

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

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

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

Absent:

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

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:45PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Smith called the meeting to order. Roll call was taken.	The meeting was called to order at 12:45pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions	Mr. Smith called for an approval of the meeting agenda.	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the agenda. The motion was duly seconded by Mr. Elder. A vote

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

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

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

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

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

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

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

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

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

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

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

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

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

8D. OPERATIONS

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

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

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

is up from 17% in August. Of the no-shows reported, approximately 78% were for in-person visits. Pediatric services continue to exceed productivity targets for both in-person and telehealth visits and Women's Health is meeting 97% of their target for in-person. Just over 55% of adult providers are at or over 90% of their productivity targets for in-person visits and overall productivity is at 87% for in-person and 75% for telehealth. Boca, Jupiter, Lake Worth, Lantana Clinics exceeded 90% of productivity targets for in-person visits.

The main phone number for the Clinics (561-642-1000) received 68,072 calls from 25,498 unique phone numbers. The busiest time of the day continues to be morning hours, and the busiest day of the week is typically Monday. Of these incoming calls, 31,254 were handled directly by our Clinic Service Center team who made 9,472 appointments.

Mr. Smith asked if the data presented is also used internally to improve the clinics. Dr. Fritsch assured Mr. Smith that all data presented is used by the clinic admin team to find areas of opportunity for improvement. Mr. Smith asked if the data could be narrowed down to more digestible information as opposed to the overwhelming amount provided. Dr. Fritsch answered that a more streamlined version of the report will be presented in the future. Ms. Mastrangelo asked if the no-shows are new patients or established. Dr. Fritsch answered that she isn't currently tracking the no-shows but she will have that answer in the future.

8E. Quality

8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports

Dr. Ana Ferwerda, Medical Director and Director of Women's Health presented the following: Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on

VOTE TAKEN: Mr. Elder made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms.

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

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

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

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

Recording inadvertently not started until just before Agenda Item 3A

Minutes Submitted by:

Shana Figueroa
Signature

1-27-21
Date