



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

November 27, 2019

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
November 27, 2019
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. Target BP and CCCC Recognition Award [Page 1]

- 4. Disclosure of Voting Conflict**

- 5. Public Comment**

- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 25, 2019. [Pages 2-14]

- 7. Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
November 2019 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>
 - 7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 15]

7. **Consent Agenda (Continued)**

B. CREDENTIALING AND PRIVILEGING

- 7B-1 **Staff Recommends a MOTION TO APPROVE:**
Obstetrics and Gynecology Delineation of Privileges.
(Dr. Belma Andric) [Pages 16-20]

C. FINANCE

- 7C-1 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Financial Report October 2019.
(Joel Snook) [Pages 21-38]

8. **Regular Agenda**

A. ADMINISTRATION

- 8A-1 **Staff Recommends a MOTION TO APPROVE:**
Sliding Fee, Waiver of Fess & Legislative Mandates Policies.
(Yolanda Ogle) [Pages 39-48]
- 8A-2 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope – Remove Previous Belle Glade Sites.
(Dr. Belma Andric) [Pages 49-50]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update.
(Dr. Belma Andric) [Pages 51-52]

C. OPERATIONS

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Reports – October 2019.
(Dr. Hyla Fritsch) [Pages 53-88]

D. CREDENTIALING AND PRIVILEGING

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging –
(Dr. Belma Andric) [Pages 89-91]

8. Regular Agenda (continued)

E. QUALITY

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Council Reports.
(Dr. Ana Ferwerda) [Pages 92-115]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

December 11, 2019 (HCD Board Room)

12:45pm Board of Directors

January 29, 2020 (HCD Board Room)

12:45pm Board of Directors

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

11. Establishment of Upcoming Meetings (cont.)

November 25, 2020 (HCD Board Room)

12:45pm Board of Directors

December 16, 2020 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn



Target BP and CCCC Recognition Award

The American Heart Association (AHA) and American Medical Association (AMA) named C. L. Brumback Primary Care Clinics as one of the physician practices and health systems nationally recognized for a commitment to help patients improve blood pressure control through this year's Target: BP Recognition awards. Launched in 2015, Target: BP is a national initiative between the AHA and AMA aimed at addressing the growing burden of high blood pressure in the U.S.

More than 1,600 physician practices and health systems nationwide have joined Target: BP™, sharing a common goal to reduce the number of adult patients with uncontrolled blood pressure and improve health outcomes associated with heart disease. We salute your efforts to get people's blood pressure under control and reduce the number of Americans who have heart attacks and strokes each year.

C. L. Brumback Primary Care Clinics has also received the 2019 American Heart Association's Check.Change.Control.Cholesterol™ Gold certificate in recognition of their commitment to reducing the risk of heart disease and stroke through improved cholesterol management.

High cholesterol is one of the major controllable risk factors for heart disease, heart attack and stroke, estimated to cause nearly 2.6 million deaths annually. Yet, a survey from the American Heart Association shows that nearly two-thirds of people who have high cholesterol don't think they're at high risk for a heart attack or stroke. This program helps bring patients and healthcare providers together to recognize the issue, bring cholesterol under control, and help patients maintain control. The American Heart Association applauds C. L. Brumback Primary Care Clinics for their dedication and achievement of implementation.

The AHA would like to thank C. L. Brumback Primary Care Clinics medical staff. For the thousands of lives impacted every year, again, congratulations on a job well done!

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
9/25/2019

Present: James Elder, Chairperson; John Casey Mullen, Secretary; Irene Figueroa, Julia Bullard, Gary Butler, Lisa Strickland

Excused: Mike Smith, Treasurer

Absent:

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; 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: 12:54 PM

AGENDA ITEM	DISCUSSION	ACTION
<p>1. Call to Order</p> <p>1A. Roll Call</p> <p>1B. Affirmation of Mission</p>	<p>Mr. Elder called the meeting to order.</p> <p>Roll call was taken.</p>	<p>The meeting was called to order at 12:54pm</p>
<p>2. Agenda Approval</p> <p>2A. Additions/Deletions/ Substitutions</p> <p>2B. Motion to Approve Agenda Items</p>	<p>Mr. Elder called for an approval of the meeting agenda.</p> <p>The agenda for the September 2019 meeting was approved as sent digitally to board members in the board package.</p>	<p>VOTE TAKEN: Mr. Butler made a motion to approve the agenda. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

3. Awards, Introductions and Presentations 3A. “Rooted In Communities” video	Dr. Andric presented the “Rooted in Communities” Video.	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 August 28, 2019	There were no changes or comments to the minutes dated August 28, 2019.	VOTE TAKEN: Mr. Mullen made a motion to approve the Board meeting minutes of August 28, 2019 as presented. The motion was duly seconded by Mr. Butler. 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: September 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.
7A-3. Receive & File: Education on the Board Officer Positions	Information on the Board Officer Positions was provided.	Receive & File. No further action necessary.
7B. FINANCE		
7B-1. Receive & File:	Finance Report for August 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.

C. L. Brumback Primary Care Clinics Finance Report August 2019.		
7C-1 Receive & File: Clinical Psychology Delineation of Privileges	Information on the Delineation of Privileges for Clinical Psychology was provided.	Receive & File. No further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Appointments of Melissa Mastrangelo and Marjorie Etienne to the Clinic Board	<p>Thomas Cleare, VP of Strategy Presented the Following candidates.</p> <p>Melissa Mastrangelo and Marjorie Etienne have submitted applications for consideration by the Membership / Nominating Committee to be appointed to the District Clinic Holdings, Inc. Board of Directors.</p> <p>Ms. Mastrangelo is a Nursing student and currently serves as a student ambassador at Palm Beach State College. She plans to serve her community by bridging the gap between our organizations wherever possible. She also has experience working with homeless individuals and is particularly interested in our Mobile Clinic.</p> <p>Ms. Etienne has in depth knowledge of healthcare, specifically Medicare, working as a Benefits Consultant since 2016. She is seeking opportunities to serve her community and has experience working with homeless individuals.</p>	VOTE TAKEN: Mr. Mullen made a motion to approve the appointment of Ms. Mastrangelo and Ms. Etienne to the clinic board as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
8A-2. Staff Recommends a MOTION TO APPROVE Election of Officers and Committee Appointments	The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current committee Appointments.	VOTE TAKEN: Mr. Mullen made a motion to approve the Election of Officers and Committee Appointments as presented. The motion was duly seconded by Ms. Bullard. A vote was

The Current Board Officers (and members of the Executive Committee) are:

Chairperson

James Elder

Vice-Chairperson

Vacant

Secretary

John Casey Mullen

Treasurer

Vacant

In addition to the Board Officers, the Board also previously appointed the following Committee Memberships / Designations:

Finance Committee:

James Elder

Gary Butler

Michael Smith

Membership / Nominating Committee:

John Casey Mullen

Irene Figueroa

Quality Council:

Julia Bullard

Health Care District Board Member:

Cory Neering

Planning Committee:

All Board Members

called, and the motion passed unanimously.

	<p>The board members voted on each position. All appointments but the following remained the same:</p> <p><u>Vice-Chairperson</u> Gary Butler</p> <p><u>Secretary</u> Irene Figueroa</p> <p><u>Treasurer</u> Michael Smith</p>	
<p>8A-3. Staff Recommends a MOTION TO APPROVE Change in Scope & Scope Adjustments – HRSA Form 5A</p>	<p>During an in-depth review of our HRSA Form 5A with our consultants from JSI, the team has reached the conclusion that we will need to submit a formal Change in Scope and two scope adjustments to ensure we are in compliance with the HRSA manual as follows:</p> <ol style="list-style-type: none"> 1. <u>CIS00094761</u>: <i>Formal Change in Scope</i> needed to add “Infectious Disease” to Column II under Specialty Services since this is outlined as a service we are contracted with Florida DOH for and we pay them a lump sum. 2. <u>CIS00094760</u>: <i>Scope Adjustment</i> needed to update Required Services to remove Florida DOH from General Primary Medical Care, to remove Coverage for Emergencies During and After Hours from Column III, to move Voluntary Family Planning from Column III to Column II, to add Pharmacy to Column II, and to remove Case Management from Column III. 3. <u>CIS00094759</u>: <i>Scope Adjustment</i> needed to ensure Nutrition is in Column II, but remove from Column III; to remove Psychiatry and Mental Health from Columns II and III; and to remove the following from Column III: Podiatry, 	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Change in Scope & Scope Adjustments - HRSA Form 5A as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>

	Optometry, Recuperative Care, Environmental Services, Occupational Therapy, Additional Enabling, Alternative Medicine, Speech Therapy, and Physical Therapy.	
8A-4. Staff Recommends a MOTION TO APPROVE: Change in Scope – Mangonia Park.	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 a new health center site. The proposed site will be located at 2151 N Congress, Ste. 204, West Palm Beach, Florida and serve patients Monday through Friday from 8am-5pm. This site is a stand-alone clinic that will house our existing, and expanded, Medication Assisted Treatment Program. In addition, we will have an ARNP located at this site to assist patients with their primary medical needs.	VOTE TAKEN: Mr. Mullen made a motion to approve the change to clinic hours as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.
8A-5. Staff Recommends a MOTION TO APPROVE: Lease Agreement for New Clinic	<p>The CL Brumback Primary Care Clinic have identified a location for a new clinic at 2151 Congress Avenue, Suite 204, West Palm Beach, Florida 33407. This location will co-locate the new clinic adjacent to the planned Addiction Stabilization Center.</p> <p>This location was chosen after both an internal and broker led review of available space in the designated area. The location was selected after balancing the following needs of the clinic:</p> <ul style="list-style-type: none"> • Rent and renovation costs, • Time required for renovations • Close proximity to the planned Addiction Stabilization Center. <p>The new location is near turn-key ready with minimal renovations being made by the landlord to meet the programming and design needs of the clinic. Based on the minimal renovations required the clinic is anticipated to be operational at the beginning of October.</p>	VOTE TAKEN: Mr. Butler made a motion to approve the Lease agreement for the new Clinic as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.

	<p><u>Programming</u></p> <ul style="list-style-type: none"> • 1,812 square feet • 4 Exam Rooms • 1 Group Treatment Room • 1 Nurse Intake Room • 1 Waiting Room • \$39,847.50 allowance for the Tenant Improvements <p>* Floor plan included in the attached agreement</p> <p><u>Summary Lease Details</u></p> <ul style="list-style-type: none"> • \$3,833.89 total monthly rent (base rent and operating expenses) • \$8,473.06 in prepaid rent representing Base Rent and Additional Rent for the first and last calendar months of the Lease Term • \$3,833.89 deposit • 3% base rent annual increase • 10 year lease with option to terminate the lease after 5 years with an early termination fee of \$27,194.14 	
<p>8A-6. Staff Recommends a MOTION TO APPROVE: Fourth Amendment to the Belle Glade Clinic Lease Agreement</p>	<p>The District proposes amending the lease to extend the term of the lease by two (2) months. The lease shall end on October 31, 2019.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Fourth Amendment to the Lease as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>
<p>8A-7. Staff Recommends a MOTION TO APPROVE:</p>	<p>The District proposes amending the lease to extend the term of the lease by two (2) months. The lease shall end on December 31, 2019.</p>	<p>VOTE TAKEN: Ms. Bullard made a motion to approve the Fifth Amendment to the Lease as presented. The motion was duly</p>

<p>Fifth Amendment to the Belle Glade Clinic Lease Agreement</p>		<p>seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
<p>8B. EXECUTIVE</p>		
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Belle Glade Clinic AHCA letter received by architect outlining a few elements that we need to address in order to obtain the Certificate of Occupancy. Unfortunately, we will not be able to open as quickly as we originally hoped, but we will continue to keep you apprised of any changes.</p> <p>Substance Use Disorder/Mental Health (SUD-MH) Triannual Report The required reporting for our SUD-MH grant was submitted on 9/13/2019.</p> <p>New Access Point (NAP) Grant We did not receive the NAP grant and only one health center received this award in the State of Florida.</p> <p>Oral Health Infrastructure (OHI) Grant Awarded \$300,000 for new dental chairs/equipment across three dental clinics and other supplies to implement triple-integrated services in Lantana.</p>	<p>Receive & File. No further action necessary.</p>
<p>8C. OPERATIONS</p>		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – August 2019</p>	<p>The District is moving towards streamlining the look and feel of all reporting across each Business Unit and have agreed to work towards migrating all data into the Tableau data visualization software. Attached you will find the</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the August Productivity Summary Report as presented. The motion was duly seconded by Ms. Bullard. A vote was</p>

	<p>updated Productivity reports for the overall productivity and each service-line.</p> <p>August 2019 productivity showed that we had a slight increase in our monthly target percentage in Dental Hygiene, Mental Health and Women’s Health.</p> <p>YTD productivity b location shows that Lantana continues to have the highest encounter rates overall, as well as highest encounter rates for Dental Hygiene, Pediatric, Mental health and Substance Abuse. We attribute the significant increase in Dental Hygiene in Lantana to the Medical Dental Integration (MDI) program. Substance abuse shows data in Lake Worth, Delray and Belle Glade as a result of Behavioral Health Providers providing coverage across all clinics.</p> <p>West Palm Beach leads Adult Medical and Dental in overall encounters. Lake Worth leads Women’s Health in overall encounters.</p>	<p>called, and the motion passed unanimously.</p>
<p>8C-2. Staff Recommends a MOTION TO APPROVE: 2019 Targeted Patient Survey Medical Nominal Fee Assessment.</p>	<p>Although there was a decrease this year in overall satisfaction with the nominal fee, this can be attributed to conversion of a large portion of our patient population from District Cares patients with no previous nominal fee to patients who are now being asked to pay the nominal fee for their visits.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the August Productivity Summary Report as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>
<p>8D. Credentialing and Privileging</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)</p>	<p>Sarah Gonzalez, Director of Credentialing, presented to the Board the credentialing and privileging recommendations for the month:</p> <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</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Ms. Bullard A vote was called, and the motion passed unanimously.</p>

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
Jean-Jacques	Fernique	APRN	Nurse Practitioner / Family Medicine	Initial Credentialing
Ziemba	Adrianna	PsyD	Clinical Psychology	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 and Behavioral Health Director to support the credentialing and privileging process.

Fernique Jean-Jacques, APRN is joining the Lantana Clinic as a Nurse Practitioner specializing in Family Medicine. She attended Florida Atlantic University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Jean-Jacques has been in practice for four years and is fluent in French Creole.

	<p>Adriana Ziemba, PsyD is joining the Belle Glade Clinic specializing in Clinical Psychology. She attended Albizu University and completed her postdoctoral fellowship at Florida State University, Immokalee Health Education Site. Dr. Ziemba is a recent graduate and is fluent in Spanish.</p>	
<p>8E. Quality</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Council Reports</p>	<p><u>RISK</u> Patient adverse events, peer review, chart review and patient relations are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT RELATIONS & SATISFACTION</u></p> <p>National Health Center Week Campaign began August 4th. We have participated by having staff and patients fill out a paper leaf which is being displayed in the clinics to express appreciation for health centers. We had submitted a collage and video and also encouraged both patients and staff to vote this week for the National Health Center Week submissions, an initiative of the National Association of Community Health Centers.</p> <p>We have collected 1,447 responses from our ongoing patient satisfaction survey which ran from June 6, 2019 to August 9, 2019.</p> <p><u>QUALITY</u></p> <p>Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Interventions were defined.</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>

	<p>We have researched and identified some promising models for care teams, a patient centric concept which incorporates the primary care provider and ancillary staff working together to meet patient specific needs. We are in the process of creating a workflow to implement care team plan with hope of increasing patient satisfaction, warm handoffs to behavioral health, and health outcomes.</p> <p>We have created a Quality Gap Analysis (Provider Report Card) for each provider and each clinic. The gap analysis identifies all the quality metrics and includes both individual provider and individual clinic rates and will be utilized to further define findings and interventions.</p> <p>Performance of each metric can be easily viewed 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</u></p> <p>We are developing a Mobile Clinic productivity dashboard showing homeless vs. non-homeless patients served.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric, Chief Medical Officer & VP and Executive Director of Clinic Services thanked Dr. Hyla Fritsch and Dr. Ana Ferwerda for stepping up in their new positions.	No action necessary.
10. Board Member Comments		No action necessary.
11. Closed Risk Meeting	Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147.	
11. Establishment of Upcoming Meetings	<u>October 30, 2019 (HCD Board Room)</u>	No action necessary.

	<p>12:45pm Board of Directors</p> <p><u>November 27, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>December 18, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p>	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:56 pm	Mr. Mullen made a motion to adjourn and seconded by Mr. Butler. The meeting was adjourned.

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	12/18/19
James Elder	X	X	X	X	X	X	X	X	X	X	X		
Irene Figueroa	X	X	X	X	A	X	X	X	X	X	X		
John Casey Mullen	X	X	X	X	X	X	E	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		
Mike Smith		X	X	X	X	X	X	X	X	E	X		
Gary Butler				X	X	X	X	X	X	X	E		
Lisa Strickland									E	X	E		
Marjorie Etienne											E		
Melissa Mastrangelo											X		
Tammy Jackson-Moore											X		

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

1. Description: Obstetrics and Gynecology Delineation of Privileges

2. Summary:

The agenda item represents the Obstetrics and Gynecology Delineation of Privileges form as revised by the Women’s Health Director.

3. Substantive Analysis:

HRSA requires privileging of each licensed health care practitioner specific to the services being provided.

The Obstetrics and Gynecology Delineation of Privileges has been revised to include Core II privileges for screening, assessment and management of addiction, intoxication and withdrawal.

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

 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

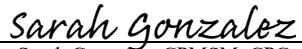
Staff recommends the Board approve the revised Obstetrics and Gynecology Delineation of Privileges form.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

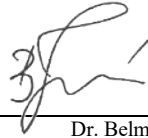
Approved for Legal sufficiency:



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

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a physician in the State of Florida
2. Completed additional education/training as follows: Successful completion of ACGME or AOA accredited residency program in Obstetrics and Gynecology and Board Certified or Board Eligible by the American Board of Obstetrics and Gynecology

General Privileges - Core I Privileges

Obstetrics and Gynecology Core I Privileges includes the evaluation and management of patients and the performance of medical procedures to correct or treat various medical conditions, illnesses, and injuries. Privileges in Core I include those procedures and cognitive skills involving medical problems that normally are taught in residency programs. Physicians requesting privileges in this Core I will have documented experience, demonstrated ability, and current competence Obstetrics and Gynecology.

- Take, evaluate, and record medical histories
- Perform physical exams to evaluate medical problems
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- Prenatal and Postnatal Care
- Differential diagnosis
- Analyze and interpret data, formulate problem list, and establish plans for clinical problems
- Order appropriate lab, x-rays and other diagnostic tests
- Order appropriate medications
- Order consultation for other specialty services
- Order nutritional consult
- Order social services consult
- Patient education and instruction

Requested by: _____
 (Applicant Signature)

Approved by: _____
 (Women's Health Director Signature)

Core II Privileges

Privileges in this Core may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Core II Privileges.

Requested	Approved	
_____	_____	Insertion and removal of intrauterine device
_____	_____	Insertion and removal of implantable contraception
_____	_____	Laceration repair
_____	_____	Colposcopy
_____	_____	Colposcopy during pregnancy
_____	_____	Biopsy of skin, vulva, or vagina
_____	_____	Lesion destruction/removal
_____	_____	Fetal heart rate monitoring
_____	_____	Fetal heart rate monitoring multifetal pregnancy
_____	_____	Wound Care /Debridement /D & I
_____	_____	Foreign body removal (skin, vagina)
_____	_____	Ability to assess substance use disorders and make recommendations for treatment based clinical judgement and ASAM criteria – <i>must be a qualified practitioner registered with the DEA authorized to conduct maintenance and detoxification treatment using specifically approved scheduled III, IV, or V narcotic medications</i>
_____	_____	Ability to treat all substance use disorders at all levels of use (intoxication, withdrawal, early recovery, late recovery and relapses) with therapeutic interventions (medications, lifestyle recommendations, therapeutic interventions) including buprenorphine-naloxone, vivitrol, naltrexone, and withdrawal medications appropriate for outpatient withdrawal) – <i>must be a qualified practitioner registered with the DEA authorized to conduct maintenance and detoxification treatment using specifically approved scheduled III, IV, or V narcotic medications</i>

*Application for Clinical Privileges MD, DO
 Specialty: Obstetrics and Gynecology*

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Primary Care Clinics to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name	Specialty
Applicant Signature	Date

Women’s Health Director:

The C.L. Brumback Primary Care Clinics’ Women’s Health Director accepts the above applicant’s attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Ana Ferwerda, MD		
Women’s Health Director	Women’s Health Director Signature	Date

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
November 27, 2019

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

2. Summary:

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

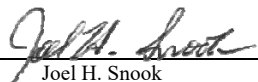
3. Substantive Analysis:

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

11/27/2019

 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
November 27, 2019

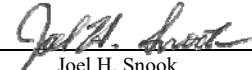
6. Recommendation:

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

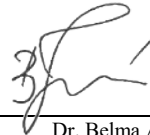
Approved for Legal sufficiency:



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: 11/15/2019

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

The October statements represent the financial performance for the first month of the 2020 fiscal year for C.L. Brumback. Total revenue is favorable to budget by \$104k due to an increase in actual visits versus projected visits. Volumes for medical and dental during October were better than budget by 1,841 or 16.7% year to date. Expenses before depreciation are over budget by (\$221k) or (9.9%) mostly due to salaries, wages and benefits of (\$212k), purchases services of (\$35k) and repair and maintenance of (\$23k). The District has subsidized a total of \$1.73M to support their operations.

Within the medical clinics, total revenue is above budget by \$128k YTD which is primarily attributed to higher than expected visits than budget by 1,832 visits or 21.9%. Positive variance in other revenue is a result of bonus incentive revenue of \$19k. Expenses in the medical clinics are (\$205k) over budget. This negative variance is attributable to higher than expected salaries, wages and benefits expenses (\$181k). Drugs has a positive variance of \$21k which is attributable to lower than anticipated 340B drug cost. Purchased services has a negative variance of (\$21k) primarily due to higher collection fees from Athena and security services of \$29k. Repairs and maintenance is unfavorable by (\$28k) due to higher than anticipated repairs and software maintenance costs.

The dental clinics gross revenue is over budget by \$20k due to increase patient volume above budget by 9 or 0.3%. Total revenue is under budget by (\$24k) primarily attributable to lower than anticipated LIP income of \$22k. Total expenses of \$413k are above budget by (\$16k) due mainly to higher salaries, wages and benefits of (\$30k).

On the Comparative Statement of Net Position, due from other governments increased to \$924k as result of LIP anticipated payment of approximately \$865k from AHCA State Fiscal Year 2019-2020. The District subsidy year to date for the clinic is \$1.73M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Oct 31, 2019</u>	<u>Sep 30, 2019</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	767,479	81,298	\$ 686,181
Accounts Receivable, net	1,674,902	1,353,200	321,702
Due from Other Governments	924,497	667,377	257,120
Other Current Assets	114,961	128,479	(13,519)
Net Investment in Capital Assets	1,923,482	1,951,920	(28,439)
Total Assets	<u>\$ 5,405,320</u>	<u>\$ 4,182,275</u>	<u>\$ 1,223,045</u>
Liabilities			
Accounts Payable	439,952	459,040	(19,087)
Deferred Revenue	47,913	48,220	(307)
Other Current Liabilities	1,823,548	1,097,544	726,004
Non-Current Liabilities	798,817	798,817	-
Total Liabilities	<u>3,110,231</u>	<u>2,403,620</u>	<u>706,610</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 612</u>	<u>\$ 612</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	1,923,482	1,951,920	(28,439)
Unrestricted	370,996	(173,878)	544,873
Total Net Position	<u>2,294,477</u>	<u>1,778,043</u>	<u>516,434</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,405,320</u>	<u>\$ 4,182,275</u>	<u>\$ 1,223,045</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
2,170,266	1,920,939	249,327	13.0%	1,946,640	223,626	11.5%	2,170,266	1,920,939	249,327	13.0%	1,946,640	223,626	11.5%	
							Gross Patient Revenue							
453,586	315,322	(138,264)	(43.8%)	629,927	176,340	28.0%	Contractual Allowances	453,586	315,322	(138,264)	(43.8%)	629,927	176,340	28.0%
811,861	791,715	(20,146)	(2.5%)	522,280	(289,580)	(55.4%)	Charity Care	811,861	791,715	(20,146)	(2.5%)	522,280	(289,580)	(55.4%)
341,494	334,120	(7,374)	(2.2%)	209,421	(132,073)	(63.1%)	Bad Debt	341,494	334,120	(7,374)	(2.2%)	209,421	(132,073)	(63.1%)
1,606,941	1,441,157	(165,784)	(11.5%)	1,361,628	(245,313)	(18.0%)	Total Contractuals and Bad Debts	1,606,941	1,441,157	(165,784)	(11.5%)	1,361,628	(245,313)	(18.0%)
385,820	380,319	5,501	1.4%	185,546	200,274	107.9%	Other Patient Revenue	385,820	380,319	5,501	1.4%	185,546	200,274	108%
949,144	860,101	89,043	10.4%	770,557	178,588	23.2%	Net Patient Revenue	949,144	860,101	89,043	10.4%	770,557	178,588	23.2%
43.73%	44.78%			39.58%			Collection %	43.73%	44.78%			39.58%		
53,241	57,154	(3,913)	(6.8%)	574,778	(521,537)	(90.7%)	Grant Funds	53,241	57,154	(3,913)	(6.8%)	574,778	(521,537)	(90.7%)
21,291	2,442	18,849	771.9%	4,645	16,646	358.3%	Other Revenue	21,291	2,442	18,849	771.9%	4,645	16,646	358.3%
74,531	59,596	14,935	25.1%	579,423	(504,891)	(87.1%)	Total Other Revenues	74,531	59,596	14,935	25.1%	579,423	(504,891)	(87.1%)
1,023,676	919,697	103,979	11.3%	1,349,980	(326,304)	(24.2%)	Total Revenues	1,023,676	919,697	103,979	11.3%	1,349,980	(326,304)	(24.2%)
<i>Direct Operational Expenses:</i>														
1,531,470	1,421,843	(109,627)	(7.7%)	1,387,450	(144,020)	(10.4%)	Salaries and Wages	1,531,470	1,421,843	(109,627)	(7.7%)	1,387,450	(144,020)	(10.4%)
478,121	376,066	(102,055)	(27.1%)	339,645	(138,476)	(40.8%)	Benefits	478,121	376,066	(102,055)	(27.1%)	339,645	(138,476)	(40.8%)
101,033	65,753	(35,280)	(53.7%)	65,028	(36,005)	(55.4%)	Purchased Services	101,033	65,753	(35,280)	(53.7%)	65,028	(36,005)	(55.4%)
15,280	36,001	20,721	57.6%	41,828	26,548	63.5%	Medical Supplies	15,280	36,001	20,721	57.6%	41,828	26,548	63.5%
8,043	19,686	11,643	59.1%	34,148	26,105	76.4%	Other Supplies	8,043	19,686	11,643	59.1%	34,148	26,105	76.4%
67,974	65,933	(2,041)	(3.1%)	-	(67,974)	0.0%	Medical Services	67,974	65,933	(2,041)	(3.1%)	58,809	(9,165)	(15.6%)
65,352	86,362	21,010	24.3%	47,555	(17,797)	(37.4%)	Drugs	65,352	86,362	21,010	24.3%	47,555	(17,797)	(37.4%)
36,932	13,887	(23,045)	(165.9%)	29,881	(7,051)	(23.6%)	Repairs & Maintenance	36,932	13,887	(23,045)	(165.9%)	29,881	(7,051)	(23.6%)
117,472	106,377	(11,095)	(10.4%)	109,171	(8,301)	(7.6%)	Lease & Rental	117,472	106,377	(11,095)	(10.4%)	109,171	(8,301)	(7.6%)
6,959	6,682	(277)	(4.1%)	4,568	(2,390)	(52.3%)	Utilities	6,959	6,682	(277)	(4.1%)	4,568	(2,390)	(52.3%)
19,578	28,941	9,363	32.4%	15,526	(4,052)	(26.1%)	Other Expense	19,578	28,941	9,363	32.4%	15,526	(4,052)	(26.1%)
2,377	2,236	(141)	(6.3%)	2,425	48	2.0%	Insurance	2,377	2,236	(141)	(6.3%)	2,425	48	2.0%
2,450,591	2,229,767	(220,824)	(9.9%)	2,077,225	(373,366)	(18.0%)	Total Operational Expenses	2,450,591	2,229,767	(220,824)	(9.9%)	2,136,034	(314,557)	(14.7%)
Net Performance before Depreciation & Overhead Allocations														
(1,426,915)	(1,310,070)	(116,845)	8.9%	(727,245)	(699,670)	96.2%		(1,426,915)	(1,310,070)	(116,845)	8.9%	(786,055)	(640,861)	81.5%

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	-	-	-	-	-	-	-	-	-	-	-	2,170,266
Contractual Allowances	453,586	-	-	-	-	-	-	-	-	-	-	-	453,586
Charity Care	811,861	-	-	-	-	-	-	-	-	-	-	-	811,861
Bad Debt	341,494	-	-	-	-	-	-	-	-	-	-	-	341,494
Other Patient Revenue	385,820	-	-	-	-	-	-	-	-	-	-	-	385,820
Net Patient Revenue	949,144	-	-	-	-	-	-	-	-	-	-	-	949,144
Collections %	43.73%												43.73%
Grant Funds	53,241	-	-	-	-	-	-	-	-	-	-	-	53,241
Other Revenue	21,291	-	-	-	-	-	-	-	-	-	-	-	21,291
Total Other Revenues	74,531	-	-	-	-	-	-	-	-	-	-	-	74,531
Total Revenues	1,023,676	-	-	-	-	-	-	-	-	-	-	-	1,023,676
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,531,470	-	-	-	-	-	-	-	-	-	-	-	1,531,470
Benefits	478,121	-	-	-	-	-	-	-	-	-	-	-	478,121
Purchased Services	101,033	-	-	-	-	-	-	-	-	-	-	-	101,033
Medical Supplies	15,280	-	-	-	-	-	-	-	-	-	-	-	15,280
Other Supplies	8,043	-	-	-	-	-	-	-	-	-	-	-	8,043
Medical Services	67,974	-	-	-	-	-	-	-	-	-	-	-	67,974
Drugs	65,352	-	-	-	-	-	-	-	-	-	-	-	65,352
Repairs & Maintenance	36,932	-	-	-	-	-	-	-	-	-	-	-	36,932
Lease & Rental	117,472	-	-	-	-	-	-	-	-	-	-	-	117,472
Utilities	6,959	-	-	-	-	-	-	-	-	-	-	-	6,959
Other Expense	19,578	-	-	-	-	-	-	-	-	-	-	-	19,578
Insurance	2,377	-	-	-	-	-	-	-	-	-	-	-	2,377
Total Operational Expenses	2,450,591	-	-	-	-	-	-	-	-	-	-	-	2,450,591
Net Performance before Depreciation & Overhead Allocations	(1,426,915)	-	-	-	-	-	-	-	-	-	-	-	(1,426,915)
Depreciation	13,167	-	-	-	-	-	-	-	-	-	-	-	13,167
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	-	-	-	-	-	-	-	-	-	-	-	1,623
Rev Cycle	62,997	-	-	-	-	-	-	-	-	-	-	-	62,997
Internal Audit	5,281	-	-	-	-	-	-	-	-	-	-	-	5,281
Home Office Facilities	18,086	-	-	-	-	-	-	-	-	-	-	-	18,086
Administration	28,448	-	-	-	-	-	-	-	-	-	-	-	28,448
Human Resources	35,210	-	-	-	-	-	-	-	-	-	-	-	35,210
Legal	11,308	-	-	-	-	-	-	-	-	-	-	-	11,308
Records	6,516	-	-	-	-	-	-	-	-	-	-	-	6,516
Compliance	3,902	-	-	-	-	-	-	-	-	-	-	-	3,902
Finance	27,070	-	-	-	-	-	-	-	-	-	-	-	27,070
Public Relations	9,057	-	-	-	-	-	-	-	-	-	-	-	9,057
Information Technology	80,822	-	-	-	-	-	-	-	-	-	-	-	80,822
Corporate Quality	1,964	-	-	-	-	-	-	-	-	-	-	-	1,964
Project MGMT Office	4,280	-	-	-	-	-	-	-	-	-	-	-	4,280
Managed Care Contract	3,150	-	-	-	-	-	-	-	-	-	-	-	3,150
Total Overhead Allocations	299,713	-	-	-	-	-	-	-	-	-	-	-	299,713
Total Expenses	2,763,471	-	-	-	-	-	-	-	-	-	-	-	2,763,471
Net Margin	\$ (1,739,795)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,739,795)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,726,629	-	-	-	-	-	-	-	-	-	-	-	\$ 1,726,629

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

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
Gross Patient Revenue	-	343,639	375,658	259,083	169,653	25,998	262,664	110,721	159,375	11,316	56,999	1,775,107
Contractual Allowances	-	81,350	70,873	64,341	38,972	8,088	62,645	27,946	47,294	-	8,123	409,632
Charity Care	-	123,461	144,982	51,836	49,397	9,292	95,497	37,484	40,695	2,144	25,689	580,477
Bad Debt	-	51,820	72,640	65,324	40,634	5,845	32,100	10,071	15,775	14	17,047	311,268
Total Contractual Allowances and Bad Debt	-	256,630	288,494	181,501	129,003	23,225	190,242	75,501	103,763	2,158	50,859	1,301,377
Other Patient Revenue	-	61,472	63,014	28,951	21,077	4,781	39,698	14,687	19,002	571	7,387	260,640
Net Patient Revenue	-	148,481	150,177	106,533	61,727	7,554	112,119	49,907	74,614	9,730	13,527	734,370
Collection %	0.00%	43.21%	39.98%	41.12%	36.38%	29.06%	42.69%	45.07%	46.82%	85.98%	23.73%	41.37%
Grant Funds	10,307	-	-	-	8,641	-	-	-	-	25,951	8,341	53,241
Other Revenue	2,262	4,788	5,134	2,467	1,884	386	2,091	723	1,129	274	153	21,291
Total Other Revenues	12,569	4,788	5,134	2,467	10,526	386	2,091	723	1,129	26,225	8,494	74,531
Total Revenues	12,569	153,268	155,311	109,000	72,253	7,940	114,211	50,630	75,743	35,955	22,021	808,901
<i>Direct Operational Expenses:</i>												
Salaries and Wages	260,665	177,177	158,000	139,040	102,456	38,421	145,078	70,340	75,876	61,223	28,792	1,257,068
Benefits	71,054	54,071	51,326	49,928	31,088	10,092	50,136	22,864	21,718	19,260	11,947	393,483
Purchased Services	6,000	10,630	9,513	9,551	9,304	1,206	14,244	6,372	7,301	4,000	1,206	79,326
Medical Supplies	-	4,938	468	251	182	10	1,938	845	302	3,558	23	12,515
Other Supplies	1,113	2,198	84	1,833	-	-	648	-	-	2,168	-	8,043
Medical Services	-	9,145	13,517	8,975	8,565	1,862	12,082	2,400	11,429	-	-	67,974
Drugs	-	25,068	18,993	10,017	6,580	-	632	969	928	2,165	-	65,352
Repairs & Maintenance	-	6,235	15,458	4,118	2,136	404	2,325	895	1,236	643	2,401	35,851
Lease & Rental	-	11,733	13,546	7,776	16,737	497	20,344	6,729	9,793	3,899	-	91,053
Utilities	-	378	342	378	378	378	1,486	991	873	100	-	5,303
Other Expense	11,779	511	445	155	1,702	27	2,071	59	1,592	255	265	18,862
Insurance	-	465	316	423	138	-	223	15	13	-	753	2,346
Total Operational Expenses	350,611	302,548	282,008	232,443	179,264	52,898	251,207	112,478	131,062	97,271	45,387	2,037,177
Net Performance before Depreciation & Overhead Allocations	(338,042)	(149,280)	(126,697)	(123,443)	(107,012)	(44,957)	(136,996)	(61,848)	(55,319)	(61,317)	(23,366)	(1,228,276)
Depreciation	770	533	412	150	209	107	605	427	400	-	6,250	9,863
<i>Overhead Allocations:</i>												
Risk Mgt	179	191	196	145	116	35	204	70	101	70	27	1,335
Rev Cycle	-	8,473	8,703	6,437	5,117	1,537	9,041	3,085	4,461	3,103	1,215	51,173
Internal Audit	584	622	639	473	376	113	664	227	328	228	89	4,343
Home Office Facilities	16,164	-	-	-	-	-	-	-	-	-	-	16,164
Administration	3,146	3,353	3,444	2,547	2,025	608	3,578	1,221	1,765	1,228	481	23,395
Human Resources	3,236	4,623	4,493	3,468	2,456	578	4,334	1,445	2,023	1,589	578	28,824
Legal	1,251	1,333	1,369	1,013	805	242	1,422	485	702	488	191	9,299
Records	721	768	789	583	464	139	819	280	404	281	110	5,358
Compliance	432	460	472	349	278	83	491	167	242	168	66	3,209
Finance	2,994	3,190	3,277	2,424	1,927	579	3,404	1,162	1,680	1,168	458	22,262
Public Relations	1,002	1,067	1,096	811	645	194	1,139	389	562	391	153	7,448
Information Technology	8,939	9,526	9,783	7,237	5,753	1,728	10,164	3,468	5,015	3,488	1,366	66,466
Corporate Quality	217	231	238	176	140	42	247	84	122	85	33	1,615
Project MGMT Office	473	504	518	383	305	91	538	184	266	185	72	3,520
Managed Care Contract	-	424	435	322	256	77	452	154	223	155	61	2,559
Total Overhead Allocations	39,338	34,767	35,453	26,368	20,661	6,045	36,497	12,420	17,891	12,627	4,901	246,970
Total Expenses	390,719	337,849	317,873	258,961	200,134	59,050	288,309	125,325	149,353	109,899	56,538	2,294,010
Net Margin	\$ (378,150)	\$ (184,580)	\$ (162,561)	\$ (149,961)	\$ (127,882)	\$ (51,110)	\$ (174,098)	\$ (74,695)	\$ (73,610)	\$ (73,944)	\$ (34,517)	\$ (1,485,109)
Capital	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,475,246	-	-	-	-	-	-	-	-	-	-	\$ 1,475,246

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

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
9,863	9,840	(23)	(0.2%)	9,764	(99)	(1.0%)	Depreciation	9,863	9,840	(23)	(0.2%)	9,764	(99)	(1.0%)	
<i>Overhead Allocations:</i>															
1,335	1,854	520	28.0%	7,478	6,144	82.2%	Risk Mgt	1,335	1,854	520	28.0%	7,478	6,144	82.2%	
51,173	78,723	27,550	35.0%	68,895	17,722	25.7%	Rev Cycle	51,173	78,723	27,550	35.0%	68,895	17,722	25.7%	
4,343	4,528	186	4.1%	4,116	(227)	(5.5%)	Internal Audit	4,343	4,528	186	4.1%	4,116	(227)	(5.5%)	
16,164	19,144	2,979	15.6%	15,153	(1,012)	(6.7%)	Home Office Facilities	16,164	19,144	2,979	15.6%	15,153	(1,012)	(6.7%)	
23,395	30,056	6,661	22.2%	20,077	(3,318)	(16.5%)	Administration	23,395	30,056	6,661	22.2%	20,077	(3,318)	(16.5%)	
28,824	33,126	4,302	13.0%	26,836	(1,988)	(7.4%)	Human Resources	28,824	33,126	4,302	13.0%	26,836	(1,988)	(7.4%)	
9,299	15,249	5,950	39.0%	5,200	(4,099)	(78.8%)	Legal	9,299	15,249	5,950	39.0%	5,200	(4,099)	(78.8%)	
5,358	6,916	1,558	22.5%	5,242	(117)	(2.2%)	Records	5,358	6,916	1,558	22.5%	5,242	(117)	(2.2%)	
3,209	9,485	6,277	66.2%	4,643	1,434	30.9%	Compliance	3,209	9,485	6,277	66.2%	4,643	1,434	30.9%	
-	-	-	0.0%	1,077	1,077	100.0%	Planning/Research	-	-	-	0.0%	1,077	1,077	100.0%	
22,262	25,755	3,493	13.6%	19,371	(2,891)	(14.9%)	Finance	22,262	25,755	3,493	13.6%	19,371	(2,891)	(14.9%)	
7,448	9,339	1,891	20.2%	5,208	(2,240)	(43.0%)	Public Relations	7,448	9,339	1,891	20.2%	5,208	(2,240)	(43.0%)	
66,466	89,991	23,525	26.1%	64,620	(1,847)	(2.9%)	Information Technology	66,466	89,991	23,525	26.1%	64,620	(1,847)	(2.9%)	
1,615	1,190	(425)	(35.7%)	3,204	1,590	49.6%	Corporate Quality	1,615	1,190	(425)	(35.7%)	3,204	1,590	49.6%	
3,520	4,111	591	14.4%	-	(3,520)	0.0%	Project MGMT Office	3,520	4,111	591	14.4%	-	(3,520)	0.0%	
2,559	3,051	491	16.1%	2,712	153	5.7%	Managed Care Contract	2,559	3,051	491	16.1%	2,712	153	5.7%	
246,970	332,519	85,549	25.7%	253,832	6,862	2.7%	Total Overhead Allocations	246,970	332,519	85,549	25.7%	253,832	6,862	2.7%	
2,294,010	2,174,493	(119,517)	(5.5%)	1,920,273	(373,737)	(19.5%)	Total Expenses	2,294,010	2,174,493	(119,517)	(5.5%)	1,979,082	(314,928)	(15.9%)	
\$ (1,485,109)	\$ (1,493,917)	\$ 8,808	(0.6%)	\$ (860,124)	\$ (624,985)	72.7%	Net Margin	\$ (1,485,109)	\$ (1,493,917)	\$ 8,808	(0.6%)	\$ (918,933)	\$ (566,176)	(61.6%)	
-	-	-	0.0%	-	-	0.0%	Capital	-	-	-	0.0%	-	-	0.0%	
\$ 1,475,246	\$ 1,484,247	\$ 9,001	0.6%	\$ 1,101,337	\$ (373,909)	(34.0%)	General Fund Support/ Transfer In	\$ 1,475,246	\$ 1,484,247	\$ 9,001	0.6%	\$ 1,101,337	\$ (373,909)	(34.0%)	

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

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	141,385	115,095	94,365	44,314	395,159
Contractual Allowances	-	14,223	12,895	8,989	7,848	43,955
Charity Care	-	87,432	56,481	67,467	20,004	231,384
Bad Debt	-	5,806	21,012	(463)	3,872	30,226
Total Contractual Allowances and Bad Debt	-	107,460	90,388	75,993	31,724	305,564
Other Patient Revenue	-	49,510	28,792	28,560	18,319	125,180
Net Patient Revenue	-	83,434	53,499	46,933	30,909	214,775
Collection %	-	59.01%	46.48%	49.74%	69.75%	54.35%
Grant Funds	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-
Total Revenues	-	83,434	53,499	46,933	30,909	214,775
<i>Direct Operational Expenses:</i>						
Salaries and Wages	49,091	79,290	64,070	53,729	28,222	274,402
Benefits	6,902	24,936	22,301	19,822	10,677	84,638
Purchased Services	-	4,485	6,122	6,000	5,101	21,707
Medical Supplies	-	487	1,528	149	601	2,765
Other Supplies	-	-	-	-	-	-
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	-	620	264	198	1,081
Lease & Rental	-	9,592	5,508	5,169	6,150	26,419
Utilities	-	52	564	333	706	1,656
Other Expense	43	196	141	86	250	716
Insurance	-	-	-	-	31	31
Total Operational Expenses	56,036	119,038	100,854	85,551	51,935	413,414
Net Performance before Depreciation & Overhead Allocations	(56,036)	(35,604)	(47,356)	(38,618)	(21,026)	(198,640)
Depreciation	-	1,023	618	851	812	3,304
<i>Overhead Allocations:</i>						
Risk Mgt	21	99	70	62	36	288
Rev Cycle	-	4,384	3,121	2,740	1,579	11,824
Internal Audit	69	322	229	201	116	938
Home Office Facilities	1,922	-	-	-	-	1,922
Administration	374	1,735	1,235	1,084	625	5,053
Human Resources	289	2,023	1,763	1,589	722	6,386
Legal	149	690	491	431	248	2,008
Records	86	397	283	248	143	1,157
Compliance	51	238	169	149	86	693
Finance	356	1,651	1,175	1,032	595	4,808
Public Relations	119	552	393	345	199	1,609
Information Technology	1,063	4,928	3,509	3,080	1,775	14,356
Corporate Quality	26	120	85	75	43	349
Project MGMT Office	56	261	186	163	94	760
Managed Care Contract	-	219	156	137	79	591
Total Overhead Allocations	4,582	17,618	12,867	11,336	6,340	52,743
Total Expenses	60,618	137,679	114,339	97,738	59,087	469,461
Net Margin	\$ (60,618)	\$ (54,245)	\$ (60,840)	\$ (50,805)	\$ (28,178)	\$ (254,687)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 251,383	-	-	-	-	\$ 251,383

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

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
395,159	375,322	19,837	5.3%	378,434	16,725	4.4%	Gross Patient Revenue	395,159	375,322	19,837	5.3%	378,434	16,725	4.4%
43,955	45,798	1,843	4.0%	90,433	46,478	51.4%	Contractual Allowances	43,955	45,798	1,843	4.0%	90,433	46,478	51.4%
231,384	209,718	(21,666)	(10.3%)	178,083	(53,302)	(29.9%)	Charity Care	231,384	209,718	(21,666)	(10.3%)	178,083	(53,302)	(29.9%)
30,226	20,904	(9,322)	(44.6%)	11,763	(18,463)	(157.0%)	Bad Debt	30,226	20,904	(9,322)	(44.6%)	11,763	(18,463)	(157.0%)
305,564	276,420	(29,144)	(10.5%)	280,278	(25,287)	(9.0%)	Total Contractuals and Bad Debts	305,564	276,420	(29,144)	(10.5%)	280,278	(25,287)	(9.0%)
125,180	135,679	(10,499)	(7.7%)	80,564	44,616	55.4%	Other Patient Revenue	125,180	135,679	(10,499)	(7.7%)	80,564	44,616	55.4%
214,775	234,581	(19,806)	(8.4%)	178,720	36,055	20.2%	Net Patient Revenue	214,775	234,581	(19,806)	(8.4%)	178,720	36,055	20.2%
54.35%	62.50%			47.23%			Collection %	54.35%	62.50%			47.23%		
-	4,540	(4,540)	(100.0%)	111,110	(111,110)	(100.0%)	Grant Funds	-	4,540	(4,540)	(100.0%)	111,110	(111,110)	(100.0%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
-	4,540	(4,540)	(100.0%)	111,110	(111,110)	(100.0%)	Total Other Revenues	-	4,540	(4,540)	(100.0%)	111,110	(111,110)	(100.0%)
214,775	239,121	(24,346)	(10.2%)	289,830	(75,056)	(25.9%)	Total Revenues	214,775	239,121	(24,346)	(10.2%)	289,830	(75,056)	(25.9%)
<i>Direct Operational Expenses:</i>														
274,402	257,024	(17,378)	(6.8%)	267,652	(6,751)	(2.5%)	Salaries and Wages	274,402	257,024	(17,378)	(6.8%)	267,652	(6,751)	(2.5%)
84,638	71,938	(12,700)	(17.7%)	69,813	(14,825)	(21.2%)	Benefits	84,638	71,938	(12,700)	(17.7%)	69,813	(14,825)	(21.2%)
21,707	7,625	(14,082)	(184.7%)	8,955	(12,751)	(142.4%)	Purchased Services	21,707	7,625	(14,082)	(184.7%)	8,955	(12,751)	(142.4%)
2,765	22,084	19,319	87.5%	20,559	17,794	86.6%	Medical Supplies	2,765	22,084	19,319	87.5%	20,559	17,794	86.6%
-	1,527	1,527	100.0%	20,328	20,328	100.0%	Other Supplies	-	1,527	1,527	100.0%	20,328	20,328	100.0%
-	225	225	100.0%	-	-	0.0%	Drugs	-	225	225	100.0%	-	-	0.0%
1,081	5,652	4,571	80.9%	1,978	897	45.3%	Repairs & Maintenance	1,081	5,652	4,571	80.9%	1,978	897	45.3%
26,419	25,778	(641)	(2.5%)	27,275	856	3.1%	Lease & Rental	26,419	25,778	(641)	(2.5%)	27,275	856	3.1%
1,656	2,050	394	19.2%	901	(755)	(83.8%)	Utilities	1,656	2,050	394	19.2%	901	(755)	(83.8%)
716	3,699	2,983	80.7%	3,013	2,297	76.2%	Other Expense	716	3,699	2,983	80.7%	3,013	2,297	76.2%
31	31	-	0.0%	75	44	58.7%	Insurance	31	31	-	0.0%	75	44	58.7%
413,414	397,633	(15,781)	(4.0%)	420,548	7,134	1.7%	Total Operational Expenses	413,414	397,633	(15,781)	(4.0%)	420,548	7,134	1.7%
Net Performance before														
(198,640)	(158,512)	(40,128)	25.3%	(130,718)	(67,922)	52.0%	Depreciation & Overhead Allocations	(198,640)	(158,512)	(40,128)	25.3%	(130,718)	(67,922)	52.0%

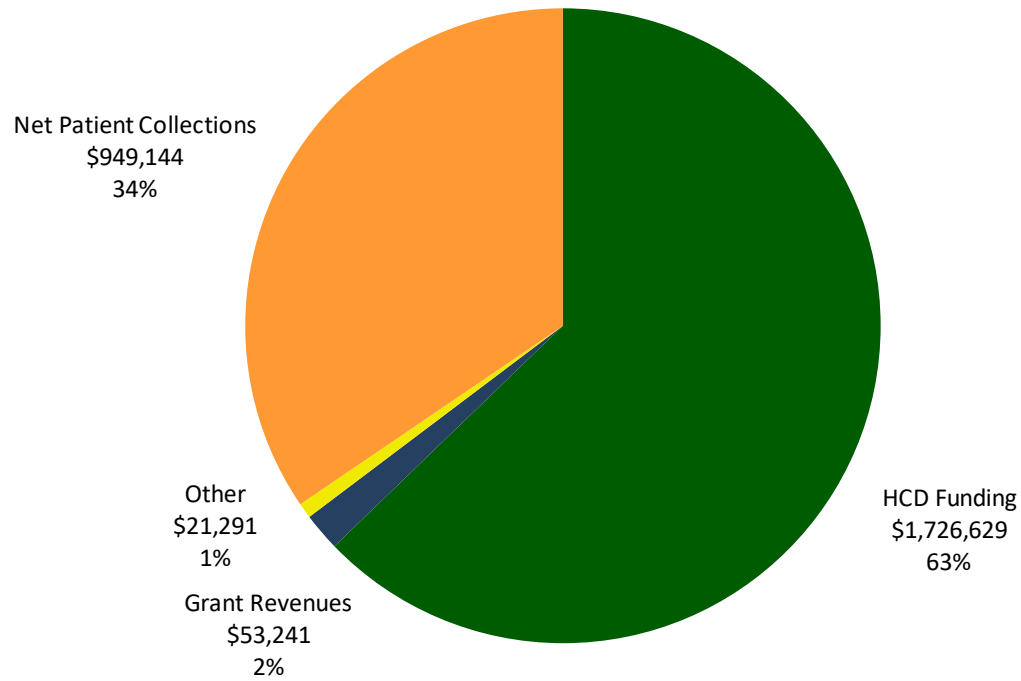
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2019

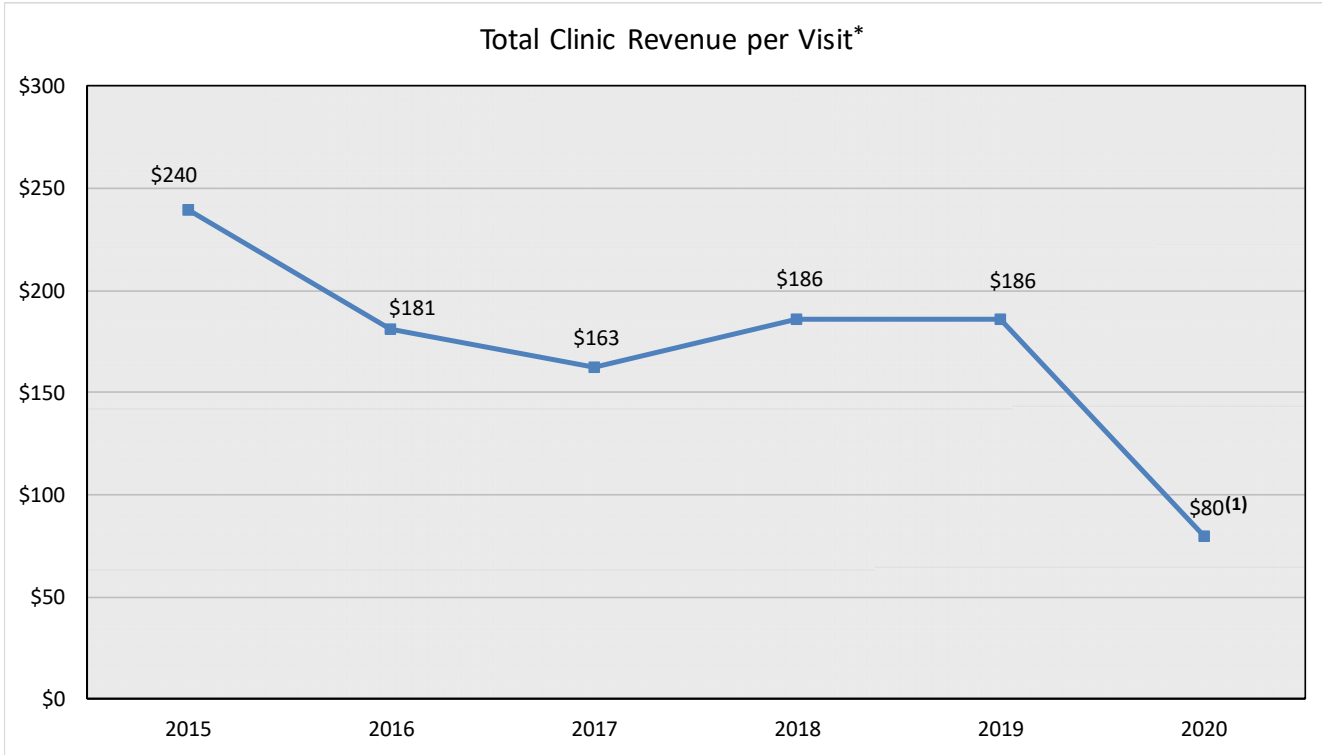
Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
3,304	3,440	136	4.0%	7,492	4,189	55.9%	3,304	3,440	136	4.0%	7,492	4,189	55.9%
<i>Overhead Allocations:</i>													
288	401	112	28.0%	1,824	1,536	84.2%	288	401	112	28.0%	1,824	1,536	84.2%
11,824	18,190	6,366	35.0%	18,009	6,185	34.3%	11,824	18,190	6,366	35.0%	18,009	6,185	34.3%
938	978	40	4.1%	1,004	66	6.6%	938	978	40	4.1%	1,004	66	6.6%
1,922	2,277	354	15.6%	1,880	(42)	(2.3%)	1,922	2,277	354	15.6%	1,880	(42)	(2.3%)
5,053	6,492	1,439	22.2%	4,897	(156)	(3.2%)	5,053	6,492	1,439	22.2%	4,897	(156)	(3.2%)
6,386	7,339	953	13.0%	6,650	264	4.0%	6,386	7,339	953	13.0%	6,650	264	4.0%
2,008	3,294	1,285	39.0%	1,268	(740)	(58.4%)	2,008	3,294	1,285	39.0%	1,268	(740)	(58.4%)
1,157	1,494	336	22.5%	1,278	121	9.5%	1,157	1,494	336	22.5%	1,278	121	9.5%
693	2,049	1,356	66.2%	1,132	439	38.8%	693	2,049	1,356	66.2%	1,132	439	38.8%
-	-	-	0.0%	263	263	100.0%	-	-	-	0.0%	263	263	100.0%
4,808	5,563	755	13.6%	4,724	(84)	(1.8%)	4,808	5,563	755	13.6%	4,724	(84)	(1.8%)
1,609	2,017	408	20.2%	1,270	(339)	(26.7%)	1,609	2,017	408	20.2%	1,270	(339)	(26.7%)
14,356	19,436	5,081	26.1%	15,760	1,404	8.9%	14,356	19,436	5,081	26.1%	15,760	1,404	8.9%
349	257	(92)	(35.7%)	782	433	55.4%	349	257	(92)	(35.7%)	782	433	55.4%
760	888	128	14.4%	-	(760)	0.0%	760	888	128	14.4%	-	(760)	0.0%
591	705	114	16.1%	709	118	16.6%	591	705	114	16.1%	709	118	16.6%
52,743	71,378	18,635	26.1%	61,450	8,707	14.2%	52,743	71,378	18,635	26.1%	61,450	8,707	14.2%
469,461	472,451	2,990	0.6%	489,490	20,029	4.1%	469,461	472,451	2,990	0.6%	489,490	20,029	4.1%
\$ (254,687)	\$ (233,330)	\$ (21,357)	9.2%	\$ (199,660)	\$ (55,027)	27.6%	\$ (254,687)	\$ (233,330)	\$ (21,357)	9.2%	\$ (199,660)	\$ (55,027)	27.6%
-	3,988	3,988	100.0%	-	-	0.0%	-	3,988	3,988	100.0%	-	-	0.0%
\$ 251,383	\$ 235,878	\$ (15,505)	(6.6%)	\$ -	\$ (251,383)	0.0%	\$ 251,383	\$ 235,878	\$ (15,505)	(6.6%)	\$ -	\$ (251,383)	0.0%

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 Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,929												1,929	1,522	26.7%
Delray	1,429												1,429	874	63.5%	1,355
Lantana	1,752												1,752	1,413	24.0%	1,411
Belle Glade	950												950	927	2.5%	1,030
Lewis Center	296												296	252	17.5%	267
Lake Worth & Women's Health Care	1,553												1,553	1,517	2.4%	1,608
Jupiter Clinic	609												609	452	34.7%	421
West Boca & Women's Health Care	997												997	689	44.7%	1,009
Mobile Van	156												156	260	(40.0%)	239
Mangonia Park-Substance	499												499	432	15.5%	361
Total Clinic Visits	10,170	-	-	-	-	-	-	-	-	-	-	-	10,170	8,338	22.0%	9,362
Dental Visits																
West Palm Beach	975												975	826	18.0%	918
Lantana	733												733	870	(15.7%)	653
Delray	628												628	624	0.6%	676
Belle Glade	360												360	367	(1.9%)	406
Total Dental Visits	2,696	-	-	-	-	-	-	-	-	-	-	-	2,696	2,687	0.3%	2,653
Total Medical and Dental Visits	12,866	-	-	-	-	-	-	-	-	-	-	-	12,866	11,025	16.7%	12,015
Mental Health Counselors (non-billable)																
West Palm Beach	178												178	87	104.6%	124
Delray	139												139	112	24.1%	137
Lantana	611												611	253	141.5%	467
Belle Glade	53												53	26	103.8%	17
Mangonia Park	53												53	-	0.0%	-
Lewis Center	240												240	216	11.1%	268
Lake Worth	204												204	161	26.7%	173
Jupiter	-												-	-	0.0%	-
West Boca	3												3	-	0.0%	-
Mobile Van	96												96	89	7.9%	-
Total Mental Health Screenings	1,577	-	-	-	-	-	-	-	-	-	-	-	1,577	944	67.1%	1,186

Primary Care Clinics Funding Sources

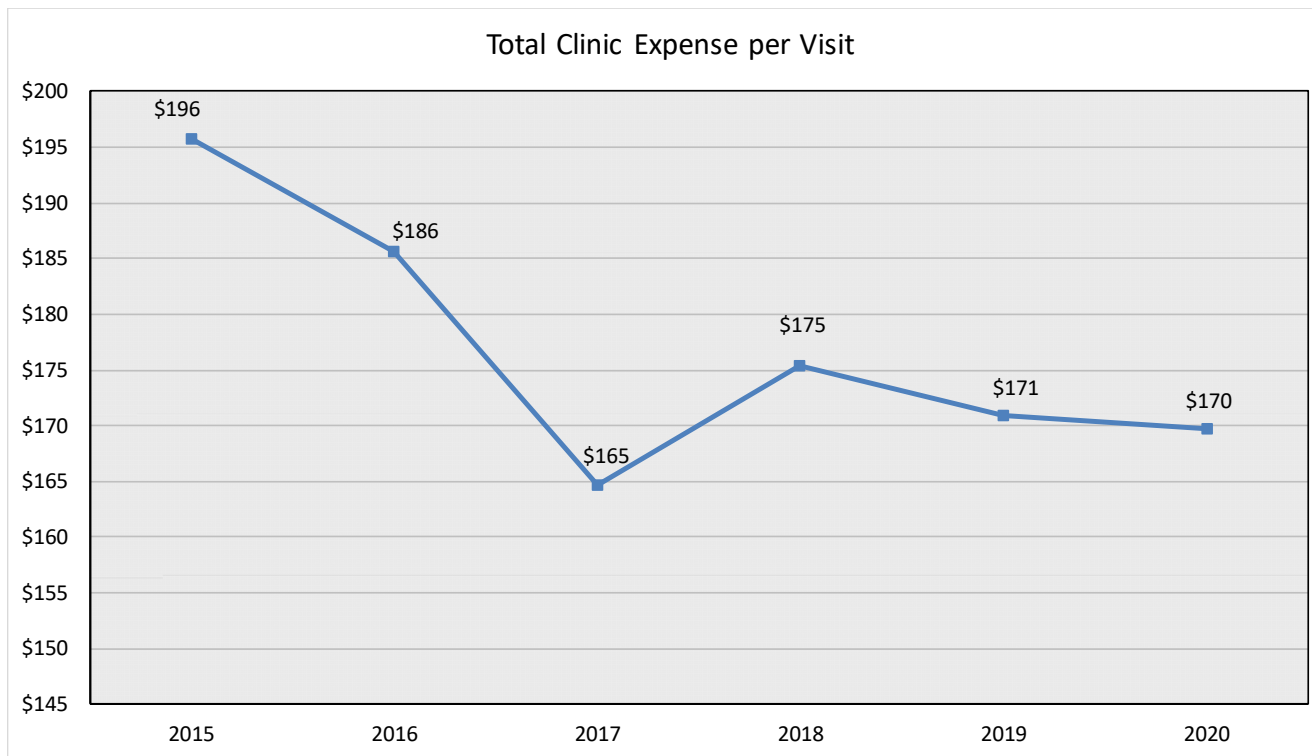


Fiscal YTD October 2020 Total Revenues \$2,750,305



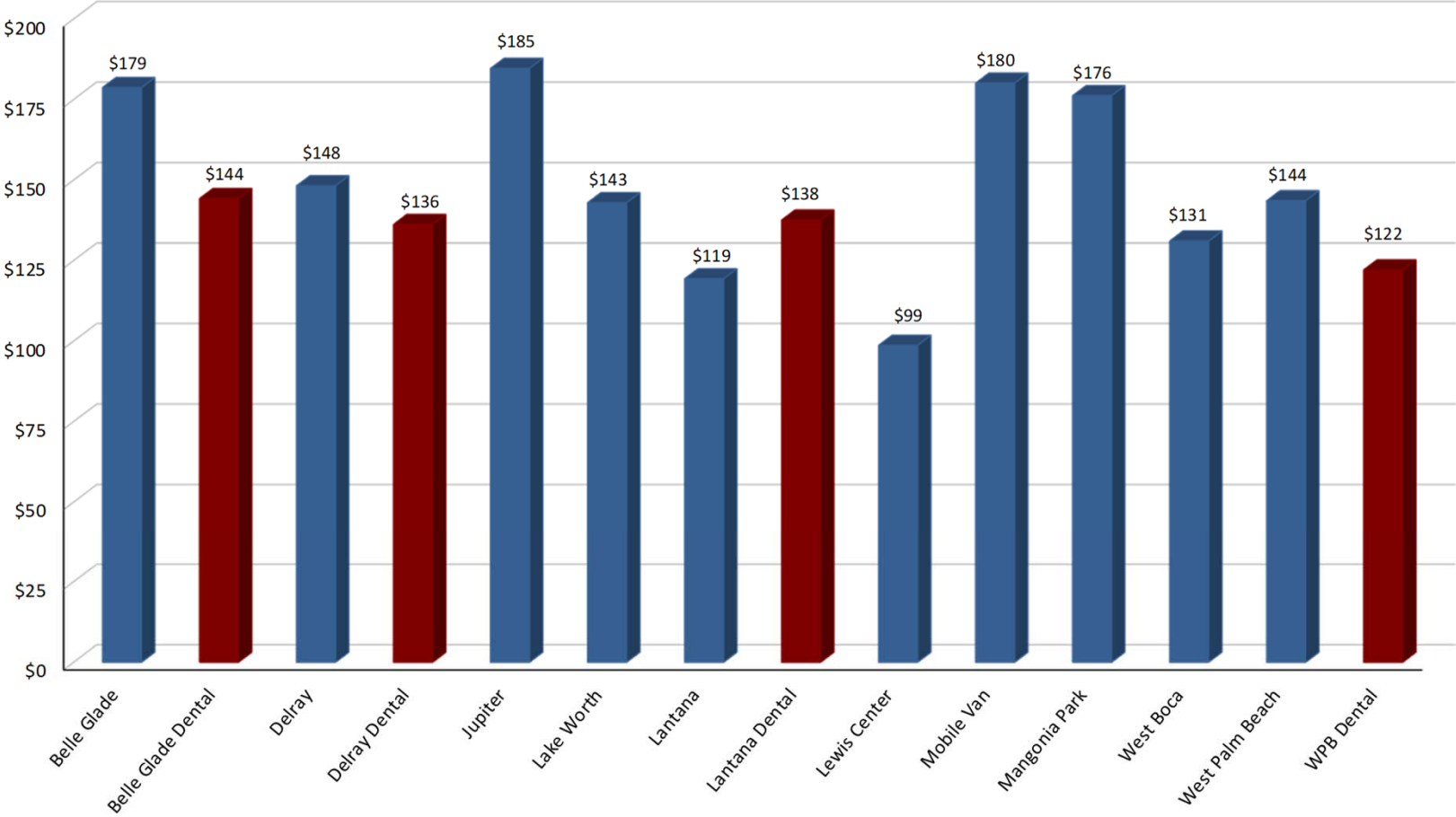
(1) The calendar year 2019 HRSA base grant and the Belle Glade construction grant were fully recognized in FY 2019, resulting in a significant reduction in total clinic revenue per visit in FY 2020.

*Based on total medical and dental visits.



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

Total Operating Expenses per Visit by Clinic



*Based on Fiscal Year-to-Date October 2020 total operating expenses.
 ** Visits for the medical clinics include medical and mental health visits.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

1. Description: Sliding Fee, Waiver of Fees & Legislative Mandates Policies

2. Summary:

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.

3. Substantive Analysis:

The Sliding Fee Policy is updated to reflect the HRSA Compliance Manual requirements. The Waiver of Fees and Legislative Mandates Policies are being newly implemented to bring ourselves into compliance with HRSA grant requirements.

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
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

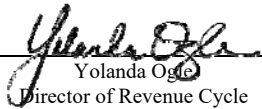
6. Recommendation:

Staff recommends the Board Approve the Sliding Fee, Waiver of Fees and Legislative Mandates Policies.

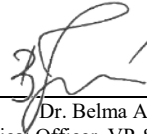
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Yolanda Ogic
Director of Revenue Cycle



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

Sliding Fee Discount Program

Policy #:	501-13	Effective Date:	5/23/2013
Business Unit:	Primary Care Clinics	Last Review Date:	02/12/2019
Approval Group:	PCC and HCD Finance Policy	Document Owner(s):	Primary Care Clinics and Finance
Board Approval Date:	11/27/2019		

PURPOSE

C. L. Brumback Primary Care Clinics is committed to compliance with all applicable HRSA Compliance Manual Requirements. The purpose of this policy and the associated procedures is to provide safeguards to ensure C. L. Brumback Primary Care Clinics compliance with HRSA requirements.

SCOPE

Primary Care Clinics; Finance; Revenue Cycle

POLICY

It is the policy of the C. L. Brumback Primary Care Clinics (CLBPCC) to assess and evaluate a patient's ability to pay for all in-scope clinic services and by paid referral. All clinic patients will be assessed for income level unless they refuse. Discounts are determined based on Household Income and Family Size as defined in this policy. A sliding fee discount scale is used to calculate the applicable discount and is updated annually when the federal poverty guidelines change. Discounts that are approved will be honored for six months, after which the patient must be reassessed. No patients will be denied health care services due to an individual's inability to pay for services of the health center.

It is the policy of CLBPCC to maintain a standard procedure to qualifying patients for sliding fee scale discounts for services provided. Sliding fee scale discounts are available to patients with all incomes at or below 200% of the federal poverty guidelines. All services included within the scope of federal project, including all services provided directly and by referral will comply with HRSA sliding fee requirement. Patients with insurance are eligible to apply for the sliding fee discount program, and those who qualify will be charged the lesser of the patient liability or what they would be charged as an uninsured sliding fee patient unless prohibited by the applicable insurance contract. Patients that do not wish to apply for a sliding fee scale discount will be asked to attest to income and household size to be compliant with UDS reporting. Patients that refuse to be assessed will be billed full charges for their services.

It is the policy of the CLBPCC to post visible notices at all clinic sites, websites, and in printed material which state that no one will be denied access to services due to inability to pay; and there is a sliding fee

discount program available. This statement will be translated into the appropriate language/dialect and provided to patients upon request.

It is the policy of CLBPC to ensure that when charging a nominal fee the ability of the patient to pay is considered. Designated staff will periodically conduct a brief survey to those patients who were charged a nominal fee that allows patients to provide feedback about their charges.

The Board of Directors will review the Sliding Fee Discount Policy once every three years to ensure the policy in effect does not create a barrier to care, and if so corrective action will be taken to eliminate those barriers. The evaluation will consider the perspective of all sliding fee patients through the use of tools such as patient surveys, focus groups and similar methods. The evaluation will also analyze patient and visit use data to ensure that the sliding fee patients of all classes are accessing services.

The primary care medical and dental sliding fee schedules are attached as a part of policy.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	05/23/2013,08/12/2013,05/24/2017,06/28/2017
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).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Waiver of Fees

Policy #: 522-19 Effective Date: 11/27/2019
 Business Unit: Primary Care Clinics Last Review Date:
 Approval Group: PCC and HCD Finance Policy Document Owner(s): Primary Care Clinics, Finance
 Board Approval Date: 11/27/2019

PURPOSE

C. L. Brumback Primary Care Clinics is committed to compliance with all applicable HRSA Compliance Manual Requirements. The purpose of this policy and the associated procedures is to provide safeguards to ensure C. L. Brumback Primary Care Clinics compliance with HRSA requirements.

SCOPE

Primary Care Clinics; Finance; Revenue Cycle

POLICY

C. L. Brumback Primary Care Clinics (CLBPCC) recognizes that patients who experience extenuating circumstances may qualify to receive an additional financial discount based on their Waiver of Fees Application. It is the policy of CLBPCC to ensure that services are provided to all patients without regard to the patient’s ability to pay.

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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Legislative Mandates

Policy #:	PCCFIN522-19A	Effective Date:	11/27/2019
Business Unit:	Primary Care Clinics	Last Review Date:	
Approval Group:	PCC Administrative and HCD Finance Policy	Document Owner(s):	Finance Department
Board Approval Date:	11/27/2019		

POLICY

I. Background: Compliance with Appropriations Act

The Consolidated Appropriations Act includes provisions that restrict grantees from using their federal grant funds to support certain defined activities. These limitations are commonly referred to as the “Legislative Mandates.”

II. Statement of Purpose and Policy

C. L. Brumback Primary Care Clinics is committed to compliance with all applicable laws and regulations. The purpose of this policy and the associated procedures is to provide safeguards to ensure C. L. Brumback Primary Care Clinics compliance with the Legislative Mandates.

The current Legislative Mandates, which remain in effect until a new Appropriations Act is passed, include the following:

- (1) Salary Limitation
- (2) Gun Control
- (3) Anti-Lobbying
- (4) Acknowledgment of Federal Funding
- (5) Restriction on Abortions
- (6) Exceptions to Restriction on Abortions
- (7) Ban on Funding Human Embryo Research
- (8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
- (9) Restriction of Pornography on Computer Networks
- (10) Restriction on Funding ACORN
- (11) Restriction on Distribution of Sterile Needles
- (12) Confidentiality Agreements

III. Policy

(1) Salary Limitation

C. L. Brumback Primary Care Clinics shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II.

(2) Gun Control

C. L. Brumback Primary Care Clinics shall not use federal grant funds to advocate or promote gun control.

(3) Anti-Lobbying

A. C. L. Brumback Primary Care Clinics shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:

- i. For publicity or propaganda purposes;
- ii. For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

B. C. L. Brumback Primary Care Clinics shall not use federal grant funds to pay the salary or expenses of any employee or agent of C. L. Brumback Primary Care Clinics for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

C. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

(4) Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, C. L. Brumback Primary Care Clinics shall clearly state:

- A. the percentage of the total costs of the program or project which will be financed with Federal money;
- B. the dollar amount of Federal funds for the project or program; and
- C. the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

(5) and (6) Restrictions on Abortions, and Exceptions to these Restrictions

C. L. Brumback Primary Care Clinics shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde amendment exceptions.

(7) Ban on Funding of Human Embryo Research

C. L. Brumback Primary Care Clinics shall not use federal grant funds for (i) the creation of human embryos for research purposes; or (ii) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for

research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

- (8) Limitations on Use of Grant Funds for Promotion of Legalization of Controlled Substances
 C. L. Brumback Primary Care Clinics shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act.

- (9) Restriction of Pornography on Computer Networks
 C. L. Brumback Primary Care Clinics shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

- (10) Restriction on Funding ACORN
 C. L. Brumback Primary Care Clinics shall not provide any federal grant funds to the Association of Community Organizations for Reform Now (“ACORN”), or any of its affiliates, subsidiaries, allied organizations, or successors.

- (11) Restriction on Distribution of Sterile Needles
 C. L. Brumback Primary Care Clinics shall not use federal grant funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

- (12) Confidentiality Agreements
 C. L. Brumback Primary Care Clinics shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

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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**DISTRICT CLINIC HOLDINGS,
INC. BOARD OF DIRECTORS
November 27, 2019**

1. Description: Change In Scopes –Remove Previous Belle Glade Sites

2. Summary:

We plan to administratively close the older Belle Glade sites now that the new Belle Glade site is fully operational.

3. Substantive Analysis:

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:

- 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)
38754 State Road 80, Belle Glade, FL 33430-5615

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
November 27, 2018

6. Recommendation:

Staff recommends the Board approve the request for two Change in Scopes to remove the previous Belle Glade Clinic sites.

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
November 27, 2019

1. Description: Executive Director Informational Update

2. Summary:

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

- Belle Glade Clinic
- Mock HRSA Audit
- Mock FTCA Audit
- HRSA Operational Site Visit
- Board Self-Evaluation
- Clinic Executive Director Evaluation

3. Substantive Analysis:

Belle Glade Clinic

Doors opened for medical on 30Oct2019 and dental on 04Nov2019.

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

Please complete the Clinic Executive Director Evaluation before you leave today. We will bring the tallied results to the next Board 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"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

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 Board receive and file the Executive Director Informational Update.

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

1. Description: Operations Reports – October 2019

2. Summary:

This agenda item provides the following operations reports for October 2019:

- Productivity Summary Report
- Productivity Detail Report by Clinic

3. Substantive Analysis:

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.

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.

The Mobile Van added a new location this month at Palm Beach State College. A total of 112 homeless patients were seen this month.

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
November 27, 2019

6. Recommendation:

Staff recommends the Board Approve the Operations Reports for October 2019.

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



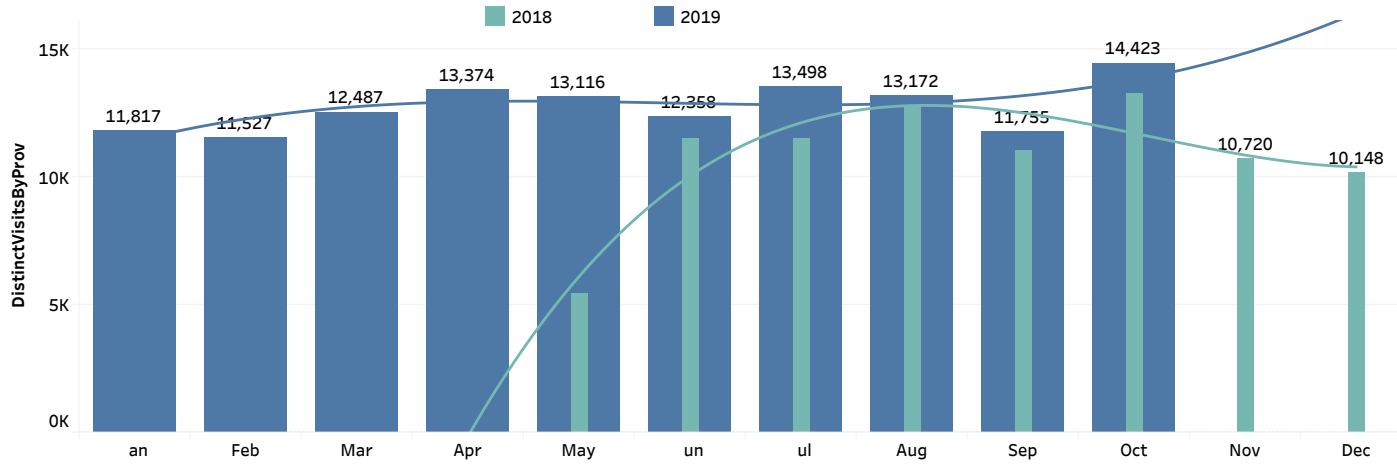
Dr. Hyla Fritsch
Director of Clinic Operations and Pharmacy
Services



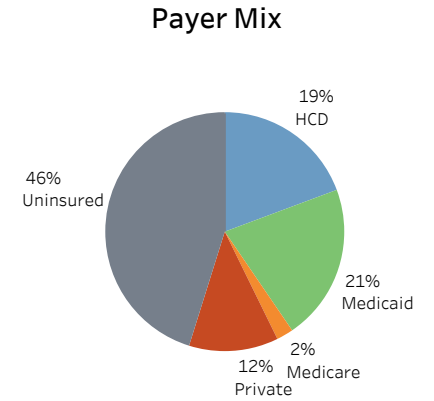
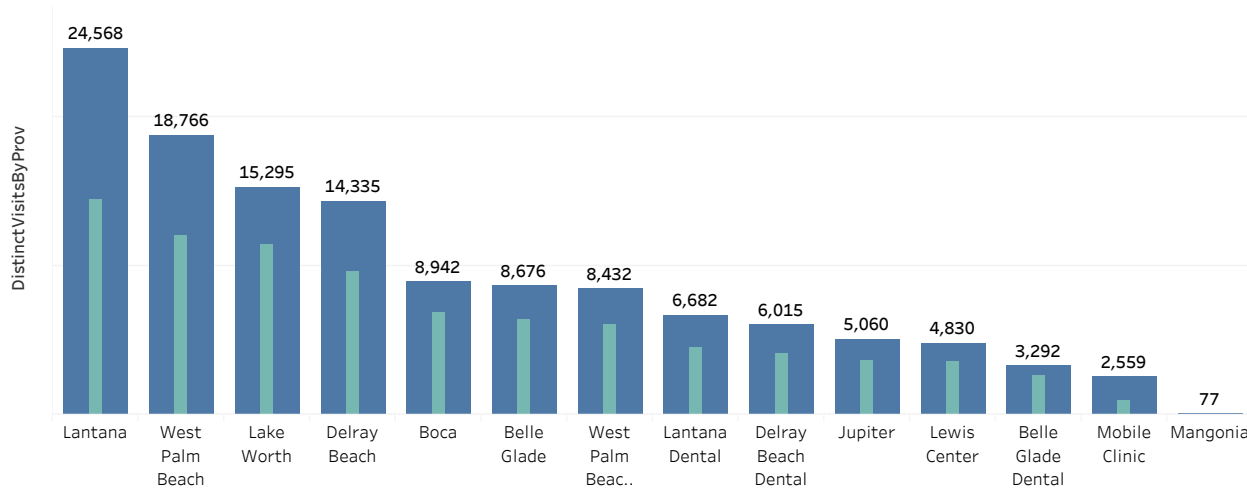
Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

2019 Visits
127,527

Service Date
 5/15/2018 to 10/31/2019



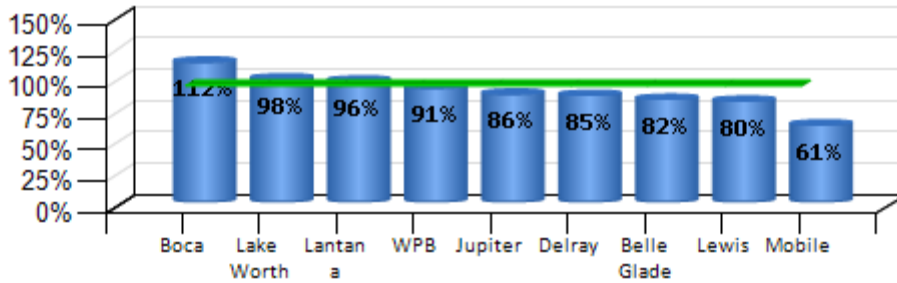
- Category**
- Adult Care
 - Dental
 - Dental Hygiene
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



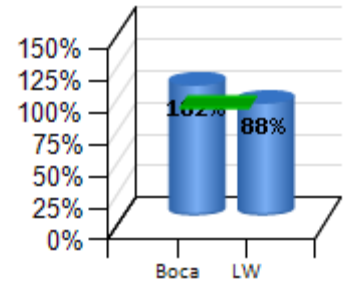
ALL CLINICS PRODUCTIVITY OCTOBER 2019

	Target	Total seen	% Monthly Target	New Patients	% New Patients
ADULT CARE	8112	7310	90%	1165	16%
DENTAL	2713	2247	83%	243	11%
DENTAL HYGIENE	788	449	57%		
MENTAL HEALTH	2139	1577	74%		
PEDIATRIC CARE	2107	1810	86%	340	19%
SUBSTANCE ABUSE	630	499	79%		
WOMEN'S HEALTH CARE	603	551	91%	100	18%

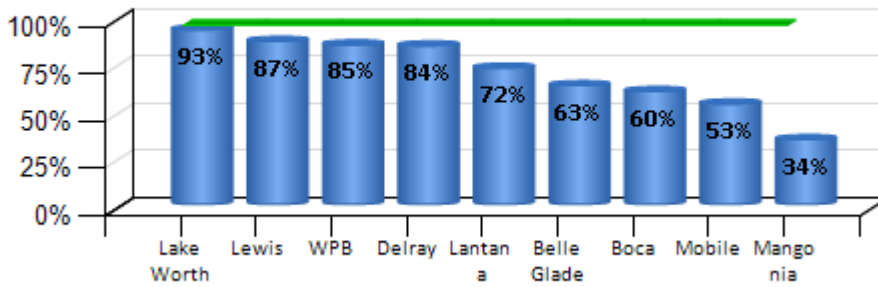
Adult care



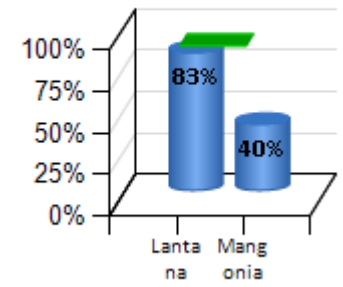
Women's Health



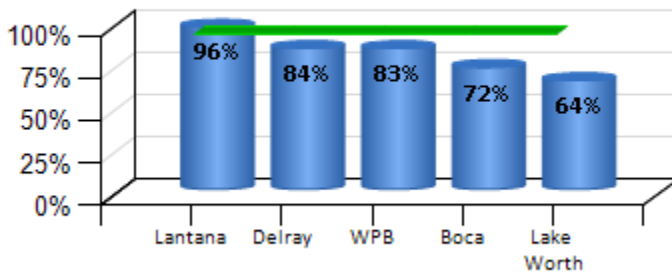
Mental Health



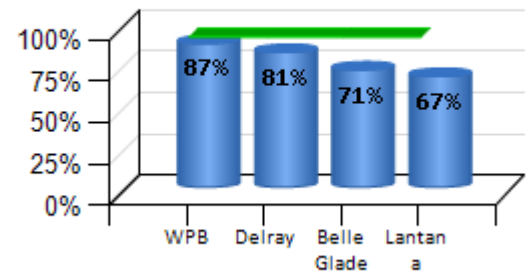
Substance Abuse



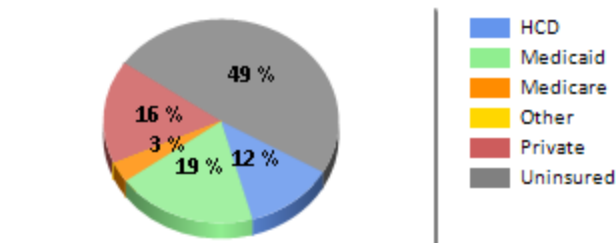
Pediatric Care



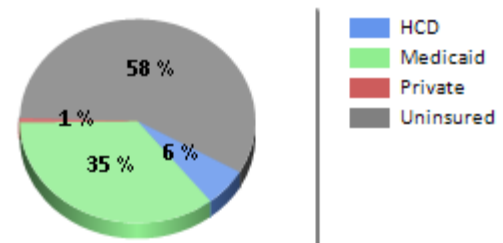
Dental & Dental Hygiene



Medical Payer Mix YTD



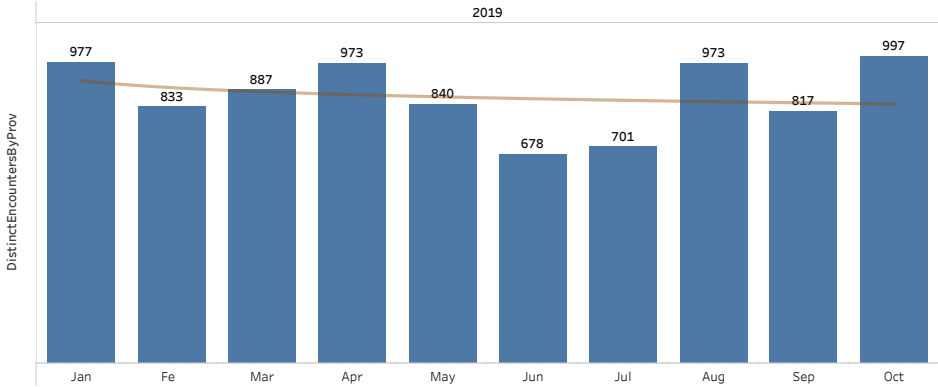
Dental Payer Mix YTD



Visits YTD

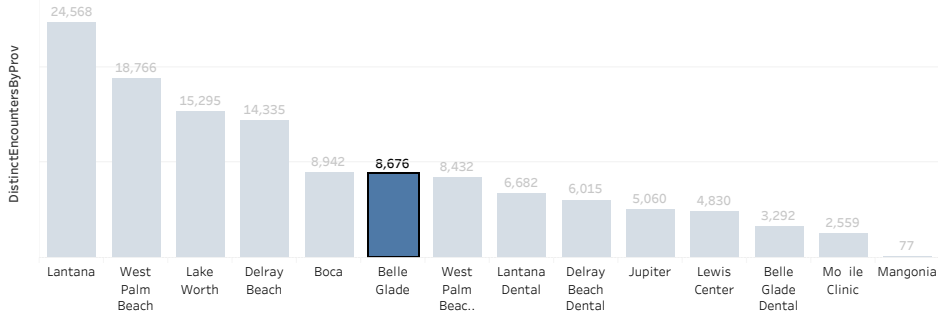
8,676

Service Date
 1/1/2019 to 10/31/20..

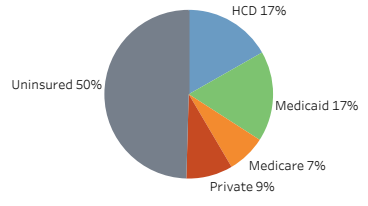


Category

- Adult Care
- Mental Health
- Substance Abuse



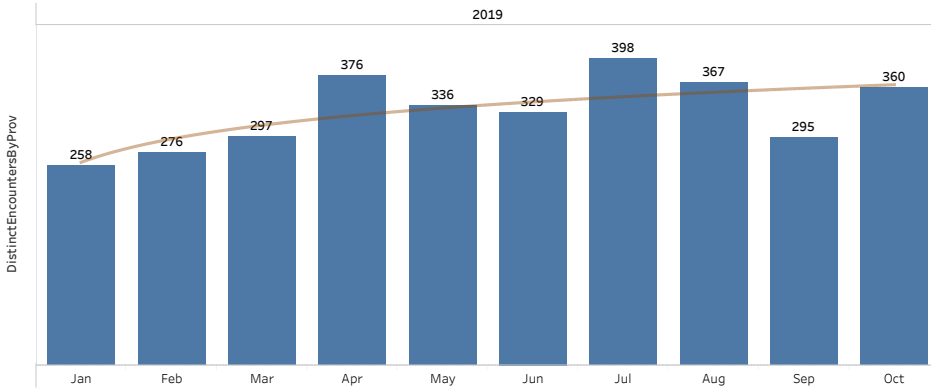
Payer Mix



Visits YTD

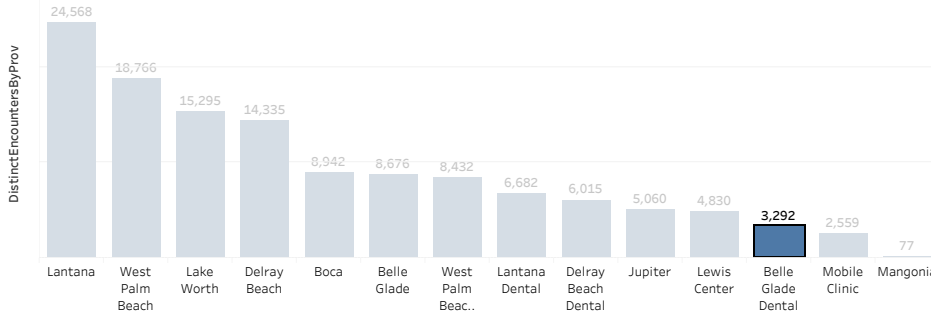
3,292

Service Date
 1/1/2019 to 10/31/20..

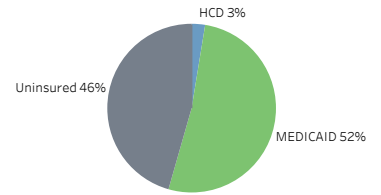


Category

- Dental
- Dental Hygiene



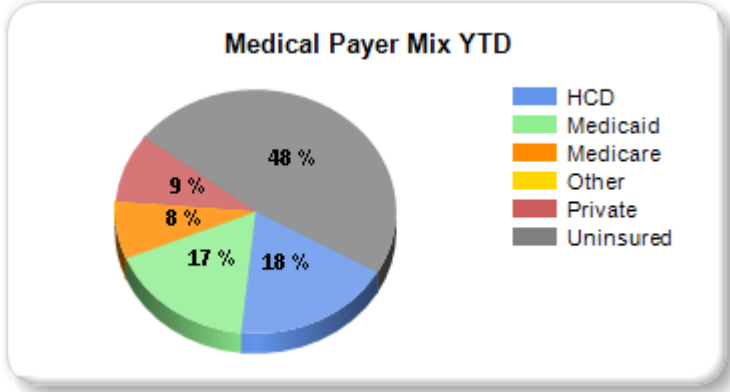
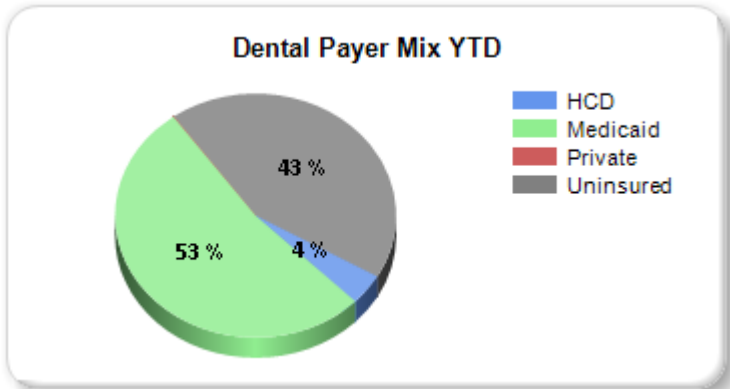
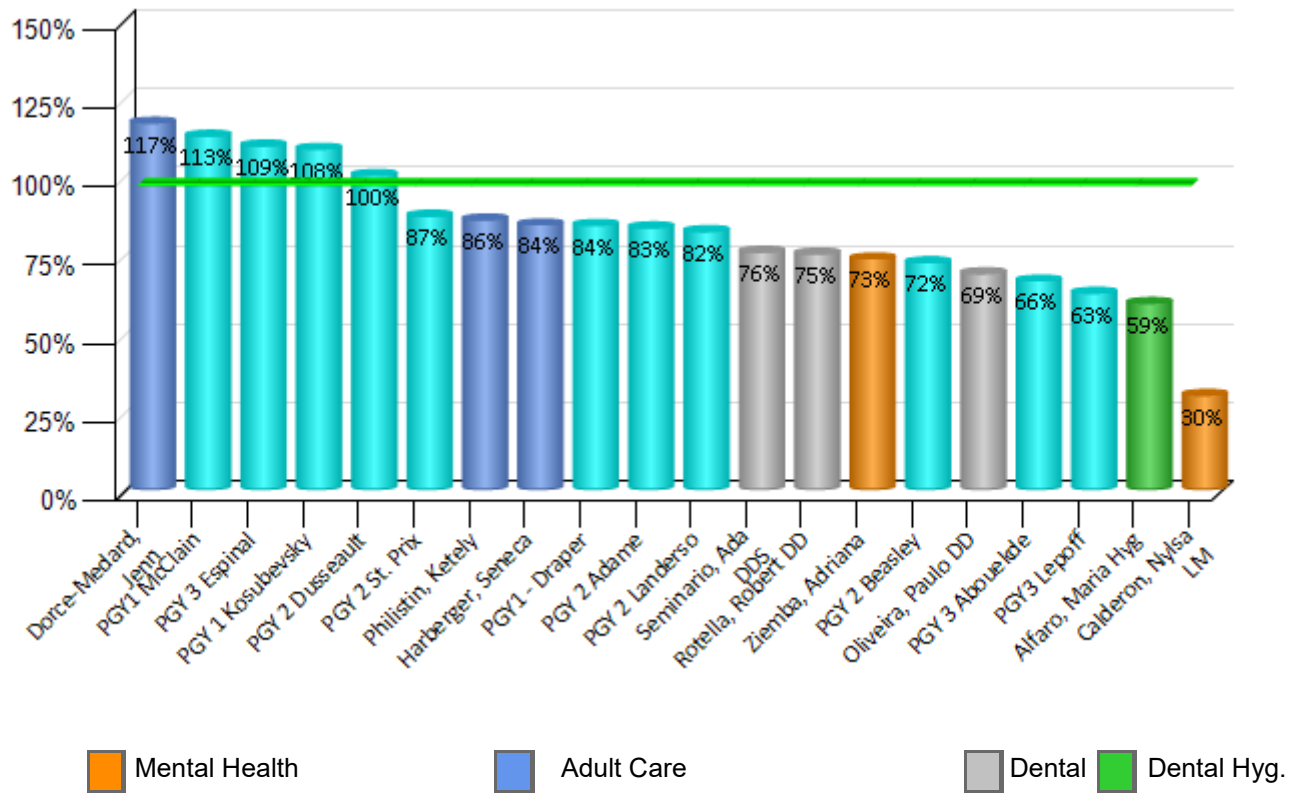
Payer Mix



BELLE GLADE TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
RESIDENT						
PGY1 McClain	8	1.0	8	9	113%	9.0
PGY 3 Espinal	16	2.0	32	35	109%	17.5
PGY 1 Kosubevsky	8	1.5	12	13	108%	8.7
PGY 2 Dusseault	12	1.0	12	12	100%	12.0
PGY 2 St. Prix	12	4.5	54	47	87%	10.4
PGY1 - Draper	8	5.5	44	37	84%	6.7
PGY 2 Adame	12	3.0	36	30	83%	10.0
PGY 2 Landerso	12	7.0	84	69	82%	9.9
PGY 2 Beasley	12	3.0	36	26	72%	8.7
PGY 3 Abouekde	16	14.5	232	154	66%	10.6
PGY3 Lepoff	16	4.5	72	45	63%	10.0
BELLE GLADE RESIDENT TOTALS		47.5	622	477	77%	
ADULT CARE						
Dorce-Medard, Jennifer DO Resident Preceptor	3	14.0	42	49	117%	3.5
Philistin, Ketely ARNP	16	22.5	360	309	86%	13.7
Harberger, Seneca MD Resident Preceptor	7	19.5	137	115	84%	5.9
BELLE GLADE ADULT CARE TOTALS		56.0	539	473	88%	
MENTAL HEALTH						
Ziemba, Adriana	8	8.0	64	47	73%	5.9
Calderon, Nylsa LMHC	10	2.0	20	6	30%	3.0
BELLE GLADE MENTAL HEALTH TOTALS		10.0	84	53	63%	
DENTAL						
Seminario, Ada DDS	16	21.0	336	254	76%	12.1
Rotella, Robert DDS	16	1.0	16	12	75%	12.0
Oliveira, Paulo DDS	16	1.0	16	11	69%	11.0
BELLE GLADE DENTAL TOTALS		23.0	368	277	75%	
DENTAL HYGIENE						
Alfaro, Maria Hyg	8	17.5	140	83	59%	4.7
BELLE GLADE DENTAL HYGIENE TOTALS		17.5	140	83	59%	
BELLE GLADE TOTALS		154.0	1753	1363	78%	

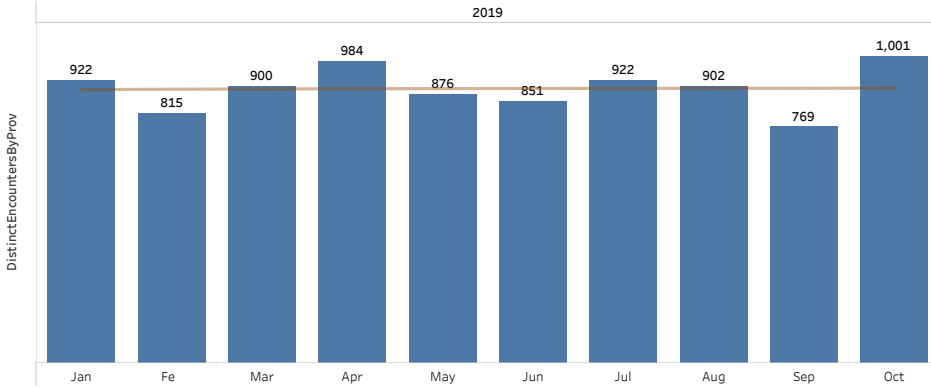
BELLE GLADE PROVIDER PRODUCTIVITY OCTOBER 2019



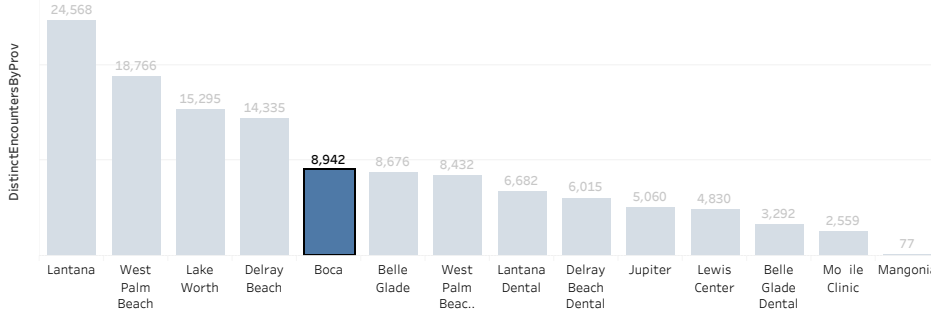
Visits YTD

8,942

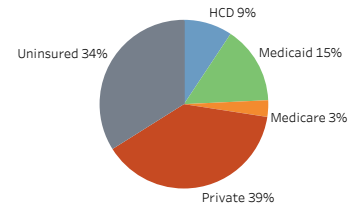
Service Date
 1/1/2019 to 10/31/20..



- Category**
- Adult Care
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



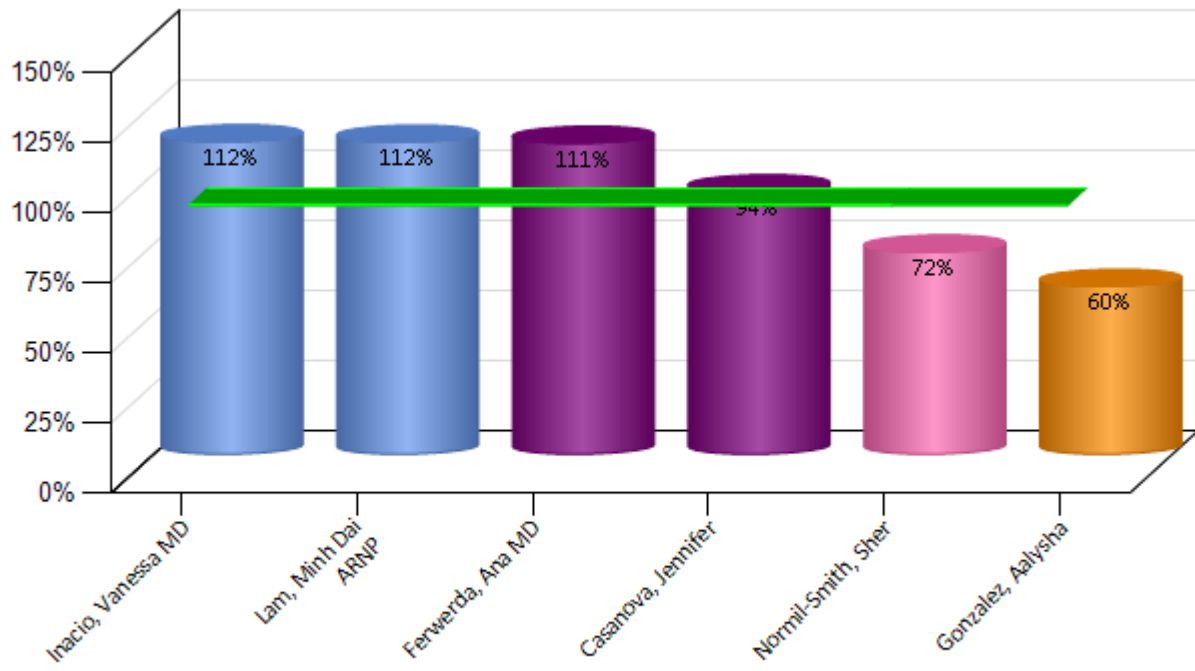
Payer Mix



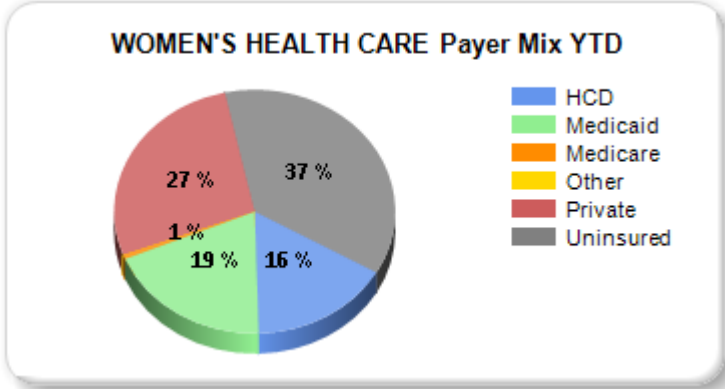
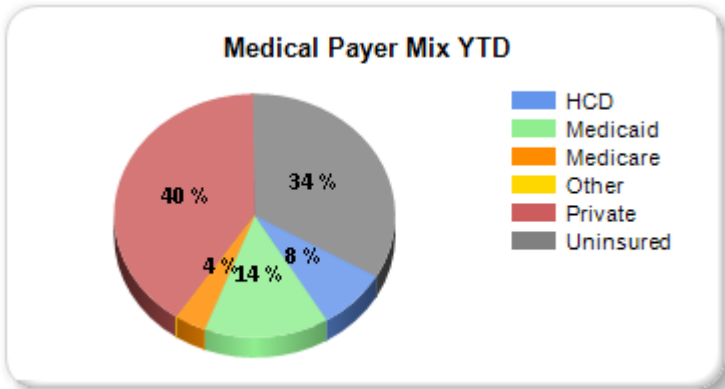
BOCA TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Inacio, Vanessa MD	18	20.5	369	412	112%	20.1
Lam, Minh Dai ARNP	16	19.0	304	339	112%	17.8
BOCA ADULT CARE TOTALS		39.5	673	751	112%	
PEDIATRIC CARE						
Normil-Smith, Sherloun MD	18	7.0	126	91	72%	13.0
BOCA PEDIATRIC CARE TOTALS		7.0	126	91	72%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	4.0	72	80	111%	20.0
Casanova, Jennifer, ARNP	16	5.0	80	75	94%	15.0
BOCA WOMEN'S HEALTH CARE TOTALS		9.0	152	155	102%	
MENTAL HEALTH						
Gonzalez, Aalysha LCSW	10	0.5	5	3	60%	6.0
BOCA MENTAL HEALTH TOTALS		0.5	5	3	60%	
BOCA TOTALS		56.0	956	1000	105%	

BOCA PROVIDER PRODUCTIVITY OCTOBER 2019



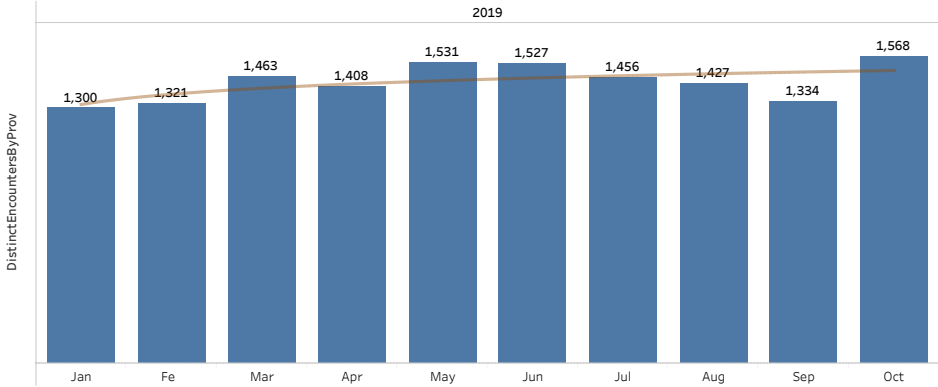
■ Pediatrics
 ■ Adult Care
 ■ Women's Health



Visits YTD

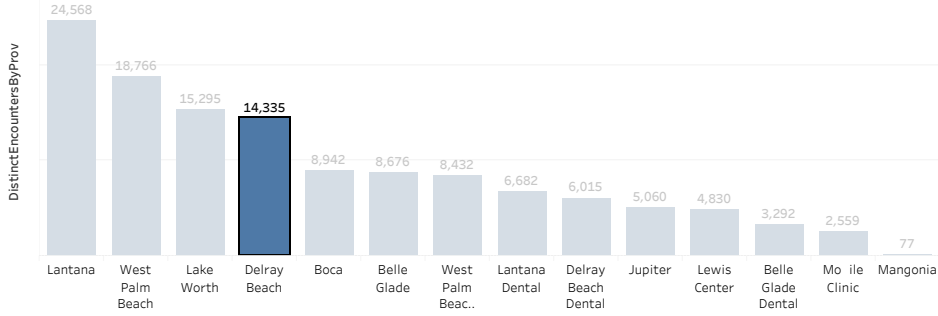
14,335

Service Date
 1/1/2019 to 10/31/20..

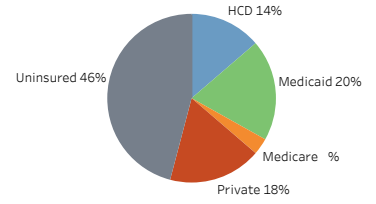


Category

- Adult Care
- Mental Health
- Pediatric Care
- Substance Abuse



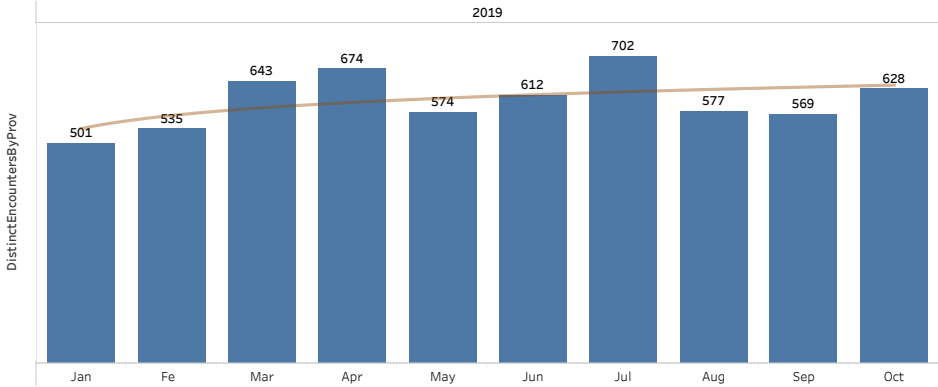
Payer Mix



Visits YTD

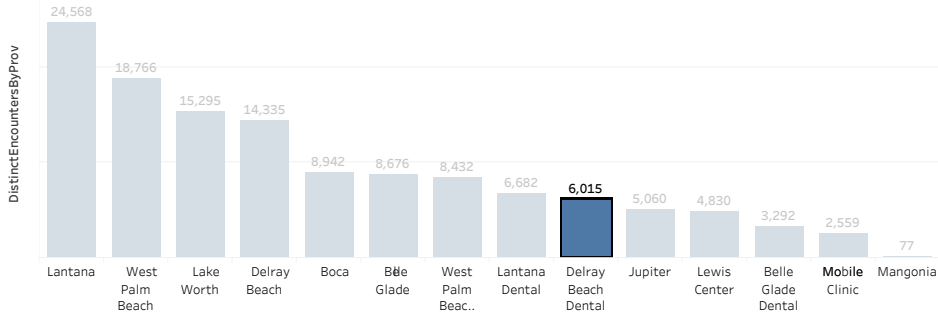
6,015

Service Date
 1/1/2019 to 10/31/20..

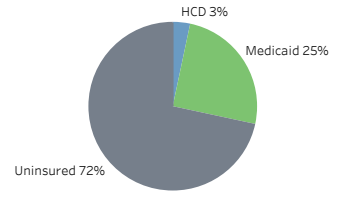


Category

- Dental
- Dental Hygiene



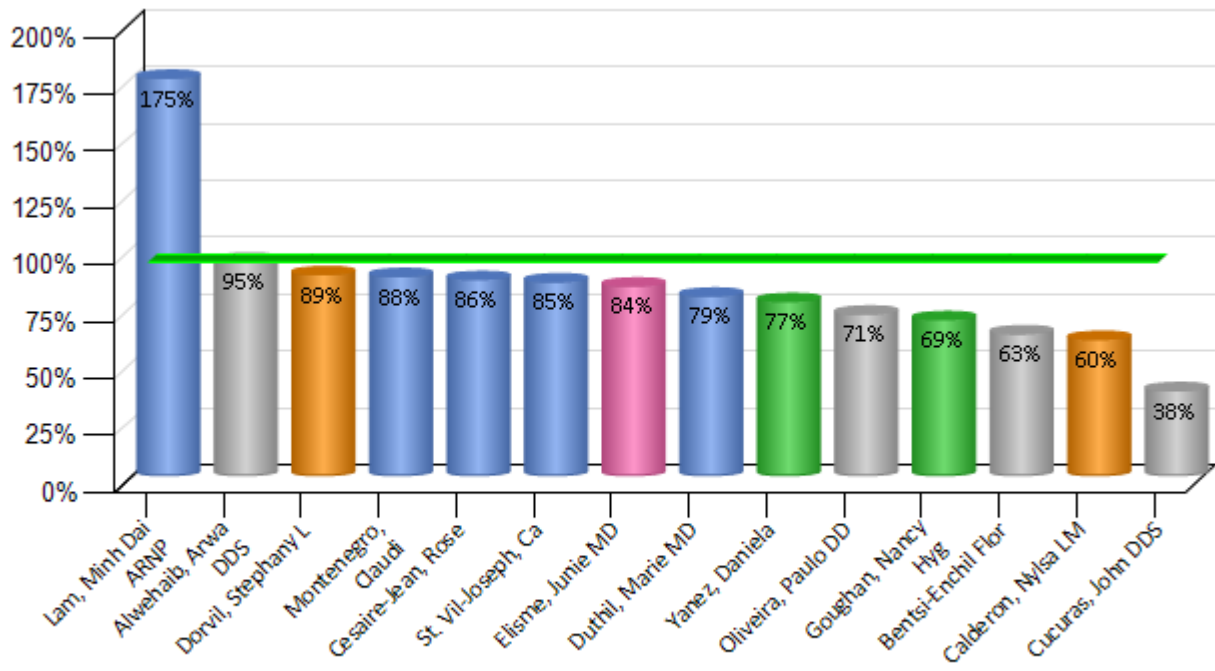
Payer Mix



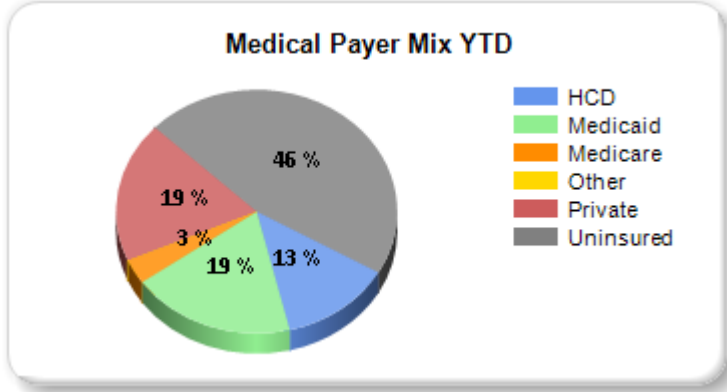
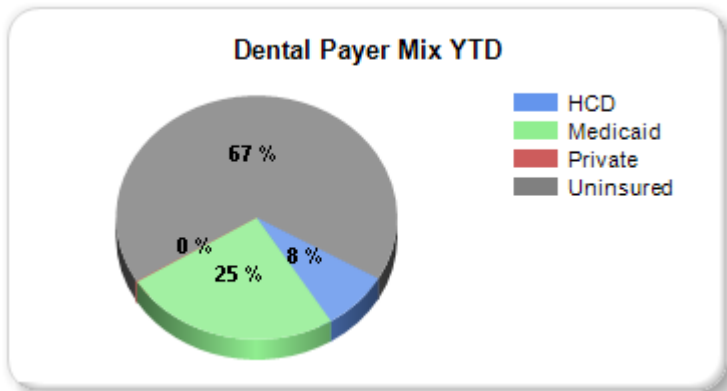
DELRAY BEACH TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	0.5	8	14	175%	28.0
Montenegro, Claudia DO	18	19.0	342	300	88%	15.8
Cesaire-Jean, Rose Carline ARNP	16	23.0	368	318	86%	13.8
St. Vil-Joseph, Carline ARNP	16	20.5	328	280	85%	13.7
Duthil, Marie MD	18	21.0	378	299	79%	14.2
DELRAY BEACH ADULT CARE TOTALS		84.0	1424	1211	85%	
PEDIATRIC CARE						
Elisme, Junie MD	18	14.5	261	218	84%	15.0
DELRAY BEACH PEDIATRIC CARE TOTALS		14.5	261	218	84%	
MENTAL HEALTH						
Dorvil, Stephany LCSW	10	14.0	140	124	89%	8.9
Calderon, Nylsa LMHC	10	2.5	25	15	60%	6.0
DELRAY BEACH MENTAL HEALTH TOTALS		16.5	165	139	84%	
DENTAL						
Alwehaib, Arwa DDS	16	20.5	328	310	95%	15.1
Oliveira, Paulo DDS	16	18.0	288	205	71%	11.4
Bentsi-Enchil Flora DDS	16	1.0	16	10	63%	10.0
Cucuras, John DDS	16	0.5	8	3	38%	6.0
DELRAY BEACH DENTAL TOTALS		40.0	640	528	83%	
DENTAL HYGIENE						
Yanez, Daniela	8	14.5	116	89	77%	6.1
Goughan, Nancy Hyg	8	2.0	16	11	69%	5.5
DELRAY BEACH DENTAL HYGIENE TOTALS		16.5	132	100	76%	
DELRAY BEACH TOTALS		171.5	2622	2196	84%	

DELRAY BEACH PROVIDER PRODUCTIVITY OCTOBER 2019



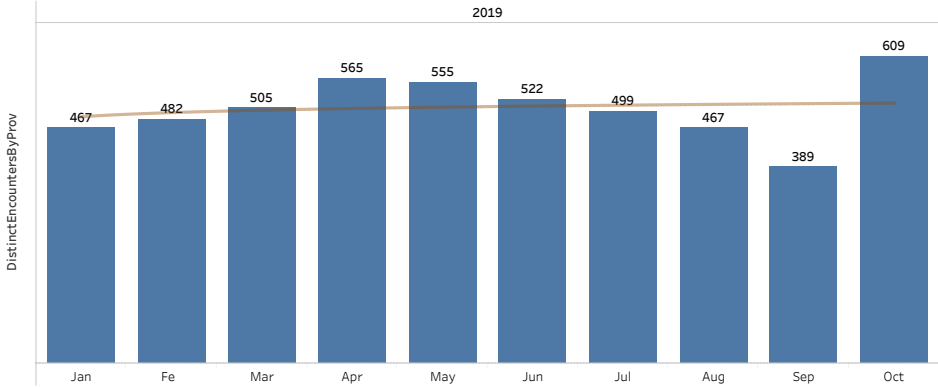
■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.



Visits YTD

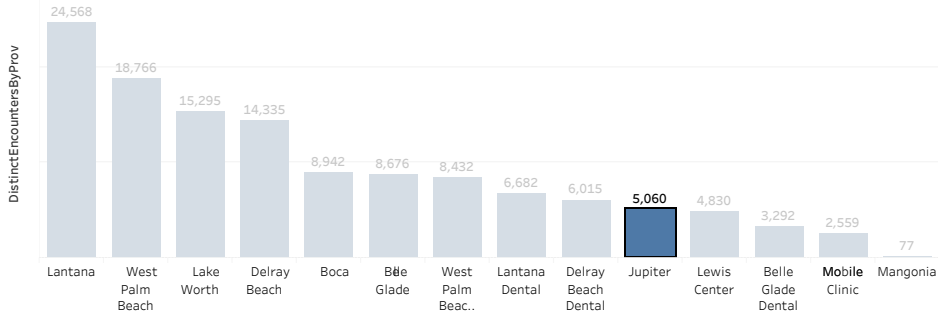
5,060

Service Date
 1/1/2019 to 10/31/20..

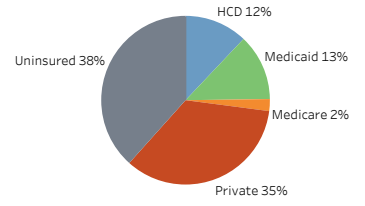


Category

Adult Care



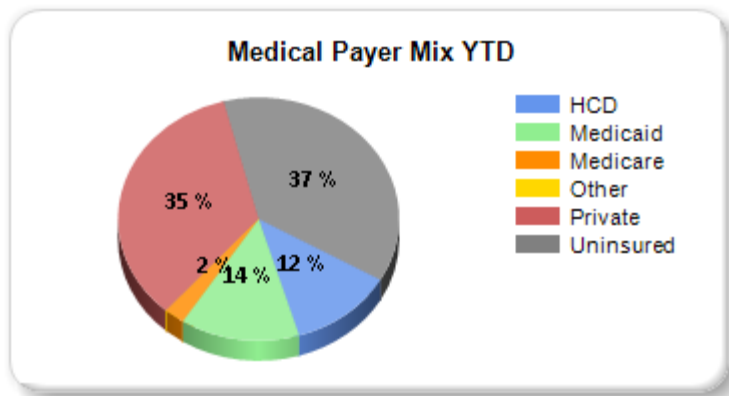
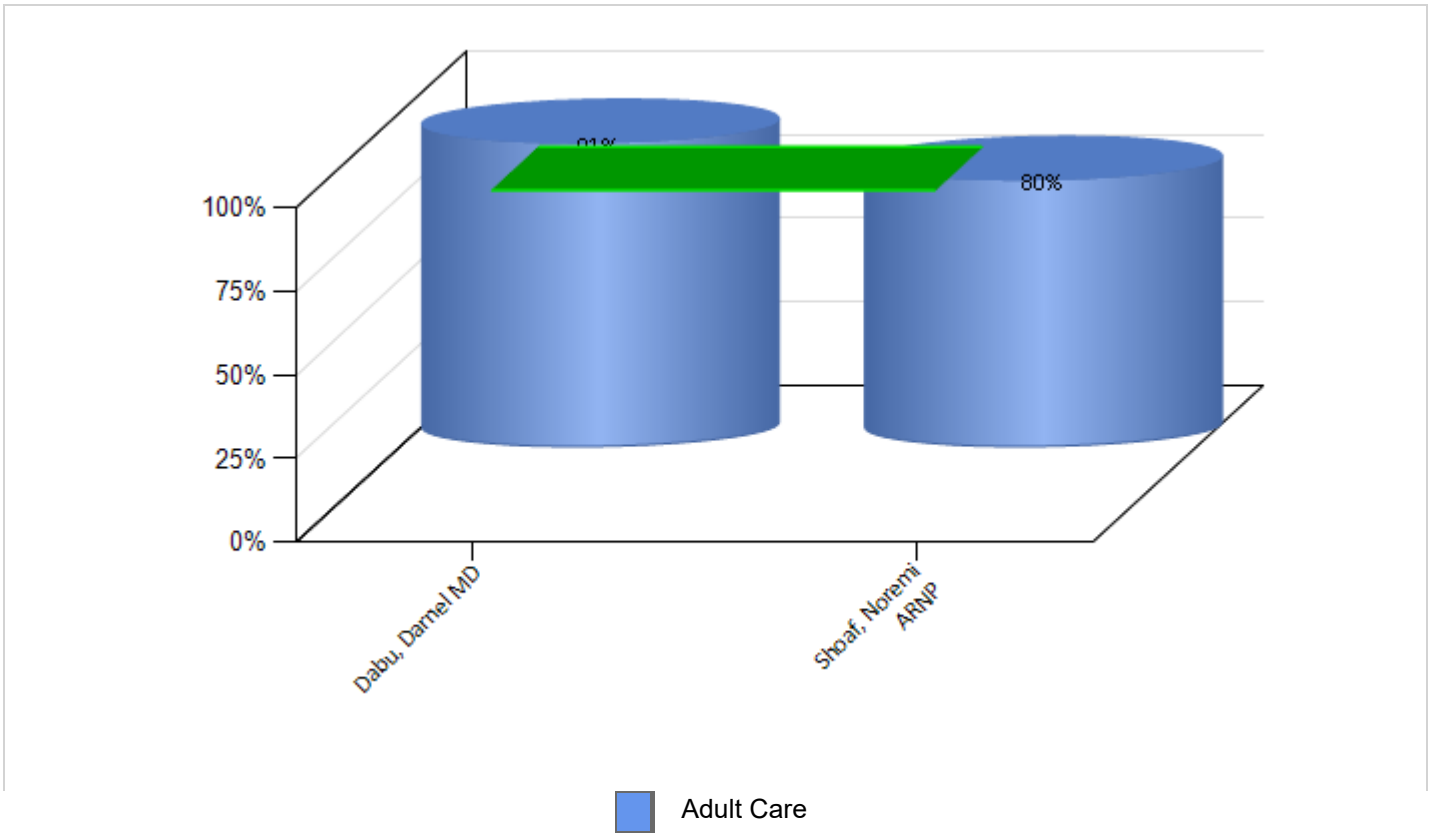
Payer Mix



JUPITER TOTALS FOR OCTOBER 2019

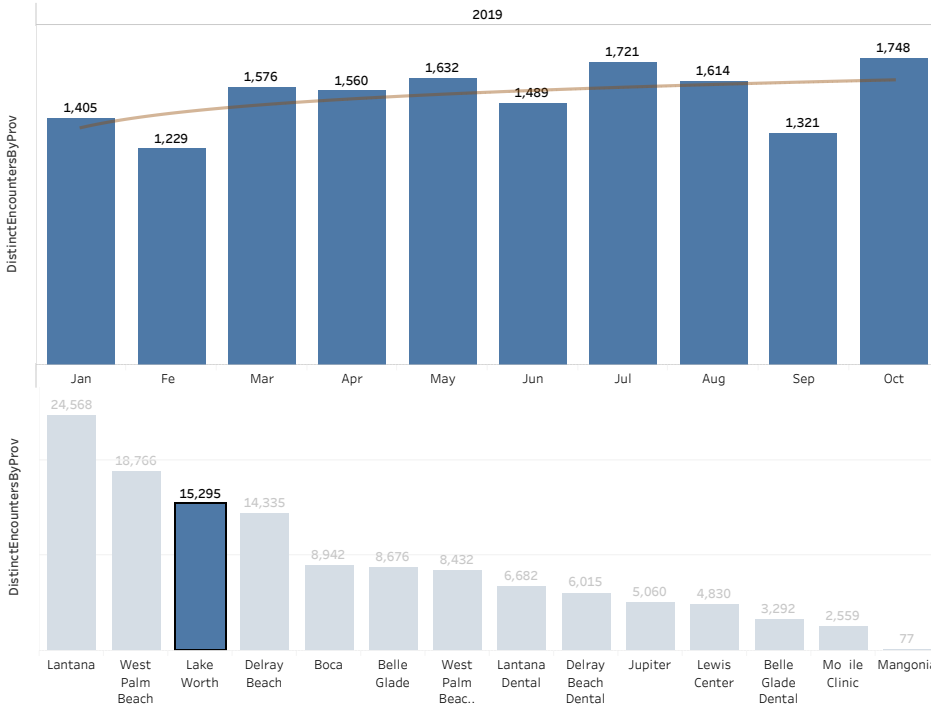
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	22.0	396	360	91%	16.4
Shoaf, Noremi ARNP	16	19.5	312	249	80%	12.8
JUPITER ADULT CARE TOTALS		41.5	708	609	86%	
JUPITER TOTALS		41.5	708	609	86%	

JUPITER PROVIDER PRODUCTIVITY OCTOBER 2019



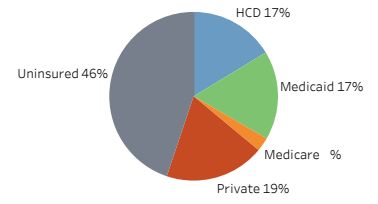
Visits YTD
15,295

Service Date
 1/1/2019 to 10/31/20..



- Category**
- Adult Care
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care

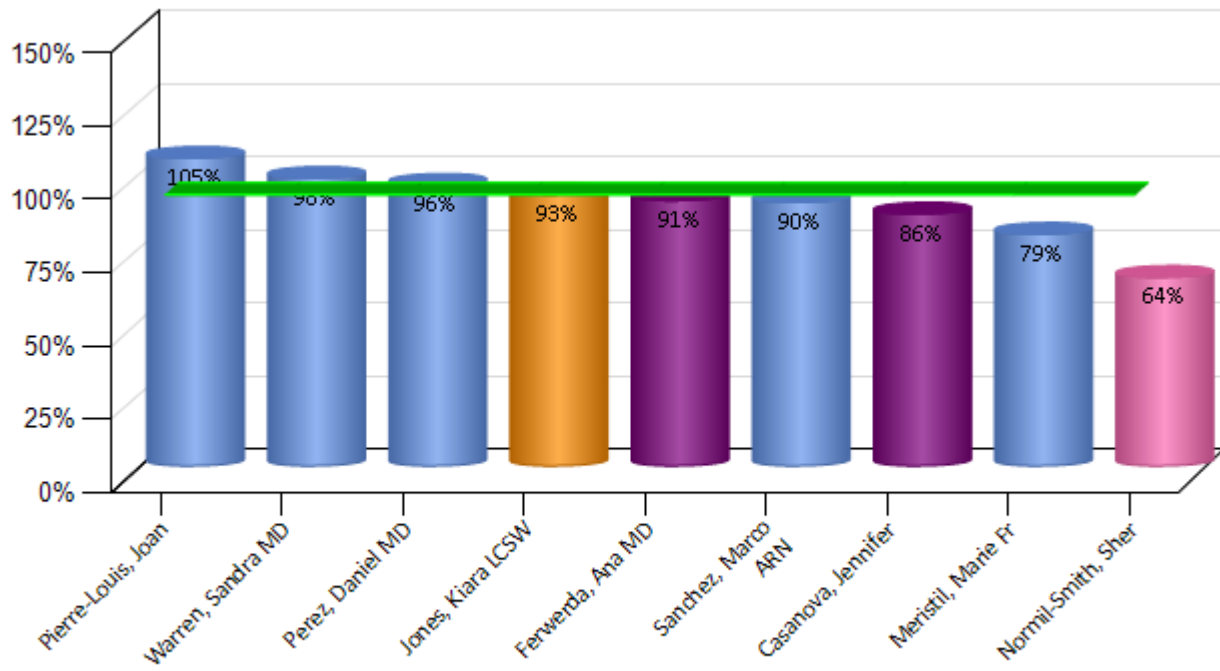
Payer Mix



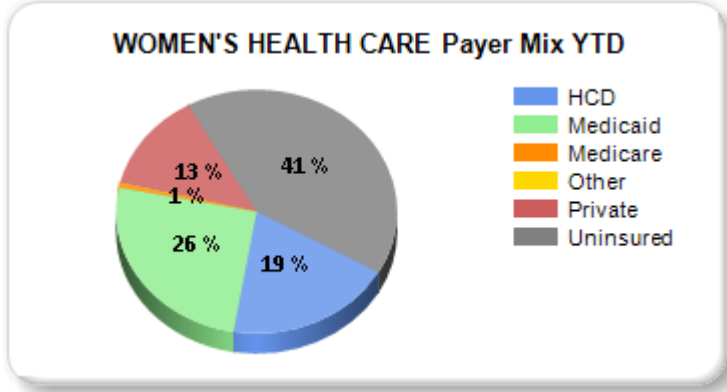
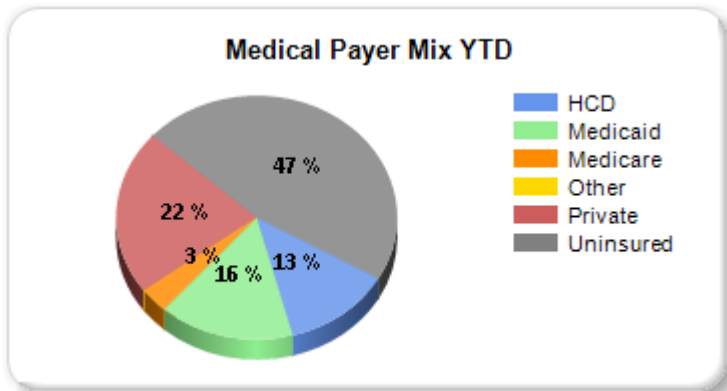
LAKE WORTH TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Pierre-Louis, Joanne ARNP	16	19.5	312	328	105%	16.8
Warren, Sandra MD	18	19.5	351	345	98%	17.7
Perez, Daniel MD	18	17.5	315	302	96%	17.3
Sanchez, Marco ARNP	10	1.0	10	9	90%	9.0
Meristil, Marie Frantzcia ARNP	16	4.5	72	57	79%	12.7
LAKE WORTH ADULT CARE TOTALS		62.0	1060	1041	98%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	10.0	180	116	64%	11.6
LAKE WORTH PEDIATRIC CARE TOTALS		10.0	180	116	64%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	9.5	171	155	91%	16.3
Casanova, Jennifer, ARNP	16	17.5	280	241	86%	13.8
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		27.0	451	396	88%	
MENTAL HEALTH						
Jones, Kiara LCSW	10	22.0	220	204	93%	9.3
LAKE WORTH MENTAL HEALTH TOTALS		22.0	220	204	93%	
LAKE WORTH TOTALS		121.0	1911	1757	92%	

LAKE WORTH PROVIDER PRODUCTIVITY OCTOBER 2019

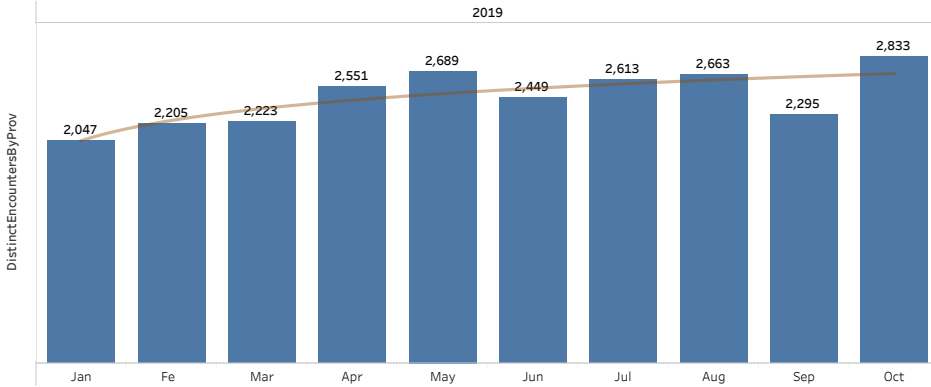


■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Women's Health



Visits YTD
24,568

Service Date
 1/1/2019 to 10/31/20..

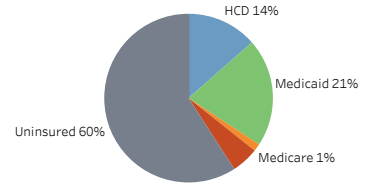


Category

- Adult Care
- Mental Health
- Pediatric Care
- Substance Abuse

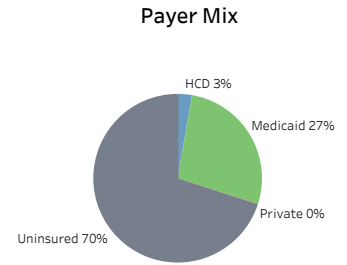
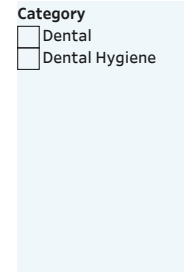
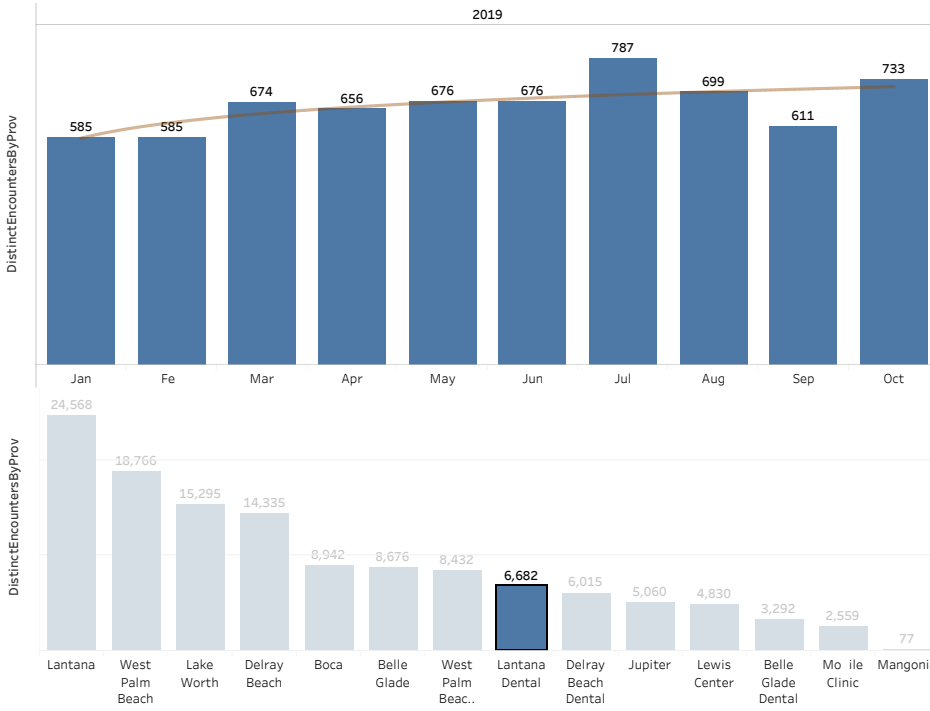


Payer Mix



Visits YTD
6,682

Service Date
 1/1/2019 to 10/31/20..



LANTANA TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Perez, Daniel MD	18	0.5	9	10	111%	20.0
Meristil, Marie Frantzcia ARNP	16	17.5	280	276	99%	15.8
Navarro, Elsy ARNP	16	22.5	360	353	98%	15.7
Alfonso-Puentes, Ramiro MD	18	21.0	378	352	93%	16.8
LANTANA ADULT CARE TOTALS		61.5	1027	991	96%	

PEDIATRIC CARE						
Lazaro, Nancy MD	18	21.5	387	433	112%	20.1
Normil-Smith, Sherloune MD	18	4.0	72	60	83%	15.0
Dessalines, Duclos MD	18	18.5	333	268	80%	14.5
LANTANA PEDIATRIC CARE TOTALS		44.0	792	761	96%	

MENTAL HEALTH						
Bell, Emily	10	18.0	180	217	121%	12.1
Ziemba, Adriana	4	3.5	14	15	107%	4.3
Alvarez, Franco MD	16	4.0	64	53	83%	13.3
Rivera-Pullen, Valerie LCSW	10	21.0	210	164	78%	7.8
Calderon, Nylsa LMHC	10	16.0	160	77	48%	4.8
Rowling, Courtney MD	16	13.5	216	85	39%	6.3
LANTANA MENTAL HEALTH TOTALS		76.0	844	611	72%	

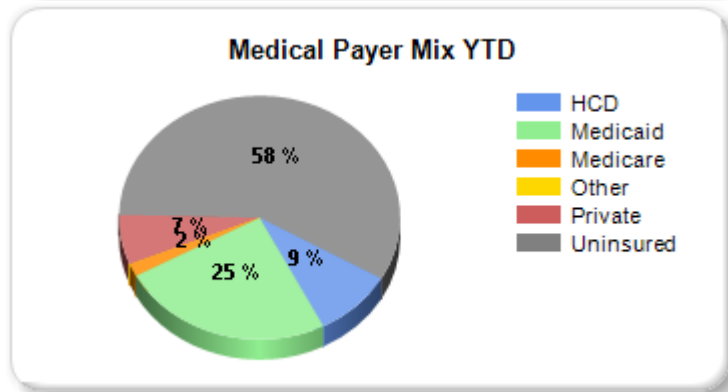
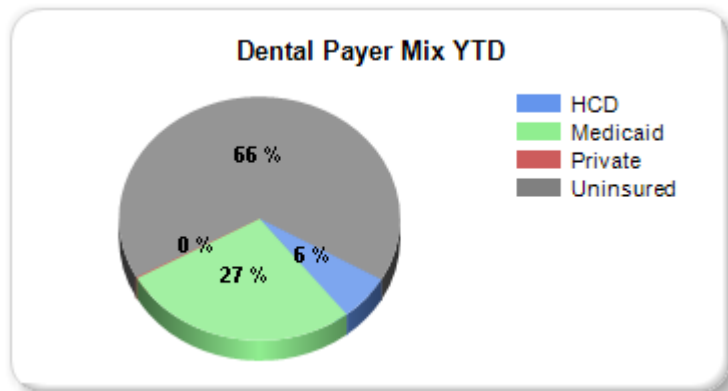
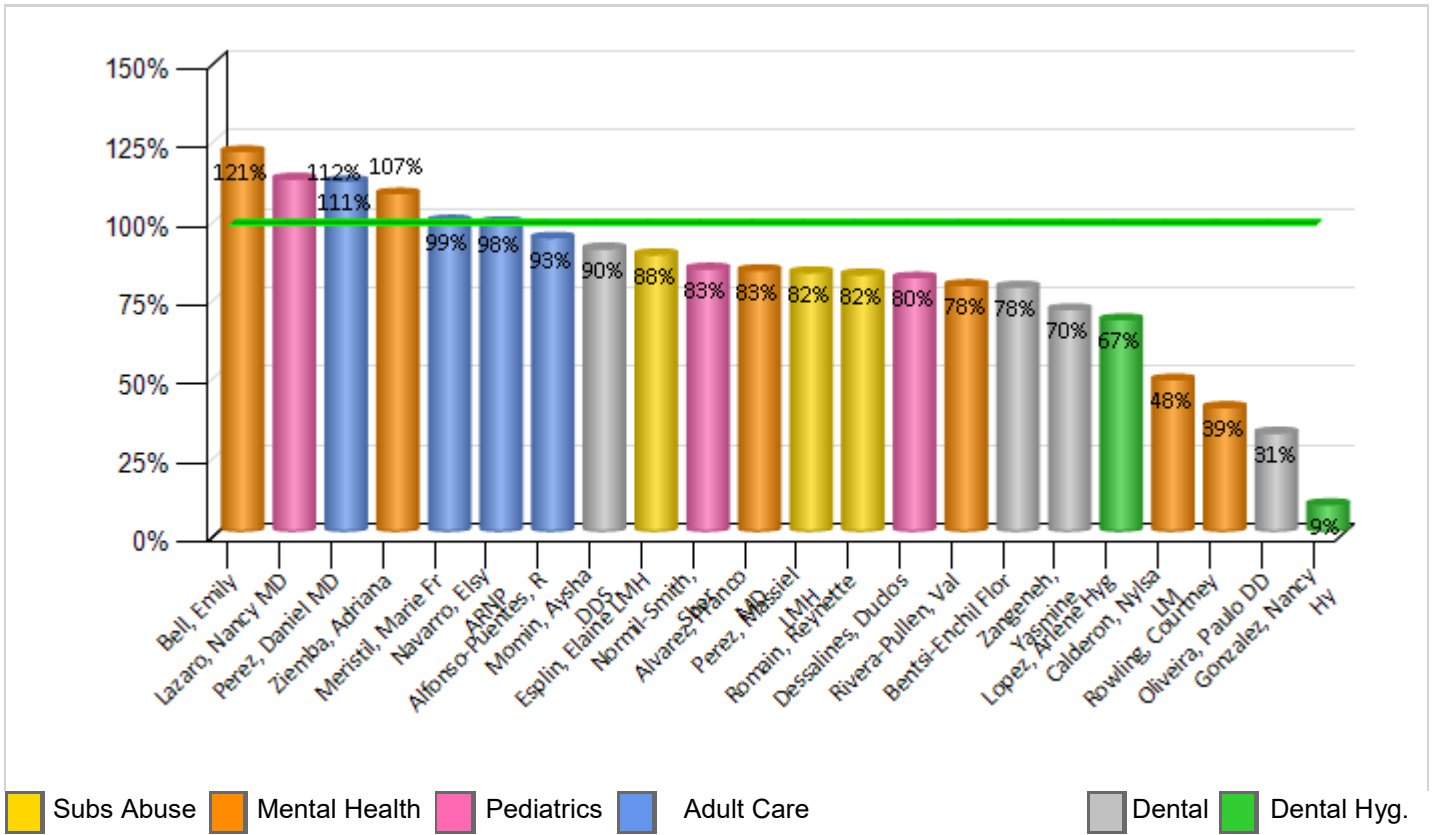
SUBSTANCE ABUSE						
Esplin, Elaine LMHC	10	14.0	140	123	88%	8.8
Perez, Massiel LMHC	10	23.0	230	189	82%	8.2
Romain, Reynette	10	20.0	200	163	82%	8.2
LANTANA SUBSTANCE ABUSE TOTALS		57.0	570	475	83%	

DENTAL						
Momin, Aysha DDS	16	22.5	360	323	90%	14.4
Bentsi-Enchil Flora DDS	16	14.5	232	180	78%	12.4
Zangeneh, Yasmine DDS	13	13.0	169	119	70%	9.2
Oliveira, Paulo DDS	16	2.0	32	10	31%	5.0
LANTANA DENTAL TOTALS		52.0	793	632	80%	

DENTAL HYGIENE						
Lopez, Arlene Hyg	8	16.0	128	86	67%	5.4
Gonzalez, Nancy Hyg	8	22.0	176	15	9%	0.7
LANTANA DENTAL HYGIENE TOTALS		38.0	304	101	33%	

LANTANA TOTALS		328.5	4330	3571	82%	
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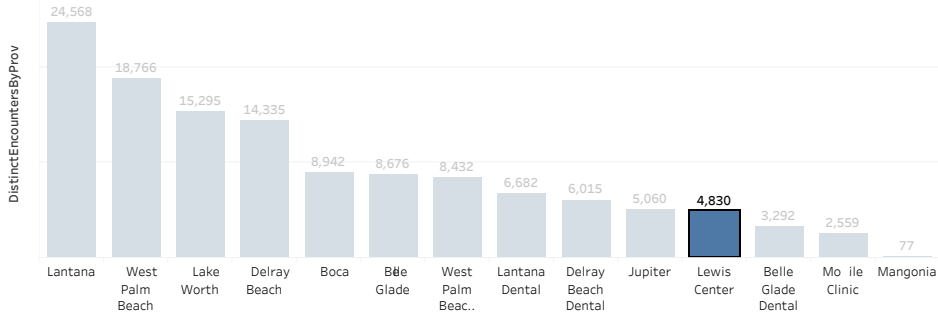
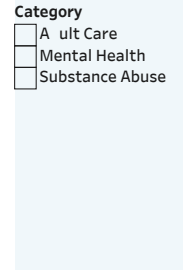
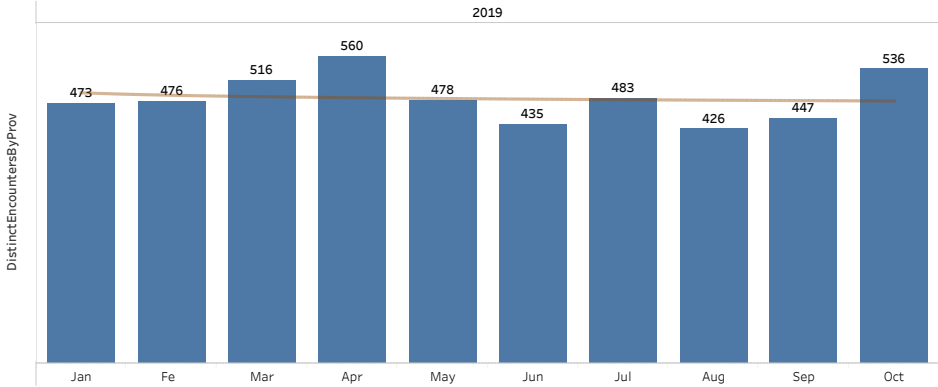
LANTANA PROVIDER PRODUCTIVITY OCTOBER 2019



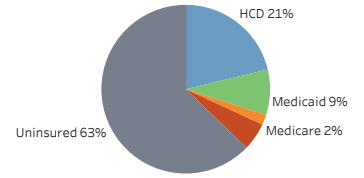
Visits YTD

4,830

Service Date
 1/1/2019 to 10/31/20..



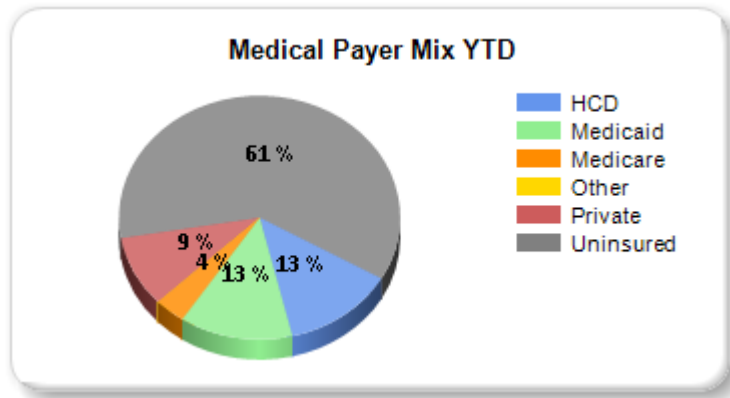
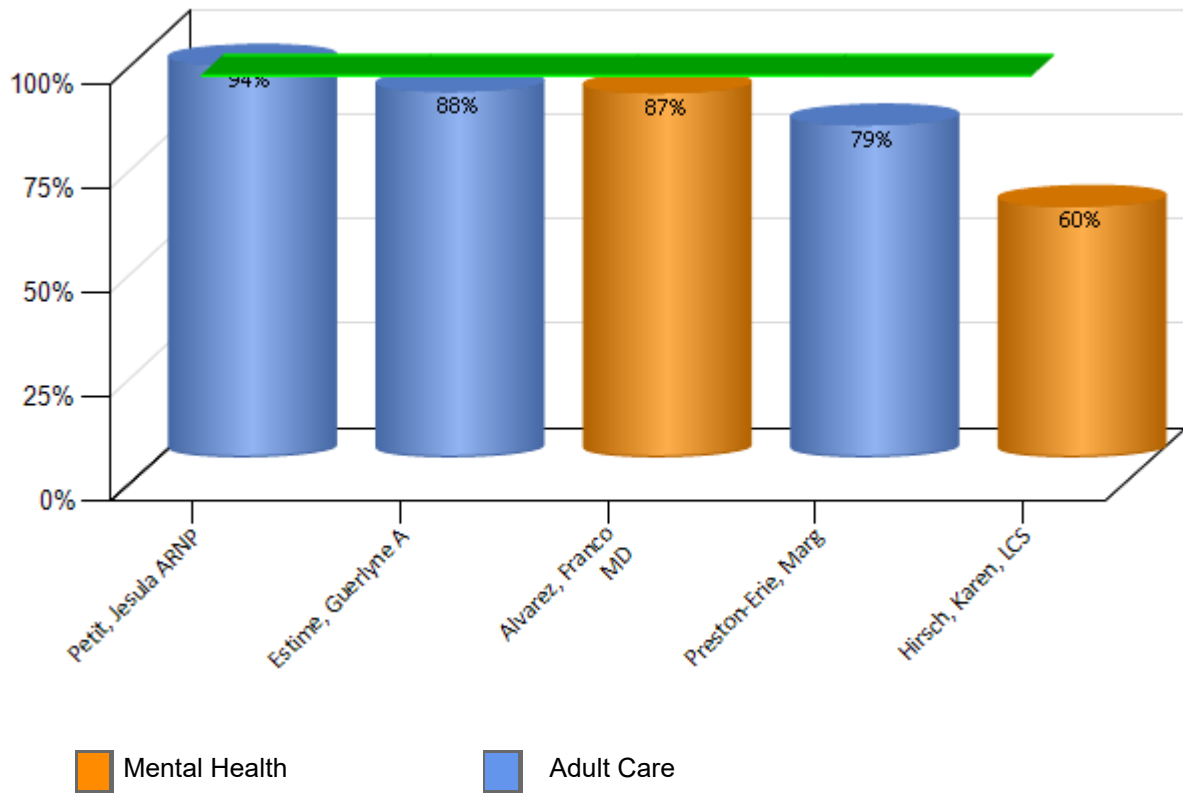
Payer Mix



LEWIS CENTER TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Petit, Jesula ARNP	16	1.0	16	15	94%	15.0
Estime, Guerlyne ARNP	16	1.0	16	14	88%	14.0
Preston-Erie, Margareth ARNP	16	21.0	336	267	79%	12.7
LEWIS CENTER ADULT CARE TOTALS		23.0	368	296	80%	
MENTAL HEALTH						
Alvarez, Franco MD	16	17.0	272	237	87%	13.9
Hirsch, Karen, LCSW	10	0.5	5	3	60%	6.0
LEWIS CENTER MENTAL HEALTH TOTALS		17.5	277	240	87%	
LEWIS CENTER TOTALS		40.5	645	536	83%	

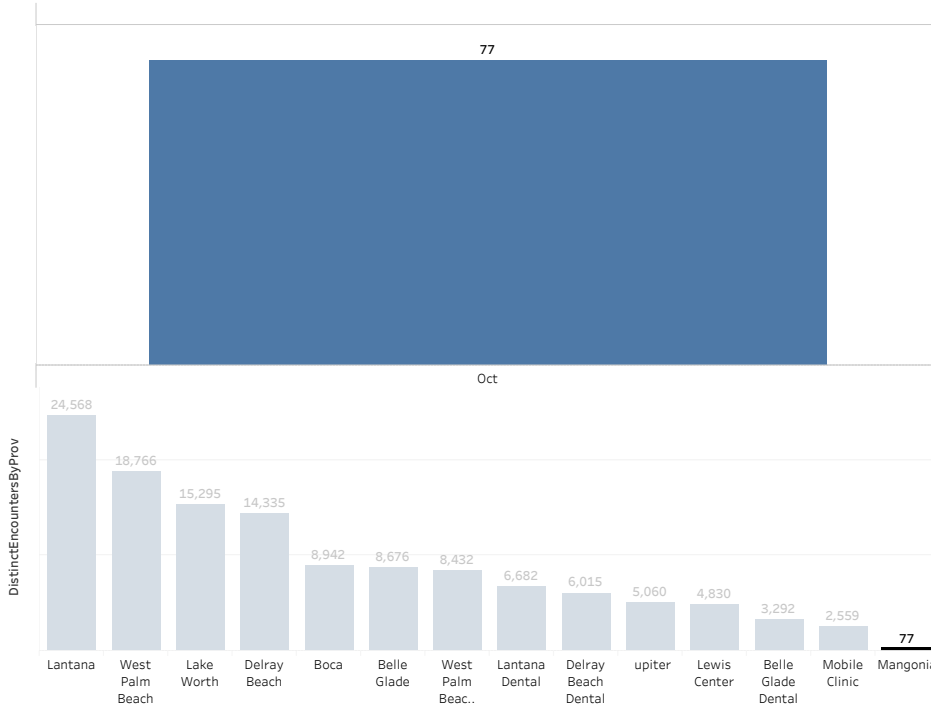
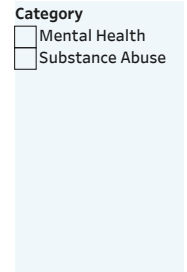
LEWIS CENTER PROVIDER PRODUCTIVITY OCTOBER 2019



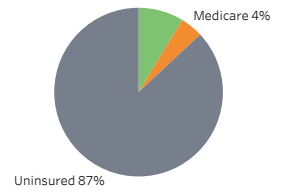
Visits YTD

77

Service Date
 1/1/2019 to 10/31/20..



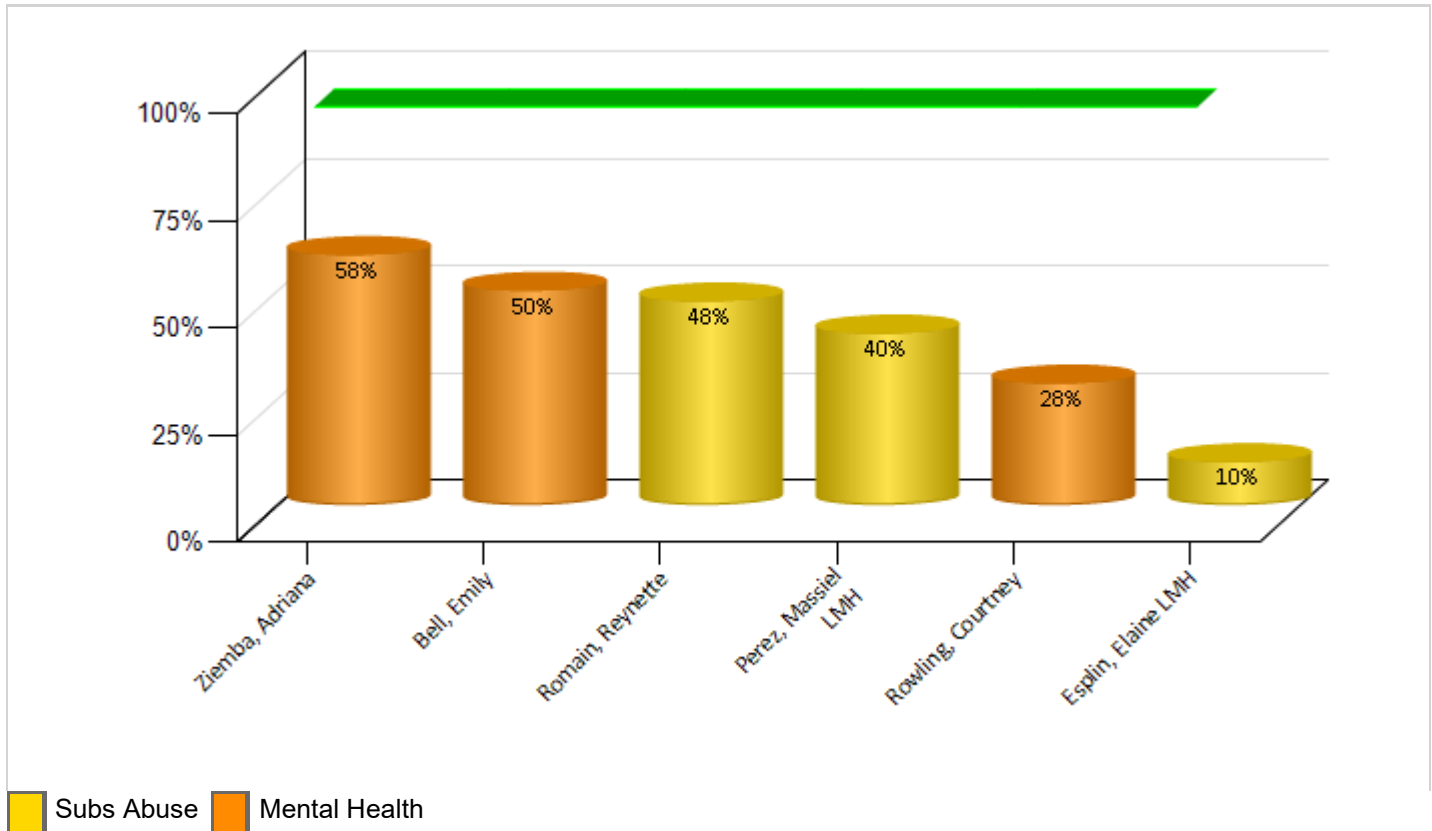
Payer Mix



MANGONIA PARK TOTALS FOR OCTOBER 2019

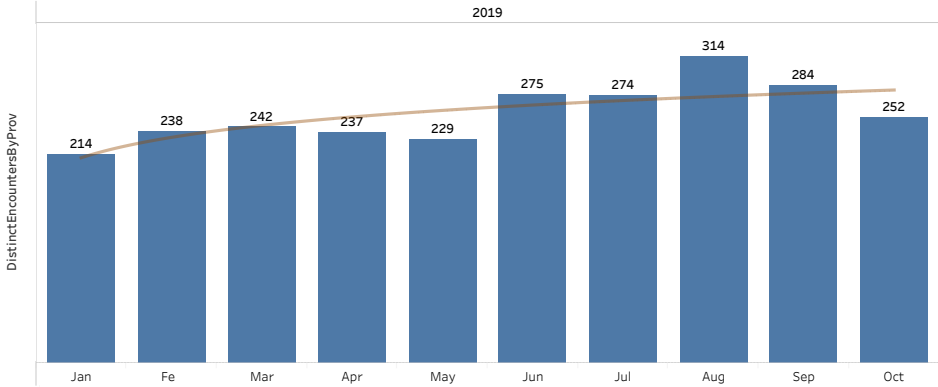
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
MENTAL HEALTH						
Ziemba, Adriana	8	3.0	24	14	58%	4.7
Bell, Emily	10	1.0	10	5	50%	5.0
Rowling, Courtney MD	16	7.5	120	34	28%	4.5
MANGONIA PARK MENTAL HEALTH TOTALS		11.5	154	53	34%	
SUBSTANCE ABUSE						
Romain, Reynette	10	4.0	40	19	48%	4.8
Perez, Massiel LMHC	10	1.0	10	4	40%	4.0
Esplin, Elaine LMHC	10	1.0	10	1	10%	1.0
MANGONIA PARK SUBSTANCE ABUSE TOTALS		6.0	60	24	40%	
MANGONIA PARK TOTALS			17.5	214	36%	

MANGONIA PARK PROVIDER PRODUCTIVITY OCTOBER 2019

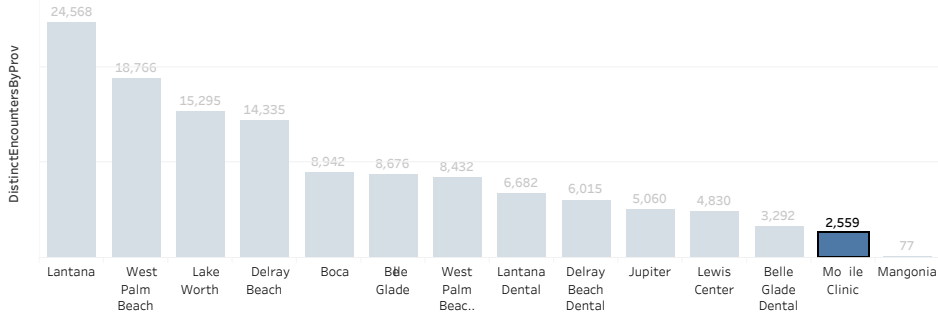


Visits YTD
2,559

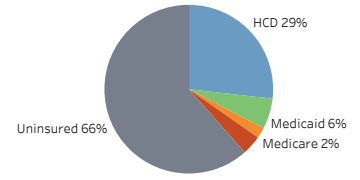
Service Date
 1/1/2019 to 10/31/20..



- Category**
- Adult Care
 - Mental Health
 - Substance Abuse
 - Women's Care



Payer Mix



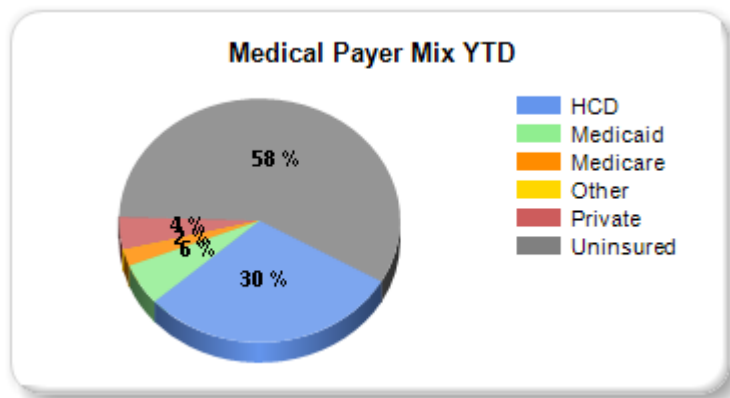
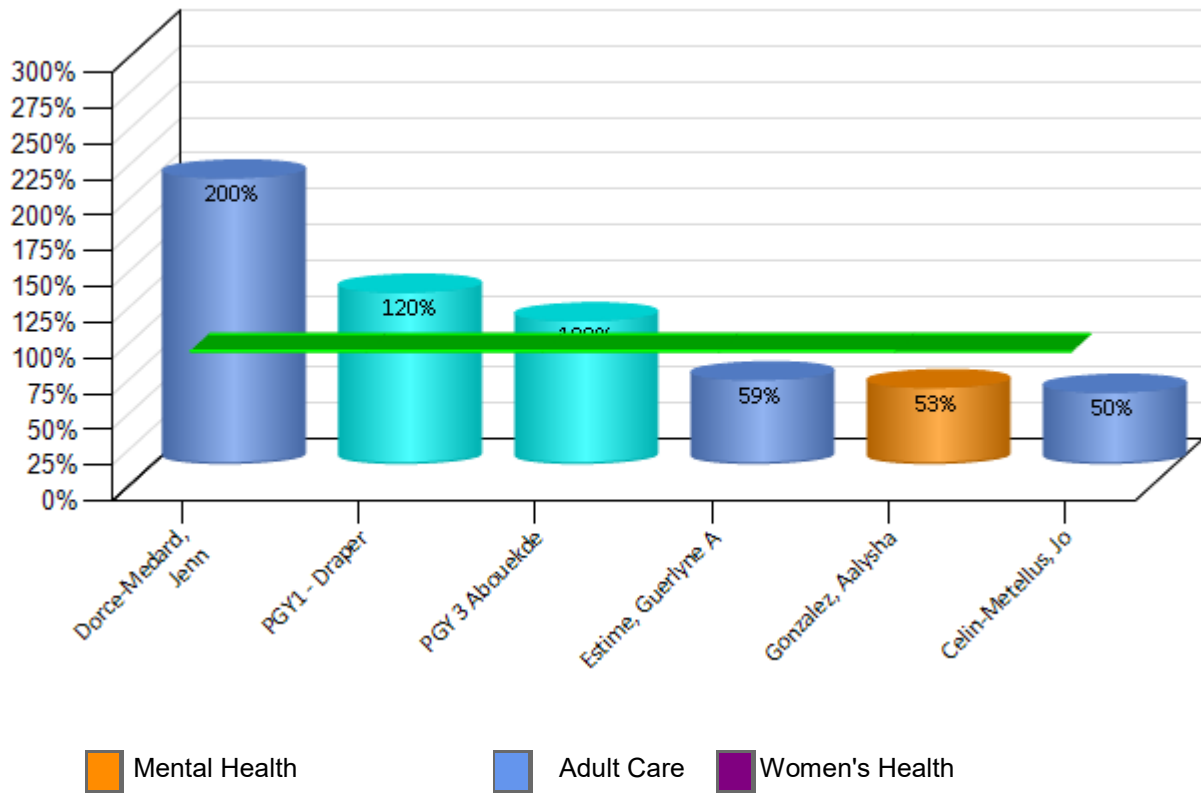
MOBILE CLINIC TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
RESIDENT						
PGY1 - Draper	5	0.5	3	3	120%	6.0
PGY 3 Abouekde	5	2.0	10	10	100%	5.0
MOBILE CLINIC RESIDENT TOTALS		2.5	13	13	104%	
ADULT CARE						
Dorce-Medard, Jennifer DO Resident Preceptor	3	0.5	2	3	200%	6.0
Estime, Guerlyne ARNP	12	19.0	228	134	59%	7.1
Celin-Metellus, Jourdine ARNP	12	1.0	12	6	50%	6.0
MOBILE CLINIC ADULT CARE TOTALS		20.5	242	143	59%	
MENTAL HEALTH						
Gonzalez, Aalysha LCSW	10	18.0	180	96	53%	5.3
MOBILE CLINIC MENTAL HEALTH TOTALS		18.0	180	96	53%	
MOBILE CLINIC TOTALS			41.0	434	252	58%

112 total homeless visits for October 2019

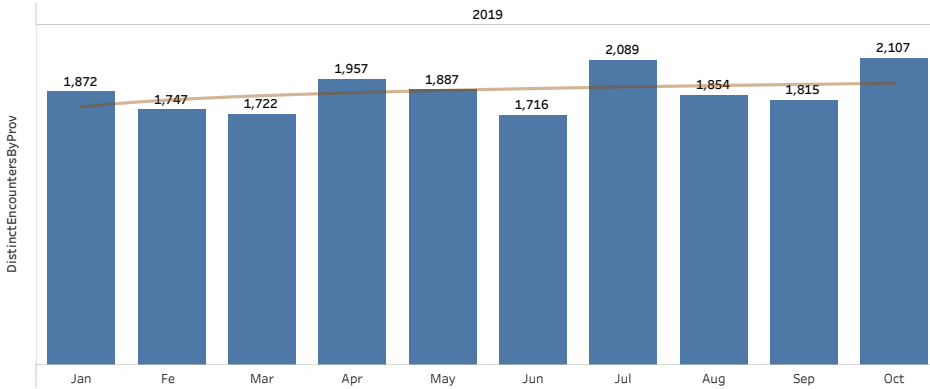
Belle Glade Loading Ramp	4
Delray Beach Library	14
Palm Beach State College	0
St. Ann's Place	42
St. George's Center	8
The Lord's Place	48

MOBILE CLINIC PROVIDER PRODUCTIVITY OCTOBER 2019



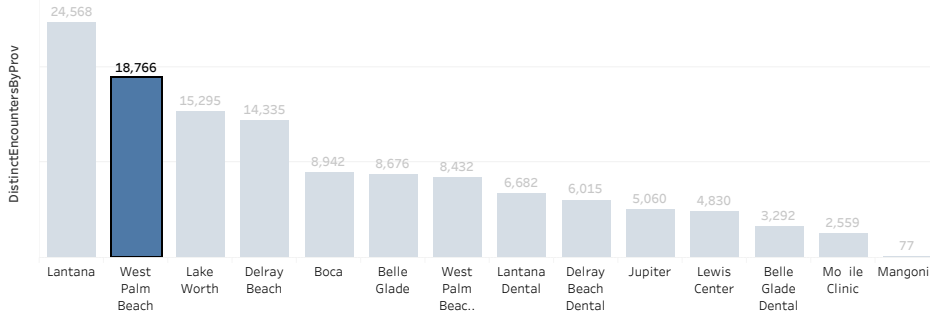
Visits YTD
18,766

Service Date
 1/1/2019 to 10/31/20..

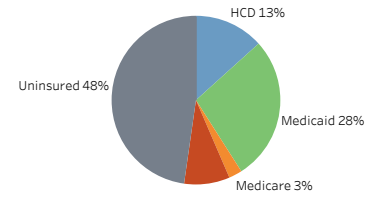


Category

- Adult Care
- Mental Health
- Pediatric Care
- Substance Abuse

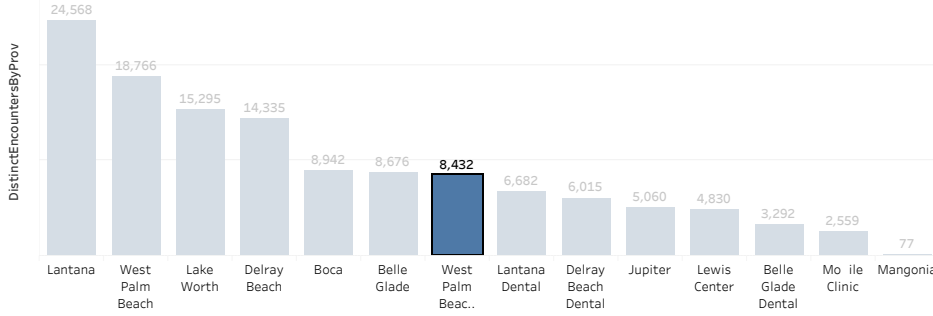
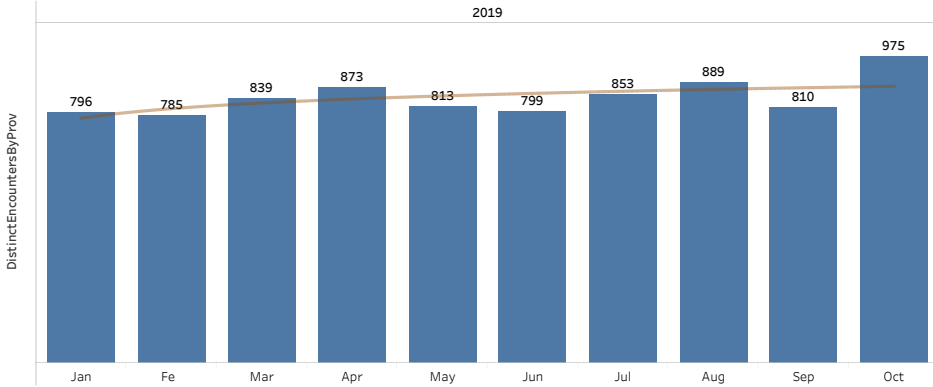


Payer Mix



Visits YTD
8,432

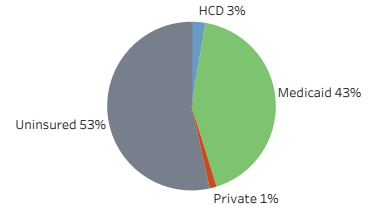
Service Date
 1/1/2019 to 10/31/20..



Category

- Dental
- Dental Hygiene

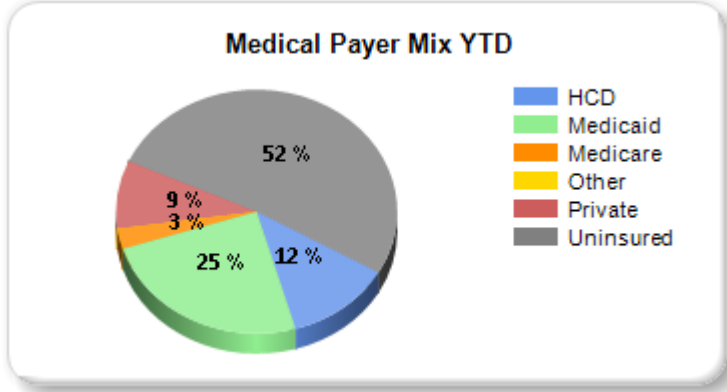
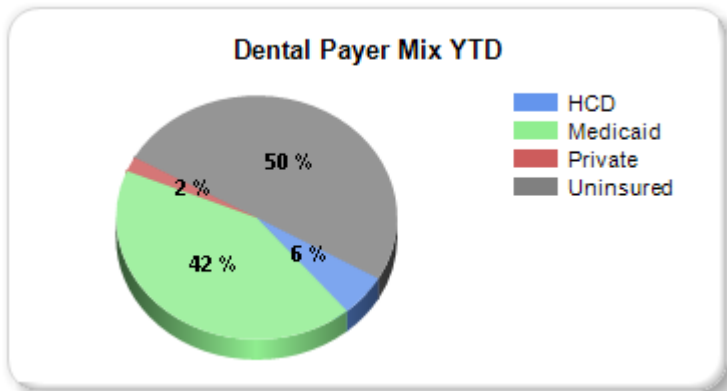
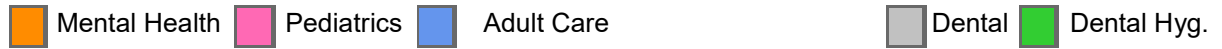
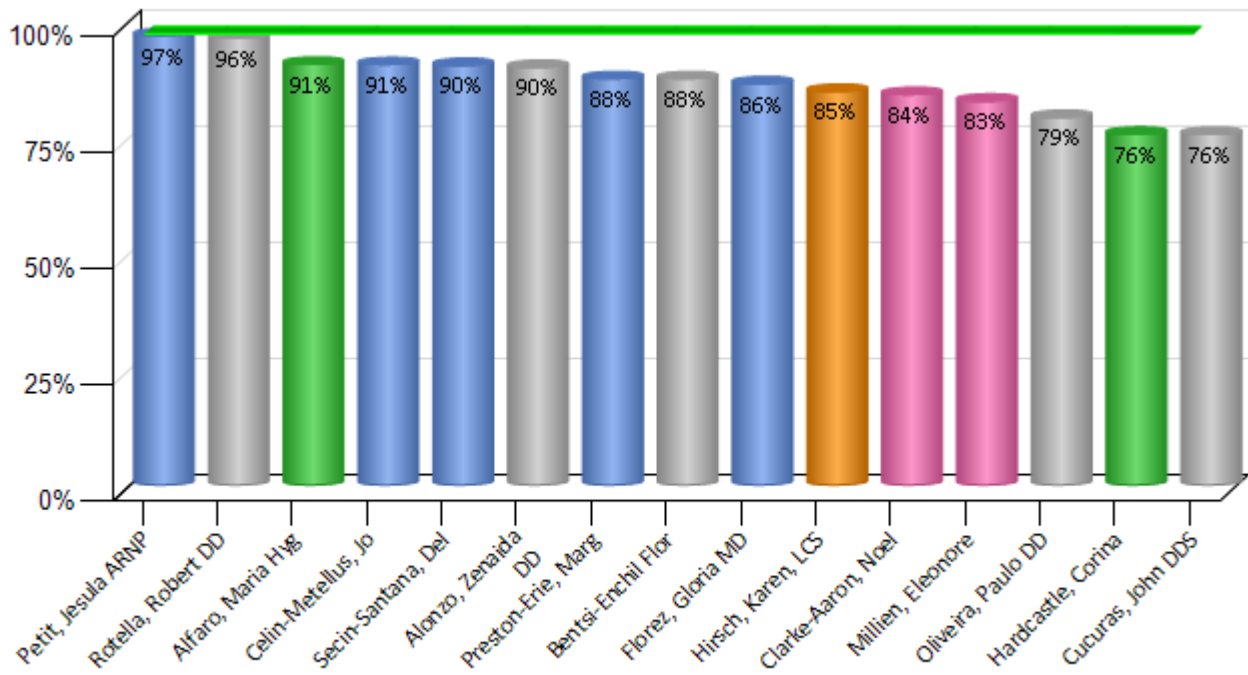
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WEST PALM BEACH TOTALS FOR OCTOBER 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Petit, Jesula ARNP	16	21.5	344	333	97%	15.5
Celin-Metellus, Jourdine ARNP	16	20.5	328	297	91%	14.5
Secin-Santana, Delvis MD	16	22.0	352	318	90%	14.5
Preston-Erie, Margareth ARNP	16	0.5	8	7	88%	14.0
Florez, Gloria MD	18	22.5	405	350	86%	15.6
WEST PALM BEACH ADULT CARE TOTALS		87.0	1437	1305	91%	
PEDIATRIC CARE						
Clarke-Aaron, Noella MD	18	22.0	396	333	84%	15.1
Millien, Eleonore ARNP	16	22.0	352	291	83%	13.2
WEST PALM BEACH PEDIATRIC CARE TOTALS		44.0	748	624	83%	
MENTAL HEALTH						
Hirsch, Karen, LCSW	10	21.0	210	178	85%	8.5
WEST PALM BEACH MENTAL HEALTH TOTALS		21.0	210	178	85%	
DENTAL						
Rotella, Robert DDS	16	23.0	368	354	96%	15.4
Alonzo, Zenaida DDS	16	18.0	288	259	90%	14.4
Bentsi-Enchil Flora DDS	16	1.0	16	14	88%	14.0
Oliveira, Paulo DDS	16	3.0	48	38	79%	12.7
Cucuras, John DDS	16	12.0	192	145	76%	12.1
WEST PALM BEACH DENTAL TOTALS		57.0	912	810	89%	
DENTAL HYGIENE						
Alfaro, Maria Hyg	8	4.0	32	29	91%	7.3
Hardcastle, Corina	8	22.5	180	136	76%	6.0
WEST PALM BEACH DENTAL HYGIENE TOTALS		26.5	212	165	78%	
WEST PALM BEACH TOTALS		235.5	3519	3082	88%	

WEST PALM BEACH PROVIDER PRODUCTIVITY OCTOBER 2019



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

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 FQHC Medical 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
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.

DISTRICT CLINIC HOLDINGS, INC.
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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.

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.

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.

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

 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

_____ Date Approved

6. Recommendation:

Staff recommends the Board approve the initial credentialing and privileging of Marc Schlosser, MD, Obstetrics and Gynecology.

Staff recommends the Board approve the recredentialing and renewal of privileges of Rose Carline Cesaire-Jean, APRN, Family Medicine Nurse Practitioner.

DISTRICT CLINIC HOLDINGS, INC.
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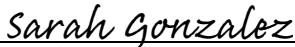
Staff recommends the Board approve the recredentialing and renewal of privileges of Nancy Lazaro, MD, Pediatric Medicine.

Staff recommends the Board approve the recredentialing and renewal of privileges of Joanne Pierre-Louis, APRN, Family Medicine Nurse Practitioner.

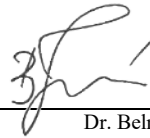
Approved for Legal sufficiency:



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
November 27, 2019

1. Description: Quality Council Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes – November 2019
- UDS Report – YTD October 2019

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 & GRIEVANCES

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 SnapComm and video platforms. Educational brochures will also be provided for patients who prefer written content.

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.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 27, 2019

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.

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 Council Minutes and YTD UDS.

Approved for Legal sufficiency:



 Valerie Shahriari
 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: November 15, 2019

Time: 2:15pm – 3:35pm

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; Belma Andric – Chief Medical Officer/Executive Director; Dr. Duclos Dessalines – Director of Pediatrics; Tamelia Lakraj-Edwards – Quality Manager; Hyla Fritsch – Director of Pharmacy and FQHC Director Of Operations

Excused: Andrea Steele – Quality Director; Julia Bullard – FQHC Board Member; Dr. Dorce-Medard – DIO; Dr. Courtney Rowling - Director of Behavioral Health

Minutes by: Tamelia Lakraj-Edwards

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DUE DATE</u>
PATIENT RELATIONS				
OUTREACH SUMMARY	<u>Outreach Binder & Tracking</u> Outreach binder and outreach tracking form being completed to track outreach events. "Outreach" added to Quick view section of the Electronic Medical Record Quick view as a response to, "How did you hear about us?"	Initiate and update MOU's with our community partners with whom we engage in outreach.	Millie	12/20/19
		Present outreach report at next Operations WG and next Quality Council. Report should include number of individuals accessed, number of events attended, number of patients registered, and any measurable metrics.	David, Millie	12/20/19
	<u>Recognition</u> During the LMC 10th Anniversary Event, the leadership from the Bridges Program presented a certification of appreciation to Millie Rodriguez and C. L. Brumback, for their ongoing partnership.	Highlight Millie and consider interview with the Bridges.	David	12/20/19
SURVEY RESULTS	<u>Patient Satisfaction Survey</u> The 2019 Patient Satisfaction Survey is still under process. Mangonia Park was added to the Patient Satisfaction Survey as a new location. The clinics have	Create and report on a quarterly basis the Patient Satisfaction survey results with trends. Work to re-invent the call-back process.	David	12/20/19

SURVEY PLATFORMS	<p>obtained 2,348 surveys from 6/6/19 - 11/09/19. The WPB clinic accounts for the highest completion rate at 29.4%. The majority of surveys (70%) were completed in English. 24% were submitted in Spanish, and 6% were submitted in Creole. The final survey report for 2019 will be a roll-up report. Once "Feed trail" platform is initiated, survey results will be reported monthly. <i>(Summer 2019 Patient Satisfaction Count with Graphs presented)</i></p>	<p>Present survey results on a quarterly or monthly basis.</p>	David	12/20/19
	<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>Patient experience is to be a part of the new orientation training.</p>	David	12/20/19
	<p><u>Phreesia Survey Platform</u> PX Manager and PMO met with Phreesia Team and watched a demo of the Patient Survey capability that is included in the Phreesia agreement. Outcome indicated that Phreesia survey platform is limited when compared to the capabilities and value of Feedtrail. Clinics can still use the survey that is built into Phreesia.</p>	<p>Follow-up on where Feedtrail is budgeted.</p>	David/Hyla	12/20/19
	<p><u>SnapComm</u> PMO & IT configured over 275 clinic devices including television and computers. PX Manager received training on SnapComm. Meeting was held to discuss the content of the SnapComm Presentations on 11/15/19. Scheduled launch date for week of 11/18/19.</p>	<p>QR Codes to be printed and displayed in all clinics.</p> <p>Meeting to be held discussing the content of the Brochures on 11/15/19.</p>	David	12/20/19

DENTAL	documents and or lab results for the month of October. 3 adult providers, 2 Pediatric provider, 1 Women's health provider, 1 resident, 1 nurse, 1 Psychiatrist, and 2 LCSW's. Nurse buckets with 50 or more open documents and or lab results for the month of October were Belle Glade, Delray, Lake Worth, and West Palm Beach. (48-hour metrics report with graphs presented)	Re-educate the respective individuals on review of nursing bucket within 48 hours.	All Directors of Clinical, Res., & Nursing Lisa	12/20/19
	Provider Encounters Closed Rate Summary report for October demonstrated 15 dental providers and staff with had an average chart close rate of greater than 48 hours. 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. (Encounter close rate report with graphs presented)	Retraining was provided to all applicable staff. Notes will be checked for completion twice a week.	Dr. Cucuras, Nancy	12/20/19
QUALITY METRICS				
MEDICAL	HEDIS The HEDIS team, as of October 22, is placing CPT-II codes in patient encounters to close patient care gaps. Providers and nursing staff were notified to review the yellow EMR sticky note when opening a patient's chart to ensure the gap is addressed.	"Purpose of the yellow sticky" for care gap closure will be added to the next nursing call agenda. Operations team to educate frontline staff. Sign-off sheet will be created and sent to PM at each clinic for staff and provider signature.	Lisa, Ferwerda, Tamelia	12/20/19
		Process and procedure protocol is being created in order to align quality efforts with HEDIS team.	Ferwerda, Tamelia	12/20/19
		HPV PDCA Status Update PDCA cycle 1 of 3 is currently in the "Do & Check" process. This PDCA is intended to improve HPV vaccination rate by identifying patients, ages 11 to 12	Factors for improvement have been identified and interventions are in place to include exploration of pre-visit planning for Pediatric	Tamelia, Ferwerda, Dessalines

WOMEN'S HEALTH	<p>years of age by patient outreach and development of an encounter plan template for vaccine which is currently underway in Pediatric clinics. (HPV PDCA Cycle #1 presented.)</p>	<p>patients, 2 days a week, through utilization offsite Pediatric MA's.</p>		
	<p>Referrals Summary – October 2019 Adult Medicine provider outside referral order rate demonstrated 3 providers with greater than 300, 12 providers with greater than 200, 4 providers with greater than 100, and 5 providers with less than 100. For Pediatrics, outside referral orders showed 1 provider with greater than 100 and 5 providers with less than 100. For Psychiatry, 3 providers showed 3 or less outside referral orders. Women's Health demonstrated less than 10 outside referral orders. Type of referral orders were presented by medical division for the month of October. Top 10 referrals to outside provider are Ophthalmology (689), GI (510), Cardiology (436), Orthopedics (320), Dermatology (296), Physical Therapy (277), Neurology (272), Podiatry (232), Urology (215), Pulmonology (210), and Endocrinology (179). (Outside Referrals Report with graphs presented)</p>	<p>Will measure outcome and cycle time with home to trend and present for next workgroup. Nurse Manager will create an Athena Workflow for this process.</p>	<p>Ferwerda, Dessalines</p>	<p>12/20/19</p>
	<p>Feeding Method Feeding method report presented for the month of October. Findings for the month of October demonstrated 67% (8/12) patients use a combination (bottle + breast), 17% (2/12) patients utilize solely bottle, and 17% (2/12) patients utilize solely. Trends were presented by quarter and significant findings demonstrated a general increase in breast feeding</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>	<p>Ana</p> <p>Ana</p>	<p>12/20/19</p> <p>12/20/19</p>

	<p>from quarter 1 to quarter 2 due to a change in “n”. <i>(Feeding Method report with graphs presented.)</i></p> <p><u>Delivery Type</u> Delivery type report presented for the month of October and YTD. Finding for the month of October demonstrated 75% (9/12) of patients had a normal spontaneous delivery, 17% (2/12) of patients had a Primary C-section, and 8% (1/12) of patients had a repeat C-section. No patients delivered by VBAC. <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 October. Report demonstrated 11.1% (3/27) of patients were ages 15 to 19, 18.5% (5/27) of patient were ages 20 to 24, and 70.4% (19/27) were ages 25 to 44. No patients aged 45+ presented for prenatal care. <i>(Prenatal Patients report with graph presented)</i></p> <p>Initial Prenatal Visit with CLB WH Initial prenatal visit report presented for month of October. Significant findings show 69% (18/25) of patients had their initial visit with CLB WH during first trimester, 23% (6/25) was in the 2nd trimester, and 4.34% (1/25) 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 October Significant findings show 92% (12/13) of babies born to prenatal</p>			
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DENTAL	<p>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>Dexis Image Report</u> Lost dental radiographs report presented and demonstrated 2 Panorals as lost. Laminated posters have been made with instructions and posted by the Panorama machine.</p>	<p>The panorals were retrieved and staff was retrained on how to save radiographs prior to exiting program.</p>	<p>Dr. Cucuras, Nancy, Shauniel</p>	<p>12/20/19</p>
	<p><u>Referrals</u> Dental ER referral report presented for the month of October with significant result of 3 ER referrals. Patient cases were discussed in Dental workgroup and interventions established.</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>Dr. Cucuras, Lisa, Nancy</p>	<p>12/20/19</p>
	<p><u>Instadose - Badge Wearing and Self-Reporting</u> Report presented for the month of October and included significant findings of 1 staff member not wearing badge on 10/21/2019 and 1 staff member not have badge self-read in a timely manner yielding a 13 day late read on 11/13/2019.</p>	<p>Run, from Dentrax, number of ER Referrals/Orthodontic/Periodontic/Oral Surgery and perform audit for next workgroup. Report should be ran every 2 weeks. Will send to nursing workgroup for review as well.</p>	<p>Monica, Dr. Cucuras, Lisa</p>	<p>12/20/19</p>
		<p>Practice manager was informed and staff was retrained.</p>	<p>Nancy</p>	<p>12/20/19</p>

NURSING	<p><u>BLS Certification</u> Nurse educator is now a certified instructor for BLS. Three team members have officially completed the BLS class as of 10/25/2019. Mannequins were borrowed from Healy. Paperwork has been submitted for change of alliance to Professional Medical Educators, Inc. from original alliance.</p>	<p>Adult mannequins remain on back order with estimated delivery date of November 20, 2019. Plan to schedule classes as soon as the mannequins arrive.</p>	<p>Karen, Lisa, Angela</p>	<p>12/20/19</p>
	<p><u>After Hours Call Log</u> We are at 100% compliance with following up on all after hours answering call within 24 hours and will move to Quarterly Reports instead. Because we have maintained a high compliance consistently in the last three months reported. Sherri will still continue to monitor.</p> <p>There were 38 total calls, 22 of which were paged to the on-call provider. Of the 16 that were not paged, 4 of them were thought to have been appropriate to page the provider. Sherri Followed up on all 4 of these calls and the patients were addressed</p>	<p>Sherri Continue to Monitor</p> <p>We will follow up with the answering service for discussion.</p>	<p>Sherri</p> <p>Lisa</p>	<p>12/20/19</p> <p>12/20/19</p>
	<p><u>Telepsychiatry</u> Telepsych Reporting –Report was generated to show total number of Telepsych visits as well as walk-in Telepsych utilized versus open slots, however further analysis is required for validation. There are four licenses needed for Telepsych and we currently have three. Fourth license is to be added to Certinel.</p> <p><u>Warm Hand Off Report (WHO)</u></p>	<p>Telepsych report to be reviewed and validated.</p> <p>Will Defer telehealth licensing request to Operations workgroup.</p> <p>An addendum to be added to Warm Hand Off Procedure for telehealth in weekly BH Policy and Procedure meeting.</p> <p>Data Reporting analyst will incorporate a tab on the report that demonstrates a trend over the</p>	<p>Ana/Tamelia</p> <p>Operations WG</p> <p>Tamelia, Rowling, Ziemba</p> <p>Ana, Tamelia</p>	<p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p>
BEHAVIORAL HEALTH				

	<p>Report for October 1 - October 31 presented by Data Reporting Analyst and identified 398 Behavioral Health Referrals of which 87% of those patients were seen the same day for a WHO. When report is compared to September, there is an increase of Behavioral Health referrals by 109 patients and a 5% decrease 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 September to October.</p> <p><u>CAGE-AID/SBIRT Report</u> Quality team has identified 98 SBIRTS performed for the month of October and 8,022 patients were screened for CAGE-Aid. Of the 8,022 patients screened, 3% of patients qualified for SBIRT and 97% required no additional screening.</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 493 patients completing the assessment in October as compared to 154 patients in September. In the report, significant findings demonstrated 87% of patients report they have housing, 94% reported as not worried about childcare access, 8% percent of patients reported safety concerns, 12% of patients reported they are worried about food, 66% of patients are worried about medicine/health, 13 % of</p>	<p>past rolling months and present at next workgroup.</p> <p>The Behavioral Health team will review BAM policy and procedure in Thursday policy and procedures meeting to incorporate reviewed workflow.</p> <p>Add SBIRT to annual exam encounter plan in 2020 and create/test encounter plans prior to 2020 roll out.</p> <p>Investigate current report to ensure scoring is completed and further investigate why all positive CAGE-AIDs have no SBIRT associated.</p> <p>Data reporting Analyst is to further investigate report to determine if PRAPARE's are being done solely by BH.</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>Rowling, Ziemba, Tamelia</p> <p>Rowling, Coleen</p> <p>Tamelia, Sherri</p> <p>Ana, Tamelia</p> <p>Rowling</p>	<p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p>
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	<p>patients are worried about transportation, 21% of patients are unemployed, and over 50% of patients reported decreased social interaction.</p> <p>*At this time, data is skewed as only behavioral health patients are being screened. (PRAPARE Report Summary with graphs presented)</p> <p><u>PHQ-2/PHQ-9 Reporting</u> Report presented by Data Reporting Analyst and demonstrated 3,069 patients received the PHQ-2/PHQ-9. Of the 3,069 patients, 2704 were scored, 365 were unscored. 279 patients of those who scored positive received a score of 9 or greater. (PHQ-2/PHQ-9 Summary report with graphs presented.)</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>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>Rowling</p> <p>Rowling, Tamelia</p>	<p>12/20/19</p> <p>12/20/19</p>
QUALITY AUDITS				
DENTAL	<p><u>Peer Review</u> Sixty-five charts were peer reviewed. Fifty-one charts were within standard of care. Two charts were marked as provider self-remediation. Provider retraining needed for seven charts. Some of the retraining needed was for not documenting meaningful use, consent for extraction missing, periodontal chart is not updated, SDF missing, wrong procedure per classification, and no panorex taken every 3 years as needed.</p>	<p>Dental Director will retrain providers and staff for documenting meaningful use, consent for extraction, updating of periodontal chart, SDF workflow, Panorex procedure, and procedure documentation with follow through. Re-training on templates for areas in which templates apply will be provided.</p>	<p>Dr. Cucuras</p>	<p>12/20/19</p>

NURSING	<p><u>Quality Site Visit (QSV)</u> Previous month 4 clinics were visited by the dental quality coordinator. Findings are in 3 categories. Operatories category findings include chair coverings not being stretched appropriately and not locking computers. Expiration and rotation logs are being used and submitted correctly. In supplies and processes category, observations included that the staff are consistently performing evacuation system cleaning daily and after surgical procedures. Sterilization category included observations of better organization of steam integrator system strips. Recycling of amalgam capsules, separators, and scraps was also observed. No further findings identified.</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>12/20/19</p>
	<p><u>Hand Hygiene</u> We had a 98% compliance rate for the follow-up handwashing skills assessment.</p>	<p>Team members who did not meet standards were provided re-education.</p>	<p>Karen</p>	<p>12/20/19</p>
	<p>In 2020 there will be Future Handwashing assessments</p>	<p>In 2020 there will be Future Handwashing assessments</p>	<p>Karen</p>	<p>12/20/19</p>
	<p><u>Quality Site Visit (QSV)</u> 11/18 and 11/20, Nurse Manager will accompany The Infection control Nurse and the Risk Manager to 2 clinics and complete walk-through together. The Risk Manager and Infection Control Nurse will continue the remaining visits on their own.</p>	<p>Clinic admin team to provide "train the trainer training" so all team members are made aware of expectations of training outcomes. Nurse educator will begin to provide more training with the new hires before they go to their respective clinics. Nurse educator also to be in clinics more during training sessions to assist.</p>	<p>Lisa, Angela, Shauniel, Marie</p>	<p>12/20/19</p>
<p><u>New Hire Training Evaluation</u> OVERALL, the majority of the scores were Excellent and Good. The Nurse Educator provided the following</p>	<p>All sites will be evaluated for future training to determine if WPB is space conducive to</p>	<p>Karen</p>	<p>12/20/19</p>	

	<p>summary the 4 Nurses (3 evaluations completed) and 8 MAs (6 were completed). Some areas that areas for concern were Quality of training, objectives not defined or organized, defined responsibilities, company structure, job preparedness, trainers not proficient in subject matter, staff not friendly, and questions not answered.</p>	<p>effective training. We will look into providing more live training sessions as opposed to Athena Modules in order to personalize the training and make it more effective.</p>		
UDS REPORT				
August 2019				
Of the 14 UDS Measures: 7 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)				
Medical UDS Report	<p>Childhood immunization: (54%/ 60%)</p> <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</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>Dr. Dessalines</p> <p>Ferwerda</p> <p>Angela/Tamelia</p> <p>Ferwerda, Coleen</p>	<p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p>

	<p>having difficulty with Florida Shots. They are considering a unidirectional interface from clinic to FL Shots.</p>	<p>Quality manager will train nurse manager on vaccination documentation to ensure Athena requirements are met.</p>	<p>Tamelia, Angela</p>	<p>12/20/19</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 extend to past 4 years.</p> <p>Quality team collaborated with HEDIS nurses in order to retrieve PAP reports that may have been in AllScripts and not transferred to Athena. Out of 31 records retrieved, only 3 reports were actual lab reports.</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>All team members should be set up with Quanam- not only leads</p> <p>HEDIS nurses will continue to seek lab reports in order to facilitate quality team with cervical cancer screening care gap closures.</p>	<p>Tamelia, Ana</p> <p>Ferwerda</p> <p>Ferwerda</p> <p>Lisa</p> <p>Tamelia, Ferwerda</p>	<p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p>
	<p>Weight assessment, Children & Adolescent: (86% /90 %)</p> <p>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%</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>Dr. Dessalines</p>	<p>12/20/19</p>

	<p>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>	Interim medical director to speak to Pediatric Director regarding dropping of nutrition education diagnosis code in order to increase measure compliance rate.		
	Adult Weight screening and follow up: (98% / 90%)	No interventions required at this time.		
	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.			
	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.	Send ticket to Athena for review of exclusion criteria.	Tamelia	12/20/19
	This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.	Measure validation and audit to be completed.	Tamelia	12/20/19
	Ischemic Vascular Disease (IVD): (90% / 86%)			
	Colorectal Cancer Screening: (49% / 82% / 71%) Colonoscopy Program LMC - Possibility of Referral Clerks and Case Managers taking over the process was discussed. 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	Sent to Operations Workgroup for further discussion. Audit FIT report	Hyla Sherri	12/20/19 12/20/19

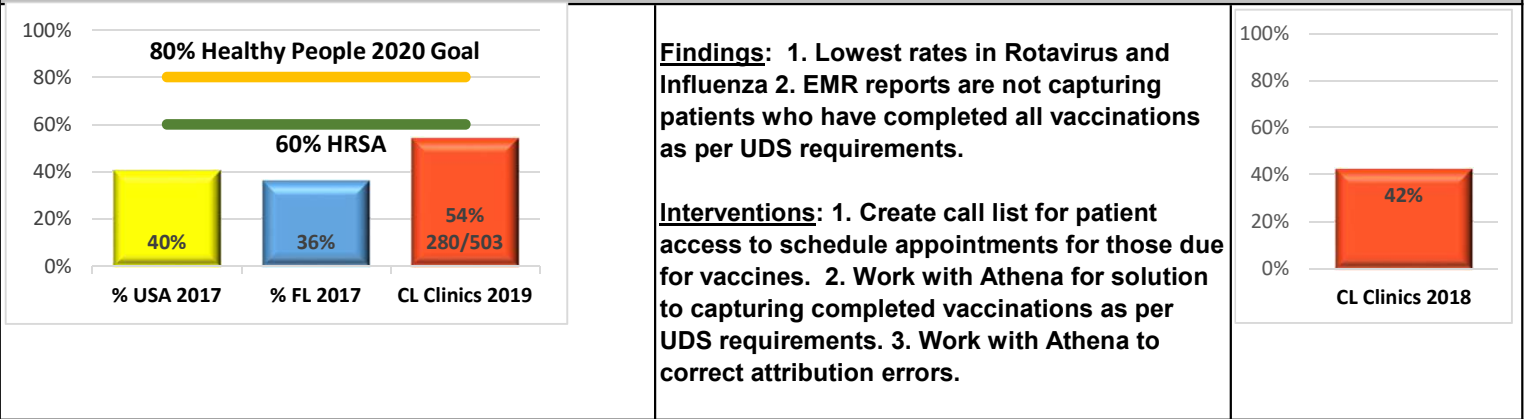
	<p>the 63 returned, 5 (8%) were abnormal and 58 (92%) were normal. GI Referrals were given to 142 patients.</p> <p>Colorectal cancer screening policy was drafted by Nursing Workgroup and reviewed in today's workgroup. This policy details who should be screened, when should they be screened, and with what screening methods.</p>	<p>Add colorectal Screening policy to clinical guidelines</p>	<p>Lisa</p>	<p>12/20/19</p>
	<p>HIV linkage: (100% / 85%)</p>			
	<p>Depression screening: (92% / 83%)</p>			
	<p>Dental Sealant: (90 / 75%)</p>			
	<p>Hypertension: (75% / 80%) 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>12/20/19</p> <p>12/20/19</p> <p>12/20/19</p>
	<p>Diabetes: (40% / 66%) 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>Create timeline and SOP for POC HbA1c testing and present in next Medical Workgroup.</p>	<p>Lisa, Ferwerda, Tamelia</p> <p>Luis, Tamelia</p>	<p>12/20/19</p> <p>12/20/19</p>

	cultural, number of injections, and lack of diabetic education from potentially a health literacy standpoint.	Continue to work on Pharmacy & Medical PDCA cycles.		
Dental UDS & Quality Metrics	<p>Caries Risk Assessment</p> <p>July 2019- 95.7% August 2019- 95.8%. September 2019 - 95.7% October 2019 - 96%</p> <p>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	12/20/19
UTILIZATION				
OPERATIONS	<p>Productivity</p> <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</p>		Operations WG	12/20/19

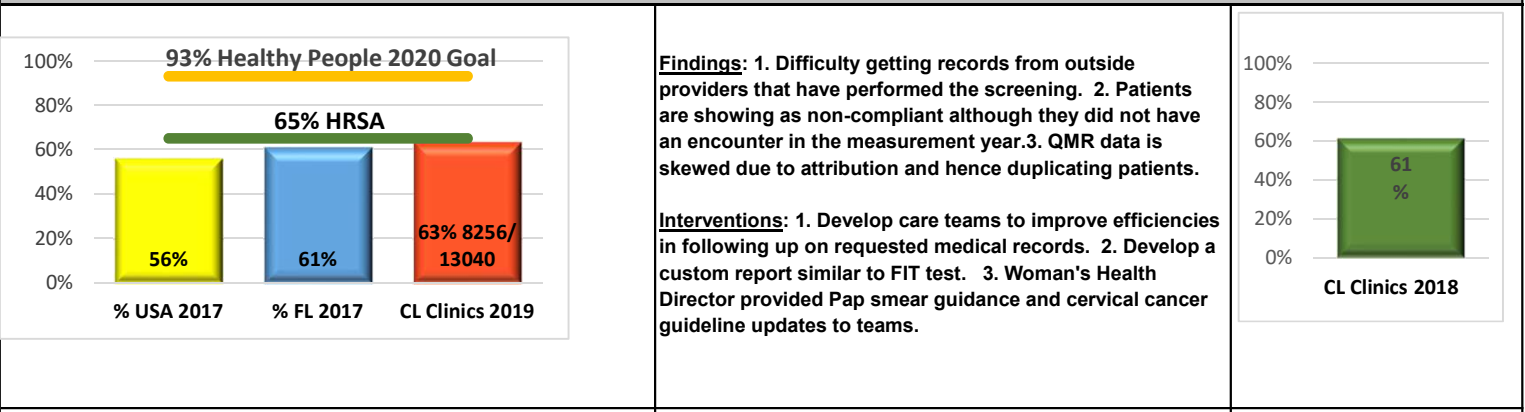
	<p>patients were seen this month. (Clinic productivity report with graphs was presented)</p> <p>Utilization Non-Emergency Medical Transportation (NEMT) – Circulation Non-Emergency Medical Transportation (NEMT) services through Circulation have been approved to launch. Compliance has reviewed the Transportation Consent form and a Standard Operating Procedure has been developed.</p> <p>Cycle Time AT the end of October, the Patient Cycle time report will be analyzed. Any outliers will be addressed and further training will be scheduled as needed. Phressia has been approved to move forward and will incorporate Patient Arrival time. The goal will be to have a baseline of patients true cycle time within 30 days of Phressia launch.</p>			
PHARMACY	<p>Bring Your Medications at Every Clinic Visit (BYMY) Campaign was launched at the clinic annual meeting. This campaign includes posters, selfie-stations, and staff t-shirts to be worn on Fridays to market the campaign which encourages all patients to Bring their medications with them to every clinic visit. BYMY Completeness percentage for West palm Clinic has been documented at 99%. Every Team member received BYMY Logo'd T-shirt at the annual meeting as part of the campaign and were encouraged to wear their T-shirts every Friday.</p>	<p>Pending Go-Live Date</p> <p>Pharmacy has started to dispense BYMY patient bags to every patient who picks up a prescription at our pharmacy.</p>	<p>Operations WG</p> <p>Hyla</p>	<p>12/20/19</p> <p>12/20/19</p>
BEHAVIORAL HEALTH	<p>MAT Census Report Report presented by Data Reporting Analyst and demonstrated a steady increase from 133 in September</p>			

<p>DENTAL</p>	<p>to 134 MAT. Of the 134 patients, 16 intakes were completed in October which is a 5 patient increase when compared to September. No discharges or readmissions were reported. 2 patients relocated, 2 patients transitioned to a higher level of care, and 8 patients were lost to follow-up. (MAT Census Report with graphs was presented.)</p> <p><u>Dental Triage</u> October 2019: 99% (n=17,506)</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)</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>Nancy, Dr. Cucuras</p>	<p>12/20/19</p>
<p>Meeting Adjourned: 3:35pm</p>				

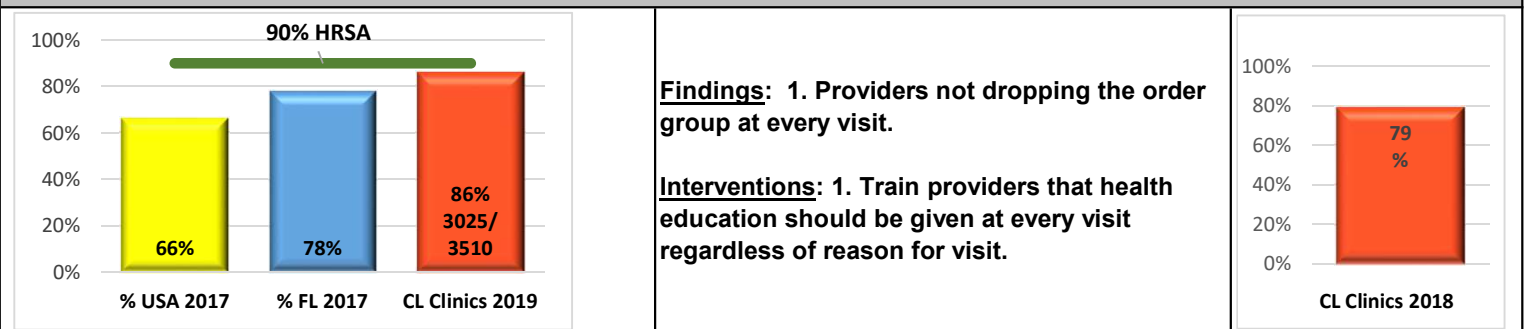
CHILDHOOD IMMUNIZATION



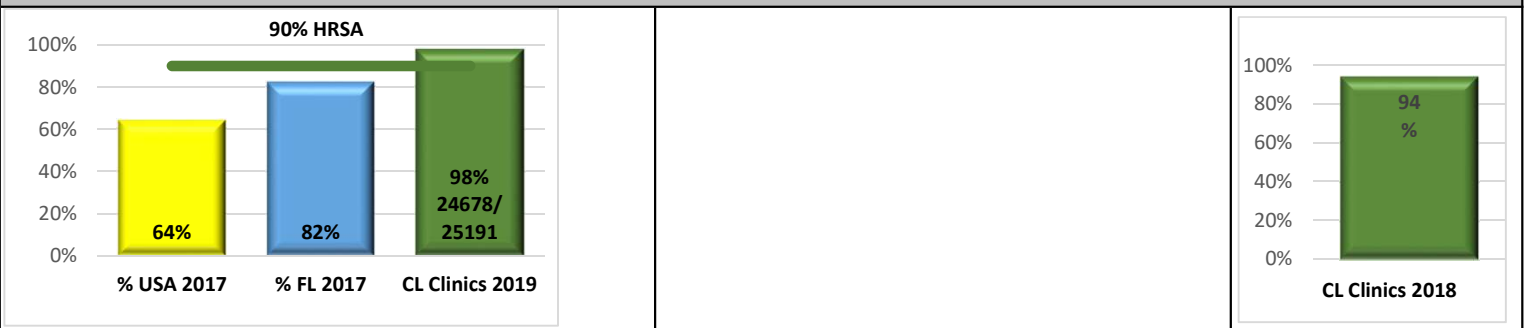
CERVICAL CANCER SCREENING



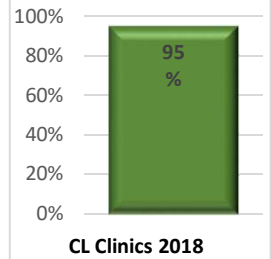
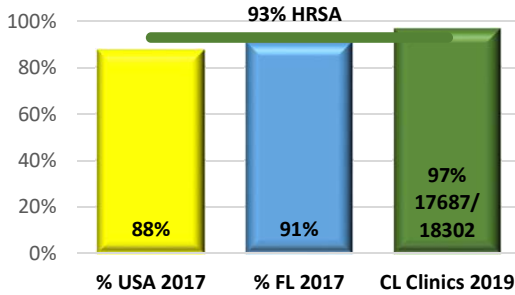
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



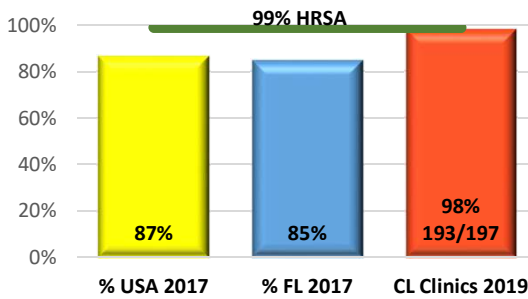
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

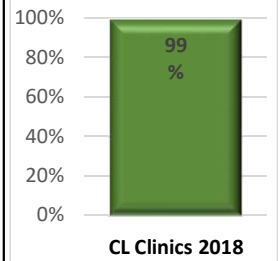


ASTHMA PHARMACOLOGIC THERAPY

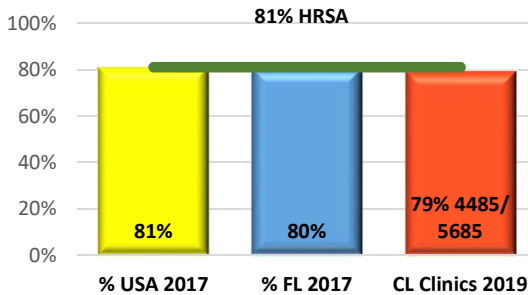


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates.

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



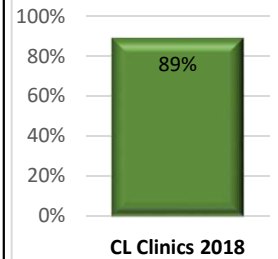
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



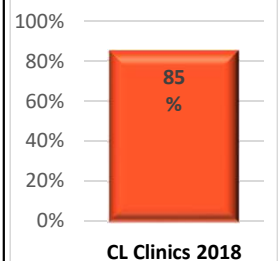
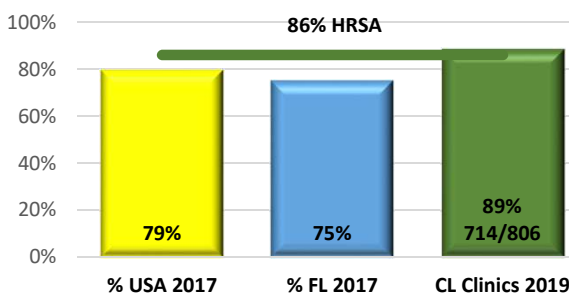
Findings: There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

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

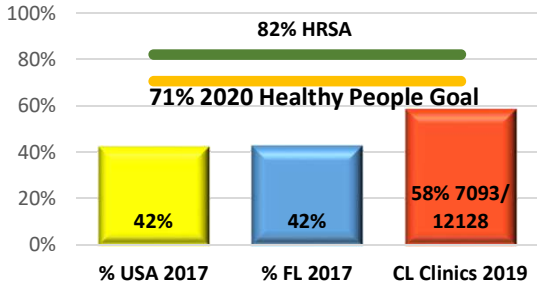
Interventions: (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

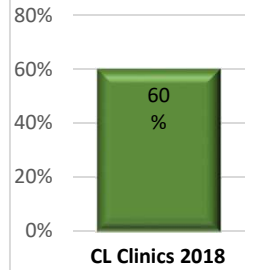


COLORECTAL CANCER SCREENING

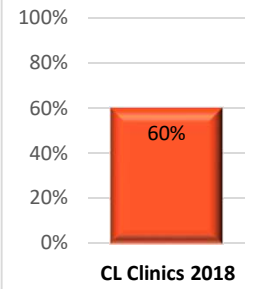
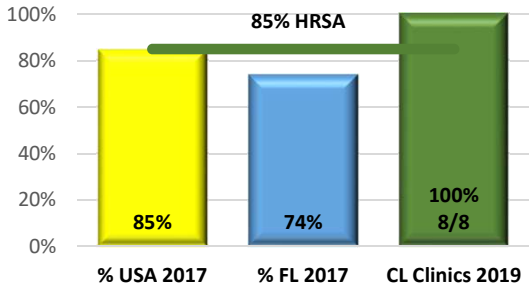


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

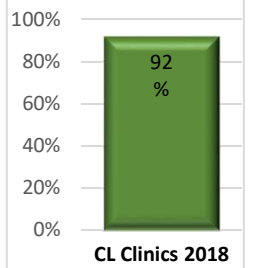
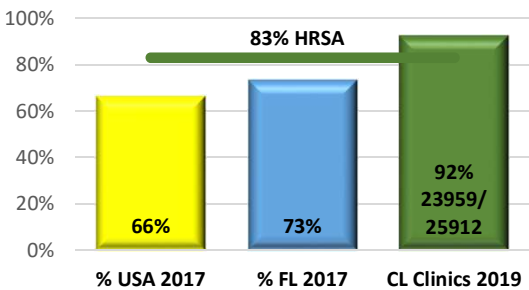
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.



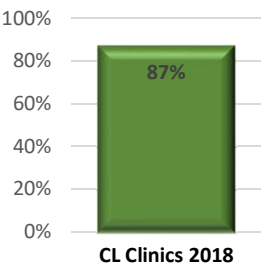
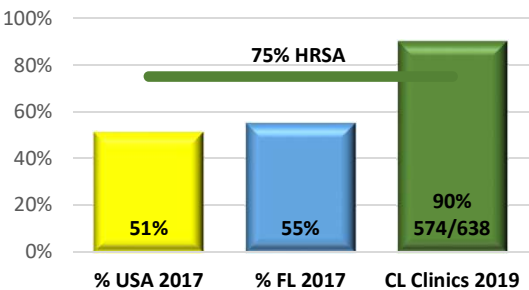
HIV LINKAGE TO CARE



PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP

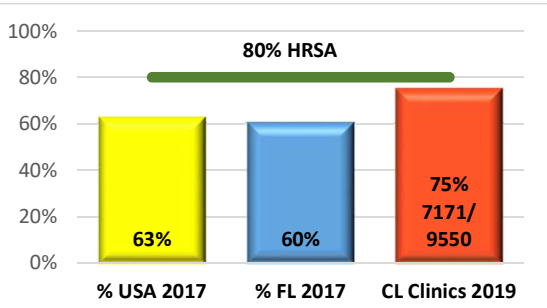


DENTAL SEALANTS



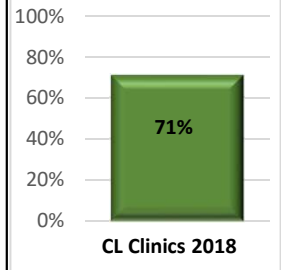
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD October 2019

HYPERTENSION

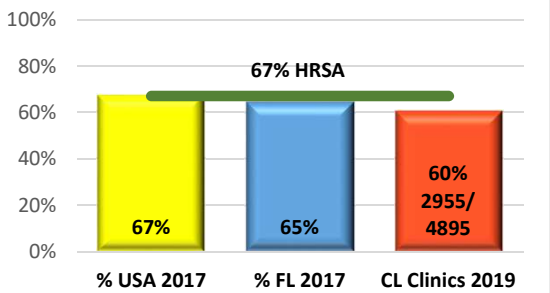


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

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.

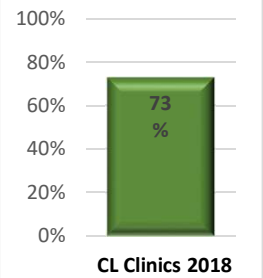


DIABETES



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.





C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County