

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
10/26/2022**

Present: Melissa Mastrangelo, Chair (Zoom); Mike Smith, Vice-Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; James Elder; Irene Figueroa; Robert Glass(Please note
Excused: Tammy Jackson-Moore
Staff: Dr. Belma Andric; Bernabe Icaza; Candice Abbott; Dr. Charmaine Chibar; Alexa Goodwin; David Speciale; Jonathan Dominique; Marisol Miranda; Shauniel Brown; Andrea Steele; Lisa Hogans; Heather Bokor; Macson Florvil; Robin Kish; Ingrid Barlett; Kayla Fox; Shannon Wynn
Minutes Transcribed By: Shannon Wynn
**The meeting is scheduled for 12:45 p.m.
Meeting Began at 12:49 p.m.**

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Ms. Mastrangelo called the meeting to order.	The meeting was called to order at 12:49 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Ms. Mastrangelo read the affirmation of mission.	

<p>2. Agenda Approval</p>		
<p>2A. Additions/Deletions/ Substitutions</p>	<p>None.</p>	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the agenda. Mr. John Mullen duly seconded the motion. A vote was called and the motion passed unanimously.</p>
<p>2B. Motion to Approve Agenda Items</p>	<p>Ms. Mastrangelo called for approval of the meeting agenda.</p>	
<p>3. Awards, Introductions and Presentations</p> <p>3A. American Heart Association</p>	<p>Ms.Kayla Fox presented to the Board the C.L. Brumback PCC certificate of recognition Gold status for improving the Care and management of high cholesterol by educating patients. The certificate of recognition for our commitment to enhancing the quality of Care for patients with type 2 diabetes and cardiovascular risk factors. And lastly, awarded gold plus status for achieving 70% or greater blood pressure control and committing to accurate measurements among young adult patients.</p>	<p>No action necessary.</p>
<p>3B. C.L. Brumback Mangonia Park Clinic Overview</p>	<p>Ms.Ingrid Barlett presented the Mangonia Park clinic overview to the Board.</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 6A-1 staff Recommends a MOTION TO APPROVE: Board meeting minutes of October 5, 2022</p>	<p>There were no changes or comments to the minutes dated October 5, 2022.</p>	<p>VOTE TAKEN: As presented, Mr. Robert Glass made a motion to approve the Board meeting minutes of October 5, 2022. Ms. Julia Bullard duly seconded the motion. 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. Mike Smith motioned to approve the consent agenda. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1. Receive & File: October 2022 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7A-2. Receive & File: Attendance tracking</p>	<p>Attendance tracking was updated.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7A-3. Recommends a MOTION TO APPROVE: Addition of William Johnson to the Clinic Board</p>	<p>This agenda item recommends the appointment of William Johnson to the Clinic Board. Mr. William Johnson has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Mr. Johnson brings Government, Legislative, Medical, and disaster prep, including homeland security, to the Board.</p>	<p>VOTE TAKEN: Mr. Mike Smith motioned to approve the addition of William Johnson to the Clinic Board. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

<p>7A-4. Receive & File: C.L. Brumback Primary Care Clinic FY 2023 Updated Organizational Chart</p>	<p>This agenda item provides the following: Updated Organizational Chart Attached you will find the updated organizational chart for the C.L. Brumback primary care clinics.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7B. FINANCE</p>		
<p>7B-1. Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report August 2022 YTD</p>	<p>The August financial statements represent the financial performance through the eleventh month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased by \$ 303k as a result of normal operations, and the shortfall will be subsidized at year-end. Due from Other Governments decreased by \$1.5M due to the receipt of LIP funds.</p> <p>On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$1.7M). An increase in actual charity care recognized compared to budgeted charity care is contributing to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$2.8M. Total YTD revenue was unfavorable to budget by (\$1.7M), partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$4.7M due mostly to positive variances in salaries, wages, and benefits of \$2.3M, purchased services of \$260k, medical supplies of \$198k, medical services of \$179k, drugs of \$464k, repair and maintenance of \$187k, lease and rental of \$819k, and other expense of \$181k. The total YTD net margin was (\$11.0M) compared to the budgeted loss of (\$15.0M) resulting in a favorable variance of \$4.0M or (26.7%).</p> <p>Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$1.4M). The Medical Clinic YTD gross patient revenue was unfavorable to budget by (\$2.9M). The Medical clinic's total YTD revenue was unfavorable to budget by (\$1.2M). These unfavorable variances resulted from lower net patient revenue than budgeted, reduced patient volume, and a timing difference of revenue recognition for grant funds. Total operating expenses of \$21.6M were favorable to budget of \$26.1M by \$4.6M or 17.5%. The positive variance is mostly due to salaries, wages, and benefits of \$2.2M, purchased services of \$215k, medical supplies of \$245k, medical services of</p>	<p>VOTE TAKEN: Mr. Mike Smith motioned to approve the District Clinic Holdings, Inc. Financial Report August 2022 YTD agenda. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>\$179k, drugs of \$464k, repair and maintenance of \$186k, lease and rental of \$758k. Unanticipated staffing shortages, as well as expense timing are driving these favorable variances. Total YTD net margin was favorable to budget by \$4.3M or (30.9%).</p> <p>Net patient revenue YTD for the Dental clinics was favorable to budget by \$163k. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$5.5M. An increase in unanticipated patient volume resulted in higher gross revenue, however, increased charity care and contractual allowances unfavorably impacted net patient revenue results. Total YTD operating expenses of \$3.9M were favorable to budget by \$119k. Total YTD net margin was (\$1.0M) compared to a budgeted loss of (\$1.2M) for a favorable variance of \$180k or (15.1%).</p>
<p>8. REGULAR AGENDA</p>	
<p>A. ADMINISTRATION</p>	
<p>8A-1. Staff Recommends a MOTION TO APPROVE: C. L. Brumback Primary Care Clinics Fiscal Year 2023 Adopted Budget</p>	<p>VOTE TAKEN: Mr. Joseph Gibbons motioned to approve the Adopted Budget agenda for the C. L. Brumback Primary Care Clinics Fiscal Year 2023. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p> <p>This item presents the fiscal year 2023 budget for the C.L. Brumback Primary Care Clinics adopted by the Health Care District Board.</p> <p>The fiscal year 2023 budget, previously adopted by the Health Care District Board on September 27, 2022, is attached for your review. The budget includes total expenditures and capital of \$48,861,907 and District support of \$26,500,000.</p>
<p>B. EXECUTIVE</p>	
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Receive & File. No further action is necessary.</p> <p>A new AVP, Executive Director of Clinics & Pharmacy Services, was hired, and a substance Abuse Disorder Training summary was provided.</p> <p>AVP, Executive Director of Clinics & Pharmacy Services</p> <p>Alicia Ottmann from Arizona was offered and has accepted the position and will start on 1/9/2023. She is currently undergoing credentialing as a Family Medicine Physician Assistant.</p> <p>Substance Abuse Disorder (SUD) Training</p>

	<p>Here is the summary of the training provided.</p> <ul style="list-style-type: none"> • 1638 total hours of training to staff • 277 hours of CME awarded • 121 hours of Social Work CE awarded <p>Overall evaluation ratings (0-5 highest rating):</p> <ul style="list-style-type: none"> • All Staff average: 4.6 • Prescriber average: 4.7 • Clinician average: 4.7 	
8C. CREDENTIALING		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</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) 	<p>VOTE TAKEN: Mr. Mike Smith motioned to approve the initial credentialing and privileging agenda of Mariana Abreu, Mason Donnell and Amanda Peter. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

Last Name	First Name	Degree	Specialty	Credentialing
Abreu	Mariana	DMD	General Dentistry	Initial Credentialing
Donnell	Mason	PA	Physician Assistant	Initial Credentialing
Peter	Amanda	APRN	Nurse Practitioner	Initial Credentialing

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

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

Mariana Abreu, DMD, joined the Delray Clinic in 2022, specializing in General Dentistry. She attended Tufts University School of Dental Medicine. Dr. Abreu has been in practice for four years and is fluent in Spanish.

Mason Donnell, PA, joined the Delray Beach Clinic in 2022 as a Physician Assistant. He attended Chatham University. Mr. Donnell is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants.

Amanda Peter joined the West Palm Beach Beach Clinic in 2022 as a Psychiatric Nurse Practitioner. She attended Nova Southeastern University. Ms. Peter is certified as a Psychiatric-Mental Health Nurse Practitioner by the American Nurses Credentialing Center.

8D. QUALITY

8D-1. Staff Recommends a MOTION TO APPROVE:
Quality Report

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

- Quality Council Meeting Minutes October 2022
- UDS Report – YTD
- Provider Productivity – September 2022

VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Quality Reports as presented. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>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.</p> <p>PATIENT SATISFACTION AND GRIEVANCES Patient relations are to be presented as a separate agenda item.</p> <p>QUALITY ASSURANCE & IMPROVEMENT Breast Cancer Screening: We are continuing work on the Breast Cancer Initiative quality improvement project in collaboration with the American Cancer Society. Met with our local American Cancer Society (ACS) staff partner on 9/14/2022 to facilitate a process mapping session for the breast cancer initiative project. The ideas from this process mapping session will be used to create and implement a PDCA to increase breast cancer screening rates for our patients</p> <p>UTILIZATION OF HEALTH CENTER SERVICES Individual monthly provider productivity is stratified by the clinic.</p>	
8E. OPERATIONS		
<p>8E-1. Staff Recommends a MOTION TO APPROVE: Operations Reports- September 2022</p>	<p>This agenda item provides the following operations reports for September 2022:</p> <p>Clinic Productivity, Payor Mix and Demographics</p> <p>In September, the clinics had 10,019 visits which were 1,421 less than the month prior and 121 less than in September of 2021. 39% of patients were adults in Primary Care, 15% in Pediatrics and 21% in Dental. The Mangonia Clinic had the highest volume, with 1,645 visits, followed by Lantana, with 1,536 visits.</p> <p>Our payer mix for September remains consistent with the previous month at 54% uninsured, 40% of patients were Managed Care and 4% Medicaid.</p>	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Operations Reports- September 2022 as presented. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>61% of patients were female. 51% of patients reported as White and 39% as Black. Of those patients, 41% reported as Hispanic, which is 15% less than the previous month. 5.5% of patients reported as agricultural workers.</p> <p>Our average homeless population increased from the previous month to 21.7%. We served 1,563 unique homeless patients. Of those patients, 67% reported doubling up, 8% reported being in permanent supportive housing, and 8% in the street. In September, the average number of visits per homeless patient was 1.7, which was 0.3% more than a non-homeless patient.</p> <p>The percentage of homeless patients varies per clinic. Mangonia and Lewis Center have the highest reported percentage of homeless patients at 53%. For that clinic, only 17% reported doubling up, 24% were in a homeless shelter, and 28% were in the street. The lowest reported homeless population was in our Jupiter clinic, with 7%. 70% of those patients reported doubling up.</p>	
8F. PATIENT RELATIONS		
<p>8F-1. Staff Recommends a MOTION TO APPROVE: Patient Relations Dashboard Report- Q3</p>	<p>This agenda item provides the following: Quarterly Patient Relations Dashboard Q3 - 2022</p> <p>For Quarter 3 2022, there were a total of 40 Patient Relations Occurrences that occurred between 7 Clinics and Clinic Administration. Of the 40 occurrences, there were 4 Grievances and 36 Complaints. The top 5 categories were Care & Treatment, Finance, Referrals, Communication and Respect Related issues. The top subcategory was Billing Issues, with 6 occurrences. This was followed by Inappropriate Care and Referral Communication, with 4 occurrences each.</p> <p>There was also a total of 236 Compliments received across 8 Clinics and Clinic Administration. Of the 236 Compliments, 228 were patient compliments and 8 were employee-to-employee Thumbs-Up compliments.</p>	<p>VOTE TAKEN: Mr. John Mullen made a motion to approve the Patient Relations Reports- Q3 as presented. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9. AVP and Executive Director of Clinic Services Comments</p>	<p>None.</p>	<p>No action necessary.</p>

10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>November 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>December 14, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:14 p.m.	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to adjourn. Ms. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

Minutes Submitted by: Julia Bullard 11/29/22
Signature Date