

**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
2/23/2022**

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

**Staff:** Darcy Davis; Dr. Belma Andric; Dr. Hyla Fritsch; Bernabe Icaza; Candice Abbott; Shauniel Brown; Martha Hyacinthe; Dr. Charmaine Chibar; Marisol Miranda; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Maria Chamberlin; Lisa Hogans; Thomas Cleare; Patricia Lavelly; David Speciale; Jessica Cafarelli; Annmarie Hankins; Marta Bascunan; Donald Moniger; Shannon Wynn

**Minutes Transcribed By:** Shannon Wynn

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

**Meeting Began at** 12:48 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:48 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

<b>2. Agenda Approval</b>		
<b>2A. Additions/Deletions/ Substitutions</b>  <b>2B. Motion to Approve Agenda Items</b>	<p>Yes, Dr. Fritsch asked to substitute page 36 of the Board of Director's packet with a more up-to-date UDS summary slide.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p><b>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the agenda. Mr. Gibbons duly seconded the motion. A vote was called and the motion passed unanimously.</b></p>
<b>3. Awards, Introductions and Presentations</b>		
<b>3A. COVID Testing and Vaccine Update</b>	<p>Dr. Andric presented the most recent COVID testing and vaccine update to the Board.</p> <p>Mr. Mullen asked the timeline for testing for COVID and then taking the COVID medications.</p> <p>Dr. Andric states- five days after you have symptoms, you qualify to receive the COVID medication. The COVID medication has limited access in the community at this time.</p> <p>Mr. Mullen asked if the PCC could treat a non-insured patient</p> <p>Dr. Andric stated that they could easily become our patients.</p> <p>Mr. Smith asked what Dr. Andric's thoughts were on receiving a fourth booster shot.</p> <p>Dr. Andric stated that she hasn't read or found any clinic reason to get a fourth booster shot yet.</p>	<p><b>No action necessary.</b></p>
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>

<p><b>6. Meeting Minutes</b></p> <p><b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of January 26, 2022</p>	<p>There were no changes or comments to the minutes dated January 26, 2022.</p>	<p><b>VOTE TAKEN:</b> As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of January 26, 2022. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p><b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b></p>		<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p><b>7A. ADMINISTRATION</b></p>		
<p><b>7A-1. Receive &amp; File:</b> February 2022 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p><b>Receive &amp; File. No further action is necessary.</b></p>
<p><b>7A-2. Receive &amp; File:</b> Attendance tracking</p>	<p>Attendance tracking was updated.</p>	<p><b>Receive &amp; File. No further action is necessary.</b></p>
<p><b>7B. FINANCE</b></p>		
<p><b>7B-1. Staff Recommends a MOTION TO APPROVE:</b> District Clinic Holdings, Inc. Financial Report December 2021</p>	<p>Management Discussion and Analysis as of December 2021 C.L. Brumback Primary Care Clinic Financial Statements.</p> <p>The December financial statements represent the financial performance through the third month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, deferred revenue increased from \$783k to \$2.2M. This balance is due</p>	<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

mainly to Provider Relief Funds received that will be recognized as revenue as qualifying expenses are identified.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$317k). An increase in actual charity care recognized compared to budgeted charity care contributes to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$904k. Total YTD revenue was unfavorable to budget by (\$1.0M), which is partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$1.5M due mostly to positive variances in salaries, wages, and benefits of \$756k, purchased services of \$185k, other supplies of \$109k, drugs of \$109k, and lease and rental of \$189k. Total YTD net margin was (\$3.6M) compared to budget of (\$4.5M) resulting in a favorable variance of \$828k or (18.5%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$530k). The Medical clinics YTD gross patient revenue is unfavorable to budget by (\$603k). The Medical clinics total YTD revenue was unfavorable to budget by (\$1.1M). This unfavorable variance resulted from lower net patient revenue than budgeted and a timing difference of revenue recognition for grant funds. Total operating expenses of \$5.9M were favorable to budget of \$7.3M by \$1.4M. The positive variance is most due to salaries, wages, and benefits of \$705k, purchased services of \$180k, other supplies of \$102k, drugs of \$109k, and lease and rental of \$179k. Total YTD net margin was favorable to budget by \$634k or (15.4%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$213k. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$1.5M. Total operating expenses of \$1.0M were favorable to

	budget by \$59k. Total YTD net margin was (\$164k) compared to a budgeted loss of (\$358k) for a favorable variance of \$194k or (54.3%).	
<b>7C. POLICIES</b>		
<b>7C-1. Staff Recommends a MOTION TO APPROVE: Occurrence Policy</b>	<p>This agenda item presents updates to the Occurrence Policy.</p> <p>The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals” outlined updates needed to the risk management procedures that address mitigating risk in occurrence (incident) reporting. Accordingly, the Clinics have updated their policies to align with HRSA requirements.</p>	<b>VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
<b>8. REGULAR AGENDA</b>		
<b>8A. EXECUTIVE</b>		
<b>8A-1. Receive and File: Executive Director Information Update</b>	<p>Uniform Data System (UDS) submission</p> <p>FACHC CL Brumback Economic Impact Report</p> <p>Uniform Data System (UDS)</p> <p>We submitted our annual UDS report this month and are awaiting comments from our reviewer.</p> <p>FACHC CL Brumback Economic Impact Report</p> <p>We received our FACHC Economic Impact report, which summarizes our activities for 2021 and their financial impact. When adjusted for COVID impacts, the economic impact in 2021 was \$68.1 million, with a return on investment of 179% for each \$1.00 invested in our clinic operations. The full report is attached.</p> <p>Dr. Fritsch stated we are trying to bring back our unique patients over time. The pandemic has caused a considerable decrease in visits.</p> <p>Ms. Jackson-Moore asked if 4% was an accurate percentage for the number of agricultural workers we provide service to.</p>	<b>Receive &amp; File. No further action necessary.</b>

	<p>Ms. Steel stated that the numbers were accurate.</p> <p>Ms. Jackson-Moore asked why the hypertension quality measure are low.</p> <p>Dr. Andric stated that the goal and measures that Ms. Jackson-Moore refers to are our(PCC) own goals we like to meet.</p>	
<b>8B. FINANCE</b>		
<p><b>8B-1. Staff Recommends a MOTION TO APPROVE: Sliding Fee Scale 2022</b></p>	<p>This agenda item provides the updated Federal Poverty Guidelines and C.L. Brumback Primary Care Clinics Medical and Dental Sliding Fee Scales.</p> <p>The sliding fee scale is updated to reflect the 2022 Federal Poverty Guidelines published by the Federal Register/Vol. 84, No. 22/ January 21, 2022. The guidelines in this 2022 notice reflect the 4.7 percent price increase between calendar years 2020 and 2021. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes.</p>	<p><b>VOTE TAKEN: Mr. Mullen motioned to approve the Sliding Fee Scale 2022 as presented. The motion was duly seconded by Ms. Tammy Jackson-Moore. A vote was called, and the motion passed unanimously.</b></p>
<b>8C. CREDENTIALING</b>		
<p><b>8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</b></p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> <li>• Current clinical competence</li> <li>• Health fitness, or ability to perform the requested privileges</li> <li>• Malpractice history (NPDB query)</li> <li>• Immunization and PPD status; and</li> <li>• Life support training (BLS)</li> </ul>	<p><b>VOTE TAKEN: Mr. Gibbons made a motion to approve the Licensed Independent Practitioner Credentialing and Privileging of Ashley Green and Reneisha Drayton as presented. Ms. Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

Last Name	First Name	Degree	Specialty	Credentialing
Green	Ashley	LCSW	Licensed Clinical Social Worker	Initial Credentialing
Drayton	Reneisha	LCSW	Licensed Clinical Social Worker	Initial Credentialing

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

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

Ashley Green, LCSW, joined the Jupiter Clinic in 2022 as a Licensed Clinical Social Worker. She attended North Carolina Central University. Ms. Green has been in practice for four years.

Reneisha Drayton, LCSW, joined the Boca Raton Clinic in 2022 as a Licensed Clinical Social Worker. She attended Florida State University. Ms. Drayton has been in practice for eleven years.

## 8D. OPERATIONS

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

This agenda item provides the following operations reports for December 2021:

Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and demographics metrics.

In December, the clinics had 10,327 visits which are 466 more than the month prior and 1,878 more than December of 2020. The Lantana Clinic had the highest volume with 1,529 visits, followed by the Lake Worth Clinic with 1,231.

For December, our payer mix reflects 58% uninsured patients and 27% Managed Care.

**VOTE TAKEN: Mr. Gibbons made a motion to approve the Operations Reports as presented. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.**

	<p>Productivity targets were met in the Delray and Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics and Behavioral Health in Mangonia. In the 90% and higher range were Lantana Primary Care and Dental, Women's Health in Lake Worth and Belle Glade Behavioral Health.</p> <p>The No-Show rate in December decreased to 22%. The year-to-date Tele no-show rate remains at 11% of the total no-shows.</p> <p>The largest age group of patients were ages 1-9 at 15%, ages 30-39 and 40-49 also at 15%. 49% of patients reported as White followed by 39% Black or African American. 40% of patients reported as Hispanic or Latino. 51% of patients' primary language was English, followed by Spanish at 30%. Creole-speaking totaled 15%. 60% of patients identified as female and 90% as straight. 4.6% of patients reported as Agricultural workers, of which 79% were seasonal and 21% migrant. 12.7% of patients reported being homeless, of which 80% were Doubling Up.</p>	
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**8E. QUALITY**


<p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p>	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates:</p> <p>Quality Council Meeting Minutes February 2022</p> <p>UDS Report – December 2021</p> <p>Provider Productivity – December 2021</p> <p><b>PATIENT SAFETY &amp; ADVERSE EVENTS</b> Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.</p> <p><b>PATIENT SATISFACTION AND GRIEVANCES</b> Patient relations are to be presented as a separate agenda item.</p> <p><b>QUALITY ASSURANCE &amp; IMPROVEMENT</b> The diabetes measure data for 2021 was met. Our patients are currently controlled at 74 %, while 23 % are uncontrolled, and 3 % of patients need data.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore motioned to approve the Quality Reports as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
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	<p>Working to increase our HPV vaccine completion rates. Running a report to identify patients who are missing doses and planning an outbound campaign to call those patients to return to the clinic for the vaccine.</p> <p>UTILIZATION OF HEALTH CENTER SERVICES Individual monthly provider productivity stratified by clinic.</p>	
<b>9. A.V.P. and Executive Director of Clinic Services Comments</b>	HRSA masks were given out, and some personal fans were given to the Board members.	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	The Board requested PCC pamphlets to hand out.	<b>No action necessary.</b>
<b>11. Establishment of Upcoming Meetings</b>	<p><b><u>March 30, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>April 27, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>May 25, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>June 29, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>July 27, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>August 24, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>September 28, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p>	<b>No action necessary.</b>

	<p><b><u>October 26, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>November 29, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p> <p><b><u>December 14, 2022 (HCD Board Room)</u></b> 12:45 p.m. Board of Directors</p>	
<b>12. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 1:49 p.m.	<b>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to adjourn. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
<b>13. Closed Meeting</b>		<b>No action necessary.</b>

Minutes Submitted by:

  
Signature

3/30/2022  
Date