

**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
3/30/2022**

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

**Excused:** Melissa Mastrangelo, Vice-Chair

**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; Lisa Hogans; Patricia Lavelly; Robin Kish; Shoaib Haq; Dr. John Cucuras; Dr. Courtney Phillips; Shannon Wynn

**Minutes Transcribed By:** Shannon Wynn

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

**Meeting Began at** 12:54 p.m.

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>	Mr. Smith called the meeting to order.	<b>The meeting was called to order at 12:54 p.m.</b>
<b>1A. Roll Call</b>	Roll call was taken.	
<b>1B. Affirmation of Mission</b>	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>None.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore made a motion to approve the agenda. Mr. Mullen duly seconded the motion. A vote was called and the motion passed unanimously.</p>
<b>3. Awards, Introductions and Presentations</b>		
<b>3A. WPTV-5 News Story – Family Medicine Residents at Belle Glade Clinic Help the Community</b>	<p>Robin Kish presented to the Board a new story on the C.L. Brumback clinics helping the community.</p>	<p>No action necessary.</p>
<b>4. Disclosure of Voting Conflict</b>	<p>None.</p>	<p>No action necessary.</p>
<b>5. Public Comment</b>	<p>None.</p>	<p>No action necessary.</p>
<b>6. Meeting Minutes</b>  <b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of February 23, 2022	<p>There were no changes or comments to the minutes dated February 23, 2022.</p>	<p><b>VOTE TAKEN:</b> As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of February 23, 2022. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<p><b>VOTE TAKEN:</b> Ms. Tammy Jackson-Moore motioned to approve the consent agenda. Mr. Mullen duly seconded the</p>

		<b>motion. A vote was called, and the motion passed unanimously.</b>
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> March 2022 Internet Posting of District Public Meeting	The meeting notice was posted.	<b>Receive &amp; File. No further action is necessary.</b>
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action is necessary.</b>
<b>7B. FINANCE</b>		
<b>7B-1. Staff Recommends a MOTION TO APPROVE:</b> District Clinic Holdings, Inc. Financial Report January 2022	<p>Management Discussion and Analysis as of January 2022 C.L. Brumback Primary Care Clinic Financial Statements.</p> <p>The January financial statements represent the financial performance through the fourth month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, deferred revenue remains the same amount as last month of (\$2.2M). This balance is due mainly to Provider Relief Funds received that will be recognized as revenue as qualifying expenses are identified.</p> <p>On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$560k). 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 \$1.2M. Total YTD revenue was unfavorable to budget by (\$1.3M), which is partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$2.0M due mostly to positive variances in salaries, wages, and benefits of \$911k, purchased services of \$287k, other supplies of \$117k, drugs of \$151k, and lease and rental of \$282k. Total YTD net margin was (\$4.8M) compared to budget of (\$6.0M) resulting in a favorable variance of \$1.1M or (19.4%).</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>

	<p>Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$736k). The Medical clinic's YTD gross patient revenue is unfavorable to budget by \$(794k). The Medical clinic's total YTD revenue was unfavorable to budget by (\$1.3M). This unfavorable variance resulted from lower net patient revenue than budgeted and a timing difference in revenue recognition for grant funds. Total operating expenses of \$7.8M were favorable to budget of \$9.7M by \$1.9M. The positive variance is mostly due to salaries, wages, and benefits of \$882k, purchased services of \$261k, other supplies of \$106k, drugs of \$151k, and lease and rental of \$261k. Total YTD net margin was favorable to budget by \$987k or (18.2%).</p> <p>Net patient revenue YTD for the Dental clinics was favorable to budget by \$176k. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$2.0M. Total operating expenses of \$1.4M were favorable to budget by \$80k. Total YTD net margin was (\$343k) compared to a budgeted loss of (\$505k) for a favorable variance of \$162k or (32.1%).</p>	
<b>7C. POLICIES</b>		
<p><b>7C-1.</b>  <b>Staff Recommends a MOTION TO APPROVE:</b>  C.L. Brumback PCC Risk Management Plan for 2022</p>	<p>This risk management plan for C.L. Brumback Primary Care Clinics (CLBPCC) assists in identifying and evaluating the plan for any potential risk that may arise at CLBPCC. The plan outlines how risk management activities will be performed, recorded, and monitored throughout 2022. The risk management plan is effective as of January 1, 2022, and will be revised annually.</p> <p>The C.L. Brumback Primary Care Clinics (CLBPCC) Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols regarding identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for risk management activities. An education plan for all CLBPCC is outlined at the end of the document.</p> <p>Issues or trends identified through the Risk Management program are brought to the appropriate individual or committee for consideration and action. Ongoing aggregated, trended Risk Management data sets are distributed to all departments and committees for inclusion in their Performance Improvement</p>	<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></p>

	(PI) review activities. Risk-related activities are addressed every month as a separate agenda item during the Quality/ Patient Safety/Compliance Committee meeting (QPSC).	
<b>8. REGULAR AGENDA</b>		
<b>8A. ADMINISTRATION</b>		
<b>8A-1.</b> <b>Staff Recommends a MOTION TO APPROVE:</b> Lease Agreement Approval- Atlantis	<p>We respectfully request the approval of the lease agreement for the new Atlantis clinic at 4801 S Congress Ave Lake Worth, FL 33461.</p> <p>Staff is respectfully requesting the approval of the lease agreement for the new Atlantis clinic to 4801 S Congress Ave Lake Worth, FL 33461, which is located just north of the JFK hospital campus. Improvements are expected to be completed in approximately 12-15 months.</p> <p>The intention is to create a flagship clinic that will offer all services lines, including Adult and Pediatric Care, Women's Health, Dental, Behavioral Health and Substance Use Disorder, and Pharmacy, as well as several new offerings such as Mammography and Optometry in the near future. The large space would also better position us to ensure the clinic could accommodate social distancing.</p> <p>Other qualitative benefits of the new location include convenient access to JFK Medical Center right next door and a large homeless population around the John Prince Park area located directly across the street.</p> <p>Programming:</p> <ul style="list-style-type: none"> <li>• 26,283 rentable square feet           <ul style="list-style-type: none"> <li>○ 1st floor 8,221 rsf</li> <li>○ 2nd floor 8,951 rsf</li> <li>○ 3rd floor 9,111 rsf</li> </ul> </li> <li>• Services Include: Adult and Pediatric Care, Women's Health, Dental, Behavioral Health and Substance Use Disorder, Mammography, Optometry, and Pharmacy</li> <li>• 39 exam rooms</li> <li>• 7 dental chairs</li> <li>• Food farmacy</li> </ul>	<p><b>VOTE TAKEN: Mr. Mullen motioned to approve the Lease Agreement Approval- Atlantis as presented. The motion was duly seconded by Mr. Gibbons. A vote was called, and the motion passed unanimously.</b></p>

- Fast track care type space
- Central waiting-registration
- Mammo suite
- Optometry
- Conference / activity rooms
- Demonstration kitchen
- Group therapy room
- Ample offices, shared workspace, storage

Lease Summary:

- \$68,160 total monthly rent (base rent + operating expense)
- \$0 - No prepaid rent due upon lease execution
- \$47,638 deposit due at execution of the lease
- 2.75% base rent annual increase
- 10.5 year lease with 6 months base rent abatement

Future Year Impact to be Included in FY23 Budget

- Capital requirements including TI: \$624,150
- HRSA capital grant revenue: \$552,549
- Cost of non-capital operating expenditures: \$421,154

Ms. Jaskon- Moore asked if the one-half million dollar adjustment budget needs to occur.

Ms. Abbott stated that the capital is budgeted, and about 140 thousand is not budgeted. Ms. Abbott expects capital improvements to flow over into the following year.

Mr. Smith asked what the targeted opening day would be

Dr. Andic and Dr. Fritsch stated it would be roughly 12 months.

Mr. Elder asked if Mammography and Optometry would be provided at the other locations.

Dr. Andric stated it would only be provided at the Lantana location.

	Ms. Jackson-Moore stated she was excited about this move and that it was time for a change.	
<b>8A-2. Staff Recommends a MOTION TO APPROVE:</b> Change in Scope – Form 5C: Portable Clinical Care	<p>We respectfully request the authorization to update Form 5C Activity: Portable Clinical Care.</p> <p>The C. L. Brumback Primary Care Clinics respectfully request approval to update the Portable Clinical Care Activity description to include dental outreach in collaboration with the E. J. Healey Rehabilitation Center:</p> <p>Conduct monthly dental outreach activities that include basic dental services for patients who experience barriers in obtaining dental care outside of their rehabilitation center.</p> <p>Mr. Smith asked how is Portable Clinical Care going to work.</p> <p>Dr. Fritsch stated that this would allow our dental team to provide basic dental needs and services to patients who experience barriers in obtaining dental care outside of their rehab center.</p>	<b>VOTE TAKEN: Ms. Tammy Jackson-Moore motioned to approve the Change in Scope – Form 5C: Portable Clinical Care as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>
<b>8B. EXECUTIVE</b>		
<b>8B-1. Receive &amp; File:</b> Executive Director Informational Update	<p>NACHC: Legal Lessons Learned from the Pandemic for Health Center Board</p> <p>Health centers have been on the frontlines combatting the national public health emergency related to COVID-19. The public health emergency has had a profound impact on health center operations due to the initial mandatory lockdowns, social distancing, and other precautionary efforts to stop the spread of this unprecedented virus. More recently, the push to vaccinate entire communities. Health centers have had to reduce or close certain services (and later, reopen them), furlough staff (and then re-hire them), add temporary sites, and rapidly adopt telehealth, all while navigating a financial rollercoaster. Health centerboards have had to adapt to governing virtually and make rapid-fire decisions on matters that are significant to patients and employees. At the same time, they have had to fulfill overall board roles, including ensuring compliance with the Health Services and Resource Administration's (HRSA) Health Center Program requirements, as well as other relevant federal, state, and local laws and regulations and guidance.</p>	<b>Receive &amp; File. No further action is necessary.</b>
<b>8C. CREDENTIALING</b>		

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

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

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Sofianos Jr.	Michael	DMD	General Dentistry	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.

Michael Sofianos Jr., DMD, joined the West Palm Beach Clinic in 2022, specializing in General Dentistry. He attended the University of Florida. Dr. Sofianos has been in practice for five years.

**VOTE TAKEN:** Ms. Bullard made a motion to approve the Licensed Independent Practitioner Credentialing and Privileging of Dr. Michael Sofianos Jr. as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

## 8D. OPERATIONS

**8D-1. Staff Recommends a**

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

**VOTE TAKEN:** Mr. Gibbons made a motion to approve the



<p><b>MOTION TO APPROVE</b> Operations Reports</p>	<p>Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and demographics metrics.</p> <p>In January, the clinics had 9,956 visits which is 371 less than the month prior and 2,441 more than January of 2021. The Lantana Clinic had the highest volume with 1,496 visits, followed by the West Palm Beach Clinic with 1,269.</p> <p>Our payer mix for January reflects 58% uninsured patients and 28% Managed Care.</p> <p>The No Show rate continues to decrease and in January was 20%. The Tele no-show rate was 10% of the total no-shows in the past 12 months.</p> <p>The largest age group of patients was ages 30-39 at 15% and 40-49 at 15%. 51% of patients reported as White, followed by 38% as Black or African American. 42% of patients reported as Hispanic or Latino. 49% of patients' primary language was English, followed by Spanish at 33%. Creole-speaking totaled 15%. 60% of patients identified as female and 89.4% as straight. 3.7% of patients reported as Agricultural workers, of which 83% were seasonal and 17% were migrants. 12.3% of patients reported being homeless, of which 72% were Doubling Up.</p> <p>In January, the number of patients who walked in and were seen the same day totaled 2,007. 19% walk-ins in medical and 24% walk-ins in dental. The Lantana medical clinic had the highest volume of walk-ins with 341, followed by the West Palm Beach medical clinic with 314. The West Palm Beach dental clinic had the highest volume of walk-ins with 234, followed by the Delray Beach dental clinic with 138 walk-ins. The medical clinics' rolling 12-month average walk-ins' percentage is 21%, and the dental clinic's rolling 12-month average walk-in percentage is 37%. January showed a decrease of 3% in medical and 4% in dental walk-ins from the previous month.</p> <p>Mr. Elder asked what doubling up means.</p> <p>Dr. Fritsch stated doubling up means the patient is not your traditional homeless patient but maybe sleeping at someone's house or going from place to place.</p>	<p><b>Operations Reports as presented. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8E. QUALITY</b></p>		

<p><b>8E-1. Staff Recommends a MOTION TO APPROVE</b> Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates:</p> <ul style="list-style-type: none"> <li>• Quality Council Meeting Minutes March 2022</li> <li>• UDS Report – YTD January 2022</li> <li>• Provider Productivity – January 2022</li> </ul> <p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u></p> <ul style="list-style-type: none"> <li>• HPV 3rd Dose: In February 2022, a Patient Access Coordinator contacted 54 patients to bring them into the clinic for their 3rd dose of HPV. We were able to schedule 19 (35%) of patients an appointment.</li> <li>• Medical Dental Integration (MDI): Medical and Dental team worked together to create an improved workflow to increase access to same-day dental visits for pediatric patients seen in our clinics for a well-child visit.</li> </ul> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by clinic.</p> <p>Mr. Elder stated that the previous quality reports compared state, national, and HRSA goals.</p> <p>Ms. Steele stated that we would provide the data comparison moving forward.</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>
<p><b>8F-1. Receive &amp; File:</b> AHRQ Safety Culture Survey 2021</p>	<p>This agenda item provides the AHRQ Culture of Safety Survey 2021 for the C. L. Brumback Primary Care Clinics. The purpose of the AHRQ Culture of Safety Survey is to raise awareness about patient safety and evaluate the cultural impact of patient safety initiatives and interventions.</p>	<p><b>Receive &amp; File. No further action is necessary.</b></p>

The survey composition has 9 sections, and their positive results are listed below compared to the AHRQ benchmark results for FQHCs:

- Communication About Error: 80% positive; compared to the AHRQ benchmark of 73%.
- Communication Openness: 80% positive; compared to the AHRQ benchmark of 65%.
- Office Processes and Standardization: 88% positive, compared to the AHRQ benchmark of 68%.
- Organizational Learning: 96% positive; compared to the AHRQ benchmark of 75%.
- Overall Perceptions of Patient Safety and Quality: 83% positive; compared to the AHRQ benchmark of 77%.
- Owner/Managing Partner/ Leadership Support for Patient Safety: 85% positive; compared to the AHRQ benchmark of 66%.
- Patient Care Tracking/Follow-up: 92% positive; compared to the AHRQ benchmark of 83%.
- Staff Training: 91% positive; compared to the AHRQ benchmark of 71%.
- Teamwork: 94% positive compared to the AHRQ benchmark of 85%.

The survey was overall – Positive at 80%, compared to the AHRQ benchmark for FQHCs at 70%. The comments from the participants were overall positive, with a staff participation rate of 68.1. Results were shared with all CLBPCC staff, and ongoing education will be conducted in regards to any action items as a result of the survey.

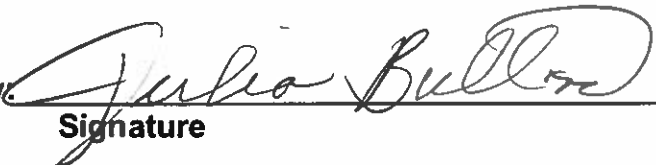
Ms. Jackson- Moore asked why the Hero mobile unit only has a 59% rate on the AHRQ Survey on Patient Safety compared to the other mobile units.

Dr. Fritsch stated it is lower because Hero only has two or three staff members assigned to that facility; therefore, the percentage will be lower.

Ms. Jackson-Moore asked if we could have the data from the previous year to compare the results moving forward.

<b>9. A.V.P. and Executive Director of Clinic Services Comments</b>	<p>Due to technical difficulties, Dr. Fritsch thanked the Board for their support and patience during this meeting.</p> <p>Dr. Andric informed the Board that Ms. Mastrangelo gave birth to a baby boy and will return to our next Board meeting.</p>	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	<p>Mr. Elder thanked the staff for their continuous support.</p>	<b>No action necessary.</b>
<b>11. Establishment of Upcoming Meetings</b>	<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> <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>No action necessary.</b>

12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:58 p.m.	<b>VOTE TAKEN: Mr. Gibbons made a motion to adjourn. Ms. Figueroa duly seconded the motion. A vote was called, and the motion passed unanimously.</b>
13. Closed Meeting		No action necessary.

Minutes Submitted by:  4/27/22  
Signature Date