarks for Productivity.	David	2/2/2021

	<p>occurred on Thursday, November 30th in which we received 6,071. All voicemails for the month were responded to.</p> <p><u>CSC Productivity</u></p> <p>For November the Clinic Service Center consisted of 20 full-time agents. The following reports were presented for November:</p> <p>Total Calls Handled – 29,396 total calls which represents a decrease of 16% from the previous month.</p> <p>Average Calls per Hours Worked – For November agents handled an average of 11.8 calls per hour worked. Range is 6.3 to 17.8 calls per hour.</p> <p>Total # of Appointment Scheduled – 10,668 total appointments which represents a 7% increase from the previous month.</p> <p># of Appointment scheduled by appointment type – Top 5 appointments scheduled: 69% COVID testing appointments, 8% were follow-up appointments for established patients, 11% were telemedicine appointments for established patients, 5% were new patient appointments, and 4% for antigen testing (COVID).</p> <p>Appointments Scheduled / Calls handled – an average of 38% of agent calls result in a scheduled appointment. This is trending</p>			
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	<p>upward from the previous month and more appointments are being scheduled per call handled.</p> <p>Hours in ADP vs hours in Cisco Finesse</p> <p>Cisco Finesse Code Report – Total time worked, productive time, and non-productive time categorized and reported. Need to FU with agents with high non-productive time.</p> <p>Dashboards to be presented to agents.</p> <p>Phone Tree Coverage – there were seven (7) Registration Specialists that was assigned to the Phone tree and handled a total of 416 calls.</p> <p>Trends over time reported and there had been significant increases in calls and scheduled appointments since August 2020.</p> <ul style="list-style-type: none"> • (Report with graphs presented.) • November highlights: <p>(Report with graphs presented.)</p>			
<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey</u></p> <p>In November 2020, there were 253 Patient Satisfaction Surveys completed across 7 clinics for a total of 2,688 surveys completed for this year. Of the 253 surveys, 69% per completed in English, 20% of surveys were completed in Spanish and 11% were completed in Creole. The majority of patients surveyed prefer to be seen Monday Mornings and the majority of surveys were received after an in-person, clinic appointment.</p>			

	<p>Surveys received at each clinic and provider with the most surveys.</p> <p>Boca Raton – 41 total surveys of which Dr. Inacio had 36 surveys completed</p> <p>Delray Beach – 75 total surveys of which Rose Carline Jean Cesaire had 18 surveys completed</p> <p>Jupiter – 21 total surveys of which Noremi Shoaf had 13 surveys completed</p> <p>Lake Worth – 83 total surveys of which Jennifer Cassanova, ARNP had 25 surveys completed</p> <p>Lantana – 7 total surveys of which Dr. Perez had 5 surveys completed</p> <p>WPB – 32 total surveys of which Dr. Clarke-Aaron had 17 surveys completed</p> <p>Opportunities for Provider improvement include:</p> <ul style="list-style-type: none"> • Providing details about new medications prescribed – Jupiter (1.20% of responses) • Providers informing patients about necessary follow-up care - Delray Beach, Jupiter (1.58% of responses) • Being aware of care you received from other doctors/providers, not in this practice - Delray Beach, Jupiter (1.60% of responses) 			
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	<ul style="list-style-type: none"> • Spending as much time with you as you feel you need - Delray Beach, Jupiter, Lake Worth, WPB (3.19% of responses) • Involving you in making decisions about your health – Jupiter, WPB (<1%) • Balancing personal interaction with you while using a laptop or computer – Jupiter, Lake Worth (<1%) • Listening carefully and respectfully to you – Jupiter, Lake Worth (1.61%) • Explaining things in a way that is easy to understand – Jupiter, WPB (1.60%) <p>Areas of Strength include:</p> <ul style="list-style-type: none"> • The doctors, nurses, and other staff did a good job coordinating care during my visit • Check-in and check-out staff were respectful and courteous • Phone and scheduling staff were respectful and courteous • The staff clearly explained the details of any procedures <p>Opportunities to improve patient experience include:</p> <ul style="list-style-type: none"> • Having a comfortable and pleasant waiting area – Jupiter, Lake Worth, WPB (1.59% of all responses) • Ability to communicate with the practice on the phone* – Boca Raton, 			
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	<p>Delray Beach, Jupiter, Lake Worth, WPB (12% of all responses)</p> <ul style="list-style-type: none"> • Ease of scheduling this appointment* - Boca Raton, Delray Beach, Jupiter, Lake Worth, WPB (4.76% of all responses) • Being informed about any delays during this visit* - Boca Raton, Delray Beach, Jupiter, Lake Worth, WPB (4.78% of all responses) • Maintaining patient privacy throughout this visit* - Delray Beach, Jupiter, WPB (1.59% of all responses) • Each member of my care team identified themselves and their role in my care – Lake Worth (<1%) • Nursing staff was respectful and courteous – Jupiter (<1%) • The practice worked with my other providers to coordinate my care effectively – WPB (<1%) <p><i>(Patient Satisfaction Survey PowerPoint presented.)</i></p>			
	<p><u>Patient Cycle Time</u></p> <p>As of November 30, 2020 the overall Patient Cycle time continues to trend downward. Since Q1, the overall patient cycle time has decreased by about 13 minutes. As of November 30th, Patient Cycle Time Cycle has</p>			

	<p>decreased for both In Person Visits and Telehealth visits. The Patient Cycle Time for In Person visits continues to remain longer than for telehealth visits by about 34 minutes. Total active time spent with the patient has decreased by two and a half minutes since Q2. The overall - average wait time for an in-person visit was 12 minutes longer than the wait time for a Telehealth appointment. For in-person appointment's, the longest wait time occurred between Check In and Intake. For a Telehealth appointment, the longest wait time occurred between the Intake and Exam.</p> <p>Pediatric Services have the shortest Patient Cycle Time for In-person visits. Behavioral Health and Pediatrics have the shortest patient Cycle time for Tele Health visits.</p> <p>Substance Abuse services have the longest Patient Cycle time for in-person visits and Adult Medicine has the longest Patient Cycle Time for Tele Health Visits.</p> <p>Patient Cycle Time by Clinic and service line presented. (Report with graphs presented.)</p> <p>(Report with graphs presented.)</p>			
	<p><u>Third Next Available</u></p>			

	<p>As of January 4, 2021 - Belle Glade residents have the longest third next available at 76 days which has been greatly reduced the previous report.</p> <p>Appointment Type comparison between November 2020 and January 14, 2021:</p> <p>Any 20 – Decreased from 1 day to 0 days</p> <p>Any 60 – Stayed even at 5 days</p> <p>Any Walk In - Decreased from 1 day to 0 days</p> <p>Tele Adult Established - Decreased from 5 days to 0 days</p> <p>BH/Psychiatry New Patient - 81 days – needs further review</p> <p>Any 30 – Increased from 0 days to 39 days – needs further review</p> <p>Patient Appointment Established – Increased to 25 days</p>			
	<p><u>PDCA Communication</u></p> <p>On 2/1/2020, the PDCA “Communication with the practice, clinicians, and staff” was launched with the objectives of improving communication with Patients, Clinicians, and Team Members. This included a reorganization of the former “Call Center” as the “Clinic Service Center” which added 9 more call agents and realigned the primary focus to registration and schedule clinic patients. The Clinic phone</p>			

	<p>tree was also redesigned to allow callers to leave a voicemail message for Appointments, Nursing, Billing, Referrals, and Financial Assistance. Voicemails are monitored daily with a goal of returning calls within 24 hours. An automated tracking report is being created.</p> <p><u>Additional Tasks Completed:</u></p> <ul style="list-style-type: none"> • Collected data from surveys, complaints, grievances, and compliments on a monthly basis and trended over time. • Measured CSC call volumes, throughput, and answering service logs and share with CSC team. • Created patient and employee facing content in several clinics. • Established Clinic Service Center productivity reports that are shared with call agents. • Provided additional training and created monthly meetings for the Clinic Service Center. 			
	<p><u>PDCA Access:</u></p> <p>On 2/1/2020, the PDCA “Access” was launched with the objectives of improving patient access. The two main goals were to identify metrics related to Patient Cycle Time and Next Third Available. Since that time the “Patient Cycle Time” and “Next Third Available” reports were</p>			

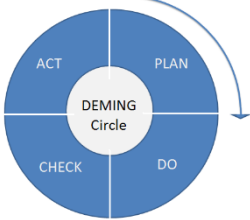
	<p>created, trended over time, and reported monthly to the clinic leadership and shared with clinic team members. Results concluded that knowledge of these metrics, led to operational changes, leading to a reduction in cycle time and third next available. In Q2 the clinics launched a hands-free patient registration program called Phreesia which significantly reduced patient cycle time at the Check in. Next Third Available metrics have improved by expanding available appointments on provider templates and retraining schedulers not to schedule future appointments on walk in appointment slots.</p>			
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p><u>Patient Relations Report</u> For November 2020, there were a total of 29 Patient Relations Occurrences that occurred between 5 clinics, Clinic Administration and SCOUT. Of the 29 occurrences, there were 11 Grievances and 18 Complaints. The top 5 categories were Care & Treatment, Respect Related, Finance, Communication and Physician Related. The top subcategory with 6 for each were Billing Issues and Bad attitude/rude. There was also a total of 13 compliments received across 4 clinics and Clinic Administration. <i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>	<p>Dr. Rowling suggested that Alexa inform the providers about the Grievances, Complaints, etc. in time to allow correction (quarterly).</p> <p>Dr. Phillips also suggested that there be a process for filtering out complaints grievances, which come about when a provider does not provide a patient with treatment counter to their professional assessment of the situation. Alexa to conduct deep dive into the reports</p>	<p>Alexa</p>	<p>2/2/2021</p>

UTILIZATION				
OPERATIONS	<p><u>Productivity</u></p> <p>In November, we had 7,453 visits which is down from the month prior, and all clinic locations except Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date is at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were met for pediatrics. Adult telehealth visits continue to fall short of target.</p> <p><i>(Clinic productivity report with graphs were presented.)</i></p>			
	<p><u>No Show Rates</u></p> <p>The No Show rate November was slightly over 25% which is higher than that in October. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 85%.</p> <p>A deep dive into Phreesia pre-registration revealed that No Show rates are even lower (only 17%) patients complete their pre-registration paperwork in advance of their appointment. Efforts continue to encourage pre-registration.</p> <p>(Report with graph presented.)</p>			
Meeting Adjourned: 11:30AM				

MODEL FOR IMPROVEMENT

Date: 02/01/2020

Access

		Objective(s) for this PDCA Cycle: Improve Patient Access	
PLAN			
Question: What do we want to know?			
1) Can we reduce patient wait time by improving Patient Cycle times?			
2) Can we improve patient access through knowledge of “third next available” appointments?			
Prediction: What do we think will happen?			
1) Providing uniform training on Patient Cycle time will improve patient access to clinics and reduce patient cycle times.			
2) Creating a report, providing feedback to provider & teams, adjusting schedule templates, and measuring consistently will improve access.			
Plan for Change or Test: who, what, when, where. What are we going to do to make our test happen?			
List the Tasks necessary to complete this test (What)	Person Responsible (Who)	When	Where
1) Develop and roll-out streamlined training on Patient Cycle Time. Phase 1: Check-In → Registration Phase 2: Intake → MA’s & Nurses Phase 3: Exam → Providers Phase 4: Sign-Off → Providers Phase 5: Phase 5 → Check Out	Director of PX	10/9/2019 (phase 1 only) 3/5/2020 (all Phases)	Web Ex with Coordinators & Front Line staff Clinic Team Meetings
2) Develop Time To Third report, establish baseline, define scheduling commitments and goals, and measure weekly.	Director of PX	6/2020	All Clinics
Plan for Collection of Data: who, what, when, where. How will we evaluate our test?			
1) Collection of data will be completed through the “Patient Throughput Report” in the Athena Electronic Medical Record System. Initial baseline data will be collected and evaluated. Then data will be collected after each streamlined Patient Cycle time training. Baseline data collected for July 2019, post “Phase 1” training data run on November 2019, post “All phase” training run July 2020. Data will be analyzed to determine the effects on each phase of the Patient Cycle Time.			

- 2) A. Plan to collect data through the “Third Next Available Appointment Report” in the Athena Electronic Medical Record System. Schedule to run daily and measure weekly
- B. Analyze provider trends across Adult Medicine, Pediatrics, and Women’s Health.
- C. Analyze scheduling habits and provide training to schedulers to improve patient access and third next available.

DO: carry out the change or test; collect data and begin analysis; describe test

- 1) Patient Cycle Time – All Registration Specialists, Medical Assistants, Nurses, and Providers received streamlined Patient Cycle Time Training during the March 2020 Clinic Team Meeting. Post training data collected in June 2020. A comparative analysis was performed between Q1 2020 (pre-training) and Q2, Q3, and Q4 2020 (post-training). In response to COVID19, the organization launched Phreesia, an online Check-In platform that introduced a pre-registration component to the Patient Experience. Additionally, telemedicine was introduced to allow patients to be seen by their provider while maintaining social distance.
- 2) Third Next Available – Report built from related fields in the EMR. Initial report completed in June 2020 and presented in 3 categories: third next available between 0 and 1 week; Between 1 week and 2 weeks, and More than three weeks. In August, the report migrated into Tableau and indicates Provider Name, Appointment Type, Third Next Available (in days). Time to third for each service line was captured including Adult, Pediatrics, Women’s Health, And Behavioral Health.

Check: Complete analysis of data; summarize what was learned

- 1) Patient Cycle Time (PCT) results have significantly improved this year. Total appointment duration has decreased by about 25 minutes and total wait time has decreased by about 12 minutes when October 2020 is compared to Q1 data. We initially learned (prior to COVID) that while streamlined PCT training proved to be effective overall, it did not decrease PCT for Phase 1 (Check-in). Time to complete patient registration was unaffected by team member training. This could be attributed to several factors: quantity of required paperwork to complete, patient ability to understand and comprehend registration requirements, increased time devoted to PCP changes, language barriers, patient transportation issues (arriving on time), and time spent on eligibility checks. Once we introduced Phreesia and telemedicine appointments, the Check-In Cycle time decreased as patients were able to pre-register and ask questions via text messaging prior other appointment. We learned that Patient Cycle time for telemedicine appointments is significantly shorter (by 30 minutes) than in-person clinic visits with the greatest improvement at Phase 1 – Patient Check-in. The exam time (Phase 3) remained fairly constant between in-person and telemedicine clinic visits.
- 2) Initial findings indicate that Telemedicine Appointments had the shortest time to third, with appointments available within 1 week. The longest time to third, were for in-person (Any-20) Adult and Pediatrics patient appointments that extended to as much as 83 days (close to 12 weeks). We also learned that staff were scheduling over allocated walk-in appointment slots thereby increasing provider third to next. In most of these cases it was at the direction of a clinic Provider). In Quality Task Force Meetings, Time to Third reports were reviewed and Provider templates were evaluated. All staff were trained to not schedule in Walk-in Slots. As of December 10th, data indicates that the Time to Third is decreasing with one provider having the greatest Time to Third at 56 days. This provider oversees the Resident Program, who also maintain the longest time To Third Rates. There was an additional provider whose Third Next Available was at 168 days. We are looking into this provider template to determine the root cause of this concern. Time to third for all appointment types have decreased with most appointment types available within one week. The “Any 20” appointments time to third is at 0 days.

ACT: are we ready to make a change? Plan for the next cycle

- 1) In recognition of increased Patient Cycle time related to Check-In, the Clinic Leadership expedited the purchase and launch of “Phreesia” an electronic (mobile) patient registration and check-in software that allows staff to complete patient registration and check-in three days in advance including. Functionally includes: electronic consent and registration forms, eligibility checks, patient communication through text and/or email, and patient payments. Next cycle will be to analyze results of this software and have the Clinic Service Center utilize this software to prep charts in advance to ensure patients completed all requirements by their scheduled appointment.

2) In review of the data, we expanded appointment availability for 10 providers from 24 slots to 26 which contributed to the decrease in Time to Third rates. The Clinic Leadership continues to monitor the Time to Third rates monthly to ensure walk in appointments are preserved and Patient access is improved. Those Providers with lengthy Next to Third rates will be reviewed and continuous quality improvement training will be conducted. As we prepare to migrate the EMR to EPIC, we will be ensuring we have data reporting to measure Next third Available Rates.

Patient Cycle Time All

Start Date 1/1/2020
 End Date 11/30/2020

Department
 All

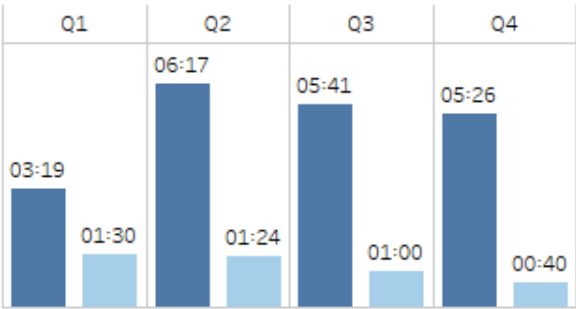
■ In Person ■ Tele Health

Appointment Average duration by service line

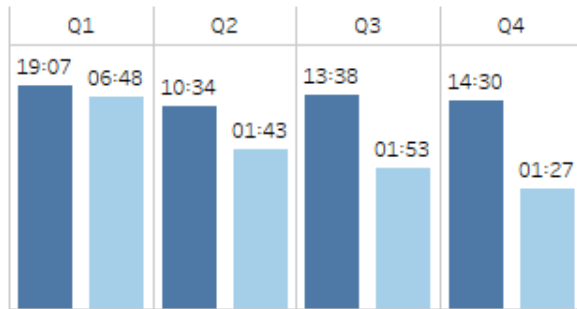
	Q1	Q2	Q3	Q4
Adult	01:30:24	01:15:08	01:09:59	01:07:17
Adult/Peds	01:34:37	01:22:51	01:30:14	01:28:53
Behavioral Health	01:29:51	54:06	01:11:11	51:52
OB/GYN	01:24:36	01:06:00	01:16:57	01:23:09
Pediatric	01:32:19	56:38	01:09:31	01:04:03
Substance Abuse	03:04:19	02:15:34	01:57:55	01:49:20



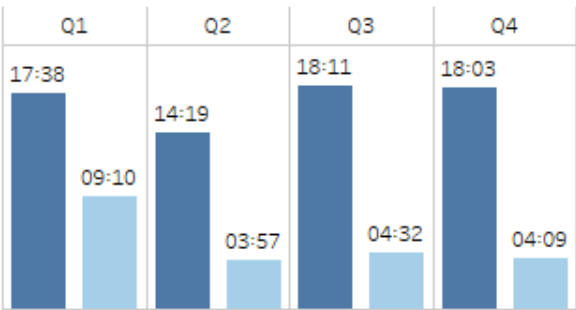
PHASE 1 - Check In



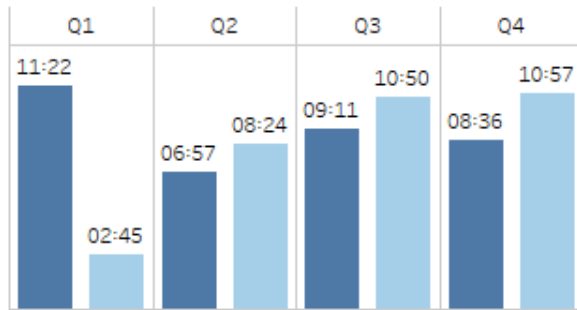
Wait for Intake



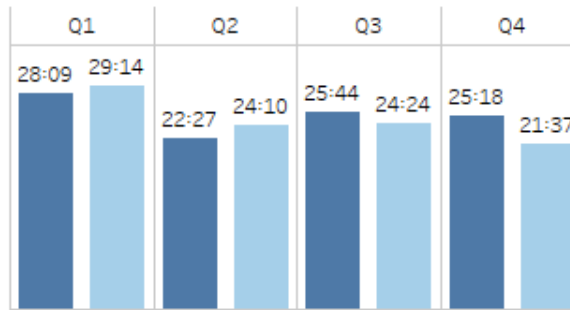
PHASE 2 - Intake



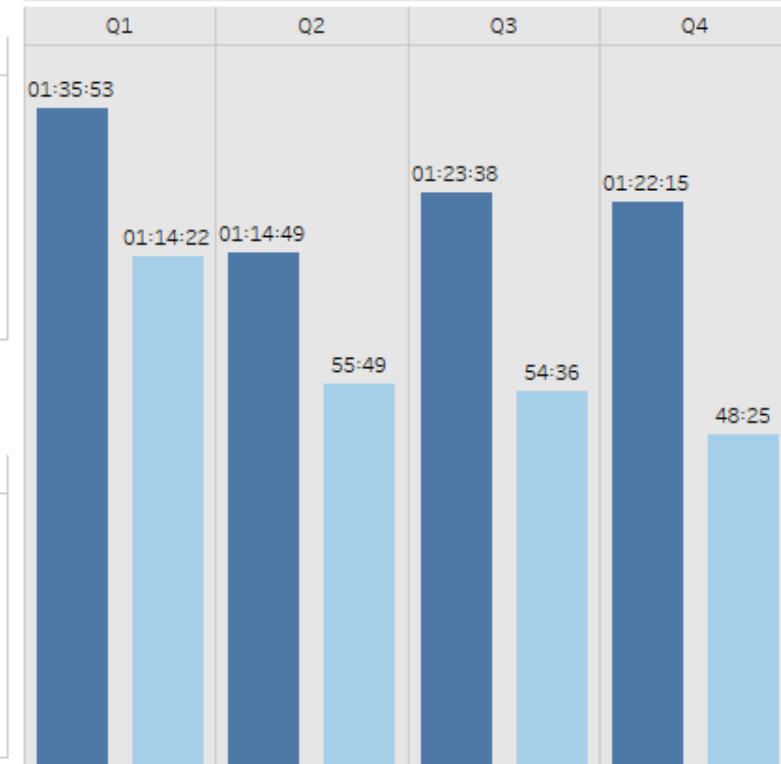
Wait for Exam



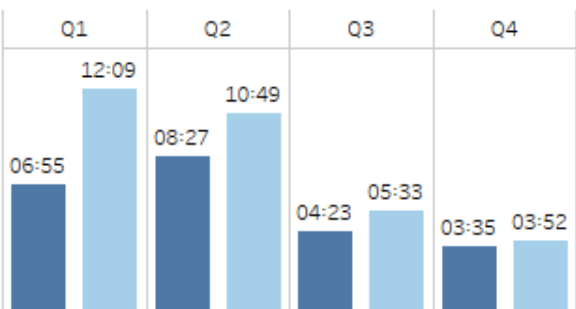
PHASE 3 - Exam Duration



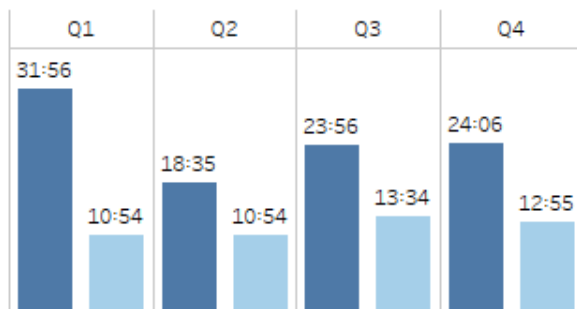
Total Appointment Duration



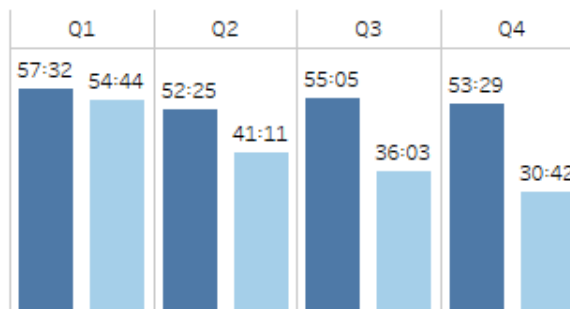
PHASE 5 - Check Out



Total Waiting time



Total Active Time

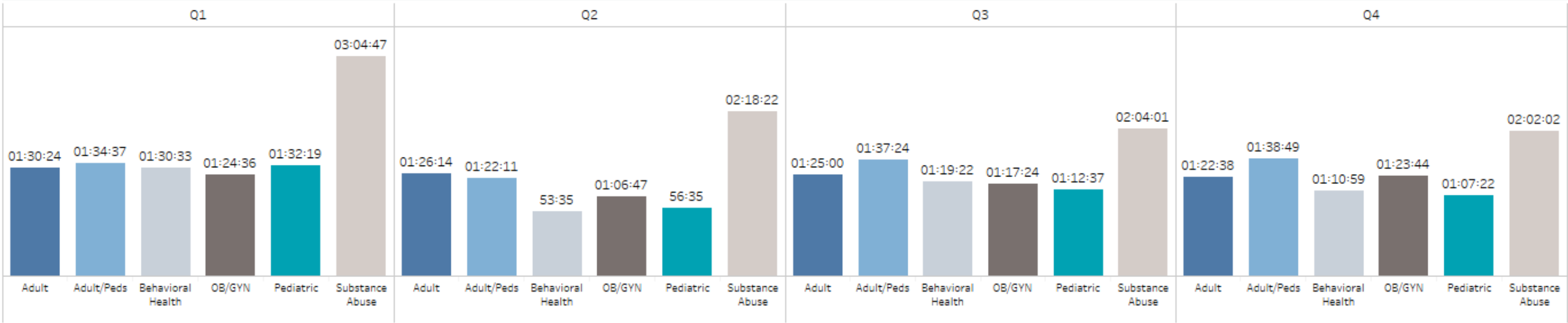


Average Patient Cycle Time by Service Line

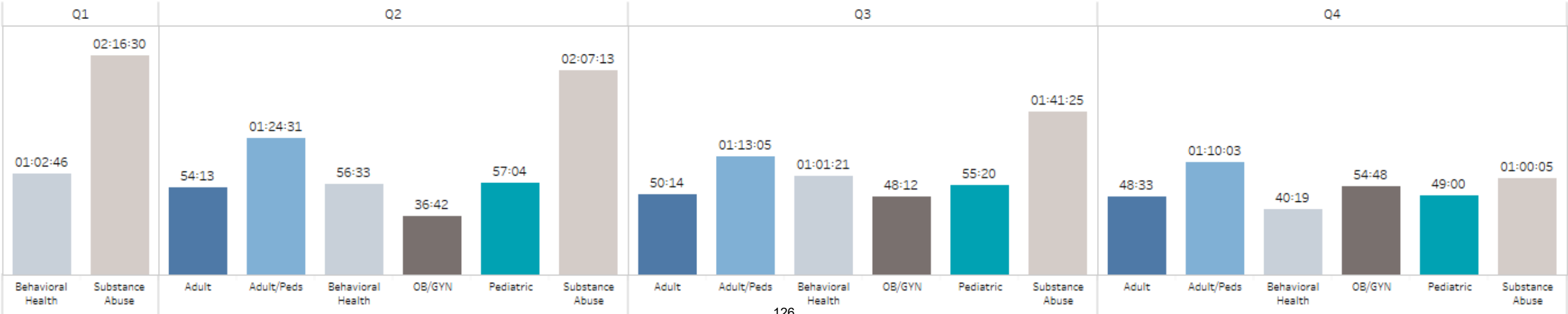
All

Department
 All

In Person Visits



Tele Health Visits



Providers

SAUNDERS,NZINGHA	ANY 20	76 day(s) - (3/31/2021)
HERNANDEZ,ANTHONY	ANY 20	48 day(s) - (3/3/2021)
HARBERGER,SENECA	ANY 20	47 day(s) - (3/2/2021)
PRESENDIEU,HEDEN	ANY 20	46 day(s) - (3/1/2021)
SAOJI,JANAKI	ANY 20	41 day(s) - (2/24/2021)
	M/TELE-ADULT ESTABLISHED	53 day(s) - (3/8/2021)
DENTAL, PEDSLAN 02,	ANY 30	39 day(s) - (2/22/2021)
FALCONI,GISELLE	ANY 20	29 day(s) - (2/12/2021)
ADAME,JOHN	ANY 20	26 day(s) - (2/9/2021)
	M/TELE-ADULT ESTABLISHED	33 day(s) - (2/16/2021)
SECIN SANTANA,DELVIS	ANY 20	78 day(s) - (4/2/2021)
	ANY WALK-IN 20	25 day(s) - (2/8/2021)
	M/TELE-ADULT ESTABLISHED	26 day(s) - (2/9/2021)
GRIEB,JESSE	ANY 20	28 day(s) - (2/11/2021)
	M/TELE-ADULT ESTABLISHED	21 day(s) - (2/4/2021)
ST. PRIX,KERLAN	ANY 20	26 day(s) - (2/9/2021)
	M/TELE-ADULT ESTABLISHED	19 day(s) - (2/2/2021)
DUSSEAULT,SONYA	ANY 20	29 day(s) - (2/12/2021)
	M/TELE-ADULT ESTABLISHED	18 day(s) - (2/1/2021)
DRAPER,WILLIAM	ANY 20	55 day(s) - (3/10/2021)
	M/TELE-ADULT ESTABLISHED	14 day(s) - (1/28/2021)
NAVARRO,ELSY	ANY 20	118 day(s) - (5/12/2021)
	ANY WALK-IN 20	20 day(s) - (2/3/2021)
	M/TELE-ADULT ESTABLISHED	12 day(s) - (1/26/2021)
LAZARO,NANCY	ANY 20	19 day(s) - (2/2/2021)
	ANY WALK-IN 20	11 day(s) - (1/25/2021)
INACIO,VANESSA	ANY 20	60 day(s) - (3/15/2021)
	ANY WALK-IN 20	11 day(s) - (1/25/2021)
	M/TELE-ADULT ESTABLISHED	22 day(s) - (2/5/2021)
BUI,THY	ANY 20	27 day(s) - (2/10/2021)
	M/TELE-ADULT ESTABLISHED	11 day(s) - (1/25/2021)

Appointment Types

BH/Psychiatry New Patient	81 day(s) - (4/5/2021)
ANY 30	39 day(s) - (2/22/2021)
M/Patient Appointment Est	25 day(s) - (2/8/2021)
Moderna Covid Vaccine 2nd Do..	21 day(s) - (2/4/2021)
ANY 60	5 day(s) - (1/19/2021)
ANY 15	0 day(s) - (1/14/2021)
ANY 20	0 day(s) - (1/14/2021)
ANY WALK-IN 20	0 day(s) - (1/14/2021)
BH/Therapy 30	0 day(s) - (1/14/2021)
BH/Therapy Intake New Pt 60	0 day(s) - (1/14/2021)
BH/Warm Hand Off 15	0 day(s) - (1/14/2021)
COVID Acute	0 day(s) - (1/14/2021)
COVID Routine	0 day(s) - (1/14/2021)
M/TELE-ADULT ESTABLISHED	0 day(s) - (1/14/2021)
MAT/PCS	0 day(s) - (1/14/2021)
Moderna Covid Vaccine 1st Do..	0 day(s) - (1/14/2021)

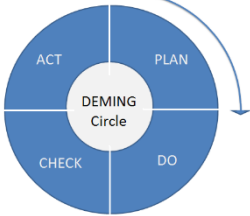
Specialties

Null	1/14/2021	0 day(s)
Allergy/Immunology	1/14/2021	0 day(s)
Behavioral Health	1/14/2021	0 day(s)
Community Health Wor..	1/14/2021	0 day(s)
Dentist	1/14/2021	0 day(s)
Family Medicine	1/14/2021	0 day(s)
General Practice	1/14/2021	0 day(s)
Internal Medicine	1/19/2021	5 day(s)
OB/GYN	1/14/2021	0 day(s)
Pediatric Medicine	1/14/2021	0 day(s)
Physician Assistant	1/14/2021	0 day(s)
Psychiatry	1/14/2021	0 day(s)

MODEL FOR IMPROVEMENT

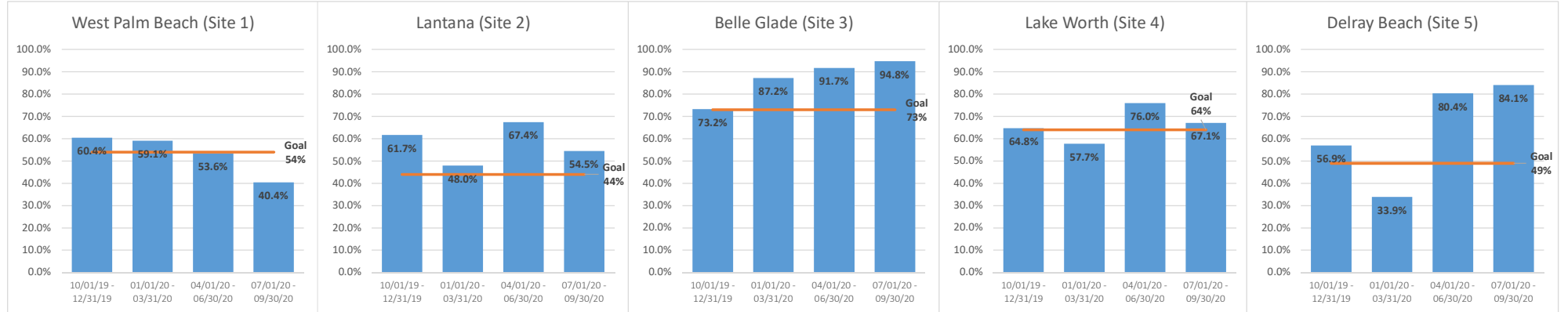
Date: 02/01/2020

Coordination of Care

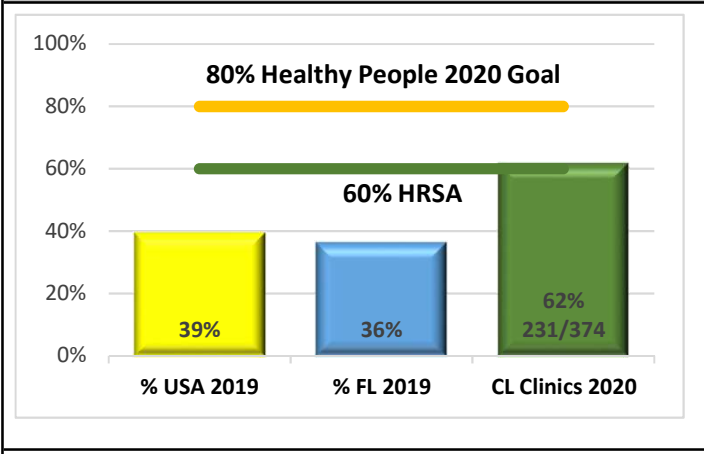
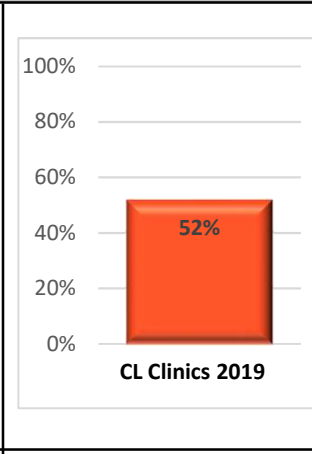
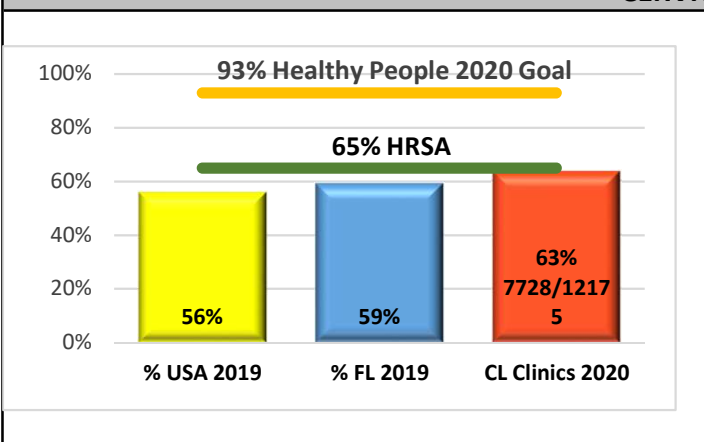
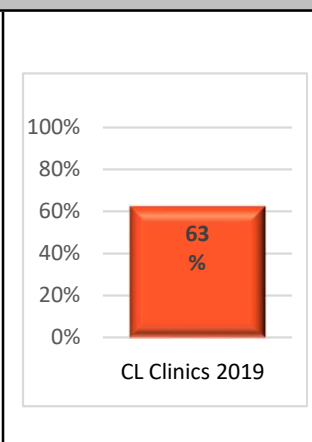
	<p>Objective(s) for this PDCA Cycle:</p> <p>To improve the Referral and Order Cycle time by streamlining workflows, maximize functionality of the EHR, and improve closure rates for referrals and orders.</p>
<p>PLAN</p>	
<p>Question: What do we want to know?</p>	
<p>1) How many “referrals and orders” are being worked by Referral Clerks on a daily basis? Average is 15-20 per day. This is measured by insurance approvals in tableau.</p>	
<p>2) If we designate a referral clerk to work open referrals after 30 / 60 days, will closure rates decrease? Referral Support Clerk was approved and hired in May 2020. January 1 – May 22, 2020 – Orders closed with results = 16% and Orders Closed = 34%. May 26, 2020 – Sept. 30, 2020 – Orders closed with results = 14%. Orders Closed = 45%. Oct 1, 2020 – Dec 31, 2020 – Orders closed with results = 6%. Orders closed 16%. Referral Support Clerk was promoted to referral clerk in October 2020 and the position was put on hold for refilling.</p>	
<p>3) % closed by Provider, by site? This can be measured in the Tableau report by selecting each provider individually</p>	
<p>4) When Specialist consults are received and tied to open provider orders. This can be measured in the Tableau report. Unknown if consistent workflow happens in the clinics.</p>	
<p>5) Were patients notified of results?</p>	
<p>Prediction: What do we think will happen?</p>	
<p>1) If Referral Clerks are assigned to individual clinics, they can manage referrals/orders more effectively and efficiently. Cycle time will decrease. The last quarter of 2020 referral clerks can fully focus on their workload. Athena buckets management is improving with end of year processing at 8 days.</p>	
<p>2) Referral and order closure rate will decrease. The goal is 7 days for a routine order to process. In January 2020 it was 18 days to process. At the end of December 2020, it is 8 days to process. Significant improvement.</p>	
<p>3) If we train providers how to consistently tie the clinical consult note to the open order, then rate of open referrals and orders by Providers will decrease.</p>	
<p>4) If we capture “results received” action status in Tableau, we can obtain more accurate data on closing the referral loop. This information is available in Tableau. Unknown if workflow is consistently happening in the clinics.</p>	
<p>5) If we train providers and clinical staff to utilize the “Notify Patient” data entry point, then we can accurately report data on when patients were notified of results.</p>	
<p>Plan for Change or Test: who, what, when, where. What are we going to do to make our test happen?</p>	

List the Tasks necessary to complete this test	Person Responsible (Who)	When	Where
1) Reconfigure Referral Clerks workflow to perform as concierge referral clerks assigned to specific clinics with direct point of contact.	Support Services Manager	2/10/2020 Completed 3/1/2020	Home Office
2) Create job description and workflow for "Referral Support Clerk"	Support Services Manager	3/1/2020 Completed	Home Office
3) Create & provide training to instruct Clinical Team how to tie orders to open referral orders.	Medical Director Director of Nursing PX Manager	4/1/2020	Clinic Admin
4) Configure Tableau to import "results received" fields	Business Intelligence Manager Support Services Manager	2/28/2020 Completed 3/1/2020	Home Office
5) Create & provide training to instruct Providers how to utilize the "Patient Notified" area of the chart.	Medical Director Director of Nursing PX Manager	4/1/2020	Clinic Admin
Plan for Collection of Data: who, what, when, where. How will we evaluate our test?			
1) Baseline data from October – December 2019 compared to data after intervention on 2/1/2020; February – April 2020			
2) Goal is to increase closure rate by 5% for each clinic			
DO: carry out the change or test; collect data and begin analysis; describe test			
Reference "list of necessary actions"			
Check: Complete analysis of data; summarize what was learned			
When we completed our check of the data, we did not see improvement due to COVID-19 pandemic, but we will continue to monitor until we achieve goal.			
ACT: are we ready to make a change? Plan for the next cycle			
We were ready to make a change pre-pandemic, but our plans were thwarted. We will get back to it as we return to "new normal".			

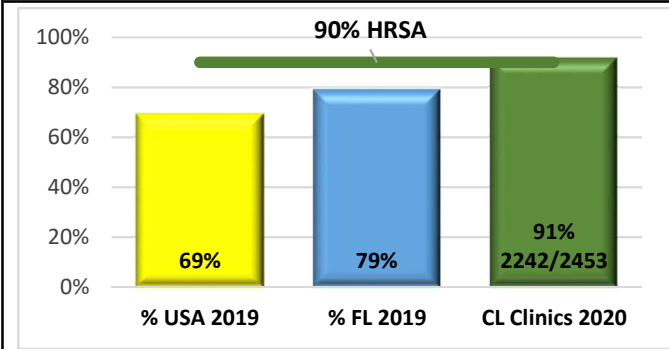
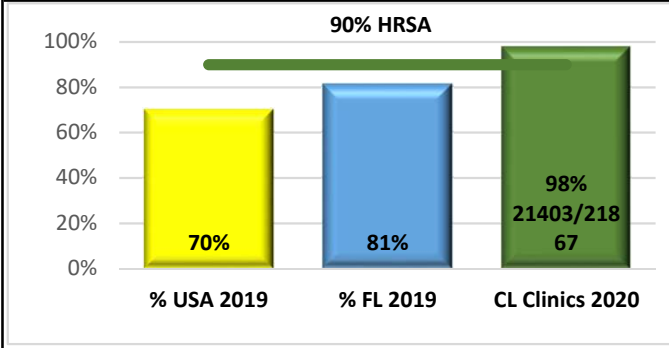
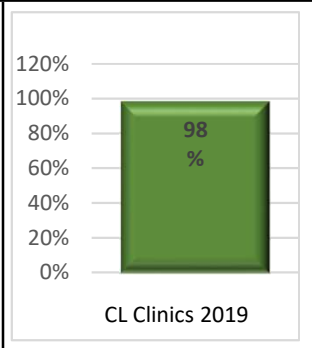
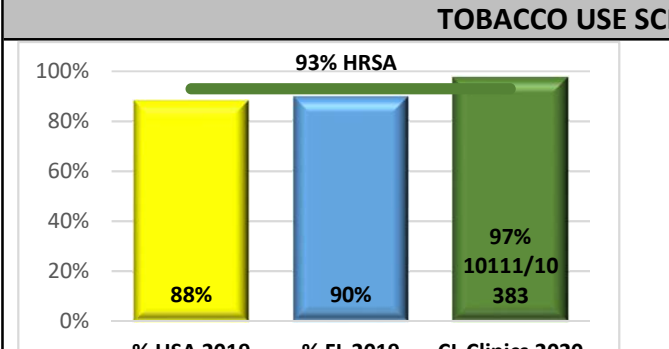
Referral Loop	Site 1				Site 2				Site 3				Site 4				Site 5			
	West Palm Beach				Lantana				Belle Glade				Lake Worth				Delray Beach			
	Total # Referrals	Total # Closed Referrals	Closed referral %	Goal	Total # Referrals	Total # Closed Referrals	Closed referral %	Goal	Total # Referrals	Total # Closed Referrals	Closed referral %	Goal	Total # Referrals	Total # Closed Referrals	Closed referral %	Goal	Total # Referrals	Total # Closed Referrals	Closed referral %	Goal
10/01/19 - 12/31/19	5,662	3,421	60.4%		2,979	1,838	61.7%		1,794	1,314	73.2%		3,108	2,013	64.8%		3,963	2,256	56.9%	
01/01/20 - 03/31/20	5,581	3,299	59.1%		3,107	1,491	48.0%		1,847	1,611	87.2%		2,926	1,689	57.7%		3,768	1,277	33.9%	
04/01/20 - 06/30/20	1,880	1,007	53.6%		1,954	1,317	67.4%		628	576	91.7%		1,745	1,326	76.0%		1,980	1,592	80.4%	
07/01/20 - 09/30/20	3,712	1,500	40.4%	54%	3,943	2,150	54.5%	44%	1,867	1,769	94.8%	73%	3,167	2,124	67.1%	64%	5,187	4,362	84.1%	49%



C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

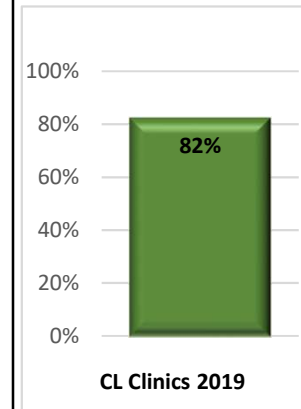
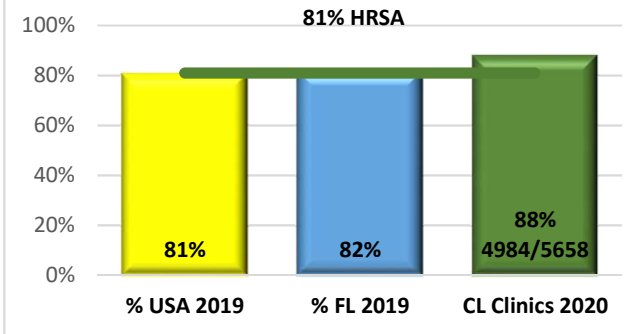
CHILDHOOD IMMUNIZATION										
 <p> 80% Healthy People 2020 Goal 60% HRSA </p> <table border="1"> <tr> <th>Metric</th> <th>Value</th> </tr> <tr> <td>% USA 2019</td> <td>39%</td> </tr> <tr> <td>% FL 2019</td> <td>36%</td> </tr> <tr> <td>CL Clinics 2020</td> <td>62% (231/374)</td> </tr> </table>	Metric	Value	% USA 2019	39%	% FL 2019	36%	CL Clinics 2020	62% (231/374)		 <p align="center">CL Clinics 2019</p>
Metric	Value									
% USA 2019	39%									
% FL 2019	36%									
CL Clinics 2020	62% (231/374)									
CERVICAL CANCER SCREENING										
 <p> 93% Healthy People 2020 Goal 65% HRSA </p> <table border="1"> <tr> <th>Metric</th> <th>Value</th> </tr> <tr> <td>% USA 2019</td> <td>56%</td> </tr> <tr> <td>% FL 2019</td> <td>59%</td> </tr> <tr> <td>CL Clinics 2020</td> <td>63% (7728/12175)</td> </tr> </table>	Metric	Value	% USA 2019	56%	% FL 2019	59%	CL Clinics 2020	63% (7728/12175)	<p> Findings: 1. 4184 (36%) patients did not have cervical cancer screening documented in EHR that decreased from 41% in the previous month. 8/27 (30%) Providers has met he UDS metric 65% or above. For the rest of the providers the metric falls as follow: 6 /27 (22%) between 60% to 64%, 11/27 (41%) between 50 to 59% and 2/27 (7%) below 50% </p> <p> Interventions: 1. Listing of patients missing cervical cancer screening need to be generated. Charts need to be audited to asses for release of information to retrieve records. 2. Patients with not previous PAP documentation need to be scheduled to have a visit. The outcomes champion may cordinate this effort in conjunction with medical records and MAs 3. Ongoing cervical cancer screening education will be provided to providers and targeted to providers with higher numbers. </p>	 <p align="center">CL Clinics 2019</p>
Metric	Value									
% USA 2019	56%									
% FL 2019	59%									
CL Clinics 2020	63% (7728/12175)									

C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

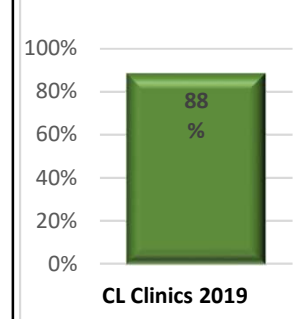
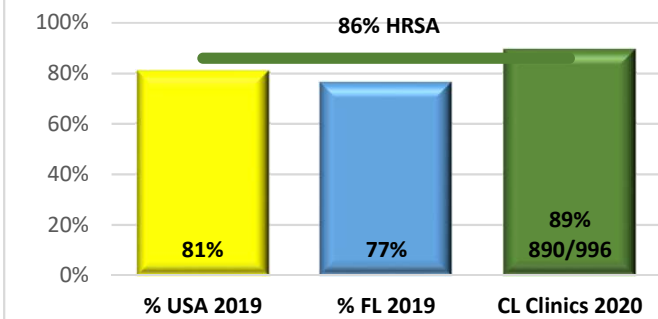
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS																		
 <p>90% HRSA</p> <table border="1"> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> <tr> <td>% USA 2019</td> <td>69%</td> <td></td> </tr> <tr> <td>% FL 2019</td> <td>79%</td> <td></td> </tr> <tr> <td>CL Clinics 2020</td> <td>91%</td> <td>2242/2453</td> </tr> </table>	Category	Percentage	Count	% USA 2019	69%		% FL 2019	79%		CL Clinics 2020	91%	2242/2453		 <p>CL Clinics 2019</p> <table border="1"> <tr> <th>CL Clinics 2019</th> <th>Percentage</th> </tr> <tr> <td></td> <td>86%</td> </tr> </table>	CL Clinics 2019	Percentage		86%
Category	Percentage	Count																
% USA 2019	69%																	
% FL 2019	79%																	
CL Clinics 2020	91%	2242/2453																
CL Clinics 2019	Percentage																	
	86%																	
ADULT WEIGHT SCREENING AND FOLLOW UP																		
 <p>90% HRSA</p> <table border="1"> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> <tr> <td>% USA 2019</td> <td>70%</td> <td></td> </tr> <tr> <td>% FL 2019</td> <td>81%</td> <td></td> </tr> <tr> <td>CL Clinics 2020</td> <td>98%</td> <td>21403/21867</td> </tr> </table>	Category	Percentage	Count	% USA 2019	70%		% FL 2019	81%		CL Clinics 2020	98%	21403/21867		 <p>CL Clinics 2019</p> <table border="1"> <tr> <th>CL Clinics 2019</th> <th>Percentage</th> </tr> <tr> <td></td> <td>98%</td> </tr> </table>	CL Clinics 2019	Percentage		98%
Category	Percentage	Count																
% USA 2019	70%																	
% FL 2019	81%																	
CL Clinics 2020	98%	21403/21867																
CL Clinics 2019	Percentage																	
	98%																	
TOBACCO USE SCREENING AND CESSATION INTERVENTION																		
 <p>93% HRSA</p> <table border="1"> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> <tr> <td>% USA 2019</td> <td>88%</td> <td></td> </tr> <tr> <td>% FL 2019</td> <td>90%</td> <td></td> </tr> <tr> <td>CL Clinics 2020</td> <td>97%</td> <td>10111/10383</td> </tr> </table>	Category	Percentage	Count	% USA 2019	88%		% FL 2019	90%		CL Clinics 2020	97%	10111/10383		 <p>CL Clinics 2019</p> <table border="1"> <tr> <th>CL Clinics 2019</th> <th>Percentage</th> </tr> <tr> <td></td> <td>98%</td> </tr> </table>	CL Clinics 2019	Percentage		98%
Category	Percentage	Count																
% USA 2019	88%																	
% FL 2019	90%																	
CL Clinics 2020	97%	10111/10383																
CL Clinics 2019	Percentage																	
	98%																	

C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

CORONARY ARTERY DISEASE (CAD): LIPID THERAPY

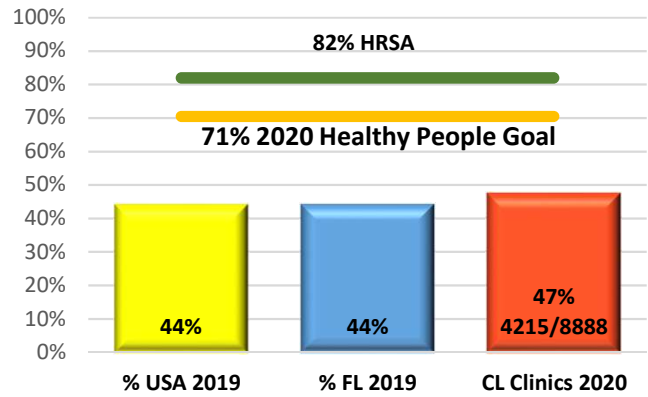


ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy



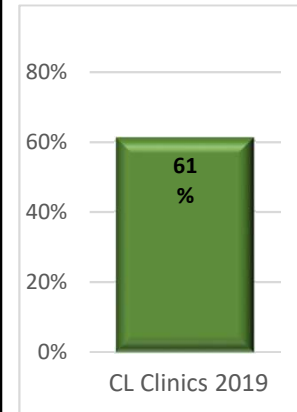
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

COLORECTAL CANCER SCREENING

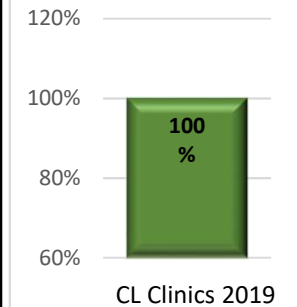
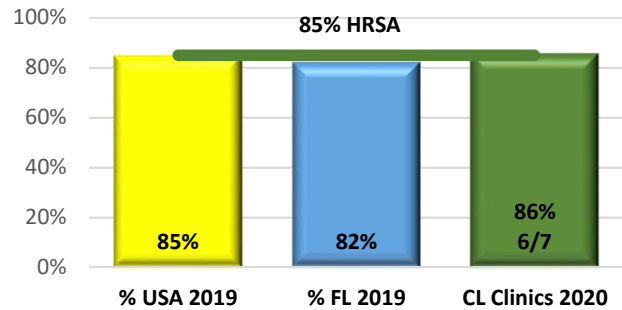


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

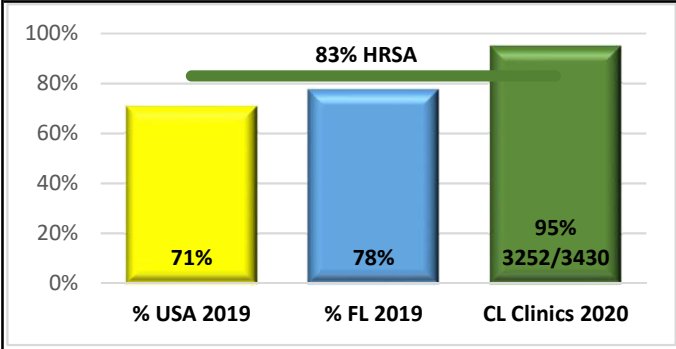
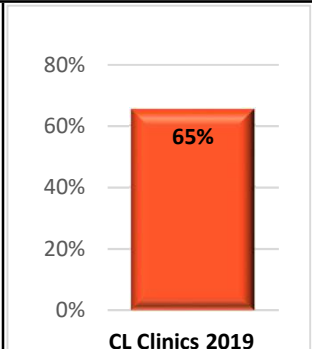
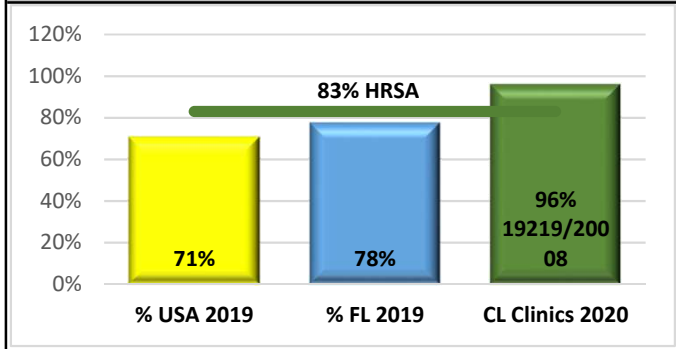
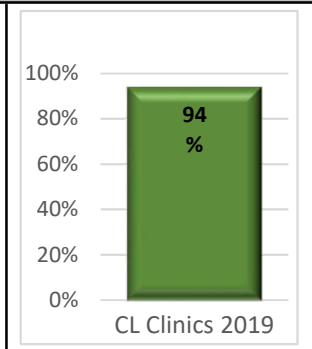
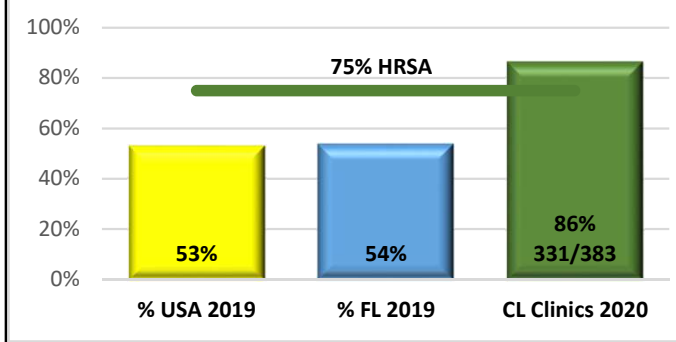
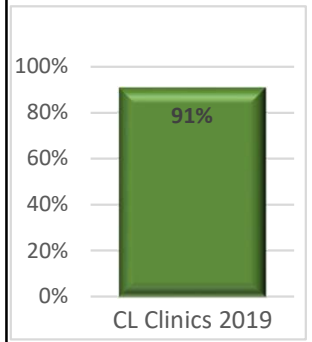
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.



HIV LINKAGE TO CARE



C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS		
 <p> 83% HRSA 71% % USA 2019 78% % FL 2019 95% CL Clinics 2020 <small>3252/3430</small> </p>		 <p>65% CL Clinics 2019</p>
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP		
 <p> 83% HRSA 71% % USA 2019 78% % FL 2019 96% CL Clinics 2020 <small>19219/20008</small> </p>		 <p>94% CL Clinics 2019</p>
DENTAL SEALANTS		
 <p> 75% HRSA 53% % USA 2019 54% % FL 2019 86% CL Clinics 2020 <small>331/383</small> </p>		 <p>91% CL Clinics 2019</p>



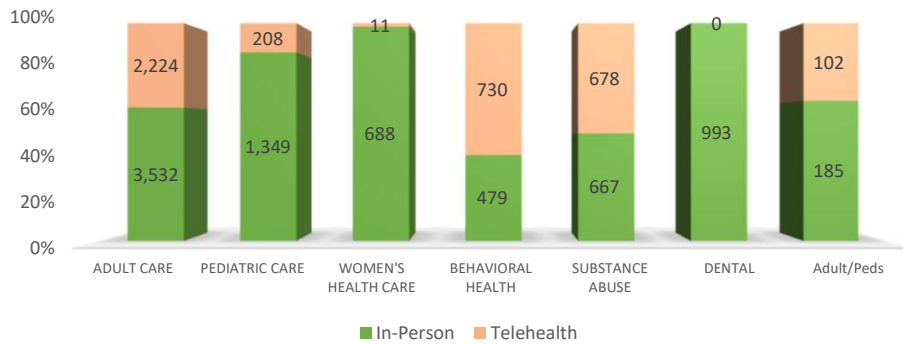
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2020

HYPERTENSION										
<p>80% HRSA</p> <table border="1"> <tr><th>Category</th><th>Percentage</th></tr> <tr><td>% USA 2019</td><td>62%</td></tr> <tr><td>% FL 2019</td><td>61%</td></tr> <tr><td>CL Clinics 2020</td><td>72% (7042/9745)</td></tr> </table>	Category	Percentage	% USA 2019	62%	% FL 2019	61%	CL Clinics 2020	72% (7042/9745)	<p>Findings: 1. 2523 (27%) patients did not have controlled hypertension. The main driven factor observed among the patients with uncontrolled hypertension is the lack of follow up; during the past 3 months only 34% of these patients had a visit. (Visits for behavioral health were excluded). 533 (71%) of those visits were telemed. visits. Only 1141 (51%) of patients with uncontrolled hypertension had a scheduled follow up appointment. There were 120 patient with no data.</p> <p>Interventions: 1. This group of patients need to be contacted and schedule visits in the clinic preferably. 2. Telemedicine visit can be scheduled but the patient will need to have a visual reading of the blood pressure taken during the visit. The patient could have BP taken at the clinic if possible to be able to document BP reading.</p>	<p>CL Clinics 2019</p>
Category	Percentage									
% USA 2019	62%									
% FL 2019	61%									
CL Clinics 2020	72% (7042/9745)									
DIABETES										
<p>67% HRSA</p> <table border="1"> <tr><th>Category</th><th>Percentage</th></tr> <tr><td>% USA 2019</td><td>67%</td></tr> <tr><td>% FL 2019</td><td>67%</td></tr> <tr><td>CL Clinics 2020</td><td>64% (3097/4862)</td></tr> </table>	Category	Percentage	% USA 2019	67%	% FL 2019	67%	CL Clinics 2020	64% (3097/4862)	<p>Findings: there has been gradual improvement in the percentage of controlled diabetic patients from 27% in January to 64% in November, 2020. There is also a 4% improvement compared to last year. Currently Belle Glade, Boca, Jupiter and Lake Work clinics had achieved 66% or higher of patients with controlled diabetes.</p> <p>Interventions: 1. POC HgbA1c testing implemented to increase patient compliance. 2. Appropriate follow up for patients was discussed during providers meeting. 3. Diabetes performance analysis was updated, delineating our new strategies for 2021.</p>	<p>CL Clinics 2019</p>
Category	Percentage									
% USA 2019	67%									
% FL 2019	67%									
CL Clinics 2020	64% (3097/4862)									
DIABETES FOR SPECIAL POPULATIONS: MIGRANT										
<p>67% HRSA</p> <table border="1"> <tr><th>Category</th><th>Percentage</th></tr> <tr><td>% USA 2019</td><td>67%</td></tr> <tr><td>% FL 2019</td><td>67%</td></tr> <tr><td>CL Clinics 2020</td><td>63% (156/248)</td></tr> </table>	Category	Percentage	% USA 2019	67%	% FL 2019	67%	CL Clinics 2020	63% (156/248)	<p>Findings: The percentage of controlled diabetics in this population increased to 63% from 34% at the end of January, 2020. There was an improvement of 3% compared to the previous month.</p> <p>Interventions: POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.</p>	<p>CL Clinics 2019</p>
Category	Percentage									
% USA 2019	67%									
% FL 2019	67%									
CL Clinics 2020	63% (156/248)									

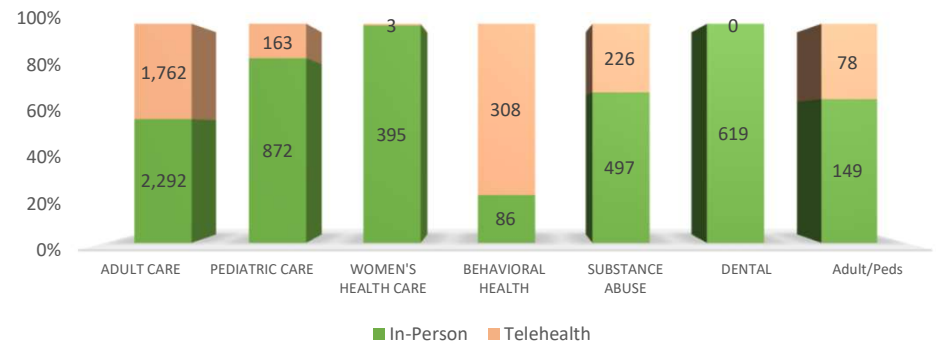
NOVEMBER 2020 WEEKLY TOTAL APPOINTMENTS BY CATEGORY

Category	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%		TOTAL
	In-Person				Telehealth				
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	
ADULT CARE	2,674	3,532	2,292	86%	2,258	2,224	1,762	78%	82%
PEDIATRIC CARE	869	1,349	872	100%	193	208	163	84%	97%
WOMEN'S HEALTH CARE	435	688	395	91%	9	11	3	33%	90%
BEHAVIORAL HEALTH	478	479	86	18%	697	730	308	44%	34%
SUBSTANCE ABUSE	505	667	497	98%	467	678	226	48%	74%
DENTAL	1,066	993	619	58%	0	0	0		58%
Adult/Peds	209	185	149	71%	101	102	78	77%	73%
Grand Total	6,236	7,893	4,910	79%	3,725	3,953	2,540	68%	75%

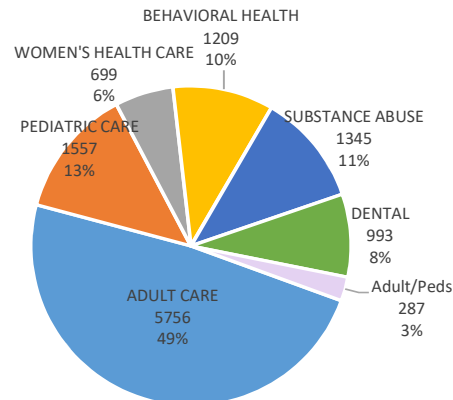
Scheduled by Category



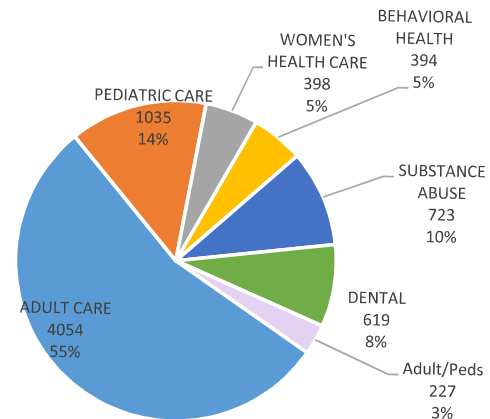
Billed by Category



Scheduled



Billed



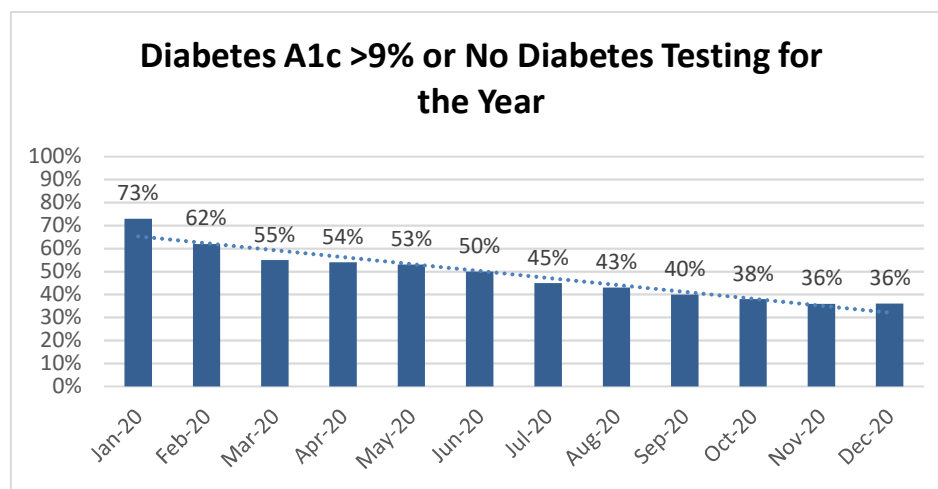


Performance Analysis

- Document data for the clinical measure:** Complete this table using data from the UDS reports provided.

2015	2016	2017	2018	2019	2020	Adjusted Quartile Ranking (2019)	FL State Average 2019	National Average 2019
35.55%	25.045%	27.14%	26.63%	40%	36%	3	33.53%	31.95%

Name	Description	Numerator	Denominator	Source	Reference
Diabetes HbA1c	Percentage of patients aged 18 through 75 years with type 1 or type 2 diabetes mellitus who had a most recent hemoglobin A1c (HbA1c) greater than 9 percent	Number of patients from the denominator whose most recent hemoglobin A1c level during the measurement year is greater than 9 percent	Number of patients aged 18 through 75 years of age with a diagnosis of type 1 or type 2 diabetes mellitus during the measurement year	NQF	http://www.ncqa.org/tabid/432/Default.aspx



- List up to five (5) factors most likely to be contributing to the health center's performance for the selected measure. Contributing factors are those that push the trend in the desired direction. These should be factors that have the greatest influence on the trend line for the measure.**

2.1 **QI/QA Program:** Patients with HgbA1c values >9 or who have not performed their testing are identified and tracked on a continuous basis. Once identified the patients are contacted by clinic nurses via telephone call. They then evaluate patient needs, offer advice and education and schedule the patient to be seen by their primary care provider. Process is analyzed by the quality team at monthly



meetings and placed on quality boards within each clinic to promote further quality improvement.

2.2. Information Technology: Every month data analysts provide a provider “score card” to the medical team. The score cards contain information regarding the number of diabetic patients within their panels, and their hemoglobin A1c results. These results are analyzed by the quality manager and discussed with the providers so that plans of care can be adjusted accordingly.

2.3 Patient Access to Low-Cost Medications and Related Supplies: The C. L. Brumback primary care clinics low cost medications and related supplies through their 340B program. Standardized order sets which include glucometers, testing strips and other necessary supplies have been created in order to facilitate provider ordering. Seven of the clinics offer in-house pharmacy services which allows nurses to educate patients shortly after they collect their medications.

2.4 Other Health Center Operational Processes: CLB has implemented point of care HgbA1c machines in all clinics in order to test patients at the clinics. The point of care testing is targeted to the patients who had not had an HbA1 C in the past 3 months, diabetes is uncontrolled, patients loss in follow up and patients with transportation issues.

2.5 Partnerships: The HRSA Diabetes Management initiative has motivated CLB to communicate with local FQHCS in Florida in order to learn best practices.

3. *List up to five (5) factors most likely to be restricting the health center’s performance for the selected measure. Restricting factors are those that create barriers to improved performance. When documenting these factors, also identify the related root cause.*

3.1 Education, Counseling and Other Support Provided to Patients: C. L. Brumback clinics recognizes that a large portion of the patient population lacks health literacy. Education, counseling and support was previously provided by patient navigators. In 2019 the patient navigator program was re-structured with the intent of creating care teams including nurses and LPNs. The implementation of the care teams was placed on hold due to the response to the COVID-19 pandemic

3.2 Clinical Care Guidelines/Protocols: Lack of a structured Diabetic education program has not allowed to provide Diabetes self-management education and support (DSMES) to patients. There is lack of a standardized program to facilitate the knowledge, skills, and ability necessary for diabetes self-care, and development of behaviors needed to manage their disease in an ongoing basis. At the same time there is a lack of standardized required training to the providers to be up today with latest standards for diabetes care. Even though providers receive and stipend for training is left to the providers discretion the focus of their training.

3.3 Population-Specific Strategies: Social determinants of health affect our patient population. Barriers to care commonly experienced by our patient include: lack of reliable/affordable transportation, language barriers, and food insecurity. C. L. Brumback recognizes that screening for social determinants of health is essential to improving patient health and safety.

3.4 Population-specific strategies: There is lack of structured population-based follow up of the



patients who missed appointments or do not complete ordered laboratory testing.

3.5 COVID-19 pandemic: Normal functioning of the C. L. Brumback clinics has been affected due to the closures implemented to respond to the pandemic. This created less access to care for the patients during the months of March, April and May of 2020. In order to decrease exposure to COVID-19 and decreased density in the clinics the availability of on-site visit was also diminished. Even though telemedicine visits were implemented it affects the quality of care and education provided to the patient. At the same time a percentage of patients had preferred to stay home to avoid exposure to COVID-19 as they suffer chronic medical conditions and are at an increased risk for complications and had not schedule appointments. The C. L. Brumback clinics had previously adopted a team-based care model prior to the COVID-19 pandemic, this will be re-addressed as time allows.

4. Document the three (3) recommended activities or action steps the health center will commit to doing, or that the health center is currently doing, to improve performance on the measure. When responding, ensure all activities or action steps address and align with factors identified in the root cause analysis and will support the health center to improve or maintain performance on the measure (SMART goals).

4.1

Specific (simple, sensible, significant): Leverage the use of Point of Care A1C testing in the clinic rather than sending patients to Quest.

Measurable (meaningful, motivating): We can easily measure A1C improved testing once the A1C Point of Care (POC) machines are fully adopted in each clinic.

Achievable (agreed, attainable): A1C POC machines were implemented in the clinic on 02Jan2020.

Relevant (reasonable, realistic and resourced, results-based): Utilize RNs and LPNs visits in order to provide more robust patient education and monitoring.

Time bound (time-based, time limited, time/cost limited, timely, time-sensitive): As the budget allows, we are attempting to test A1C in patients every 2-3 months.

4.2

The C. L. Brumback Primary Care Clinics will continue to address social determinants of health (SDOH) in order to improve patient compliance and self-management. Screening with the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), and then addressing needs as they are identified was fully implemented during 2020. Social workers, behavioral health staff and medical providers have been trained to address social determinants of health as part of our behavioral health integration. United Way of Palm Beach County provided training to medical and behavioral providers to recognize resources in the community and refer patient to those resources and decreased gaps related to SDOH.

Specific (simple, sensible, significant): Take the 2020 PRAPARE data and identify gaps in diabetes treatment for patients who have SDOH challenges.



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Measurable (meaningful, motivating): Reduce disparities in patients with SDOH challenges by increasing diabetes control.

Achievable (agreed, attainable): Over 2,000 patients answered that they have social needs that need to be addressed and were referred to an LCSW. LCSWs to work with patients identified as having diabetes to reduce social disparities and work towards a 5% increase in diabetes control.

Relevant (reasonable, realistic and resourced, results-based): The goal is to close social needs gaps and diabetes.

Time bound (time-based, time limited, time/cost limited, timely, time-sensitive): We will utilize 2020 data as the baseline and re-measure every three months.

4.3

Specific (simple, sensible, significant): C. L. Brumback Clinics will develop during 2021 a standardized Diabetes self-management education and support program.

Measurable (meaningful, motivating): A diabetes educator will be hired to implement the program under the direction of the new Associate Medical Director.

Achievable (agreed, attainable): The program will be aligned with the national standards of care facilitating the knowledge, skills and ability necessary for diabetes self-care for the patients.

Relevant (reasonable, realistic and resourced, results-based): The diabetes educator will also manage the population-based strategies required to guide medical providers and supporting staff to achieve the diabetes quality metrics. It is estimated people with diabetes who completed more than 10 h of DSMES over the course of 6–12 months can have significant reductions in mortality (20) and A1C (average absolute reduction of 0.57%)⁽¹⁾.

Time bound (time-based, time limited, time/cost limited, timely, time-sensitive): We have also posted a new position designated as “Outcomes Champion” that facilitate necessary interventions with the supporting staff at the clinics related to achieving follow-up with patients with uncontrolled diabetes. We expect this position to be filled in the next month or so.

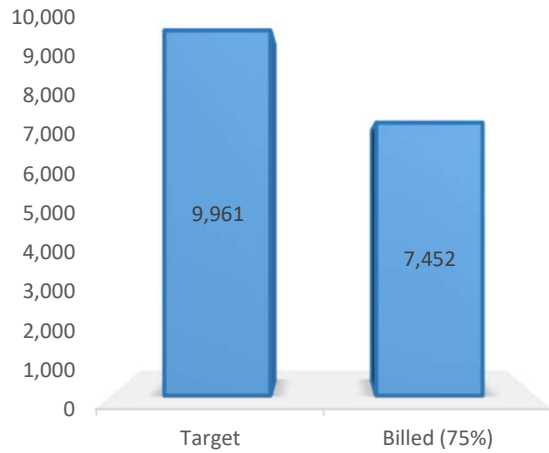
¹Diabetes self-management education and support in adults with type 2 diabetes: A consensus report of the American Diabetes Association, the Association of diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the Academy of Family Physicians, the American Academy of Pas, the American association of Nurse Practitioners, and the American Pharmacist Association. *Diabetes Care* 2020; 43:1636-1649. Retrieved on 1/13/2021 from <https://care.diabetesjournals.org/content/43/7/1636.full-text.pdf>

NOVEMBER 2020 WEEKLY TOTAL APPOINTMENTS BY PROVIDER

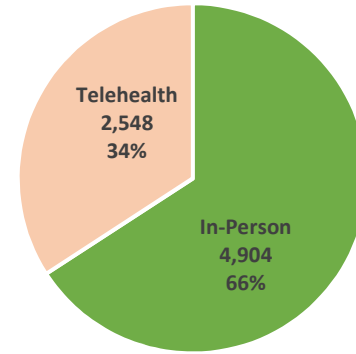
		<51%		>=51% and <80%		>= 80% and <100%		>= 100%		
NOVEMBER 2020 (as 11/30/2020)		In-Person				Telehealth				TOTAL
Provider / App Type		Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target
Adult Care	Alfonso_Puentes_Rami	127	189	125	98%	170	153	133	78%	87%
	Dabu_Viray_Dabu	108	145	91	84%	90	74	59	66%	76%
	Duthil_Marie	113	128	76	67%	130	111	77	59%	63%
	Florez_Gloria	116	164	102	88%	145	119	93	64%	75%
	Harberger_Seneca	189	133	89	47%					47%
	Inacio_Vanessa	125	170	127	102%	172	172	159	92%	96%
	Montenegro_Claudia	99	120	75	76%	162	155	104	64%	69%
	Secin_santana_delvis	177	310	126	71%	102	85	60	59%	67%
	Perez_Daniel	193	243	133	69%	58	60	46	79%	71%
	Cesaire_Jean_Rose_Ca	123	185	95	77%	141	143	117	83%	80%
	JeanJacques_Ferrique	96	125	61	64%	184	185	136	74%	70%
	SANCHEZ_MARCO	264	471	231	88%	16	5	11	69%	86%
	Lam_Minh_Dai	72	113	77	107%	192	239	207	108%	108%
	Estime_Guerlyne	261	83	100	38%	3		3	100%	39%
	Navarro_Elsey	128	220	106	83%	104	92	76	73%	78%
	Philistin_Ketely	97	152	71	73%	183	200	133	73%	73%
	Pierre_Louis_Joanne	101	159	87	86%	147	148	87	59%	70%
	Shoaf_Noremi	165	254	168	102%	99	120	81	82%	94%
	St_VilJoseph_Carline	120	168	83	69%	160	163	118	74%	72%
PEDS	Clarke_Aaron_Noella	297	437	284	96%					96%
	Dessalines_Duclos	222	351	187	84%	93	97	76	82%	83%
	Lazaro_Nancy	125	214	107	86%	100	111	87	87%	86%
	Normil_Smith_Sherlou	225	347	162	72%					72%
Women's Health Care	Ferwerda_Ana	180	243	137	76%					76%
	Casanova_Jennifer	255	445	259	102%	9	11	4	44%	100%
Behavioral Health	Alvarez_Franco	66	69	64	97%	213	218	178	84%	87%
	Ziemba_Adriana	45	63	4	9%	95	146	63	66%	48%
	Dorvil_Stephany	71	70	60	85%	115	116	57	50%	63%
	Hirsch_Karen	96	91	44	46%	78	69	9	12%	30%
	JONES_KIARA	94	89	52	55%	104	99	36	35%	44%
	Calderon_Nylsa	106	97	67	63%	92	82	41	45%	55%
Substance Abuse	Rowling_Courtney	76	140	78	103%	10	1	5	50%	97%
	Esplin_Elaine					72	90	8	11%	11%
	Rexach_Claudia	85	123	167	196%	125	194	42	34%	100%
	Romain_Reynette	64	88	110	172%	110	192	74	67%	106%
	STANFIELD_LUCIA	77	98	12	16%	145	198	67	46%	36%
Dental	Alonso_Zenaida	54	40	26	48%					48%
	Alwehaib_Arwa	112	133	117	104%					104%
	Cucuras_John	12	14	13	108%					108%
	Rotella_Robert	176	173	105	60%					60%
	Zangeneh_Yasmine	200	177	121	61%					61%
	Silva_Michelle	280	281	159	57%					57%
	Dental_MDI-LAN	232	175	208	90%					90%
Adult/Peds	Hua_Jennifer	30	29	19	63%					63%
	BUI_THY									
	Draper_William									
	Kosubevsky_Benjamin	24	18	10	42%	24	23	20	83%	63%
	Saoji_Janaki	12	11	8	67%					67%
	Adame_John	16	15	11	69%					69%
	Beasley_Quanecia									
	Dusseault_Sonya	19	16	15	79%	61	63	46	75%	76%
	Landeros_Christal									
Grand Total	6,236	7,893	4,904	79%	3,725	3,953	2,548	68%	75%	

TOTALS NOVEMBER 2020 (as 11/30/2020)

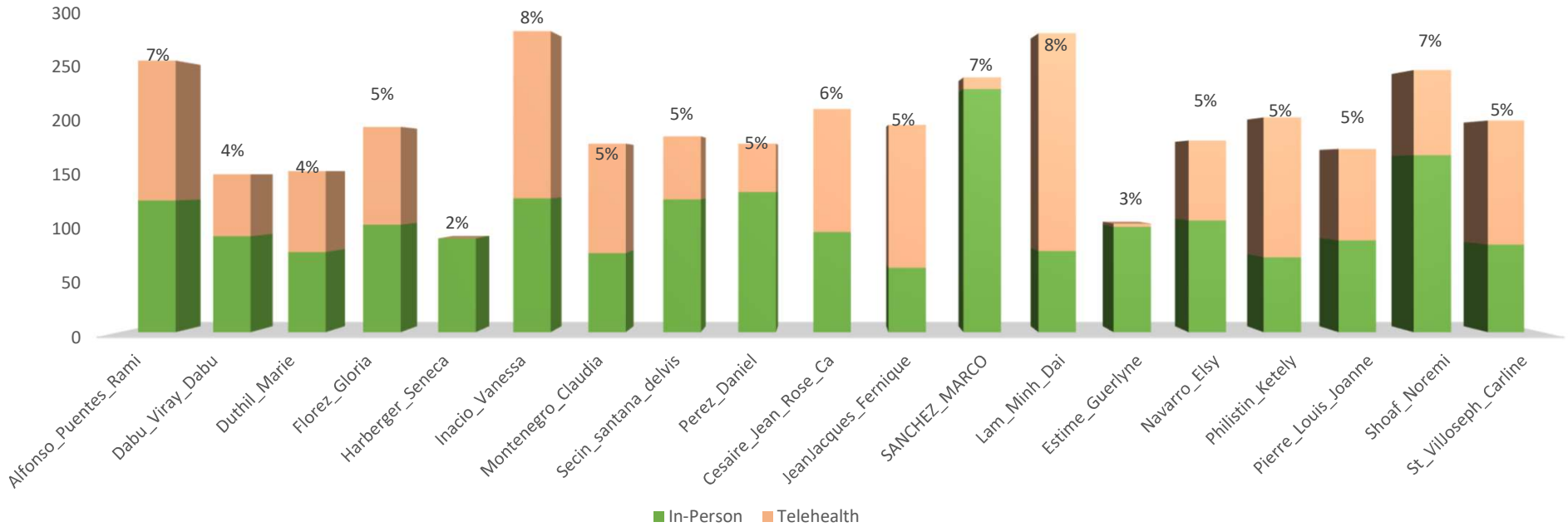
Total Target vs Billed



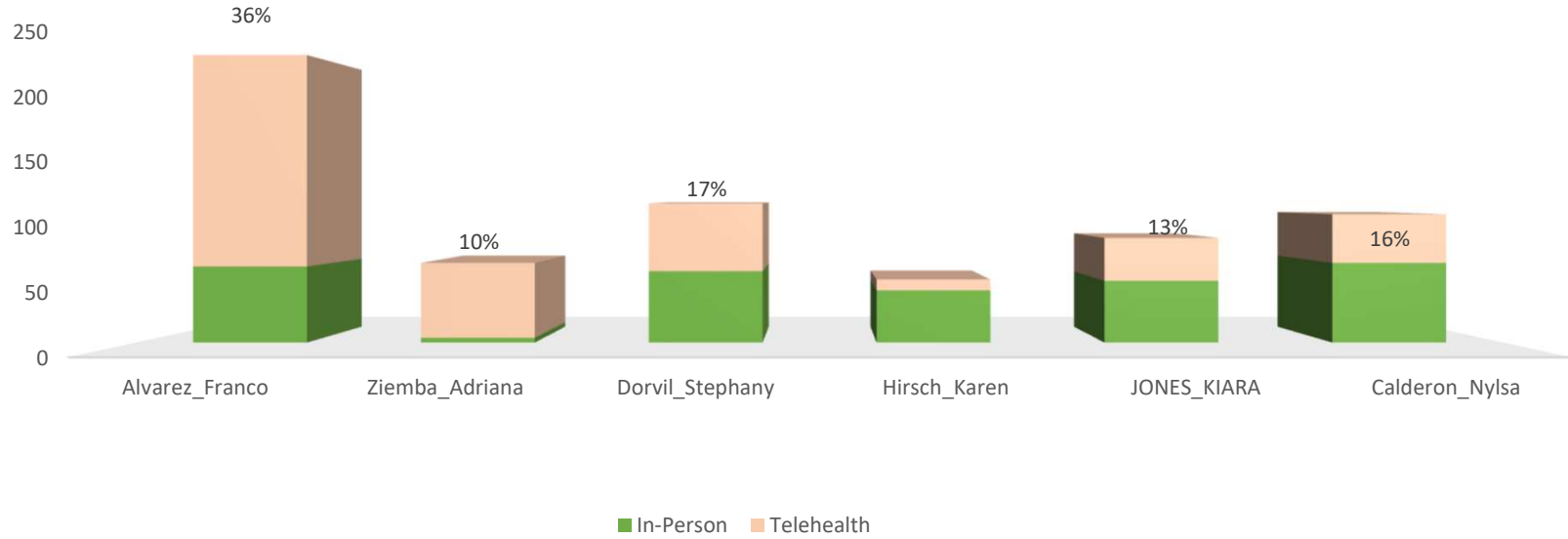
Total Billed



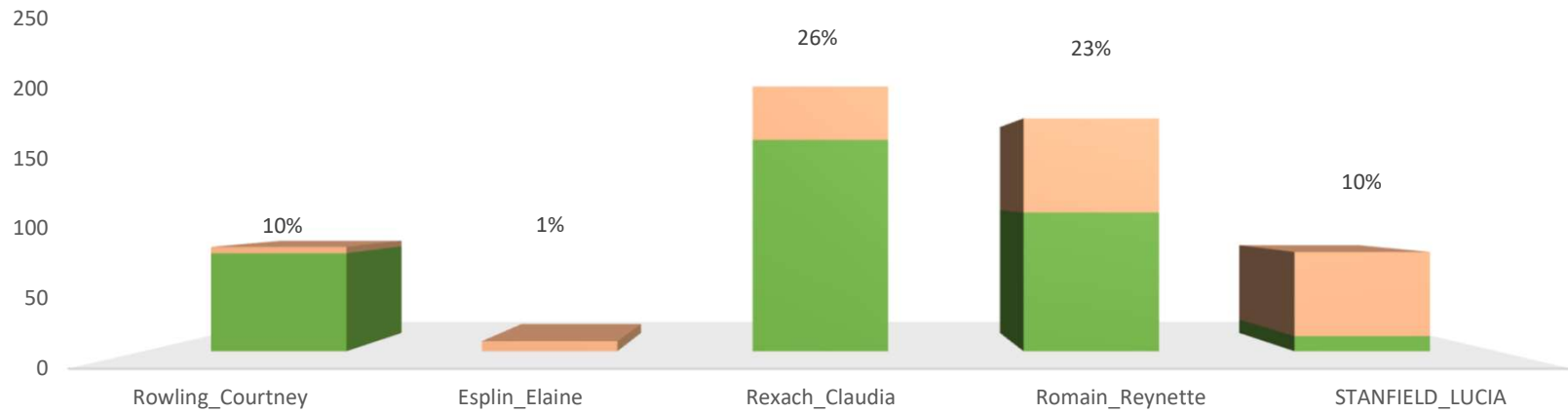
Billed by Provider ADULT CARE



Billed by Provider BEHAVIORAL HEALTH

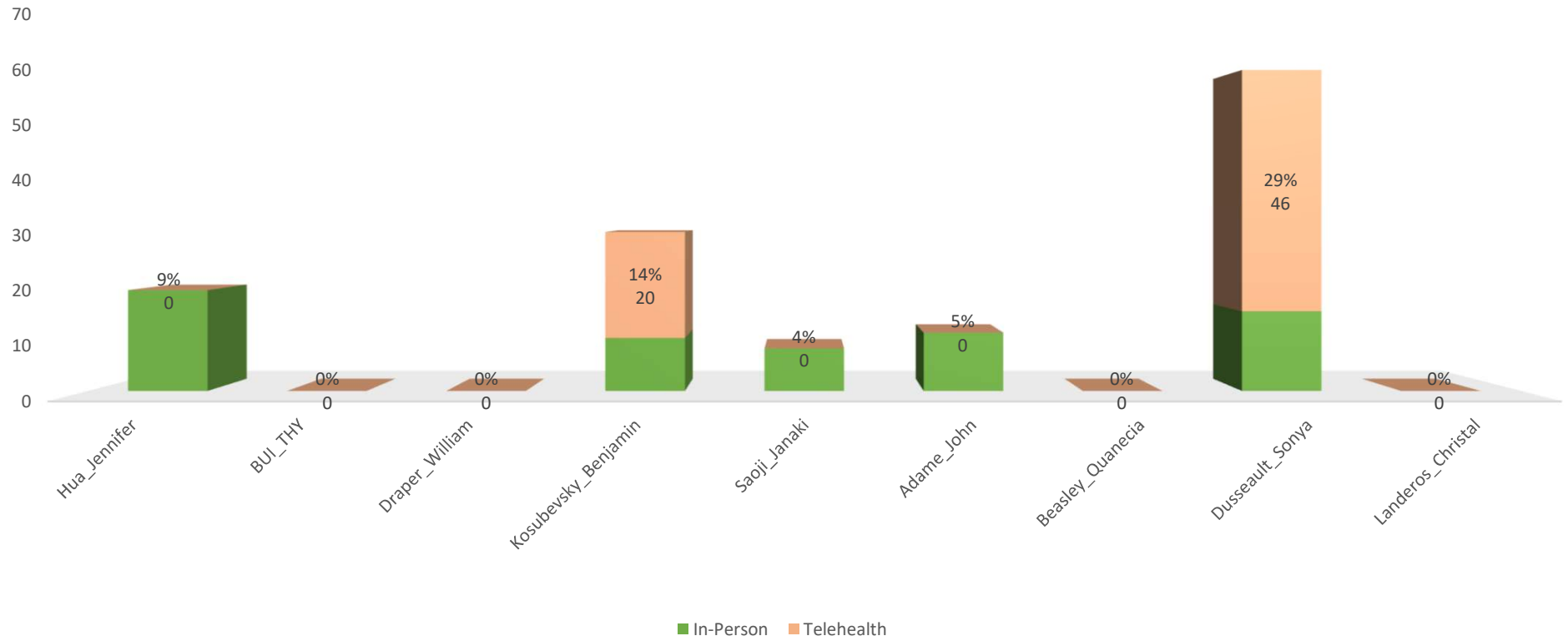


Billed by Provider SUBSTANCE ABUSE



TOTALS NOVEMBER 2020 (as 11/30/2020)

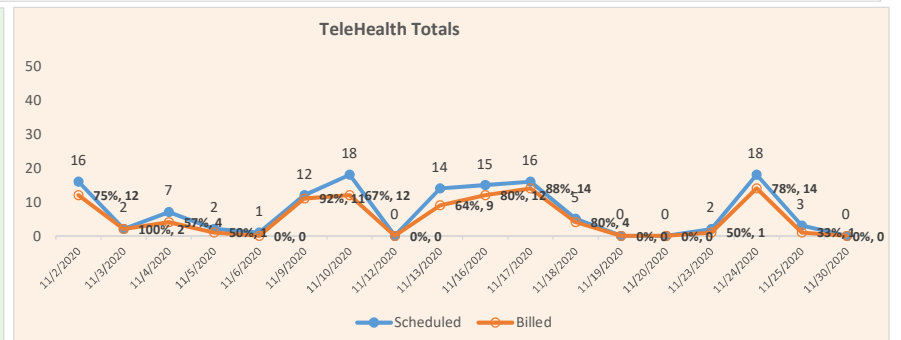
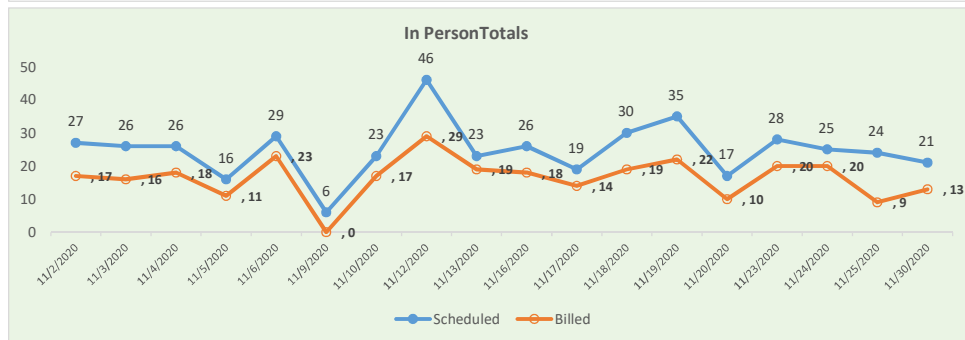
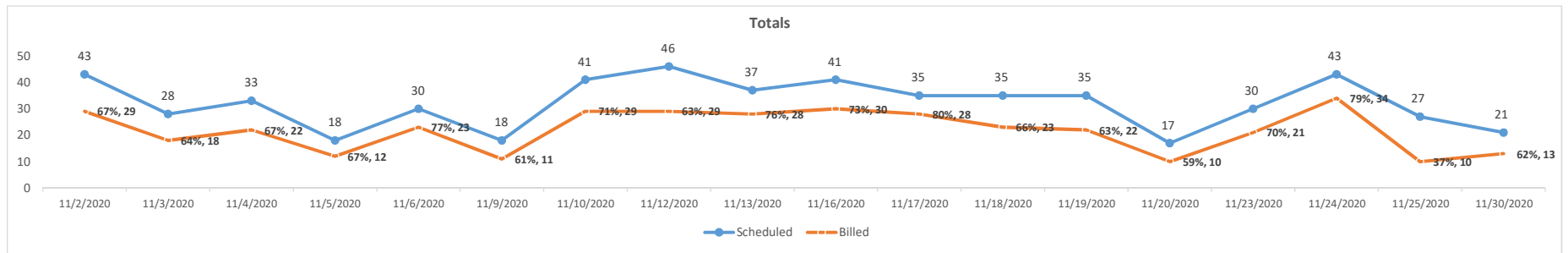
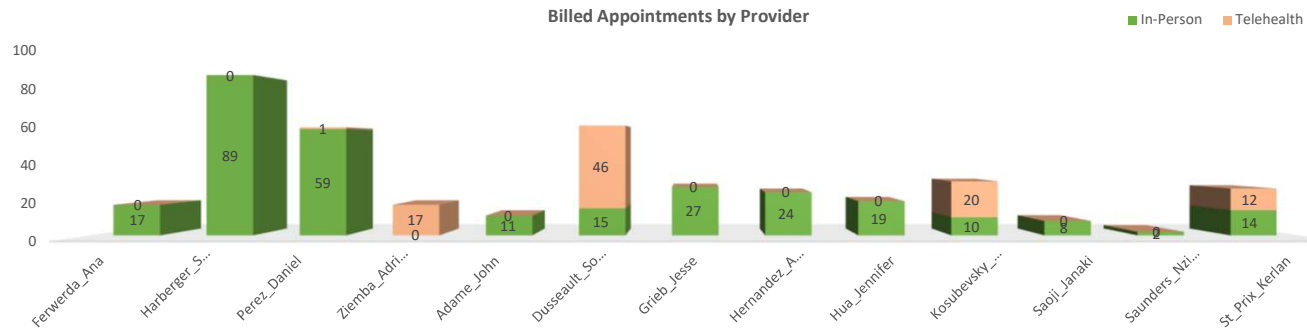
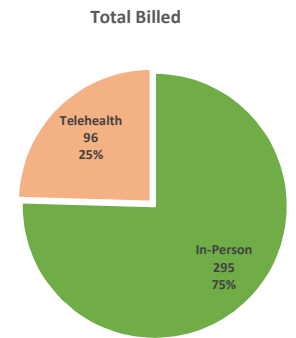
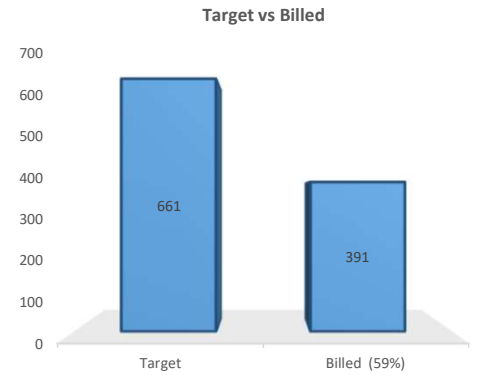
Billed by Provider Adult/Peds



BELLE GLADE

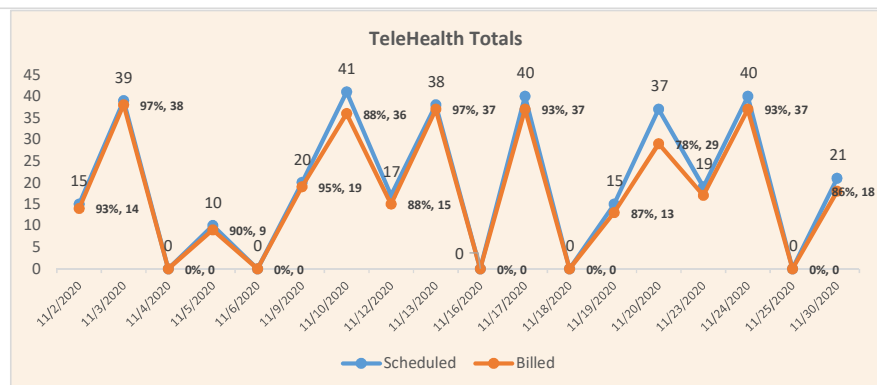
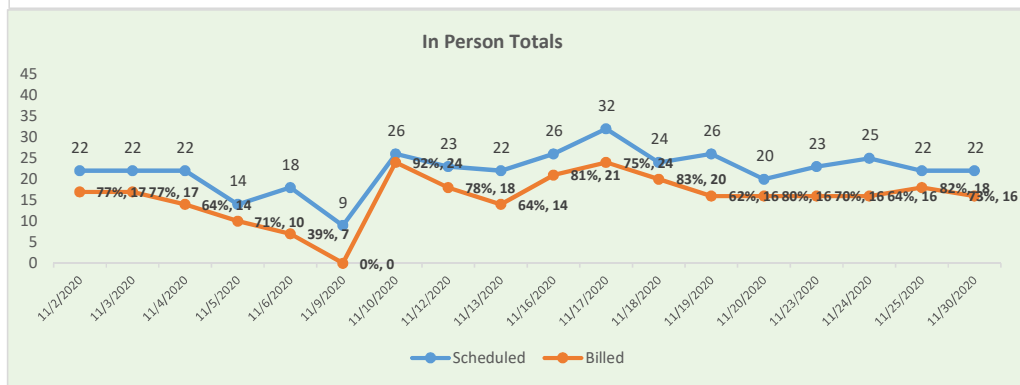
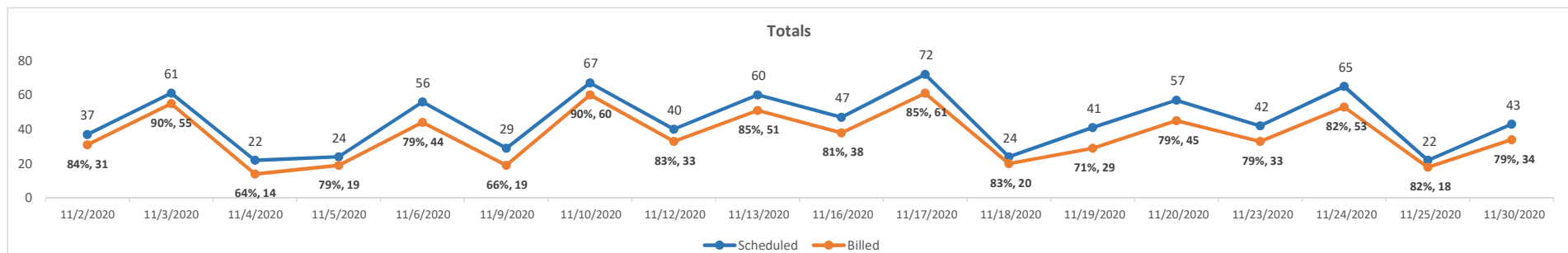
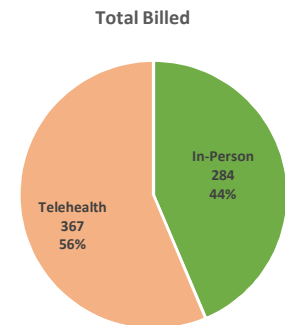
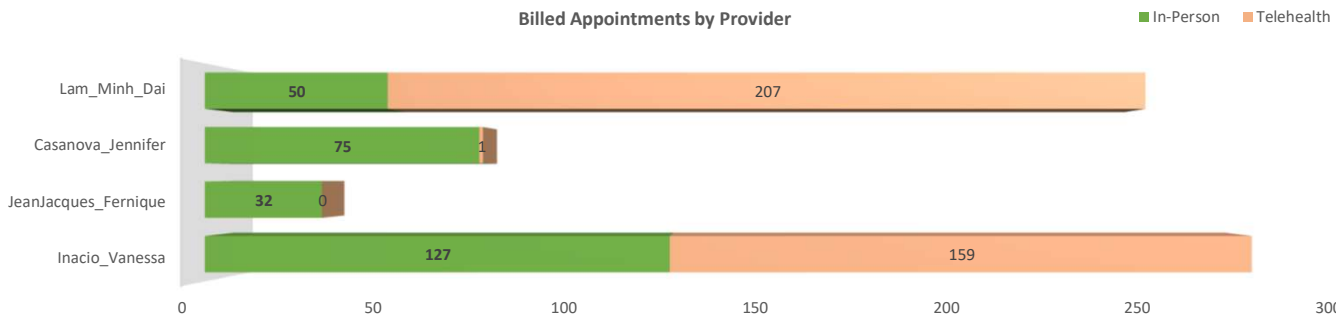
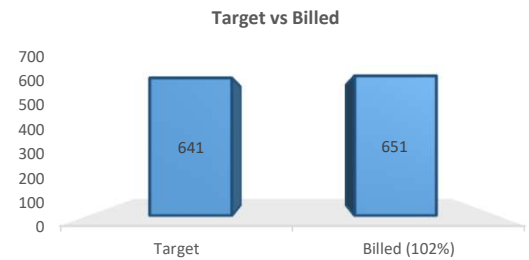
NOVEMBER 2020 (as 11/30/2020)

Provider / App Type	<51%			≥51% and <80%			≥80% and <100%			≥100%			TOTAL
	In-Person			Telehealth			Telehealth			Telehealth			
	Target	Scheduled	Billed	Target	Scheduled	Billed	Target	Scheduled	Billed	Target	Scheduled	Billed	
Ferwerda_Ana	36	30	17	47%									47%
Harberger_Seneca	189	133	89	47%				1					47%
Perez_Daniel	97	93	59	61%	1	1	1						61%
Ziemba_Adriana	3	6			25	27	17						61%
Adame_John	16	15	11	69%									69%
Dusseau_Sonya	19	16	15	79%	61	63	46						76%
Grieb_Jesse	36	41	27	75%									75%
Hernandez_Anthony	30	30	24	80%									80%
Hua_Jennifer	30	29	19	63%									63%
Kosubevsky_Benjamin	24	18	10	42%	24	23	20						63%
Saoji_Janaki	12	11	8	67%									67%
Saunders_Nzingha	10	2	2	20%									20%
St_Prix_Kerlan	32	23	14	44%	16	16	12						54%
Grand Total	534	447	295	55%	127	131	96						59%



BOCA
NOVEMBER 2020 (as 11/30/2020)

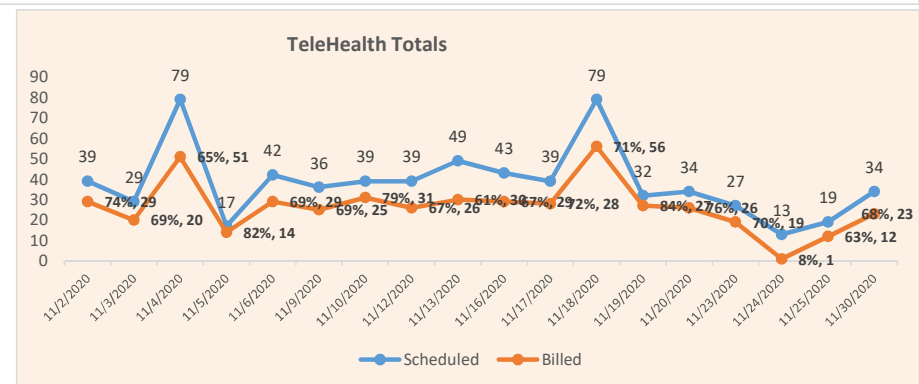
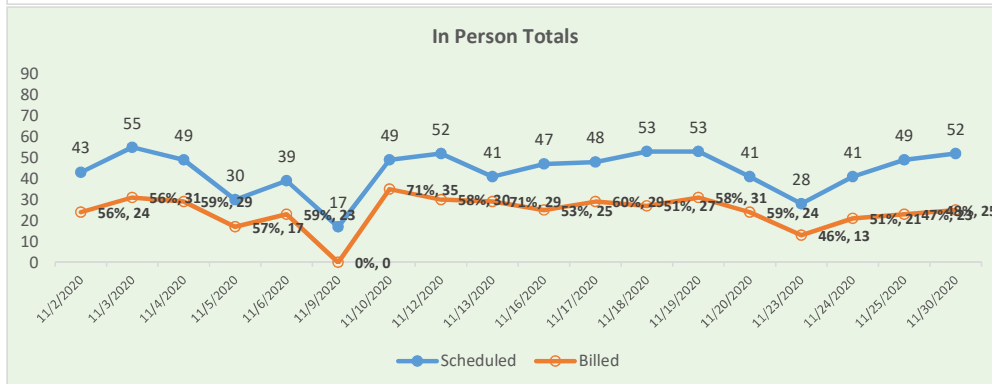
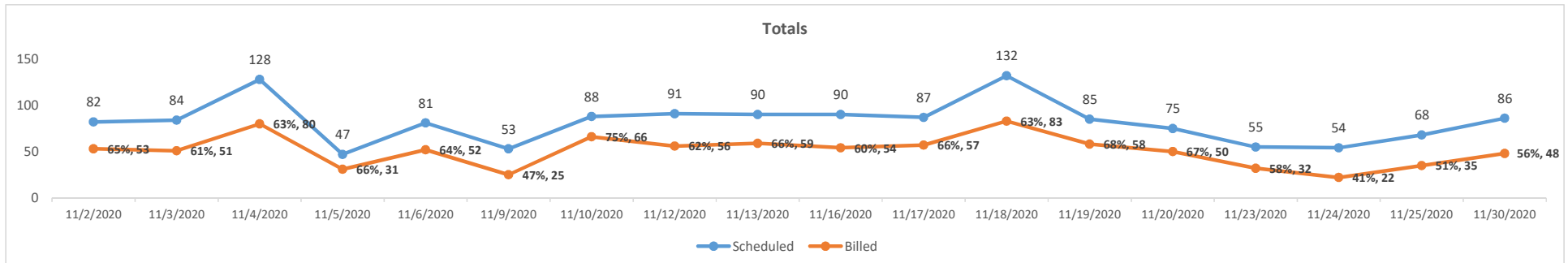
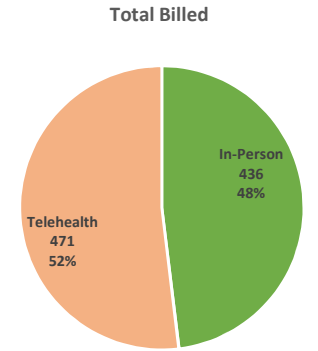
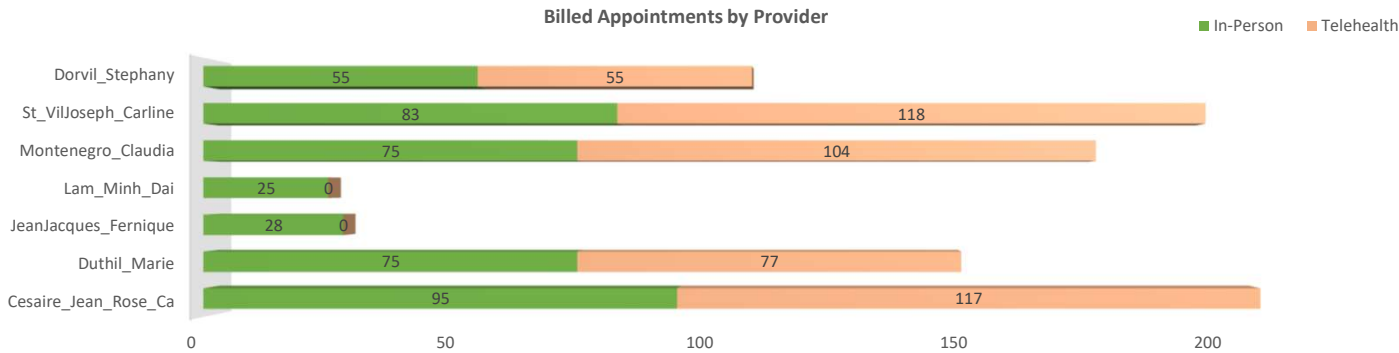
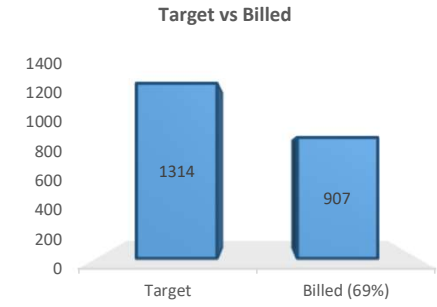
Provider / App Type	<51%				≥51% and < 80%				≥ 80% and <100%				≥ 100%
	In-Person				Telehealth				TOTAL				
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target				
Inacio_Vanessa	125	170	127	102%	172	172	159	92%	96%				
JeanJacques_Fernique	48	60	32	67%					67%				
Casanova_Jennifer	63	104	75	119%	1		1	100%	119%				
Lam_Minh_Dai	40	63	50	125%	192	239	207	108%	111%				
Grand Total	276	397	284	103%	365	411	367	101%	102%				



DELRAY BEACH

NOVEMBER 2020 (as 11/30/2020)

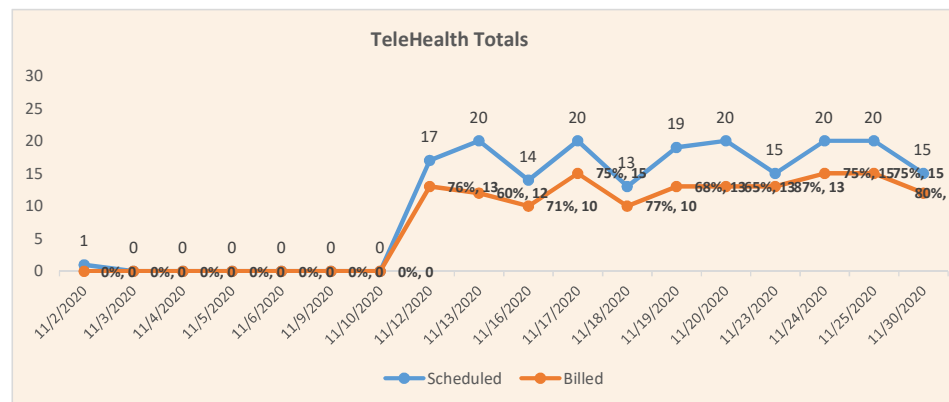
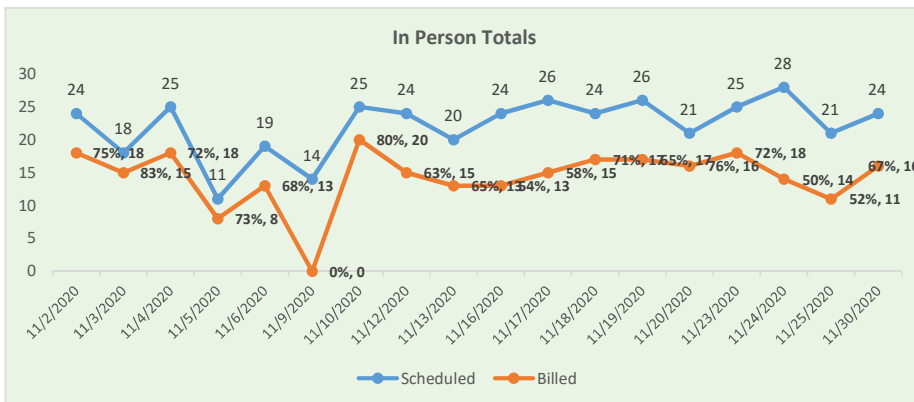
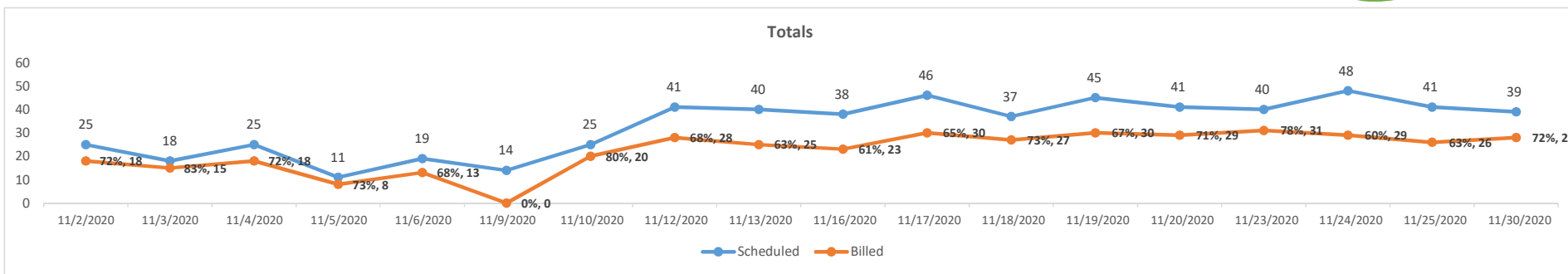
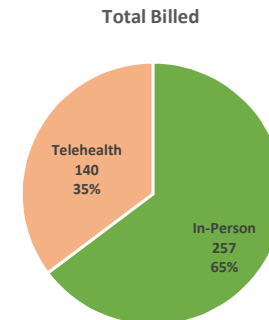
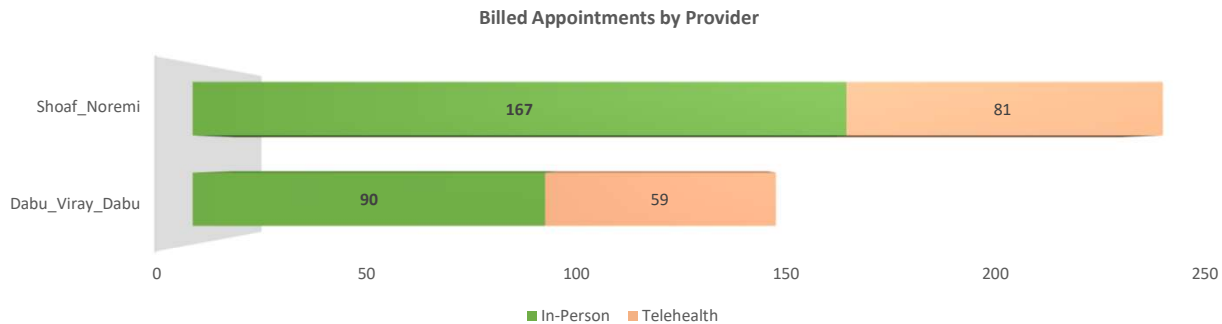
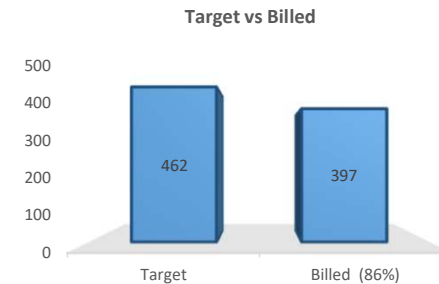
Provider / App Type	<51%				>=51% and <80%				>=80% and <100%				>=100%
	In-Person				Telehealth				TOTAL				
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target				
Cesaire_Jean_Rose_Ca	123	185	95	77%	141	143	117	83%	80%				
Duthil_Marie	113	128	75	66%	130	111	77	59%	63%				
JeanJacques_Fernique	47	65	28	60%	1	1			58%				
Lam_Minh_Dai	32	50	25	78%					78%				
Montenegro_Claudia	99	120	75	76%	162	155	104	64%	69%				
St_VilJoseph_Carline	120	168	83	69%	160	163	118	74%	72%				
Dorvil_Stephany	71	70	55	77%	115	116	55	48%	59%				
Grand Total	605	786	436	72%	709	689	471	66%	69%				



JUPITER

NOVEMBER 2020 (as 11/30/2020)

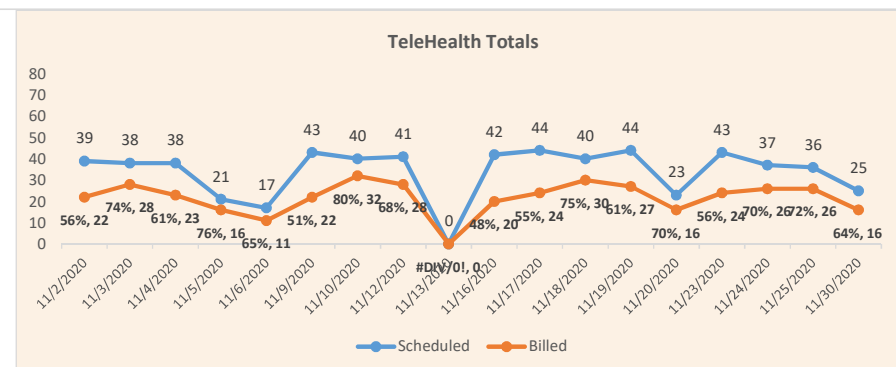
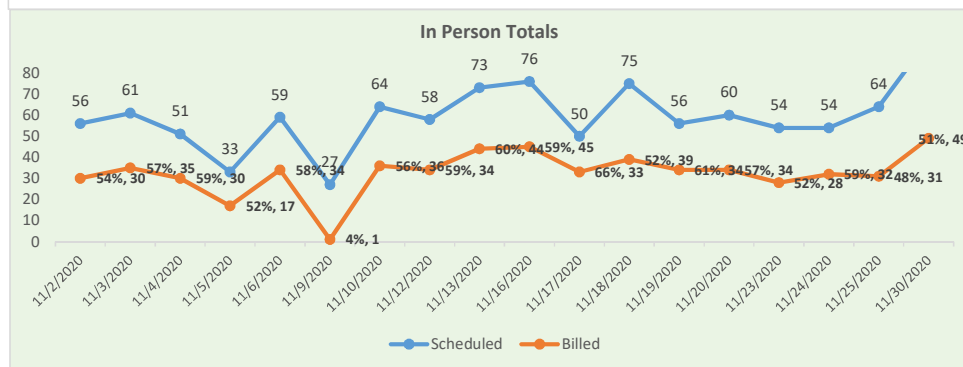
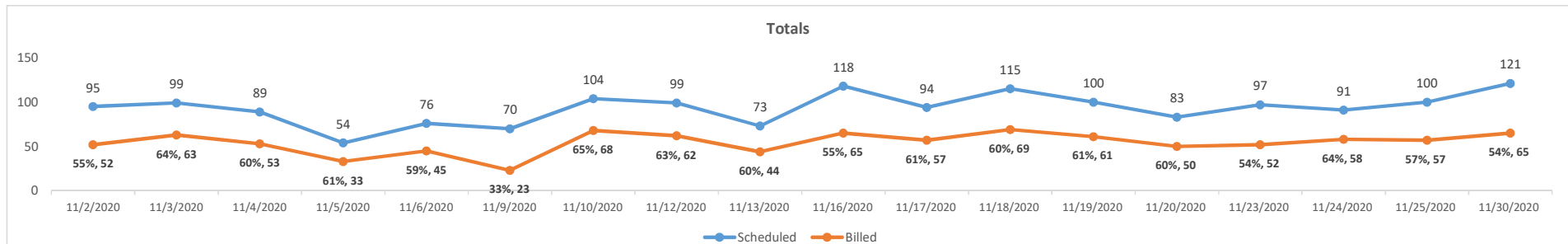
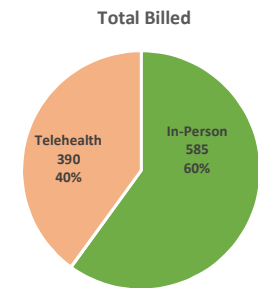
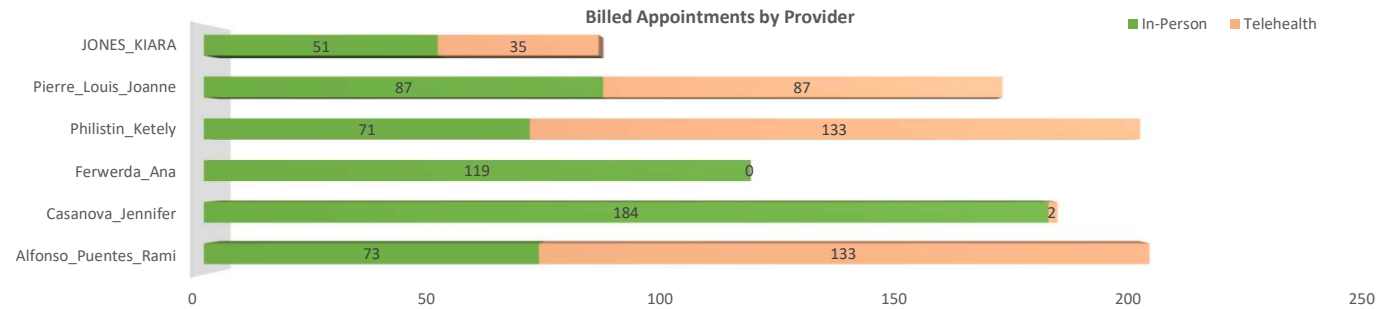
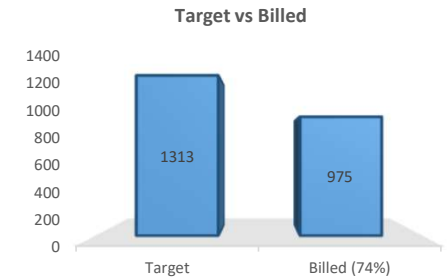
Provider / App Type	<51%				≥51% and < 80%				≥ 80% and <100%				≥ 100%	
	In-Person				Telehealth				TOTAL					
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target					
Dabu_Viray_Dabu	108	145	90	83%	90	74	59	66%	75%					
Shoaf_Noremi	165	254	167	101%	99	120	81	82%	94%					
Grand Total	273	399	257	94%	189	194	140	74%	86%					



LAKE WORTH

NOVEMBER 2020 (as 11/30/2020)

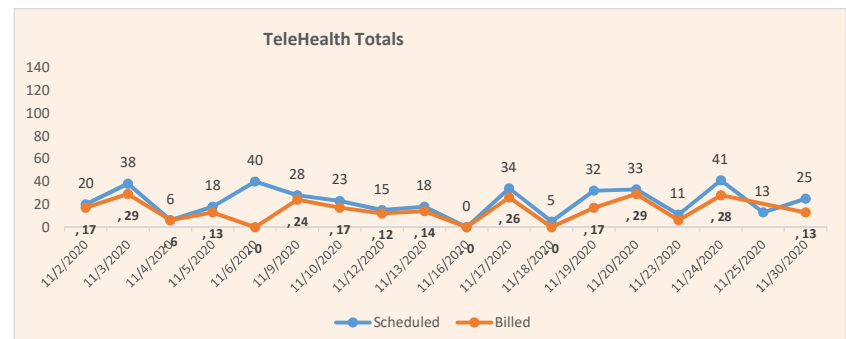
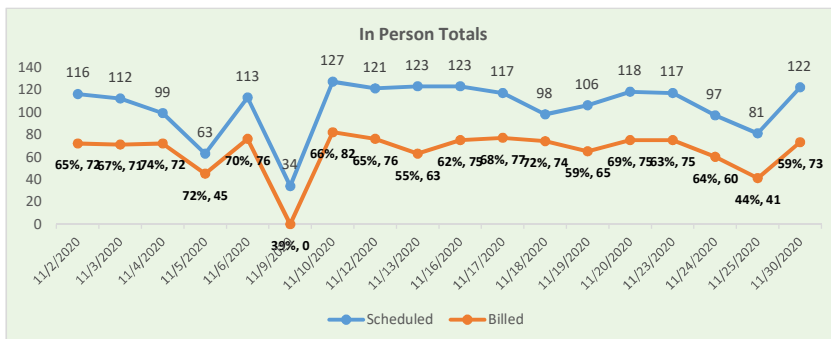
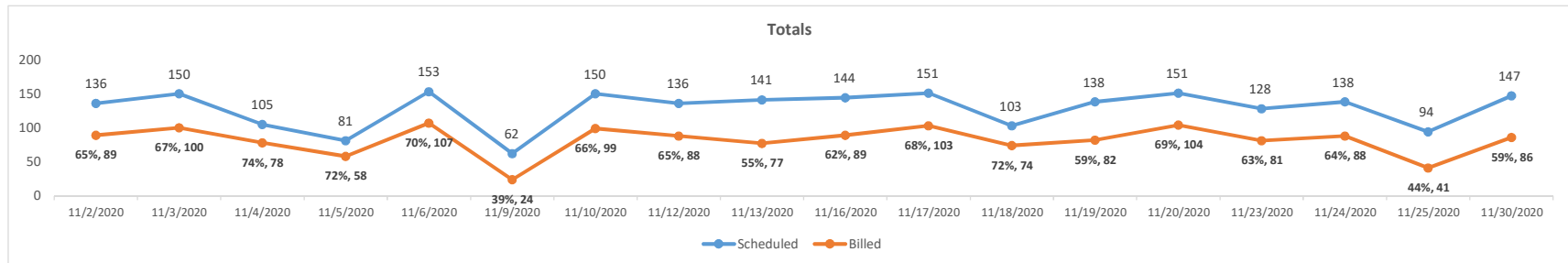
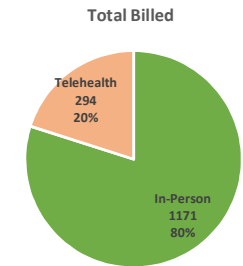
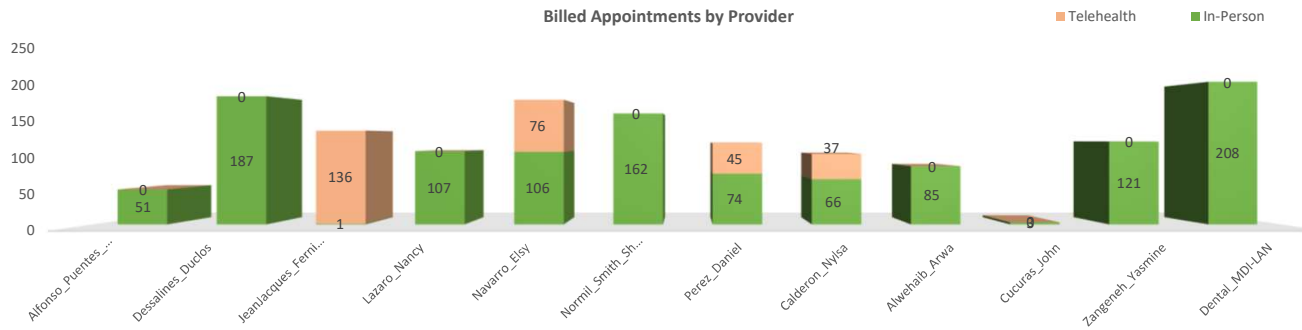
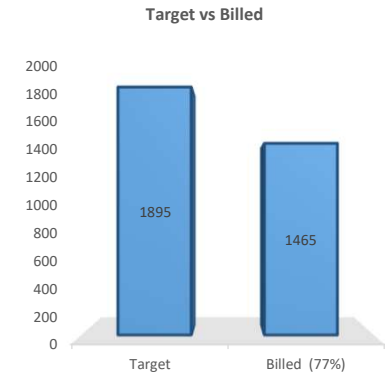
Provider / App Type	<51%				>=51% and < 80%				>= 80% and <100%				>= 100%	
	In-Person				Telehealth				TOTAL					
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target		
Alfonso_Puentes_Rami	73	113	73	100%	170	153	133	78%	243	266	196	81%		
Ferwerda_Ana	144	213	119	83%	170	153	133	78%	314	319	252	80%		
Casanova_Jennifer	192	341	184	96%	8	11	2	25%	200	352	186	53%		
Philistin_Ketely	97	152	71	73%	183	200	133	73%	280	353	204	58%		
Pierre_Louis_Joanne	101	159	87	86%	147	148	87	59%	248	296	174	70%		
JONES_KIARA	94	89	51	54%	104	99	35	34%	198	188	66	33%		
Grand Total	701	1067	585	83%	612	611	390	64%	1313	1278	975	74%		



LANTANA

NOVEMBER 2020 (as 11/30/2020)

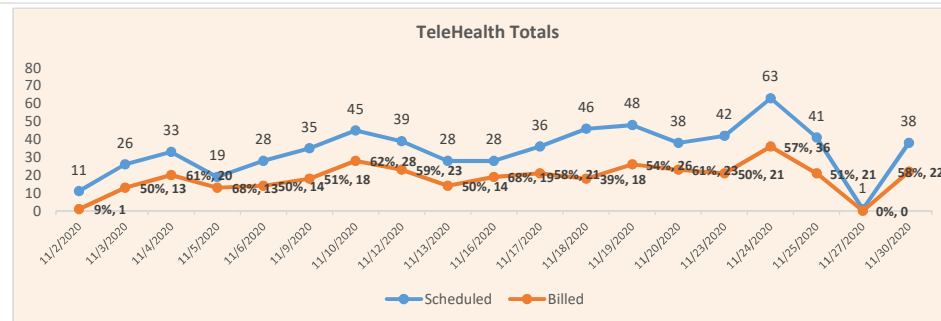
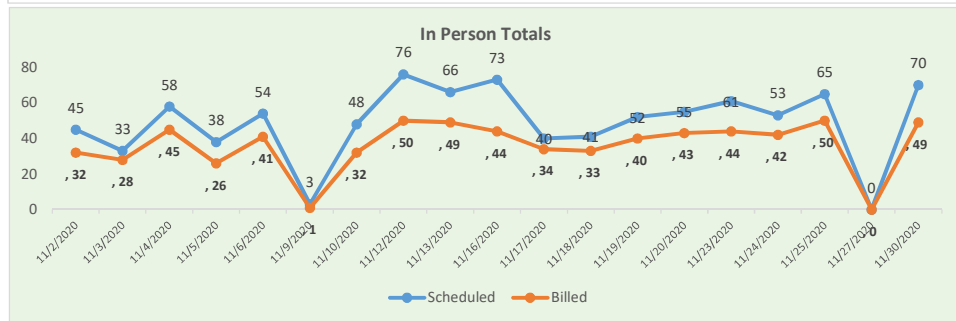
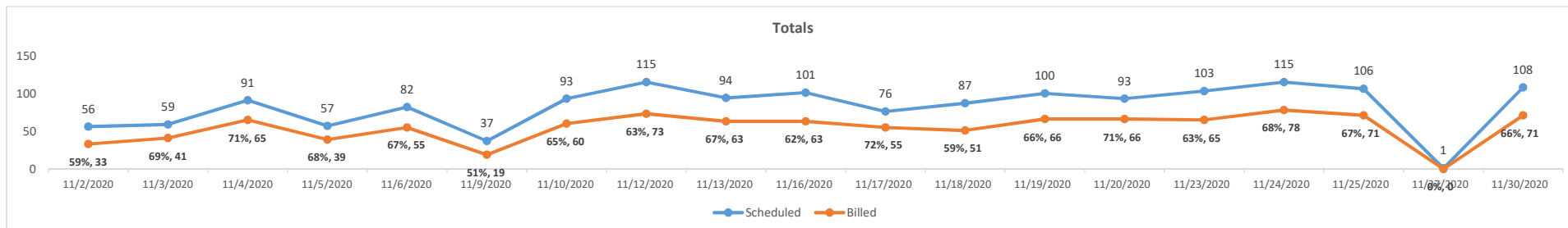
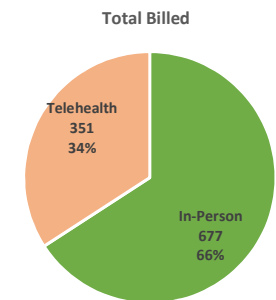
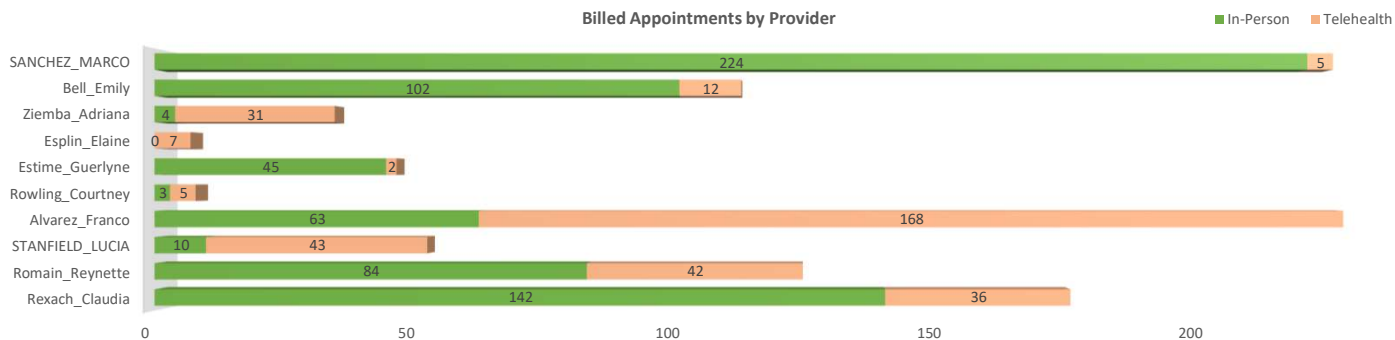
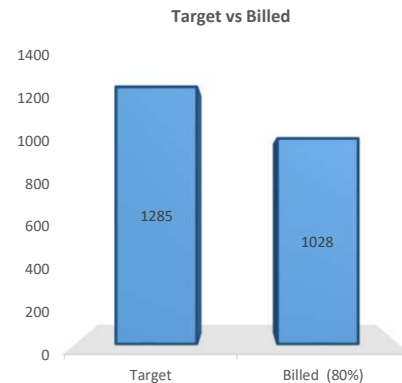
Provider / App Type	<51%				>=51% and < 80%				>= 80% and <100%				>= 100%			
	In-Person				Telehealth				TOTAL							
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target				
Alfonso_Puentes_Rami	54	76	51	94%									94%			
Dessalines_Duclos	222	351	187	84%	3	3							83%			
Perez_Daniel	96	150	74	77%	57	59	45	79%					78%			
JeanJacques_Fernique	1		1	100%	183	184	136	74%					74%			
Lazaro_Nancy	125	213	107	86%	1	1							85%			
Normil_Smith_Sherlou	225	347	162	72%									72%			
Navarro_Elisy	128	220	106	83%	104	92	76	73%					78%			
Calderon_Nylsa	106	97	66	62%	92	82	37	40%					52%			
Alwehaib_Arwa	64	79	85	133%									133%			
Cucuras_John	2	2	3	150%									150%			
Zangeneh_Yasmine	200	177	121	61%									61%			
Dental_MDI-LAN	232	175	208	90%									90%			
Grand Total	1455	1887	1171	80%	440	421	294	67%					77%			



LEWIS

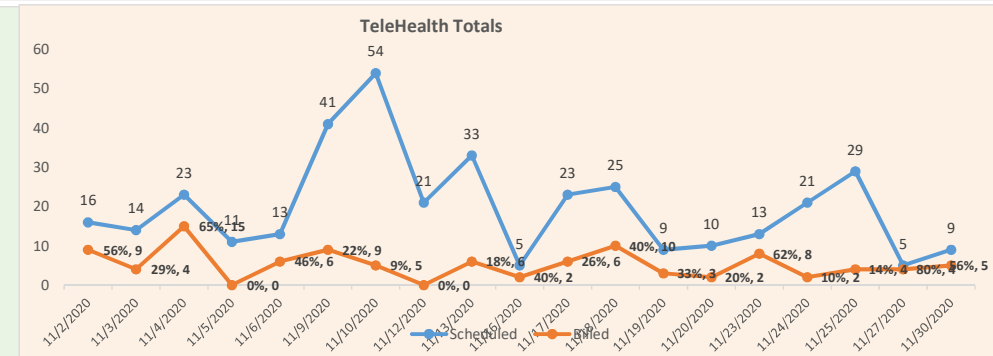
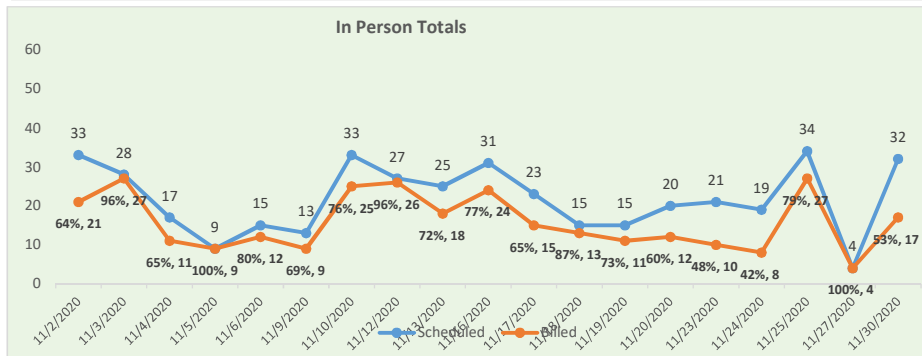
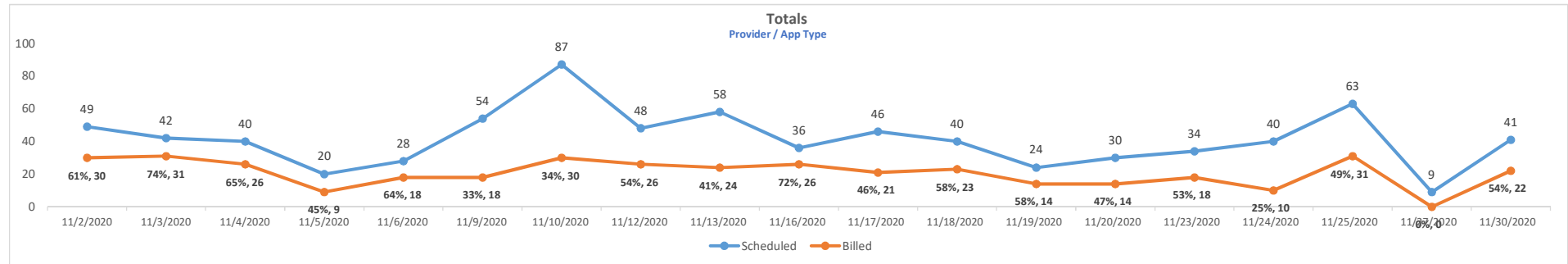
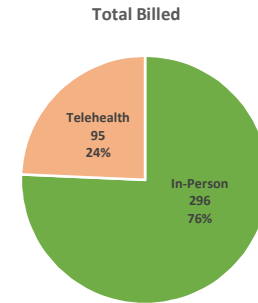
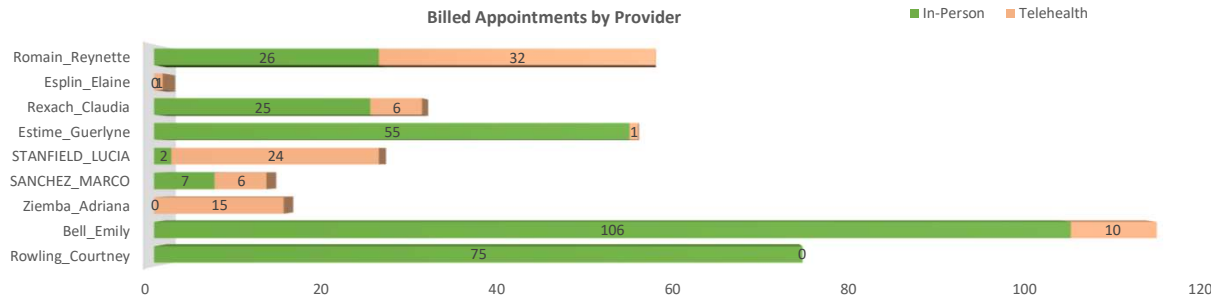
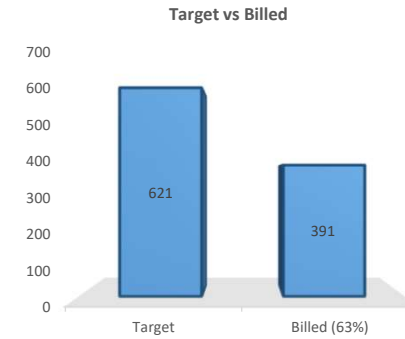
NOVEMBER 2020 (as 11/30/2020)

Provider / App Type	<51%				>=51% and < 80%				>= 80% and <100%				>= 100%
	In-Person				Telehealth				TOTAL				
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target				
Alvarez_Franco	66	69	63	95%	213	218	168	79%	83%				
Bell_Emily	64	93	102	159%	4	218	12	300%	168%				
Rowling_Courtney	3		3	100%	6		5	83%	89%				
Ziemba_Adriana	27	36	4	15%	54	82	31	57%	43%				
STANFIELD_LUCIA	37	58	10	27%	77	130	43	56%	46%				
SANCHEZ_MARCO	252	464	224	89%	12	5	5	42%	87%				
Estime_Guerlyne	143	51	45	31%	1		2	200%	33%				
Rexach_Claudia	69	97	142	206%	93	118	36	39%	110%				
Romain_Reynette	44	62	84	191%	60	92	42	70%	121%				
Esplin_Elaine					60		7	12%	12%				
Grand Total	705	930	677	96%	580	645	351	61%	80%				



MANGONIA

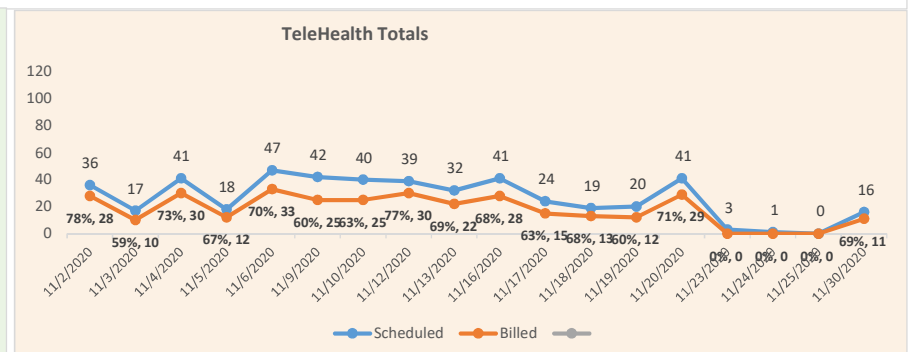
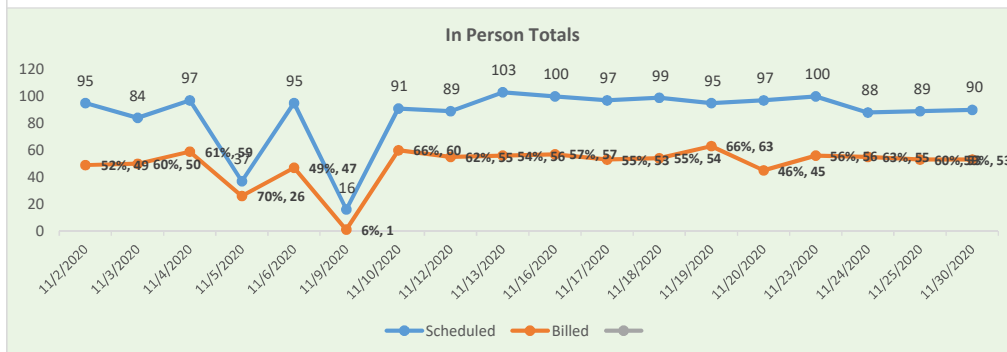
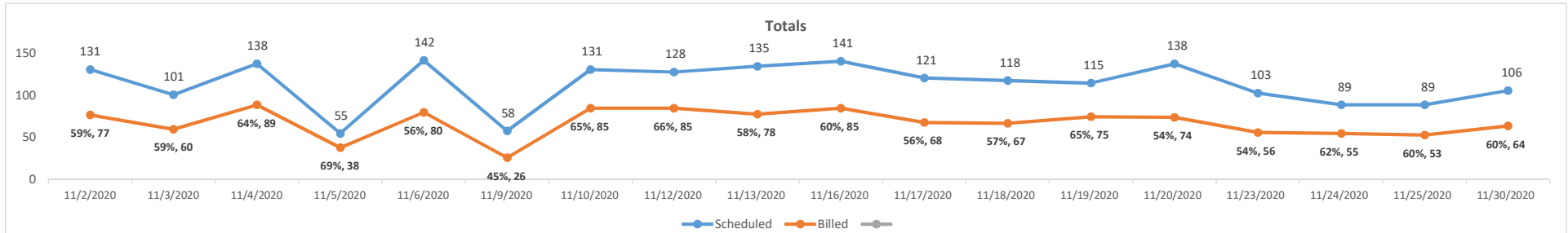
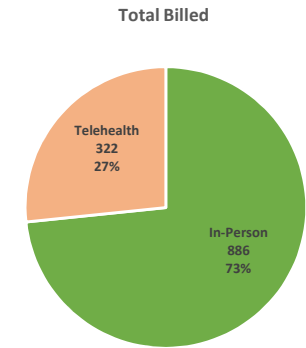
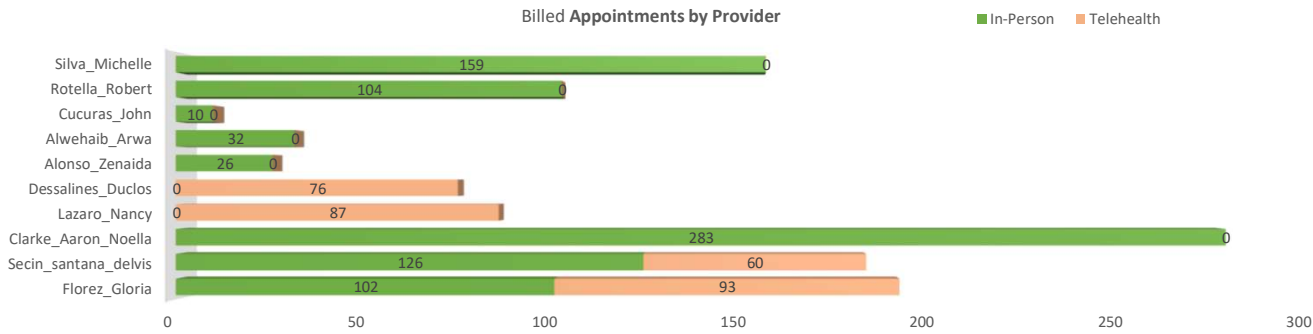
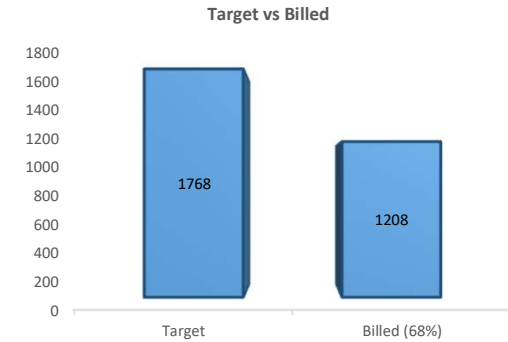
Provider / App Type	<51%				>=51% and < 80%				>= 80% and <100%				>= 100%			
	In-Person				Telehealth				TOTAL							
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target				
Rowling_Courtney	73	139	75	103%	4	1			97%							
Bell_Emily	139	125	106	76%	1	3	10	1000%	83%							
Ziemba_Adriana	15	20			16	37	15	94%	48%							
SANCHEZ_MARCO	12	7	7	58%	4		6	150%	81%							
STANFIELD_LUCIA	40	40	2	5%	68	68	24	35%	24%							
Estime_Guerlyne	118	32	55	47%	2		1	50%	47%							
Rexach_Claudia	16	26	25	156%	32	76	6	19%	65%							
Esplin_Elaine					12	90	1	8%	8%							
Romain_Reynette	19	25	26	137%	50	100	32	64%	84%							
Grand Total	432	414	296	69%	189	375	95	50%	63%							



WEST PALM BEACH

NOVEMBER 2020 (as 11/30/2020)

Provider / App Type	<51%				>=51% and < 80%				>= 80% and <100%				>= 100%	
	In-Person				Telehealth				TOTAL					
	Target	Scheduled	Billed	% Target	Target	Scheduled	Billed	% Target	% Target	% Target				
Florez_Gloria	116	164	102	88%	145	119	93	64%	75%					
Secin_santana_delvis	177	310	126	71%	102	85	60	59%	67%					
Clarke_Aaron_Noella	297	437	283	95%					95%					
Lazaro_Nancy		1			99	110	87	88%	88%					
Dessalines_Duclos					90	94	76	84%	84%					
Alonso_Zenaida	54	40	26	48%					48%					
Alwehaib_Arwa	48	54	32	67%					67%					
Cucuras_John	10	12	10	100%					100%					
Rotella_Robert	176	173	104	59%					59%					
Silva_Michelle	280	281	159	57%					57%					
Hirsch_Karen	96	90	44	46%	78	69	6	8%	29%					
Grand Total	1254	1562	886	71%	514	477	322	63%	68%					



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q3 - 2020

3. Substantive Analysis:

For Quarter 3, there were 76 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Warrior. Of the 76 occurrences, there were 16 Grievances and 60 Complaints. The top 5 categories were Communication, Care & Treatment, Physician Related, Finance and Environmental. The top subcategory with 31 Complaints and Grievances was Poor Communication. There was also a total of 8 compliments received across 3 clinics, Pharmacy and Clinic Administration.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Tony Colby
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 27, 2021

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q3 2020.

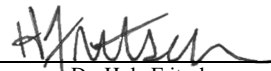
Approved for Legal sufficiency:



Valerie Shanfiari
VP & General Counsel



David Speciale
Director of Patient Experience



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

2020 Q3

07/01/2020 to 09/30/2020

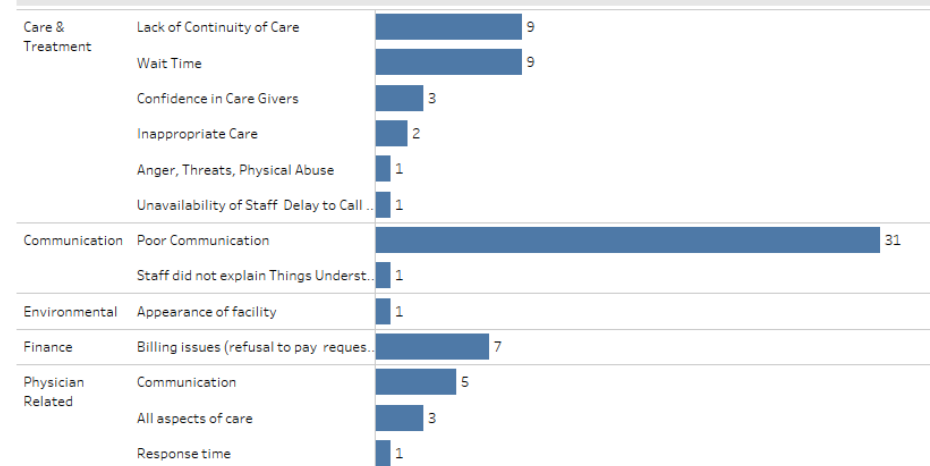
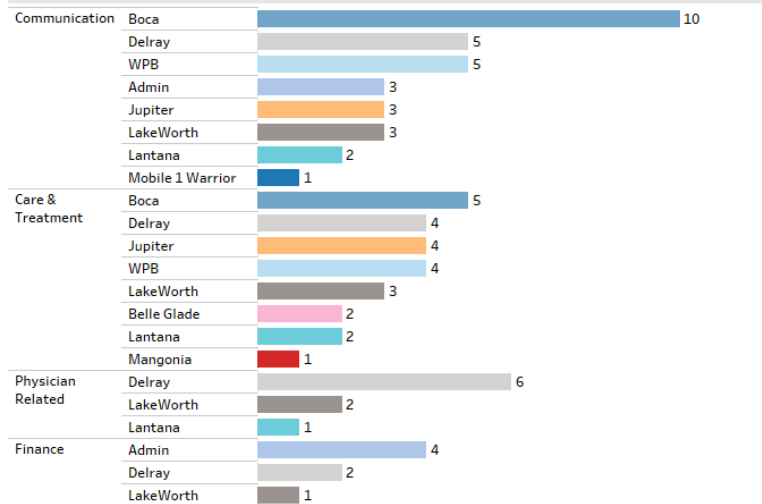
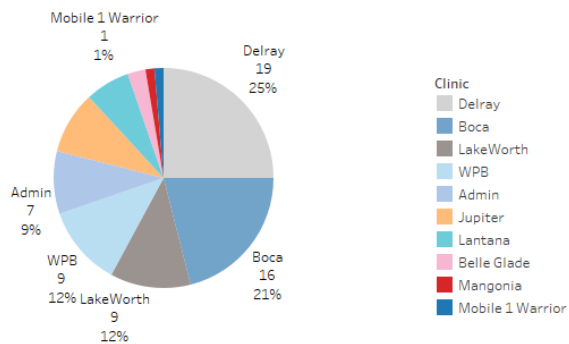
Total Complaints and Grievances

76

Clinics

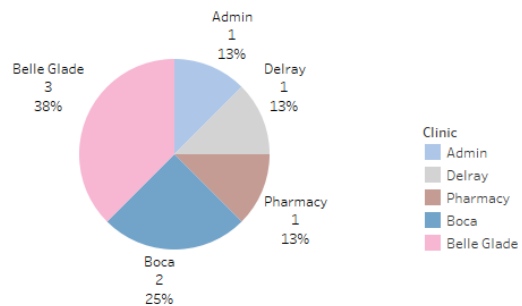
Top 5 Categories

Total Top 5 Subcategories

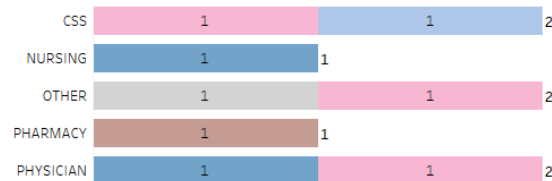


Total Compliments

8



Care and treatment Categories



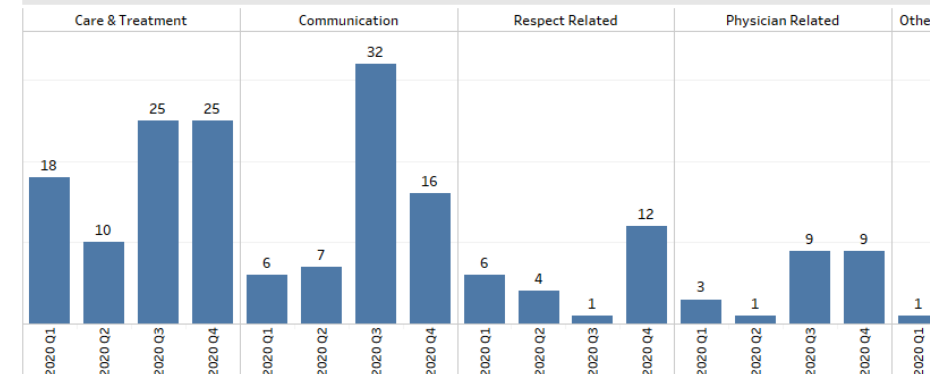
* Color represents Department

Complaints/Grievances Previous 4 Quarters

217

Top 5 Categories trended

01/01/2020 to 12/31/2020





C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County