



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

January 29, 2020

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 29, 2020
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order – James Elder, 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. Uniform Data System (UDS): Health Center Program 330 Funded Awardees: 2018 At a Glance & CY 2018 Performance Indicators by State. (Belma Andric)
- B. Risk Management Training. (Shauniel Brown)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of October 30, 2019. [Pages 1-12]
- B. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of November 27, 2019. [Pages 13-22]
- C. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of December 11, 2019. [Pages 23-33]

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 (continued)**

A. ADMINISTRATION

7A-1 **RECEIVE AND FILE:**
January 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 34]

7A-3 **Staff Recommends a MOTION TO APPROVE:**
Bylaws Update.
(Valerie Shahriari) [Pages 35-60]

B. FINANCE

7B-1 **Staff Recommends a MOTION TO APPROVE:**
C. L. Brumback Primary Care Update of Current Charge Master.
(Joel Snook) [Pages 61-69]

7B-2 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Finance Report November 2019.
(Joel Snook) [Pages 70-83]

8. **Regular Agenda**

A. ADMINISTRATION

8A-1 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope Form 5A.
(Dr. Belma Andric) [Pages 84-85]

8A-2 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope Form 5B.
(Dr. Belma Andric) [Pages 86-87]

8A-3 **Staff Recommends a MOTION TO APPROVE:**
Grant Application & Budget Updates.
(Dr. Belma Andric) [Pages 88-101]

8. Regular Agenda (continued)

- 8A-4 **Staff Recommends a MOTION TO APPROVE:**
Appointment of Susan Foster to the Clinic Board.
(Thomas Cleare) [Pages 102-105]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update.
(Dr. Belma Andric) [Pages 106-107]

C. OPERATIONS

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Updates.
(Dr. Hyla Fritsch) [Pages 108-110]

D. CREDENTIALING AND PRIVILEGING

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging.
(Sarah Gonzalez) [Pages 111-112]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Patient Relations Reports.
(David Speciale) [Pages 113-123]

- 8E-2 **Staff Recommends a MOTION TO APPROVE:**
Quality Report.
(Dr. Ana Ferwerda) [Pages 124-153]

F. RISK

- 8F-1 **Staff Recommends a MOTION TO APPROVE:**
Risk Management Plan 2020.
(Shauniel Brown) [Pages 154-167]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Closed Risk Meeting [Under Separate Cover]

12. Establishment of Upcoming Meetings

February 26, 2020 (HCD Board Room)

12:45pm Board of Directors

March 25, 2020 (HCD Board Room)

12:45pm Board of Directors

April 29, 2020 (HCD Board Room)

12:45pm Board of Directors

May 27, 2020 (HCD Board Room)

12:45pm Board of Directors

June 24, 2020 (HCD Board Room)

12:45pm Board of Directors

July 29, 2020 (HCD Board Room)

12:45pm Board of Directors

August 26, 2020 (HCD Board Room)

12:45pm Board of Directors

September 30, 2020 (HCD Board Room)

12:45pm Board of Directors

October 28, 2020 (HCD Board Room)

12:45pm Board of Directors

November 25, 2020 (HCD Board Room)

12:45pm Board of Directors

December 16, 2020 (HCD Board Room)

12:45pm Board of Directors

13. Motion to Adjourn

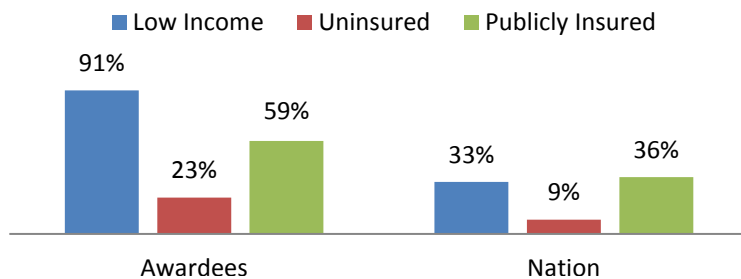
UDS: UNIFORM DATA SYSTEM

The Program

1,362 Health Center Program awardees provided services to 28,379,680 patients, representing nearly 7.6% of the total U.S. population. Over a period of 5 years, the number of funded awardees has grown by 6.6%, with 24% growth in the number of total patients served, averaging an annual increase of almost 5%.

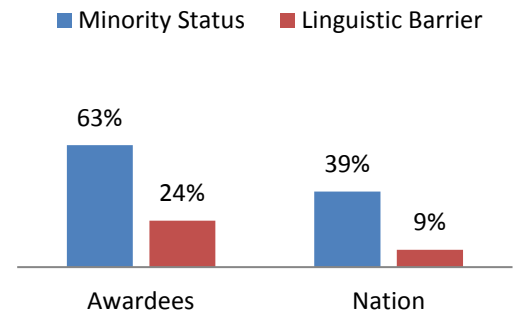
Patients: Socioeconomic Characteristics

- 91% have incomes at or below 200% of the Federal Poverty Level
- 23% are uninsured
- 59% have public insurance (Medicaid, Medicare, or Other Public)



Patients: Minority Status

- 63% are of racial and/or ethnic minority
- 24% face a linguistic barrier



Services Provided

- 100% of awardees provided primary medical care services
- 86% of awardees provided dental services
- 95% of awardees provided behavioral health services

Continuity of Care

Health Center Program awardees provide continuous care.

Service Category	Average Number of Visits/Patient/Year	% of Total Patients Utilizing Services
Medical	3.12	84%
Dental	2.58	23%
Mental Health	4.80	8%
Substance Use Disorder	6.64	1%
Vision	1.34	3%
Other Professional	2.97	3%
Enabling	2.51	9%

Staffing and Tenure

Health Center Program awardees employ the full time equivalent of 236,151 staff members and volunteers.

- 27,007 are physicians, CNMS, NPs, and PAs
- An additional 50,909 are other clinical (nurses and other medical professionals)
- 22,598 are enabling
- 18,715 are dental
- 13,518 are behavioral health (mental health and substance use disorder)
- 83,323 provide non-clinical support
- Medical providers (including nurses) report an average tenure of 5.2 years
- Dental care providers report an average tenure of 4.8 years
- Key non-clinical support staff (CEOs, CMOs, CFOs, and CIOs) report an average tenure of 7.9 years

UDS: UNIFORM DATA SYSTEM

Quality of Care and Outcome Indicators: Clinical Performance

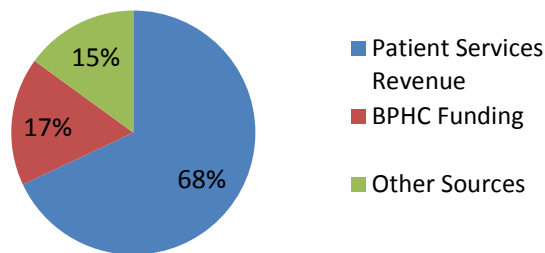
Health Center Program awardees provide high quality of care. Several clinical measures (depression screening, appropriate medication for asthma, dental sealants, and controlled hypertension) show performance that exceeds relevant national rates and/or Healthy People 2020 goals.

Quality of Care and Outcome Measures	Performance Rates and Goals	
	Awardees	HP 2020 Goal
Early Entry into Prenatal Care	74%	78%
Low Birth Weight	8%	8%
Childhood Immunization Status	39%	80%
Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents	69%	-
Body mass Index (BMI) Screening and Follow-Up Plan	70%	-
Tobacco Use: Screening and Cessation Intervention	88%	-
Cervical Cancer Screening	56%	93%
Colorectal Cancer Screening	44%	71%
Screening for Depression and Follow-Up Plan*	71%	2.3% / 2.4%
Use of Appropriate Medications for Asthma	87%	37%
Coronary Artery Disease (CAD): Lipid Therapy	81%	-
Ischemic Vascular Disease (IVD: Use of Aspirin or Another Antiplatelet	81%	-
HIV Linkage to Care	86%	-
Controlled Hypertension	63%	61%
Uncontrolled Diabetes	33%	16%
Dental Sealants for Children between 6-9 Years	53%	28%

*UDS Measure is for patients age 12+; related HP2020 measure is 2.3% for patients Age 19+ and 2.4% patients age 12-18

Sources of Support

Health Center Program awardees are funded primarily through patient services revenue.



Cost Effectiveness

- The average total cost per patient is \$990
- The average medical cost per medical visit is \$200
- The average charge per billable visit is \$297

Adjustments and Patient Discounts

- 62% of self-pay charges are written off as sliding discounts
- Indigent care funds cover 11% of self-pay charges
- 29% of insured charges are adjusted as allowances

Sources of Data: Aggregate CY 2018 UDS, CDC, U.S. Census/ACS, National Health and Nutrition Examination Survey, Healthy People 2020

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	AK	AL	AR	AS
	% Uninsured	10.5%	22.62%	19.43%	45.39%	17.67%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	37.69%	28.60%	39.21%	100.00%
% Low income (at or below <200% FPG)	33.2%	91.33%	81.84%	96.43%	84.60%	100.00%
% Racial and/or ethnic minority	38.5%	64.99%	61.40%	60.27%	39.57%	98.81%
% Hispanic or Latino	17.6%	36.27%	4.93%	10.61%	14.28%	0.00%
% Best served in another language	8.5%	23.63%	4.40%	8.30%	11.67%	10.52%
% Homeless	0.2%	4.98%	1.57%	5.76%	2.39%	0.00%
% Agricultural	0.8%	3.51%	0.34%	3.47%	0.68%	0.00%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	10.78%	11.84%	8.18%	0.00%
% School-based		2.89%	0.09%	2.80%	5.41%	0.00%
% Veterans	7.7%	1.36%	5.52%	0.99%	1.74%	0.00%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	AK	AL	AR	AS
% total patients receiving medical services		83.96%	87.95%	91.62%	93.75%	98.31%
% total patients receiving dental services		22.57%	34.71%	17.05%	12.21%	21.72%
Average medical visits/medical patient (excl.nurses)		3.1	2.9	2.9	3.2	1.7
% Early access to prenatal care	77.1%	73.82%	77.56%	63.60%	68.62%	57.22%
% Low birth weight	8.3%	8.00%	7.61%	11.30%	8.26%	3.80%
% Childhood immunizations		39.44%	32.60%	23.34%	36.46%	58.57%
% Weight assessment and counseling for children and adolescents		69.16%	28.42%	64.11%	70.52%	0.00%
% Adult weight screening and follow-up		70.15%	38.62%	70.17%	84.19%	11.43%
% Tobacco use screening and cessation services		88.09%	76.61%	84.10%	95.57%	10.00%
% Depression screening and follow-up		70.57%	56.75%	67.38%	70.65%	41.43%
% Cervical cancer screening	93%*	55.95%	45.81%	36.13%	37.07%	14.29%
% Colorectal cancer screening	70.5%*	44.11%	33.65%	26.41%	38.79%	0.00%
% HIV linkage to care	90%*	85.55%	100.00%	86.18%	95.92%	
% Controlled hypertension	61.2%*	63.26%	56.17%	50.44%	57.76%	50.00%
% Uncontrolled diabetes	16.2%*	32.83%	33.67%	36.30%	25.11%	88.57%
% Dental sealants	28.1%*	52.80%	71.17%	44.09%	40.37%	4.44%
Service Delivery Indicators		2018 UDS Nation	AK	AL	AR	AS
% growth in total patients		4.44%	(0.27%)	6.55%	5.92%	3.86%
Primary care physicians average years of tenure		5.7	4.4	4.7	4.9	0.7
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	37.24%	34.62%	34.97%	40.37%
Medical cost per medical patient		\$623.22	\$1,390.49	\$452.00	\$542.29	\$153.17
Medical cost per medical visit		\$199.78	\$485.26	\$157.91	\$171.22	\$89.01
Dental cost per dental patient		\$539.45	\$844.60	\$275.28	\$603.84	\$113.90
Dental cost per dental visit		\$209.08	\$341.41	\$134.34	\$248.95	\$54.63

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	AZ	CA	CO	CT	DC
% Uninsured	10.5%	22.62%	16.56%	18.93%	22.94%	16.73%	15.06%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	45.69%	66.43%	55.01%	61.67%	66.93%
% Low income (at or below <200% FPG)	33.2%	91.33%	89.82%	94.84%	92.22%	91.23%	89.33%
% Racial and/or ethnic minority	38.5%	64.99%	65.31%	81.18%	67.43%	79.58%	96.67%
% Hispanic or Latino	17.6%	36.27%	50.95%	61.89%	52.73%	50.74%	34.26%
% Best served in another language	8.5%	23.63%	19.61%	35.01%	27.86%	24.72%	33.55%
% Homeless	0.2%	4.98%	4.67%	6.88%	4.91%	4.01%	6.30%
% Agricultural	0.8%	3.51%	1.84%	9.92%	2.30%	0.30%	0.02%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	3.81%	4.95%	6.04%	19.99%	2.70%
% School-based		2.89%	1.13%	2.45%	4.20%	5.91%	0.40%
% Veterans	7.7%	1.36%	2.32%	0.84%	1.51%	0.74%	0.70%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	AZ	CA	CO	CT	DC
% total patients receiving medical services		83.96%	91.99%	84.16%	91.48%	82.95%	91.29%
% total patients receiving dental services		22.57%	15.64%	24.40%	23.80%	27.90%	20.73%
Average medical visits/medical patient (excl.nurses)		3.1	3.0	3.6	3.1	3.3	3.3
% Early access to prenatal care	77.1%	73.82%	75.13%	78.04%	79.48%	78.52%	61.25%
% Low birth weight	8.3%	8.00%	6.18%	6.67%	9.00%	7.17%	8.66%
% Childhood immunizations		39.44%	39.56%	39.21%	43.02%	67.62%	53.33%
% Weight assessment and counseling for children and adolescents		69.16%	69.88%	69.86%	66.99%	77.38%	79.97%
% Adult weight screening and follow-up		70.15%	66.71%	71.78%	62.04%	69.65%	68.36%
% Tobacco use screening and cessation services		88.09%	88.44%	89.84%	90.64%	90.76%	87.97%
% Depression screening and follow-up		70.57%	80.94%	69.37%	67.09%	75.34%	69.08%
% Cervical cancer screening	93%*	55.95%	53.18%	60.59%	58.56%	57.60%	66.05%
% Colorectal cancer screening	70.5%*	44.11%	45.27%	45.73%	40.16%	52.10%	45.95%
% HIV linkage to care	90%*	85.55%	82.76%	86.52%	89.83%	94.83%	91.93%
% Controlled hypertension	61.2%*	63.26%	63.22%	65.63%	68.05%	64.73%	61.58%
% Uncontrolled diabetes	16.2%*	32.83%	34.43%	35.00%	32.89%	29.41%	38.75%
% Dental sealants	28.1%*	52.80%	60.66%	54.37%	52.69%	67.38%	37.88%
Service Delivery Indicators		2018 UDS Nation	AZ	CA	CO	CT	DC
% growth in total patients		4.44%	4.84%	6.34%	2.89%	1.42%	3.63%
Primary care physicians average years of tenure		5.7	5.1	5.5	5.9	5.0	5.5
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	34.87%	35.48%	30.85%	32.82%	32.40%
Medical cost per medical patient		\$623.22	\$626.20	\$789.41	\$611.61	\$669.08	\$725.43
Medical cost per medical visit		\$199.78	\$208.49	\$219.20	\$195.25	\$203.81	\$217.81
Dental cost per dental patient		\$539.45	\$612.17	\$662.08	\$526.03	\$440.67	\$486.96
Dental cost per dental visit		\$209.08	\$263.95	\$212.39	\$215.55	\$177.35	\$190.91

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	DE	FL	FM	GA	GU
	% Uninsured	10.5%	22.62%	30.86%	36.68%	68.54%	36.20%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	38.21%	37.82%	5.23%	27.52%	80.49%
% Low income (at or below <200% FPG)	33.2%	91.33%	96.25%	92.53%	99.67%	89.77%	99.05%
% Racial and/or ethnic minority	38.5%	64.99%	77.68%	69.69%	99.68%	66.71%	99.22%
% Hispanic or Latino	17.6%	36.27%	40.64%	40.58%	0.00%	14.71%	0.00%
% Best served in another language	8.5%	23.63%	36.55%	24.27%	97.36%	13.16%	37.95%
% Homeless	0.2%	4.98%	1.56%	5.60%	0.00%	3.40%	0.51%
% Agricultural	0.8%	3.51%	2.14%	3.34%	0.00%	3.85%	0.00%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	0.00%	19.79%	0.00%	2.64%	0.00%
% School-based		2.89%	0.62%	4.74%	0.00%	4.01%	0.00%
% Veterans	7.7%	1.36%	1.08%	0.73%	0.00%	1.07%	0.28%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	DE	FL	FM	GA	GU
% total patients receiving medical services		83.96%	89.62%	81.04%	91.64%	91.60%	100.00%
% total patients receiving dental services		22.57%	19.09%	23.97%	8.98%	11.73%	0.00%
Average medical visits/medical patient (excl.nurses)		3.1	2.7	2.8	2.5	2.7	1.4
% Early access to prenatal care	77.1%	73.82%	63.65%	61.66%	35.79%	61.57%	22.71%
% Low birth weight	8.3%	8.00%	5.14%	8.31%	9.09%	11.97%	15.14%
% Childhood immunizations		39.44%	41.54%	36.22%	46.82%	27.11%	45.71%
% Weight assessment and counseling for children and adolescents		69.16%	75.01%	79.03%	56.22%	63.05%	22.86%
% Adult weight screening and follow-up		70.15%	79.58%	81.28%	55.97%	74.47%	47.14%
% Tobacco use screening and cessation services		88.09%	91.25%	89.59%	50.95%	85.60%	80.00%
% Depression screening and follow-up		70.57%	62.94%	77.55%	58.35%	81.91%	67.14%
% Cervical cancer screening	93%*	55.95%	76.84%	59.22%	31.02%	45.97%	40.00%
% Colorectal cancer screening	70.5%*	44.11%	69.02%	44.30%	2.51%	33.47%	45.71%
% HIV linkage to care	90%*	85.55%	81.25%	82.03%		80.00%	100.00%
% Controlled hypertension	61.2%*	63.26%	62.35%	60.50%	64.37%	58.40%	54.29%
% Uncontrolled diabetes	16.2%*	32.83%	42.92%	33.29%	82.45%	38.11%	50.00%
% Dental sealants	28.1%*	52.80%	23.27%	53.82%	58.50%	39.21%	
Service Delivery Indicators		2018 UDS Nation	DE	FL	FM	GA	GU
% growth in total patients		4.44%	(1.78%)	3.73%	6.29%	11.52%	(11.91%)
Primary care physicians average years of tenure		5.7	5.6	4.7	3.4	5.4	6.0
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	37.40%	35.96%	32.14%	34.53%	39.26%
Medical cost per medical patient		\$623.22	\$494.81	\$459.42	\$74.44	\$449.02	\$404.39
Medical cost per medical visit		\$199.78	\$180.82	\$166.06	\$29.92	\$166.77	\$287.68
Dental cost per dental patient		\$539.45	\$716.98	\$413.50	\$96.86	\$409.02	
Dental cost per dental visit		\$209.08	\$242.79	\$171.28	\$72.97	\$187.95	

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	HI	IA	ID	IL	IN
	% Uninsured	10.5%	22.62%	13.57%	22.20%	32.02%	21.00%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	55.11%	48.01%	27.45%	57.06%	54.22%
% Low income (at or below <200% FPG)	33.2%	91.33%	85.12%	93.04%	88.89%	94.51%	90.68%
% Racial and/or ethnic minority	38.5%	64.99%	82.77%	47.47%	34.46%	75.82%	54.37%
% Hispanic or Latino	17.6%	36.27%	10.64%	23.40%	25.30%	36.70%	18.94%
% Best served in another language	8.5%	23.63%	11.49%	19.73%	9.96%	20.49%	14.35%
% Homeless	0.2%	4.98%	5.27%	4.62%	3.43%	3.05%	2.07%
% Agricultural	0.8%	3.51%	0.72%	0.75%	5.55%	0.69%	0.32%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	9.54%	19.03%	0.71%	10.96%	5.30%
% School-based		2.89%	1.20%	0.24%	0.37%	2.60%	3.03%
% Veterans	7.7%	1.36%	2.02%	1.67%	3.82%	0.99%	0.91%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	HI	IA	ID	IL	IN
% total patients receiving medical services		83.96%	79.04%	74.02%	81.68%	90.86%	90.84%
% total patients receiving dental services		22.57%	30.12%	36.27%	22.57%	13.46%	11.74%
Average medical visits/medical patient (excl.nurses)		3.1	3.5	3.1	3.1	3.0	2.8
% Early access to prenatal care	77.1%	73.82%	69.97%	71.64%	78.69%	75.26%	66.79%
% Low birth weight	8.3%	8.00%	7.89%	6.60%	7.58%	8.99%	8.35%
% Childhood immunizations		39.44%	37.42%	42.17%	36.76%	32.01%	25.99%
% Weight assessment and counseling for children and adolescents		69.16%	65.54%	79.74%	47.96%	76.81%	69.71%
% Adult weight screening and follow-up		70.15%	68.36%	81.78%	63.72%	75.87%	69.61%
% Tobacco use screening and cessation services		88.09%	86.00%	92.16%	86.11%	86.92%	86.56%
% Depression screening and follow-up		70.57%	66.28%	79.05%	67.55%	77.70%	61.95%
% Cervical cancer screening	93%*	55.95%	53.37%	59.89%	50.09%	60.80%	51.10%
% Colorectal cancer screening	70.5%*	44.11%	39.06%	49.40%	36.87%	42.58%	39.24%
% HIV linkage to care	90%*	85.55%	66.67%	92.11%	80.00%	92.77%	90.91%
% Controlled hypertension	61.2%*	63.26%	61.23%	72.28%	63.57%	62.09%	60.49%
% Uncontrolled diabetes	16.2%*	32.83%	35.30%	29.64%	33.20%	33.89%	33.51%
% Dental sealants	28.1%*	52.80%	54.81%	64.80%	46.42%	58.54%	56.91%
Service Delivery Indicators		2018 UDS Nation	HI	IA	ID	IL	IN
% growth in total patients		4.44%	1.07%	6.67%	8.75%	2.66%	4.47%
Primary care physicians average years of tenure		5.7	6.1	4.4	3.9	5.2	4.6
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	34.91%	32.49%	37.05%	33.50%	32.41%
Medical cost per medical patient		\$623.22	\$900.70	\$626.86	\$660.09	\$504.94	\$557.34
Medical cost per medical visit		\$199.78	\$258.78	\$201.01	\$214.77	\$170.26	\$195.85
Dental cost per dental patient		\$539.45	\$616.40	\$394.37	\$578.26	\$369.65	\$537.54
Dental cost per dental visit		\$209.08	\$254.24	\$179.93	\$227.80	\$171.19	\$233.83

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	KS	KY	LA	MA	MD
% Uninsured	10.5%	22.62%	32.12%	13.38%	15.73%	13.47%	20.02%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	30.43%	45.20%	60.54%	50.15%	46.35%
% Low income (at or below <200% FPG)	33.2%	91.33%	91.23%	81.57%	94.63%	86.85%	88.26%
% Racial and/or ethnic minority	38.5%	64.99%	42.09%	21.58%	67.95%	69.48%	69.82%
% Hispanic or Latino	17.6%	36.27%	23.94%	7.41%	7.86%	36.03%	20.83%
% Best served in another language	8.5%	23.63%	14.28%	7.53%	5.55%	35.08%	15.96%
% Homeless	0.2%	4.98%	2.10%	3.37%	5.40%	4.45%	3.92%
% Agricultural	0.8%	3.51%	1.93%	0.50%	0.44%	0.86%	0.41%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	0.88%	8.19%	22.52%	33.41%	4.41%
% School-based		2.89%	1.44%	6.55%	7.13%	1.82%	3.10%
% Veterans	7.7%	1.36%	2.16%	1.95%	0.71%	1.19%	1.51%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	KS	KY	LA	MA	MD
% total patients receiving medical services		83.96%	73.30%	89.03%	76.52%	84.90%	86.37%
% total patients receiving dental services		22.57%	31.41%	16.16%	22.36%	23.41%	17.00%
Average medical visits/medical patient (excl.nurses)		3.1	2.8	3.5	2.8	3.4	3.0
% Early access to prenatal care	77.1%	73.82%	66.82%	82.60%	76.79%	80.05%	73.48%
% Low birth weight	8.3%	8.00%	7.48%	8.85%	11.80%	8.05%	8.20%
% Childhood immunizations		39.44%	45.28%	36.35%	28.71%	54.58%	44.82%
% Weight assessment and counseling for children and adolescents		69.16%	62.09%	79.13%	70.15%	60.52%	64.50%
% Adult weight screening and follow-up		70.15%	56.65%	75.27%	75.08%	58.31%	65.59%
% Tobacco use screening and cessation services		88.09%	82.53%	87.63%	86.96%	85.19%	89.38%
% Depression screening and follow-up		70.57%	72.43%	71.18%	79.19%	56.16%	76.69%
% Cervical cancer screening	93%*	55.95%	49.88%	51.84%	55.27%	62.55%	55.27%
% Colorectal cancer screening	70.5%*	44.11%	34.30%	44.21%	40.81%	55.62%	41.66%
% HIV linkage to care	90%*	85.55%	100.00%	86.84%	84.02%	92.31%	84.93%
% Controlled hypertension	61.2%*	63.26%	61.11%	68.67%	56.60%	64.80%	62.02%
% Uncontrolled diabetes	16.2%*	32.83%	29.90%	30.63%	33.93%	27.43%	32.63%
% Dental sealants	28.1%*	52.80%	49.12%	42.34%	63.47%	49.75%	69.21%
Service Delivery Indicators		2018 UDS Nation	KS	KY	LA	MA	MD
% growth in total patients		4.44%	8.63%	6.60%	4.26%	2.50%	2.63%
Primary care physicians average years of tenure		5.7	2.9	6.3	5.0	7.5	5.5
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	36.60%	34.43%	34.61%	32.00%	36.13%
Medical cost per medical patient		\$623.22	\$489.65	\$527.02	\$496.48	\$775.16	\$652.72
Medical cost per medical visit		\$199.78	\$177.38	\$152.07	\$180.50	\$226.46	\$219.63
Dental cost per dental patient		\$539.45	\$443.63	\$372.22	\$426.38	\$552.14	\$512.18
Dental cost per dental visit		\$209.08	\$220.42	\$179.15	\$224.31	\$180.13	\$209.69

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	ME	MH	MI	MN	MO
	% Uninsured	10.5%	22.62%	16.42%	100.00%	14.69%	28.67%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	21.32%	0.00%	52.61%	46.70%	46.45%
% Low income (at or below <200% FPG)	33.2%	91.33%	68.00%	100.00%	89.73%	90.13%	94.15%
% Racial and/or ethnic minority	38.5%	64.99%	8.68%	100.00%	48.28%	70.41%	38.45%
% Hispanic or Latino	17.6%	36.27%	2.01%	0.00%	14.11%	27.57%	8.76%
% Best served in another language	8.5%	23.63%	3.36%	100.00%	10.12%	28.95%	6.06%
% Homeless	0.2%	4.98%	3.42%	0.00%	6.83%	4.36%	3.54%
% Agricultural	0.8%	3.51%	1.15%	0.00%	1.95%	1.45%	0.22%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	2.18%	0.00%	56.75%	10.12%	16.46%
% School-based		2.89%	0.62%	0.00%	3.73%	2.58%	1.99%
% Veterans	7.7%	1.36%	5.77%	0.00%	1.98%	1.58%	1.85%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	ME	MH	MI	MN	MO
% total patients receiving medical services		83.96%	83.11%	84.07%	75.90%	69.52%	61.12%
% total patients receiving dental services		22.57%	23.01%	34.45%	31.26%	37.13%	42.37%
Average medical visits/medical patient (excl.nurses)		3.1	3.4	3.0	3.2	2.9	2.7
% Early access to prenatal care	77.1%	73.82%	89.28%	33.50%	70.56%	79.77%	69.29%
% Low birth weight	8.3%	8.00%	10.78%	4.48%	8.76%	7.60%	9.73%
% Childhood immunizations		39.44%	38.85%	0.00%	37.75%	43.20%	26.20%
% Weight assessment and counseling for children and adolescents		69.16%	55.46%	48.57%	60.72%	66.40%	65.30%
% Adult weight screening and follow-up		70.15%	60.47%	52.86%	65.42%	63.82%	79.38%
% Tobacco use screening and cessation services		88.09%	92.82%	35.71%	81.63%	90.74%	86.63%
% Depression screening and follow-up		70.57%	63.59%	30.00%	56.77%	51.98%	75.26%
% Cervical cancer screening	93%*	55.95%	59.65%	27.14%	55.59%	52.49%	54.73%
% Colorectal cancer screening	70.5%*	44.11%	62.27%	17.14%	45.90%	43.36%	39.85%
% HIV linkage to care	90%*	85.55%	100.00%		71.97%	82.98%	85.71%
% Controlled hypertension	61.2%*	63.26%	69.54%	50.00%	62.43%	60.29%	60.94%
% Uncontrolled diabetes	16.2%*	32.83%	19.88%	71.43%	31.71%	31.33%	31.63%
% Dental sealants	28.1%*	52.80%	48.95%	81.43%	54.72%	52.38%	49.37%
Service Delivery Indicators		2018 UDS Nation	ME	MH	MI	MN	MO
% growth in total patients		4.44%	2.10%	(6.60%)	0.43%	0.99%	3.95%
Primary care physicians average years of tenure		5.7	8.2	11.7	4.8	7.8	5.5
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	39.63%	24.13%	36.77%	33.06%	34.34%
Medical cost per medical patient		\$623.22	\$683.59	\$161.01	\$630.04	\$671.02	\$551.38
Medical cost per medical visit		\$199.78	\$201.22	\$52.98	\$198.96	\$227.50	\$201.21
Dental cost per dental patient		\$539.45	\$532.04	\$57.77	\$506.43	\$604.51	\$541.93
Dental cost per dental visit		\$209.08	\$212.58	\$45.60	\$199.08	\$243.99	\$249.83

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	MP	MS	MT	NC	ND
	% Uninsured	10.5%	22.62%	31.35%	35.43%	21.54%	41.93%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	41.84%	28.90%	36.76%	24.82%	29.16%
% Low income (at or below <200% FPG)	33.2%	91.33%	100.00%	92.72%	77.15%	91.59%	81.61%
% Racial and/or ethnic minority	38.5%	64.99%	96.05%	71.01%	19.62%	65.57%	35.24%
% Hispanic or Latino	17.6%	36.27%	0.00%	5.36%	6.62%	30.65%	5.46%
% Best served in another language	8.5%	23.63%	1.29%	3.67%	2.36%	21.30%	10.14%
% Homeless	0.2%	4.98%	0.00%	4.48%	4.70%	3.07%	4.99%
% Agricultural	0.8%	3.51%	0.00%	0.32%	3.42%	7.94%	0.94%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	0.00%	34.13%	5.85%	19.00%	0.00%
% School-based		2.89%	0.00%	7.62%	0.48%	1.01%	0.00%
% Veterans	7.7%	1.36%	0.00%	0.92%	4.64%	1.45%	2.15%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	MP	MS	MT	NC	ND
% total patients receiving medical services		83.96%	100.00%	89.90%	80.43%	82.25%	65.67%
% total patients receiving dental services		22.57%	0.00%	14.95%	29.10%	17.63%	37.60%
Average medical visits/medical patient (excl.nurses)		3.1	2.1	2.7	2.9	2.9	2.9
% Early access to prenatal care	77.1%	73.82%	44.12%	64.02%	81.81%	73.02%	79.46%
% Low birth weight	8.3%	8.00%	0.00%	13.85%	6.96%	8.45%	7.50%
% Childhood immunizations		39.44%	59.57%	44.44%	26.61%	57.22%	46.22%
% Weight assessment and counseling for children and adolescents		69.16%	92.86%	58.48%	55.72%	70.71%	48.64%
% Adult weight screening and follow-up		70.15%	95.71%	77.25%	57.81%	72.70%	48.82%
% Tobacco use screening and cessation services		88.09%	91.43%	83.15%	86.76%	84.41%	87.24%
% Depression screening and follow-up		70.57%	40.00%	70.78%	65.24%	65.12%	82.99%
% Cervical cancer screening	93%*	55.95%	2.99%	47.40%	51.01%	52.23%	55.90%
% Colorectal cancer screening	70.5%*	44.11%	0.00%	40.14%	45.15%	43.26%	51.11%
% HIV linkage to care	90%*	85.55%		91.49%	91.67%	89.57%	80.00%
% Controlled hypertension	61.2%*	63.26%	27.50%	58.42%	63.49%	62.59%	62.21%
% Uncontrolled diabetes	16.2%*	32.83%	63.64%	33.71%	28.13%	30.72%	26.34%
% Dental sealants	28.1%*	52.80%		49.31%	48.47%	43.39%	41.25%
Service Delivery Indicators		2018 UDS Nation	MP	MS	MT	NC	ND
% growth in total patients		4.44%	(21.07%)	0.41%	2.25%	4.42%	(1.95%)
Primary care physicians average years of tenure		5.7	0.3	7.6	3.9	6.0	7.4
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	50.00%	38.02%	34.41%	33.60%	35.84%
Medical cost per medical patient		\$623.22	\$305.06	\$437.01	\$702.40	\$498.04	\$687.62
Medical cost per medical visit		\$199.78	\$144.93	\$161.58	\$242.42	\$171.09	\$240.85
Dental cost per dental patient		\$539.45		\$349.95	\$540.33	\$540.21	\$515.26
Dental cost per dental visit		\$209.08		\$177.18	\$220.69	\$215.11	\$224.07

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	NE	NH	NJ	NM	NV
	% Uninsured	10.5%	22.62%	46.87%	14.68%	28.53%	24.03%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	28.50%	29.66%	54.14%	41.91%	44.79%
% Low income (at or below <200% FPG)	33.2%	91.33%	93.02%	71.96%	94.91%	93.20%	92.80%
% Racial and/or ethnic minority	38.5%	64.99%	67.52%	20.91%	77.50%	75.30%	69.49%
% Hispanic or Latino	17.6%	36.27%	47.12%	10.60%	46.97%	62.83%	48.59%
% Best served in another language	8.5%	23.63%	29.79%	9.31%	37.27%	20.31%	14.52%
% Homeless	0.2%	4.98%	6.94%	7.10%	5.27%	5.58%	7.46%
% Agricultural	0.8%	3.51%	1.11%	0.50%	2.33%	6.12%	3.36%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	2.64%	0.00%	13.38%	0.09%	0.66%
% School-based		2.89%	5.46%	0.00%	1.99%	4.85%	1.44%
% Veterans	7.7%	1.36%	0.75%	3.09%	0.81%	2.26%	0.64%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	NE	NH	NJ	NM	NV
% total patients receiving medical services		83.96%	80.68%	91.81%	87.10%	75.17%	86.47%
% total patients receiving dental services		22.57%	28.69%	11.16%	27.60%	25.29%	11.83%
Average medical visits/medical patient (excl.nurses)		3.1	2.6	3.3	2.8	3.2	2.6
% Early access to prenatal care	77.1%	73.82%	77.10%	83.92%	69.33%	72.42%	80.40%
% Low birth weight	8.3%	8.00%	9.00%	7.97%	6.10%	9.54%	14.05%
% Childhood immunizations		39.44%	66.17%	54.47%	53.71%	40.24%	41.89%
% Weight assessment and counseling for children and adolescents		69.16%	88.06%	70.73%	72.57%	80.75%	88.78%
% Adult weight screening and follow-up		70.15%	81.06%	63.49%	74.53%	77.45%	89.20%
% Tobacco use screening and cessation services		88.09%	94.21%	93.38%	92.29%	92.82%	81.73%
% Depression screening and follow-up		70.57%	90.34%	65.54%	73.94%	74.17%	74.38%
% Cervical cancer screening	93%*	55.95%	54.71%	66.15%	61.91%	52.99%	44.93%
% Colorectal cancer screening	70.5%*	44.11%	40.99%	59.18%	43.65%	49.30%	32.85%
% HIV linkage to care	90%*	85.55%	100.00%	100.00%	82.04%	71.43%	95.24%
% Controlled hypertension	61.2%*	63.26%	63.29%	68.34%	62.89%	68.23%	61.14%
% Uncontrolled diabetes	16.2%*	32.83%	28.60%	22.72%	32.28%	30.78%	38.42%
% Dental sealants	28.1%*	52.80%	75.08%	55.29%	48.29%	53.11%	54.42%
Service Delivery Indicators		2018 UDS Nation	NE	NH	NJ	NM	NV
% growth in total patients		4.44%	7.71%	3.77%	3.85%	1.14%	6.40%
Primary care physicians average years of tenure		5.7	4.8	9.4	5.1	5.7	2.8
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	30.17%	36.54%	39.57%	34.48%	38.91%
Medical cost per medical patient		\$623.22	\$506.84	\$736.65	\$470.83	\$569.93	\$548.88
Medical cost per medical visit		\$199.78	\$196.87	\$219.95	\$167.15	\$175.39	\$214.54
Dental cost per dental patient		\$539.45	\$464.61	\$665.85	\$384.91	\$688.23	\$773.78
Dental cost per dental visit		\$209.08	\$213.87	\$280.62	\$158.73	\$224.89	\$242.80

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	NY	OH	OK	OR
% Uninsured	10.5%	22.62%	15.82%	14.77%	29.43%	19.21%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	55.39%	53.68%	33.94%	55.93%
% Low income (at or below <200% FPG)	33.2%	91.33%	89.45%	92.50%	92.48%	89.60%
% Racial and/or ethnic minority	38.5%	64.99%	77.48%	41.21%	48.33%	41.49%
% Hispanic or Latino	17.6%	36.27%	37.58%	8.80%	28.72%	28.39%
% Best served in another language	8.5%	23.63%	31.01%	7.46%	17.84%	22.66%
% Homeless	0.2%	4.98%	4.48%	4.19%	2.50%	7.85%
% Agricultural	0.8%	3.51%	1.07%	0.57%	0.45%	3.97%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	27.90%	9.12%	8.51%	29.57%
% School-based		2.89%	3.56%	3.82%	0.68%	8.33%
% Veterans	7.7%	1.36%	0.82%	1.66%	1.81%	2.47%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	NY	OH	OK	OR
% total patients receiving medical services		83.96%	83.17%	77.86%	89.39%	77.11%
% total patients receiving dental services		22.57%	22.55%	23.80%	12.51%	29.56%
Average medical visits/medical patient (excl.nurses)		3.1	3.3	3.0	2.9	2.9
% Early access to prenatal care	77.1%	73.82%	79.79%	72.54%	77.43%	76.31%
% Low birth weight	8.3%	8.00%	7.53%	9.29%	8.94%	6.70%
% Childhood immunizations		39.44%	45.65%	32.40%	37.24%	28.82%
% Weight assessment and counseling for children and adolescents		69.16%	71.93%	70.48%	62.73%	54.87%
% Adult weight screening and follow-up		70.15%	66.25%	73.37%	64.21%	53.40%
% Tobacco use screening and cessation services		88.09%	87.58%	87.25%	86.03%	90.57%
% Depression screening and follow-up		70.57%	73.95%	75.82%	63.70%	69.27%
% Cervical cancer screening	93%*	55.95%	59.68%	51.01%	42.43%	54.86%
% Colorectal cancer screening	70.5%*	44.11%	50.24%	41.66%	24.74%	45.55%
% HIV linkage to care	90%*	85.55%	89.61%	70.99%	60.00%	85.71%
% Controlled hypertension	61.2%*	63.26%	64.61%	66.27%	55.17%	68.15%
% Uncontrolled diabetes	16.2%*	32.83%	29.59%	30.24%	39.06%	29.66%
% Dental sealants	28.1%*	52.80%	47.96%	68.77%	39.36%	43.97%
Service Delivery Indicators		2018 UDS Nation	NY	OH	OK	OR
% growth in total patients		4.44%	6.81%	2.50%	8.09%	2.53%
Primary care physicians average years of tenure		5.7	6.3	4.7	2.8	5.3
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	36.11%	32.48%	35.21%	35.31%
Medical cost per medical patient		\$623.22	\$743.63	\$537.80	\$501.65	\$986.98
Medical cost per medical visit		\$199.78	\$226.19	\$181.89	\$173.13	\$340.44
Dental cost per dental patient		\$539.45	\$516.55	\$456.07	\$669.53	\$711.60
Dental cost per dental visit		\$209.08	\$199.07	\$209.19	\$286.32	\$283.87

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	PA	PR	PW	RI	SC
	% Uninsured	10.5%	22.62%	13.79%	12.13%	97.60%	10.45%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	50.59%	63.83%	0.00%	56.05%	33.99%
% Low income (at or below <200% FPG)	33.2%	91.33%	88.18%	97.32%	100.00%	91.28%	89.77%
% Racial and/or ethnic minority	38.5%	64.99%	56.11%	99.48%	98.14%	58.31%	67.06%
% Hispanic or Latino	17.6%	36.27%	18.39%	99.22%	0.00%	40.24%	13.26%
% Best served in another language	8.5%	23.63%	14.24%	99.42%	97.98%	22.57%	10.13%
% Homeless	0.2%	4.98%	3.85%	2.68%	0.00%	2.76%	3.41%
% Agricultural	0.8%	3.51%	0.97%	1.96%	0.00%	0.44%	2.22%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	16.78%	21.75%	0.00%	32.29%	13.18%
% School-based		2.89%	1.32%	0.54%	0.60%	1.04%	1.80%
% Veterans	7.7%	1.36%	1.56%	0.41%	0.00%	1.21%	1.44%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	PA	PR	PW	RI	SC
% total patients receiving medical services		83.96%	80.28%	93.32%	95.84%	79.48%	93.05%
% total patients receiving dental services		22.57%	25.04%	12.13%	20.93%	34.40%	9.61%
Average medical visits/medical patient (excl.nurses)		3.1	2.7	3.5	2.1	3.4	3.1
% Early access to prenatal care	77.1%	73.82%	75.87%	86.26%	49.74%	82.07%	68.39%
% Low birth weight	8.3%	8.00%	8.63%	10.53%	13.06%	8.01%	10.03%
% Childhood immunizations		39.44%	40.22%	23.99%	0.00%	60.61%	27.93%
% Weight assessment and counseling for children and adolescents		69.16%	55.45%	67.79%	7.14%	78.81%	68.48%
% Adult weight screening and follow-up		70.15%	62.04%	85.08%	4.29%	84.80%	71.97%
% Tobacco use screening and cessation services		88.09%	88.57%	92.25%	1.87%	94.97%	85.63%
% Depression screening and follow-up		70.57%	69.73%	65.78%	9.66%	76.65%	65.39%
% Cervical cancer screening	93%*	55.95%	52.08%	56.65%	48.97%	64.11%	50.78%
% Colorectal cancer screening	70.5%*	44.11%	44.23%	54.47%	0.00%	54.98%	44.88%
% HIV linkage to care	90%*	85.55%	77.27%	90.48%	0.00%	40.00%	89.44%
% Controlled hypertension	61.2%*	63.26%	63.14%	66.73%	86.94%	72.42%	58.36%
% Uncontrolled diabetes	16.2%*	32.83%	30.79%	37.07%	29.72%	22.91%	33.92%
% Dental sealants	28.1%*	52.80%	39.60%	38.04%	5.80%	50.44%	41.51%
Service Delivery Indicators		2018 UDS Nation	PA	PR	PW	RI	SC
% growth in total patients		4.44%	1.82%	9.59%	(8.22%)	3.99%	6.08%
Primary care physicians average years of tenure		5.7	7.0	6.6	6.1	6.8	6.3
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	38.86%	39.60%	39.30%	34.08%	38.36%
Medical cost per medical patient		\$623.22	\$523.93	\$467.81	\$90.54	\$760.45	\$580.24
Medical cost per medical visit		\$199.78	\$193.16	\$134.88	\$42.14	\$224.60	\$184.36
Dental cost per dental patient		\$539.45	\$429.30	\$267.70	\$49.73	\$509.84	\$525.65
Dental cost per dental visit		\$209.08	\$176.71	\$139.15	\$24.78	\$197.68	\$214.94

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	SD	TN	TX	UT	VA
% Uninsured	10.5%	22.62%	24.02%	32.94%	41.17%	51.69%	30.99%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	27.40%	33.43%	32.56%	16.66%	26.28%
% Low income (at or below <200% FPG)	33.2%	91.33%	68.64%	94.05%	91.29%	92.72%	90.08%
% Racial and/or ethnic minority	38.5%	64.99%	37.63%	44.88%	77.28%	62.30%	53.75%
% Hispanic or Latino	17.6%	36.27%	11.14%	12.35%	58.79%	47.85%	17.67%
% Best served in another language	8.5%	23.63%	11.05%	9.31%	29.26%	36.66%	14.70%
% Homeless	0.2%	4.98%	3.20%	5.51%	5.27%	4.27%	3.19%
% Agricultural	0.8%	3.51%	0.76%	1.55%	1.11%	4.65%	2.06%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	0.00%	12.64%	19.53%	0.00%	0.83%
% School-based		2.89%	6.98%	0.67%	1.29%	7.28%	1.23%
% Veterans	7.7%	1.36%	2.75%	1.75%	0.89%	0.77%	2.38%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	SD	TN	TX	UT	VA
% total patients receiving medical services		83.96%	86.86%	88.84%	89.84%	86.49%	86.80%
% total patients receiving dental services		22.57%	22.12%	9.45%	15.80%	15.98%	19.48%
Average medical visits/medical patient (excl.nurses)		3.1	2.6	2.7	3.0	2.7	3.0
% Early access to prenatal care	77.1%	73.82%	62.99%	68.84%	67.10%	74.42%	61.73%
% Low birth weight	8.3%	8.00%	5.50%	9.81%	8.43%	6.43%	8.34%
% Childhood immunizations		39.44%	47.58%	29.33%	38.94%	46.13%	41.37%
% Weight assessment and counseling for children and adolescents		69.16%	59.19%	75.40%	74.65%	55.59%	68.10%
% Adult weight screening and follow-up		70.15%	62.30%	75.64%	73.82%	60.06%	67.78%
% Tobacco use screening and cessation services		88.09%	89.81%	90.50%	89.83%	85.41%	91.56%
% Depression screening and follow-up		70.57%	69.74%	81.31%	74.08%	61.73%	67.69%
% Cervical cancer screening	93%*	55.95%	53.08%	50.09%	57.51%	47.35%	48.47%
% Colorectal cancer screening	70.5%*	44.11%	45.42%	37.95%	35.72%	28.53%	41.43%
% HIV linkage to care	90%*	85.55%	53.85%	85.00%	85.50%	75.00%	81.25%
% Controlled hypertension	61.2%*	63.26%	65.65%	60.38%	60.50%	61.43%	62.30%
% Uncontrolled diabetes	16.2%*	32.83%	31.28%	30.99%	37.03%	36.25%	29.13%
% Dental sealants	28.1%*	52.80%	56.99%	59.95%	51.10%	44.41%	47.21%
Service Delivery Indicators		2018 UDS Nation	SD	TN	TX	UT	VA
% growth in total patients		4.44%	(1.08%)	0.03%	4.68%	5.00%	3.64%
Primary care physicians average years of tenure		5.7	8.8	5.4	4.5	6.8	7.0
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	38.34%	34.68%	37.09%	30.71%	36.42%
Medical cost per medical patient		\$623.22	\$614.60	\$449.37	\$551.12	\$468.50	\$513.70
Medical cost per medical visit		\$199.78	\$232.68	\$163.78	\$183.71	\$172.49	\$173.74
Dental cost per dental patient		\$539.45	\$614.25	\$455.37	\$525.07	\$792.63	\$550.96
Dental cost per dental visit		\$209.08	\$245.34	\$224.00	\$205.27	\$274.59	\$239.75

*indicates this is a Healthy People 2020 goal, not a current rate.

CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	VI	VT	WA	WI	WV
% Uninsured	10.5%	22.62%	30.74%	8.21%	16.57%	18.39%	8.25%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	48.45%	27.63%	57.59%	58.52%	36.05%
% Low income (at or below <200% FPG)	33.2%	91.33%	98.52%	75.98%	88.59%	94.13%	82.39%
% Racial and/or ethnic minority	38.5%	64.99%	96.71%	9.17%	57.39%	48.75%	8.70%
% Hispanic or Latino	17.6%	36.27%	20.33%	1.46%	34.94%	25.16%	1.94%
% Best served in another language	8.5%	23.63%	10.87%	1.97%	25.94%	18.18%	1.27%
% Homeless	0.2%	4.98%	0.92%	1.31%	10.10%	1.64%	2.44%
% Agricultural	0.8%	3.51%	0.48%	0.43%	10.79%	0.40%	0.26%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	91.31%	23.94%	49.62%	3.04%	1.52%
% School-based		2.89%	1.02%	0.10%	0.94%	1.45%	9.81%
% Veterans	7.7%	1.36%	1.51%	3.54%	2.25%	1.09%	2.36%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	VI	VT	WA	WI	WV
% total patients receiving medical services		83.96%	77.25%	86.40%	78.27%	54.38%	91.88%
% total patients receiving dental services		22.57%	36.32%	19.86%	37.09%	52.93%	9.88%
Average medical visits/medical patient (excl.nurses)		3.1	2.6	3.4	2.9	3.0	3.3
% Early access to prenatal care	77.1%	73.82%	63.68%	87.47%	84.28%	76.89%	79.05%
% Low birth weight	8.3%	8.00%	12.11%	5.02%	6.15%	8.29%	8.86%
% Childhood immunizations		39.44%	0.80%	46.69%	48.23%	46.96%	30.22%
% Weight assessment and counseling for children and adolescents		69.16%	62.00%	52.13%	63.61%	57.32%	61.51%
% Adult weight screening and follow-up		70.15%	74.06%	49.50%	67.49%	61.39%	63.29%
% Tobacco use screening and cessation services		88.09%	81.14%	84.18%	88.55%	88.93%	80.85%
% Depression screening and follow-up		70.57%	65.31%	48.50%	65.40%	62.92%	59.76%
% Cervical cancer screening	93%*	55.95%	61.14%	52.69%	51.91%	57.99%	51.96%
% Colorectal cancer screening	70.5%*	44.11%	22.77%	57.09%	48.47%	48.45%	48.02%
% HIV linkage to care	90%*	85.55%	100.00%	87.50%	78.23%	96.67%	40.91%
% Controlled hypertension	61.2%*	63.26%	42.60%	65.18%	68.36%	65.97%	70.02%
% Uncontrolled diabetes	16.2%*	32.83%	39.07%	19.64%	29.68%	32.77%	28.94%
% Dental sealants	28.1%*	52.80%	25.83%	59.05%	58.30%	61.76%	62.23%
Service Delivery Indicators		2018 UDS Nation	VI	VT	WA	WI	WV
% growth in total patients		4.44%	10.24%	2.85%	5.47%	(3.03%)	2.63%
Primary care physicians average years of tenure		5.7	5.7	8.2	5.7	11.3	7.5
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	51.81%	36.91%	34.77%	36.49%	35.87%
Medical cost per medical patient		\$623.22	\$894.37	\$682.40	\$642.23	\$641.93	\$552.85
Medical cost per medical visit		\$199.78	\$342.56	\$200.67	\$223.36	\$211.67	\$168.99
Dental cost per dental patient		\$539.45	\$701.21	\$681.13	\$593.86	\$667.38	\$431.40
Dental cost per dental visit		\$209.08	\$332.53	\$279.09	\$213.60	\$254.19	\$181.11

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CY 2018 Performance Indicators by State

Patient Profile Indicators	National (ACS 2013-2017, etc.)	2018 UDS Nation	WY
% Uninsured	10.5%	22.62%	28.80%
% Medicaid/ CHIP/Other Public	21.8%	49.37%	16.19%
% Low income (at or below <200% FPG)	33.2%	91.33%	86.48%
% Racial and/or ethnic minority	38.5%	64.99%	23.25%
% Hispanic or Latino	17.6%	36.27%	13.57%
% Best served in another language	8.5%	23.63%	3.06%
% Homeless	0.2%	4.98%	7.88%
% Agricultural	0.8%	3.51%	0.24%
% Served at a Health Center Located In or Immediately Accessible to Public Housing		15.55%	0.00%
% School-based		2.89%	0.00%
% Veterans	7.7%	1.36%	4.29%
Quality of Care Indicators	National (HP 2020, CDC, etc.)	2018 UDS Nation	WY
% total patients receiving medical services		83.96%	93.58%
% total patients receiving dental services		22.57%	9.31%
Average medical visits/medical patient (excl.nurses)		3.1	2.9
% Early access to prenatal care	77.1%	73.82%	66.72%
% Low birth weight	8.3%	8.00%	7.48%
% Childhood immunizations		39.44%	18.10%
% Weight assessment and counseling for children and adolescents		69.16%	12.54%
% Adult weight screening and follow-up		70.15%	44.17%
% Tobacco use screening and cessation services		88.09%	83.82%
% Depression screening and follow-up		70.57%	69.48%
% Cervical cancer screening	93%*	55.95%	28.23%
% Colorectal cancer screening	70.5%*	44.11%	25.13%
% HIV linkage to care	90%*	85.55%	100.00%
% Controlled hypertension	61.2%*	63.26%	52.60%
% Uncontrolled diabetes	16.2%*	32.83%	44.71%
% Dental sealants	28.1%*	52.80%	60.00%
Service Delivery Indicators		2018 UDS Nation	WY
% growth in total patients		4.44%	4.68%
Primary care physicians average years of tenure		5.7	3.3
Non-clinical/facility/service support FTEs as % of total FTEs		35.28%	35.17%
Medical cost per medical patient		\$623.22	\$643.80
Medical cost per medical visit		\$199.78	\$220.28
Dental cost per dental patient		\$539.45	\$735.87
Dental cost per dental visit		\$209.08	\$278.94

*indicates this is a Healthy People 2020 goal, not a current rate.



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

C.L.B.P.C.C. Board Meeting

January 29, 2020

..... Objectives

- **Define Enterprise Risk Management**
- **Describe what is patient safety**
- **Explain the term Just Culture**
- **Describe the role of the Risk Management department**
- **Recognize events reportable to Risk Management (Actual & Near Miss)**

8 domains of ERM



- **Operational**
 - Processes, people, systems
 - Affect business operations
- **Clinical/Patient Safety**
 - Healthcare delivery
 - HACs, adverse events
- **Strategic**
 - Organizational plan
 - Reputation, brand, affects business
- **Financial**
 - Focused on sustainability
 - Credit, risk expenditures, billing
- **Human Capital**
 - Workforce
 - Recruiting, retention, injury
- **Legal/Regulatory**
 - Accreditation, laws
 - Licensure, fraud and abuse
- **Technology**
 - Hardware, devices, tools
 - EHR, cyber (hacking)
- **Hazard**
 - Assets, business interruption
 - Weather, buildings



..... Institute of Medicine report (1999)

- **44,000 to 98,000 people die in hospitals each year due to medical errors**
 - Preventable
 - Higher than the number of deaths from road traffic accidents , breast cancer, and AIDS.
- **Medical errors can be defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.**

..... What is patient safety?

- The absence of preventable harm to a patient during the process of health care.
- Improved health outcomes and health status.
- A component and a result of good quality health services and quality of care.

Just Culture

.....

- Reduce harm to the next patient
- Turn adverse events into opportunities for improvement
- Allows team members to acknowledge and learn from errors
- Sharing of lessons learned without fear of retribution
- Balance between learning from mistakes and sharing accountability

**“Change the people
without changing the
system and the
problems will
continue.”**

Don Norman
Author, “The Design of Everyday
Things”



..... Risk Management Functions

**Patient Safety
Initiatives**

**Patient Safety
Performance
Improvement**

**Risk Assessment
& Mitigation**

**Internal Event
Reporting
System
Management**

**Loss Control,
Claims
Management,
Peer Review**

**Communication
of Lessons
Learned**

Culture of Safety – Patient Centered Care



Events Reportable to Risk Management

Near Miss:

- Events that could have caused harm to the patient but never reached the patient.

Actual Event:

- Any unusual occurrence that is inconsistent with the routine care and/or operation of the hospital.

Adverse Incidents:

- Events involving medical/surgical intervention that results in harm to the patient.
- Code 15/ Sentinel Event – Mandatory reporting by Hospital Risk Management
- Examples of Code 15: Wrong site/ Wrong patient surgery; Medical errors which contributed to catastrophic events or death; Unexpected death.

..... Disclosure

- Must disclose any adverse incident that results in serious harm.
- Disclosure must be conducted within a timely manner by the attending physician.
- Disclosure is not acknowledgement of liability; cannot be used as evidence in a malpractice trial.

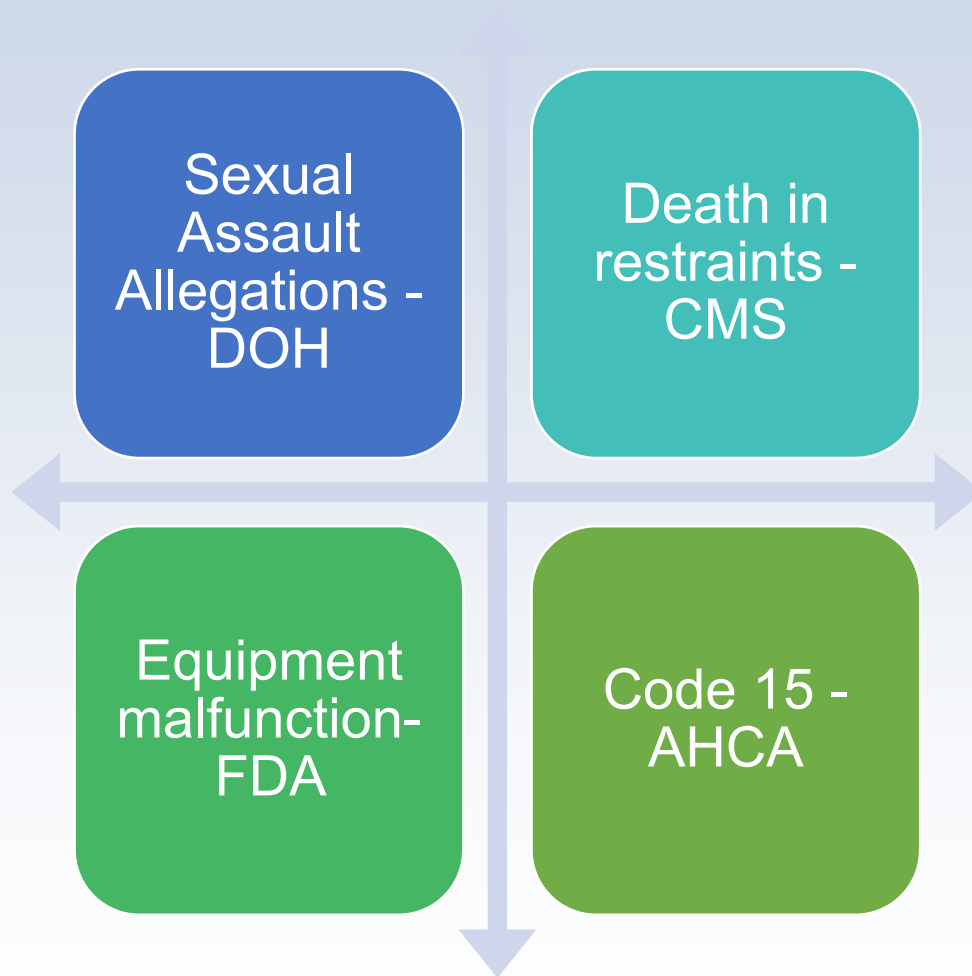


Equipment Malfunction

- Lockout-tag out (LOTO) or lock and tag is a safety procedure which is used to ensure that malfunctioning equipment or devices are properly shut off and stored until the completion of maintenance or servicing work.
- Report immediately to supervisor and Maintenance department
- Remove equipment from patient care area
- If the patient is harmed, notify RM and sequester the equipment immediately
- Submit event via RiskQual



External Reportable Events



..... Fire Safety Plan

- Fire Safety Response



- Pull the pin



- Aim at the base of the fire



- Squeeze the lever slowly



- Sweep from side to side

..... Fire Safety Response



Rescue the individual from the immediate danger or fire.



Alert by activating the nearest fire pull station and notifying area staff members.

confine

Confine by closing all doors.



Extinguish fire if it is safe to do so by following the instructions on the extinguisher, and by using P.A.S.S. technique.

..... Investigation Process

- Investigation – Medical record review, staff/medical staff interviews
- Review by clinical specialty; multidisciplinary team
- Root Cause Analysis/ Comprehensive System Analysis (RCA/CSA) – Find real cause of an event; focus on system instead of individual/ Human Factor
- Action plan for improvement based on findings
- Auditing for continuous improvement



Remember: Report to Risk Management

- An error (even if it did not result in harm), complaints or threats to sue
- Property damage
- Theft or loss of property (Clinics, patient's or employee's)
- Automobile accident while on company business whether in personal auto or company furnished vehicle
- Any unsafe situation/condition
- Any safety hazard
- Elopement/missing patient
- Potential abuse, exploitation or neglect
- Sexual abuse, harassment, or non-consensual encounters
- Falls
- Medication errors, adverse incident or missed doses
- Procedures: wrong procedure, site or patient
- Unnecessary procedures
- Physical or verbal abuse, neglect and exploitation
- Suspicious injuries of unknown origin
- Any event reported to law enforcement or a regulatory agency





C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

C.L.B.P.C.C. Board Meeting

January 29, 2020

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
10/30/2019**

Present: James Elder, Chairperson; Mike Smith, Treasurer; John Casey Mullen; Irene Figueroa, Secretary; Julia Bullard; Melissa Mastrangelo, Tammy Jackson-Moore

Excused: Gary Butler, Vice Chairperson; Marjorie Etienne

Absent: Lisa Strickland

Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of Clinic Operations and Pharmacy Services; Darcy Davis, CEO; Tamelia Lakraj-Edwards, Quality Manager; Ana Szogi, Data Reporting Analyst; Martha Hyacinthe, Director of Risk; Dr. Ana Ferwerda, Medical Director; Andrea Steele, Quality Director; Deborah Hall, VP & Chief Compliance & Privacy Officer; Sarah Gonzalez, Director of Credentialing and Provider Services; David Speciale, Patient Relations Manager; Shauniel Browne, Risk Manager

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45 PM

Meeting Began at: 12:51 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Elder called the meeting to order. Roll call was taken.	The meeting was called to order at 12:51pm
2. Agenda Approval	Mr. Elder 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.

<p>2A. Additions/Deletions/ Substitutions</p> <p>2B. Motion to Approve Agenda Items</p>	<p>Correction of the Mangonia Park Address added to the Consent agenda as Item 7A-4.</p> <p>The agenda for the October 2019 meeting was approved as sent digitally to board members in the board package.</p>	<p>Figuroa. A vote was called, and the motion passed unanimously.</p>
<p>3. Awards, Introductions and Presentations</p> <p>3A. “Homeless Coalition Award” video</p>	<p>Dr. Andric presented the “Homeless Coalition Award” Video. Dr. Andric explained that the CLBPCC Mobile Clinic received the Award as provider of the year (in our first year of operation). Mr. Smith asked if these videos are accessible to persons outside of the Health Care district. Ms. Davis, CEO, explained that they are available on both the external and internal HCD sites.</p>	<p>No action necessary.</p>
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p> <p>5a. Motion To Amend the Approved Agenda</p>	<p>None.</p> <p>There was an error in the approved agenda, and the Board wishes to add an item (The Executive Director’s Annual Evaluation) that was present in the board packet, but was inadvertently omitted from the agenda. Therefore, the board would like to revise the agenda and add Item 8A-2.</p>	<p>No action necessary.</p> <p>VOTE TAKEN: Mr. Smith made a motion to amend the agenda. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>
<p>6. Meeting Minutes</p>		<p>VOTE TAKEN: Ms. Figuroa made a motion to approve the Board meeting minutes of September 25, 2019 as</p>

<p>6A Staff Recommends a MOTION TO APPROVE: Board meeting minutes of September 25, 2019</p>	<p>There were no changes or comments to the minutes dated September 25, 2019.</p>	<p>presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
<p>6B Staff Recommends a MOTION TO Withdraw Approval: Board meeting minutes of September 25, 2019</p>	<p>The minutes dated September 25 is in need of correction. Ms. Bullard was able to point out an error on page 9 where the vote listed 'Ms. Butler' as the voting party instead of the correct 'Mr. Butler'.</p>	<p>VOTE TAKEN: Mr. Smith made a motion to withdraw the board's approval of the Board meeting minutes of September 25, 2019 as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>
<p>6C Staff Recommends a MOTION TO APPROVE with Revised Correction: Board meeting minutes of September 25, 2019</p>	<p>Ms. Bullard made a motion to approve the Board minutes of September 25, 2019 with Revised Correction.</p>	<p>VOTE TAKEN: Ms. Butler made a motion to approve with Revised Correction Board meeting minutes of September 25, 2019 as presented. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Figueroa A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1. Receive & File: October 2019 Internet</p>	<p>The meeting notice was posted.</p>	<p>Receive & File. No further action necessary.</p>

Posting of District Public Meeting		
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Receive & File: Proposed Schedule for 2020 Board Meetings	Clinic Board Meeting Schedule Proposed for the 2020 Calendar Year	Receive & File. No further action necessary.
7A-4. Motion to Approve: Change in Scope – Mangonia Park	Mangonia Park Address was incorrect in contract, so we need to bring the corrected address for Board approval.	Motion to Approve. No further action necessary.
7B. FINANCE		
7B-1. Receive & File: C. L. Brumback Primary Care Clinics Finance Report August 2019.	Finance Report for September 2019 presented and reviewed in the Finance Committee meeting.	Receive & File. No further action necessary.
7B-2. Receive & File: C. L. Brumback Primary Care Clinics Proposed Budget for FY 2020	Proposed budget for Fiscal Year 2020. Agenda item was discussed during Finance Committee.	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Appointments of Tammy Jackson-Moore to the Clinic Board	Thomas Cleare, VP of Strategy Presented the Following candidate. Tammy Jackson-Moore has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Ms. Jackson-moor is the newly appointed board member on the Health	VOTE TAKEN: Mr. Elder made a motion to approve the appointment of Ms. Tammy Jackson-Moore to the Clinic Board. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.

	<p>care District's Board. The appointment of Ms. Jackson-Moore to the Clinics Board will create a valuable link between the Clinics Board and the Health Care District's Board. Ms. Jackson-Moore is a resident of the Glades who has served as a strong advocate in the community and volunteered on several community boards. Ms. Jackson-Moore was discussed during Nominating Committee meeting and has been forwarded to the clinics board for approval.</p> <p>Once the vote was passed, Dr. Andric invited Ms. Jackson Moore to join the Clinic Board Members.</p>	
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Executive Director Evaluation</p>	<p>Mr. Elder informed the other Board Members that he had the opportunity to review this agenda Item with Ms. Davis prior to the board meeting, and welcomed the board members to review and ask any questions that may come to mind. Mr. Smith asked who conducted the evaluation, and Ms. Davis informed him that she was the one who wrote up the evaluation as presented and worked closely with Mr. Elder for an evaluation deemed appropriate for the board. Ms. Davis explained that this evaluation is a bit different than previous cases, as Dr. Andric's predecessor only had duties as executive director, whereas Dr. Andric is evaluated separately as Executive Director of the Clinics and as Chief Medical Officer. Ms. Darcy Davis, CEO provided her evaluation of Dr. Belma Andric in her role as Executive director of Clinic Services.</p> <p>Mr. Smith stated that he agrees that Dr. Andric is certainly above average, though he finds it interesting that the evaluation calls for either success or failure and nothing in-between. Mr. Mullen claims that Dr. Andric falls positively outside of the scale in her</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve Ms. Davis's Evaluation of Dr. Belma Andric. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

	<p>performance. Mr. Smith asked if this evaluation reflects on compensation. Ms. Davis explains that Dr. Andric's Salary is split in half (one half as VP and executive director, and the other as Chief Medical Officer of the HCD). Ms. Davis explained that whatever would be reflected would affect the rate increase for half of Dr. Andric's salary the following fiscal year.</p>	
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8B. EXECUTIVE

<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Dr. Andric provided the following report. Ms. Marjorie Etienne sends her apologies for her absence. Dr. Andric Presented the other new board member, Ms. Melissa Mastrangelo, a nursing student, and student ambassador at Palm Beach State college. Ms. Mastrangelo has experience working with homeless populations. She also informed Dr. Andric that she is particularly interested in the operation of the Mobile clinic. Dr. Andric also took this time to inform the board that the mobile clinic served on the Palm Beach State Lake Worth campus for the first time last week. Mr. Smith suggested maybe opening up the mobile clinic to serve as a rotation site for the Palm Beach State College Nursing Students. Dr. Andric also briefly introduced Ms. Jackson-Moore. A letter was received from AHCA stating that we can open with a fire watch. Mr. Smith asked how the fire watch worked; Dr. Andric explained that existing security guards are stationed and assigned to watch for fires. In contact with HRSA Project Officer about Scope Verification for this new site. The Clinic opened doors on 10/21/2019 right next to Addiction Stabilization Center. Change In Scope approval from HRSA was submitted on 10/1/2019, but Notice of Award has not yet been received. HRSA Project</p>	<p>Receive & File. No further action necessary.</p>
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	<p>Officer has been contacted via phone twice to discuss the Change In Scope approval and it anticipated in a matter of days. Dr. Andric also extended an invitation to the board members to tour our new Addiction and Stabilization clinic. The New electronic management system Converge Point to house all Clinic and Health Care District Policies, Procedures, Protocols and Standard Operating Procedures is currently in testing phase with the hope of being live by December 2019. Board Chair will no longer sign Policies, but they will still be brought to the Board for either Approval (Clinic) or Adoption (HCD). November 27th meeting is the day before Thanksgiving, though some members will be out of town we will have a quorum.</p>	
<p>8C. OPERATIONS</p>		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – September 2019</p>	<p>Overall encounters year to date is 115,296. Number of encounters in September across all categories is slightly lower than the previous month most likely due to the Labor Day Holiday and days missed due to Hurricane Dorian.</p> <p>Data for the Residents will now be presented separately in the Productivity graphs, and targets have been adjusted accordingly for our Residency Preceptors creating a more comprehensive snapshot reflective of actual work based on rendering provider.</p> <p>The Mobile Van participated in an outreach at the Port of Palm Beach for the Hurricane Dorian Bahamian refugees. The Mobile Van had 57 encounters that day for Adult and Pediatric Care, Women’s Health, and Behavioral Health services.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the September Productivity Summary Report as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>

	<p>Mr. Smith asked if encounters are the same as visits. Dr. Andric explains that the difference between encounters and visits is what falls under the umbrella of “billable”.</p>	
<p>8C-2. Staff Recommends a MOTION TO APPROVE: Dental Nominal Fee Survey Assessment</p>	<p>This report presents the results of the 2019 Targeted Patient Survey focusing on the C.L. Brumback Primary Care Clinic Dental nominal sliding fee.</p> <p>In September 2019, the Health Care District Patient Access Management Department polled patients of the C. L. Brumback Dental Clinic via telephone. In this survey, adult patients of the Dental Clinics were asked if they experienced any challenges or barriers with the nominal fee of \$30.00.</p> <ul style="list-style-type: none"> - Total Responses received: 714 - Response Rate: 36% - Percent agreeable with \$30 minimum: 89% <p>Based on the response received, we believe that a majority of our patients feel that our Dental nominal fee is fair.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve Dental Nominal Fee Survey Assessment as presented. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.</p>
<p>8D. QUALITY</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Patient Relations Reports and Dashboard</p>	<p>Mr. David Speciale, Patient Relations Manager presented the following reports.</p> <ul style="list-style-type: none"> - Quarterly Patient Relations Dashboard Q2 <p>23 Complaints and grievances (n= 37,071 encounters)</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the Patient relations Dashboard as presented. The motion was duly seconded by Mr. Mullen A vote was called, and the motion passed unanimously.</p>

- 9 Complaints
- 14 Grievances
- The data shows a downward trend in comparison to the previous quarter (33 total).
- Everything was resolved in a timely manner.

- 27 Compliments
- Trending upward from previous quarter
- Approximately the same around this time last year.

- Patient Satisfaction Survey June – August 2019
 - Population Surveyed 10% of total Population served
 - Adult Medical was 66% of the appointment types for those surveyed

 - Majority of the patients have been with the clinics between 1-3 years.
 - Mr. Speciale will look to survey more patients on their initial visit to the CLBPCC
 - Patient wait time trends (as perceived by the patient) our higher perceived wait times have decreased.
 - Majority of patients would recommend our practice to other patients.

- Majority of patients would refer other patients to their providers.
- There will be more targeted surveys conducted to look into provider performance
- Clinic Operations ratings have been very positive for the most part.
- Mr. Speciale will look to breakdown the data per clinic and show trends over time for each clinic.
- Clinic provider and staff ratings have also been positive.

Mr. Speciale went on to read letters from patients.

Ms. Mastrangelo asked about the method of data collection for the surveys. Mr. Speciale informed Ms. Mastrangelo that the PCC has completely transitioned to electronic data collection. The Clinic Administrative team is in the process of finding a vendor that would provide better software for data collection.

Ms. Jackson-Moore asked if there was data available from the Pharmacy. Dr. Andric informed Ms. Moore that the pharmacy falls under a different branch of the health care district, but we can provide the data every once in a while to keep the board up to date.

<p>8D-2. Staff Recommends a MOTION TO APPROVE Quality Council Reports</p>	<p>Dr. Ana Ferwerda, Interim 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> The patient satisfaction surveys are currently being administered in all the clinics. West Palm Beach Clinic leads in survey completion with a 19.8% completion rate. Patient compliments have reached an all-time-high with the majority recorded at the WPB clinic.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Interventions were defined. We are in the process of implementing care teams, a patient centric concept which incorporates the primary care provider and ancillary staff working together to meet patient specific needs. We are evaluating clinic workflows in order to facilitate patient care. Performance metrics are being evaluated as month to month trends. The clinic analysis will be displayed on the quality boards in the clinics and the individual provider analysis will be presented to that provider during their one on one with Medical Director.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Due to Hurricane Dorian, Labor Day weekend closures and elimination of evening clinics productivity is slightly lower when compared to</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Council Report as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>
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	<p>previous months. We are evaluating the registration process in the clinics in order to develop a standardized and effective workflow. Mobile van provided assistance at the Port of Palm beach on 9/7/2019 for Hurricane Dorian relief. 57 patients were evaluated and treated.</p> <p>The Board reviewed and discussed the YTD UDS Quality Measures in depth.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	<u>December 11, 2019 (HCD Board Room)</u> 12:45pm Board of Directors	No action necessary.
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:10 pm	Mr. Mullen made a motion to adjourn and seconded by Mr. Butler. The meeting was adjourned.

Minutes Submitted by: _____
Signature
Date

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
11/27/2019**

Present: James Elder, Chairperson; Gary Butler, Vice-Chairperson, Irene Figueroa, Secretary; John Casey Mullen; Marjorie Etienne, Melissa Mastrangelo, Tammy Jackson-Moore
Excused: Mike Smith, Treasurer; Julia Bullard
Absent: Lisa Strickland
Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45 PM

Meeting Began at: 12:45 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Elder called the meeting to order. Roll call was taken. Mr. Elder Read the Affirmation of Mission	The meeting was called to order at 12:45pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	Mr. Elder called for an approval of the meeting agenda. The agenda for the November 2019 meeting was approved as sent digitally to board members in the board package.	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.

3. Awards, Introductions and Presentations 3A. “Target BP and CCCC Recognition Award”.	The American Heart Association and American Medical Association presented the C. L. Brumback Primary Clinics an award recognizing their commitment to helping patients improve Blood Pressure and Cholesterol Control.	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A Staff Recommends a MOTION TO APPROVE: Board meeting minutes of September 25, 2019	There were no changes or comments to the minutes dated September 25, 2019.	VOTE TAKEN: Mr. Mullen made a motion to approve the Board meeting minutes of September 25, 2019 as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.
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. Butler. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: November 2019 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.
7B. CREDENTIALING AND PRIVILEGING		
7B-1 Receive & File: Obstetrics and Gynecology Delineation of Privileges	Information on the Delineation of Privileges for Obstetrics and Gynecology was provided.	Receive & File. No further action necessary.

7C. FINANCE		
7C-1. Receive & File: C. L. Brumback Primary Care Clinics Finance Report October 2019.	Finance Report for October 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Sliding Fee, Waiver of Fees & Legislative Mandates Policies	This agenda item provides the updated C. L. Brumback Primary Care Clinics Sliding Fee Policy and the new Waiver of Fees and Legislative Mandates Policies. The Sliding Fee Policy is updated to reflect the HRSA Compliance Manual requirements. The Waiver of Fees and Legislative Mandates Policies are to be implemented in order to bring ourselves into compliance with HRSA grant requirements.	VOTE TAKEN: Mr. Butler made a motion to approve the changes to the Sliding Fee, Waiver of Fees & Legislative Mandates Policies as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.
8A-2. Staff Recommends a MOTION TO APPROVE Change In Scopes- Remove Previous Belle Glade Sites	We plan to administratively close the older Belle Glade sites now that the new Belle Glade site is fully operational Now that the new Belle Glade Clinic is serving patients, the C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with two Change in Scope applications with the Health Resources and Services Administration to remove the following health center sites: <ul style="list-style-type: none"> • C. L. Brumback Primary Care Clinic-Belle Glade (Medical) 941 SE 1st St., Belle Glade, FL 33430-4353 • C. L. Brumback Primary Care Clinic-Belle Glade (Dental) 	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Election of Officers and Committee Appointments as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.

8B. EXECUTIVE

8B-1. Receive & File:
Executive Director
Informational Update

Dr. Belma Andric, VP& Executive Director, provided the following updates:

Belle Glade Clinic

Doors to the Medical and Dental Clinics in Belle Glade opened on October 30th, 2019 and November 4th, 2019 respectively.

Mock HRSA Audit

Mock HRSA Auditors will provide education and training at our next Board meeting on 11Dec2019.

Mock FTCA Audit

Mock FTCA Audit is scheduled for the week of January 27-31.

HRSA Operational Site Visit

Operational Site Visit is scheduled for the week of March 23-27. As a reminder, the Mock HRSA Audit is scheduled for December 11-13.

Board Self-Evaluation

Please complete the Board Self-Evaluation before you leave today. We will bring the tallied results to the next Board meeting.

Clinic Executive Director Evaluation

Receive & File. No further action necessary.

	Please complete the Clinic Executive Director Evaluation before you leave today. We will bring the tallied results to the next Board meeting.	
8C. OPERATIONS		
8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – October 2019	<p>Overall visits year to date is 127,527. Number of encounters in October across all categories is significantly higher than the previous month due to five additional workdays in the month and the opening of the new Mangonia Park clinic on October 22, 2019.</p> <p>Enhancements to the Operations report include new patients' data by service line included in the productivity Summary Report and separate year to date detail productivity by clinic.</p> <p>The Mobile Van added a new location this month at Palm Beach State College. A total of 112 homeless patients were seen this month.</p>	VOTE TAKEN: Mr. Mullen made a motion to approve the October Productivity Summary Report as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.
8D. Credentialing and Privileging		
8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	<p>The LIP(s) 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:</p> <ul style="list-style-type: none"> • 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) 	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Butler A vote was called, and the motion passed unanimously.

Last Name	First Name	Degree	Specialty	Credentialing
Schlosser	Marc	MD	Obstetrics & Gynecology	Initial Credentialing
Cesaire-Jean	Rose Carline	APRN	Family Medicine Nurse Practitioner	Recredentialing
Lazaro	Nancy	MD	Pediatric Medicine	Recredentialing
Pierre-Louis	Joanne	APRN	Family Medicine Nurse Practitioner	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.

Marc Schlosser, MD is joining the Lantana Clinic specializing in Obstetrics and Gynecology. He attended the Universidad Autonoma De Guadalajara and completed his residency program at the University of Miami, Jackson Memorial Hospitals. Dr. Schlosser has been in practice for thirty three years.

Rose Carline Cesaire-Jean, APRN joined the Delray Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida International University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Cesaire-Jean has been in practice for four years and is fluent in French Creole.

	<p>Nancy Lazaro Rivera, MD joined the Lantana Clinic in 2015 specializing in in Pediatric Medicine. She attended the University of Puerto Rico School of Medicine and completed her residency program at the University of Puerto Rico Pediatric Hospital. Dr. Lazaro Rivera has been in practice for sixteen years and is fluent in Spanish and Italian.</p> <p>Joanne Pierre-Louis, APRN joined the Lake Worth Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida Atlantic University and is certified as an Adult Health Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Pierre-Louis has been in practice for eight years and is fluent in French Creole.</p>	
<p>8E. Quality</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Council Reports</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> The patient satisfaction surveys are currently being administered in all the clinics. At the end of 2019 a roll-up report will be presented. We have added several platforms that will allow us to survey our patients in more convenient ways such as by cell phone app.</p> <p>The clinics are increasing the amount and variety of patient educational materials available before and after their appointments. Content will be streamed to the screens present in the waiting rooms in order to provide education via SnapComms and video platforms. Educational brochures will also be provided for patients who prefer written content.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Council Report as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>

QUALITY ASSURANCE & IMPROVEMENT

Of the 14 UDS Measures: 6 exceeded the HRSA Goal and 8 were short of the HRSA Goal.

Of note, the cervical cancer screening, Asthma, and CAD measures are within 2% of the goal. Weight screening, although not met is 7% higher this year than last year. HIV linkage to care is 100% for 2019.

It is important to keep in mind that although some measures such as childhood immunizations have not reached our goal, the numbers have improved substantially over 2018.

The barriers to achieving the 2019 goals have been identified and several interventions are planned to start in winter 2019 and carry on into 2020.

A plan is in place to create care teams, and streamline pre-visit planning. Interventions such as these have been found to save providers an average of 30 minutes a day and create a more valuable patient experience as well as reduce costs.

UTILIZATION OF HEALTH CENTER SERVICES

The Clinics are evaluating and improving the patient outreach process. MOUs have been initiated and updated depending on need. In order to measure the need and success of our outreach efforts a new “outreach” option has been added to the quick view in the EHR. The goal of patient outreach is to identify patients who would benefit from our services and increase their presence in our clinics.

The Board reviewed and discussed the UDS measures in depth.

9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric wished the board and Attendees a Happy Holiday.	No action necessary.
10. Board Member Comments	<p>Ms. Etienne introduced herself to the board.</p> <p>Ms. Jackson-Moore wished everyone a Happy Thanksgiving and thanked the board and HCD Staff for welcoming her.</p> <p>Mr. Mullen thanked Dr. Andric for the outstanding work she has done along with her staff.</p> <p>Mr. Elder wished everyone a Happy Thanksgiving.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>December 11, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>January 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>February 26, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>March 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>April 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 27, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 24, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p>	No action necessary.

	<p><u>July 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 26, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 30, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 28, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>November 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>December 16, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p>	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:18 pm	Ms. Jackson-Moore made a motion to adjourn and seconded by Mr. Mullen. The meeting was adjourned.

Minutes Submitted by: _____
Signature
Date

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
12/11/2019**

Present: James Elder, Chairperson; Gary Butler, Vice-Chairperson, Irene Figueroa, Secretary; Mike Smith, Treasurer; John Casey Mullen; Melissa Mastrangelo; Tammy Jackson-Moore
Excused: Julia Bullard; Marjorie Etienne
Absent: Lisa Strickland
Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45 PM
Meeting Began at: 12:50 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Elder called the meeting to order. Roll call was taken. Mr. Elder Read the Affirmation of Mission	The meeting was called to order at 12:50pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	Mr. Elder called for an approval of the meeting agenda. Per discussions during Finance Committee, item 7B-1: <i>C.L. Brumback Primary Care Update of Current Charge Master</i> Was removed from the Agenda The agenda for the December 2019 meeting was approved with the deletion of Item 7B-1.	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda with the Deletion. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.

<p>3. Awards, Introductions and Presentations</p> <p>3A. Genua Consulting, LLC</p> <p>3B. 2019 AHRQ Safety Survey Results</p>	<p>Representatives from Genua Consulting introduced themselves, presented information to the board members about the upcoming HRSA Audit and answered questions presented by board members.</p> <p>The Board discussed spending more time preparing for the Audit and requested additional information be brought back at next meeting.</p> <p>Martha Hyacinthe, Director of Corporate Risk, presented the 2019 AHRQ Safety Culture Survey Results.</p>	<p>No action necessary.</p>
<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</p> <p>6A Staff Recommends a MOTION TO APPROVE: Board meeting minutes of October 30, 2019</p>	<p>There were no changes or comments to the minutes dated October 30, 2019.</p>	<p>VOTE TAKEN: Ms. Figueroa made a motion to approve the Board meeting minutes of October 30, 2019 as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1. Receive & File: December 2019 Internet</p>	<p>The meeting notice was posted.</p>	<p>Receive & File. No further action necessary.</p>

Posting of District Public Meeting		
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Staff Recommends a MOTION TO APPROVE: Bylaws Update	The HRSA Compliance Manual requires that the Bylaws define "healthcare" when referring to Patient Board Members who earn 10% or more of their income from the Healthcare industry. The Bylaws have been updated to define healthcare.	Motion referenced above, no further action necessary.
7A-4. Staff Recommends a MOTION TO APPROVE: Contracts Policy Adoption	The Health Care District Board approved the Contracts policy on May 9, 2012. The corporate policy is attached for reference.	Motion referenced above, no further action necessary.
7A-5. Staff Recommends a MOTION TO APPROVE: Compliance Policy Updates	<p>Ongoing review and revision of policies is critical to an effective compliance program. The Compliance Department reviewed and revised Compliance policies in order to:</p> <ul style="list-style-type: none"> • Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct • Ensure consistent processes, structures, and ongoing compliance • Keep employees and the District current with regulatory and industry best Practices <p>The Compliance Department reviewed and revised the following compliance policies:</p> <ul style="list-style-type: none"> • Non-Monetary Compensation for Physicians and Immediate Family Members. • Overpayments and Refunds Policy • Gifts and Gratuities • Non-Retaliation • Physician Employment 	Motion referenced above, no further action necessary.

	<ul style="list-style-type: none"> • Standards of Conduct • Business Associate Agreements • Compliance Hotline • False Claims Prevention • Governmental Investigation • Compliance Investigation • Refund and Overpayment • Non-Discrimination • Standards of Conduct Acknowledgement Form 	
7A-6. Staff Recommends a MOTION TO APPROVE: IT Policies Adoption	<p>Per the HRSA Compliance Manual, District Clinic Holdings, Inc. must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.</p> <p>C. L. Brumback Primary Care Clinics requested and received an analysis from our Primary Care Association (FACHC) for 2018 which represents locally prevailing rates in several comparable MSA in the state of Florida. Per the attached analysis, a thorough review shows that amending the Charge Master to be at the 50th percentile would result in the smallest increase and align our organization with prevailing rates.</p>	Motion referenced above, no further action necessary.
7B. FINANCE		
7B-2 Staff Recommends a MOTION TO APPROVE: Finance Policies Adoption	The Grant Policy was approved by the HCD Board on May 14, 2014 and the Budget Policy was approved by the HCD Board on April 30, 2018. These corporate policies are attached for reference.	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Receive & File:	This agenda item presents the Board's annual evaluation of Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services tally of results from November 2019. The	Receive & File. No further action necessary.

Executive Director Leadership Performance Results 2019	Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics be reviewed and approved by the Board. A tally of results from last month's completed Annual Evaluation form is attached for your consideration.	
8A-2. Receive & File: Board Self-Evaluation Tallied Results 2019.	This agenda item presents the Board's annual self-evaluation tally of results from November 2019. The C.L. Brumback Primary Care Clinics Board completes an annual self-evaluation yearly. Attached you will find the tally of results for 2019.	Receive & File. No further action necessary.
8A-3. Receive & File: 2019 Palm Beach County Community Health Assessment and Lakeside Medical Center Community Health Needs Assessment	This agenda item presents the Board with the 2019 Palm Beach County Community Health Assessment, draft Lakeside Medical Center Community Health Needs Assessment.	Receive & File. No further action necessary.
8B. EXECUTIVE		
8B-1. Receive & File: Executive Director Informational Update	Dr. Belma Andric, VP& Executive Director, provided the following updates: Mock FTCA Audit Mock FTCA Audit is scheduled for the week of January 27-31, 2020. HRSA Operational Site Visit Operational Site Visit is scheduled for the week of March 23-27. As a reminder, the Mock HRSA Audit is scheduled for December 11-13.	Receive & File. No further action necessary.
8C. OPERATIONS		
8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – November 2019	Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following productivity report:	VOTE TAKEN: Mr. Mullen made a motion to approve the October Productivity Summary Report as presented. The motion was duly seconded by Ms. Jackson-Moore.

Overall visits year to date is 138,842. Number of encounters in November across all categories is significantly lower than the previous month due to three less workdays in the month. Belle Glade Medical and Dental Clinics moved into the new primary care suite at Lakeside Medical Center in early November, which slightly affected encounters at these locations. Enhancements to the Operations report includes prior year comparison reporting beginning May 15, 2018, when clinics transitioned to Athena EHR. NOTE the specific clinic 2018 data is only for 7.5 months. During those 7.5 months in 2019 clinics are trending higher.

A vote was called, and the motion passed unanimously.

8D. Credentialing and Privileging

8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)

The LIP(s) 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
Kaloglian Silva	Michelle	DDS	General Dentistry	Initial Credentialing
Alvarez	Franco	MD	Psychiatry	Recredentialing
Celin-Metellus	Jourdine	APRN	Family Medicine Nurse Practitioner	Recredentialing
Meristil	Marie	APRN	Family Medicine Nurse Practitioner	Recredentialing

VOTE TAKEN: Mr. Smith made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Ms. Mastrangelo A vote was called, and the motion passed unanimously.

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 and Dental Director to support the credentialing and privileging process.

Michelle Kaloglian Silva, DDS is joining the West Palm Beach Clinic specializing in General Dentistry. She attended Sao Francisco University in Brazil and completed her residency program at the University of Florida. Dr. Kaloglian Silva has been in practice for over a year and is fluent in Portuguese and conversant in Spanish.

Franco Alvarez, MD joined the Lewis Center in 2017 specializing in Psychiatry. He attended the University of Puerto Rico School of Medicine and completed his residency program at Wright State University. Dr. Alvarez is certified in Psychiatry by the American Board of Psychiatry and Neurology. He has been in practice for five years and is fluent in Spanish.

Jourdine Celin-Metellus, APRN joined the West Palm Beach Clinic in 2018 as a Nurse Practitioner specializing in Family Medicine. She attended South University and is certified as Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Celin-Metellus has been in practice for nearly two years and is fluent in French Creole.

Marie Meristil, APRN joined the Lake Worth Clinic in 2018 as a Nurse Practitioner specializing in Family Medicine. She attended Florida International University and is certified as an Adult-Gerontology Primary Care Nurse

	Practitioner by the American Academy of Nurse Practitioners. Ms. Meristil has been in practice for nearly two years and is fluent in French Creole and Spanish.	
8E. Quality		
8E-1. Staff Recommends a MOTION TO APPROVE Patient Relations Report.	This agenda item provides the Quarterly Patient Relations Dashboard for Quarter 3, 2019.	VOTE TAKEN: Mr. Elder made a motion to approve the Patient Relations Report as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.
8E-2. Staff Recommends a MOTION TO APPROVE Quality Council Reports	<p>Dr. Ana Ferwerda, Interim Medical Director and Director of Women’s Health Presented the following:</p> <p>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>The patient satisfaction surveys are currently being administered in all the clinics. At the end of 2019 a roll-up report will be presented. We have added several platforms that will allow us to survey our patients in more convenient ways such as by cell phone app. The clinics are increasing the amount and variety of patient educational materials available before and after their appointments. Content will be streamed to the screens present in the waiting rooms in order to provide education via SnapComms and video platforms. Educational brochures will also be provided for patients who prefer written content.</p> <p>Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Currently, the cervical cancer screening and CAD measures are within 2% of the goal. Appropriate use of Asthma Medications is not within 1% of our target. Weight screening and counseling for children and adolescents, although not yet met is 7% higher this year than last year and is not within 4% of our</p>	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Council Report as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.

	<p>goal. HIV linkage to care is 100% for 2019. It is important to keep in mind that although some measures such as childhood immunizations have not reached our goal, the numbers have improved substantially over 2018. Changes to the pediatric workflow are in progress as well as a more substantial tracking system to identify patients who are close to compliance and schedule them for services. HRSA as well as The C.L. Brumback Primary Care Clinic recognize the global diabetes epidemic as an area of specific concern. The Clinics plan on implementing in house HgbA1c screening and a robust patient education program in order to increase compliance and self-management of diabetic patients as well as promote early diagnosis of pre-diabetics with the aim of decreasing conversion.</p> <p>The Board reviewed and discussed the YTD UDS measures in depth. Mr. Smith asked why the FL and US benchmark data presented was from 2017. The quality team informed him that this was an error, and will be corrected next month.</p> <p>The Clinics are evaluating and improving the patient outreach process. MOUs have been initiated and updated depending on need. In order to measure the need and success of our outreach efforts a new “outreach” option has been added to the quick view in the EHR. The goal of patient outreach is to identify patients who would benefit from our services and increase their presence in our clinics.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric wished the board and Attendees a Happy Holiday.	No action necessary.
10. Board Member Comments	None.	No action necessary.

<p>11. Establishment of Upcoming Meetings</p>	<p><u>January 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>February 26, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>March 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>April 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 27, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 24, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>July 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 26, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 30, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 28, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>November 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>December 16, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p>	<p>No action necessary.</p>
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13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:38 pm	Ms. Jackson-Moore made a motion to adjourn and seconded by Mr. Smith. The meeting was adjourned.
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Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/30/19	2/27/19	3/26/19	3/27/19	4/24/19	5/28/19	6/26/19	7/31/19	8/28/19	9/25/19	10/30/19	11/27/19	12/11/19
James Elder	X	X	X	X	X	X	X	X	X	X	X	X	X
Irene Figueroa	X	X	X	X	A	X	X	X	X	X	X	X	X
John Casey Mullen	X	X	X	X	X	X	E	X	X	X	X	X	X
Shanti Howard	E	X	E	X	X	X							
Cory M. Neering	X	E	E	E	X	X	E	X	A				
Joan Roude	X	X											
Joseph Morel	X	X	X	X	X	A	X	E					
Julia Bullard	X	X	X	X	X	X	E	E	X	X	X	E	E
Mike Smith		X	X	X	X	X	X	X	X	E	X	E	X
Gary Butler				X	X	X	X	X	X	X	E	X	X
Lisa Strickland									E	X	E	A	A
Marjorie Etienne											E	X	E
Melissa Mastrangelo											X	X	X
Tammy Jackson-Moore											X	X	X

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

1. Description: Bylaws Updates

2. Summary:

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

3. Substantive Analysis:

The HRSA Compliance Manual requires that the Bylaws to include adoption in conflict of interest and further define a patient board member. The bylaws have been updated accordingly.

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:

N/A

 Joel H. Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

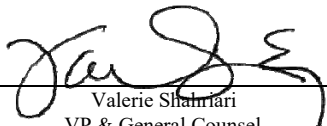
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

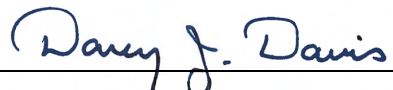
6. Recommendation:

Staff recommends the Board approve the Bylaws Updates.

Approved for Legal sufficiency:



Valerie Shahriri
VP & General Counsel



Danny J. Davis
Chief Executive Officer

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. ~~W as detailed in PIN 1998-12, Part II Section 330, Governance Requirements, which states “[w]~~hen 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 Non-User Board members must live or work 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.

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.

ee. Individual is suspended or debarred from participation in federal programs.

f. Whenever it is determined that the best interests 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.

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. 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 to take office commencing on the next January 1.
- 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 provided that such meeting complies with the requirements of the Government in the Sunshine Act.

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 ~~December 11, 2019~~January 29, 2020.

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 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 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.

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.
<u>10</u>	<u>January 29, 2020</u>	<u>Amended Section 6.1h to remove invalid HRSA PIN, 6.11 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.</u>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Update of Current Charge Master

2. Summary:

Per the HRSA Compliance Manual, District Clinic Holdings, Inc. must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.

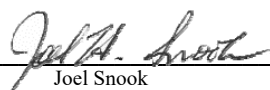
3. Substantive Analysis:

C. L. Brumback Primary Care Clinics requested and received an analysis from our Primary Care Association (FACHC) for 2018 which represents locally prevailing rates in several comparable MSA in the state of Florida. Per the attached analysis, a thorough review shows that amending the Charge Master to be at the 50th percentile would result in the smallest increase and align our organization with prevailing rates.

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:



 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

 Committee Name

January 29, 2020

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

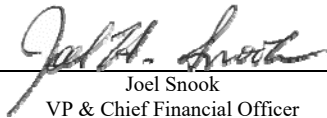
6. Recommendation:

Staff recommends the Board approve the updates to the current Charge Master.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel Snook
VP & Chief Financial Officer



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

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
10060	Incision & Drainage Abscess Simple/Singl	\$100.00	13	\$187.16	\$201.20	\$220.84	\$236.61	\$255.79	\$291.21	\$366.48	\$117.96
10061	Incision&drainage Abscess Complicated/Mu	\$470.00	0	\$374.33	\$402.40	\$441.68	\$473.22	\$511.58	\$582.43	\$732.97	\$209.03
10080	Incision & Drainage Pilonidal Cyst Simpl	\$370.00	2	\$291.14	\$312.98	\$343.53	\$368.06	\$397.89	\$453.00	\$570.09	\$178.68
10081	Incision & Drainage Pilonidal Cyst Compl	\$650.00	0	\$519.90	\$558.89	\$613.44	\$657.25	\$710.53	\$808.93	\$1,018.01	\$270.52
11042	Debridement Subcutaneous Tissue 20 Sq Cm	\$175.00	0	\$186.59	\$243.83	\$300.38	\$345.74	\$383.80	\$393.04	\$453.17	\$116.46
11100	Bx Skin Subcutaneous&/Mucous Membrane 1	\$130.00	7	\$140.37	\$165.33	\$192.71	\$201.83	\$206.12	\$207.16	\$210.32	\$103.31
11200	Removal Sk Tgs Mlt Fibrq Tags Any Area U	\$71.00	6	\$144.45	\$146.05	\$148.28	\$155.97	\$186.44	\$196.80	\$201.91	\$88.92
11400	Exc B9 Les Mrgn Xcp Sk Tg T/A/L 0.5 Cm/<	\$220.00	4	\$189.78	\$194.61	\$217.39	\$223.75	\$238.83	\$269.31	\$317.45	\$123.97
11401	Exc B9 Les Mrgn Xcp Sk Tg T/A/L 0.6-1.0	\$250.00	0	\$225.93	\$231.68	\$258.79	\$266.37	\$284.32	\$320.61	\$377.92	\$149.75
11402	Exc B9 Les Mrgn Xcp Sk Tg T/A/L 1.1-2.0	\$325.00	0	\$289.19	\$296.55	\$331.26	\$340.95	\$363.93	\$410.38	\$483.74	\$167.03
11600	Excision Mal Lesion Trunk/Arm/Leg 0.5 Cm	\$315.00	0	\$316.78	\$337.39	\$369.89	\$374.09	\$412.49	\$419.44	\$464.49	\$193.05
11601	Excision Mal Lesion Trunk/Arm/Leg 0.6-1.	\$345.00	0	\$345.58	\$368.06	\$403.51	\$408.10	\$449.99	\$457.57	\$506.71	\$230.52
11602	Excision Mal Lesion Trunk/Arm/Leg 1.1-2.	\$370.00	0	\$374.37	\$398.74	\$437.14	\$442.10	\$487.49	\$495.70	\$548.94	\$250.12
11750	Excision Nail Matrix Permanent Removal	\$200.00	0	\$284.85	\$305.78	\$332.96	\$352.34	\$363.93	\$389.92	\$466.11	\$153.04
11981	Insj Non-Biodegradable Drug Delivery Imp	\$121.00	0	\$225.39	\$245.23	\$270.47	\$295.09	\$316.53	\$362.53	\$368.06	\$143.47
11982	Removal Non-Biodegradable Drug Delivery	\$137.00	12	\$225.39	\$245.23	\$270.47	\$295.09	\$316.53	\$362.53	\$368.06	\$163.16
11983	Rmvl W/Rinsj Non-Biodegradable Drug Dlvr	\$194.00	0	\$245.88	\$267.53	\$295.06	\$321.92	\$345.30	\$395.49	\$401.52	\$231.63
12001	Simple Repair Scalp/Neck/Ax/Genit/Trunk	\$85.00	0	\$574.85	\$602.57	\$770.71	\$790.81	\$844.47	\$906.71	\$979.18	\$89.98
12002	Smpl Repair Scalp/Neck/Ax/Genit/Trunk 2.	\$120.00	0	\$694.61	\$728.10	\$931.27	\$955.56	\$1,020.40	\$1,095.61	\$1,183.18	\$109.52
15000	Drifting - Mesial	\$0.00	0								
15001	Drifting - Distal	\$0.00	0								
15002	Impacted - Distal	\$0.00	0	\$676.52	\$757.37	\$935.32	\$984.69	\$1,011.15	\$1,091.79	\$1,188.12	\$353.49
15003	Impacted - Mesial	\$0.00	0	\$161.08	\$180.33	\$222.70	\$234.45	\$240.75	\$259.95	\$282.89	\$77.08
15004	Bleeding	\$0.00	0	\$805.38	\$901.63	\$1,113.48	\$1,172.25	\$1,203.75	\$1,299.75	\$1,414.43	\$406.63
15005	Abrasion	\$0.00	0	\$257.72	\$288.52	\$356.31	\$375.12	\$385.20	\$415.92	\$452.62	\$128.63
15006	Periodontal abscess	\$0.00	0								
15007	Calculus	\$0.00	0								
15008	Plaque	\$0.00	0								
15009	Watch Tooth	\$0.00	0								
15010	Primary - Permanent Change	\$0.00	0								
15011	Hypersensitivity	\$0.00	0								
15012	Recession	\$0.00	0								
15100	Missing tooth, more than a year	\$0.00	0	\$1,868.47	\$2,091.77	\$2,583.26	\$2,719.62	\$2,792.70	\$3,015.42	\$3,281.47	\$880.35
15101	Missing tooth	\$0.00	0	\$451.01	\$504.91	\$623.55	\$656.46	\$674.10	\$727.86	\$792.08	\$189.14
15102	Prem. loss, pri tooth, > a year	\$0.00	0								
15103	Prem. loss, primary tooth	\$0.00	0								
15104	Deep dentinal/cemental caries	\$0.00	0								
15105	Caries/decay	\$0.00	0								
15106	Incipient Caries	\$0.00	0								
15107	Recurring caries/surface restor	\$0.00	0								
15108	Restoration,poor marg.integrity	\$0.00	0								
15109	Fractured restoration	\$0.00	0								
15110	Fractured th, needs restoration	\$0.00	0	\$1,836.26	\$2,055.71	\$2,538.72	\$2,672.73	\$2,744.55	\$2,963.43	\$3,224.89	\$819.39
15111	Non-functional tooth	\$0.00	0	\$289.94	\$324.59	\$400.85	\$422.01	\$433.35	\$467.91	\$509.19	\$122.09
15112	Open contact - Mesial	\$0.00	0								
15113	Open contact - Distal	\$0.00	0								
15114	Unerupted tooth	\$0.00	0								
15115	Periapical abscess	\$0.00	0	\$1,755.72	\$1,965.54	\$2,427.38	\$2,555.51	\$2,624.18	\$2,833.46	\$3,083.45	\$823.39
15201	Dentition Change Flag Template #1	\$0.00	0	\$357.59	\$400.32	\$494.38	\$520.48	\$534.47	\$577.09	\$628.00	\$148.09
15202	Dentition Change Flag Template #2	\$0.00	0								
15203	Dentition Change Flag Template #3	\$0.00	0								
15204	Dentition Change Flag Template #4	\$0.00	0								

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
15205	Dentition Change Flag Template #5	\$0.00	0								
15206	Dentition Change Flag Template #6	\$0.00	0								
15207	Dentition Change Flag Template #7	\$0.00	0								
15220	Tooth Treatment Plan Reset	\$0.00	0	\$1,449.68	\$1,622.93	\$2,004.26	\$2,110.05	\$2,166.75	\$2,339.55	\$2,545.97	\$784.26
15851	Removal Sutures Under Anesthesia Other S	\$85.00	0	\$283.05	\$341.18	\$406.02	\$412.22	\$454.76	\$577.07	\$679.31	\$98.66
16000	Furcation	\$0.00	0								
16001	Mobility	\$0.00	0								
16002	Mal-positioned	\$0.00	0								
16003	Bone Loss	\$0.00	0								
17110	Destruction Benign Lesions Up To 14	\$89.00	11	\$105.16	\$109.49	\$142.71	\$152.26	\$177.49	\$182.19	\$213.10	\$110.07
17250	Chemical Cauterization Granulation Tissu	\$80.00	451	\$87.63	\$91.25	\$118.93	\$126.89	\$147.91	\$151.83	\$177.58	\$78.60
20550	Injection 1 Tendon Sheath/Ligament Apone	\$60.00	12	\$173.53	\$207.96	\$230.88	\$233.42	\$237.11	\$275.00	\$312.47	\$53.88
20999	Orthopedic splint (orthotic)	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28190	Removal Foreign Body Foot Subcutaneous	\$500.00	0	\$553.97	\$693.75	\$859.13	\$975.03	\$1,140.31	\$1,195.64	\$1,266.51	\$260.21
30300	Removal Foreign Body Intranasal Office P	\$190.00	0	\$156.68	\$206.64	\$267.49	\$267.49	\$270.52	\$295.08	\$390.50	\$176.56
36405	Vnpxr <3 Years Phys Skill Scalp Vein	\$80.00	0	\$39.44	\$57.63	\$63.10	\$77.69	\$78.87	\$86.76	\$101.10	\$26.08
36415	Collj Ven Bld Vnpxr	\$15.00	0	\$10.52	\$15.37	\$16.83	\$20.72	\$21.03	\$23.14	\$26.96	\$3.00
51701	Insj Non-Ndwellg Bldr Cath	\$60.00	0	\$198.45	\$224.70	\$268.23	\$325.24	\$396.12	\$442.98	\$632.36	\$47.93
54450	Foreskn Mnpj W/Lss Preputial Ads&stretch	\$400.00	0	\$218.38	\$246.01	\$308.12	\$317.99	\$323.09	\$336.04	\$349.75	\$72.51
56405	I&d Vulva/Prnl Absc	\$174.00	1	\$307.40	\$323.13	\$394.27	\$451.99	\$457.13	\$482.12	\$509.92	\$111.65
56420	I&d Of Bartholin's Gland Absc	\$148.00	6	\$338.14	\$355.44	\$433.70	\$497.19	\$502.84	\$530.33	\$560.91	\$122.76
56440	Marsupialization Bartholin's Gland Cyst	\$295.00	0	\$676.28	\$710.89	\$867.39	\$994.38	\$1,005.69	\$1,060.66	\$1,121.82	\$187.55
56501	Dstrj Les Vulva Smpl	\$185.00	0	\$261.29	\$274.66	\$335.13	\$384.19	\$388.56	\$409.80	\$433.43	\$132.86
56515	Dstrj Les Vulva X10sv	\$328.00	0	\$891.46	\$937.08	\$1,143.38	\$1,310.77	\$1,325.68	\$1,398.15	\$1,478.77	\$232.18
56605	Bx Vulva/Pr Spx 1 Les	\$99.00	0	\$238.24	\$250.43	\$305.56	\$350.29	\$354.28	\$373.64	\$395.19	\$83.94
56606	Bx Vulva/Pr Spx Ea Sep Addl Les	\$49.00	0	\$138.33	\$145.41	\$177.42	\$203.40	\$205.71	\$216.95	\$229.46	\$39.02
57061	Dstrj Vag Les Smpl	\$238.00	0	\$630.96	\$638.85	\$790.34	\$799.05	\$802.13	\$811.23	\$931.37	\$114.85
57065	Dstrj Vag Les X10sv	\$161.00	0	\$1,261.92	\$1,277.70	\$1,580.67	\$1,598.10	\$1,604.25	\$1,622.46	\$1,862.73	\$200.57
57100	Bx Vag Mucosa Smpl Spx	\$110.00	3	\$304.96	\$308.78	\$382.00	\$386.21	\$387.69	\$392.09	\$450.16	\$91.98
57105	Bx Vag Mucosa X10sv Req Sutr	\$205.00	0	\$620.44	\$628.20	\$777.16	\$785.73	\$788.76	\$797.71	\$915.84	\$139.42
57150	Irrg Vag&/Appl Medicament Disease	\$47.00	0	\$126.19	\$127.77	\$158.07	\$159.81	\$160.43	\$162.25	\$186.27	\$45.61
57160	Fitg&insj Pessary/Oth Intravag Support D	\$76.00	8	\$147.22	\$149.07	\$184.41	\$186.45	\$187.16	\$189.29	\$217.32	\$77.22
57452	Colposcopy Cervix Upr/Adj Vag	\$150.00	9	\$406.42	\$446.88	\$585.82	\$620.04	\$629.50	\$1,262.62	\$1,296.02	\$111.46
57454	Colposcopy Cervix Bx Cervix&endocrv Curt	\$220.00	141	\$577.10	\$634.55	\$831.84	\$880.43	\$893.87	\$1,792.88	\$1,840.30	\$156.41
57455	Colposcopy Cervix Vag Bx Cervix	\$484.00	3	\$532.70	\$585.74	\$767.86	\$812.71	\$825.11	\$1,654.96	\$1,698.74	\$145.51
57500	Biopsy Cervix 1/Mlt Or Excision Of Lesio	\$123.00	12	\$522.17	\$630.96	\$736.12	\$776.86	\$794.87	\$806.74	\$815.89	\$128.15
57520	Conization Cervix +-D&c Rpr Knife/Laser	\$448.00	0	\$1,305.42	\$1,577.40	\$1,840.29	\$1,942.14	\$1,987.17	\$2,016.84	\$2,039.73	\$314.90
58100	Endometrial Bx +-Endocrv Bx W/O Dilat Sp	\$142.00	52	\$621.48	\$675.87	\$736.12	\$768.38	\$776.85	\$779.85	\$788.70	\$111.37
58300	Insj Intrauterine Dev	\$60.00	33	\$362.53	\$368.06	\$448.22	\$461.03	\$467.91	\$512.25	\$519.90	\$74.19
58301	Rmvl Intrauterine Dev	\$110.00	39	\$290.02	\$294.45	\$358.58	\$368.82	\$374.33	\$409.80	\$415.92	\$96.35
59425	Antepartum Care Only 4-6 Vsts	\$613.00	72	\$559.11	\$706.21	\$810.17	\$907.57	\$1,175.61	\$1,193.17	\$1,206.71	\$478.97
59426	Antepartum Care Only 7+ Vsts	\$1,079.00	38	\$1,666.38	\$2,104.78	\$2,414.63	\$2,704.92	\$3,503.79	\$3,556.12	\$3,596.47	\$855.88
59430	Postpartum Care Only Spx	\$239.00	175	\$219.26	\$276.95	\$317.72	\$355.91	\$461.03	\$467.91	\$473.22	\$193.88
64550	Transcutan. electric. stimulat.	\$0.00	0								
65205	Rmvl Fb Xtrnl Eye Cjncl Supfc	\$120.00	0	\$108.66	\$120.52	\$154.97	\$162.39	\$189.53	\$202.30	\$233.06	\$56.22
69200	Rmvl Fb Xtrnl Aud Canal W/O Anes	\$102.00	10	\$204.90	\$207.96	\$210.32	\$230.51	\$268.93	\$287.06	\$300.04	\$83.21
69209	Rmvl (indirect) Impacted Cerumen	\$10.00	398	\$39.49	\$40.08	\$40.53	\$44.43	\$51.83	\$55.32	\$57.83	\$12.49
69210	Rmvl Impacted Cerumen Spx 1/Bth Ears	\$15.00	16	\$81.96	\$83.18	\$84.13	\$92.20	\$107.57	\$114.82	\$120.01	\$49.61
80053	Compre Metab Panel	\$10.00	1	\$40.40	\$41.41	\$47.43	\$52.02	\$57.85	\$74.42	\$90.55	\$14.49
80053	Compre Metab Panel	\$10.00	1	\$40.40	\$41.41	\$47.43	\$52.02	\$57.85	\$74.42	\$90.55	\$0.00
80053	Compre Metab Panel	\$10.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80076	Hepatc Funcj Panel	\$6.75	0	\$36.08	\$36.98	\$42.35	\$46.45	\$51.65	\$66.45	\$80.85	\$11.21

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
80076	Hepatic Func Panel	\$6.75	0	\$36.08	\$36.98	\$42.35	\$46.45	\$51.65	\$66.45	\$80.85	\$0.00
80076	Hepatic Func Panel	\$6.75	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
81002	Urns Dip Stick/Tablet Rgnt Non-Auto W/O	\$10.00	8,688	\$15.78	\$16.70	\$20.72	\$20.80	\$21.03	\$25.89	\$30.00	\$3.50
81002	Urns Dip Stick/Tablet Rgnt Non-Auto W/O	\$10.00	8,688	\$15.78	\$16.70	\$20.72	\$20.80	\$21.03	\$25.89	\$30.00	\$0.00
81002	Urns Dip Stick/Tablet Rgnt Non-Auto W/O	\$10.00	8,688	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
81025	Urine Pregnancy Tst Vis Color Cmprsn Met	\$15.00	2,739	\$29.80	\$31.55	\$39.13	\$39.29	\$39.73	\$48.91	\$56.66	\$8.67
81025	Urine Pregnancy Tst Vis Color Cmprsn Met	\$15.00	2,739	\$29.80	\$31.55	\$39.13	\$39.29	\$39.73	\$48.91	\$56.66	\$0.00
81025	Urine Pregnancy Tst Vis Color Cmprsn Met	\$15.00	2,739	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82272	Blood Occult Peroxidase Actv Qual Feces	\$13.00	0	\$13.32	\$13.52	\$18.17	\$18.44	\$18.72	\$23.42	\$30.74	\$4.46
82272	Blood Occult Peroxidase Actv Qual Feces	\$13.00	0	\$13.32	\$13.52	\$18.17	\$18.44	\$18.72	\$23.42	\$30.74	\$0.00
82272	Blood Occult Peroxidase Actv Qual Feces	\$13.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82948	Gluc Bld Rgnt Strip	\$10.00	0	\$12.48	\$16.78	\$20.72	\$22.45	\$28.69	\$29.11	\$35.42	\$4.35
82948	Gluc Bld Rgnt Strip	\$10.00	0	\$12.48	\$16.78	\$20.72	\$22.45	\$28.69	\$29.11	\$35.42	\$0.00
82948	Gluc Bld Rgnt Strip	\$10.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
83036	Hgb Glycosylated	\$10.00	47	\$31.54	\$41.58	\$44.20	\$53.78	\$58.00	\$69.42	\$94.64	\$13.32
83036	Hgb Glycosylated	\$10.00	47	\$31.54	\$41.58	\$44.20	\$53.78	\$58.00	\$69.42	\$94.64	\$0.00
83036	Hgb Glycosylated	\$10.00	47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
85025	Bld# Compl Auto Hhrwp&auto Diffial	\$10.00	0	\$27.97	\$30.49	\$34.87	\$36.82	\$42.75	\$53.22	\$58.40	\$10.66
85025	Bld# Compl Auto Hhrwp&auto Diffial	\$10.00	0	\$27.97	\$30.49	\$34.87	\$36.82	\$42.75	\$53.22	\$58.40	\$0.00
85025	Bld# Compl Auto Hhrwp&auto Diffial	\$10.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
85027	Bld# Compl Auto Hhrwp	\$10.00	0	\$26.46	\$28.84	\$32.99	\$34.83	\$40.44	\$50.35	\$55.25	\$8.87
85027	Bld# Compl Auto Hhrwp	\$10.00	0	\$26.46	\$28.84	\$32.99	\$34.83	\$40.44	\$50.35	\$55.25	\$0.00
85027	Bld# Compl Auto Hhrwp	\$10.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86382	Neutralization Tst Viral	\$322.00	0	\$134.68	\$153.14	\$211.19	\$404.30	\$428.09	\$434.46	\$464.95	\$23.20
86382	Neutralization Tst Viral	\$322.00	0	\$134.68	\$153.14	\$211.19	\$404.30	\$428.09	\$434.46	\$464.95	\$0.00
86382	Neutralization Tst Viral	\$322.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86580	Skn Tst Tuberculosis Id	\$10.00	981	\$29.01	\$32.98	\$45.49	\$87.08	\$92.20	\$93.58	\$100.14	\$8.03
86580	Skn Tst Tuberculosis Id	\$10.00	981	\$29.01	\$32.98	\$45.49	\$87.08	\$92.20	\$93.58	\$100.14	\$0.00
86580	Skn Tst Tuberculosis Id	\$10.00	981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86703	Antb Hiv-1&hiv-2 1 Assay	\$18.70	0	\$96.28	\$116.92	\$201.24	\$283.60	\$423.72	\$462.68	\$573.60	\$18.80
86703	Antb Hiv-1&hiv-2 1 Assay	\$18.70	0	\$96.28	\$116.92	\$201.24	\$283.60	\$423.72	\$462.68	\$573.60	\$0.00
86703	Antb Hiv-1&hiv-2 1 Assay	\$18.70	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86704	Hep B Core Antb Hbcab Tot	\$10.35	0	\$84.25	\$102.31	\$176.09	\$248.15	\$370.76	\$404.85	\$501.90	\$16.53
86704	Hep B Core Antb Hbcab Tot	\$10.35	0	\$84.25	\$102.31	\$176.09	\$248.15	\$370.76	\$404.85	\$501.90	\$0.00
86704	Hep B Core Antb Hbcab Tot	\$10.35	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86706	Hep B Surf Antb Hbsab	\$9.00	0	\$74.62	\$90.61	\$155.96	\$219.79	\$328.38	\$358.58	\$444.54	\$14.73
86706	Hep B Surf Antb Hbsab	\$9.00	0	\$74.62	\$90.61	\$155.96	\$219.79	\$328.38	\$358.58	\$444.54	\$0.00
86706	Hep B Surf Antb Hbsab	\$9.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86708	Hep Antb Haab Tot	\$12.80	0	\$89.06	\$108.15	\$186.15	\$262.33	\$391.94	\$427.98	\$530.58	\$16.99
86708	Hep Antb Haab Tot	\$12.80	0	\$89.06	\$108.15	\$186.15	\$262.33	\$391.94	\$427.98	\$530.58	\$0.00
86708	Hep Antb Haab Tot	\$12.80	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86735	Antb Mumps	\$24.05	0	\$96.28	\$116.92	\$201.24	\$283.60	\$423.72	\$462.68	\$573.60	\$17.90
86735	Antb Mumps	\$24.05	0	\$96.28	\$116.92	\$201.24	\$283.60	\$423.72	\$462.68	\$573.60	\$0.00
86735	Antb Mumps	\$24.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86762	Antb Rubella	\$19.58	0	\$57.77	\$70.15	\$120.74	\$170.16	\$254.23	\$277.61	\$344.16	\$19.74
86762	Antb Rubella	\$19.58	0	\$57.77	\$70.15	\$120.74	\$170.16	\$254.23	\$277.61	\$344.16	\$0.00
86762	Antb Rubella	\$19.58	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86765	Antb Rubeola	\$24.05	0	\$101.09	\$122.77	\$211.30	\$297.78	\$444.91	\$485.81	\$602.28	\$17.67
86765	Antb Rubeola	\$24.05	0	\$101.09	\$122.77	\$211.30	\$297.78	\$444.91	\$485.81	\$602.28	\$0.00
86765	Antb Rubeola	\$24.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86787	Antb Varicella-Zoster	\$16.00	0	\$98.69	\$119.84	\$206.27	\$290.69	\$434.31	\$474.25	\$587.94	\$17.67
86787	Antb Varicella-Zoster	\$16.00	0	\$98.69	\$119.84	\$206.27	\$290.69	\$434.31	\$474.25	\$587.94	\$0.00

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
86787	Antb Varicella-Zoster	\$16.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86803	Hep C Antb	\$12.80	0	\$117.94	\$143.23	\$246.52	\$347.41	\$519.06	\$566.78	\$702.66	\$19.57
86803	Hep C Antb	\$12.80	0	\$117.94	\$143.23	\$246.52	\$347.41	\$519.06	\$566.78	\$702.66	\$0.00
86803	Hep C Antb	\$12.80	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87340	laad Eia Hep B Surf Ag	\$10.90	0	\$43.49	\$44.16	\$49.31	\$49.50	\$51.17	\$55.62	\$59.84	\$14.17
87340	laad Eia Hep B Surf Ag	\$10.90	0	\$43.49	\$44.16	\$49.31	\$49.50	\$51.17	\$55.62	\$59.84	\$0.00
87340	laad Eia Hep B Surf Ag	\$10.90	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90371	Hepatitis B Immune Globulin Hbig Human I	\$10.00	333	\$259.54	\$266.38	\$321.86	\$329.27	\$338.58	\$388.55	\$437.38	\$124.27
90460	Imadm Through 18yr Any Route 1st Vac/Tox	\$36.00	2,066	\$40.98	\$42.06	\$50.82	\$51.99	\$53.46	\$61.35	\$69.06	\$25.11
90461	Imadm Through 18yr Any Route Ea Addl Vac	\$30.00	1,213	\$24.59	\$25.24	\$30.49	\$31.19	\$32.08	\$36.81	\$41.44	\$12.73
90471	Imadm Prq Id Subq/Im Njxs 1 Vacc	\$15.00	23,816	\$40.98	\$42.06	\$50.82	\$51.99	\$53.46	\$61.35	\$69.06	\$25.11
90472	Imadm Prq Id Subq/Im Njxs Ea Vacc	\$10.00	11,205	\$24.59	\$25.24	\$30.49	\$31.19	\$32.08	\$36.81	\$41.44	\$12.73
90473	Imadm Intrns/Oral 1 Vacc	\$10.00	35	\$27.32	\$28.04	\$33.88	\$34.66	\$35.64	\$40.90	\$46.04	\$25.11
90474	Imadm Intrns/Oral Ea Vacc	\$10.00	2,465	\$24.59	\$25.24	\$30.49	\$31.19	\$32.08	\$36.81	\$41.44	\$12.73
90620	Meningococcal (MendB)	\$221.00	1,011	\$395.33	\$423.81	\$501.86	\$529.80	\$573.86	\$645.19	\$815.52	\$0.00
90620	Exam and consultation	\$0.00	1,011	\$395.33	\$423.81	\$501.86	\$529.80	\$573.86	\$645.19	\$815.52	\$0.00
90632	Hepatitis A Vaccine Adult For Intramuscu	\$110.00	746	\$120.66	\$129.36	\$153.18	\$161.70	\$175.15	\$196.92	\$248.91	\$53.38
90633	Hepatitis A Vaccine Pediatric 2 Dose Sch	\$30.00	5,348	\$58.86	\$63.10	\$74.72	\$78.88	\$85.44	\$96.06	\$121.42	\$0.00
90636	Hepatitis A & B Vaccine Hepa-Hepb Adult	\$55.00	5	\$161.87	\$173.53	\$205.48	\$216.92	\$234.96	\$264.17	\$333.91	\$0.00
90647	Hemophilus Influenza B Vaccine Prp-Omp 3	\$30.00	2	\$50.03	\$53.64	\$63.51	\$67.05	\$72.62	\$81.65	\$103.21	\$0.00
90648	Hemophilus Influenza B Vaccine Prp-T 4 D	\$50.00	3,231	\$47.09	\$50.48	\$59.78	\$63.10	\$68.35	\$76.85	\$97.14	\$0.00
90649	Human Papilloma Virus Vaccine Quadriv 3	\$250.00	0	\$223.67	\$239.78	\$283.94	\$299.74	\$324.67	\$365.03	\$461.40	\$0.00
90651	HPV 9	\$250.00	2,567	\$252.04	\$270.19	\$319.95	\$337.76	\$365.85	\$411.33	\$519.92	\$0.00
90654	Influenza Vaccine Prsv Free Id Use	\$20.00	57	\$37.02	\$39.69	\$47.00	\$49.62	\$53.74	\$60.42	\$76.37	\$0.00
90656	Influenza Virus Vacc Split Prsrv Fr 3 Ye	\$20.00	19	\$26.49	\$28.40	\$33.62	\$35.50	\$38.45	\$43.23	\$54.64	\$19.25
90657	Influenza Virus Vaccine Split Virus 6-35	\$20.00	47	\$27.22	\$29.18	\$34.56	\$36.48	\$39.52	\$44.43	\$56.16	\$0.00
90658	Influenza Virus Vaccine Split Virus 3 Ye	\$20.00	3	\$27.22	\$29.18	\$34.56	\$36.48	\$39.52	\$44.43	\$56.16	\$0.00
90660	Influenza Virus Vaccine Live Intranasal	\$43.00	0	\$35.32	\$37.86	\$44.83	\$47.33	\$51.26	\$57.64	\$72.85	\$0.00
90662	Influenza Vaccine Splt Prsrv Free Inc An	\$40.00	630	\$71.93	\$77.11	\$91.31	\$96.39	\$104.41	\$117.39	\$148.38	\$49.03
90670	Pneumococcal Conj Vaccine 13 Valent Im	\$220.00	5,814	\$193.68	\$207.63	\$245.87	\$259.55	\$281.14	\$316.09	\$399.53	\$192.64
90672	Internasal Live Influenza vaccine	\$15.00	0	\$80.87	\$86.70	\$102.67	\$108.38	\$117.39	\$131.99	\$166.83	\$0.00
90680	Rotavirus Vaccine Pentavalent 3 Dose Liv	\$140.00	6	\$132.44	\$141.98	\$168.12	\$177.48	\$192.24	\$216.14	\$273.20	\$0.00
90685	Influenza virus vaccine, 6-35 months	\$0.00	1,893	\$48.74	\$52.25	\$61.87	\$65.31	\$70.74	\$79.54	\$100.54	\$21.20
90686	Fluzone (IIV4)	\$20.00	6,057	\$35.96	\$38.55	\$45.65	\$48.20	\$52.20	\$58.69	\$74.19	\$19.03
90688	FLUZONE QUADRIVALENT, 3 YRS & OLDER	\$20.00	4,324	\$36.20	\$38.81	\$45.95	\$48.51	\$52.55	\$59.08	\$74.67	\$17.83
90696	Dtap-Ipv Inactivated If Admin Pts Age 4-	\$70.00	562	\$96.82	\$103.80	\$122.91	\$129.76	\$140.55	\$158.02	\$199.74	\$0.00
90698	Dtap-Hib-Ipv Vaccine Im	\$145.00	2,407	\$132.44	\$141.98	\$168.12	\$177.48	\$192.24	\$216.14	\$273.20	\$0.00
90700	Dtap Vaccine < 7 Yr Im	\$50.00	1,324	\$44.15	\$47.33	\$56.04	\$59.16	\$64.08	\$72.05	\$91.07	\$0.00
90702	Diphtheria Tetanus Toxoid Adsorbed < 7 Y	\$5.00	6	\$36.05	\$38.65	\$45.77	\$48.31	\$52.33	\$58.84	\$74.37	\$0.00
90703	Tetanus Toxoid Adsorbed Intramuscular	\$20.00	276								
90704	Mumps Virus Vaccine Live Subcutaneous	\$62.00	2								
90705	Measles Virus Vaccine Live Subcutaneous	\$47.00	0								
90706	Rubella Virus Vaccine Live Subcutaneous	\$53.00	0								
90707	Measles Mumps Rubella Virus Vaccine Live	\$95.00	1,754	\$88.29	\$94.65	\$112.08	\$118.32	\$128.16	\$144.09	\$182.13	\$0.00
90708	Measles & Rubella Virus Vaccine Live Sub	\$152.00	0								
90710	Measles Mumps Rubella Varicella Vacc Liv	\$275.00	1,156	\$235.44	\$252.40	\$298.88	\$315.52	\$341.76	\$384.24	\$485.68	\$0.00
90713	Poliovirus Vaccine Inactivated Subq/Im	\$50.00	1,313	\$50.03	\$53.64	\$63.51	\$67.05	\$72.62	\$81.65	\$103.21	\$0.00
90714	Td Toxoids Adsorbed Prsrv Fr 7 Yr + Im	\$43.00	101								
90715	Tdap Vaccine 7 Yr + Im	\$80.00	1,775								
90716	Varicella Virus Vaccine Live Subq	\$165.00	2,592								
90721	Dtap-Hib Vaccine Intramuscular	\$0.00	0								
90723	Dtap-Hepb-Ipv Vaccine Intramuscular	\$110.00	2,268								

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
90732	Pneumococcal Polysac Vaccine 23-V 2 Yr +	\$101.00	2,310								
90733	Meningococcal Polysac Vaccine Subcutaneo	\$179.00	4								
90734	Meningococcal Conj Vaccine Tetravalent I	\$205.00	1,687								
90743	Hepatitis B Vaccine Adolescent 2 Dose Im	\$0.00	26								
90744	Hepatitis B Vaccine Pediatric3 Dose Im	\$20.00	2,905								
90746	Hepatitis B Vaccine Adult Dosage Intramu	\$94.00	12								
90748	Hepb-Hib Vaccine Intramuscular	\$90.00	0								
90791	Psychiatric diagnostic evaluation	\$203.00	1,924	\$256.67	\$299.52	\$394.38	\$414.28	\$512.29	\$577.57	\$1,012.48	\$132.50
90792	Psychiatric diag eval w/medical services	\$232.00	15	\$270.31	\$315.44	\$415.34	\$436.29	\$539.52	\$608.26	\$1,066.28	\$148.88
90832	Psychotherapy, 30 minutes	\$99.00	581	\$112.50	\$121.81	\$149.98	\$171.34	\$193.41	\$196.83	\$199.82	\$64.47
90834	Psychtherapy, 45 minutes	\$131.00	454	\$155.38	\$168.23	\$207.14	\$236.63	\$267.12	\$271.84	\$275.98	\$85.77
90846	Fam PsycTx W/O Pt Present	\$159.00	0	\$284.38	\$523.51	\$882.24	\$922.31	\$1,030.94	\$1,110.23	\$1,184.94	\$103.83
90847	Fam PsycTx W/Pt Present	\$165.00	0	\$302.08	\$556.10	\$937.15	\$979.71	\$1,095.10	\$1,179.33	\$1,258.69	\$107.76
90863	Pharmacologic mangement	\$0.00	0	\$350.38	\$350.38	\$383.85	\$389.70	\$406.41	\$470.19	\$475.52	\$0.00
92551	Scr Tst Pure Tone Air Only	\$0.00	5,738	\$26.23	\$29.12	\$47.13	\$47.13	\$47.83	\$50.29	\$66.02	\$11.80
92567	Tympanometry	\$13.00	0	\$48.58	\$53.93	\$87.28	\$87.28	\$88.58	\$93.13	\$122.25	\$14.52
93000	Ecg Routine Ecg W/Least 12 Lds W/I&r	\$40.00	2,523	\$51.98	\$62.13	\$85.61	\$91.85	\$98.80	\$133.19	\$166.52	\$17.99
93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only	\$30.00	0	\$34.20	\$40.88	\$56.33	\$60.43	\$65.00	\$87.63	\$109.55	\$9.06
93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only	\$30.00	0	\$34.20	\$40.88	\$56.33	\$60.43	\$65.00	\$87.63	\$109.55	\$0.00
93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only	\$30.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
94640	Pressurized/Nonpressurized Inhalation Tr	\$30.00	418	\$24.95	\$29.84	\$36.25	\$40.97	\$44.75	\$51.79	\$66.59	\$19.32
94664	Demo&/Eval Of Pt Utiliz Aersl Gen/Neb/In	\$30.00	1	\$29.70	\$35.53	\$43.15	\$48.78	\$53.28	\$61.65	\$79.28	\$18.22
94760	Noninvasive Ear/Pulse Oximetry Single De	\$5.00	0	\$17.82	\$21.32	\$25.89	\$29.27	\$31.97	\$36.99	\$47.57	\$3.56
94760	Noninvasive Ear/Pulse Oximetry Single De	\$5.00	0	\$17.82	\$21.32	\$25.89	\$29.27	\$31.97	\$36.99	\$47.57	\$0.00
94760	Noninvasive Ear/Pulse Oximetry Single De	\$5.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
95115	Prof Svcs Allg Immntx X W/Prv Allgic Xtr	\$30.00	0	\$20.72	\$22.87	\$26.29	\$27.73	\$31.07	\$31.55	\$34.53	\$9.42
95117	Prof Svcs Allg Immntx X W/Prv Allgic Xtr	\$40.00	0	\$31.08	\$34.31	\$39.43	\$41.59	\$46.61	\$47.33	\$51.79	\$10.89
95831	Muscle testing	\$0.00	0	\$119.19	\$143.01	\$237.91	\$286.07	\$383.46	\$459.86	\$815.40	\$33.46
95868	Electromyography	\$0.00	0	\$401.61	\$481.90	\$801.66	\$963.95	\$1,292.08	\$1,549.54	\$2,747.53	\$140.83
95868	Electromyography	\$0.00	0	\$120.44	\$144.62	\$240.56	\$289.23	\$387.65	\$464.85	\$824.29	\$73.55
95868	Electromyography	\$0.00	0	\$281.17	\$337.28	\$561.10	\$674.72	\$904.43	\$1,084.69	\$1,923.24	\$67.28
96160	Health risk assessment - pt focused	\$0.00	589	\$12.46	\$17.80	\$18.27	\$22.25	\$22.50	\$22.84	\$34.78	\$4.76
96161	Health risk assessment	\$0.01	7	\$12.46	\$17.80	\$18.27	\$22.25	\$22.50	\$22.84	\$34.78	\$4.76
96372	Therapeutic Prophylactic/Dx Injection Su	\$20.00	902	\$46.78	\$53.28	\$57.18	\$72.78	\$77.98	\$82.14	\$84.13	\$26.52
97602	Rmvl Devital Tiss N-Slctv Dbrdmt W/O Ane	\$21.00	0	\$73.40	\$82.40	\$98.98	\$118.15	\$174.63	\$179.25	\$960.48	\$0.00
97700	Adjust orthotic/splint	\$0.00	0								
97802	Med Nutr Ther 1st Assmt&ivntj Indiv Ea 1	\$0.00	0	\$32.30	\$36.26	\$43.55	\$51.99	\$76.84	\$78.87	\$422.61	\$36.04
97803	Med Nutr Ther Re-Assmt&ivntj Indiv Ea 15	\$48.00	0	\$32.30	\$36.26	\$43.55	\$51.99	\$76.84	\$78.87	\$422.61	\$31.33
98925	Osteopathic Manipulative Tx 1-2 Bdy Regi	\$60.00	5	\$103.98	\$105.17	\$109.49	\$110.70	\$111.13	\$112.40	\$112.40	\$33.06
98926	Osteopathic Manipulative Tx 3-4 Bdy Regi	\$90.00	1	\$136.71	\$138.27	\$143.95	\$145.55	\$146.12	\$147.79	\$147.79	\$47.79
98927	Osteopathic Manipulative Tx 5-6 Bdy Regi	\$120.00	6	\$161.74	\$163.59	\$170.31	\$172.20	\$172.87	\$174.85	\$174.85	\$62.52
98928	Osteopathic Manipulative Tx 7-8 Bdy Regi	\$194.00	8	\$177.15	\$179.17	\$186.53	\$188.60	\$189.34	\$191.50	\$191.50	\$76.15
98929	Osteopathic Manipulative Tx 9-10 Bdy Reg	\$180.00	9	\$184.85	\$186.96	\$194.64	\$196.80	\$197.57	\$199.82	\$199.82	\$90.89
99173	Screening	\$0.00	9,062	\$31.08	\$32.28	\$32.75	\$41.43	\$51.22	\$52.58	\$69.16	\$3.56
99188	Application of topical fluoride varnish	\$40.00	69	\$37.06	\$38.50	\$39.06	\$49.41	\$61.08	\$62.71	\$82.48	\$0.00
99201	Office Outpt New 10 Min	\$69.00	215	\$133.48	\$147.35	\$179.30	\$196.37	\$222.21	\$235.84	\$282.49	\$46.39
99202	Office Outpt New 20 Minutes	\$118.00	3,562	\$166.37	\$183.65	\$223.47	\$244.76	\$276.96	\$293.95	\$352.08	\$78.72
99203	Office Outpt New 30 Min	\$173.00	7,074	\$216.66	\$239.18	\$291.03	\$318.75	\$360.70	\$382.82	\$458.53	\$114.65
99204	Office Outpt New 45 Min	\$266.00	1,101	\$309.52	\$341.68	\$415.76	\$455.36	\$515.28	\$546.88	\$655.04	\$173.63
99205	Office Outpt New 60 Min	\$330.00	25	\$417.85	\$461.27	\$561.28	\$614.74	\$695.63	\$738.29	\$884.30	\$218.89
99211	Office O/P Est 5 Min	\$32.00	527	\$69.94	\$79.91	\$89.15	\$92.66	\$107.45	\$116.79	\$133.95	\$21.01
99212	Office Outpt Est 10 Min	\$69.00	5,867	\$99.39	\$113.56	\$126.68	\$131.68	\$152.69	\$165.97	\$190.35	\$45.76

Brumback Code	Brumback Procedure Description	Brumback Fee	FY19 Volumes	50th Percentile	60th Percentile	75th Percentile	80th Percentile	85th Percentile	90th Percentile	95th Percentile	Medicare Fee
99213	Office Outpt Est15 Min	\$116.00	40,761	\$126.99	\$145.11	\$161.87	\$168.26	\$195.10	\$212.07	\$243.23	\$76.60
99214	Office Outpt Est 25 Min	\$171.00	33,119	\$184.05	\$210.30	\$234.60	\$243.85	\$282.75	\$307.35	\$352.50	\$112.53
99215	Office Outpt Est 40 Min	\$228.00	451	\$294.48	\$336.48	\$375.36	\$390.16	\$452.40	\$491.76	\$564.00	\$151.87
99245	Office Consltj 80 Min	\$140.00	0	\$457.72	\$492.34	\$573.16	\$623.55	\$654.47	\$693.27	\$831.89	\$233.44
99381	1st Preventive Medicine New Patient < 1y	\$176.00	3,231	\$161.50	\$171.83	\$180.73	\$186.23	\$192.23	\$195.39	\$208.53	\$115.20
99382	1st Preventive Medicine New Patient Age	\$182.00	786	\$173.92	\$185.05	\$194.63	\$200.55	\$207.02	\$210.42	\$224.57	\$120.26
99383	1st Preventive Medicine New Patient Age	\$190.00	1,450	\$186.35	\$198.27	\$208.53	\$214.88	\$221.81	\$225.45	\$240.62	\$125.57
99384	1st Preventive Medicine New Patient Age	\$215.00	1,192	\$198.77	\$211.49	\$222.43	\$229.20	\$236.59	\$240.48	\$256.66	\$141.27
99385	1st Preventive Medicine New Patient Age	\$209.00	2,482	\$269.17	\$286.39	\$301.21	\$310.38	\$320.39	\$325.65	\$347.56	\$136.66
99386	1st Preventive Medicine New Patient Age	\$241.00	3,266	\$294.01	\$312.83	\$329.01	\$339.03	\$349.96	\$355.71	\$379.64	\$159.13
99387	1st Preventive Medicine New Patient Age	\$263.00	199	\$331.28	\$352.48	\$370.72	\$382.00	\$394.32	\$400.80	\$427.76	\$172.46
99391	Periodic Preventive Med Established Pati	\$158.00	6,289	\$132.51	\$140.99	\$148.29	\$152.80	\$157.73	\$160.32	\$171.10	\$103.31
99392	Periodic Preventive Med Est Patient Age	\$169.00	2,508	\$140.79	\$149.80	\$157.56	\$162.35	\$167.59	\$170.34	\$181.80	\$110.44
99393	Periodic Preventive Med Est Patient Age	\$168.00	1,204	\$153.22	\$163.02	\$171.46	\$176.68	\$182.37	\$185.37	\$197.84	\$110.07
99394	Periodic Preventive Med Est Patient Age	\$184.00	816	\$165.64	\$176.24	\$185.36	\$191.00	\$197.16	\$200.40	\$213.88	\$120.81
99395	Periodic Preventive Med Est Patient Age	\$187.00	1,801	\$223.61	\$237.92	\$250.24	\$257.85	\$266.17	\$270.54	\$288.74	\$123.34
99396	Periodic Preventive Med Est Patient Age	\$200.00	5,372	\$244.32	\$259.95	\$273.41	\$281.73	\$290.81	\$295.59	\$315.47	\$131.55
99397	Periodic Preventive Med Est Patient Age	\$215.00	630	\$277.45	\$295.20	\$310.48	\$319.93	\$330.24	\$335.67	\$358.25	\$141.63
99401	Prev Med Cnsl Indiv Spx 15 Min	\$65.00	0	\$70.40	\$74.90	\$78.78	\$81.18	\$83.79	\$85.17	\$90.90	\$37.80
99402	Prev Med Cnsl Indiv Spx 30 Min	\$125.00	0	\$136.65	\$145.40	\$152.92	\$157.58	\$162.66	\$165.33	\$176.45	\$64.60
99403	Prev Med Cnsl Indiv Spx 45 Min	\$190.00	1	\$207.05	\$220.30	\$231.70	\$238.75	\$246.45	\$250.50	\$267.35	\$90.68
99404	Prev Med Cnsl Indiv Spx 60 Min	\$250.00	0	\$269.17	\$286.39	\$301.21	\$310.38	\$320.39	\$325.65	\$347.56	\$116.75
99406	Tobacco Use Cessation Intermediate 3-10	\$0.00	85	\$41.41	\$44.06	\$46.34	\$47.75	\$49.29	\$50.10	\$53.47	\$15.37
99407	Tobacco Use Cessation Intensive >10 Minu	\$44.00	0	\$82.82	\$88.12	\$92.68	\$95.50	\$98.58	\$100.20	\$106.94	\$29.63
99408	Alcohol/Substance Screen & Interven 15-3	\$20.00	15	\$99.38	\$105.74	\$111.22	\$114.60	\$118.30	\$120.24	\$128.33	\$36.84
99409	Alcohol/Substance Screen & Interven >30	\$40.00	2	\$194.63	\$207.08	\$217.80	\$224.43	\$231.66	\$235.47	\$251.31	\$71.85
99455	Work Related/Med DbIt Xm Treating Phys	\$85.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99456	Work Related/Med DbIt Xm Oth/Thn Treatin	\$90.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99490	Chronic Care Management >20 minutes	\$0.00	168	\$104.39	\$119.28	\$133.07	\$138.31	\$160.38	\$174.33	\$199.94	\$44.20
99495	Transitional Care Mang Service	\$163.00	100	\$354.15	\$404.66	\$451.42	\$469.22	\$544.07	\$591.40	\$678.28	\$170.76
99496	Transitional Care Mang. Service	\$230.00	49	\$508.23	\$580.72	\$647.82	\$673.36	\$780.78	\$848.71	\$973.39	\$241.62
209999	Mandibular kinesiograph record	\$0.00	0								

Brumback Code	This is the CPT Code you provided
Code	This is the matching CPT Code from the software
Modifier	This is the Modifier for the Matching CPT Code (Software), if available/applicable
Sub	This is the Sub-Modifier for the Matching CPT Code (Software), if available/applicable
Brumback Insurance Description	This is the Procedure Code Description you provided
Fee Software Description	This is the matching Procedure Code Description from the Software
Brumback Fee	This is the Fee you provided for the particular procedure
50th Percentile	This is the fee that falls within the 50th percentile of what those providing this service and reported data are charging for that same procedure
60th Percentile	This is the fee that falls within the 60th percentile of what those providing this service and reported data are charging for that same procedure
75th Percentile	This is the fee that falls within the 75th percentile of what those providing this service and reported data are charging for that same procedure
80th Percentile	This is the fee that falls within the 80th percentile of what those providing this service and reported data are charging for that same procedure
85th Percentile	This is the fee that falls within the 85th percentile of what those providing this service and reported data are charging for that same procedure
90th Percentile	This is the fee that falls within the 90th percentile of what those providing this service and reported data are charging for that same procedure
95th Percentile	This is the fee that falls within the 95th percentile of what those providing this service and reported data are charging for that same procedure
Medicare Fee	This is the Standard Medicare Fee being charged in your area for this procedure

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 29, 2020

1. Description: District Clinic Holdings, Inc. Financial Report November 2019

2. Summary:

The YTD November 2019 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

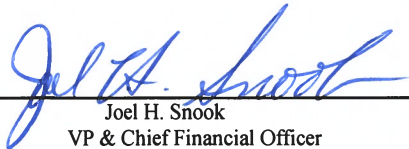
3. Substantive Analysis:

Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis is 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:



 Joel H. Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

 Committee Name

1/29/2020

 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 29, 2020

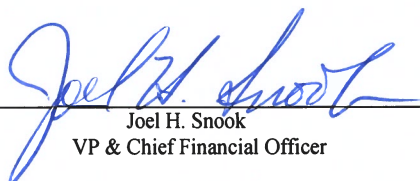
6. Recommendation:

Staff recommends the Board receive and file the YTD November 2019 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: 12/23/2019

Subject: Management Discussion and Analysis of November 2019 C.L. Brumback Primary Care Clinic Financial Statements

The November statements represent the financial performance for the second month of the 2020 fiscal year for C.L. Brumback. Total revenue is favorable to budget by \$154k due to an increase in actual visits of 22,899 versus projected visits of 20,755 or 10.3%. Expenses before depreciation are over budget by \$205k or 4.8% mostly due to salaries, wages and benefits (\$117k), purchases services of (\$50k), repair and maintenance (\$20k), and lease and rental (\$25k). Volumes for medical and dental are better than budget by 2,144 or 10.3% year to date.

Within the medical clinics, revenue is ahead of budget by \$206k YTD, this is primarily attributed to higher than expected visits to budget of 2,338 or 14.9%. Positive variance in other revenue is a result of bonus incentive revenue of \$19k. Expenses in the medical clinics are (\$271k) over budget. This negative variance is attributable to higher than expected salaries, wages and benefits expenses. Purchased services has a negative variance of (\$43k) primarily due to higher collection fees from Athena and increased fees from security services. Repairs and maintenance is unfavorable by (\$24k) due to higher than anticipated repairs and software maintenance costs.

The dental clinics gross revenue is in line with budget resulting in a slightly favorable variance of \$1.9k. Patient volume YTD of 4,840 was under budget by (194) or (3.9%). Total revenue is under budget by (\$51k) YTD primarily attributable to increased charity care of (\$33k), and other revenue under budget by (\$25k). Total expenses of \$705k are favorable to budget by \$66k due mainly to salaries, wages, benefits \$36k, and medical supplies \$27k.

On the Comparative Statement of Net Position, due from other governments increased to \$1.2M as result of LIP anticipated payment of approximately \$1.1M from AHCA State Fiscal Year 2019-2020. The District subsidy year to date for the clinic is \$3.4M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Nov 30, 2019</u>	<u>Oct 31, 2019</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	346,839	918,340	\$ (571,500)
Accounts Receivable, net	1,631,447	1,539,851	91,596
Due From Other Funds	-	-	-
Due from Other Governments	1,174,028	924,497	249,532
Other Current Assets	137,243	114,961	22,282
Net Investment in Capital Assets	1,920,009	1,930,366	(10,357)
Total Assets	<u>\$ 5,209,566</u>	<u>\$ 5,428,014</u>	<u>\$ (218,448)</u>
Liabilities			
Accounts Payable	459,032	439,952	19,080
Due To Other Governments	-	-	-
Deferred Revenue	46,406	47,913	(1,507)
Other Current Liabilities	1,595,688	1,747,549	(151,861)
Non-Current Liabilities	800,884	798,817	2,067
Total Liabilities	<u>2,902,010</u>	<u>3,034,231</u>	<u>(132,221)</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 543</u>	<u>\$ 612</u>	<u>\$ (69)</u>
Net Position			
Net Investment in Capital Assets	1,920,009	1,930,366	(10,357)
Unrestricted	387,005	462,805	(75,869)
Total Net Position	<u>2,307,014</u>	<u>2,393,171</u>	<u>(86,226)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,209,566</u>	<u>\$ 5,428,014</u>	<u>\$ (218,448)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,734,463	\$ 1,689,809	\$ 44,654	2.6%	\$ 1,491,722	\$ 242,740	16.3%	\$ 3,904,728	\$ 3,610,748	\$ 293,980	8.1%	\$ 3,438,362	\$ 466,366	13.6%
1,734,463	1,689,809	44,654	2.6%	1,491,722	242,740	16.3%	3,904,728	3,610,748	293,980	8.1%	3,438,362	466,366	13.6%
336,609	278,315	(58,294)	(20.9%)	523,761	187,152	35.7%	790,195	593,637	(196,558)	(33.1%)	1,153,688	363,493	31.5%
727,479	695,192	(32,287)	(4.6%)	370,440	(357,039)	(96.4%)	1,539,340	1,486,907	(52,433)	(3.5%)	892,720	(646,619)	(72.4%)
193,678	292,764	99,086	33.8%	136,222	(57,456)	(42.2%)	535,172	626,884	91,712	14.6%	345,644	(189,529)	(54.8%)
1,257,766	1,266,271	8,505	0.7%	1,030,423	(227,343)	(22.1%)	2,864,707	2,707,428	(157,279)	(5.8%)	2,392,052	(472,656)	(19.8%)
385,820	380,319	5,501	1.4%	460,636	(74,816)	(16.2%)	771,640	760,638	11,002	1.4%	646,181	125,459	19%
862,516	803,857	58,659	7.3%	921,934	(59,418)	(6.4%)	1,811,661	1,663,958	147,703	8.9%	1,692,491	119,170	7.0%
49.73%	47.57%			61.80%			46.40%	46.08%		49.22%			
48,416	57,154	(8,738)	(15.3%)	606,454	(558,038)	(92.0%)	101,657	114,308	(12,651)	(11.1%)	1,181,232	(1,079,575)	(91.4%)
2,647	2,442	205	8.4%	8,821	(6,174)	(70.0%)	23,938	4,884	19,054	390.1%	13,466	10,472	77.8%
51,063	59,596	(8,533)	(14.3%)	615,275	(564,212)	(91.7%)	125,594	119,192	6,402	5.4%	1,194,698	(1,069,104)	(89.5%)
913,579	863,453	50,126	5.8%	1,537,209	(623,630)	(40.6%)	1,937,255	1,783,150	154,105	8.6%	2,887,189	(949,934)	(32.9%)
<i>Direct Operational Expenses:</i>													
1,328,404	1,298,379	(30,025)	(2.3%)	1,190,417	(137,986)	(11.6%)	2,818,128	2,720,222	(97,906)	(3.6%)	2,577,867	(240,261)	(9.3%)
378,148	362,727	(15,421)	(4.3%)	322,045	(56,104)	(17.4%)	758,325	738,793	(19,532)	(2.6%)	661,690	(96,635)	(14.6%)
80,005	65,753	(14,252)	(21.7%)	68,614	(11,392)	(16.6%)	181,038	131,506	(49,532)	(37.7%)	133,642	(47,397)	(35.5%)
65,422	36,001	(29,421)	(81.7%)	27,305	(38,117)	(139.6%)	80,702	72,002	(8,700)	(12.1%)	69,133	(11,569)	(16.7%)
19,713	19,686	(27)	(0.1%)	3,947	(15,765)	(399.4%)	27,756	39,372	11,616	29.5%	38,096	10,340	27.1%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
43,699	57,949	14,250	24.6%	(461)	(44,161)	9,572.9%	111,674	123,882	12,208	9.9%	58,348	(53,326)	(91.4%)
106,112	76,575	(29,537)	(38.6%)	37,534	(68,578)	(182.7%)	171,464	162,937	(8,527)	(5.2%)	85,088	(86,376)	(101.5%)
11,167	13,887	2,720	19.6%	36,555	25,389	69.5%	48,099	27,774	(20,325)	(73.2%)	66,436	18,338	27.6%
120,395	106,377	(14,018)	(13.2%)	104,594	(15,801)	(15.1%)	237,867	212,754	(25,113)	(11.8%)	213,765	(24,102)	(11.3%)
6,781	6,682	(99)	(1.5%)	6,558	(223)	(3.4%)	13,740	13,364	(376)	(2.8%)	11,127	(2,613)	(23.5%)
37,182	28,941	(8,241)	(28.5%)	(576)	(37,758)	6,555.9%	56,759	57,882	1,123	1.9%	14,950	(41,809)	(279.7%)
2,377	2,236	(141)	(6.3%)	2,170	(207)	(9.5%)	4,754	4,472	(282)	(6.3%)	4,594	(159)	(3.5%)
2,199,405	2,075,193	(124,212)	(6.0%)	1,798,702	(400,703)	(22.3%)	4,510,305	4,304,960	(205,345)	(4.8%)	3,934,736	(575,569)	(14.6%)
Net Performance before Depreciation & Overhead Allocations													
(1,285,826)	(1,211,740)	(74,086)	6.1%	(261,492)	(1,024,333)	391.7%	(2,573,050)	(2,521,810)	(51,240)	2.0%	(1,047,547)	(1,525,503)	145.6%

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
10,357	13,280	2,923	22.0%	17,256	6,899	40.0%	23,524	26,560	3,036	11.4%	34,513	10,989	31.8%
<i>Overhead Allocations:</i>													
2,089	2,255	166	7.3%	16,111	14,022	87.0%	3,712	4,510	797	17.7%	25,414	21,701	85.4%
84,377	96,913	12,536	12.9%	98,059	13,683	14.0%	147,374	193,825	46,452	24.0%	184,963	37,590	20.3%
6,983	5,506	(1,477)	(26.8%)	5,120	(1,863)	(36.4%)	12,264	11,013	(1,251)	(11.4%)	10,240	(2,024)	(19.8%)
19,184	21,420	2,236	10.4%	16,269	(2,915)	(17.9%)	37,271	42,840	5,570	13.0%	33,301	(3,969)	(11.9%)
37,990	36,548	(1,443)	(3.9%)	26,124	(11,866)	(45.4%)	66,439	73,095	6,657	9.1%	51,098	(15,340)	(30.0%)
38,104	40,465	2,361	5.8%	34,265	(3,839)	(11.2%)	73,314	80,930	7,616	9.4%	67,751	(5,563)	(8.2%)
15,984	18,543	2,559	13.8%	11,903	(4,081)	(34.3%)	27,291	37,086	9,794	26.4%	18,371	(8,920)	(48.6%)
6,638	8,410	1,772	21.1%	6,452	(186)	(2.9%)	13,154	16,820	3,666	21.8%	12,972	(182)	(1.4%)
6,147	11,534	5,387	46.7%	7,197	1,051	14.6%	10,049	23,068	13,019	56.4%	12,973	2,924	22.5%
-	-	-	0.0%	1,281	1,281	100.0%	-	-	-	0.0%	2,621	2,621	100.0%
34,293	31,318	(2,975)	(9.5%)	32,875	(1,418)	(4.3%)	61,363	62,636	1,272	2.0%	56,971	(4,392)	(7.7%)
15,976	11,356	(4,620)	(40.7%)	6,365	(9,611)	(151.0%)	25,034	22,713	(2,321)	(10.2%)	12,843	(12,190)	(94.9%)
61,834	109,427	47,594	43.5%	69,273	7,439	10.7%	142,656	218,855	76,199	34.8%	149,652	6,996	4.7%
2,269	1,447	(822)	(56.8%)	3,764	1,495	39.7%	4,233	2,895	(1,338)	(46.2%)	7,750	3,517	45.4%
5,685	4,999	(686)	(13.7%)	-	(5,685)	0.0%	9,964	9,998	33	0.3%	-	(9,964)	0.0%
3,685	3,755	70	1.9%	4,019	333	8.3%	6,836	7,511	675	9.0%	7,440	604	8.1%
341,238	403,897	62,658	15.5%	339,079	(2,160)	(0.6%)	640,952	807,793	166,842	20.7%	654,361	13,409	2.0%
2,551,001	2,492,370	(58,631)	(2.4%)	2,155,037	(395,964)	(18.4%)	5,174,781	5,139,313	(35,468)	(0.7%)	4,623,609	(551,172)	(11.9%)
\$ (1,637,421)	\$ (1,628,917)	\$ (8,505)	0.5%	\$ (617,827)	\$ (1,019,594)	165.0%	\$ (3,237,526)	\$ (3,356,163)	\$ 118,637	(3.5%)	\$ (1,736,420)	\$ (1,501,106)	86.4%
81,965	3,988	(77,977)	(1,955.3%)	-	(81,965)	0.0%	81,965	7,976	(73,989)	(927.6%)	-	(81,965)	0.0%
\$ 1,664,089	\$ 1,621,795	\$ (42,294)	(2.6%)	\$ 596,437	\$ (1,067,652)	(179.0%)	\$ 3,390,718	\$ 3,341,920	\$ (48,798)	(1.5%)	\$ 1,697,774	\$ (1,692,944)	(99.7%)

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

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	-	-	-	-	-	-	-	-	-	-	3,904,728
Contractual Allowances	453,586	336,609	-	-	-	-	-	-	-	-	-	-	790,195
Charity Care	811,861	727,479	-	-	-	-	-	-	-	-	-	-	1,539,340
Bad Debt	341,494	193,678	-	-	-	-	-	-	-	-	-	-	535,172
Other Patient Revenue	385,820	385,820	-	-	-	-	-	-	-	-	-	-	771,640
Net Patient Revenue	949,144	862,516	-	-	-	-	-	-	-	-	-	-	1,811,661
Collections %	43.73%	49.73%											46.40%
Grant Funds	53,241	48,416	-	-	-	-	-	-	-	-	-	-	101,657
Other Revenue	21,291	2,647	-	-	-	-	-	-	-	-	-	-	23,938
Total Other Revenues	74,531	51,063	-	-	-	-	-	-	-	-	-	-	125,594
Total Revenues	1,023,676	913,579	-	-	-	-	-	-	-	-	-	-	1,937,255
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	-	-	-	-	-	-	-	-	-	-	2,818,128
Benefits	380,176	378,148	-	-	-	-	-	-	-	-	-	-	758,325
Purchased Services	101,033	80,005	-	-	-	-	-	-	-	-	-	-	181,038
Medical Supplies	15,280	65,422	-	-	-	-	-	-	-	-	-	-	80,702
Other Supplies	8,043	19,713	-	-	-	-	-	-	-	-	-	-	27,756
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	67,974	43,699	-	-	-	-	-	-	-	-	-	-	111,674
Drugs	65,352	106,112	-	-	-	-	-	-	-	-	-	-	171,464
Repairs & Maintenance	36,932	11,167	-	-	-	-	-	-	-	-	-	-	48,099
Lease & Rental	117,472	120,395	-	-	-	-	-	-	-	-	-	-	237,867
Utilities	6,959	6,781	-	-	-	-	-	-	-	-	-	-	13,740
Other Expense	19,578	37,182	-	-	-	-	-	-	-	-	-	-	56,759
Insurance	2,377	2,377	-	-	-	-	-	-	-	-	-	-	4,754
Total Operational Expenses	2,310,900	2,199,405	-	-	-	-	-	-	-	-	-	-	4,510,305
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	-	-	-	-	-	-	-	-	-	-	(2,573,050)
Depreciation	13,167	10,357	-	-	-	-	-	-	-	-	-	-	23,524
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	-	-	-	-	-	-	-	-	-	-	3,712
Rev Cycle	62,997	84,377	-	-	-	-	-	-	-	-	-	-	147,374
Internal Audit	5,281	6,983	-	-	-	-	-	-	-	-	-	-	12,264
Home Office Facilities	18,086	19,184	-	-	-	-	-	-	-	-	-	-	37,271
Administration	28,448	37,990	-	-	-	-	-	-	-	-	-	-	66,439
Human Resources	35,210	38,104	-	-	-	-	-	-	-	-	-	-	73,314
Legal	11,308	15,984	-	-	-	-	-	-	-	-	-	-	27,291
Records	6,516	6,638	-	-	-	-	-	-	-	-	-	-	13,154
Compliance	3,902	6,147	-	-	-	-	-	-	-	-	-	-	10,049
Planning/Research	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	27,070	34,293	-	-	-	-	-	-	-	-	-	-	61,363
Public Relations	9,057	15,976	-	-	-	-	-	-	-	-	-	-	25,034
Information Technology	80,822	61,834	-	-	-	-	-	-	-	-	-	-	142,656
Corporate Quality	1,964	2,269	-	-	-	-	-	-	-	-	-	-	4,233
Project MGMT Office	4,280	5,685	-	-	-	-	-	-	-	-	-	-	9,964
Managed Care Contract	3,150	3,685	-	-	-	-	-	-	-	-	-	-	6,836
Total Overhead Allocations	299,713	341,238	-	-	-	-	-	-	-	-	-	-	640,952
Total Expenses	2,623,781	2,551,001	-	-	-	-	-	-	-	-	-	-	5,174,781
Net Margin	\$ (1,600,105)	\$ (1,637,422)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,237,526)
Capital	-	81,965	-	-	-	-	-	-	-	-	-	-	81,965
General Fund Support/ Transfer In	1,726,629	1,664,089	-	-	-	-	-	-	-	-	-	-	\$ 3,390,718

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

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,424,047	1,361,456	62,591	4.6%	1,202,364	221,682	18.4%	3,199,153	2,907,073	292,080	10.0%	2,770,570	428,583	15.5%
290,318	238,376	(51,942)	(21.8%)	455,160	164,842	36.2%	699,950	507,900	(192,050)	(37.8%)	994,654	294,705	29.6%
533,109	511,712	(21,397)	(4.2%)	236,313	(296,796)	(125.6%)	1,113,586	1,093,709	(19,877)	(1.8%)	580,511	(533,075)	(91.8%)
202,224	274,314	72,090	26.3%	132,724	(69,500)	(52.4%)	513,493	587,530	74,037	12.6%	330,383	(183,110)	(55.4%)
1,025,652	1,024,402	(1,250)	(0.1%)	824,198	(201,454)	(24.4%)	2,327,029	2,189,139	(137,890)	(6.3%)	1,905,548	(421,480)	(22.1%)
264,493	244,640	19,853	8.1%	334,272	(69,779)	(20.9%)	525,133	489,280	35,853	7.3%	439,253	85,880	19.6%
662,888	581,694	81,194	14.0%	712,438	(49,551)	(7.0%)	1,397,257	1,207,214	190,043	15.7%	1,304,275	92,982	7.1%
46.55%	42.73%			59.25%			43.68%	41.53%		47.08%			
48,416	52,614	(4,198)	(8.0%)	492,221	(443,805)	(90.2%)	101,657	105,228	(3,571)	(3.4%)	955,888	(854,231)	(89.4%)
2,647	2,442	205	8.4%	8,588	(5,941)	(69.2%)	23,938	4,884	19,054	390.1%	13,233	10,705	80.9%
51,063	55,056	(3,993)	(7.3%)	500,809	(449,746)	(89.8%)	125,594	110,112	15,482	14.1%	969,121	(843,527)	(87.0%)
713,950	636,750	77,200	12.1%	1,213,247	(499,297)	(41.2%)	1,522,852	1,317,326	205,526	15.6%	2,273,396	(750,544)	(33.0%)
<i>Direct Operational Expenses:</i>													
1,114,862	1,063,671	(51,191)	(4.8%)	970,248	(144,614)	(14.9%)	2,352,135	2,228,490	(123,645)	(5.5%)	2,090,046	(262,089)	(12.5%)
312,835	293,376	(19,459)	(6.6%)	257,561	(55,274)	(21.5%)	626,801	597,504	(29,297)	(4.9%)	527,392	(99,409)	(18.8%)
79,532	58,128	(21,404)	(36.8%)	58,988	(20,544)	(34.8%)	158,858	116,256	(42,602)	(36.6%)	115,060	(43,798)	(38.1%)
51,412	13,917	(37,495)	(269.4%)	10,887	(40,525)	(372.2%)	63,927	27,834	(36,093)	(129.7%)	32,156	(31,771)	(98.8%)
18,647	18,159	(488)	(2.7%)	865	(17,782)	(2,055.8%)	26,691	36,318	9,627	26.5%	14,686	(12,005)	(81.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
43,699	57,949	14,250	24.6%	(461)	(44,161)	9,572.9%	111,674	123,882	12,208	9.9%	58,348	(53,326)	(91.4%)
106,112	76,350	(29,762)	(39.0%)	36,994	(69,118)	(186.8%)	171,464	162,487	(8,977)	(5.5%)	84,549	(86,915)	(102.8%)
5,061	8,235	3,174	38.5%	33,673	28,611	85.0%	40,912	16,470	(24,442)	(148.4%)	61,576	20,664	33.6%
94,780	80,599	(14,181)	(17.6%)	77,151	(17,629)	(22.9%)	185,833	161,198	(24,635)	(15.3%)	159,047	(26,786)	(16.8%)
5,842	4,632	(1,210)	(26.1%)	5,618	(224)	(4.0%)	11,145	9,264	(1,881)	(20.3%)	9,286	(1,860)	(20.0%)
32,697	25,242	(7,455)	(29.5%)	2,860	(29,837)	(1,043.1%)	51,559	50,484	(1,075)	(2.1%)	15,374	(36,186)	(235.4%)
2,346	2,205	(141)	(6.4%)	2,105	(241)	(11.4%)	4,692	4,410	(282)	(6.4%)	4,455	(237)	(5.3%)
1,867,827	1,702,463	(165,364)	(9.7%)	1,456,488	(411,339)	(28.2%)	3,805,692	3,534,597	(271,095)	(7.7%)	3,171,974	(633,718)	(20.0%)
Net Performance before Depreciation & Overhead Allocations													
(1,153,876)	(1,065,713)	(88,163)	8.3%	(243,241)	(910,635)	374.4%	(2,282,840)	(2,217,271)	(65,569)	3.0%	(898,578)	(1,384,262)	154.1%

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

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
8,845	9,840	995	10.1%	9,604	759	7.9%	18,708	19,680	972	4.9%	19,368	660	3.4%
<i>Overhead Allocations:</i>													
1,718	1,854	136	7.3%	12,952	11,234	86.7%	3,053	3,709	656	17.7%	20,431	17,378	85.1%
68,540	78,723	10,183	12.9%	77,739	9,199	11.8%	119,712	157,446	37,733	24.0%	146,633	26,921	18.4%
5,743	4,528	(1,214)	(26.8%)	4,116	(1,627)	(39.5%)	10,086	9,057	(1,029)	(11.4%)	8,232	(1,853)	(22.5%)
17,146	19,144	1,998	10.4%	14,474	(2,672)	(18.5%)	33,310	38,287	4,978	13.0%	29,626	(3,684)	(12.4%)
31,242	30,056	(1,186)	(3.9%)	21,002	(10,240)	(48.8%)	54,638	60,112	5,474	9.1%	41,080	(13,558)	(33.0%)
31,193	33,126	1,933	5.8%	27,460	(3,733)	(13.6%)	60,017	66,252	6,235	9.4%	54,296	(5,721)	(10.5%)
13,145	15,249	2,105	13.8%	9,569	(3,576)	(37.4%)	22,444	30,499	8,055	26.4%	14,769	(7,675)	(52.0%)
5,459	6,916	1,457	21.1%	5,187	(272)	(5.2%)	10,817	13,832	3,015	21.8%	10,429	(389)	(3.7%)
5,055	9,485	4,430	46.7%	5,786	731	12.6%	8,264	18,971	10,707	56.4%	10,429	2,166	20.8%
-	-	-	0.0%	1,030	1,030	100.0%	-	-	-	0.0%	2,107	2,107	100.0%
28,202	25,755	(2,447)	(9.5%)	26,429	(1,773)	(6.7%)	50,464	51,510	1,046	2.0%	45,801	(4,663)	(10.2%)
13,139	9,339	(3,799)	(40.7%)	5,117	(8,022)	(156.8%)	20,587	18,679	(1,909)	(10.2%)	10,325	(10,262)	(99.4%)
50,851	89,991	39,140	43.5%	55,690	4,839	8.7%	117,317	179,982	62,665	34.8%	120,310	2,993	2.5%
1,866	1,190	(676)	(56.8%)	3,026	1,160	38.3%	3,481	2,381	(1,100)	(46.2%)	6,230	2,749	44.1%
4,675	4,111	(564)	(13.7%)	-	(4,675)	0.0%	8,194	8,222	27	0.3%	-	(8,194)	0.0%
2,993	3,051	57	1.9%	3,186	192	6.0%	5,553	6,101	549	9.0%	5,898	346	5.9%
280,966	332,519	51,553	15.5%	272,764	(8,202)	(3.0%)	527,937	665,038	137,101	20.6%	526,597	(1,340)	(0.3%)
2,157,639	2,044,822	(112,816)	(5.5%)	1,738,857	(418,781)	(24.1%)	4,352,337	4,219,315	(133,021)	(3.2%)	3,717,939	(634,398)	(17.1%)
\$ (1,443,688)	\$ (1,408,072)	\$ (35,616)	2.5%	\$ (525,610)	\$ (918,078)	174.7%	\$ (2,829,485)	\$ (2,901,989)	\$ 72,504	(2.5%)	\$ (1,444,543)	\$ (1,384,942)	95.9%
81,965	-	(81,965)	0.0%	-	(81,965)	0.0%	81,965	-	(81,965)	0.0%	-	(81,965)	0.0%
\$ 1,495,498	\$ 1,398,402	\$ (97,096)	(6.9%)	\$ 596,437	\$ (899,061)	(150.7%)	\$ 2,970,744	\$ 2,882,649	\$ (88,095)	(3.1%)	\$ 1,697,774	\$ (1,272,970)	(75.0%)

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

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
310,416	328,353	(17,937)	(5.5%)	289,358	21,058	7.3%	Gross Patient Revenue	705,575	703,675	1,900	0.3%	667,792	37,783	5.7%
46,291	39,939	(6,352)	(15.9%)	68,601	22,310	32.5%	Contractual Allowances	90,245	85,737	(4,508)	(5.3%)	159,033	68,788	43.3%
194,370	183,480	(10,890)	(5.9%)	134,127	(60,243)	(44.9%)	Charity Care	425,754	393,198	(32,556)	(8.3%)	312,209	(113,545)	(36.4%)
(8,546)	18,450	26,996	146.3%	3,499	12,045	344.3%	Bad Debt	21,680	39,354	17,674	44.9%	15,261	(6,418)	(42.1%)
232,114	241,869	9,755	4.0%	206,226	(25,888)	(12.6%)	Total Contractuals and Bad Debts	537,679	518,289	(19,390)	(3.7%)	486,504	(51,175)	(10.5%)
121,327	135,679	(14,352)	(10.6%)	126,364	(5,037)	(4.0%)	Other Patient Revenue	246,507	271,358	(24,851)	(9.2%)	206,928	39,579	19.1%
199,629	222,163	(22,534)	(10.1%)	209,496	(9,867)	(4.7%)	Net Patient Revenue	414,403	456,744	(42,341)	(9.3%)	388,216	26,187	6.7%
64.31%	67.66%			72.40%			Collection %	58.73%	64.91%		58.13%			
-	4,540	(4,540)	(100.0%)	114,233	(114,233)	(100.0%)	Grant Funds	-	9,080	(9,080)	(100.0%)	225,344	(225,344)	(100.0%)
-	-	-	0.0%	233	(233)	(100.0%)	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
-	4,540	(4,540)	(100.0%)	114,466	(114,466)	(100.0%)	Total Other Revenues	-	9,080	(9,080)	(100.0%)	225,577	(225,577)	(100.0%)
199,629	226,703	(27,074)	(11.9%)	323,962	(124,334)	(38.4%)	Total Revenues	414,403	465,824	(51,421)	(11.0%)	613,793	(199,390)	(32.5%)
<i>Direct Operational Expenses:</i>														
213,541	234,708	21,167	9.0%	220,169	6,628	3.0%	Salaries and Wages	465,993	491,732	25,739	5.2%	487,821	21,828	4.5%
65,313	69,351	4,038	5.8%	64,484	(829)	(1.3%)	Benefits	131,523	141,289	9,766	6.9%	134,297	2,774	2.1%
474	7,625	7,151	93.8%	9,626	9,152	95.1%	Purchased Services	22,180	15,250	(6,930)	(45.4%)	18,581	(3,599)	(19.4%)
14,010	22,084	8,074	36.6%	16,418	2,408	14.7%	Medical Supplies	16,775	44,168	27,393	62.0%	36,977	20,202	54.6%
1,065	1,527	462	30.2%	3,082	2,017	65.4%	Other Supplies	1,065	3,054	1,989	65.1%	23,410	22,345	95.4%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	225	225	100.0%	539	539	100.0%	Drugs	-	450	450	100.0%	540	540	100.0%
6,105	5,652	(453)	(8.0%)	2,883	(3,223)	(111.8%)	Repairs & Maintenance	7,187	11,304	4,117	36.4%	4,861	(2,326)	(47.9%)
25,615	25,778	163	0.6%	27,443	1,828	6.7%	Lease & Rental	52,034	51,556	(478)	(0.9%)	54,718	2,684	4.9%
939	2,050	1,111	54.2%	940	1	0.1%	Utilities	2,595	4,100	1,505	36.7%	1,841	(754)	(40.9%)
4,485	3,699	(786)	(21.2%)	(3,436)	(7,921)	230.5%	Other Expense	5,200	7,398	2,198	29.7%	(424)	(5,624)	1,327.5%
31	31	0	0.1%	65	34	52.3%	Insurance	62	62	0	0.1%	140	78	55.7%
331,578	372,730	41,152	11.0%	342,214	10,636	3.1%	Total Operational Expenses	704,614	770,363	65,749	8.5%	762,762	58,148	7.6%
(131,949)	(146,027)	14,078	(9.6%)	(18,251)	(113,698)	623.0%	Net Performance before Depreciation & Overhead Allocations	(290,210)	(304,539)	14,329	(4.7%)	(148,969)	(141,241)	94.8%

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

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,512	3,440	1,928	56.0%	7,652	6,140	80.2%	4,816	6,880	2,064	30.0%	15,144	10,329	68.2%
<i>Overhead Allocations:</i>													
371	401	29	7.3%	3,159	2,788	88.3%	659	801	142	17.7%	4,983	4,323	86.8%
15,837	18,190	2,353	12.9%	20,321	4,484	22.1%	27,661	36,380	8,719	24.0%	38,330	10,669	27.8%
1,240	978	(262)	(26.8%)	1,004	(236)	(23.6%)	2,178	1,956	(222)	(11.4%)	2,008	(171)	(8.5%)
2,039	2,277	238	10.4%	1,796	(243)	(13.6%)	3,961	4,553	592	13.0%	3,675	(286)	(7.8%)
6,748	6,492	(256)	(3.9%)	5,122	(1,626)	(31.7%)	11,801	12,983	1,182	9.1%	10,019	(1,782)	(17.8%)
6,911	7,339	428	5.8%	6,805	(106)	(1.6%)	13,297	14,678	1,381	9.4%	13,455	158	1.2%
2,839	3,294	455	13.8%	2,334	(505)	(21.7%)	4,847	6,587	1,740	26.4%	3,602	(1,245)	(34.6%)
1,179	1,494	315	21.1%	1,265	86	6.8%	2,336	2,988	651	21.8%	2,543	207	8.1%
1,092	2,049	957	46.7%	1,411	319	22.6%	1,785	4,097	2,313	56.4%	2,544	759	29.8%
-	-	-	0.0%	251	251	100.0%	-	-	-	0.0%	514	514	100.0%
6,091	5,563	(529)	(9.5%)	6,446	355	5.5%	10,899	11,125	226	2.0%	11,170	271	2.4%
2,838	2,017	(821)	(40.7%)	1,248	(1,590)	(127.4%)	4,446	4,034	(412)	(10.2%)	2,518	(1,928)	(76.6%)
10,983	19,436	8,454	43.5%	13,582	2,599	19.1%	25,338	38,873	13,534	34.8%	29,342	4,004	13.6%
403	257	(146)	(56.8%)	738	335	45.4%	752	514	(238)	(46.2%)	1,520	768	50.5%
1,010	888	(122)	(13.7%)	-	(1,010)	0.0%	1,770	1,776	6	0.3%	-	(1,770)	0.0%
692	705	13	1.9%	833	141	16.9%	1,283	1,410	127	9.0%	1,542	259	16.8%
60,272	71,378	11,106	15.6%	66,314	6,042	9.1%	113,015	142,755	29,740	20.8%	127,764	14,749	11.5%
393,362	447,548	54,186	12.1%	416,180	22,818	5.5%	822,444	919,998	97,554	10.6%	905,670	83,226	9.2%
\$ (193,733)	\$ (220,845)	\$ 27,111	(12.3%)	\$ (92,217)	\$ (101,516)	110.1%	\$ (408,041)	\$ (454,174)	\$ 46,133	(10.2%)	\$ (291,877)	\$ (116,164)	39.8%
-	3,988	3,988	100.0%	-	-	0.0%	-	7,976	7,976	100.0%	-	-	0.0%
\$ 168,591	\$ 223,393	\$ 54,802	24.5%	\$ -	\$ (168,591)	0.0%	\$ 419,974	\$ 459,271	\$ 39,297	8.6%	\$ -	\$ (419,974)	0.0%

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

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	255,075	199,006	175,613	75,882	705,575
Contractual Allowances	-	33,565	22,837	17,126	16,718	90,245
Charity Care	-	151,984	105,969	131,247	36,555	425,754
Bad Debt	-	(278)	28,140	(5,797)	(386)	21,680
Total Contractual Allowances and Bad Debt	-	185,271	156,946	142,575	52,886	537,679
Other Patient Revenue	-	94,920	57,249	58,109	36,229	246,507
Net Patient Revenue	-	164,724	99,309	91,146	59,224	414,403
Collection %	-	64.58%	49.90%	51.90%	78.05%	58.73%
Grant Funds	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-
Total Revenues	-	164,724	99,309	91,146	59,224	414,403
<i>Direct Operational Expenses:</i>						
Salaries and Wages	43,698	140,260	124,926	101,488	55,620	465,993
Benefits	8,684	38,791	35,668	31,496	16,883	131,523
Purchased Services	-	3,835	5,881	5,730	6,734	22,180
Medical Supplies	-	3,650	6,479	4,088	2,557	16,775
Other Supplies	-	-	236	178	651	1,065
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	1,331	2,340	1,885	1,631	7,187
Lease & Rental	-	19,200	10,972	10,279	11,583	52,034
Utilities	-	189	966	493	946	2,595
Other Expense	31	503	908	2,380	1,379	5,200
Insurance	-	-	-	-	62	62
Total Operational Expenses	52,413	207,759	188,377	158,018	98,047	704,614
Net Performance before Depreciation & Overhead Allocations	(52,413)	(43,035)	(89,068)	(66,872)	(38,822)	(290,210)
Depreciation	-	1,223	1,235	1,218	1,140	4,816
<i>Overhead Allocations:</i>						
Risk Mgt	49	226	161	141	82	659
Rev Cycle	-	10,256	7,302	6,409	3,694	27,661
Internal Audit	161	748	532	467	269	2,178
Home Office Facilities	3,961	-	-	-	-	3,961
Administration	874	4,051	2,885	2,532	1,459	11,801
Human Resources	602	4,212	3,670	3,309	1,504	13,297
Legal	359	1,664	1,185	1,040	599	4,847
Records	173	802	571	501	289	2,336
Compliance	132	613	436	383	221	1,785
Finance	807	3,742	2,664	2,338	1,348	10,899
Public Relations	329	1,526	1,087	954	550	4,446
Information Technology	1,876	8,699	6,194	5,436	3,133	25,338
Corporate Quality	56	258	184	161	93	752
Project MGMT Office	131	608	433	380	219	1,770
Managed Care Contract	-	476	339	297	171	1,283
Total Overhead Allocations	9,510	37,880	27,643	24,351	13,631	113,015
Total Expenses	61,923	246,862	217,255	183,586	112,817	822,444
Net Margin	\$ (61,923)	\$ (82,138)	\$ (117,946)	\$ (92,441)	\$ (53,593)	\$ (408,041)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 419,974	-	-	-	-	419,974

Clinic Visits - Adults and Pediatrics	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year	Current YTD	%Var to	Prior Year
													Total	Budget	Budget	Total
West Palm Beach	1,929	1,472											3,401	2,884	17.9%	2,950
Delray	1,429	957											2,386	1,668	43.0%	2,517
Lantana	1,752	1,556											3,308	2,664	24.2%	2,720
Belle Glade	950	746											1,696	1,743	(2.7%)	1,820
Lewis Center	296	213											509	455	11.9%	500
Lake Worth & Women's Health Care	1,553	1,161											2,714	2,816	(3.6%)	2,761
Jupiter Clinic	609	471											1,080	885	22.0%	878
West Boca & Women's Health Care	997	680											1,677	1,280	31.0%	1,870
Mobile Van	156	136											292	463	(36.9%)	425
Mangonia Park-Substance	499	497											996	863	15.4%	650
Total Clinic Visits	10,170	7,889	-	-	-	-	-	-	-	-	-	-	18,059	15,721	14.9%	17,091
Dental Visits																
West Palm Beach	975	776											1,751	1,555	12.6%	1,640
Lantana	733	570											1,303	1,656	(21.3%)	1,161
Delray	628	547											1,175	1,155	1.7%	1,198
Belle Glade	360	251											611	668	(8.5%)	666
Total Dental Visits	2,696	2,144	-	-	-	-	-	-	-	-	-	-	4,840	5,034	(3.9%)	4,665
Total Medical and Dental Visits	12,866	10,033	-	-	-	-	-	-	-	-	-	-	22,899	20,755	10.3%	21,756
Mental Health Counselors (non-billable)																
West Palm Beach	178	101											279	163	71.2%	224
Delray	139	119											258	218	18.3%	255
Lantana	611	440											1,051	463	127.0%	881
Belle Glade	53	95											148	43	244.2%	38
Mangonia Park	53	150											203	376	(46.0%)	-
Lewis Center	240	173											413	398	3.8%	487
Lake Worth	204	146											350	305	14.8%	272
Jupiter	-	-											-	-	#DIV/0!	-
West Boca	3	1											4	-	#DIV/0!	-
Mobile Van	96	71											167	164	1.8%	-
Total Mental Health Screenings	1,577	1,296	-	-	-	-	-	-	-	-	-	-	2,873	2,130	34.9%	2,157

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020**

1. Description: Change In Scope – Form 5A, Column II, After Hours Coverage

2. Summary:

We respectfully request the authorization to add our answering service to Form 5A, Column II under After Hours Coverage.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to add our answering service contract to Form 5A, Column II for the required service: After Hours Coverage.

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

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

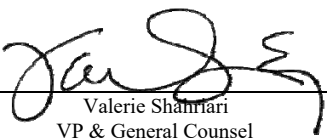
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020


6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to add After Hours Coverage to Column II of Form 5A.

Approved for Legal sufficiency:



Valerie Shamfari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Change In Scope – Form 5B Updates

2. Summary:

We respectfully request the authorization to update HRSA Form 5B.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to update HRSA Form 5B as follows:

1. Site Id: BPS-H80-029869 (Belle Glade)
 - a. Add zip codes 33438 and 33470
 - b. Update the “FQHC Site Medicare Billing Number Status” box to “this site has a Medicare billing number”
 - c. Update the “Medicare Billing Number” box to 101189
2. Site Id: BPS-H80-018949 (Boca Raton)
 - a. Update hours of operations to 45
3. Site Id: BPS-H80-022320 (Mobile Clinic)
 - a. Update the months of operations to all months
 - b. Add zip codes 33444 and 33430
 - c. Update the “FQHC Site Medicare Billing Number Status” box to “this site has a Medicare billing number”
 - d. Update the “Medicare Billing Number” box to 101194
4. Site Id: BPS-H80-019120 (Jupiter)
 - a. Update hours of operations to 45
5. Site Id: BPS-H80-029868 (Mangonia Park)
 - a. Update hours of operations to 45
6. Site Id: BPS-H80-015089 (Lewis Center)
 - a. Update the hours of operations to 45

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

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

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved


6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to update Form 5B.

Approved for Legal sufficiency:



 Valerie Shahriari
 VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

1. Description: Grant Application & Budget Updates

2. Summary:

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

- New Access Point Update
- Oral Health Infrastructure Update
- Integrated Behavioral Health Update

3. Substantive Analysis:

New Access Point Update

Although we did not receive the NAP grant, we still opened a new access point now named Mangonia Park Clinic. The original application and budget are attached for your approval.

Oral Health Infrastructure Update

Plans are underway to order and install all new dental chairs for West Palm Beach, Lantana and Delray. The original application and budget are attached for your approval.

Integrated Behavioral Health Update

Cherokee Health provided a 3-day on-site coaching to administrative and Behavioral Health team-members. The first progress report has been submitted to HRSA. The original application and budget are attached for your approval.

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

Joel Snook
Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

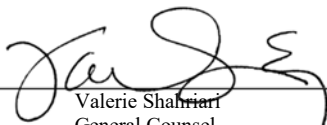
5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved


6. Recommendation:

Staff recommends Board approve the Grant Application & Budget Updates.

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

PROJECT ABSTRACT:

For over 30 years, the Health Care District of Palm Beach County (“the District”) has served to ensure that all Palm Beach County residents have access to high quality comprehensive healthcare. Since 1988, the District has progressively and methodically built a solid healthcare infrastructure as a local government, non-profit safety-net provider that today extends Countywide. Currently the District offers a broad array of services including a nationally recognized trauma system and Trauma Hawk air transport services, a school nurse program, a public hospital, a skilled nursing facility, and nine Federally Qualified Health Centers (FQHCs). The District was initially awarded 330 federal funding in 2013 to support four FQHCs and has grown to now be the largest provider of primary care to low-income residents in Palm Beach County serving 44,501 patients over 161,323 visits in 2018. Despite this expansion, deep gaps in service provision and access to care still exist across Palm Beach County. Moreover, emerging health concerns in the region, such as the opioid crisis and behavioral health issues increasingly intersect with the delivery of primary care services and necessitate new and innovative approaches to care.

Central Palm Beach County has been identified as a significant area in need of additional service delivery. While both the District and another provider have FQHCs located in the identified service area, there still remains over 83% of low-income residents without access to care. The proposed new access point service area includes the ZCTA 33407 (NAP), 33409, 33401, 33404, & 33417 and will vigilantly meet the needs of low-income residents in those targeted areas. UDSMapper.org identifies that of 73,520 low-income residents, 61,301 individuals, still remain unserved by any health center in the proposed service area. Inclusive in this selected region is HPSA #1126672852 and MUA # 07064 with a designation type of MUP Low Income. The diverse cultural make-up of the South Florida region presents unique challenges that serve as significant barriers to care. Issues such as high-rates of substance abuse, low prenatal birth weights, late entry into prenatal care and limited prenatal care coupled with barriers such as low socio-economic status, poverty, and low level of medical literacy are commonplace within the target population; as are general poor health indicators of heart disease, obesity, uncontrolled diabetes, uncontrolled hypertension and undiagnosed behavioral health issues.

The new access point, named *C.L. Brumback Primary Care Clinic – Mangonia Park*, aims to serve 3,500 (1,500 in year 1 and 2,000 in year 2) unduplicated adult and pediatric patients over 9,000 (4,000 in year 1 & 5,000 in year 2) patient visits during the course of the 2-year project period. Service provision at the new site will include a broad range of adult, pediatric, and behavioral primary care services, with emphasis on maternity, substance abuse and behavioral health, delivered in 1,812 square feet of operational space. It will contain 4 exam rooms and employ 2 FTE medical providers, 2 FTE mental health providers and 5 FTE support staff. It will also be integrated with and supported by the full resources of the District and will closely coordinate with the existing robust network of community providers & partners. This economy of scale will ensure an efficient and effective operational commencement which, in turn, will improve access to care and health outcomes for the residents of Palm Beach County.

HRSA-19-080 (New Access Point)

Health Care District of Palm Beach County

Budget Period: 9/1/2019 to 8/31/2021

Award #H80CS25684

Budget Justification	Year 1		Year 2	
	Federal	Non-Federal	Federal	Non-Federal
REVENUE				
Grant Request	650,000		650,000	
Program Income				
Applicant Organization		492,883		358,585
State Funds				
Local Funds				
Other Federal Funding:				
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		252,667		315,834
TOTAL REVENUE	650,000	745,550	650,000	674,419
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF 424-A.				
PERSONNEL				
Medical Staff	425,888	66,469	438,663	68,464
Behavioral Health Staff	100,976	15,088	88,464	31,082
Enabling Staff				
Other Staff		68,640	-	70,700
TOTAL PERSONNEL	526,864	150,197	527,127	170,246
FRINGE BENEFITS				
FICA @ 6.2%	32,666	9,312	32,682	10,555
Medical @ 8.7%	45,686	13,067	45,385	14,811
Medicare @ 1.5%	7,903	2,253	7,907	2,554
Retirement @ 4.5%	23,709	6,759	23,721	7,661
Dental @ 1.0%	5,269	1,502	5,271	1,702
Unemployment & Workers Compensation @ 0.5%	2,634	751	2,636	851
Disability @ 1.0%	5,269	1,502	5,271	1,702
TOTAL FRINGE @ 23.4%	123,136	35,146	122,873	39,836
TOTAL PERSONEL & FRINGE	650,000	185,343	650,000	210,082
TRAVEL				
Patient travel: \$5 per bus pass * 500 visits		2,500		2,500
Staff travel for training and education and coverage from other sites (\$150 * 12 months)		1,800		1,800
TOTAL TRAVEL		2,500		2,500
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.				
Computers/Laptops/ IT Hardware & Software		10,000		
TOTAL EQUIPMENT		10,000		
SUPPLIES				
Office Supplies (\$330 * 12 months)		3,960		3,960
Medical/ Surgical Supplies (\$2.25/enc * 4000 yr 1)& (\$2.25/enc * 5000 yr2)		9,000		11,250
Computers/Laptops/ IT Hardware & Software		30,000		
Start-up supplies (furniture, medical supplies and minor equipment)		31,000		
Drugs- Vaccines, 340B program and other drug purchases (\$14.03/enc * 4000 Yr1) & (\$7/enc * 5000 Yr2)		56,120		35,000
Uniforms (\$75 * 9 FTEs)		675		675
TOTAL SUPPLIES		130,755		50,885
CONTRACTUAL				
Lease 2,000 sqft location at \$16/sqft with 3% annual increase in Yr2		32,000	-	32,000
DCHI Administrative Services Agreement (\$271,112.00 annually)		271,112		271,112
Training & Education		8,000		2,000
Athena Software support (\$1,860 * 12 months)		22,320		22,320
Rental & Lease Equipment (oxygen tanks & xerox) (\$265 * 12 mths)		3,180		3,180
Lab Services (\$5.11/enc * 4000 Yr1) & (\$5.11/enc * 5000 Yr2)		20,440		20,440
Purchased Services: Vendor Contracts		10,000		10,000
Insurance: Property		9,000		9,000
Waste Disposal contract		2,280		2,280
Repairs & Maintenance		2,500		2,500
Security Contract (\$2,010 * 12 months)		24,120		24,120
Maintenance Contract- Janitorial (\$1,000 * 12 months)		12,000		12,000
TOTAL CONTRACTUAL		416,952		410,952
CONSTRUCTION				
TOTAL CONSTRUCTION				
OTHER				
TOTAL OTHER				
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	650,000	745,550	650,000	674,419
INDIRECT CHARGES				
Indirect Cost: N/A				
TOTALS EXPENSES	650,000	745,550	650,000	674,419

PROJECT ABSTRACT:

For over 30 years, the Health Care District of Palm Beach County (“the District”) has served to ensure that all Palm Beach County residents have access to high quality comprehensive healthcare. Since 1988, the District has progressively and methodically built a solid healthcare infrastructure as a local government, non-profit safety-net provider that today extends countywide. Currently the District offers a broad array of services including a nationally recognized trauma system and Trauma Hawk air transport services, a school nurse program, a public hospital, a skilled nursing facility, and nine Federally Qualified Health Centers (FQHCs). The District was initially awarded 330 federal funding in 2013 to support four FQHCs and has grown to now be the largest provider of primary care to low-income residents in Palm Beach County serving 44,501 patients over 156,331 visits in 2018. The District assumed operations of four dental clinics from local Health Department in 2015 and inherited space and equipment. However, despite all of these expansions, deep gaps in service provision and access to care still exist across Palm Beach County. The diverse cultural make-up of the South Florida region presents unique challenges that serve as significant barriers to care. Health issues ranging from high rates of heart disease, obesity, uncontrolled diabetes, uncontrolled hypertension and undiagnosed behavioral health issues to abundant evidence of general poor dental health indicators such as high caries risk and low dental sealant rates. 23% of third-graders have untreated dental decay and 43% experience dental caries.

Central Palm Beach County has been identified as a significant area in need of additional service delivery and still remains over 83% of low-income residents without access to care. The proposed Oral Health Infrastructure service area includes the ZCTAs 33404, 33445 and 33462 and will attentively meet the needs of low-income residents in those targeted areas. UDSMapper.org identifies that of 76,488 low-income residents, 63,396 individuals, still remain unserved by any health center in the proposed service area. Inclusive in this selected region are HPSA #1126672852, # 1123910811, and # 1123152425 as well as MUA #07064, # 07279 and # 07280 with a designation type of MUP Low Income.

A total of \$300,000 is requested to purchase equipment and supplies in order to increase access to care for our safety net population and enhance existing integrated oral health preventative services. The existing clinic equipment has been in constant and heavy use for the last 30 years. The clinics need new dental chairs and radiographic equipment to remain OSHA compliant. The project will be supported by the full resources of the District and will closely coordinate with the existing robust network of community providers and partners. This economy of scale will ensure an efficient and effective operational implementation which, in turn, will improve access to care for most vulnerable population and health outcomes for the residents of Palm Beach County.

HRSA-19-079 (Oral Health Infrastructure)

Budget Period: 9/1/2019 to 12/31/2021

Budget Justification	Federal
REVENUE	
Grant Request	300,000
Program Income	
Applicant Organization	
State Funds	
Local Funds	
Other Federal Funding:	
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	
TOTAL REVENUE	300,000
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF 424-A.	
PERSONNEL	
TOTAL PERSONNEL	
FRINGE BENEFITS	
TOTAL FRINGE	
TOTAL PERSONEL & FRINGE	
TRAVEL	
TOTAL TRAVEL	
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more	
Dental room equipment- Dental Chairs include chair, unit, light and asst instrumentation for all dental clinics (17 chairs @ \$10,200.00 each)	173,400
Compact Wheelchair Recliner for West Palm Beach dental clinic (1 unit @ \$24,950.00)	24,950
Bariatric Bench for West Palm Beach clinic (1 unit @ \$9,995.00)	9,995
Triage Chair- ProCart II for Lantana clinic (1 unit @ \$7,840.00)	7,840
TOTAL EQUIPMENT	216,185
SUPPLIES	
Dental room equipment- 3rd Hndpc Position Option for all dental clinics (17 units @ 218.00 each)	3,706
Dental room equipment- Chr Cntrl,Unit Mtd,Factry for all dental clinics (17 units @ \$210.00 each)	3,570
Dental room equipment- Touch control pad for all dental clinics (17 units @ \$213.00 each)	3,621
Dental room equipment- Dental room equipment- Syringe, Assistants,Strait for all dental clinics (17 units @ \$122.00 each)	2,074
Dental room equipment- 2nd HVE Assy for all dental clinics (17 units @ \$96.00 each)	1,632
Dental room equipment- Dentist stools for all dental clinics (17 units @ \$439.00 each)	7,463
Dental room equipment- Assistant's stools for all dental clinics (17 units @ \$510.00 each)	8,670
Universal Head Rest for West Palm Beach clinic (1 unit @ \$2,995.00)	2,995
Portable Chair for Lantana clinic (1 unit @ \$4,281.00)	4,281
ProBrite Portable Light for Lantana clinic (1 unit @ \$1,891.00)	1,891
One-Piece System Cover for Lantana clinic(1 unit @ 219.00)	219
Desk Chairs for West Palm Beach clinic (10 chairs @ \$275.00)	2,750
Storage Units for West Palm Beach and Lantana clinics (4 units at \$825.00)	3,300
X-ray machine for WPB clinic (1 unit @ \$3,598)	3,598
RecyclePak for X-ray tube for WPB clinic (1 unit @ \$250)	250
Welch Allyn vitals spots for Lantana & West Palm Beach clinics (2 units @ \$3,200.00)	6,400
Hygiene kits - integrated oral health in Lantana/WPB peds hubs	4,486
Flouride - integrated oral health in Lantana/WPB peds hubs	\$3,800
TOTAL SUPPLIES	64,706
CONTRACTUAL	
Shared space work counter for clinical staff for West Palm Beach clinic	7,830
Shared space work counter for clinical staff for Lantana clinic	7,830
X-ray dedicated circuit and power connections for new x-ray machine for WPB clinic (vendor: Toscano Engineering)	1,454
TOTAL CONTRACTUAL	17,114
CONSTRUCTION	
TOTAL CONSTRUCTION	
OTHER	
Shipping & Handling costs for dental room equipment	1,995
TOTAL OTHER	1,995
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	300,000
INDIRECT CHARGES	
Indirect Cost: N/A	
TOTALS EXPENSES	300,000

Equipment List Form

Type	Item Description	Unit Price	Quantity	Total Price
Clinical	Dental Chairs include chair, unit, light and asst instrumentation	10200.00	17.00	173,400.00
Clinical	Compact Wheelchair Recliner	24950.00	1.00	24,950.00
Clinical	Bariatric Bench	9995.00	1.00	9,995.00
Clinical	Triage Chair- ProCart II	7840.00	1.00	7,840.00
				216,185.00

HRSA-19-079 (Oral Health Infrastructure)

Budget Period: 9/1/2019 to 12/31/2021

Budget Justification	Federal
REVENUE	
Grant Request	300,000
Program Income	
Applicant Organization	
State Funds	
Local Funds	
Other Federal Funding:	
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	
TOTAL REVENUE	300,000
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF 424-A.	
PERSONNEL	
TOTAL PERSONNEL	
FRINGE BENEFITS	
TOTAL FRINGE	
TOTAL PERSONEL & FRINGE	
TRAVEL	
TOTAL TRAVEL	
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more	
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CONTRACTUAL	
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TOTAL CONTRACTUAL	17,114
CONSTRUCTION	
TOTAL CONSTRUCTION	
OTHER	
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TOTAL OTHER	1,995
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	300,000
INDIRECT CHARGES	
Indirect Cost: N/A	
TOTALS EXPENSES	300,000

Equipment List Form

Type	Item Description	Unit Price	Quantity	Total Price
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Clinical	Bariatric Bench	9995.00	1.00	9,995.00
Clinical	Triage Chair- ProCart II	7840.00	1.00	7,840.00
				216,185.00

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Bureau of Primary Health Care Health Center Program

Integrated Behavioral Health Services (IBHS) HRSA-19-100; CFDA Number 93.224

For over 30 years, the Health Care District of Palm Beach County (“the District”) has served to ensure that all Palm Beach County residents have access to high quality comprehensive healthcare. Since 1988, the District has progressively and methodically built a solid healthcare infrastructure as a local government, non-profit safety-net provider that today extends countywide. Currently the District offers a broad array of services including a nationally recognized trauma system and Trauma Hawk air transport services, a school nurse program, a public hospital, a skilled nursing facility, and nine Federally Qualified Health Centers (FQHCs). The District was initially awarded 330 federal funding in 2013 to support four FQHCs, named the C. L. Brumback Primary Care Clinics, and has grown to now be the largest provider of primary care to low-income residents in Palm Beach County serving 44,501 patients over 156,331 visits in 2018. However, despite all of these expansions, deep gaps in behavioral health service provision and access to care still exist across Palm Beach County. The diverse cultural make-up of the South Florida region presents unique challenges that serve as significant barriers to care. Health issues range from high rates of heart disease, obesity, uncontrolled diabetes, uncontrolled hypertension and to undiagnosed behavioral health issues and Substance Use Disorder (SUD).

Palm Beach County has been identified as a significant area in need of additional service delivery. While both the District and another provider have FQHCs located in the identified service area, there still remains over 79% of low-income residents without access to care. The proposed new access point service area includes the ZCTA 33407 and 33462 and will vigilantly meet the needs of low-income residents in those targeted areas. UDSMapper.org identifies that of 30,172 low-income residents, 23,766 individuals, still remain unserved by any health center in the proposed service area. Inclusive in this selected region is HPSA #1126672852 & # 1123910811 and MUA # 07064 & # 07280 with a designation type of MUP Low Income.

A total of \$145,000 is requested to hire 1.0 FTE Psychologist to lead our adult and pediatric behavioral health integration at our two largest hubs: *C. L. Brumback Primary Care Clinic – Lantana* and *West Palm Beach*. C. L. Brumback aims to serve an additional 500 unduplicated patients for mental health services and SUD treatment. We will also implement professional training by Cherokee Health for our Licensed Clinical Social Workers (LCSWs) and Licensed Mental Health Counselors (LMHCs) across all sites in order to increase efficiencies and access to care for our safety net population and enhance existing integrated behavioral health services. The project will be supported by the full resources of the District and will closely coordinate with the existing robust network of community providers and partners. This economy of scale will ensure an efficient and effective operational implementation which, in turn, will improve access to care for most vulnerable population and health outcomes for the residents of Palm Beach County.

HRSA-19-100 (Integrated Behavioral Health Services)

Budget Period: 9/1/2019 to 12/31/2020

145000

Budget Justification	9/1/2019 to 12/31/2020	
	Federal	Non-Federal
REVENUE		
Grant Request	145,000	
Program Income		
Applicant Organization		
State Funds		
Local Funds		
Other Federal Funding:		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		
TOTAL REVENUE	145,000	-
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF 424-A.		
PERSONNEL		
Medical Staff		
Behavioral Health Staff	101,265	-
Enabling Staff		
Other Staff		-
TOTAL PERSONNEL	101,265	-
FRINGE BENEFITS		
FICA @ 6.2%	6,278	-
Medical @ 8.7%	8,810	-
Medicare @ 1.5%	1,519	-
Retirement @ 4.5%	4,557	-
Dental @ 1.0%	1,013	-
Unemployment & Workers Compensation @ 0.5%	506	-
Disability @ 1.0%	1,013	-
TOTAL FRINGE @ 23.4%	23,696	-
TOTAL PERSONEL & FRINGE	124,961	-
TRAVEL		
Mileage for psychologist to travel between clinics (auto allowance at \$370 per month) split 38% federal and 62% non-federal	1,709	2,731
TOTAL TRAVEL	1,709	2,731
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
TOTAL EQUIPMENT	-	-
SUPPLIES		
Office Supplies (\$25 * 12 months)		300
Laptop for new LCSW		1,000
Uniforms (\$75 * 1 FTE)		75
Medical/ Surgical Supplies (\$2.25 * 3,600 encounters)		
Drugs- Vaccines, 340B program and other drug purchases (\$7 * 3,600 encounters)		
TOTAL SUPPLIES	-	1,375
CONTRACTUAL		
Training & Education Cherokee on-site training includes travel (estimated at \$2,000) and coaching calls (\$1,580)	18,330	
TOTAL CONTRACTUAL	18,330	-
CONSTRUCTION		
TOTAL CONSTRUCTION	-	-
OTHER		
TOTAL OTHER		
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	145,000	4,106
INDIRECT CHARGES		
Indirect Cost: N/A		
TOTALS EXPENSES	145,000	4,106

Personnel Justification Table

NAME	Position Title	% of FTE	Base Salary	Adjusted Annual Salary
New	Psychologist (start date 9/1/2019 to 8/30/2020)	100.00	75,000.00	No adjustment needed
New	Psychologist (start date 9/1/2020 to 12/31/2020)	100.00	26,265.00	No adjustment needed
		200.00	101,265.00	

	9/1/2019 to 12/31/2020
Federal Request Amount %	Federal Request Amount
100%	75,000.00
100%	26,265.00
	101,265.00

HRSA-19-100 (Integrated Behavioral Health Services)

Budget Period: 9/1/2019 to 12/31/2020

145000

Budget Justification	9/1/2019 to 12/31/2020	
	Federal	Non-Federal
REVENUE		
Grant Request	145,000	
Program Income		
Applicant Organization		
State Funds		
Local Funds		
Other Federal Funding:		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		
TOTAL REVENUE	145,000	-
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF 424-A.		
PERSONNEL		
Medical Staff		
Behavioral Health Staff	101,265	-
Enabling Staff		
Other Staff		-
TOTAL PERSONNEL	101,265	-
FRINGE BENEFITS		
FICA @ 6.2%	6,278	-
Medical @ 8.7%	8,810	-
Medicare @ 1.5%	1,519	-
Retirement @ 4.5%	4,557	-
Dental @ 1.0%	1,013	-
Unemployment & Workers Compensation @ 0.5%	506	-
Disability @ 1.0%	1,013	-
TOTAL FRINGE @ 23.4%	23,696	-
TOTAL PERSONEL & FRINGE	124,961	-
TRAVEL		
Mileage for psychologist to travel between clinics (auto allowance at \$370 per month) split 38% federal and 62% non-federal	1,709	2,731
TOTAL TRAVEL	1,709	2,731
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
TOTAL EQUIPMENT	-	-
SUPPLIES		
Office Supplies (\$25 * 12 months)		300
Laptop for new LCSW		1,000
Uniforms (\$75 * 1 FTE)		75
Medical/ Surgical Supplies (\$2.25 * 3,600 encounters)		
Drugs- Vaccines, 340B program and other drug purchases (\$7 * 3,600 encounters)		
TOTAL SUPPLIES	-	1,375
CONTRACTUAL		
Training & Education Cherokee on-site training includes travel (estimated at \$2,000) and coaching calls (\$1,580)	18,330	
TOTAL CONTRACTUAL	18,330	-
CONSTRUCTION		
TOTAL CONSTRUCTION	-	-
OTHER		
TOTAL OTHER		
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	145,000	4,106
INDIRECT CHARGES		
Indirect Cost: N/A		
TOTALS EXPENSES	145,000	4,106

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Nomination of Susan Foster to the Clinic Board

2. Summary:

This agenda item recommends the appointment of Susan Foster to the Clinic Board.

3. Substantive Analysis:

Susan Foster has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Ms. Foster brings prior business experience and nurse training to the Board. Ms. Foster also brings experience serving on the Board of Directors for an organization in West Palm Beach where she assists with fundraising data management. Ms. Foster also has previous experience working with Migrant and Seasonal Farm Workers and Homeless populations.

You can find a copy of Ms. Foster’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

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

Membership / Nominating Committee

 Committee Name

1/29/2020

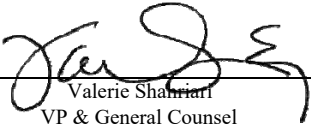
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020


6. Recommendation:

Staff recommends the Board approve the nomination of Susan Foster to the District Clinic Holdings, Inc. Board.


Approved for Legal sufficiency:



Valerie Shahrari
VP & General Counsel



Thomas Cleare
AVP of Planning and Community Engagement



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

Name : Susan Foster
Address :
City / State :
Telephone :
Best Time to Call :
Fax :
Email Address :
Emergency Contact Person :
Emergency Contact Telephone Number :
Ethnicity : Hispanic
Race : White
Employment : Self Employment

Personal/Business assistant services — 2011 to present

Real Estate Management and Booking Services — 2012-2016

Market, lease and manage

Other Employment

Teacher — 2002-2005

Peace Lutheran School - Ft. Lauderdale Florida.

Title Insurance Agent — 1983-2000

Vice President of Title Closing Operations

RN Program 1981-1983

Other Volunteer Commitments you currently have : InfiniteSharing.Org

Approximately 6-10 hours per month

Past or current community Boards serving : Board of Directors and Officer- Infinite Sharing.Org — 2013 to present

West Palm Beach, Florida. Responsibilities include, Data Management, Bookkeeping, Fundraising

What special contributions would you make as a Board Member? : Management, system design ideas, organization, patient advocacy, teaching (children & adults), special functions/activities

Please check any area(s) of Expertise you bring to the Board : Business / Corporate, Education, Insurance, Medical / Therapeutic

Languages Spoken : English

Are you related to anyone currently employed by the C. L. Brumback Primary Care Clinics and if so, whom? : No

Do you work with or have knowledge of these populations? : Migrant, Seasonal Farm Workers, Homeless

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 :

Date :

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

1. Description: Executive Director Informational Update

2. Summary:

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

- Uniform Data System
- HRSA Operational Site Visit
- Board Member Liaison Quality Council

3. Substantive Analysis:

Uniform Data System (UDS)

In 2018, 1,362 Health Center Program awardees provided services to 28,379,680 patients, representing nearly 7.6% of the total U.S. population. Over a period of 5 years, the number of funded awardees has grown by 6.6%, with 24% growth in the number of total patients served and averaging an annual increase of almost 5%. The 2019 data is due 2/15/2020.

HRSA Operational Site Visit

HRSA Operational Site Visit is scheduled for the week of March 24-26.

Board Member Liaison Quality Council

It is not a HRSA requirement to have a Board Member join our monthly Quality Council meeting.

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

Joel Snook
Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2019

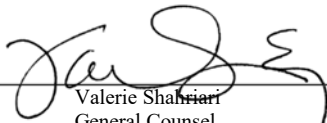
5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved


6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahbazi
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Operations Updates

2. Summary:

This agenda item provides the following operations reports:

- Updated Organizational Chart
- Evening Hours Update

3. Substantive Analysis:

Attached you will find the updated organizational chart for our upcoming HRSA audit.

For the evening hours, the clinics completed a financial impact analysis as a result of discontinuing Delray Beach, Lantana, Lake Worth, and West Palm Beach Clinic evening hours. \$6,162 - \$12,877 for security services between 1.5 - 2.5 hours of regular or intermittent overtime. This analysis does not include our potential overtime impact for our clinic team. To date, there has been no impact to patients overall.

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

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

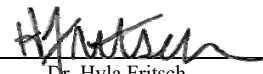
6. Recommendation:

Staff recommends the Board Approve the Operations Updates.


Approved for Legal sufficiency:



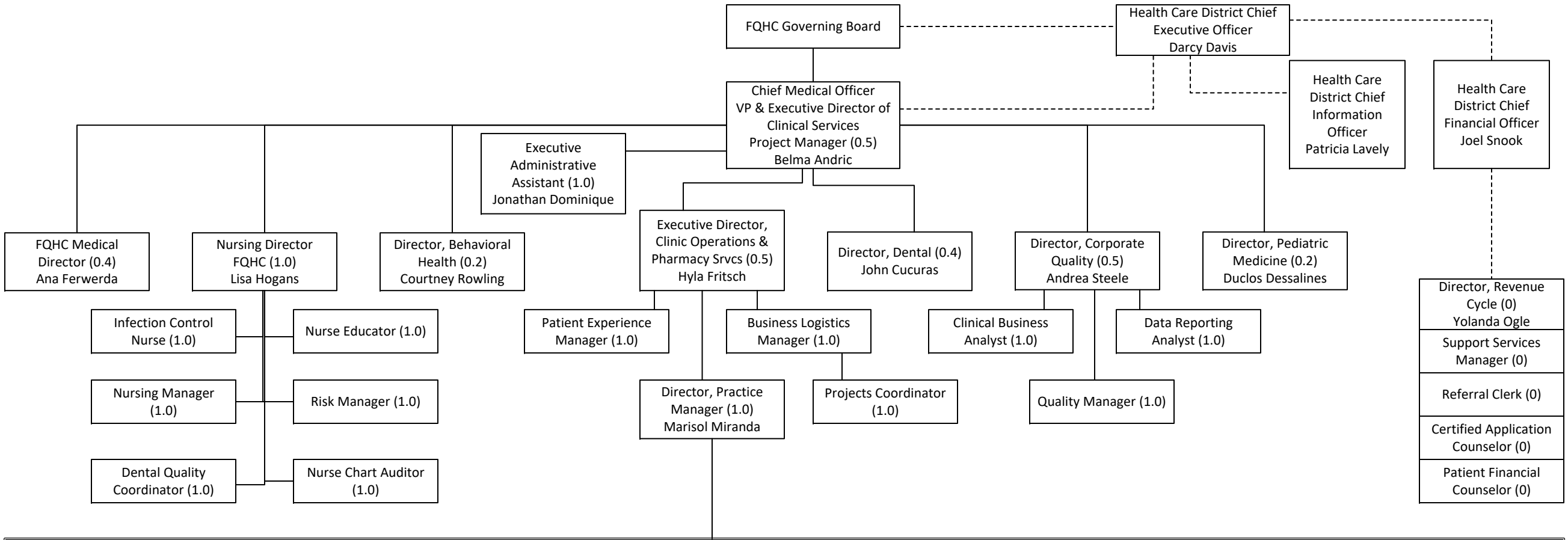
Valerie Shahriari
General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations and Pharmacy
Services



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



West Boca FQHC Clinic Coordinator(1.0)	Delray FQHC Clinic Coordinator (1.0)	Lake Worth FQHC Clinic Coordinator (1.0)	Lantana FQHC Clinic Coordinator (2.0)	West Palm, Mobile Van, Lewis Center FQHC Clinic Coordinator (2.0)	Mangonia Park FQHC Clinic Coordinator (1.0)	Jupiter FQHC Clinic Coordinator (1.0)	Belle Glade FQHC Clinic Coordinator (1.0)	Dental Program Manager (1.0)
Support (2.0)	Support (4.0)	Support (4.0)	Support (5.0)	Support (4.0)	Support (1.0)	Support (1.0)	Support (3.0)	
Medical (10.0)	Medical (13.0)	Medical (11.0)	Medical (21.8)	Medical (24.0)	Medical (3.0)	Medical (6.0)	Medical (10.5)	
Women's Health (0.4)	Dental (10.0)	Women's Health (4.6)	Dental (11.0)	Dental (14.6)	Behavioral Health (2.8)		Dental (5.0)	
	Behavioral Health (1.0)		Behavioral Health (6.0)	Behavioral Health (2.8)			Behavioral Health (1.0)	

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioner(s) recommended for credentialing and privileging by the Dental Director.

3. Substantive Analysis:

The LIP(s) 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
Bentsi-Enchill	Flora	DMD	General Dentistry	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 Dental Director to support the credentialing and privileging process.

Flora Bentsi-Enchill, DMD joined the West Palm Beach Clinic in 2018 specializing in General Dentistry. She attended the University of Louisville School of Dentistry. Dr. Bentsi-Enchill has been in practice for nearly nine years and is fluent in Twi.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

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

 Joel H. Snook, CPA
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

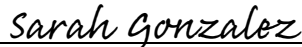
6. Recommendation:

Staff recommends the Board approve the recredentialing and renewal of privileges of Flora Bentsi-Enchill, DMD, General Dentistry.

Approved for Legal sufficiency:



 Valerie Shahriari
 VP & General Counsel



 Sarah Gonzalez, CPMSM, CPC
 Director, Credentialing & Provider Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
 January 29, 2020

1. Description: Patient Relations Reports

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q4
- Pediatric Survey Results

3. Substantive Analysis:

- See attached Quarterly Patient Relations Dashboard.
- See attached Pediatric Hours of Operation Survey Summary

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

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

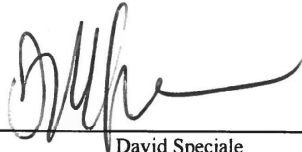
6. Recommendation:

Staff recommends the board approve the Patient Relations Reports.

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



David Speciale
Patient Relations Manager



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

PATIENT RELATIONS DASHBOARD

2019

January thru December

COMPLAINTS/GRIEVANCES

CATEGORY	JAN	FEB	MAR	Q1 2019	APR	MAY	JUN	Q2 2019	JULY	AUG	SEPT	Q3 2019	OCT	NOV	DEC	Q4 2019	2019	2018
Care & Treatment	7	6	2	15	6	3	3	12	4	5	5	14	4	3	8	15	56	23
Communication	2	3	2	7	3			3	1	1	2	4	2	2	3	7	21	11
Discharge				0	0			0				0				0	0	0
Environmental		1		1	0			0				0				0	1	1
Finance	1			1	0	1		1		2	1	3			1	1	6	2
Medical Records			1	1	0			0				0				0	1	2
Nursing Related				0	0			0				0				0	0	1
Clinical Support Staff				0	0			0				0				0	0	0
Other			1	1	0		1	1	3			3	2	1	3	6	11	21
Pharmacy Related	2			2	2			2				0				0	4	6
Physician Related			2	2	0			0	1			1				0	3	5
Respect Related	1	2		3	2	1	1	4			1	1			1	1	9	8
TOTAL:	13	12	8	33	13	5	5	23	9	8	9	26	8	6	16	30	112	80
Complaints/No Letter Required	5	7	4	16	5	2	2	9	5	6	4	15	4	3	11	18	58	43
Grievances/Letter Sent ≤ 7 days	8	5	4	17	8	3	3	14	4	2	5	11	4	3	5	0	42	44
Grievances/Letter Sent > 7 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LETTERS NOT SENT FOR GRIEVANCES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4

Q1 encounters: 35,625

Q2 encounters: 37,071

Q3 encounters: 38,358

Q4 encounters: 38,229

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

OCT:	Of the 8 occurrences there were 4 complaints and 4 grievances. All 4 complaints were received at the Delray Beach Clinic (3 Medical / 1 Dental) of which: 1 was related to the communication of referrals, 2 were related to Quest laboratories, and 1 was related to the scheduling of a dental appointment. For the 4 grievances, 1 was submitted at West Palm Beach Clinic and 3 were submitted at the Delray Beach Clinic. Of the 4 grievances: 1 was concerning a providers behavior, 1 was related to the timeliness of lab results, 1 was related to the receipt of an incorrect referral, and 1 was related to the behavior of a Registration Specialist. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure
NOV:	Of the 6 occurrences there were 3 complaints at the Jupiter clinic and 3 grievances: 2 in Delray Beach and 1 in West Palm Beach. Of the 3 complaints: 1 was concerning the behavior of a security guard and 2 were related to problems with the Referral and Call Center Departments. Of the 3 grievances: 1 was related to a patients hospital discharge summary, 1 was regarding District Cares coverage, and 1 was related to the behavior of an Eligibility employee. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure.
DEC:	Of the 16 occurrences there were 11 complaints (6 Delray Medical, 2 Jupiter, 1 Lantana Medical, 1 Lantana Dental, and 1 Lewis Center) and 5 grievances (1 at the Jupiter clinic, 2 at the WPB clinic, and 2 at the Boca Raton clinic). Of the 11 complaints: 5 related to the slow performance of the EMR, 1 was related to concerns with the District Cares Program, 1 was related to the scheduling of a patients appointment, 1 was concerning the Lantana furniture, 1 was a complaint from an employee about another employee, 1 was related to the refusal of a patients request to complete a document, and 1 was related to difficulties contacting the referral department. Of the 5 grievances: 2 were related to the District Cares program overall services, 1 was related to the length of time to receive a referral, 1 was regarding the need for a "better phone service", and 1 was regarding Health Care District in general.

COMPLIMENTS

	JAN	FEB	MAR	Q1 2019	APR	MAY	JUN	Q2 2019	JULY	AUG	SEPT	Q3 2019	OCT	NOV	DEC	Q4 2019	2019	2018
# COMPLIMENTS	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
# COMPLIMENTS	1	9	13	23	8	5	14	27	11	5	27	43	8	1	10	19	224	316

SUMMARY OF COMPLIMENTS

OCT:	There were 8 compliments for the month, all for the Delray Clinic. Of the 8 compliments received: 1 was to the nurse's ability to assist a patient comply with medication, 1 was related to the professionalism of the Registration Specialist, 5 were specific to Dr. Dabu for his kindness, compassion, and work as a physician.
NOV:	There was 1 compliment for the month, received at the Delray Beach clinic. The compliment was to express appreciation to all staff for providing an overall positive experience at the clinic.
DEC:	There were 10 compliments for the month, 2 at the Delray Beach Clinic and 8 at the Boca Raton clinic. Of the 10 compliments received: 1 was for a patients experience with medical / behavioral health integration, 1 was specific to Behavioral Health Specialist - Stephany Bonhometre, 3 were specific to Nurse - Maria Lara, 2 were specific to Dominique Domond - Practice Manager, and 2 were specific to Norma Cash - Registration Specialist.



Health Care District of Palm Beach County

Dedicated to the health of our community

**C. L. Brumback Primary Care Clinics:
Pediatric Hours of Operation - Survey**

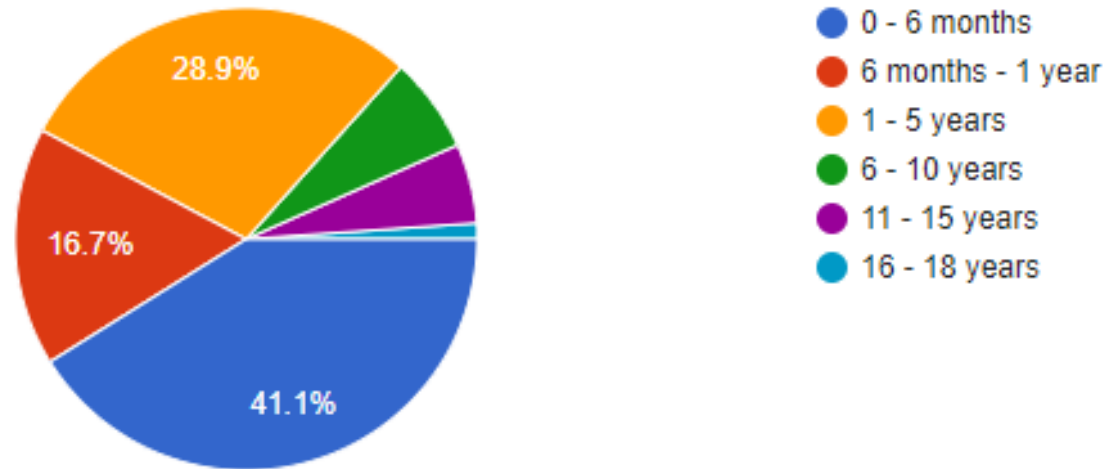


Overview

- In December 2019, the clinics offered parents and guardians of our Pediatric patients, to complete a survey to assess the Hours of Operations.
- Pediatric patients are between the ages of 0 and 18 years old.
- Surveys were completed at the West Palm Beach and Lantana Clinics.
- The survey consisted of 5 questions.
- There were a total of 90 surveys completed.

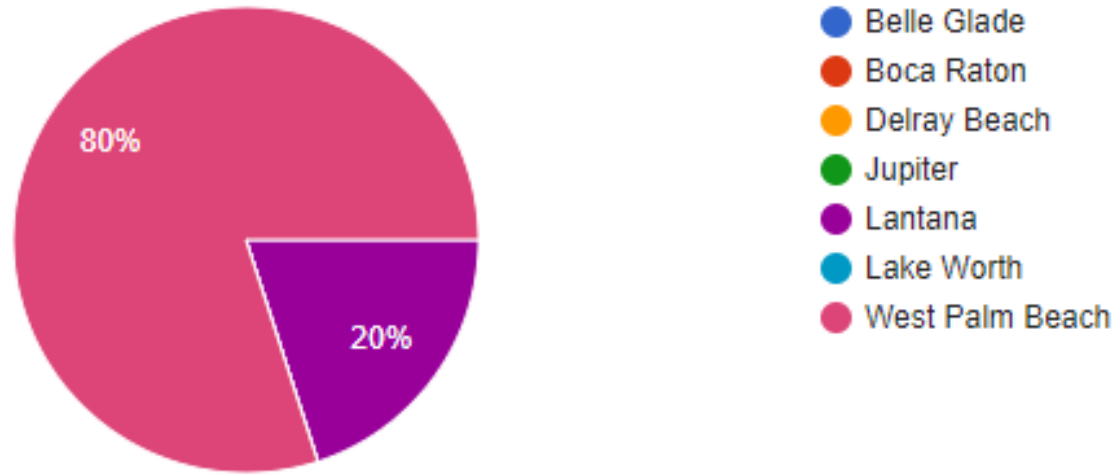


What are the Age(s) of your children that you take to C. L. Brumback Primary Care Clinic?



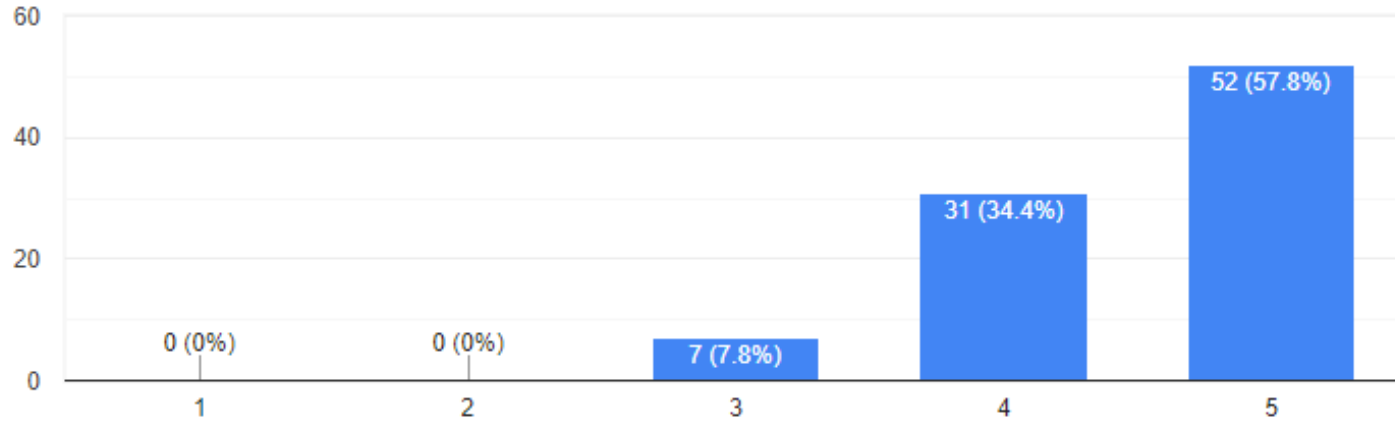


What C. L. Brumback Primary Care Clinic location(s) do you take your child(ren) to for Pediatric Services?



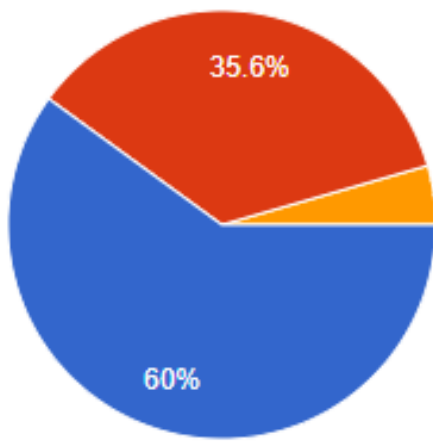


Think about the hours this clinic is open currently. How well do these hours meet your needs?





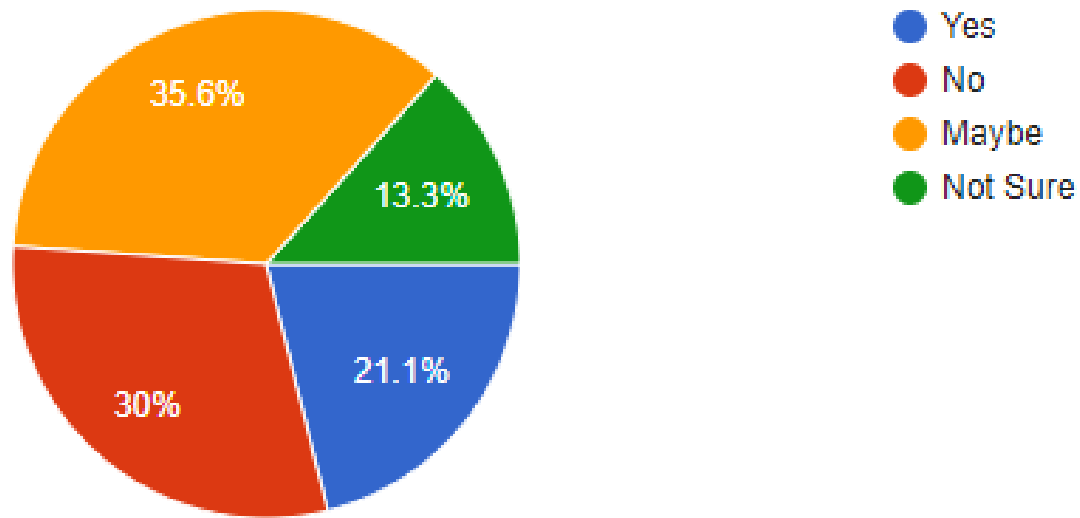
What is your preferred day to take your child(ren) to the doctor?



- Mornings: Monday thru Friday
- Afternoons: Monday thru Friday
- Mornings: Saturday



Currently, C. L. Brumback Primary Care Clinic does not offer Pediatric appointments on Saturdays. Would you prefer Pediatric appointments on Saturdays to weekdays?





Analysis & Summary

- At this time, it does not make sense to implement pediatric services on Saturdays.
- Survey results indicate that patients are currently satisfied with current hours of operations at existing Pediatric sites.
- The cost of operating pediatric services on Saturday clinics is approximately \$50,000 per year per clinic.

Cost to Provide Pediatric Services Every Saturday for 4 Hours per Location		
MD	\$	31,200
1 Medical Assistant	\$	3,744
1 Registration Specialist	\$	3,536
Total Salaries	\$	38,480
Fringe Benefits @ 27.2%	\$	10,467
Total Salaries & Fringe Benefits	\$	48,947
Supplies	\$	700
Total Cost	\$	49,647

- At this time the patient need does not exceed the cost of doing business on Saturday's.
- Plan to re-assess in Q3 2020.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: Quality Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes December 2019
- UDS Report – YTD November 2019
- Diabetes Performance Analysis

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

No update.

QUALITY ASSURANCE & IMPROVEMENT

Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Benchmarks were updated from 2017 to 2018 on UDS Dashboard.

Several of the measures will change or be retired. “Appropriate use of medications for asthma” measure will be retired. The time allowed for linkage to care for patients with HIV will be decreased for 90 to 30 days. Changes have been made in EHR documentation and tracking in anticipation of the changes.

In 2020 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.

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 2020.

UTILIZATION OF HEALTH CENTER SERVICES

No update.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

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

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

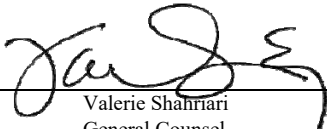
 Committee Name

 Date Approved

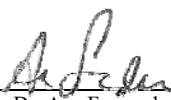
6. Recommendation:

Staff recommends the Board Approve the Quality Reports.


Approved for Legal sufficiency:



 Valerie Shahnari
 General Counsel



 Dr. Ana Ferwerda
 FQHC Medical Director



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

Quality Council Meeting Minutes

Date: December 20, 2019

Time: 1:06pm – 2:45pm

Attendees: Dr. John Cucuras - Dental Director; Dr. Ana Ferwerda – Interim Medical Director & Director of Women’s Health; Lisa Hogans – Director of Nursing; David Speciale – Patient Experience Manager; Dr. Duclos Dessalines – Director of Pediatrics; Tamelia Lakraj-Edwards – Quality Manager; Hyla Fritsch – Director of Pharmacy and FQHC Director Of Operations; Jonathan Dominique – Executive Assistant; Julia Bullard - Clinic Board Member; Andrea Steele – Quality Director; Dr. Courtney Rowling - Director of Behavioral Health

Excused: Belma Andric – Chief Medical Officer/Executive Director; Dr. Dorce-Medard – DIO

Minutes by: Tamelia Lakraj-Edwards

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT RELATIONS				
OUTREACH SUMMARY	<p>Outreach Three outreach reports were created by the Patient and Physician Liaison and consisted of: number of patients registered to all outreach activities, number of patients registered for each outreach activity, and age of patients registered for each outreach activity. Significant findings demonstrate an increase in patient registration for outreach activities from 31 in October to 59 patients in November. The majority age is between 41 and 50 years old with majority registration in the clinics for CAC services and Delray Homeless Outreach. <i>(Outreach report presented with graphs).</i></p> <p>Patient & Physician Relations Liaison The Patient and Physician relations schedule has been revised indefinitely as follows: Monday – Lake Worth CAC; Tuesday, Thursday, Friday – Registration at Lantana; Wednesday – Homeless Outreach activities.</p>			
SURVEY RESULTS	<p>Patient Satisfaction Survey</p>	Roll-up report to be completed.	Pt. Experience Mgr.	01/17/20

<p>PLATFORMS</p>	<p>Patient Satisfaction report from 6.6.2019 to 12.13.2019 was presented with a total of 2,449 surveys completed. Of the surveys completed, Delray had 746 (31%), Boca - 383 (16.3%), Belle Glade - 369 (15.7%), Lantana - 158 (6.7%), Mobile - 43 (1.8%), and Lewis Center - 34 (1.4%). 65 (2.8%) were unspecified. <i>(Patient Satisfaction Survey Completion report with graph presented.)</i></p> <p>Comments reviewed from November and December with primarily positive feedback from patients. Opportunities for improvement include utilization of a patient portal, improve difficulty in contacting the clinic, and improve referral process and timeliness of turnaround.</p> <p><u>Pediatric Operational Survey</u> 42 responses to the WPB POS were received. Majority of surveys completed by parents/caregivers of children aged 0 to 6 months; all surveys indicate patients are happy with hours of operations; most preferred times for Peds appointments are weekday mornings. Analysis for weekend appointments are: 5% - not sure, 21% - yes, 36% - no, 38% - maybe. Bigger sample size needed from all pediatric clinics.</p> <p><u>Feedtrail Summary</u> Feedtrail Survey platform was approved and contracting is in process. This software will allow for a larger number of patients through a variety of methods to include cell phone app.</p> <p><u>Phreesia Survey Platform</u> In December, the HCD implementation team met with a local FQHC (Whole Family Health) via</p>	<p>Continue survey in order to obtain adequate sample size.</p> <p>Vendor to complete the IT security questionnaire.</p> <p>The HCD Project Management Team to coordinate Phreesia kickoff and present, when available, an action plan with timeline to the Operations Workgroup.</p>	<p>Pt. Experience Mgr.</p> <p>Pt. Experience Mgr.</p> <p>Pt. Experience Mgr.</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
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<p>GRIEVANCES, COMPLIMENTS, & COMMENTS</p>	<p>conference call to discuss their experience with Phreesia. Clinic forms (consent, intake, SFS, etc.) are being compiled and sent to Phreesia team to load into the system. Once the purchase order is generated (in January) there will be a kickoff meeting to further detail what the implementation will include and what should be included in a phased rollout. Anticipated go-live is April 2020.</p> <p><u>SnapComms</u> SnapComms template created for all clinics and HCD Marketing Department to redesign for each clinic. Technical glitches with SnapComms assessed and resolved by scheduling automatic daily reboots of the system. Plan to roll SnapComms out into other clinics throughout the remainder of December and early January. ViewMedia quote for SnapComms video content is pending Dr. Andric's approval. Meeting scheduled for 12/19/19.</p> <p><u>Patient Relations Report</u> For November there was 1 compliment, 3 grievances, and 3 complaints. Majority of concerns are related to patients being able to reach their provider, referral clerk, or someone to answer a District Cares question including coverage, authorizations, and reapplication process. SnapComms can assist with this communication. Must consider having a direct line in the clinic to respond to questions and improve communications. There were no complaints or grievances related to wait time or patient cycle time in the last 30 days. <i>(Master Patient Relations Report with Graphs presented.)</i></p>	<p>A SnapComms Template was created and sent to Communications Team for presentation enhancement.</p>	<p>Pt. Experience Mgr.</p>	<p>01/17/20</p>
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QUALITY				
OPERATIONS	<p>UDS Table 3A Executive Director of Revenue is working to contract with more CHIP and Medicaid programs to hopefully address the steep drop-off in patients seen between 0 and age 1. No other issues identified. (Table 3A presented.)</p>	Operations to continue follow-up with Revenue Cycle regarding increase of contracts with CHIP and Medicaid programs to increase 0 to age 1 population.	Rx & Ops Dir./Dir. Rev Cycle	1/17/20
	<p>UDS Table 3B Frontline was retrained on how to enter patients in Athena with “More than one race”. No other issues identified. (Table 3B presented.)</p>	Designee, from revenue cycle to de-duplicate patients manually and follow-up with Athena for resolution timeline.	Rx & Ops Dir./Dir. Rev Cycle	1/17/20
	<p>UDS Table 4 Athena has confirmed there is a “known issue” in which the total unique patients for “income as % of poverty level” is greater than total unique patients for “principle third party medical insurance source”. They are working to fix the problem. Current workaround is to de-duplicate patients ourselves. (Table 4 Presented).</p> <p>Still showing zero patients with CHIP Medicaid. Executive Director of Revenue Cycle does not think the insurance table set-up in Athena will be fixed until after the new year. Data will be provided for this table and Table 9D manually. The marrying of Table 9D data from Dentrix and Athena is being worked on and will need to be de-duplicated.</p>	Revenue cycle designee will provide data for table 4 and 9D manually.	Rx & Ops Dir./Dir. Rev Cycle	1/17/20
48-HOUR METRICS				
MEDICAL	Provider Encounters Closed Rate			

DENTAL	<p>Encounter close rate report was presented and summary provided for the month of November. Report demonstrated there were providers, nurses, Resident's, and LCSW's with an average chart close rate of >48 hours. Included in this summary are 3 Pediatric providers, 1 Primary Care Provider, 1 Nurse, 2 Resident's, 1 Psychiatrist, and 2 LCSW's.</p> <p>When compared to Quarter 3, significant findings for Quarter 4 thus far is a 6% decrease in same day chart closure rate and a 5% increase in encounters closed greater than 24 hours. <i>(Encounter Close Rate Report with graphs presented.)</i></p>	<p>All directors will re-educate the respective individuals on closing of encounters within 48 hours.</p>	<p>All Clinic Directors</p>	<p>1/17/20</p>
	<p><u>Provider Documents and Labs Reviewed</u> Provider documents and labs report was presented and summary provided for the month of November. Report demonstrated there were providers, clinic nursing, and LCSW's with 50 or more open documents and or lab results for the month of November. 10 adult providers, 2 Pediatric provider, 1 Women's health provider, 1 Psychiatrist, and 1 LCSW. Nurse buckets with 50 or more open documents and or lab results for the month of November were Belle Glade, Jupiter, Boca, Lake Worth, Mobile, and West Palm Beach. <i>(48-hour metrics report with graphs presented)</i></p>	<p>Reports of completed encounters randomly populating as uncompleted appears to be of issue. Interim Medical Director will work with Business Analyst to further analyze</p>	<p>Ferwerda, Medard, Coleen</p>	<p>01/17/20</p>
	<p><u>Provider Encounters Closed Rate</u> Summary report for October demonstrated 16 dental providers and staff did not close chart within 48 hour window. Trend for quarter 2 and 3 were presented and demonstrated an upward trend from 40 charts in quarter 2 and 53 charts in quarter 3. <i>(Encounter close rate report with graphs presented)</i></p>	<p>Clinic directors will re-educate the respective individuals on reviewing records within 48 hours.</p> <p>Re-educate the respective individuals on review of nursing bucket within 48 hours.</p>	<p>All Directors of Clinical, Res., & Nursing</p> <p>Dir. Nursing</p>	<p>01/17/20</p> <p>01/17/20</p>
		<p>Dental Director retrain highest providers on use of signature pen</p>	<p>Dr. Cucuras</p> <p>Dr. Cucuras</p>	<p>01/17/20</p> <p>01/17/20</p>

		Significant findings demonstrate the highest note closure trend appears to be in Lantana YTD and for the month of November.		
QUALITY METRICS				
DENTAL	<p>Referrals ER referral report presented for the month of November with significant result of 2 ER referrals. Patient cases were discussed in Dental workgroup and interventions established. Significant findings demonstrated that 50% of patients referred to ED for the month of November Followed up in the Primary Care Clinic.</p> <p>Dexis Image Report Lost dental radiographs report presented and demonstrated 2 Panorals as lost. Laminated posters have been made with instructions and posted by the Panorama machine. <i>(Dexis Image report with graphs presented.)</i></p> <p>Instadose - Badge Wearing and Self-Reporting Report presented for the month of November and included significant findings of 1 staff member lost badge, 1 was read late due to sick time, and 1 clinician did not wear.</p>	<p>Dental director will review ER follow-up procedure and retrain Dental providers. Review will incorporate patient cases so that clinic nurses can also follow-up with these patients for better ER follow-up outcomes. Dental Providers are to enter any ER referrals into risk qual to ensure Dental Director awareness.</p> <p>The panorals were retrieved and staff was retrained on how to save radiographs prior to exiting program.</p> <p>Practice manager was informed and staff was retrained and instructed wear immediately. Instadose badges will be stored in designated area when not used.</p>	<p>Dr. Cucuras, Nancy</p> <p>Dr. Cucuras, Nancy</p> <p>Dr. Cucuras, Nancy</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
MEDICAL	<p>HEDIS The HEDIS team met with the CMO, Medical Director, and Clinic Operations director on 12/16/2019. The purpose of this meeting was to analyze current HEDIS nurse workflow and create an action plan for improvement.</p>	<p>Director of Revenue Cycle has scheduled a meeting with the HEDIS team to identify factors of improvement and create action plan. Action plan will be shared with clinic team at weekly</p>	<p>CMO, Medical Director, Ops Director, Rev Cycle Director</p>	<p>01/17/20</p>

RESIDENCY	<p><u>Medicare Annual Wellness Visit</u> Revenue cycle has requested the care of older adult form be uploaded as a template for providers to complete for Medicare credit. Template will be created and presented at clinic meeting Jan. 2, 2020.</p>	<p>meetings to ensure plan is in line with clinic workflow.</p>	Ferberda/ Coleen	01/17/20
	<p><u>Referrals Summary – November 2019</u> Report for referrals is now on tableau. The data is currently under validation. Current data demonstrates there are a total of 6,233 referrals of which 3,829 were submitted and 1,485 with closure of the referral loop. Significant findings are Financial Counseling Referral, Ophthalmology, Behavioral Health, Gastroenterology, Gynecology, and Cardiology with greater than 300 referrals each. West Palm Beach had the highest referral rate with 1,527 referrals and Delray Beach came in second with 1,163. There were 5 providers with greater than 300 referrals each. <i>(Outside Referrals Report with graphs presented)</i></p>	<p>Medical director to work with Business Analyst and to create a Medicare Annual Wellness Visit template for use starting January 2, 2020.</p> <p>Analyze where referrals are being sent and by who in order to identify opportunities of improvement. Opportunities are to be presented during respective workgroups with the intent to decrease the rate of unnecessary referrals.</p> <p>Report to be trended over the year by month and quarter for further analysis and interventions.</p>	Quality Manager	01/17/20
	<p><u>New Space</u> Patients are being seen in the new Belle Glade clinic space. Flow issues were identified early on and system has been implemented in order to ensure efficient clinic workflow.</p>	<p>In the new structure, all clinical workflow issues will be escalated to practice manager director who will distribute tasks and find solutions with other service directors. Belle Glade clinic flow has been observed by nursing director, medical director, and operations director. Significant interventions include residents performing POC testing themselves and utilizing frontline to check-out patients instead of MA's when required. This new process has helped to</p>	Medard, Nursing Director, Operations Director	01/17/20

WOMEN'S HEALTH	<p><u>Preceptors Coverage</u> Email was sent out for approval of Dr. Perez as a preceptor. Request was approved and Dr. Perez is to start Jan. 7, 2020 and is scheduled for every Tuesday of the month. Goal is to consider having a solely residency clinic with rotating preceptors.</p>	<p>eliminate some of the bottleneck regarding MA's.</p> <p>Once additional preceptors have been approved, the goal will be to eventually decrease the NP days in Belle Glade to one day per week (didactic day) and utilize her in other needed locations.</p> <p>Operations workgroup to review the addition of two new categories, LMC ER and LMC Discharge, to the registration tab for referral tracking.</p>	Medard/ Ferwerda	01/17/20
	<p><u>LMC Referrals</u> It is noticed that some patients are referred from LMC inpatient service to the clinic and practices recognize good continuum of care, however patients referred from ER are not noticed thus far.</p>		Operations WG	01/17/20
	<p><u>Feeding Method</u> Feeding method report presented for the month of November. Findings for the month of November demonstrated 50% (4/8) patients use a combination (bottle + breast), 25% (2/8) patients utilize solely bottle, and 25% (2/8) patients utilize solely breast. Trends were presented by quarter and significant findings demonstrated a general increase in breast feeding from quarter 1 to quarter 2 due to a change in "n". <i>(Feeding Method report with graphs presented.)</i></p>		Quality Manager	01/17/20
	<p><u>Delivery Type</u> Delivery type report presented for the month of November and YTD. Finding for the month of November demonstrated 63% (5/8) of patients had a normal spontaneous delivery, 25% (2/8) of patients had a Primary C-section, and 13% (1/8) of patients had a repeat C-section. No patients delivered by VBAC. YTD significant findings show only 1% (1/129) of patients required delivery by forceps, 1% (1/129) delivered by VBAC, and 60% (78/129) had a</p>		Quality Manager	01/17/20

<p>BEHAVIORAL HEALTH</p>	<p>nonspontaneous delivery. <i>(Delivery Type report with graph presented)</i></p> <p><u>Table 6B – Quality of Care Indicators</u> Prenatal Patients Prenatal patient’s quality of care indicators presented for month of November. Report demonstrated 10.5% (2/19) of patients were ages 15 to 19, 31.6% (6/19) of patient were ages 20 to 24, and 57.9% (11/19) were ages 25 to 44. No patients aged 45+ presented for prenatal care. <i>(Prenatal Patients report with graph presented)</i></p> <p><u>Initial Prenatal Visit with CLB WH</u> Initial prenatal visit report presented for month of November. Significant findings show 63% (12/19) of patients had their initial visit with CLB WH during first trimester, 16% (3/19) was in the 2nd trimester, and 5% (1/19) was in the 3rd trimester. <i>(Initial prenatal visit report with graph presented)</i></p> <p><u>Table 7 – Deliveries and Birth Weight</u> Birthweight of babies born to WH prenatal patients report presented for month of November. Significant findings show 89% (17/19) of babies born to prenatal care patients who delivered had a birth weight of >2500 grams. <i>(Birthweight of babies born to WH prenatal patients report with graphs presented)</i></p> <p><u>Telepsychiatry</u> Telepsych report for November was presented. Significant findings demonstrate the majority of Telepsych referrals are from the Mobile clinic, then Delray, and Lantana. In total, 105 patients were</p>	<p>Plan to further analyze report in Behavioral Health workgroup to create action plan for</p>	<p>Quality Manager</p> <p>Quality Manager</p> <p>Quality Manager</p> <p>Quality Mgr./Rowling</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p> <p>1/17/20</p>
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	<p>scheduled for a Telepsych visit during the month of November with 41% (41) seen and 64% (64) appointments cancelled. YTD data demonstrates a steady increase of Telepsych appointments from April to August with a steady holding from August 2019 to November 2019. <i>(Telepsychiatry Report with Graphs presented.)</i></p> <p><u>Telepsych Policy & Procedure</u> The Behavioral Health workgroup has created an addendum to the Telebehavioral health policy to incorporate Warm Hand Off's in clinics without a Behavioral Health Provider on site. Policy is pending approval by the Policies and Procedures committee.</p> <p><u>Warm Hand Off Report (WHO)</u> Report for November 1 - November 30 presented by Data Reporting Analyst and identified 256 Behavioral Health Referrals of which 236 (92%) of those patients were seen the same day for a WHO. When report is compared to October, there is a decrease in the number of Behavioral Health referrals by 142 patients and a 3% increase in the number of same day handoffs. This decrease in same day WHO's is most likely attributed to the increase in WHO's from October to November.</p> <p><u>Brief Addiction Monitor (BAM) Data</u> The BAM is a 17-item, multidimensional questionnaire administered electronically to patients seeking or enrolled in SUD specialty care. It assesses three SUD-related aspects: Risk factors for substance use, protective factors that support sobriety and drug and alcohol use.</p>	<p>further improvement in Telepsych appointment types.</p> <p>Present policy and procedure addendum to the Policy and Procedure committee for review and approval.</p> <p>Plan to further analyze report in Behavioral Health workgroup in order to create action plan for improvement.</p> <p>The Behavioral Health team reviewed BAM policy and procedure in Thursday policy and procedures meeting. Policy is pending approval by the Policies & procedures committee.</p>	<p>Quality Manger, Rowling, Ziembra</p> <p>Quality Manager</p> <p>Rowling, Ziembra, Quality Manager</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
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	<p>There were 520 patients that were administered BAM from 7/23/2019 to 11/29/2019. Over the course of SUD treatment, the data demonstrated a significant overall downward trend in all SUD areas addressed by BAM. There does seem to be a slight increase in risk factors which may be attributed to the increased of intake assessments. <i>(BAM Data with graphs presented from Tableau with graphs.)</i></p> <p><u>CAGE-AID Report</u> The quality team has administered 11,049 CAGE-AIDs for the month of November. 10,844 (98.1%) of the CAGE-Aids administered were scored and 169 (1.5%) were unscored.</p> <p><u>Protocol for Responding to and Assessing Patients Assets Risks and Experiences (PRAPARE)</u> The Data report shared identified a significant increase in PRAPARES completed with a total of 1,071. Significant findings include 249 (23%) of patients as answering yes to social needs that need to be addressed and 155 (15%) patients not willing to answer or leaving the question blank.</p> <p>*At this time, data is skewed as only behavioral health patients are being screened. <i>(PRAPARE Report Summary with graphs presented)</i></p> <p><u>PHQ-2/PHQ-9 Reporting</u> Report presented by Data Reporting Analyst and demonstrated 2,014 patients received the PHQ-2/PHQ-9. Of the 2,014 patients, 1,994 (99%) were scored and 20 (1%) were unscored. Significant findings, when compared to October, demonstrate a decrease in the amount of unscored PHQ-2/PHQ-9 of</p>	<p>Plan to further analyze report in Behavioral Health workgroup in order to create action plan for improvement.</p> <p>Quality Director is to further investigate report to determine if YTD PRAPARE's were done solely by BH. Starting January 2020, clinic staff to perform PRAPARE for all patients.</p> <p>Further investigation of data is required to determine health literacy in regards to questions such as patients safety perception, stress perception, risk for social determinants of health, and worry about medicine/health care.</p> <p>Follow up with staff to determine reason for unscored results and ensure scoring is completed. Providers with high number of unscored PHQ-2/PHQ-9 will be retrained by Dr. Rowling will train.</p>	<p>Quality Manager, BH WG</p> <p>Ferwerda, Lisa, Andrea</p> <p>Quality Manager, Rowing</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
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	<p>8%. <i>(PHQ-2/PHQ-9 Summary report with graphs presented.)</i></p> <p><u>Baker Act Policy and Procedure – Addendum</u> Baker Act Policy and Procedure is currently being added to incorporate Pediatrics and Telebehavioral Health.</p>	<p>Implement protocol for Depression Follow-up for patients with diagnosis of major depression/Dysthymia and with score of 9 or greater in preparation for UDS 2020 proposed changes.</p> <p>Currently in review by Risk Director. Will bring to Policies and Procedure committee for further review and approval.</p>	<p>Rowling, Ziemba, Quality Manager</p>	<p>01/17/20</p>
QUALITY AUDITS				
<p>DENTAL</p>	<p><u>Quality Site Visit (QSV)</u> In November, 4 clinics were visited by the dental quality coordinator. Findings are in 3 categories. Operatories category findings include process improvements required and achieved through reorganization of log books with tabs. In supplies and processes category, observations included that expired ammonia inhalants were needed and they were replaced, staff retrained on utilization of personal protective equipment when carrying biohazard to room, new director signage is in place, and all permits to include biohazard and radiation are posted along with dental licenses appropriately. Sterilization category included observations of autoclave loading directions retraining is needed and in progress.</p> <p><u>Quality Site Visit (QSV)</u> The QSVs have been completely transitioned to the ICN and RM (Marie & Shauniel).</p>	<p>Dental director with Quality Coordinator to re-educate and re-train staff on findings within the 3 categories of QSV.</p>	<p>Dr. Cucuras, Nancy</p>	<p>01/17/20</p>

NURSING	<p>SpecRX All clinics 100% compliant in entering prescriptions on med list and in accuracy. 14% of the Specialty Rx's audited. We will audit 10%. If the 10% is accurate no more will be audited. If the 10% is showing errors, the number to be audited will be increased. (SpecRX Report Presented.)</p>	<p>The Patient Experience Manager will assist Clinic Coordinators in completing the initial RiskQual training to include Quality Site Visits.</p>	David	01/17/20
	<p>Abnormal FIT test report Total remaining from 2018-Feb 2019 is 39. Continuing to decrease. The clinics which have the highest remaining are LKW 13; Jupiter 12; WPB 11. Angela to review with these clinics. Sherri reviewed some of these charts and did turn some green from red. They were not updated.</p>	<p>Audit to continue. If 10% is showing errors, the number to be audited is to be increased.</p>	Nursing WG	01/17/20
	<p>The March 2019 to present log, shows 12 open in November (down from 30 in August), which means they are working the lists. All clinics have anywhere from 3 to 0 on their current list. (FIT test presented with graph).</p>	<p>Continue to analyze report in Medical and Nursing workgroup in order to update action plan for further improvement.</p>	Nursing WG, Medical WG	01/17/20
	<p>Higher Level of Care There were 110 ER referrals for November. 44.5% were seen for Hospital F/U and 31.8% are scheduled= 76.3% seen or have appt. . Records were received for 42.7% of the patients and 41.8% are pending. (HLC report presented with graphs.)</p>	<p>In Oct was 70.5% seen or had appointment as compared to Nov 76.3%. Records received were approximately the same.</p>	Nursing WG	01/17/20
UDS QUALITY Measures				
November 2019				
Of the 14 UDS Measures: 7 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (Clinic Score/ HRSA Goal / Healthy People Goal)				
Medical UDS Report	Childhood immunization: (54%/ 60%)		Dr. Dessalines	01/17/20

	<p>The quality team worked on a Childhood Immunization PDCA for the month of October. This PDCA incorporated vaccine reconciliation and patient outreach by both patient access and nursing team. Templates to enhance efficiency for vaccination visits have been created. HEDIS nurses were provided view only access to FL Shots in order to further facilitate closure of Childhood Immunization by the age of 2 care gap.</p> <p>Initial findings from patient access report showed little yield with phoning patients to come in for vaccine administration, however once nurses began to call, there appeared to be more success.</p> <p>Once the report audit was completed, any patients who appeared as satisfied but were not captured in UDS table 6B was sent to Athena for further review. UDS table 6B was run for September and demonstrated a 7% increase from August. October demonstrated a 3% decrease when compared to September. Quality team was able to meet with Tampa Family Health Center through WebEx and was informed that this FQHC is also having difficulty with Florida Shots. They are considering a unidirectional interface from clinic to FL Shots.</p>	<p>Athena has informed of the difference between the UDS and Pediatric guidelines within the EMR. With this information, the Pediatric Medical Director will train staff to understand how to document vaccinations in the chart and how to follow UDS guidelines in order to increase childhood vaccination metric.</p> <p>Consider utilization of alternative site MA's to perform pre-visit planning for Lantana Pediatric patients two days a week.</p> <p>List of patients with 2nd birthday occurring within upcoming month will be sent to nursing team for follow-up.</p> <p>Consider turning off the bidirectional interface and utilizing a unidirectional interface, (EMR to Florida Shots), in order to decrease error que and improve measure. Will discuss with Dr. Andric for next steps on Florida Shots interface.</p>	<p>Ferwerda</p> <p>Angela/Tamelia</p> <p>Ferwerda, Coleen</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
	<p>Cervical Cancer Screening: (63% /65%/HP 93%)</p> <p>We will begin tracking abnormal PAP smear and confirming through chart audit that patient has been notified of findings. Any cases that have not been notified within the appropriate time, a patient case will be sent to the provider to complete follow up.</p> <p>Spoke to quest about extending the retrieval time of pap results. Presently only paps ordered one year ago, try to</p>	<p>Create custom report, similar to FIT test report to capture true compliance and be audited weekly.</p> <p>Follow up with quest on request for pap results.</p> <p>Receive Quantum training from quest on how to see labs from outside providers.</p>	<p>Tamelia</p> <p>Ferwerda</p> <p>Ferwerda</p> <p>Lisa</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>

	extend to past 4 years.	All team members should be set up with Quantum- not only leads		
	<p>Weight assessment, Children & Adolescent: (86% /90 %) Providers were not dropping order set for this measure. After July training, UDS report presented in workgroup today demonstrates a steady upward trend and 6% increase from 80% in July to 86% for the month of October.</p> <p>HEDIS nurses are currently working on this measure and report that the diagnosis code for this measure is not being dropped in the encounter assessment and plan.</p>	<p>Pediatric medial director will remind staff to drop appropriate order set in order to encourage meeting of measure by end of 2019.</p> <p>Interim medical director to speak to Pediatric Director regarding dropping of nutrition education diagnosis code in order to increase measure compliance rate.</p>	Dr. Dessalines	01/17/20
	Adult Weight screening and follow up: (98% / 90%)			
	Tobacco use screening & cessation: (97% / 93%)			
	Asthma Pharmacologic Therapy: (98%/ 99%) This group is very small and even a small change can make a difference.			
	<p>Coronary Artery Disease CAD: (79% / 81%) There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.</p> <p>This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.</p>	Measure validation and audit to be completed.	Tamelia	01/17/20
	Ischemic Vascular Disease (IVD): (90% / 86%)			
	<p>Colorectal Cancer Screening: (49% / 82% / 71%) Colonoscopy Program LMC -</p>	Sent to Operations Workgroup for further discussion.	Hyla Sherri	01/17/20

	<p>Possibility of Referral Clerks and Case Managers taking over the process was discussed.</p> <p>We continue to audit the custom FIT test report and are coming close to having data to share with all clinics in a dashboard format. FIT test/Colorectal Screening Report 10/16/19 - 10/31/2019 showed out of 1,008 patients, 767 FIT test were ordered with 63 (6%) returned. Out of the 63 returned, 5 (8%) were abnormal and 58 (92%) were normal. GI Referrals were given to 142 patients.</p> <p>Colorectal cancer screening policy was drafted by Nursing Workgroup and reviewed in today's workgroup. This policy details who should be screened, when should they be screened, and with what screening methods.</p>	<p>Audit FIT report</p> <p>Add colorectal Screening policy to clinical guidelines</p>	<p>Lisa</p>	<p>01/17/20</p> <p>01/17/20</p>
	<p>HIV linkage: (100% / 85%)</p>			
	<p>Depression screening: (92% / 83%)</p>			
	<p>Dental Sealant: (90 / 75%)</p>			
	<p>Hypertension: (75% / 80%)</p> <p>Providers are failing to give short term follow-up for uncontrolled BP. Although we have already met our 2018 numbers we still have to continue interventions.</p>	<p>Continue to reeducate staff on short interval follow-up for uncontrolled BP.</p> <p>Encourage use of combination pills to reduce pill burden.</p> <p>Continue to have pharmacy send patient messages to providers to recommend changing to combination therapy when appropriate.</p>	<p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p> <p>Hyla</p>	<p>01/17/20</p> <p>01/17/20</p> <p>01/17/20</p>
	<p>Diabetes: (40% / 66%)</p> <p>This is one of the measures we are honing in on for the rest of the year to include 2020. There are patients who are not compliant for many reasons, socioeconomic,</p>	<p>Diabetes PDCA cycle has been created as well as Diabetes Dashboard. Plan is to analyze each clinic and individual provider trends in order to</p>	<p>Ferwerda, Tamelia</p>	<p>01/17/20</p> <p>01/17/20</p>

	cultural, number of injections, and lack of diabetic education from potentially a health literacy standpoint.	further analyze opportunities for improvement and create action plan.		
Dental UDS & Quality Metrics	<p>Caries Risk Assessment Trend is that providers who are covering have are covering in another work location tended to have lower CRA documentation. Strategy is to remind providers when covering.</p> <p>Dental Sealants NNOHA No Update</p> <p>Dental Sealants Hybrid No Update</p>	Dental Director is working with Monica to add the category of "exclusion" code for caries risk assessment.	Dr. Cucuras, Monica	01/17/20
UTILIZATION				
OPERATIONS	<p>Productivity Overall visits year to date is 138,842. Number of encounters in November across all categories is significantly lower than the previous month due to three less workdays in the month. Belle Glade Medical and Dental Clinics moved into the new primary care suite at Lakeside Medical Center in early November, which slightly affected encounters at these locations.</p> <p>Enhancements to the Operations report includes prior year comparison reporting beginning May 15, 2018, when clinics transitioned to Athena EHR. NOTE the specific clinic 2018 data is only for 7.5 months. During those 7.5 months in 2019 clinics are trending higher. (Clinic productivity report with graphs was presented)</p> <p>Utilization/Referral Tracking Total encounters for November 2019 was 11,304 with 10,615 referrals ordered. The referral team processed</p>		Operations WG	01/17/20

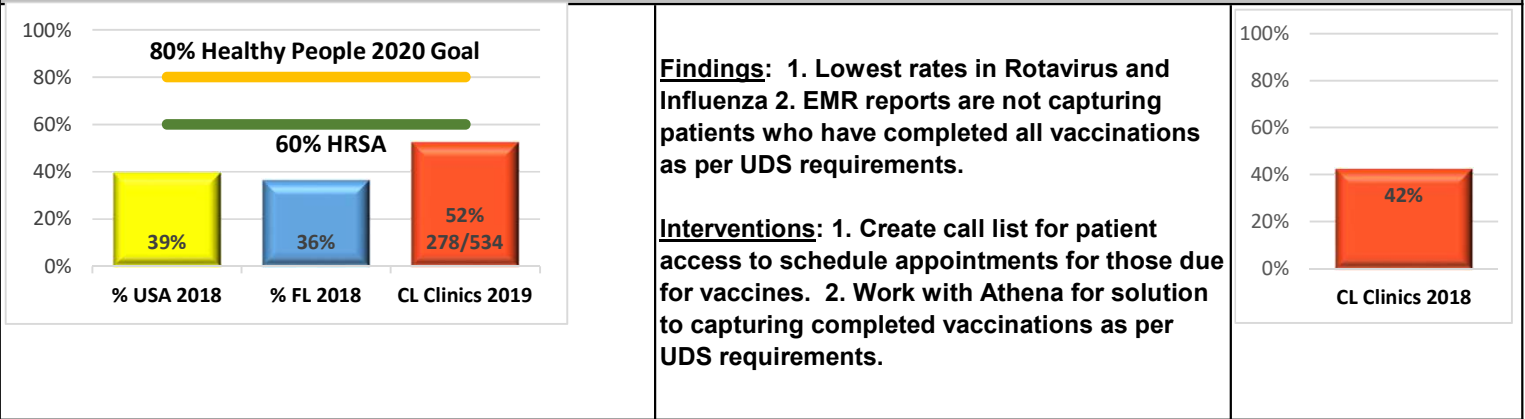
	<p>4,100 and answered 2,117 phone calls. (Referral tracking report with graphs was presented)</p> <p><u>Cycle Time</u> Patient Cycle Time reports for the Primary Care Clinics indicated that Total Patient Cycle time decreased by 2 minutes and 40 seconds from October to November. In order to validate this data and begin to manage patient cycle time, PX Manager will follow 10 patients in a clinic and observe staff documentation of patient cycle time in the EMR. During this time PX Manager will observe appropriate start and stop sign and prepare screen shots for training purposes. All staff to be retained upon completion of screen shots and training materials. <i>(Patient cycle time report presented with graphs).</i></p> <p><u>Lab Data</u> Quest lab expenses for November was \$48,644.16. This was \$20,356.29 less than October and a positive variance to the YTD budget of \$15,589.93. <i>(Lab data with graph presented.)</i></p> <p><u>Thumbs Up</u> An employee to employee recognition program called "Thumbs Up" has been established and launched at all clinic sites. All entries will be reviewed by the administrative committee and the winners will be announced at the January meeting.</p> <p><u>BYMY Campaign</u> Bring Your Medications at Every Clinic Visit (BYMY) campaign continues. Posters have been framed and scheduled to be delivered and displayed at all clinic sites. Mangonia Park already completed. BYMY documentation has increased from an average of 56% completion rate in October 2019 to 77% completion rate</p>	<p>In order to validate data and begin to manage patient cycle time, PX Manager will follow 10 patients in a clinic and observe staff documentation of patient cycle time in the EMR. During this time PX Manager will observe appropriate start and stop sign and prepare screen shots for training purposes. This was already completed for front line staff.</p> <p>PX Manager to send clinic coordinators an email to interoffice / email the PX Manager all "Thumbs Up" responses for consideration.</p> <p>PX Manager will complete a Q4 roll-up report</p>	<p>Patient Experience Mgr.</p> <p>Patient Experience Mgr.</p> <p>Patient Experience Mgr.</p>	<p>01/17/20</p> <p>1/17/20</p> <p>1/17/20</p>
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<p>BEHAVIORAL HEALTH</p>	<p>in November 2019. At this time BYMY documentation will remain in the chief complaint section of the EMR. <i>(BYMY report with graph presented.)</i></p> <p><u>MAT Census</u> Report presented by Data Reporting Analyst and demonstrated a steady increase from 134 in October to 161 for MAT clinic. Of the 161 patients, 23 intakes were completed in November which is a 7 patient increase when compared to October. No discharges or readmissions were reported. 1 patient dropped out, 1 patient was incarcerated, 1 patient transitioned to equivalent care, and 4 patients were lost to follow-up. <i>(MAT Census Report with graphs was presented.)</i></p> <p><u>JFK ASU Data</u> JFK ASU data roll-up from November to December 8 was presented. Significant results were and increase in average number of patients in ASU/day from 3.4 in November to 6.9 in December. Total transports from JFK was 140 with 42 (30%) of those patients transported to HCD. Of the 42 patients from ASU, 37 (88%) were uninsured and 5 (22%) were insured. Of the 37 uninsured patients, 24 (65%) of those patients are actively enrolled in AOTP. <i>(JFK Roll-up data presented with graphs.)</i></p> <p><u>Circulation</u> Report Presented with data from dates of 11/20/19 to 11/30/19. There were a total of 4 rides with the shortest ride being 1.5miles and the longest ride 25.95miles. Average cost was \$20.13. <i>(Circulation Screenshots presented.)</i></p> <p><u>Dental Triage</u></p>			
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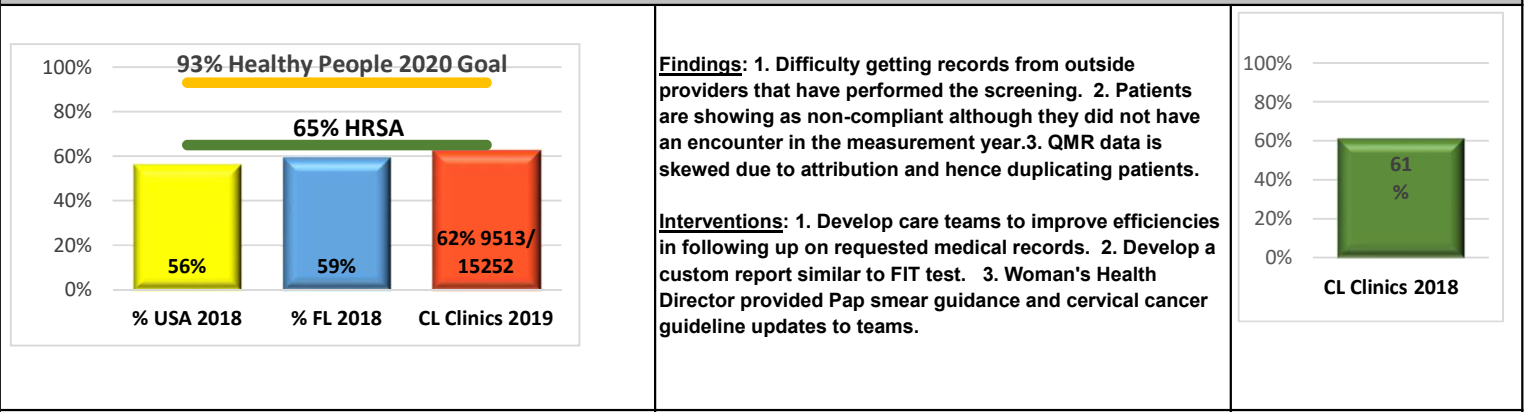
DENTAL	<p>November 2019: 99% (n=19,516)</p> <p>Report presented in dental workgroup and demonstrated and upward trend after implementation of new triage protocol in September.</p> <p>Most triages come to WPB as compared to other clinics. New triage process is WPB and Lantana is working well. <i>(Dental Triage graph Presented from Tableau.)</i></p>	<p>If patient is unable to be seen the same day, goal is for same day extraction if health condition permits. Alternative is medication management for pain with antibiotics if necessary. Appointment will be scheduled within evidence based timeframe.</p> <p>Will review dental schedules and templates as necessary to maximize access.</p> <p>Number of all triage patients seen daily should be reported over the course of 3 to 4 weeks for each location. Update on patients for Lantana on appointment satisfaction should also be reported.</p>	<p>Cucuras, Nancy</p>	<p>1/17/20</p>
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Meeting Adjourned: 2:45PM

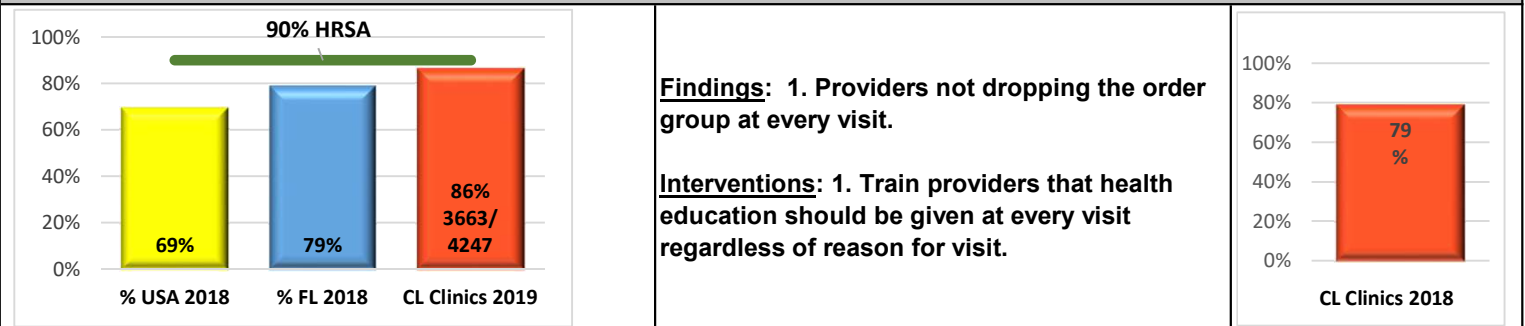
CHILDHOOD IMMUNIZATION



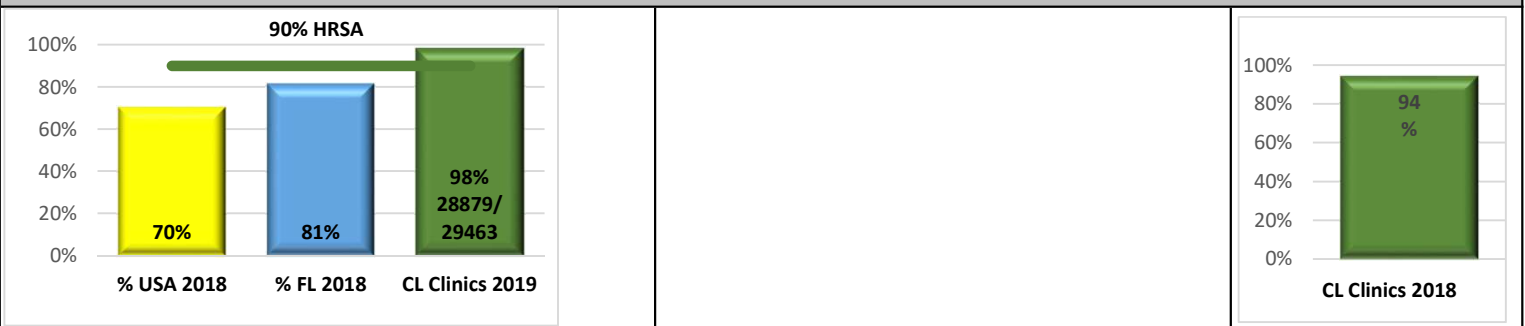
CERVICAL CANCER SCREENING



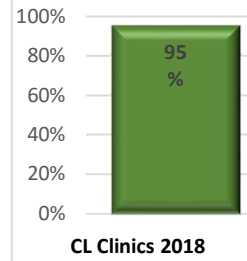
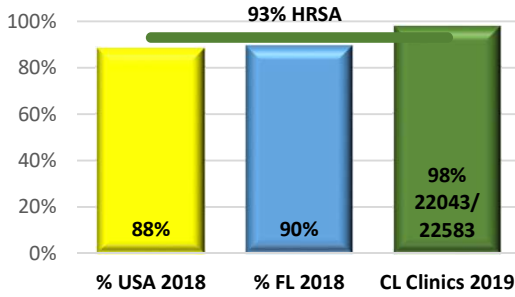
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



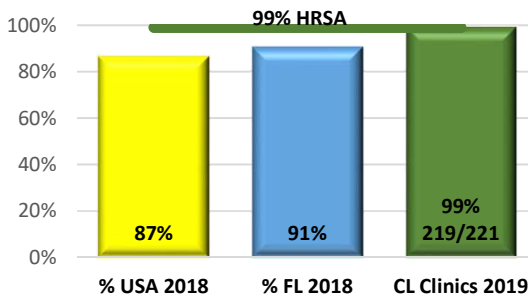
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

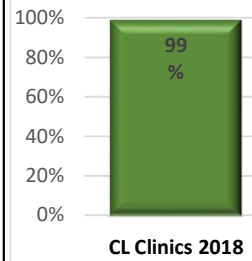


ASTHMA PHARMACOLOGIC THERAPY

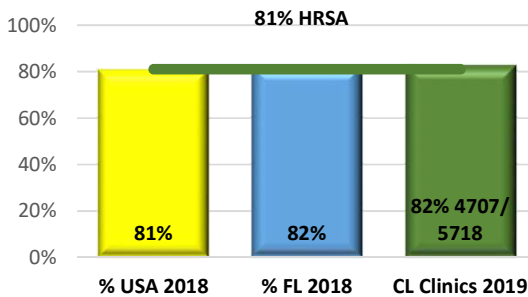


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates.

Interventions: 1. Providers have been trained to update the dates. 2. Send cases to individual providers to update medication list if still active.



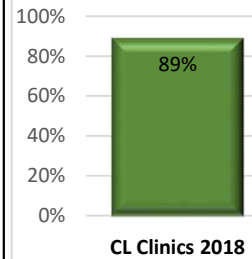
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



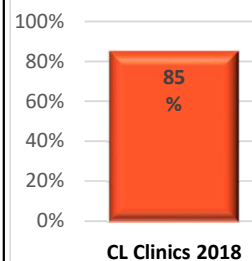
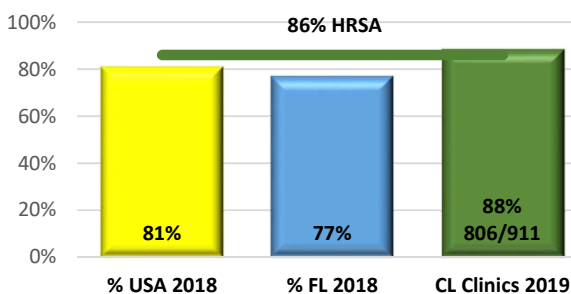
Findings: There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.

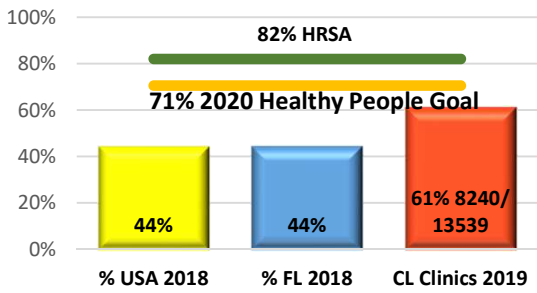
Interventions: (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

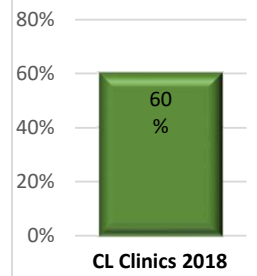


COLORECTAL CANCER SCREENING

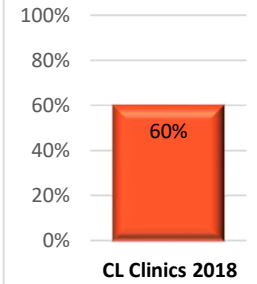
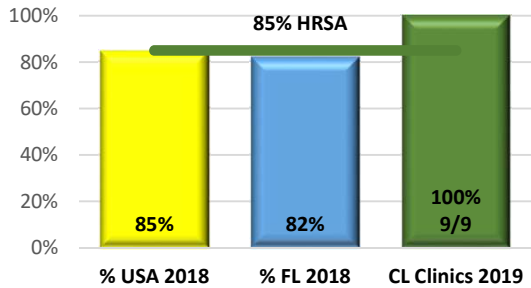


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

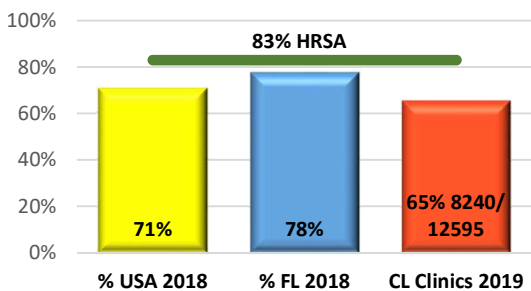
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.



HIV LINKAGE TO CARE

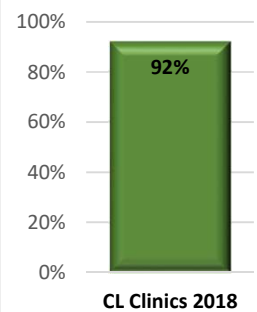


PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS

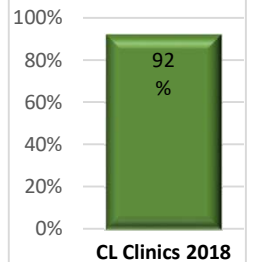
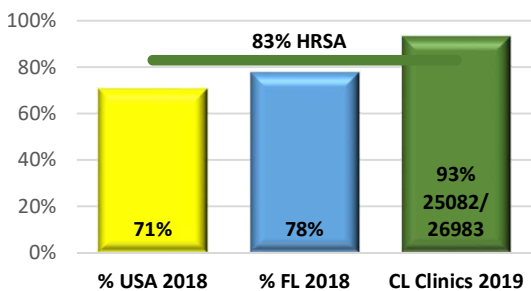


Findings: 1. Rates and screening and follow up for depression were lower for the homeless population.

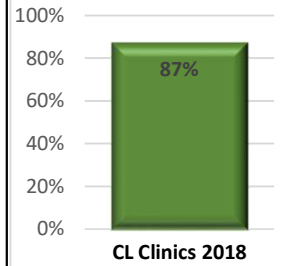
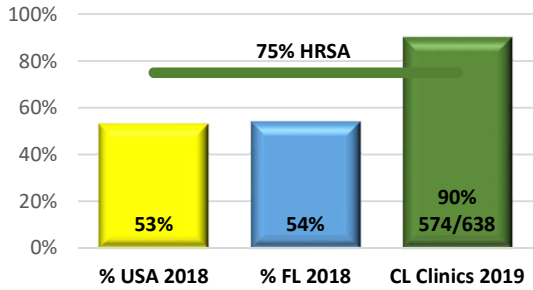
Interventions: 1. Real-time warm-hand-off of homeless patients to a behavioral health specialist will ensure these patients have a documented follow-up plan right away.



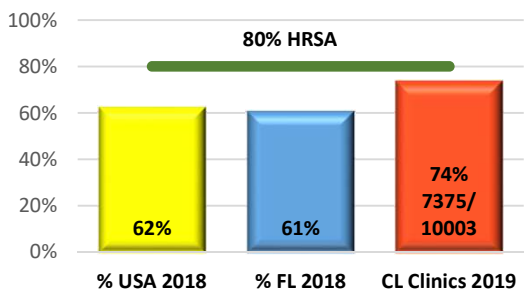
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



DENTAL SEALANTS

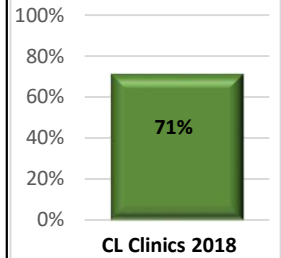


HYPERTENSION



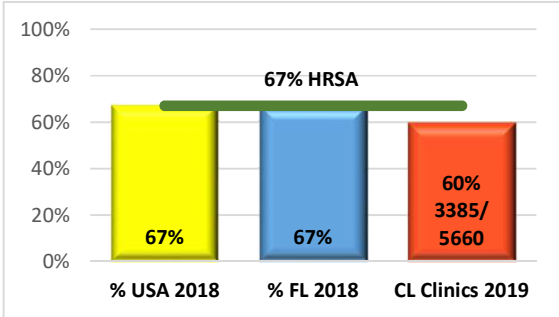
Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate.



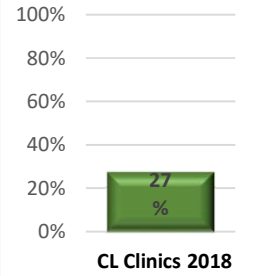
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD November 2019

DIABETES

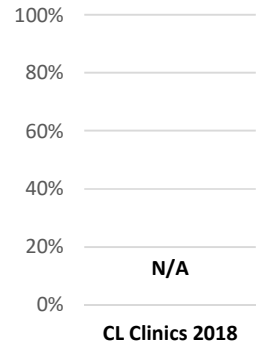
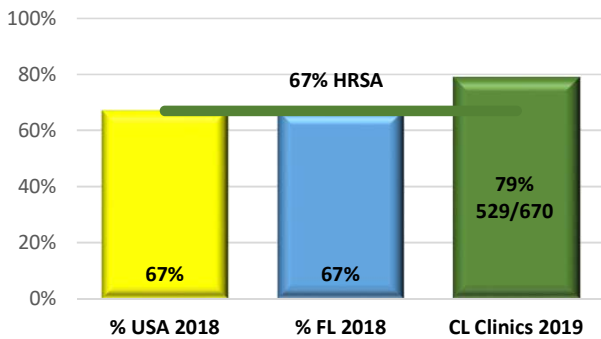


Findings: 1. Patients are non-compliant with therapy for various reasons (pill burden, fear of insulin, lack of understanding the disease). 2. Clinical inertia

Interventions: 1. Implement POC A1c machines in clinic. 2. Collaborate with pharmacy on educating patients on medications and medication reconciliation. 3. Build care teams to include health educator to address high risk patients. 4. Provide lunch and learns on Diabetes management. 5. Outreach to patients without A1c on chart.



DIABETES FOR SPECIAL POPULATIONS: MIGRANT



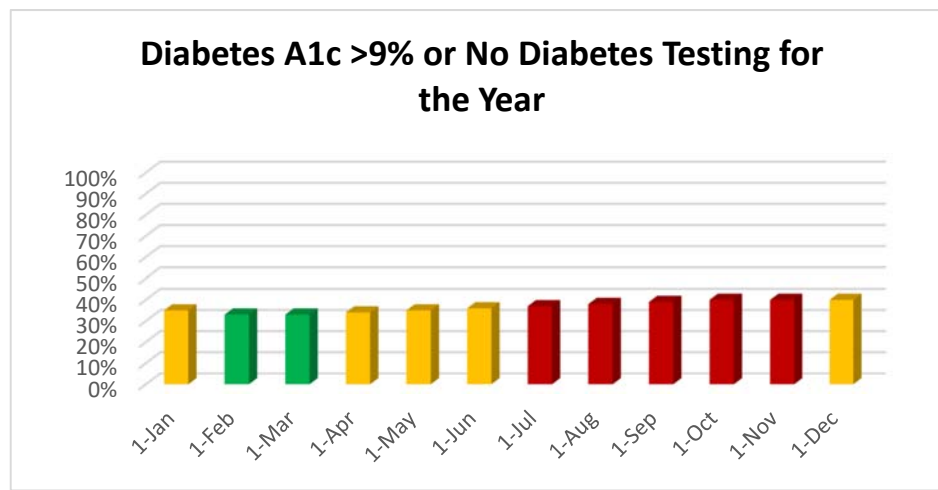


Performance Analysis

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

2015	2016	2017	2018	2019 YTD NOV	Adjusted Quartile Ranking (2018)	State Average	National Average
35.55%	25.045%	27.14%	26.63%	40%	1	35.30%	32.95%

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: C. L. Brumback has begun training Clinical pharmacists as diabetic educators. The first trained pharmacist is located in our Delray Beach Clinic and educates patients about their medications. Pharmacists have been trained to reach out providers whenever patients are candidates for combination medications. By decreasing pill burden we hope to increase patient compliance. CLB has purchased point of care HgbA1c machines in order to test patients at the clinics in order to eliminate barriers to care caused by lack of transportation.

2.5 Partnerships: The HRSA Diabetes Management initiative has motivated CLB to communicate with local FQHCS in Florida in order to learn best practices. Partnership with American Heart Association recently allowed us to apply for a grant we hope will allow us to purchase supplies and increase patient education.

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. In the period of time between the use of the Patient Navigator program and establishment of care teams patients have had less access to these services.

3.2 Clinical Care Guidelines/Protocols: Lack of a defined structure for a Diabetic education program led to poor communication with the patient regarding the disease process, medications, diet, etc. Patients would often call into the health care centers with questions but were not provided with a direct connection to someone who could provide accurate education.

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. CLB recognizes that screening for social determinants of health



is essential to improving patient health and safety. A plan is in place to begin universally screening in 2020.

3.4 Clinical Care Guidelines/Protocols: Twenty percent of lab results have either not been documented or have not been performed by the patient. In late 2018 C.L. Brumback laboratory testing changed from in-house lab testing to an external lab services provider. Patients who previously accessed services in-house had more difficulty accessing the services at alternate locations. Documentation error (lack of documentation) also contributes to the perceived increase of uncontrolled diabetics.

3.5 Clinical Care Guidelines/Protocols: Migration to a new EHR affected our ability to track our performance. Additionally to changing EHRs CLB also lost the Population Management platform which had previously been used to identify and track patients with chronic conditions. This essentially created a snowball effect with the full effect of the changes noticeable in late 2019.

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): The C. L. Brumback clinics are adopting a team based care model.

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

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

Relevant (reasonable, realistic and resourced, results-based): Teams will be restructured to include RNs, and LPNs in order to provide more robust patient education and monitoring.

Time bound (time-based, time limited, time/cost limited, timely, time-sensitive): Care Teams will be piloted in Lantana Clinic in January 2020, then rolled out to other clinics once Lantana is perfected.

4.2 The C. L. Brumback clinics will address social determinants of health in order to improve patient compliance and self-management. This will be done by screening with the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), and then addressing needs as they are identified. Social workers and behavioral health staff have been trained to address social determinants of health as part of our behavioral health integration.

4.3 Access to testing has been identified as an area of need. POC HbA1c testing will be available in all clinics by January, 2020. Gaps in documentation will be addressed with increased provider and staff training.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

1. Description: C.L. Brumback Primary Care Clinics (CLBPCC) Risk Management Plan

2. Summary: Risk management is used to safeguard the health and safety of individuals and to protect the environment by monitoring or mitigating risk. The risk management plan of CLBPCC identify, track and implement improvement methods for the potential or identified risks by utilizing risk stratification measures that will address the eight domains of enterprise risk management. Controls will be set & periodically evaluated and limits will be analyzed to promote risk mitigation sustainability.

3. Substantive Analysis: NA

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

 Joel H. Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 29, 2020

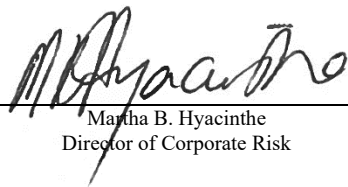
6. Recommendation:

Staff recommends the Board to Approve the C.L. Brumback Primary Care Clinics (CLBPCC) Risk Management Plan.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Martha B. Hyacinthe
Director of Corporate Risk



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

Risk Management Plan

Policy #:	PCC Risk 1219	Effective Date:	1/1/2020
Business Unit:	Corporate Risk	Last Review Date:	
Approval Group:	PCC Administrative Policy Board Approval	Document Owner(s):	Corporate Risk
Board Approval Date:			

PURPOSE

It is the intent of the C.L. Brumback Primary Care Clinics (“CLBPCC”) to provide and promote the provision of healthcare within acceptable standards of the Health Care District of Palm Beach County and to provide medical/professional practice in a safe environment for patients, staff, visitors, and other third parties. It is CLBPCC’s intent to minimize its business risk by consistently applying ethical decisions and actions. The design of the Enterprise Risk Management Program is to protect the assets of the organization against the adverse effects of accidental losses, to effectively managing losses that may occur, and to enhance continuous improvement of patient care services in a safe health care environment.

CLBPCC supports the establishment of a just and accountable culture that emphasizes implementing evidence-based best practices, learning from incident analysis, and providing constructive feedback, rather than blame and punishment. Proactively assessing and identifying unsafe conditions, reporting occurrences and risk management education are also components of a just culture.

Risk management is the processes 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.

AUTHORITY

CLBPCC is governed by FQHC Board of Directors who is responsible for providing oversight and direction relative to care and services provided by this organization, inclusive of the Risk Management function. The FQHC Executive Director, in conjunction with the Health Care District of Palm Beach County Corporate Director of Risk Management, is delegated the overall responsibility for risk management and is responsible for ensuring that the Risk Management Plan is in place and functioning effectively.

Risk related activities are addressed on a monthly basis as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). Risk Management agenda is discussed in a closed meeting. All risk items are listed individually, discussed by the Risk Manager and addressed within appropriate actions or reporting process in accordance with all municipal, state and federal laws and regulations.

Risk Manager/Coordinator, Senior Management (FQHC Executive Director and Operations Director), Board member representative, Practice Managers, Clinical Staff, and Corporate Risk Management. Other department representatives may be called to participate (ad hoc committee members) based on project needs. The composition of the Committee is designed to facilitate the sharing of risk management, quality and safety knowledge and practices across multiple disciplines and to optimize the use of key findings in making recommendations to reduce the overall

likelihood of adverse events and improve patient, staff and visitor safety. The Committee's collaborative activities are an integral part of CLBPCC's patient safety, risk management, quality improvement program.

GOALS AND OBJECTIVES

The goals and objectives of the Risk Management Program are to:

- Minimize and/or prevent the occurrence of errors, events, and system breakdowns that could result in harm to patients, staff and visitors.
- Minimize losses to the organization by proactively identifying, analyzing, preventing controlling potential clinical, business and operational risks.
- Ensure critical risks affecting scope, schedule, budget, business performance, and/or change management are proactively identified, communicated, mitigated, and escalated in a timely manner.
- Avoid personal liability of CLBPCC directors, officers, clinicians and staff.
- Minimize the risk of loss of property.
- Minimize the risk of loss of financial assets.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements.
- Educate staff upon hire and annually about risk management and safety principles.
- Conduct monthly risk assessments & annual Failure Mode and Effect Analysis (FMEA)
- Report risk management activities quarterly to the board
- Conduct a Patient Safety Survey every two years.
- Review the Risk Management Program annually for revisions
- Ensure appropriate stakeholders are informed and, if applicable, participate in the mitigation. Record an audit trail of discussions and mitigation of risks projects.

SCOPE

All CLBPCC sites participate in the annual risk assessment and monitoring to review "High Risk" areas and activities such as prenatal care, pediatrics, behavioral management and infection prevention. Additionally physical safety and hazards are part of the assessment and monitoring process. Risk management and quality collaborate to develop indicators that monitor high-risk and benchmarked performance levels weekly and monthly. CLBPCC reports performance metrics to the quality committee monthly and to the Board every other month.

Risk Management and Quality collaborate to facilitate and ensure the implementation of patient safety initiatives such as tracking systems for referrals and diagnostic tests, fall prevention programs, etc.

Risk Management and Quality work in partnership to perform periodic audits that assure adherence to the established protocols and for completeness of documentation with the patient's medical record. The Quality and Safety Committee receive risk, safety and quality data for review.

PROGRAM ELEMENTS

The CLBPCC Risk Program will utilize a four-step process, which includes:

1. Risk Identification: Risk Identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable effective assessment of the risk to support subsequent management decisions. Identify risks that may affect project outcome, document them in the Risk Register (Log).

2. **Risk Assessment and Analysis:** Qualitative risk assessment is carried on every risk to estimate the probability of a Risk Event occurring and the potential impact of the risk on the CLBPC Program. The scoring (grading) of the risks in the Risk Register is facilitated by use of a Risk Scoring Matrix (aka, Probability and Impact Matrix). Risks are first analyzed and evaluated in terms of probability (likelihood) of occurrence and the impact (seriousness) if they should occur.

	Impact (Seriousness)					
		Very Low	Low	Medium	High	Very High
Probability (Likelihood)	Very High	1	2	3	3	3
	High	1	2	3	3	3
	Medium	1	1	2	3	3
	Low	1	1	2	3	3
	Very Low	1	1		2	3

Score	Definition
High	An event that is extremely or very likely to occur and whose occurrence will affect the facility so severely that could lead to catastrophic outcomes or will cause significant cost increases; this risk should be escalated (where possible) and reviewed frequently.
Medium	An event that has a 50-50 chance of occurring and, if it occurs, will cause noticeable cost increases or negative outcomes; this risk should be reviewed regularly.
Low	An event that is unlikely or very unlikely to occur and, if it occurs, will cause small or no cost or increases of negative outcomes that, in most cases, can be absorbed by the system prior prevention method.

3. **Risk Containment/ Response Planning:** Risks are managed effectively by committing responsible parties to positive actions geared to the risk containment strategy. Efficient Risk Management means optimizing the degree of containment against the probability and impact of the risk. All identified risk is analyzed by the Risk Owner to establish the appropriate containment strategy, even if no action is required immediately.
4. **Risk Control and Monitoring:** Once a risk has been agreed upon, the Risk manager reviews it every month with the Risk Owner/ responsible party, so that it can be reassessed, taking account of changing project circumstances and the changing nature of the Risk Actions and / or the qualitative and quantitative assessment. The control process continues up to the time when the risk is managed to an acceptable level and can thus be closed.
 - a) Activities involved in **Risk Control** include:
 - i Validate risk mitigation strategies and alternatives.
 - ii Take corrective action when actual events occur.
 - iii Assess impact on the project of actions taken (cost, time, and resources).
 - iv Identify new risks resulting from risk mitigation actions.
 - v Ensure the Risk Management Plan is maintained.
 - vi Ensure change control addresses risks associated with the proposed change.

- vii Revise risk management documents to capture results of mitigation actions.
- viii Update Risk Register.
- ix Communicate risk management status and risk response follow-through as appropriate.
- x Establish communications as appropriate.

b) Activities involved in **Risk Monitoring** include:

- xi Ensure that all requirements of the Risk Management Plan are being implemented & establish periodic reviews.
- xii Assess currently defined risks as defined in the Risk Register.
- xiii Evaluate effectiveness of actions taken, and identify status of actions items that were implemented.
- xiv Validate previous risk assessments (likelihood and impact), identify new risks and track risk response.
- xv Communicate risk management status and risk response follow-through as appropriate.

PROGRAM FUNCTIONS

The CLBPCC Risk Management Program functional responsibilities include, but are not necessarily limited to:

1. Risk Identification: the areas assessed to be of highest risk are prenatal processes, behavior health, pediatric care with emphasis on vaccination, timely review of lab reports and infection prevention.
 - Qualitative risk assessments are and documentation review is conducted monthly to estimate the probability of a risk event occurring and the potential impact of the risk on the healthcare clinic risk program.
 - Risk Identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable effective assessment of the risk to support subsequent management decisions. The SWOT is also used to determine the clinic opportunities and strengths in proactively preventing adverse outcomes.
2. Risk containment and mitigation is accomplished through; education and training, the use of clear protocols and instruction, medical staff supervision and a “Just Accountable Culture” committed to provide safe quality care. Protocols and clear instructions are provided to staff in providing care and in the performance of their daily duties. Medical staffs are available on site for clarification and guidance when treatment options are in question. Staffs on all levels are encouraged to report unsafe activity and to seek assistance and guidance in performing their duties. Administration provides time for staff to attend education and training as well as time to participate in drills and emergency preparation training. All staff are trained that everyone is a risk manager and to report incidents and to speak up if an unsafe situation is identified. (See Appendix B, Education Plan)
3. Risk Control and Monitoring: The Risk Manager conducts weekly rounds to monitor high-risk indicators on the clinic’s action plan. Life Safety Officers conduct weekly rounds and report findings to risk management for review and analysis. Incident/Occurrence reports are reviewed daily and Risk Management is notified by Quality of any adverse complaint or grievance. All staff are trained to recognized and report “Near Miss” occurrences as well as actual occurrences. Clinical records are audited periodically for the following and reported in the Quality Committee:

- Clinic wait times
 - Lab report flow from order to results, provider and patient
 - Medication management
 - Review for delay in treatment
 - Monitor PSQ-9 documentation and patient flow
 - Emergency room referral directly from the clinic
4. Regulatory and healthcare community standards, the vision and mission of the Health Care District, survey performance outcomes, occurrence/incident reports, patient satisfaction ratings as well as the audited performance of the clinic staff, determine risk indicators. All indicators on the risk management action plan are benched mark to determine compliance and the need for plan revision. The risk management action plan is revised as needed but no less than annually. The outcome of the action plan is reported to the Board and management staff.

ADMINISTRATIVE AND COMMITTEE STRUCTURE

CLBPCC is governed by FQHC Board of Directors who is responsible for providing oversight and direction relative to care and services provided by this organization, inclusive of the Risk Management function. The FQHC Executive Director, in conjunction with the Corporate Director of Risk Management, is delegated the overall responsibility for risk management and is responsible for ensuring that the Risk Management Plan is in place and functioning effectively.

Risk related activities are addressed on a monthly basis as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). Risk Management agenda is discussed in a closed meeting. All risk items are listed individually, discussed by the Risk Manager and addressed within appropriate actions or reporting process in accordance with all municipal, state and federal laws and regulations.

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, Practice Managers, Clinical Staff, and Corporate Risk Management. Other department representatives may be called to participate (ad hoc committee members) based on project needs. The composition of the Committee is designed to facilitate the sharing of risk management, quality and safety knowledge and practices across multiple disciplines and to optimize the use of key findings in making recommendations to reduce the overall likelihood of adverse events and improve patient, staff and visitor safety. The Committee's collaborative activities are an integral part of CLBPCC's patient safety, risk management, quality improvement program.

COMMUNICATIONS AND REPORTING MECHANISMS

Under the guidance and direction of Administration and the Medical Staff performance improvement process, the event report system is maintained to assure that appropriate individuals, groups and medical staff committees receive unusual/unanticipated event information in a timely manner.

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 department and committees for inclusion in their Performance Improvement review activities. The Risk Manager and Safety Officer collaborate to produce a quarterly report regarding risk management and safety activities. The Risk Manager and Safety Officer will submit the quarterly report of risk management and safety trends for the FQHC Board of Directors.

PATIENT SAFETY AND ADVERSE EVENTS

The National Coordinating Council (NCC) for Medication Error Reporting and Prevention (MERP) index will be utilized for Adverse Event and or Medication Error Severity Rating, it classifies an error according to the severity of the outcome. The categories are as follows:

- Category A: Circumstance or events that have the capacity to cause error
- Category B: An error that did not reach the patient
- Category C: An error that reached the patient but did not cause harm
- Category D: An error that reached the patient and required monitoring or intervention to confirm that it resulted in no harm to the patient
- Category E: Temporary harm to the patient and required intervention
- Category F: Temporary harm to the patient and required initial or prolonged hospitalization
- Category G: Permanent patient harm
- Category H: Intervention required to sustain life
- Category I: Patient death

The risk manager will categorize the event based on its outcome. The Incident Reporting policy describes in detail the identification, reporting, tracking, investigation- which include but not limited to cause and effect diagrams, 5-whys, timeline, and improvement process related to patient safety events. An adverse event is defined as “an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.” Adverse event and near miss reporting is encouraged and facilitated throughout CLBPC. Education geared toward increasing incident reporting such as recognizing reportable events are administered to all staff at CLBPC annually. Just Culture initiatives are promoted to encourage transparency and increasing reporting. Good catch/ Near miss reporting are rewarded monthly. Improvement efforts from identified events based on trends, Failure mode and effect analysis (FMEA) assessment, risk scoring, or from isolated but significant impact issues will utilize quality tools such as Plan Do Study ACT (PDSA), or Lean/ Six Sigma initiatives for continuous improvement. Reportable events are reported as required to external facilities such as the Agency for Health Care Administration (AHCA), the Joint Commission, the Food and Drug Administration (FDA), The Department of Health (DOH), etc. All potential events for litigations are forwarded to the legal/claims department and are flagged as Potential Compensable Events (PCE). A Root Cause Analysis (RCA)/ Comprehensive System Analysis (CSA) will be conducted for all AHCA Code 15 events/ Catastrophic Adverse Events, followed by a corrective action plan with measures of success.

CLBPC will utilize the eight domains of enterprise risk management to promote risk mitigation at the clinics. The eight domains of enterprise risk management are:

1. Operational
2. Clinical and Patient Safety
3. Strategic
4. Financial
5. Human Capital
6. Legal & Regulatory
7. Technology
8. Hazard

EVALUATION OF THE RISK MANAGEMENT PROGRAM

The Risk Management Program and CLBPCC's progress toward achieving goals and objectives listed in the plan are presented to the management staff and Governing Body of C.L. Brumback Primary Care Clinic for review annually.

CONFIDENTIALITY

Risk management documents and records include information, which relate to sensitive patient and provider information. It is the intent of this Risk Management Program to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings and individuals involved in the program.

All documents and records that are part of the internal Risk Management Program as well as the proceedings, reports and records from any of the involved committees, shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceeding will occur only under a court order or legal mandate.

No information on any event or investigation will be released to anyone who is not directly involved in improving the quality of care.

APPENDIX A

DEFINITIONS:

Adverse Event or Incident: Is defined as an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred.

Cause and Effect (Fishbone) Diagram: is a visualization tool for categorizing the potential causes of a problem in order to identify its root causes.

Claims Management: Activities undertaken by the risk manager to exert control over potential or actual/filed claims against the organization and/or its providers. These activities include identifying potential claims early, notifying the organization's liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written discovery requests, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.

Enterprise Risk Management: An ongoing business decision-making process instituted and supported by a healthcare organization's board of directors, executive administration and medical staff leadership. ERM recognizes the synergistic effect of risk across continuum of care and aims to assist an organization to reduce uncertainty and process variability, promote patient safety, maximize the return on investment through asset preservation and the recognition of actionable risk opportunities.

Failure Mode and Effects Analysis (FMEA): A proactive method for evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures in order to identify the parts of the process that are most in need of improvement.

Federal Torts Claims Act (FTCA): Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was established through the Federally Supported Health Centers Assistance Act (FSHCAA) of 1992. The eligible entities ("health centers") are organizations receiving funding under the Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers). Health centers are required to reapply each year for deeming and associated medical malpractice coverage.

Just & Accountable Culture: is a defined set of values, beliefs, and norms about what is important, how to behave, and what behavioral choices and decisions are appropriate related to occurrences of human error or near misses. Open reporting and participation in prevention and improvement is encouraged. There is recognition that errors are often system failures (not personal failures) and a focus on understanding the root of the problem allows for learning, process improvement, and changes to design strategies and systems to promote prevention. A "Just Culture" is also a culture of accountability in which individuals will be held responsible for actions within the context involving breach of law, gross negligence or misconduct.

Loss control/loss reduction: The minimization of the likelihood of a loss through proactive methods such as risk assessment and identification, staff education, credentialing, policy and procedure development/implementation, quality/performance review and improvement, and root cause analysis.

Good Catch/ Near Miss: An unplanned event that did not result in injury, illness, or damage but had the potential to do so. A near miss is an opportunity to learn and improve processes to prevent future occurrences.

Plan Do Check or Study ACT (PDCA): is an iterative four-step management method used in business for the control and continual improvement of processes and products.

Potentially Compensable Event (PCE): An unexpected event causing injury or potential injury, and situations in which there have been some expression of dissatisfaction or perceived injury which have potential to result in a claim being filed.

Risk Analysis: A systematic process of identifying and evaluating the levels of risks involved in a situation, their comparison against standards, regulations and/or benchmarks, and the determination of an acceptable level of risk. This process also helps to define preventative measures to reduce the probability of these factors or risks from occurring.

Risk Avoidance: A risk management technique that seeks to eliminate any possibility of risk through hazard prevention or the discontinuation of activities determined to entail any level of risk. The technique is often used in extreme situations where the risk exposure creates an extraordinary liability potential.

Risk Containment/ Response Plan: Risk containment involves identifying the strategy for minimizing the effects of the risk to a level where the risk can be controlled and managed to ensure that the program objectives are achieved.

Risk Financing: Analysis of the cost associated with quantifying risk and funding for it. Traditional forms of finance include risk transfer (commercial insurance), funded retention by way of reserves (self-insurance) and risk pooling. Alternative forms of risk financing include captive insurance companies and catastrophic bonds.

Risk Identification: The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, risk analysis methods such as systems analysis and informal communication with healthcare providers.

Risk Management (traditional): Clinical and administrative activities undertaken to identify, evaluate prevent and control the risk of injury to patients, staff, visitors, volunteers, and others and to reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business and operational risks.

APPENDIX B

ANNUAL STAFF EDUCATION/TRAINING PLAN

Risk Management/Malpractice Education

Course Name:	Staff Role/ Responsibility	Facilitator:	Due Date:	Tracking Method	Documentation
FQHC Claims/ Malpractice Education	Providers, Clinical Staff & Management	Legal Staff	Annually	In-Service Logs	Course Outline and Objectives
Risk Management Education	All Staff	Risk Management Staff	Annually	In- Service Logs	Competency Test
Medical Record Documentation	Clinical Staff	Consultant	Annually 3 rd Qtr. 2020	In-Service Logs	Course Outline and Objectives
Compliance & HIPAA Training	All Staff	HCD Corporate Compliance Department	Annually	Electronic Tracking	Certificate of Completion
Periodontal Disease is a system wide risk	Dental Providers and Staff	CE Direct	Annually	Electronic Tracking	Certificate of Completion
Perinatal Infections	Providers and Clinical staff	On –Line CE Direct	Annually	Electronic Tracking	Certificate of Completion
Risk Qual Incident Reporting	All Staff	Risk Qual	Annually	In-Service Logs	Course Outline and Objectives
SWOT and FMEA	Providers & Management Staff	Risk Management	1 st Qtr. 2020	In-Service Logs	Competency Test
CP / Conflict Management	All Staff	CPI Instructor	Monthly	In-Service Logs	Course Outline and Objectives
Work Place Violence	All Staff	Risk Management	4 th Qtr. 2020	In-Service Logs	Course Outline and Objectives

Medication Reconciliation: Avoiding Dangerous Errors	Providers	On- Line CE- Direct	2 nd Qtr. 2020	Electronic Tracking	Certificate of Completion
Medication Avoiding Dangerous Errors	Licensed Clinical Staff	On- Line CE- Direct	3 rd Qtr. 2020	Electronic Tracking	Certificate of Completion
Just Culture training	All Staff	Risk Management	Annually	In-Service Logs	Course Outline and Objectives
Good Catch Program	All Staff	Risk Management	Annually	Electronic Tracking	Competency Test
Ad-Hoc Lunch & Learn Education sessions	All Staff	Risk Management	Ad-HOC	In-Service Logs	Course Outline and Objectives

OSHA/Safety Education*:

Course Name:	Staff Role/ Responsibility	Facilitator:	Due Date:	Tracking Method	Documentation
Annual OSHA and Safety Training	All Staff	On-Line	Annually	Electronic Tracking	Competency Test
Infection Control for Healthcare Professionals	Providers and Clinical Staff	On – Line CE Di	Annually	Electronic Tracking	Competency Test
Evacuation Plan/ Disaster Preparedness	All Staff	Practice Managers	Annually	Electronic Tracking	Competency Test
Workplace Violence Prevention/Active Shooter	All Staff	Risk Management	Annually	In-Service Logs	Course Outline and Objectives

*Course topics are subject to change based on individual clinic needs and/or regulatory requirements.

STAFF CONTINUING EDUCATION PLAN

1. All physician, nurse and allied health professional staff that require continuing education to maintain their licensure are provided the following resources:

- a. Access to a CE Direct membership, which includes the following benefits:
 - o Personalized ID card with login and password;
 - Access to 1,500+ hours of nursing CE and test prep content for all of the top nursing certification exams;
 - 1,200+ CE courses for dozens of allied health disciplines;
 - 260+ physician peer-reviewed CME courses;
 - 580+ topic digital clinical textbook;
 - 190+ recorded webinars on a variety of healthcare topics; and
 - Tracking capability for courses completed via CE Direct.
- b. The Health Care District of Palm Beach County hosts monthly Continuing Medical Education (CME) courses that are offered to all staff of the Primary Care Clinics.
- c. All courses are uploaded into CE Broker, which is affiliated with CE Direct, and can be tracked by employees for compliance with licensure requirements.

EXCEPTIONS

[N/A.]

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County