

**District Clinic Holdings, Inc.**  
**d.b.a. C.L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Summary Minutes**  
**10/27/2021**

**Present:** Mike Smith, Chair; Melissa Mastrangelo, Vice-Chair; Julia Bullard, Secretary; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa; Robert Glass

**Excused:** Marjorie Etienne; Joseph Gibbons, Treasurer

**Absent:**

**Staff:** Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Bernabe Icaza, VP & General Counsel; Candice Abbott, VP & CFO; Shauniel Brown, Risk Manager; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Dr. Charmaine Chibar, FOHC Medical Director; Donald Moniger, Desktop Engineer; Gabriel Solages, Desktop Engineer; Shannon Wynn, Administrative Assistant; Marisol Miranda, Director of Operations; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Dominique Domond; Jessica Cafarelli; Maria Chamberlin; Mina Bayk; Lisa Hogans

**Minutes Transcribed By:** Shannon Wynn

**Meeting Scheduled for 12:45 p.m.**

**Meeting Began at 12:45 p.m.**

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:45 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

<b>2. Agenda Approval</b>		
<b>2A. Additions/Deletions/ Substitutions</b>	None.	<b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.
<b>2B. Motion to Approve Agenda Items</b>	Mr. Smith called for approval of the meeting agenda.	
<b>3. Awards, Introductions and Presentations</b>		
<b>3A. American Heart Association- Presentation</b>	American Heart Association (AHA) and the American Medical Association (AMA) recognize your organization for its commitment to improving blood pressure control through measurement accuracy among adult patients.	<b>No action necessary.</b>
<b>3B. COVID-19 Testing and Vaccination Update</b>	Dr. Andric updated the Board with the most recent Covid testing and vaccine update.	<b>No action necessary.</b>
<b>3C. St. Ann Place- Presentation</b>	St. Ann Place's presentation.	<b>No action necessary.</b>
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b>		
<b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of September 29, 2021	There were no changes or comments to the minutes dated September 29, 2021.	<b>VOTE TAKEN:</b> As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of September 29, 2021. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.

**7. Consent Agenda – Motion to Approve Consent Agenda Items**

**VOTE TAKEN:** Ms. Jackson-Moore made a motion to approve the consent agenda as presented. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.

**7A. ADMINISTRATION**

**7A-1. Receive & File:**  
October 2021 Internet Posting of District Public Meeting

The meeting notice was posted.

**Receive & File.** No further action is necessary.

**7A-2. Receive & File:**  
Attendance tracking

Attendance tracking was updated.

**Receive & File.** No further action is necessary.

**7B. FINANCE**

**7B-1. Staff Recommends a MOTION TO APPROVE:** District Clinic Holdings, Inc., Financial Report: August 2021

The August statements represent the financial performance through the eleventh month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$6.5M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$2.1M. Total YTD revenue was favorable to budget by \$206k. Increased unanticipated grant revenues, as well as patient visits are contributing to this favorable variance. Operational expenses before depreciation were favorable to budget by \$681k due mostly to positive variances in medical supplies \$665k, medical services \$217k, and lease and rental of \$338k. Total YTD net margin was (\$12.1M) compared to budget of (\$13.1M) resulting in a favorable variance of \$1.0M or (8.1%).

**VOTE TAKEN:** Ms. Jackson-Moore made a motion to approve the PCC Financial Report August 2021. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.

The Medical clinics gross patient revenue exceeded budget by \$4.7M. This resulted from the clinics being able to resume in-person visits earlier than anticipated. Net patient revenue YTD for the Medical clinics was favorable to budget by \$1.3M. The Medical clinics total YTD revenue was unfavorable to budget by (\$791k). This unfavorable variance resulted from the recognition timing of COVID-19 related stimulus funding. Total operating expenses of

	<p>\$21.7M were favorable to budget of \$22.3M by \$642k. The positive variance of \$642k is primarily due to the purchase timing of medical supplies, including COVID-19 test kits. Total YTD net margin was (\$11.3M) compared to budget of (\$11.3M) resulting in a small variance of \$12k or (.01%).</p> <p>The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.9M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$771k. Total revenue of \$4.0M exceeded budget by \$997k due to increased patient visits. Total operating expenses of \$3.7M were favorable to budget by \$39k. Total YTD net margin was (\$801k) compared to a budget loss of (\$1.9M) for a favorable variance of \$1.1M or (56.9%).</p> <p>On the Comparative Statement of Net Position, due from other governments decreased from \$6.2M to \$1.7M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M and \$961k, respectively, for a combined subsidy of \$10.0M.</p>	
<b>7C. POLICIES</b>		
<p><b>7C-1. Staff</b>  <b>Recommends a</b>  <b>MOTION TO</b>  <b>APPROVE:</b> Tracking  Higher Level of Care  Referrals Policy</p>	<p>C. L. Brumback Primary Care Clinics have revised the "Tracking Higher Level of Care Referrals" to accurately reflect the processes in place.</p> <p>Attached you will find the "Tracking Higher Level of Care Referrals Policy" staff is recommending for approval.</p>	<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore made a motion to approve the Tracking Higher Level of Care Referrals Policy. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<b>7D. CREDENTIALING</b>		
<p><b>7D-1. Staff</b>  <b>Recommends a</b>  <b>MOTION TO</b>  <b>APPROVE:</b> APRN  Psychiatry Delineation  of Privileges</p>	<p>The agenda item represents the Behavioral Health Delineation of Privileges recommended for Behavioral Health practitioners by the FQHC Medical Director and Behavioral Health Director.</p> <p>The Delineation of Privileges presented meets 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>	<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore made a motion to approve the APRN Psychiatry Delineation of Privileges. Ms. Melissa Mastrangelo duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> <li>• Current clinical competence</li> <li>• Health fitness, or ability to perform the requested privileges</li> <li>• Malpractice history (NPDB query)</li> <li>• Immunization and PPD status; and</li> <li>• Life support training (BLS)</li> </ul> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p>	
<b>8. REGULAR AGENDA</b>		
<b>8A. ADMINISTRATION</b>		
<b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Executive Director of Clinic Annual Evaluation	<p>This agenda item presents the annual evaluation of Dr. Hyla Fritsch, AVP &amp; Executive Director of Clinic &amp; Pharmacy Services.</p> <p>The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics is reviewed and approved by the Board. The evaluation is provided "under separate cover."</p> <p>Dr. Andric, who reviews Dr. Hyla Fritsch's Annual Performance, stated that Dr. Fritsch successfully meets expectations.</p> <p>Dr. Fritsch, who reports to the Board, was pleased to note her performance under a separate cover.</p>	<p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve the Executive Director of Clinic Annual Evaluation. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<b>8A-2. Receive and File:</b> Organizational Chart Review and Staffing	<p>Review of Organizational Chart and staffing for the Clinics.</p> <p>Ms. Jackson-Moore requested a work chart for each clinic location.</p> <p>Dr. Hyla Fritsch states she will provide the work chart to the Board once the chart is ready.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<b>8A-3. Staff Recommends a MOTION TO APPROVE:</b>	<p>This item presents the fiscal year 2022 budget for the C.L. Brumback Primary Care Clinics adopted by the Health Care District Board.</p>	<p><b>VOTE TAKEN:</b> Ms. Bullard made a motion to approve the C. L. Brumback Primary Care Clinics Fiscal Year 2022</p>



<p>C. L. Brumback Primary Care Clinics Fiscal Year 2022 Adopted Budget</p>	<p>The fiscal year 2022 budget, which the Health Care District Board previously adopted on September 28, 2021, is attached for your review. The budget includes total expenditures and capital of \$43,854,839 and District support of \$16,700,000.</p>	<p><b>Adopted Budget. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<b>8B. EXECUTIVE</b>		
<p><b>8B-1. Receive and File:</b> Executive Director Information Update</p>	<p>Update on Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARRP-Capital) grant award.</p> <p>The Fiscal Year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARRP-Capital) makes one-time supplemental funding for health centers to support construction, expansion, alteration, renovation and other capital improvements to modify, enhance and expand health care infrastructure.</p> <p>The grant application was submitted in June of this year. We have received our Notice of Award for the full expected amount of \$1,010,224. The plan is to use these funds primarily to purchase equipment for our new locations.</p> <p>Ms. Jackson-Moore asked what locations were the grant funds for.</p> <p>Dr. Fritsch states the funds are for the Boca Raton, Delray Beach and Mangonia Park clinics' equipment.</p> <p>Mr. Smith asked who does our grant applications.</p> <p>Dr. Fritsch stated the Better World organization helps us with our larger grant applications, and the District also has a team that does research and searches for grants that fit our criteria. Better World also recommends grants that will work in our favor.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<b>8C. CREDENTIALING</b>		

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

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

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Lawrence	Melissa	LMHC	Licensed Mental Health Counselor	Initial Credentialing
Lucchesi	Karen	LMHC	Licensed Mental Health Counselor	Initial Credentialing
Cusimano	Angela	PhD	Psychology	Initial Credentialing
Koopman	Rebecca	PA	Physician Assistant	Initial Credentialing
Garcia	Carlos	APRN	Family 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.

**VOTE TAKEN:** Mr. Mullen made a motion to approve the Initial Credentialing and privileges of Melissa Lawrence, Karen Lucchesi, Angela Cusimano, Rebecca Koopman and Carlos Garcia as presented. The motion was duly seconded by Mr. Glass. A vote was called, and the motion passed unanimously.

	<p>Melissa Lawrence, LMHC, joined the West Palm Beach Clinic in 2021 as a Licensed Mental Health Counselor. She attended Brennu University. Ms. Lawrence has been in practice for seven years.</p> <p>Karen Lucchesi, LMHC, joined the West Palm Beach Clinic in 2021 as a Licensed Mental Health Counselor. She attended Nova Southeastern University. Ms. Lucchesi has been in practice for twenty-four years.</p> <p>Angela Cusimano, Ph.D., joined the West Palm Beach Clinic in 2021, specializing in Psychology. She attended Florida Atlantic University. Ms. Cusimano has been in practice for eight years.</p> <p>Rebecca Koopman, PA, joined the West Palm Beach Clinic in 2021 as a Physician Assistant. She attended Sullivan University, College of Pharmacy and Health Sciences and is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants.</p> <p>Carlos Garcia, APRN, joined the Mobile Clinic unit in 2021 as a Nurse Practitioner specializing in Family Medicine. He attended Ana G. Mendez University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. He has been in practice for three years and is fluent in French and Spanish.</p> <p>Ms. Jackson-Moore asked if the providers being credentialed were only needed in the West Palm Beach locations.</p> <p>Dr. Chibar stated that the credentialed providers are replacing previous providers, which are still needed in other locations.</p>	
<b>8D. OPERATIONS</b>		
<b>8D-1. Staff</b> <b>Recommends a</b> <b>MOTION TO</b> <b>APPROVE</b> <b>Operations Reports</b>	<p>This agenda item provides the following operations reports for August 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics, No-Show and demographics trended over time.</p> <p>In August, we had 9,771 visits, which are 1,727 more than the month prior and 870 more than August of 2020. Our average patient visits per weekday were 446 among all clinics and an average of 40 patients on Saturdays among 6</p>	<p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve the Operations Reports as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>



	<p>clinics. The Lantana Clinic had the highest volume with 1,514 visits, followed by the Lake Worth Clinic with 1,343.</p> <p>Our payer mix for the year-to-date reflects 62% uninsured patients and 27% Managed Care.</p> <p>By visit category, Pediatrics and Substance Abuse met their productivity target. Telehealth visits increased to 6% of all visits, which is up from 3% last month.</p> <p>Productivity targets for in-person visits were met in the Lewis Center Adult Primary Care and Substance Abuse, WPB and Lantana Pediatrics. In the 90% and higher range were Delray Adult Primary, Lake Worth Behavioral Health and Lantana Dental.</p> <p>The No-Show rate in August was consistent with the prior month at 29%. 10% of the year-to-date No-Show appointments were attributed to telehealth visits.</p> <p>For the first half of the year, we had 19,475 unique medical patients. 879 were unique medical and behavioral health patients, of which 254 were homeless.</p> <p>In August, for Race 55% were White and 45% Black or African American. 40% of our patients were Hispanic or Latino. The largest population is English-speaking at 58%, followed by Spanish-speaking patients at 29% and Creole-speaking at 12%. 4% of our population were Agricultural Workers and 10% of our population were reported as Homeless.</p> <p>Mr. Smith stated that in August the clinics reported 9,9771 visits, yet the statistics showed higher. He requested the reasoning behind this.</p> <p>Dr. Fritsch stated the total visits are tracked when the patient checks-in for their appointment, while the statistics Mr. Smith referred to tracked the closed encounters.</p> <p>Ms. Jackson-Moore asked why the weekend visits are low.</p> <p>Ms. Miranda stated that not all clinics are open on the weekends. Many No-Shows occur on Saturday and the clinic's target is to have at least ten encounters during that four-hour shift.</p>	
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	<p>Mr. Elder would like to know how many of the 1,727 new encounters in August, compared to the previous month, were walk-ins.</p> <p>Ms. Miranda stated she doesn't have those numbers and will provide them for the next meeting.</p> <p>Dr. Fritsch asked Mr. Elder if he would like the percentage of No-Shows vs. the percentage scheduled.</p> <p>Mr. Elder said yes.</p>	
<p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p>	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates:</p> <ul style="list-style-type: none"> <li>• Quality Council Meeting Minutes October 2021</li> <li>• Provider Productivity – August 2021</li> <li>• Epic UDS Q3 2021</li> </ul> <p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u></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><u>PATIENT SATISFACTION AND GRIEVANCES</u></p> <p>Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u></p> <p>We continue to work on our AHA BP Monitor initiative. The list of the 2nd round of patients has been distributed to the clinic nurses and we are working on distributing monitors to these patients.</p> <p>For those 45 patients who received the Blood Pressure Monitor from 1st round distribution:</p> <p>Of the 45 Patients that were scheduled for a follow-up appointment:</p> <ul style="list-style-type: none"> <li>– 35 (78%) patients attended the appointments to receive the BP Monitors and of these: <ul style="list-style-type: none"> <li>o 7 had their BP Log uploaded into their Medical record</li> <li>o 6 had a medication change as a result of the follow-up appointment</li> </ul> </li> </ul>	<p><b>VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	<ul style="list-style-type: none"> <li>○ 22 were listed as having met the controlled blood pressure metric at the time of the visit / or having controlled blood pressure               <ul style="list-style-type: none"> <li>- 5 did not attend their appointment</li> <li>- 5 appointments are pending</li> </ul> </li> </ul> <p>The data shows that 63% of patients who attended the follow-up appointment had controlled blood pressure at the time of visit compared to 58% at the last review.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u></p> <p>Individual monthly provider productivity is stratified by the clinic.</p>	
<b>8F. PATIENT RELATIONS</b>  <b>8F-1. Staff Recommends a MOTION TO APPROVE</b> Patient Relations Dashboard Report	<p>This agenda item provides the following:</p> <p>Quarterly Patient Relations Dashboard Q3 - 2021</p> <p>For Quarter 3, 57 Patient Relations Occurrences occurred between 6 clinics and clinic administration. Of the 57 occurrences, there were 9 grievances and 48 complaints. The top 5 categories were care and treatment, communication, finance, respect-related and physician-related issues. The top 2 subcategories with 16 complaints and grievances in each were waiting time and poor communication issues.</p> <p>There were also 19 compliments received across 7 clinics and clinic administration.</p> <p>Mr. Smith would like to know the nature of the complaints about anger, threats and physical abuse in Q3.</p> <p>Dr. Speciale stated that an example was a patient who complained about a sign that read "Vaccine or Experiment." Another complaint was that a patient was unhappy with the C.L. Brumback Clinics for providing vaccines.</p> <p>Ms. Mastrangelo would like some examples of poor communication complaints from Q3.</p>	<p><b>VOTE TAKEN:</b> Mr. Glass made a motion to approve the Patient Relations Dashboard Report as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	Mr. Speciale stated that most of the complaints this quarter were that the provider didn't respond to the patient's call, email or message in a timely manner.	
9. A.V.P. and Executive Director of Clinic Services Comments	None.	No action necessary.
10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	<u>November 30, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors <u>December 14, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:02 p.m.	<b>VOTE TAKEN:</b> Ms. Melissa Mastrangelo made a motion to adjourn. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Submitted by:

*Julia Bullard*

Signature

*11/30/21*

Date