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

Present: James Elder, Chairperson; Gary Butler, Vice-Chairperson, Irene Figueroa, Secretary; Mike Smith, Treasurer; John

Casey Mullen; Melissa Mastrangelo; Tammy Jackson-Moore

Excused: Julia Bullard; Marjorie Etienne

Absent: Lisa Strickland

Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45 PM

Meeting Began at: 12:50 PM

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

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

Posting of District Public Meeting				
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.		
7A-3. Staff Recommends a MOTION TO APPROVE: Bylaws Update	The HRSA Compliance Manual requires that the Bylaws define "healthcare" when referring to Patient Board Members who earn 10% or more of their income from the Healthcare industry. The Bylaws have been updated to define healthcare.	Motion referenced above, no further action necessary.		
7A-4. Staff Recommends a MOTION TO APPROVE: Contracts Policy Adoption	The Health Care District Board approved the Contracts policy on May 9, 2012. The corporate policy is attached for reference.	Motion referenced above, no further action necessary.		
7A-5. Staff Recommends a MOTION TO APPROVE: Compliance Policy Updates	Ongoing review and revision of policies is critical to an effective compliance program. The Compliance Department reviewed and revised Compliance policies in order to: • Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct • Ensure consistent processes, structures, and ongoing compliance • Keep employees and the District current with regulatory and industry best Practices The Compliance Department reviewed and revised the following compliance policies: • Non-Monetary Compensation for Physicians and Immediate Family Members. • Overpayments and Refunds Policy • Gifts and Gratuities • Non-Retaliation • Physician Employment	Motion referenced above, no further action necessary.		

7A-6. Staff Recommends a MOTION TO APPROVE: IT Policies Adoption	 Standards of Conduct Business Associate Agreements Compliance Hotline False Claims Prevention Governmental Investigation Compliance Investigation Refund and Overpayment Non-Discrimination Standards of Conduct Acknowledgement Form Per the HRSA Compliance Manual, District Clinic Holdings, Inc. must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation. C. L. Brumback Primary Care Clinics requested and received an analysis from our Primary Care Association (FACHC) for 2018 which represents locally prevailing rates in several comparable MSA in the state of Florida. Per the attached analysis, a thorough review shows that amending the Charge Master to be at the 50th percentile would result in the smallest increase and align our organization with prevailing rates.	Motion referenced above, no further action necessary.
7B. FINANCE		
7B-2 Staff Recommends a MOTION TO APPROVE: Finance Policies Adoption	The Grant Policy was approved by the HCD Board on May 14, 2014 and the Budget Policy was approved by the HCD Board on April 30, 2018. These corporate policies are attached for reference.	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Receive & File:	This agenda item presents the Board's annual evaluation of Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services tally of results from November 2019. The	Receive & File. No further action necessary.

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

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

A vote was called, and the motion passed unanimously.

8D. Credentialing and Privileging

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

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Kaloglian Silva	Michelle	DDS	General Dentistry	Initial Credentialing
Alvarez	Franco	MD	Psychiatry	Recredentialing
Celin-Metellus	Jourdine	APRN	Family Medicine Nurse Practitioner	Recredentialing
Meristil	Marie	APRN	Family Medicine Nurse Practitioner	Recredentialing

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

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

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

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

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

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

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

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

9. CMO, VP and Executive Director of Clinical Services Comments		
	Dr. Andric wished the board and Attendees a Happy Holiday.	No action necessary.
	The Clinics are evaluating and improving the patient outreach process. MOUs have been initiated and updated depending on need. In order to measure the need and success of our outreach efforts a new "outreach" option has been added to the quick view in the EHR. The goal of patient outreach is to identify patients who would benefit from our services and increase their presence in our clinics.	
	The Board reviewed and discussed the YTD UDS measures in depth. Mr. Smith asked why the FL and US benchmark data presented was from 2017. The quality team informed him that this was an error, and will be corrected next month.	
	to keep in mind that although some measures such as childhood immunizations have not reached our goal, the numbers have improved substantially over 2018. Changes to the pediatric workflow are in progress as well as a more substantial tracking system to identify patients who are close to compliance and schedule them for services. HRSA as well as The C.L. Brumback Primary Care Clinic recognize the global diabetes epidemic as an area of specific concern. The Clinics plan on implementing in house HgbA1c screening and a robust patient education program in order to increase compliance and self-management of diabetic patients as well as promote early diagnosis of pre-diabetics with the aim of decreasing conversion.	

11. Establishment of Upcoming Meetings	January 29, 2020 (HCD Board Room) 12:45pm Board of Directors	No action necessary.
	February 26, 2020 (HCD Board Room) 12:45pm Board of Directors	
	March 25, 2020 (HCD Board Room) 12:45pm Board of Directors	
	April 29, 2020 (HCD Board Room) 12:45pm Board of Directors	
	May 27, 2020 (HCD Board Room) 12:45pm Board of Directors	
	June 24, 2020 (HCD Board Room) 12:45pm Board of Directors	
	July 29, 2020 (HCD Board Room) 12:45pm Board of Directors	
	August 26, 2020 (HCD Board Room) 12:45pm Board of Directors	
	September 30, 2020 (HCD Board Room) 12:45pm Board of Directors	
	October 28, 2020 (HCD Board Room) 12:45pm Board of Directors	
	November 25, 2020 (HCD Board Room) 12:45pm Board of Directors	
	December 16, 2020 (HCD Board Room) 12:45pm Board of Directors	

13. Motion to Adjourn	There being no further	business, th	ne meeting was	Ms. Jackson-Moore made a motion to
	adjourned at 2:38 pm	adjourn and seconded by Mr. Smith. The		
		- 27		meeting was adjourned.

Minutes Submitted by: Signature