



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

March 31st, 2021

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
MARCH 31, 2021
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Login: <https://tinyurl.com/yda3vnks>

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

1. Call to Order – Mike Smith, 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. The Health Care District: Community Leader in COVID-19 Response Video
- B. 2020 UDS Summary – Dr. Belma Andric
- C. COVID Testing and Vaccination Update – Dr. Belma Andric

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of February 24, 2021 [Pages 1-13]
- B. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of March 12, 2021 [Pages 14-19]

**C. L. Brumback Primay Care Clinics
Board of Directors
Meeting Agenda
March 31, 2021**

7. Consent Agenda – Motion to Approve Consent Agenda Items

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered on its normal sequence on the Agenda.

A. ADMINISTRATION

7A-1 **RECEIVE AND FILE:**

March 2021 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 **RECEIVE AND FILE:**

Attendance tracking [Page 20]

B. FINANCE

7B-1 **Staff recommends a MOTION TO APPROVE:**

C. L. Brumback Primary Care Clinics Financial Report February 2021
(Tony Colby) [Pages 21-38]

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff recommends a MOTION TO APPROVE:**

Change in Scope – South County Civic Center, South Florida Fairgrounds and North County
(Dr. Hyla Fritsch) [Pages 39-40]

8A-2 **Staff recommends a MOTION TO APPROVE:**

Third Amendment to Co-Applicant Agreement between HCDPBC and DCHI
(Dr. Hyla Fritsch)
[Pages 41-45]

B. EXECUTIVE

8B-1 **RECEIVE AND FILE:**

Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 46-47]

**C. L. Brumback Primay Care Clinics
Board of Directors
Meeting Agenda
March 31, 2021**

8. Regular Agenda (cont.)

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging –
Darnel Dabu, MD; Vanessa De Oliveira Inacio, MD; Courtney Phillips, MD
(Dr. Charmaine Chibar) [Pages 48-58]

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Leah Serio) [Pages 59-64]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 65-114]

F. PATIENT RELATIONS

- 8F-1 **Staff Recommends a MOTION TO APPROVE:**
Patient Relations Dashboard
(David Speciale) [Pages 115-117]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Closed Meeting

12. Establishment of Upcoming Meetings

April 28, 2021 (HCD Board Room)
12:45pm Board of Directors

May 26, 2021 (HCD Board Room)
12:45pm Board of Directors

June 30, 2021 (HCD Board Room)
12:45pm Board of Directors

**C. L. Brumback Primay Care Clinics
Board of Directors
Meeting Agenda
March 31, 2021**

12. Establishment of Upcoming Meetings (cont.)

July 28, 2021 (HCD Board Room)

12:45pm Board of Directors

August 25, 2021 (HCD Board Room)

12:45pm Board of Directors

September 29, 2021 (HCD Board Room)

12:45pm Board of Directors

October 27, 2021 (HCD Board Room)

12:45pm Board of Directors

November 30, 2021 (HCD Board Room)

12:45pm Board of Directors

December 14, 2021 (HCD Board Room)

12:45pm Board of Directors

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

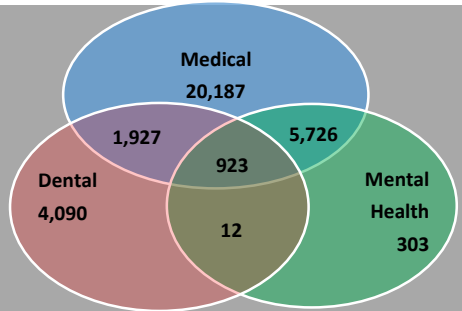
Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.

PCJS SUMMARY

2020

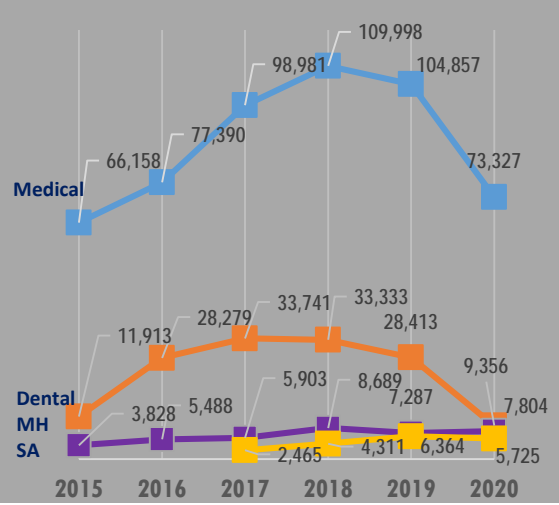
Patients 33,168

Annual unique patients decrease by 28.5% from 2019 to 2020;
 13,216 less patients



Visits 96,212

Visits across all service lines



MEDICAL
 DENTAL
 MENTAL HEALTH/SA
 WOMEN'S HEALTH

SERVING PALM BEACH COUNTY, FLORIDA

9 Primary Care Clinics
 3 Dental Clinics
 3 Mobile Clinic

17 MD/DO 15 Residents; 14 APRN's
 8 Dentists; 5 Hygienists
 2 Psychiatrists; 1 PsyD; 1 PA
 10 BHC (LCSW's/LMHC's)

ALMOST 6 OUT OF 10 PATIENTS ARE UNINSURED



6 OUT OF 10 PATIENTS LIVE AT OR BELOW THE FEDERAL POVERTY LINE



2 OUT OF 10 PATIENTS DO NOT HAVE STABLE HOUSING AND REPORTED THAT THEY WERE EXPERIENCING HOMELESSNESS



PATIENTS SERVED BY GENDER (AT BIRTH);

40.1% MALE, 59.9% FEMALE, <1% TRANSGENDER



38% OF PATIENTS IDENTIFIED AS AFRICAN AMERICAN/BLACK, 48% IDENTIFIED AS WHITE, WITH THE REMAINING 14% IDENTIFYING AS ANOTHER RACE.



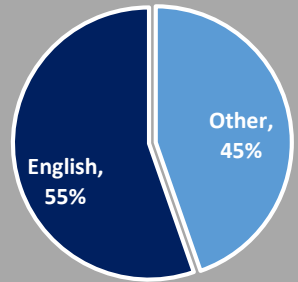
ETHNICITY: 37% OF PATIENTS IDENTIFIED AS HISPANIC/LATINO, 60% IDENTIFIED AS NON-HISPANIC/LATINO, AND 3% WERE UNREPORTED



5% (1,634) PATIENTS IDENTIFIED AS AGRICULTURAL WORKERS
 44% (726) IDENTIFIED AS MIGRATORY AND 55% (908) AS SEASONAL

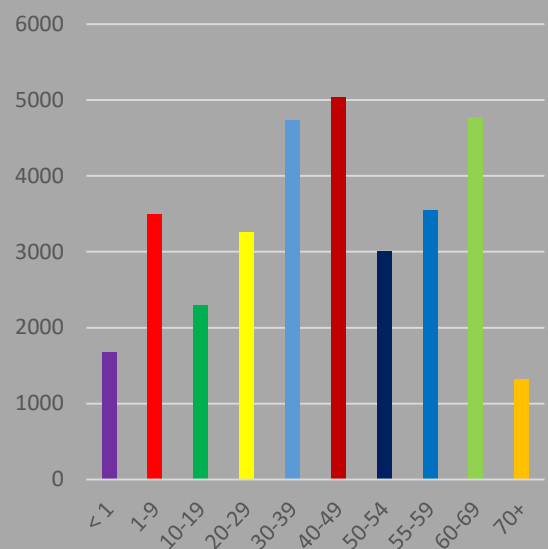


44% OF CLIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH



* OF OUR PATIENT POPULATION, 14% SPEAK CREOLE AND 28% SPEAK SPANISH

PATIENT AGE — UNIQUE PATIENTS



**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
02/24/2021**

Present: Mike Smith, Chairperson; Tammy Jackson-Moore, Treasurer; James Elder; John Casey Mullen; Julia Bullard; Robert Glass

Excused: Irene Figueroa, Secretary; Marjorie Etienne

Absent: Melissa Mastrangelo, Vice-Chairperson

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, VP & Chief Medical Officer; Valerie Shahriari, General Counsel; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Shauniel Brown, Risk Manager; Thomas Cleare, AVP of Strategy; Hector Sanchez, Director of Security Services; Andrea Steele, Executive Director of Corporate Quality; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Patricia Lavelly, Interim CIO; Jonathan Dominique, Clinic Quality Analyst; Dr. Charmaine Chibar, FQHC Medical Director; Alexa Goodwin, Patient Relations Manager; Jerome Robinson, Desktop Engineer; Shannon Wynn, Administrative Assistant; June Shipek, Business Logistics Manager; Nicole Glasford, Executive Assistant; Jesenia Bruno, Director of Accounting; Mina Bayik, Director of Finance; Leah Serio, Director of Operations; Lisa Hogan; Candice Abbott, Maria Chamberlin, Michael Jackson; Valerie Butt; Candace Chitty; Evan Spencer

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled For 12:00 PM

Meeting Began at 12:03 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Smith called the meeting to order. Roll call was taken. Mr. Smith Read the Affirmation of Mission	The meeting was called to order at 12:03pm
2. Agenda Approval		
VOTE TAKEN: Mr. Smith made a motion to approve the addition of 8A-2. The motion		

<p>2A. Additions/Deletions/ Substitutions</p> <p>2B. Motion to Approve Agenda Items</p>	<p>Added item 8A-2: Change In Scope – Form 5A, Moving Services from Column II to Column I</p> <p>Added item 8A-3: Sliding Fee Discount Program Year- Over-Year Evaluation</p> <p>Mr. Smith called for an approval of the meeting agenda</p>	<p>was duly seconded by Mr. Elder. A vote was called, and the motion passes unanimously.</p> <p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the addition of 8A-3. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passes unanimously</p> <p>VOTE TAKEN: Mr. Elder made a motion to approve the agenda. The motion was duly seconded by Ms. Bullard A vote was called, and the motion passed unanimously</p>
<p>3. Awards, Introductions and Presentations</p> <p>3A. Health Resource and Services Administration</p> <p>3B. COVID-19 Testing Update</p>	<p>Presentation and questioning by Mr. Michael Jackson, Ms. Valerie Butt, Ms. Candace Chitty, Commander Evan Spencer</p> <p>Mr. Jackson asked the Board to introduce themselves to the consultants.</p> <p>Mr. Jackson asked the Board about the needs assessment process, when the Board received information how does it impacts any of the decision making process by the Board.</p> <p>Mr. Smith answered that The Board consistently receives data covering Clinic operations, provider productivity and patient satisfaction.</p> <p>Ms. Jackson-Moore answered that the Glades performs an annual needs assessment with the patients and staff and also the community. We have a unique relationship in the Belle Glade community.</p> <p>Mr. Jackson stated that we receive feedback from patient surveys and that the Board may or may not be</p>	<p>No action necessary.</p>

	<p>aware but our organization is part of South East Florida Health Counsel. There is an annual update. There are multiple ways to reach out to the patients and community. Review your service area and make changes to any of our hours of operation or any implementation plans.</p> <p>Mr. Jackson wanted to make the Board aware that they are responsible for the daily operation of the health center, yet the Board is not involved in the day-to-day operations of running the health centers. With that said, how does the Board manage to ensure that the health center is operating well.</p> <p>Ms. Jackson-Moore stated that the Board does a yearly evaluation of their leadership and clinic leadership. We are in constant communication.</p> <p>Mr. Smith answered by saying that the manager of a new program will come before the Board and explain the direction of which way the program is going.</p> <p>Mr. Jackson informed the Board that they are the grantee of record and that the Board has the relationship between the Bureau of Primary Health Care. Mr. Jackson wanted to know how the Board goes about doing an evaluation of the CEO.</p> <p>Mr. Smith answered that they have firsthand exposure to the CEO and an annual questionnaire that is compiled. There is good dialog between the Board and leadership.</p> <p>Ms. Bullard also reassured that the Board reviews openly and annually. They all have the opportunity to discuss freely.</p> <p>Mr. Jackson asked how the Board carries out the monthly meeting. 2020 was a challenging year and</p>	
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	<p>some months there were no monthly meeting (March, April and November) He informed the Board to be beware that there is a requirement that has to be met. Mr. Jackson understands why there were no meeting because of the pandemic. The requirement from HRSA is that the Board meet monthly.</p> <p>Ms. Chitty asked how the credentialing and privilege process works for providers. What level of involvement does the Board have during the process?</p> <p>Mr. Smith answered that the candidates comes before the Board with an outline of their background and then the Board reviews and approves or denies accordingly.</p> <p>Ms. Chitty stated that the privileging portion is what the Board has authority over and it is a huge responsibility. The Board needs to make sure the provider is in good standing and this is a critical piece.</p> <p>Ms. Chitty stated the minutes are very detailed and well documented.</p> <p>Mr. Smith requested to see the core privileges for re- credentialed providers.</p> <p>Dr. Andric explained to Mr. Smith that the District provides the form for approval but we can provide the privileging form going forward.</p> <p>Ms. Chitty asked the Board if the type and amount of data is enough help to make decision around quality. Is it understandable and sufficient?</p> <p>Ms. Jackson-Moore answered that she is a data person, the data presented is understandable, and if there are ever any questions are always able to help and understand.</p>	
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	<p>Mr. Smith answered that the Board receives much data and that each member of the Board has their own expertise and each member of the Board understand and like the data provided.</p> <p>Ms. Butt had no questions for the Board.</p> <p>Mr. Smith asked what The Federal Bureau Health Care is.</p> <p>Mr. Spencer answered that The Federal Bureau falls under the HHS.</p> <p>Dr. Andric provided a presentation covering vaccine and testing metrics YTD.</p> <p>Ms. Jackson-Moore asked what the Outreach category was.</p> <p>Dr. Andric replied that Outreach is the South County Civil Center but was corrected by Ms. Davis.</p> <p>Ms. Davis replied that the Outreach was the site used in the Boardroom at the home office.</p> <p>Ms. Jackson- Moore also questioned why females were out weighting the males on vaccines.</p> <p>Dr. Andric stated that women tend to seek medical attention more than male in general; therefore females will have a higher vaccine rate over males.</p> <p>Ms. Jackson-Moore asked about the inventory on hand for the vaccines. She asked if we had enough vaccine for the second dose and any other first dose for anyone who had the opportunity to be vaccinated.</p> <p>Dr. Andric replied that we have vaccines on hand for first</p>	
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	<p>dose and second dose vaccines.</p> <p>Ms. Jackson-Moore states that the vaccination for Black Africa-Americans are still low. Is there anything statewide to educate or encourage the effort to reach out to the community?</p> <p>Dr. Andric stated that she reached out to some coalitions with Dr. Chibar and asked for their help with this mission. Dr. Andric stated that we are community providers, so we provide vaccines to anyone who comes to us.</p> <p>Ms. Davis commented that The Health Care District is tied to the DOH waiting list and when more links open up, we can expect to expand to a broader area.</p> <p>Out of 200,000 vaccines given Dr. Andric stated that The Health Care District vaccinated a quarter of that.</p> <p>Mr. Smith questioned if we feel that the clinic patients doubt receiving the COVID-19 vaccine.</p> <p>Dr. Andric answered that our 65 and older patient range is low because that age group and higher has Medicare and is seen elsewhere. Being vaccinated is not mandated but it is good to inform everyone and every patient.</p> <p>Mr. Mullen commented that the Fairground runs perfect and he was happy to inform everyone of this.</p>	
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p>	<p>None.</p>	<p>No action necessary.</p>

6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of January 27, 2021	There were no changes or comments to the minutes dated January 27, 2021	VOTE TAKEN: Ms. Tammy Jackson- Moore made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Elder made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Tammy Jackson- Moore. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: February 2021 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: Organizational Chart	Organizational Chart was reviewed.	Receive & File. No further action necessary.
7B. FINANCE		
7B-1. Staff Recommends a MOTION TO APPROVE: C. L. Brumback Primary Care Clinics Financial Report – January 2021	The YTD January 2021 financial statements for the District Clinic Holdings, Inc. presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.	Motion referenced above, no further action necessary.
7B-2. Staff Recommends a MOTION TO APPROVE: Federal Poverty Guidelines & Update to Sliding Fee Scales	This agenda item provides the updated C. L. Brumback Primary Care Clinics Federal Poverty Guideline Updates and corresponding scales. The updated Federal Poverty Guidelines and corresponding updated scales are also included.	Motion referenced above, no further action necessary.

8. REGULAR AGENDA		
8A. ADMISTRATION		
<p>8A-1. Staff Recommends a MOTION TO APPROVE: Change in Scope- South County Civic Center and South Florida Fairgrounds</p>	<p>Dr. Fritsch brought to the Board and asked to approve the authorization to add two new temporary sites to Form 5B:</p> <p>C. L. Brumback Primary Care Clinics – South County Civic Center and South Florida Fairgrounds.</p> <p>Dr. Fritsch request a 90-day provisional approval for both sites.</p> <p>Ms. Jackson-Moore asked what happens after the 90 days is up.</p> <p>Dr. Fritsch stated that if the District were to be at the locations more than 90 day, they would bring to the Board a permanent change in scope.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Change in Scope. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Change In Scope – Form 5A, Moving Services from Column II to Column I</p>	<p>We respectfully request the authorization to move our After Hours Coverage listed in Column II of Form 5A to Column I. 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 move our answering service contract to Form 5A, Column I for the required service: After Hours Coverage.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Change in Scope. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>
<p>8A-3. Staff Recommends a MOTION TO APPROVE: Sliding Fee Discount Program Year-Over-Year Evaluation</p>	<p>Every year the Clinics evaluate the Sliding Fee Discount Program year-over-year data. Per HRSA guidance, we will bring year-over-year information to assess if there is a barrier to care. Please see attached year-over-year patient use of the sliding fee discount program.</p> <p>Ms. Jackson-Moore asked Ms. Abbott to explain the graph.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve Sliding Fee Discount Program Year-Over-Year Evaluation. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>

	<p>Ms. Abbott responded by explaining the Sliding Fee graph. Sliding Plan A to Sliding Plan E. Each plan fee differ depending on the Poverty Level Guideline.</p> <p>Ms. Jackson- Moore requested to see the dental Slide Fee year-to-year graph.</p>	
<p>8B. EXECUTIVE</p>		
<p>8B-1. Receive and File: Executive Director Information Update</p>	<p>Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services presented updates on key changes within the C.L. Brumback Primary Care Clinics. The District submitted the UDS on the 10th of February. The temporary vaccine sites have started vaccinating.</p> <p>Ms. Jackson-Moore asked what is meant by prioritizing special populations.</p> <p>Dr. Fritsch responded by stating that the special population is the 65 and older community, teachers and first responders.</p> <p>Mr. Elder asked if the Palm Beach Garden location was a mobile van or a building.</p> <p>Dr. Fritsch responded by saying the Palm Beach location was located on Burns Road at the Burns Community Center.</p>	<p>Receive & File. No further action necessary.</p>
<p>8C. CREDENTIALING</p>		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioner recommended for credentialing and privileging by the FQHC Medical Director. The LIP listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Initial Credentialing and privileging of Jennifer Casanova, APRN as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

	<p>standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> • 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) <table border="1" data-bbox="548 553 1312 654"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Specialty</th> <th>Credentialing</th> </tr> </thead> <tbody> <tr> <td>Casanova</td> <td>Jennifer</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Recredentialing</td> </tr> </tbody> </table> <p>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. Jennifer Casanova, APRN, joined the Lake Worth Clinic in 2019 as a Nurse Practitioner specializing in Family Medicine. She attended Nova Southeastern University School of Medicine and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Casanova has been in practice for four years.</p> <p>Mr. Smith requested to see the privileging forms going forward.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Casanova	Jennifer	APRN	Nurse Practitioner	Recredentialing	
Last Name	First Name	Degree	Specialty	Credentialing								
Casanova	Jennifer	APRN	Nurse Practitioner	Recredentialing								
<p>8D. OPERATIONS</p>												
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports</p>	<p>In December, we had 8,449 visits, which is up from the month prior. All clinic locations except Lewis Center and Mangonia did not reach the same volume of visits as in 2019.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Report as presented. The motion was duly seconded</p>										

	<p>Our payer mix for the year-to-date remains at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were almost met for pediatrics and OB/GYN, but fall slightly short. Telehealth visits make up 27% of all visits. By clinic location, Lewis Center, Lantana, Boca and West Palm Beach all met their targets for in person visits and Boca met their target for telehealth visits.</p> <p>The No Show rate in December was higher than November by almost 29%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is also 24%, of which in-person year- to date visits make up 84%.</p> <p>No questions asked.</p>	<p>by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>
<p>8E. Quality</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p><u>PATIENT SAFETY & 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> Progress has been made in the last year for our Communication with Practice PDCA.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> In 2020, we struggled to achieve depression remission due to a myriad of factors. This will be an area of focus in 2021.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
<p>9. VP and Executive Director of Clinic Services Comments</p>	<p>Dr. Fritsch thanked the Board for moving the meeting up for the HRSA auditors.</p>	<p>No action necessary.</p>

<p>10. Board Member Comments</p>	<p>Ms. Jackson-Moore thanked the staff for the support effort and commitment to help their community during this pandemic.</p>	<p>No action necessary.</p>
<p>12. Establishment of Upcoming Meetings</p>	<p><u>March 31, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>April 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 26, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>July 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 25, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 29, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 27, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>November 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>December 14, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p>	<p>No action necessary.</p>

13. Motion to Adjourn	There being no further business, the meeting was adjourned 2:00 pm	VOTE TAKEN: Ms. Jackson-Moore made a motion to adjourn. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
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Minutes Submitted by: _____
Signature **Date**

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
03/12/2021**

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

Excused:

Absent: Irene Figueroa, Secretary; Tammy Jackson-Moore, Treasurer;

Staff: Dr. Belma Andric, VP & Chief Medical Officer; Christy Goddeau, Interim General Counsel; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Tony Colby, Interim VP and Chief Financial Officer; Andrea Steele, Executive Director of Corporate Quality; Jonathan Dominique, Clinic Quality Analyst; Candice Abbott, VP of Clinical Integration; Marguerite Lynch, Revenue Cycle Manager

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:00 PM

Meeting Began at 12:02 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Smith called the meeting to order. Roll call was taken. Mr. Smith read the affirmation of mission.	The meeting was called to order at 12:02pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	None. Mr. Smith called for an approval of the meeting agenda	VOTE TAKEN: Mr. Mullen made a motion to approve the agenda. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.

3. Awards, Introductions and Presentations	Dr. Andric announced Ms. Shahriari's retirement, and presented Christy Goddeau to the board as Interim General Counsel.	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes	None.	No action necessary.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Elder made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Mastrangelo. The motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: March 12, 2021 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.
8. REGULAR AGENDA		
8A. ADMISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Billing & Collection Policies	This agenda item provides the C. L. Brumback Primary Care Clinics Billing and Collection Policies for review and approve. Per Chapter 19 of the HRSA Compliance Manual, the health center Board must review the following at least once every three years, and, as needed, approve updates to policies in the following areas: Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections. Policies related to billing and collections that require Board	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the adoption of the HCD Billing & Collection Policies. The motion was duly seconded by Ms. Etienne. A vote was called, and the motion passed unanimously.

approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and if applicable those that limit or deny services due to refusal to pay. Please see the following attached Billing and Collection policies for your review and re-approval:

- a. Account Receivable – 502-13
- b. Advance Beneficiary Notice – 517-16
- c. Auditing and Monitoring – 505-16
- d. Care Transitions – RCQ-001a
- e. Charge Capture & Reconciliation – 514-16
- f. Claims Submission – 515-16
- g. Coding Documentation – 508-16
- h. Collections – 509-16
- i. Incident to Billing – 516-16
- j. Medical Necessity – 507-16
- k. Medical Record Documentation – 513-16
- l. Patient Payment – 511-15
- m. Petty Cash – 519-17
- n. Sliding Fee Discount Program – 501-13
- o. Training – 510-16
- p. Waiver of Fees – 522-19

Mr. Smith asked if there were references to issues for Medicaid, as he had seen references to guidance for Medicare related issues. Ms. Abbott explained that there could be certain AHCA regulations that oversee how Medicaid is managed vs CMS, which could be determined at the federal level while AHCA is in charge at the state level. Ms. Abbott went on to further explain that when eligibility is run for patients, an advanced beneficiary notice (ABN) is provided to the patient if the procedure is not reimbursed by Medicare or Medicaid. CMS would be the tool used to dictate this.

Dr. Andric asked if Medicaid has an ABN procedure. Ms. Abbott answered that she believes that in the clinics, the same procedure used to run the eligibility piece, and that same procedure is probably run through on the Medicare

	<p>side. Ms. Abbott clarified that she would go back to review the process in order to be sure.</p> <p>Mr. Smith asked about the references to ICD-10 and if they are used only for inpatient, or both inpatient and outpatient coding. Ms. Abbott explained that ICD-10 is the diagnosis code for inpatient, outpatient hospital and ambulatory.</p> <p>Mr. Smith asked about the policy Incident-to billing, and the lack of explanation of what it is. Ms. Abbott prefaced with the fact that she has been with the district for about a month, but it does not appear that the organization does not do Incident-to billing. Ms. Abbott explained that this was probably a policy from when this practice was in place, though that does not seem to be the case anymore. Ms. Abbott further explained that she did not see the value in retiring the policy at the moment, but left open the possibility that her team could look into doing so in the future.</p> <p>Mr. Smith asked if ancillary services are covered under the sliding scale. Dr. Fritsch answered that Pharmacy and Laboratory were examples of the ancillary services. Because they are a part of the clinic visit, they are covered.</p>	
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Change in Scope – North County PBG</p>	<p>We respectfully request the authorization to add a new temporary site to Form 5B: C. L. Brumback Primary Care Clinics – North County PBG. With demand for the COVID-19 vaccination rising, the C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval for the North County PBG site to support outreach efforts.</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the change in scope as presented. The motion was duly seconded by Mr. Glass. A vote was called, and the motion passed unanimously.</p>
<p>8A-3. Staff Recommends a MOTION TO APPROVE: Compliance with HRSA Monthly Meeting Requirement</p>	<p>This agenda item is to function as a commitment to this Board's commitment to remain in compliance with this requirement. Per Chapter 19 of the HRSA Compliance Manual, it is required that the health center Board hold monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and</p>	<p>VOTE TAKEN: Ms. Bullard made a motion to approve the agenda item as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</p>

	functions. This Board is affirming their commitment to compliance with the HRSA monthly board meeting requirement.	
9. VP and Executive Director of Clinic Services Comments	<p>Dr. Fritsch thanked the board for making themselves available for this board meeting.</p> <p>Dr. Andric Provided the board with an update on the Health Care District's Testing and Vaccination Efforts</p>	No action necessary.
10. Board Member Comments	In light of the billing policies being brought to the board, Ms. Bullard shared a billing issue that was resolved prior to the board meeting, in hopes of making sure that the team was aware of potential usual situations that can sometimes come about.	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>March 31, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>April 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 26, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>July 28, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 25, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 29, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p>	No action necessary.

	<p><u>October 27, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>November 30, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>December 14, 2021 (HCD Board Room)</u> 12:45pm Board of Directors</p>	
<p>12. Motion to Adjourn</p>	<p>There being no further business, the meeting was adjourned at 1:11 PM</p>	<p>VOTE TAKEN: Ms. Bullard made a motion to adjourn. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>

Minutes Submitted by: _____
Signature
Date

**C. L. Brumback Primary Care Clinics
Board of Directors**

Attendance Tracking

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/26/21	6/30/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X										
James Elder	X	X	X										
Irene Figueroa	X	E	A										
John Casey Mullen	X	X	X										
Julia Bullard	X	X	X										
Marjorie Etienne	E	E	X										
Melissa Mastrangelo	E	A	X										
Tammy Jackson-Moore	X	X	A										
Robert Glass		X	X										

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
March 31, 2021**

1. Description: District Clinic Holdings, Inc. Financial Report February 2021

2. Summary:

The February 2021 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

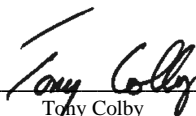
3. Substantive Analysis:

Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are 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:



 Tony Colby
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 Finance Committee
 Committee Name

 March 31, 2021
 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
March 31, 2021

6. Recommendation:

Staff recommends the Board approve the February 2021 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

DocuSigned by:

Christy Goddeau

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Christy Goddeau

Interim General Counsel

Tony Colby

Tony Colby

Interim VP & Chief Financial Officer

H. Fritsch

Dr. Hyla Fritsch

AVP & Executive Director of Clinic and Pharmacy Services



MEMO

To: Finance Committee
From: Tony Colby
Interim VP & Chief Financial Officer
Date: March 17, 2021

Subject: Management Discussion and Analysis as of February 2021 C.L. Brumback Primary Care Clinic Financial Statements.

The February statements represent the financial performance through the fifth month of 2021 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$3.4M) due primarily to timing of COVID-19 stimulus funds. Net patient revenue YTD was favorable to budget by \$312k. Expenses before depreciation were under budget by \$686k or 6.0% due mostly to positive variances in medical supplies \$353k, salaries and wages \$97k, medical services \$88k, other expense \$83k, and other supplies \$72k. Total YTD net margin was (\$7.6M) compared to budget of (\$5.3M) resulting in an unfavorable variance of (\$2.3M) or 42.4%.

The Medical clinics total YTD revenue was unfavorable to budget by (\$3.4M). This unfavorable variance resulted from the timing of COVID-19 related stimulus funding. Gross patient revenue was over budget by \$2.1M or 45.5%, which resulted from the Clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Clinic staff continue to provide countywide COVID-19 testing and vaccination. Total operating expenses of \$9.2M were favorable to budget of \$9.9M by \$665k or 6.7%. This positive variance is mostly related to medical supplies \$326k, salaries and wages \$129k, medical services \$88k, and other expense \$71k. Medical supplies, other supplies, lease and rental, and other expense are favorable to budget due to the usage timing and supplies purchases. Total YTD net margin was (\$6.7M) compared to budget of (\$4.3M) resulting in an unfavorable variance of (\$2.3M) or 54.1%.

The Dental clinics total YTD gross patient revenue was unfavorable to budget by (\$5k) or (0.4%). Total revenue of \$1.2M was under budget by \$495 due to unanticipated funds received from HRSA. Total operating expenses of \$1.6M were favorable to budget by \$22k or 1.3%. Total YTD net margin was (\$903k) compared to a budget loss of (\$990k) for a favorable variance of \$88k or 8.9%.

On the Comparative Statement of Net Position, due from other governments decreased from \$4.0M to \$3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$4.9M, and \$1.1M respectively for a combined subsidy of \$6.0M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Feb 28, 2021</u>	<u>Jan 31, 2021</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(6,216,774)	(4,702,044)	\$ (1,514,730)
Restricted Cash	221,426	221,426	-
Accounts Receivable, net	2,848,985	2,480,524	368,461
Due From Other Funds	-	-	-
Due from Other Governments	3,620,057	4,043,249	(423,193)
Other Current Assets	83,420	63,936	19,484
Net Investment in Capital Assets	2,921,411	2,948,617	(27,206)
Total Assets	<u>\$ 3,478,524</u>	<u>\$ 5,055,709</u>	<u>\$ (1,577,184)</u>
Liabilities			
Accounts Payable	238,298	163,580	74,718
Due To Other Governments	-	-	-
Deferred Revenue	649,044	649,044	-
Other Current Liabilities	1,420,460	1,340,078	80,383
Non-Current Liabilities	1,571,206	1,561,087	10,120
Total Liabilities	<u>3,879,009</u>	<u>3,713,788</u>	<u>165,221</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,921,411	2,948,617	(27,206)
Unrestricted	(3,322,369)	(1,607,171)	(1,715,198)
Total Net Position	<u>(400,959)</u>	<u>1,341,446</u>	<u>(1,742,404)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 3,478,524</u>	<u>\$ 5,055,709</u>	<u>\$ (1,577,184)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,595,963	1,251,001	344,962	27.6%	2,006,769	(410,806)	(20.5%)	7,980,004	5,907,746	2,072,258	35.1%	9,817,575	(1,837,571)	(18.7%)
Gross Patient Revenue							Gross Patient Revenue						
404,818	224,745	(180,073)	(80.1%)	456,343	51,525	11.3%	2,142,956	1,067,501	(1,075,455)	(100.7%)	1,882,064	(260,892)	(13.9%)
538,927	490,625	(48,302)	(9.8%)	755,536	216,610	28.7%	2,882,910	2,326,382	(556,528)	(23.9%)	3,738,519	855,609	22.9%
289,586	175,465	(114,121)	(65.0%)	34,054	(255,532)	(750.4%)	1,355,106	833,782	(521,324)	(62.5%)	1,218,956	(136,150)	(11.2%)
1,233,331	890,835	(342,496)	(38.4%)	1,245,933	12,603	1.0%	6,380,972	4,227,665	(2,153,307)	(50.9%)	6,839,539	458,567	6.7%
Total Contractuals and Bad Debts							Total Contractuals and Bad Debts						
439,031	381,537	57,494	15.1%	514,094	(75,062)	(14.6%)	2,195,157	1,802,492	392,665	21.8%	1,818,033	377,124	21%
801,664	741,703	59,961	8.1%	1,274,930	(473,266)	(37.1%)	3,794,189	3,482,573	311,616	8.9%	4,796,069	(1,001,880)	(20.9%)
50.23%	59.29%			63.53%			47.55%	58.95%		48.85%			
Net Patient Revenue							Net Patient Revenue						
(629,521)	1,206,007	(1,835,528)	(152.2%)	1,156,633	(1,786,154)	(154.4%)	1,876,512	2,622,124	(745,612)	(28.4%)	1,669,664	206,848	12.4%
179,158	540,467	(361,309)	(66.9%)	-	179,158	0.0%	768,048	3,569,166	(2,801,118)	(78.5%)	-	768,048	0.0%
26,487	45,034	(18,547)	(41.2%)	12,750	13,737	107.7%	42,017	225,170	(183,153)	(81.3%)	45,225	(3,208)	(7.1%)
Other Financial Assistance							Other Financial Assistance						
(423,876)	1,791,508	(2,215,384)	(123.7%)	1,169,383	(1,593,260)	(136.2%)	2,686,577	6,416,460	(3,729,883)	(58.1%)	1,714,889	971,688	56.7%
Total Other Revenues							Total Other Revenues						
377,788	2,533,211	(2,155,423)	(85.1%)	2,444,313	(2,066,526)	(84.5%)	6,480,766	9,899,033	(3,418,267)	(34.5%)	6,510,958	(30,192)	(0.5%)
Total Revenues							Total Revenues						
<i>Direct Operational Expenses:</i>													
1,423,741	1,329,075	(94,666)	(7.1%)	1,217,711	(206,030)	(16.9%)	7,007,000	7,103,866	96,866	1.4%	6,668,311	(338,689)	(5.1%)
420,732	371,034	(49,698)	(13.4%)	265,010	(155,721)	(58.8%)	1,985,464	1,909,085	(76,379)	(4.0%)	1,743,880	(241,583)	(13.9%)
37,746	54,414	16,668	30.6%	59,974	22,228	37.1%	237,470	258,325	20,855	8.1%	409,865	172,395	42.1%
35,626	119,600	83,974	70.2%	48,440	12,814	26.5%	210,396	563,893	353,497	62.7%	194,450	(15,946)	(8.2%)
32,280	26,518	(5,762)	(21.7%)	18,774	(13,506)	(71.9%)	60,474	132,690	72,216	54.4%	62,644	2,170	3.5%
47,251	81,931	34,680	42.3%	93,803	46,552	49.6%	296,984	384,805	87,821	22.8%	320,982	23,998	7.5%
59,708	59,177	(531)	(0.9%)	83,941	24,232	28.9%	331,480	277,930	(53,550)	(19.3%)	420,996	89,516	21.3%
3,518	9,629	6,111	63.5%	24,857	21,340	85.8%	25,499	48,145	22,646	47.0%	112,021	86,522	77.2%
102,093	145,356	43,263	29.8%	100,186	(1,906)	(1.9%)	511,924	586,952	75,028	12.8%	561,454	49,530	8.8%
6,285	7,341	1,056	14.4%	3,268	(3,016)	(92.3%)	35,581	36,705	1,124	3.1%	26,674	(8,908)	(33.4%)
26,817	52,803	25,986	49.2%	17,228	(9,589)	(55.7%)	126,991	209,950	82,959	39.5%	151,304	24,313	16.1%
3,331	4,334	1,003	23.1%	2,377	(954)	(40.1%)	18,304	21,670	3,366	15.5%	11,885	(6,419)	(54.0%)
Total Operational Expenses							Total Operational Expenses						
2,199,128	2,261,212	62,084	2.7%	1,935,571	(263,557)	(13.6%)	10,847,566	11,534,016	686,450	6.0%	10,684,465	(163,101)	(1.5%)
Net Performance before Depreciation & Overhead Allocations							Net Performance before Depreciation & Overhead Allocations						
(1,821,340)	271,999	(2,093,339)	(769.6%)	508,743	(2,330,082)	(458.0%)	(4,366,800)	(1,634,983)	(2,731,817)	167.1%	(4,173,507)	(193,293)	4.6%

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,706	17,334	(14,372)	(82.9%)	19,356	(12,351)	(63.8%)	Depreciation	158,598	86,670	(71,928)	(83.0%)	88,500	(70,098)	(79.2%)
<i>Overhead Allocations:</i>														
1,713	2,875	1,162	40.4%	1,968	255	13.0%	Risk Mgt	9,286	14,375	5,088	35.4%	9,614	328	3.4%
169,849	206,967	37,118	17.9%	(5,098)	(174,948)	3,431.4%	Rev Cycle	947,776	1,034,836	87,060	8.4%	484,564	(463,212)	(95.6%)
1,135	3,852	2,716	70.5%	4,570	3,434	75.2%	Internal Audit	8,241	19,258	11,017	57.2%	27,532	19,292	70.1%
17,620	19,768	2,148	10.9%	18,345	725	4.0%	Home Office Facilities	91,221	98,842	7,621	7.7%	93,737	2,516	2.7%
36,008	33,232	(2,776)	(8.4%)	38,177	2,168	5.7%	Administration	172,781	166,160	(6,621)	(4.0%)	176,598	3,817	2.2%
60,805	47,193	(13,611)	(28.8%)	22,674	(38,131)	(168.2%)	Human Resources	266,601	235,967	(30,634)	(13.0%)	202,326	(64,276)	(31.8%)
14,400	17,241	2,841	16.5%	21,646	7,246	33.5%	Legal	72,307	86,207	13,899	16.1%	82,398	10,090	12.2%
6,020	8,048	2,029	25.2%	7,035	1,016	14.4%	Records	36,211	40,241	4,030	10.0%	33,165	(3,046)	(9.2%)
5,183	6,886	1,703	24.7%	12,839	7,656	59.6%	Compliance	26,224	34,430	8,205	23.8%	49,972	23,748	47.5%
6,060	7,007	946	13.5%	-	(6,060)	0.0%	Comm Engage Plan	32,493	35,034	2,541	7.3%	-	(32,493)	0.0%
74,267	82,884	8,616	10.4%	-	(74,267)	0.0%	IT Operations	363,230	414,418	51,188	12.4%	-	(363,230)	0.0%
6,244	8,445	2,201	26.1%	-	(6,244)	0.0%	IT Security	36,655	42,226	5,572	13.2%	-	(36,655)	0.0%
20,639	40,421	19,782	48.9%	-	(20,639)	0.0%	IT Applications	155,917	202,104	46,187	22.9%	-	(155,917)	0.0%
42,607	47,251	4,644	9.8%	-	(42,607)	0.0%	Security Services	219,395	236,257	16,862	7.1%	-	(219,395)	0.0%
67,894	121,543	53,649	44.1%	-	(67,894)	0.0%	IT EPIC	317,164	607,717	290,553	47.8%	-	(317,164)	0.0%
24,493	31,665	7,172	22.6%	20,187	(4,306)	(21.3%)	Finance	140,903	158,323	17,420	11.0%	156,589	15,686	10.0%
7,654	10,057	2,403	23.9%	7,463	(190)	(2.6%)	Public Relations	36,335	50,285	13,949	27.7%	54,844	18,509	33.7%
11,233	8,303	(2,930)	(35.3%)	90,619	79,386	87.6%	Information Technology	49,970	41,514	(8,456)	(20.4%)	425,172	375,202	88.2%
5,965	4,761	(1,204)	(25.3%)	(2,313)	(8,278)	357.9%	Corporate Quality	28,509	23,806	(4,704)	(19.8%)	7,237	(21,273)	(293.9%)
8,472	11,235	2,763	24.6%	(1,268)	(9,740)	768.1%	Project MGMT Office	43,315	56,176	12,861	22.9%	24,994	(18,321)	(73.3%)
1,096	1,328	232	17.5%	2,312	1,216	52.6%	Managed Care Contract	5,905	6,642	737	11.1%	14,007	8,102	57.8%
589,359	720,963	131,605	18.3%	239,156	(350,202)	(146.4%)	Total Overhead Allocations	3,060,441	3,604,816	544,375	15.1%	1,842,749	(1,217,692)	(66.1%)
2,820,193	2,999,509	179,317	6.0%	2,194,083	(626,110)	(28.5%)	Total Expenses	14,066,605	15,225,502	1,158,897	7.6%	12,615,715	(1,450,890)	(11.5%)
\$ (2,442,405)	\$ (466,298)	\$ (1,976,107)	423.8%	\$ 250,231	\$ (2,692,635)	(1,076.1%)	Net Margin	\$ (7,585,839)	\$ (5,326,469)	\$ (2,259,370)	42.4%	\$ (6,104,757)	\$ (1,481,083)	24.3%
-	19,125	19,125	100.0%	(12,580)	(12,580)	100.0%	Capital	-	614,835	614,835	100.0%	9,407	9,407	100.0%
\$ 700,000	\$ 487,000	\$ (213,000)	(43.7%)	\$ -	\$ (700,000)	0.0%	General Fund Support/ Transfer In	\$ 5,970,026	\$ 5,974,000	\$ 3,974	0.1%	\$ 6,307,830	\$ 337,804	5.4%

District Clinics Holdings, Inc. Statement of Revenues and Expenses by Month

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
Gross Patient Revenue	1,842,091	1,535,619	1,685,042	1,321,289	1,595,963	-	-	-	-	-	-	-	7,980,004
Contractual Allowances	509,972	470,624	453,962	303,580	404,818	-	-	-	-	-	-	-	2,142,956
Charity Care	158,009	-	1,751,178	434,796	538,927	-	-	-	-	-	-	-	2,882,910
Bad Debt	788,060	799,873	(860,761)	338,348	289,586	-	-	-	-	-	-	-	1,355,106
Other Patient Revenue	414,367	286,936	350,651	704,172	439,031	-	-	-	-	-	-	-	2,195,157
Net Patient Revenue	800,416	552,056	691,315	948,737	801,664	-	-	-	-	-	-	-	3,794,189
Collections %	43.45%	35.95%	41.03%	71.80%	50.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	47.55%
Grant Funds	104,059	-	130,321	2,271,653	(629,521)	-	-	-	-	-	-	-	1,876,512
Other Financial Assistance	-	-	588,890	-	179,158	-	-	-	-	-	-	-	768,048
Other Revenue	9,732	1,689	3,302	809	26,487	-	-	-	-	-	-	-	42,017
Total Other Revenues	113,791	1,689	722,512	2,272,462	(423,876)	-	-	-	-	-	-	-	2,686,577
Total Revenues	914,207	553,745	1,413,827	3,221,199	377,788	-	-	-	-	-	-	-	6,480,766
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,310,859	1,482,538	1,423,741	-	-	-	-	-	-	-	7,007,000
Benefits	394,482	358,883	404,282	407,085	420,732	-	-	-	-	-	-	-	1,985,464
Purchased Services	35,150	59,503	33,586	71,484	37,746	-	-	-	-	-	-	-	237,470
Medical Supplies	19,841	24,253	46,148	84,529	35,626	-	-	-	-	-	-	-	210,396
Other Supplies	2,686	4,538	8,638	12,332	32,280	-	-	-	-	-	-	-	60,474
Medical Services	92,709	55,338	56,152	45,535	47,251	-	-	-	-	-	-	-	296,984
Drugs	82,365	73,242	60,219	55,947	59,708	-	-	-	-	-	-	-	331,480
Repairs & Maintenance	6,725	4,061	3,703	7,491	3,518	-	-	-	-	-	-	-	25,499
Lease & Rental	105,605	104,935	96,815	102,475	102,093	-	-	-	-	-	-	-	511,924
Utilities	5,024	10,320	7,438	6,515	6,285	-	-	-	-	-	-	-	35,581
Other Expense	26,726	23,914	19,350	30,184	26,817	-	-	-	-	-	-	-	126,991
Insurance	3,716	3,716	2,892	4,649	3,331	-	-	-	-	-	-	-	18,304
Total Operational Expenses	2,387,586	1,900,008	2,050,081	2,310,763	2,199,128	-	-	-	-	-	-	-	10,847,566
Net Performance before Depreciation & Overhead Allocations	(1,473,379)	(1,346,263)	(636,254)	910,436	(1,821,340)	-	-	-	-	-	-	-	(4,366,800)
Depreciation	20,995	42,335	31,665	31,896	31,706	-	-	-	-	-	-	-	158,598
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	1,899	1,713	-	-	-	-	-	-	-	9,286
Rev Cycle	215,318	177,247	193,553	191,807	169,849	-	-	-	-	-	-	-	947,776
Internal Audit	261	2,616	2,029	2,200	1,135	-	-	-	-	-	-	-	8,241
Home Office Facilities	17,338	17,140	20,876	18,248	17,620	-	-	-	-	-	-	-	91,221
Administration	23,989	26,119	37,026	49,639	36,008	-	-	-	-	-	-	-	172,781
Human Resources	42,681	36,896	77,803	48,416	60,805	-	-	-	-	-	-	-	266,601
Legal	10,774	17,493	15,799	13,841	14,400	-	-	-	-	-	-	-	72,307
Records	7,126	7,518	8,070	7,478	6,020	-	-	-	-	-	-	-	36,211
Compliance	4,813	5,086	3,125	8,017	5,183	-	-	-	-	-	-	-	26,224
Comm Engage Plan	6,756	6,116	6,940	6,621	6,060	-	-	-	-	-	-	-	32,493
IT Operations	50,805	70,691	70,850	96,616	74,267	-	-	-	-	-	-	-	363,230
IT Security	7,989	5,317	9,366	7,739	6,244	-	-	-	-	-	-	-	36,655
IT Applications	23,045	40,862	27,197	44,176	20,639	-	-	-	-	-	-	-	155,917
Security Services	42,428	41,825	46,136	46,399	42,607	-	-	-	-	-	-	-	219,395
IT EPIC	48,185	53,582	65,588	81,914	67,894	-	-	-	-	-	-	-	317,164
Finance	29,725	28,440	28,580	29,666	24,493	-	-	-	-	-	-	-	140,903
Public Relations	11,466	8,342	3,617	5,257	7,654	-	-	-	-	-	-	-	36,335
Information Technology	9,827	8,743	9,357	10,810	11,233	-	-	-	-	-	-	-	49,970
Corporate Quality	5,104	7,241	4,957	5,242	5,965	-	-	-	-	-	-	-	28,509
Project MGMT Office	7,800	8,679	9,051	9,313	8,472	-	-	-	-	-	-	-	43,315
Managed Care Contract	1,205	1,157	1,243	1,204	1,096	-	-	-	-	-	-	-	5,905
Total Overhead Allocations	568,646	572,859	643,078	686,500	589,359	-	-	-	-	-	-	-	3,060,441
Total Expenses	2,977,227	2,515,202	2,724,824	3,029,159	2,820,193	-	-	-	-	-	-	-	14,066,605
Net Margin	\$ (2,063,020)	\$ (1,961,457)	\$ (1,310,997)	\$ 192,040	\$ (2,442,405)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (7,585,839)
Capital	-	13,568	3,078	(16,646)	-	-	-	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	2,042,025	-	3,228,001	-	700,000	-	-	-	-	-	-	-	\$ 5,970,026

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,380,705	974,936	405,769	41.6%	1,542,545	(161,840)	(10.5%)	6,643,856	4,566,133	2,077,723	45.5%	7,970,331	(1,326,476)	(16.6%)
333,156	179,832	(153,324)	(85.3%)	418,181	85,025	20.3%	1,686,755	848,455	(838,300)	(98.8%)	1,656,205	(30,550)	(1.8%)
463,112	331,608	(131,504)	(39.7%)	527,086	63,973	12.1%	2,251,094	1,554,385	(696,709)	(44.8%)	2,713,081	461,987	17.0%
238,268	157,750	(80,518)	(51.0%)	(71,240)	(309,509)	434.5%	1,218,396	748,461	(469,935)	(62.8%)	1,063,987	(154,409)	(14.5%)
1,034,537	669,190	(365,347)	(54.6%)	874,027	(160,510)	(18.4%)	5,156,245	3,151,301	(2,004,944)	(63.6%)	5,433,272	277,027	5.1%
330,294	281,468	48,826	17.3%	350,362	(20,067)	(5.7%)	1,595,831	1,313,418	282,413	21.5%	1,268,032	327,798	25.9%
676,462	587,214	89,248	15.2%	1,018,879	(342,417)	(33.6%)	3,083,441	2,728,250	355,191	13.0%	3,805,092	(721,650)	(19.0%)
48.99%	60.23%			66.05%			46.41%	59.75%		47.74%			
(365,091)	993,404	(1,358,495)	(136.8%)	919,530	(1,284,621)	(139.7%)	1,613,145	2,165,143	(551,998)	(25.5%)	1,360,155	252,990	18.6%
153,726	540,467	(386,741)	(71.6%)	-	153,726	0.0%	531,353	3,569,166	(3,037,813)	(85.1%)	-	531,353	0.0%
26,487	45,034	(18,547)	(41.2%)	12,750	13,737	107.7%	42,017	225,170	(183,153)	(81.3%)	45,225	(3,208)	(7.1%)
(184,878)	1,578,905	(1,763,783)	(111.7%)	932,280	(1,117,158)	(119.8%)	2,186,515	5,959,479	(3,772,964)	(63.3%)	1,405,380	781,135	55.6%
491,584	2,166,119	(1,674,535)	(77.3%)	1,951,160	(1,459,575)	(74.8%)	5,269,956	8,687,729	(3,417,773)	(39.3%)	5,210,471	59,485	1.1%
							<i>Direct Operational Expenses:</i>						
1,221,763	1,124,524	(97,239)	(8.6%)	999,439	(222,324)	(22.2%)	5,881,107	6,010,083	128,976	2.1%	5,497,670	(383,438)	(7.0%)
356,664	316,931	(39,733)	(12.5%)	219,491	(137,173)	(62.5%)	1,669,162	1,629,712	(39,450)	(2.4%)	1,439,765	(229,397)	(15.9%)
35,869	51,229	15,360	30.0%	50,994	15,125	29.7%	224,019	242,591	18,572	7.7%	358,178	134,158	37.5%
33,191	106,518	73,327	68.8%	15,831	(17,360)	(109.7%)	174,045	500,270	326,225	65.2%	112,957	(61,088)	(54.1%)
31,823	19,093	(12,730)	(66.7%)	18,269	(13,554)	(74.2%)	59,579	95,465	35,886	37.6%	56,944	(2,636)	(4.6%)
47,251	81,931	34,680	42.3%	93,803	46,552	49.6%	296,984	384,805	87,821	22.8%	320,982	23,998	7.5%
59,708	59,109	(599)	(1.0%)	83,872	24,164	28.8%	331,480	277,606	(53,874)	(19.4%)	420,906	89,425	21.2%
3,370	7,308	3,938	53.9%	20,106	16,736	83.2%	22,664	36,540	13,876	38.0%	92,484	69,820	75.5%
79,693	118,766	39,073	32.9%	76,796	(2,897)	(3.8%)	399,913	469,246	69,333	14.8%	434,698	34,785	8.0%
5,260	6,008	748	12.5%	2,264	(2,996)	(132.3%)	26,892	30,040	3,148	10.5%	21,795	(5,097)	(23.4%)
20,614	47,310	26,696	56.4%	14,317	(6,297)	(44.0%)	110,743	181,480	70,737	39.0%	136,100	25,357	18.6%
3,290	4,293	1,003	23.4%	2,346	(944)	(40.3%)	18,101	21,465	3,364	15.7%	11,730	(6,371)	(54.3%)
1,898,496	1,943,020	44,524	2.3%	1,597,528	(300,968)	(18.8%)	9,214,691	9,879,303	664,612	6.7%	8,904,209	(310,482)	(3.5%)
							Net Performance before Depreciation & Overhead Allocations						
(1,406,912)	223,099	(1,630,011)	(730.6%)	353,631	(1,760,543)	(497.8%)	(3,944,734)	(1,191,574)	(2,753,160)	231.1%	(3,693,737)	(250,997)	6.8%

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
24,364	12,917	(11,447)	(88.6%)	14,064	(10,300)	(73.2%)	Depreciation	122,119	64,585	(57,534)	(89.1%)	65,760	(56,359)	(85.7%)
<i>Overhead Allocations:</i>														
1,469	2,464	994	40.4%	1,619	149	9.2%	Risk Mgt	7,966	12,318	4,352	35.3%	7,906	(59)	(0.8%)
143,400	174,743	31,343	17.9%	(4,141)	(147,541)	3,562.5%	Rev Cycle	800,185	873,717	73,532	8.4%	393,614	(406,571)	(103.3%)
974	3,301	2,327	70.5%	3,758	2,784	74.1%	Internal Audit	7,069	16,503	9,434	57.2%	22,642	15,573	68.8%
15,866	17,713	1,847	10.4%	16,395	530	3.2%	Home Office Facilities	82,139	88,566	6,427	7.3%	83,775	1,636	2.0%
30,888	28,478	(2,410)	(8.5%)	31,396	507	1.6%	Administration	148,214	142,390	(5,824)	(4.1%)	145,231	(2,983)	(2.1%)
52,589	40,768	(11,821)	(29.0%)	18,562	(34,027)	(183.3%)	Human Resources	230,579	203,842	(26,737)	(13.1%)	165,630	(64,950)	(39.2%)
12,353	14,775	2,422	16.4%	17,801	5,449	30.6%	Legal	62,026	73,874	11,848	16.0%	67,762	5,736	8.5%
5,164	6,897	1,733	25.1%	5,786	622	10.7%	Records	31,063	34,484	3,422	9.9%	27,275	(3,788)	(13.9%)
4,446	5,901	1,455	24.6%	10,559	6,112	57.9%	Compliance	22,496	29,504	7,009	23.8%	41,096	18,600	45.3%
5,199	6,005	806	13.4%	-	(5,199)	0.0%	Comm Engage Plan	27,873	30,023	2,149	7.2%	-	(27,873)	0.0%
63,708	71,027	7,319	10.3%	-	(63,708)	0.0%	IT Operations	311,583	355,133	43,550	12.3%	-	(311,583)	0.0%
5,356	7,237	1,881	26.0%	-	(5,356)	0.0%	IT Security	31,443	36,186	4,743	13.1%	-	(31,443)	0.0%
17,704	34,638	16,934	48.9%	-	(17,704)	0.0%	IT Applications	133,748	173,192	39,444	22.8%	-	(133,748)	0.0%
36,233	40,184	3,951	9.8%	-	(36,233)	0.0%	Security Services	186,573	200,920	14,348	7.1%	-	(186,573)	0.0%
58,241	104,156	45,915	44.1%	-	(58,241)	0.0%	IT EPIC	272,067	520,780	248,713	47.8%	-	(272,067)	0.0%
21,010	27,135	6,124	22.6%	16,602	(4,409)	(26.6%)	Finance	120,869	135,674	14,805	10.9%	128,776	7,907	6.1%
6,566	8,618	2,053	23.8%	6,138	(428)	(7.0%)	Public Relations	31,169	43,091	11,922	27.7%	45,103	13,934	30.9%
9,636	7,115	(2,521)	(35.4%)	74,524	64,888	87.1%	Information Technology	42,865	35,575	(7,290)	(20.5%)	349,654	306,789	87.7%
5,117	4,080	(1,037)	(25.4%)	(1,902)	(7,019)	369.0%	Corporate Quality	24,456	20,400	(4,055)	(19.9%)	5,951	(18,504)	(310.9%)
7,267	9,628	2,361	24.5%	(1,043)	(8,310)	796.9%	Project MGMT Office	37,156	48,140	10,983	22.8%	20,554	(16,602)	(80.8%)
925	1,122	196	17.5%	1,878	952	50.7%	Managed Care Contract	4,985	5,608	622	11.1%	11,378	6,393	56.2%
504,111	615,984	111,874	18.2%	197,929	(306,181)	(154.7%)	Total Overhead Allocations	2,616,523	3,079,921	463,397	15.0%	1,516,347	(1,100,176)	(72.6%)
2,426,971	2,571,921	144,950	5.6%	1,809,522	(617,449)	(34.1%)	Total Expenses	11,953,333	13,023,809	1,070,476	8.2%	10,486,315	(1,467,018)	(14.0%)
\$ (1,935,387)	\$ (405,802)	\$ (1,529,585)	376.9%	\$ 141,638	\$ (2,077,025)	(1,466.4%)	Net Margin	\$ (6,683,377)	\$ (4,336,080)	\$ (2,347,297)	54.1%	\$ (5,275,844)	\$ (1,407,533)	26.7%
-	19,125	19,125	100.0%	200	200	100.0%	Capital	-	614,835	614,835	100.0%	9,407	9,407	100.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions							
\$ 280,000	\$ 430,000	\$ 150,000	34.9%	\$ -	\$ (280,000)	0.0%	General Fund Support/ Transfer In	\$ 4,856,903	\$ 5,000,000	\$ 143,097	2.9%	\$ 5,365,786	\$ 508,883	9.5%

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	557,793	777,923	58	374	1,336,148
Contractual Allowances	-	138,260	316,483	919	539	456,201
Charity Care	-	347,007	284,246	145	418	631,816
Bad Debt	-	23,743	110,641	1,360	966	136,710
Total Contractual Allowances and Bad Debt	-	509,010	711,370	2,425	1,923	1,224,728
Other Patient Revenue	-	299,267	132,903	63,590	103,567	599,327
Net Patient Revenue	-	348,050	199,456	61,223	102,018	710,747
Collection %	-	62.40%	25.64%	0.00%	0.00%	53.19%
Grant Funds	22,013	95,503	51,372	68,471	26,008	263,367
Other Financial Assistance	30,060	67,716	20,051	84,227	34,642	236,695
Other Revenue	-	-	-	-	-	-
Total Other Revenues	52,073	163,219	71,423	152,698	60,650	500,062
Total Revenues	52,073	511,269	270,879	213,920	162,668	1,210,809
<i>Direct Operational Expenses:</i>						
Salaries and Wages	158,079	390,825	204,937	257,495	114,557	1,125,893
Benefits	38,968	116,022	57,214	69,203	34,894	316,301
Purchased Services	-	3,056	4,511	2,442	3,442	13,451
Medical Supplies	-	15,864	18,266	511	1,709	36,351
Other Supplies	294	362	224	-	14	894
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	797	805	221	1,012	2,835
Lease & Rental	-	45,958	27,167	25,500	13,385	112,010
Utilities	-	1,871	1,923	808	4,087	8,689
Other Expense	87	5,082	3,399	4,765	2,915	16,247
Insurance	-	-	-	-	203	203
Total Operational Expenses	197,428	579,837	318,448	360,945	176,217	1,632,875
Net Performance before Depreciation & Overhead Allocations	(145,355)	(68,568)	(47,569)	(147,025)	(13,550)	(422,066)
Depreciation	-	9,734	4,604	4,178	17,963	36,479
<i>Overhead Allocations:</i>						
Risk Mgt	137	464	294	286	139	1,320
Rev Cycle	-	57,873	36,704	35,725	17,289	147,591
Internal Audit	122	412	261	254	123	1,172
Home Office Facilities	9,083	-	-	-	-	9,083
Administration	2,551	8,633	5,475	5,329	2,579	24,567
Human Resources	3,010	13,445	7,525	9,031	3,010	36,022
Legal	1,067	3,613	2,291	2,230	1,079	10,281
Records	535	1,809	1,147	1,117	541	5,149
Compliance	387	1,310	831	809	391	3,729
Comm Engage Plan	480	1,624	1,030	1,002	485	4,620
IT Operations	5,362	18,149	11,510	11,203	5,422	51,646
IT Security	541	1,831	1,162	1,131	547	5,212
IT Applications	2,302	7,790	4,941	4,809	2,327	22,169
Security Services	-	12,870	8,163	7,945	3,845	32,823
IT EPIC	4,682	15,847	10,050	9,783	4,734	45,096
Finance	2,080	7,040	4,465	4,346	2,103	20,035
Public Relations	536	1,815	1,151	1,121	542	5,166
Information Technology	738	2,497	1,583	1,541	746	7,105
Corporate Quality	421	1,424	903	879	426	4,054
Project MGMT Office	639	2,164	1,373	1,336	647	6,159
Managed Care Contract	-	361	229	223	108	919
Total Overhead Allocations	34,673	160,972	101,089	100,100	47,083	443,918
Total Expenses	232,101	750,543	424,141	465,224	241,263	2,113,272
Net Margin	\$ (180,028)	\$ (239,274)	\$ (153,262)	\$ (251,303)	\$ (78,595)	\$ (902,462)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,113,123	-	-	-	-	1,113,123

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month

Fiscal Year To Date

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
215,258	276,065	(60,807)	(22.0%)	464,225	(248,967)	(53.6%)	1,336,148	1,341,613	(5,465)	(0.4%)	1,847,244	(511,095)	(27.7%)
71,662	44,913	(26,749)	(59.6%)	38,162	(33,500)	(87.8%)	456,201	219,046	(237,155)	(108.3%)	225,859	(230,342)	(102.0%)
75,814	159,017	83,203	52.3%	228,451	152,636	66.8%	631,816	771,997	140,181	18.2%	1,025,439	393,623	38.4%
51,318	17,715	(33,603)	(189.7%)	105,294	53,976	51.3%	136,710	85,321	(51,389)	(60.2%)	154,969	18,259	11.8%
198,794	221,645	22,851	10.3%	371,906	173,113	46.5%	1,224,728	1,076,364	(148,364)	(13.8%)	1,406,267	181,539	12.9%
108,737	100,069	8,668	8.7%	163,732	(54,995)	(33.6%)	599,327	489,074	110,253	22.5%	550,000	49,326	9.0%
125,202	154,489	(29,287)	(19.0%)	256,051	(130,849)	(51.1%)	710,747	754,323	(43,576)	(5.8%)	990,977	(280,230)	(28.3%)
58.16%	55.96%			55.16%			53.19%	56.23%		53.65%			
(264,430)	212,603	(477,033)	(224.4%)	237,103	(501,533)	(211.5%)	263,367	456,981	(193,614)	(42.4%)	309,510	(46,143)	(14.9%)
25,432	-	25,432	0.0%	-	25,432	0.0%	236,695	-	236,695	0.0%	-	236,695	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
(238,998)	212,603	(451,601)	(212.4%)	237,103	(476,101)	(200.8%)	500,062	456,981	43,081	9.4%	309,510	190,552	61.6%
(113,797)	367,092	(480,889)	(131.0%)	493,154	(606,950)	(123.1%)	1,210,809	1,211,304	(495)	(0.0%)	1,300,487	(89,678)	(6.9%)
<i>Direct Operational Expenses:</i>													
201,978	204,551	2,573	1.3%	218,272	16,294	7.5%	1,125,893	1,093,783	(32,110)	(2.9%)	1,170,641	44,748	3.8%
64,068	54,103	(9,965)	(18.4%)	45,520	(18,548)	(40.7%)	316,301	279,373	(36,928)	(13.2%)	304,115	(12,186)	(4.0%)
1,877	3,185	1,308	41.1%	8,980	7,103	79.1%	13,451	15,734	2,283	14.5%	51,688	38,237	74.0%
2,435	13,082	10,647	81.4%	32,610	30,175	92.5%	36,351	63,623	27,272	42.9%	81,493	45,142	55.4%
457	7,425	6,968	93.8%	505	48	9.5%	894	37,225	36,331	97.6%	5,700	4,806	84.3%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	68	68	100.0%	68	68	100.0%	-	324	324	100.0%	91	91	100.0%
147	2,321	2,174	93.7%	4,751	4,604	96.9%	2,835	11,605	8,770	75.6%	19,537	16,701	85.5%
22,400	26,590	4,190	15.8%	23,390	990	4.2%	112,010	117,706	5,696	4.8%	126,755	14,745	11.6%
1,025	1,333	308	23.1%	1,004	(20)	(2.0%)	8,689	6,665	(2,024)	(30.4%)	4,878	(3,811)	(78.1%)
6,204	5,493	(711)	(12.9%)	2,911	(3,292)	(113.1%)	16,247	28,470	12,223	42.9%	15,204	(1,044)	(6.9%)
41	41	0	0.9%	31	(10)	(31.2%)	203	205	2	0.9%	155	(48)	(31.2%)
300,631	318,192	17,561	5.5%	338,043	37,411	11.1%	1,632,875	1,654,713	21,838	1.3%	1,780,257	147,381	8.3%
(414,428)	48,900	(463,328)	(947.5%)	155,111	(569,539)	(367.2%)	(422,066)	(443,409)	21,343	(4.8%)	(479,770)	57,704	(12.0%)
Net Performance before													
Depreciation & Overhead Allocations													

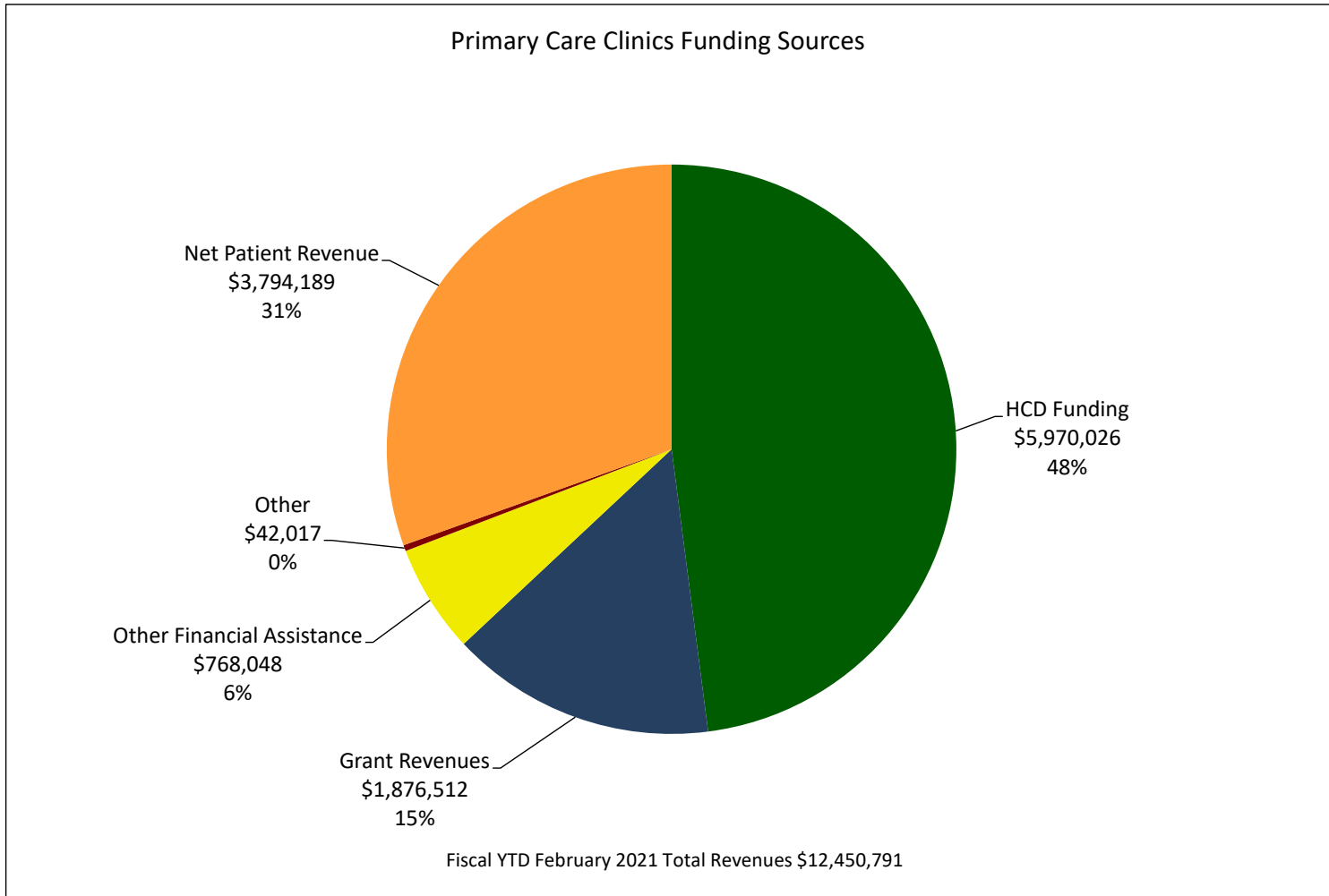
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

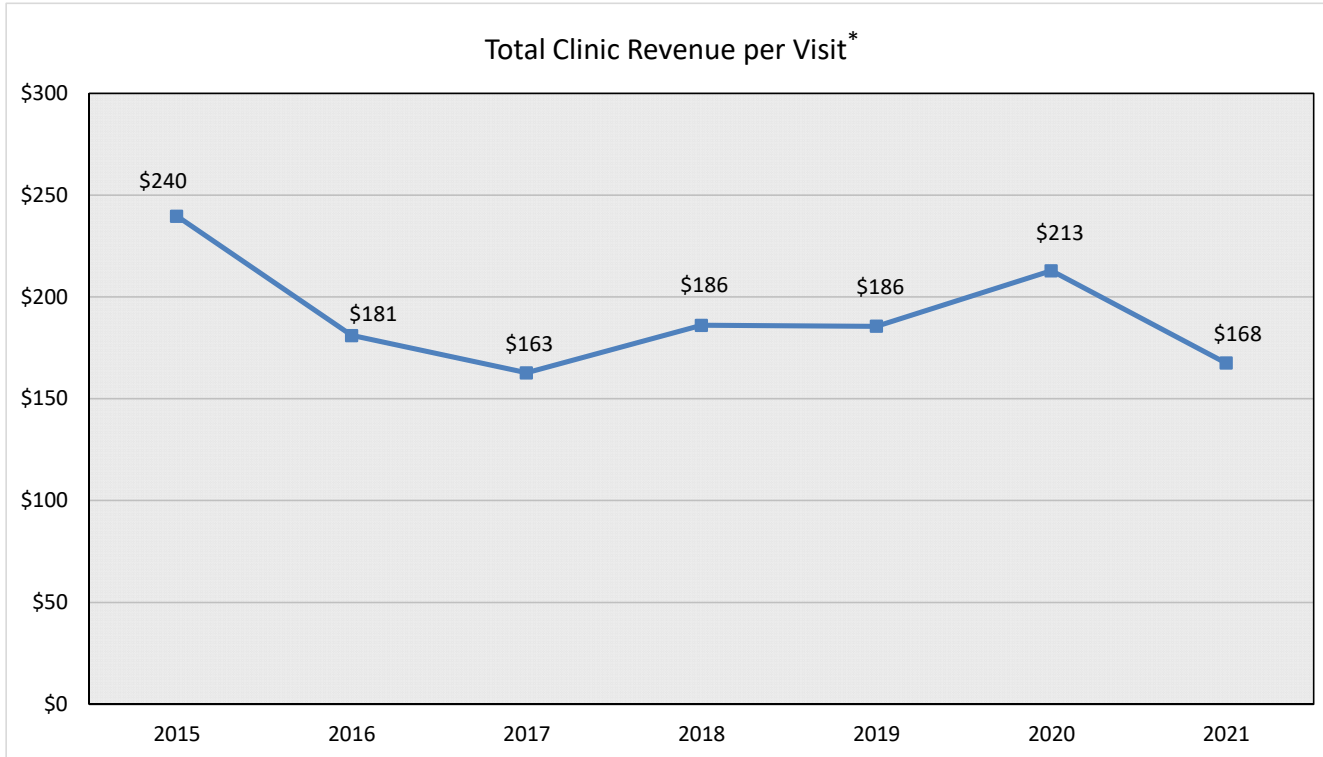
FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,342	4,417	(2,925)	(66.2%)	5,291	(2,051)	(38.8%)	36,479	22,085	(14,394)	(65.2%)	22,741	(13,738)	(60.4%)
<i>Overhead Allocations:</i>													
244	411	168	40.8%	350	106	30.3%	1,320	2,056	736	35.8%	1,708	387	22.7%
26,449	32,224	5,774	17.9%	(957)	(27,406)	2,863.9%	147,591	161,119	13,528	8.4%	90,950	(56,641)	(62.3%)
161	551	390	70.7%	812	650	80.1%	1,172	2,755	1,583	57.5%	4,890	3,719	76.0%
1,754	2,055	301	14.6%	1,950	195	10.0%	9,083	10,277	1,194	11.6%	9,962	880	8.8%
5,120	4,754	(366)	(7.7%)	6,781	1,661	24.5%	24,567	23,770	(797)	(3.4%)	31,367	6,800	21.7%
8,216	6,425	(1,791)	(27.9%)	4,112	(4,103)	(99.8%)	36,022	32,124	(3,897)	(12.1%)	36,696	674	1.8%
2,048	2,466	419	17.0%	3,845	1,797	46.7%	10,281	12,332	2,051	16.6%	14,635	4,354	29.8%
856	1,151	295	25.7%	1,250	394	31.5%	5,149	5,757	608	10.6%	5,891	742	12.6%
737	985	248	25.2%	2,280	1,543	67.7%	3,729	4,925	1,197	24.3%	8,876	5,147	58.0%
862	1,002	141	14.0%	-	(862)	0.0%	4,620	5,012	392	7.8%	-	(4,620)	0.0%
10,560	11,857	1,297	10.9%	-	(10,560)	0.0%	51,646	59,284	7,638	12.9%	-	(51,646)	0.0%
888	1,208	320	26.5%	-	(888)	0.0%	5,212	6,041	829	13.7%	-	(5,212)	0.0%
2,935	5,782	2,848	49.3%	-	(2,935)	0.0%	22,169	28,912	6,743	23.3%	-	(22,169)	0.0%
6,374	7,067	693	9.8%	-	(6,374)	0.0%	32,823	35,337	2,514	7.1%	-	(32,823)	0.0%
9,654	17,387	7,734	44.5%	-	(9,654)	0.0%	45,096	86,937	41,840	48.1%	-	(45,096)	0.0%
3,483	4,530	1,047	23.1%	3,586	103	2.9%	20,035	22,649	2,614	11.5%	27,813	7,779	28.0%
1,088	1,439	350	24.4%	1,326	237	17.9%	5,166	7,193	2,027	28.2%	9,741	4,575	47.0%
1,597	1,188	(409)	(34.5%)	16,096	14,499	90.1%	7,105	5,939	(1,166)	(19.6%)	75,519	68,414	90.6%
848	681	(167)	(24.5%)	(411)	(1,259)	306.5%	4,054	3,405	(648)	(19.0%)	1,285	(2,768)	(215.3%)
1,205	1,607	403	25.1%	(225)	(1,430)	634.8%	6,159	8,036	1,877	23.4%	4,439	(1,719)	(38.7%)
171	207	36	17.5%	434	263	60.7%	919	1,034	115	11.1%	2,629	1,710	65.0%
85,248	104,979	19,731	18.8%	41,227	(44,021)	(106.8%)	443,918	524,895	80,978	15.4%	326,402	(117,515)	(36.0%)
393,221	427,588	34,367	8.0%	384,561	(8,660)	(2.3%)	2,113,272	2,201,693	88,422	4.0%	2,129,399	16,128	0.8%
\$ (507,018)	\$ (60,496)	\$ (446,522)	738.1%	\$ 108,593	\$ (615,611)	(566.9%)	\$ (902,462)	\$ (990,389)	\$ 87,927	(8.9%)	\$ (828,912)	\$ (73,550)	8.9%
-	-	-	0.0%	(12,780)	(12,780)	100.0%	-	-	-	0.0%	-	-	0.0%
\$ 420,000	\$ 57,000	\$ (363,000)	(636.8%)	\$ -	\$ (420,000)	0.0%	\$ 1,113,123	\$ 974,000	\$ (139,123)	(14.3%)	\$ 942,044	\$ (171,079)	(18.2%)



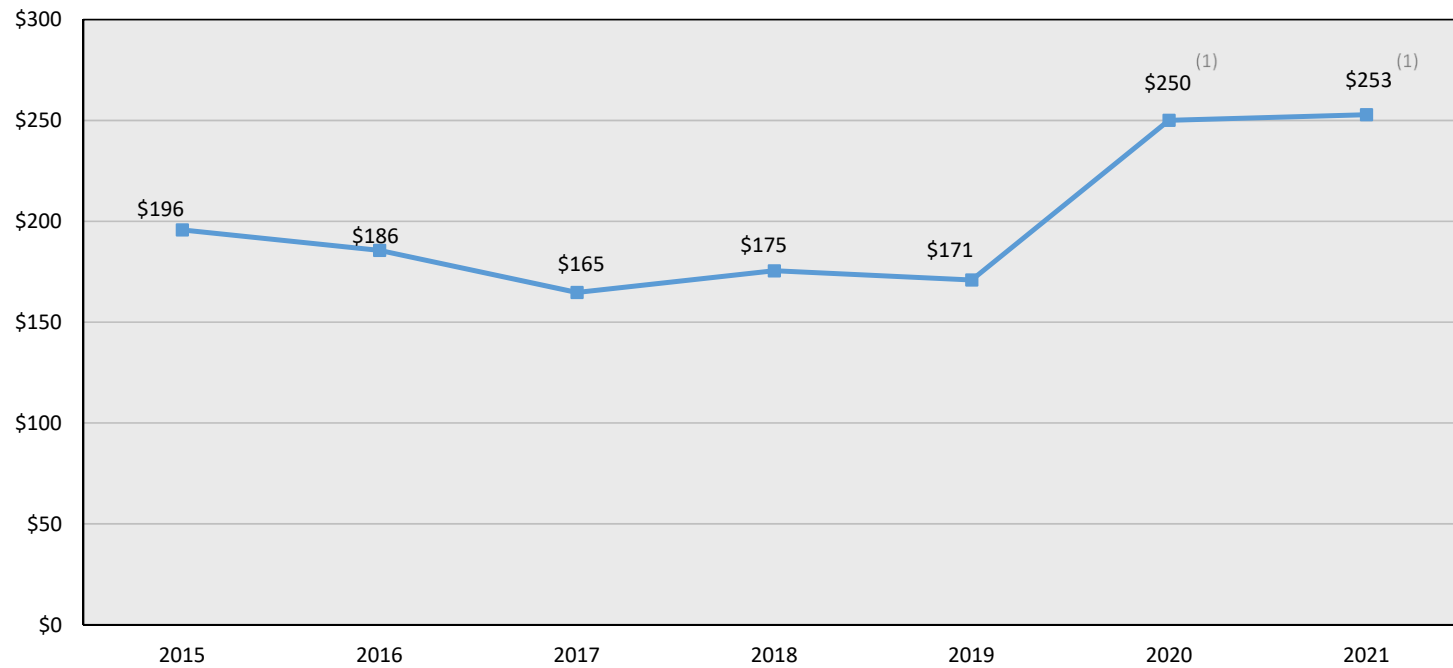
Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,227	929	1,068	836	879								4,939	2,747	79.8%
Delray	1,061	883	989	776	582								4,291	3,015	42.3%	5,550
Lantana	1,738	1,282	1,379	1,374	1,480								7,253	7,716	(6.0%)	8,748
Belle Glade	616	395	661	451	555								2,678	2,054	30.4%	4,217
Lewis Center	786	695	807	662	696								3,646	778	368.6%	1,242
Lake Worth & Women's Health Care	1,153	979	958	907	953								4,950	3,233	53.1%	6,573
Jupiter Clinic	602	407	468	450	527								2,454	1,771	38.6%	2,429
West Boca & Women's Health Care	786	679	730	641	666								3,502	1,815	92.9%	4,021
Mobile Van	16	-	-	1	-								17	66	(74.2%)	639
Mobile 2 Clinic	-	-	-	-	-								-	66	(100.0%)	-
Mobile 3 Hero	-	-	-	-	-								-	66	(100.0%)	-
Mangonia Park	259	203	198	224	261								1,145	447		373
Mangonia Park-Substance	-	-	-	-	-								-	592	(100.0%)	2,338
Total Clinic Visits	8244	6,452	7,258	6,322	6,599	-	-	-	-	-	-	-	34,875	24,366	43.1%	44,513
Dental Visits																
West Palm Beach	467	334	427	172	159								1,559	2,090	(25.4%)	4,308
Lantana	447	358	473	466	495								2,239	3,024	(26.0%)	2,784
Delray	-	-	-	-	-								-	1,514	(100.0%)	2,926
Belle Glade	-	-	-	2	-								2	775	(99.7%)	1,626
Total Dental Visits	914	692	900	640	654	-	-	-	-	-	-	-	3,800	7,403	(48.7%)	11,644
Total Medical and Dental Visits	9158	7,144	8,158	6,962	7,253	-	-	-	-	-	-	-	38,675	31,769	21.7%	56,157
Key Ratios																
Collection Ratio													15%			
Bad debt write off as a percentage of total billing													0%			
Collections per visit													25			
Charges Per Visit													171			
Percentage of A/R less than 120 days													64%			
Days in AR													49			
Mental Health Counselors (non-billable)																
West Palm Beach	-	2	-	1	-								3	312	(99.0%)	767
Delray	60	41	22	1	3								127	298	(57.4%)	445
Lantana	-	36	2	-	1								39	1,087	(96.4%)	2,799
Belle Glade	26	18	41	21	14								120	141	(14.9%)	537
Mangonia Park	458	205	225	214	205								1,307	477	174.0%	1,168
Lewis Center	308	381	544	678	709								2,620	437	499.5%	983
Lake Worth	12	-	1	-	-								13	339	(96.2%)	845
Jupiter	-	-	-	-	-								-	-	0.0%	-
West Boca	-	-	-	-	-								-	-	0.0%	5
Mobile Van	-	-	-	-	-								-	167	(100.0%)	332
Total Mental Health Screenings	864	683	835	915	932	-	-	-	-	-	-	-	4,229	3,258	29.8%	7,881





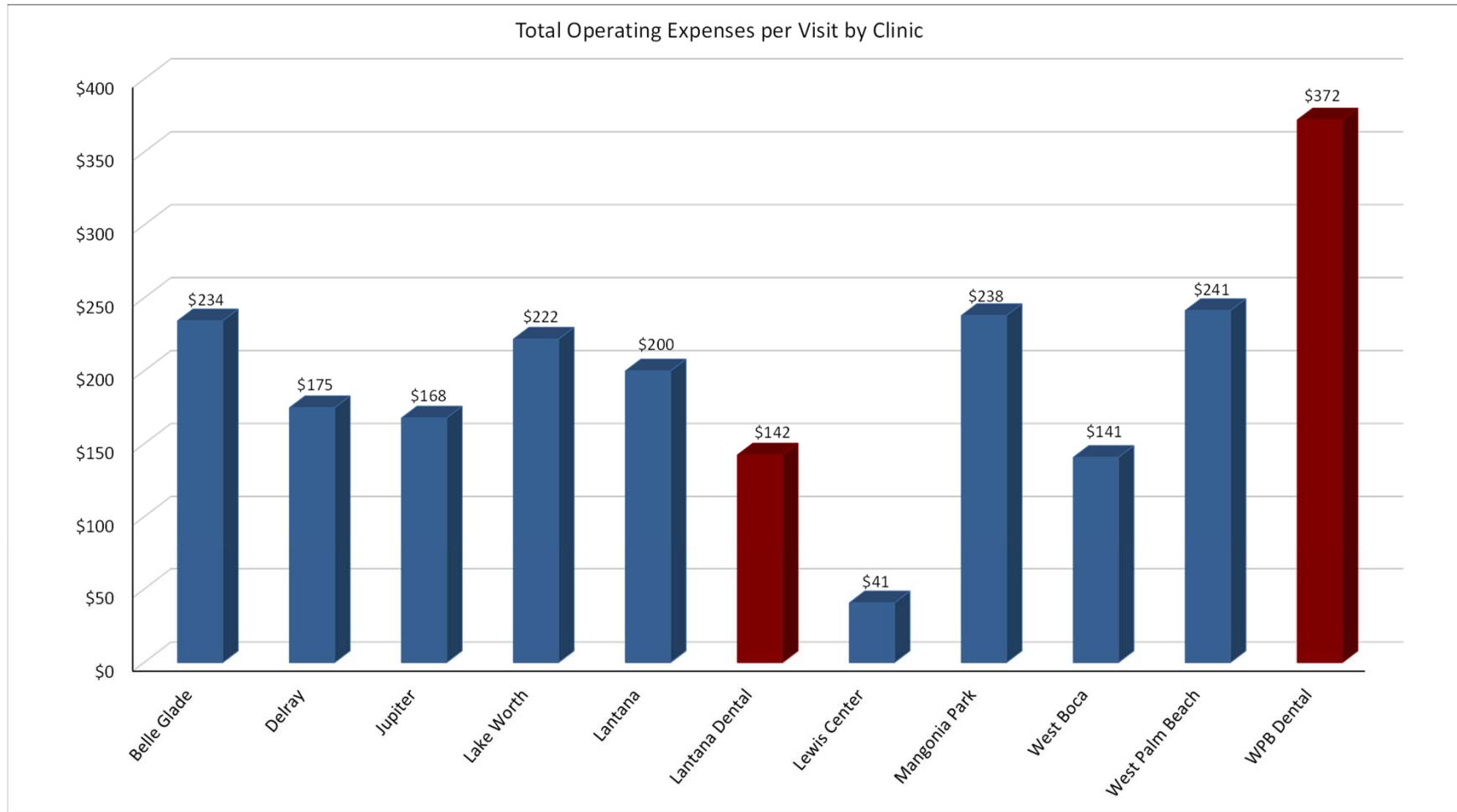
* Based on total medical and dental visits

Total Clinic Operating Expense per Visit*



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

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



* Based on Fiscal Year-to-Date February 2021 total operating expenses

** Visits for the medical clinics include medical and mental health visits

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
MARCH 31, 2021**

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds & North County PBG

2. Summary:

We respectfully request the authorization to add three permanent sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds, and North County PBG

3. Substantive Analysis:

With demand for the COVID-19 vaccination rising, the C. L. Brumback Primary Care Clinics would like to submit several permanent change in scope to requests for both South County Civic Center, South Florida Fairgrounds and North County PBG to support outreach efforts.

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

Tony Colby
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
MARCH 31, 2021**

6. Recommendation:

Staff recommends the Board approve our request for a permanent Change in Scope to add new sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center, South Florida Fairgrounds and North County PBG.

Approved for Legal sufficiency:

DocuSigned by:
Christy Goddeau

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Christy Goddeau
Interim General Counsel

H. Fritsch

Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
MARCH 31, 2021**

1. Description: Third Amendment to Agreement Between Health Care District of Palm Beach County and District Clinic Holding, Inc.

2. Summary:

This item presents a proposed amendment to the Co-Applicant Agreement between the Health Care District and District Clinic Holdings, Inc., d/b/a C.L. Brumback Primary Care Clinics.

3. Substantive Analysis:

This Agreement was last amended on March 12, 2020. District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics, proposes amending the Agreement to replace the following language: *Public entity retains authority over the personnel and finance policies and procedures.*

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:

N/A

Tony Colby
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
MARCH 31, 2021**

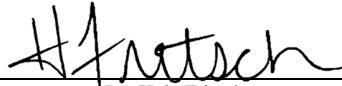
6. Recommendation:

Staff recommends the Board Approve the Third Amendment to the Co-Applicant Agreement.

Approved for Legal sufficiency:

DocuSigned by:
Christy Goddeau

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Christy Goddeau
Interim General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services

**THIRD AMENDMENT TO AGREEMENT BETWEEN HEALTH CARE DISTRICT OF
PALM BEACH COUNTY AND DISTRICT CLINIC HOLDINGS, INC.**

ID# 1111003201

THIS THIRD AMENDMENT TO AGREEMENT BETWEEN HEALTH CARE DISTRICT OF PALM BEACH COUNTY AND DISTRICT CLINIC HOLDINGS, INC. ("Third Amendment") is made and entered into on the 17th day of March, 2021 ("Effective Date"), by and between the Health Care District of Palm Beach County, an independent special taxing district of the State of Florida subject to the terms of the Palm Beach County Health Care Act (Chapter 2003-326 Laws of Fla.) ("District"), and District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics, a not for profit corporation authorized to conduct business in the State of Florida, ("DCHI"), collectively referred to as the ("Parties").

RECITALS

WHEREAS, the Parties entered into an Agreement Between Health Care District of Palm Beach County and District Clinic Holdings, Inc. ("Agreement") on or about November 28, 2012 (C360 ID# 001568); First Amendment, on or about January 27, 2017 (C360 ID# 001809); Second Amendment, on or about March 12, 2020 (C360 ID# 1111002422); and

WHEREAS, the Parties desire to continue their relationship as set forth in the Agreement and believe it to be in their mutual best interest to modify the Agreement in accordance with the terms and conditions set forth below in this Third Amendment; and

WHEREAS, Section 14 of the Agreement provides for its amendment upon mutual written agreement of both Parties.

NOW THEREFORE, in consideration of the promises and mutual covenants contained in this Third Amendment, and for other good and valuable consideration, the receipt of which the Parties expressly acknowledge, the Parties covenant and agree to the following terms and conditions:

1. **Recitals:** The foregoing recitals are hereby incorporated into this Third Amendment as true and correct.
2. **No Default:** The Parties agree that the Agreement remains in full force and effect, that there are no defaults or disagreements with regard to the terms and conditions set forth in the Agreement.
3. **Amend Section 2** by deleting the last sentence in its entirety and replacing with the following sentence:

District retains authority over the personnel and finance policies and procedures.

4. **Amend Section 4(d)** by deleting the last sentence in its entirety and replacing with the following sentence:

District retains authority over the personnel and finance policies and procedures.

5. **Agreement Unchanged:** Except as amended herein, all other provisions of the Agreement shall remain unchanged by this Third Amendment.
6. **Controlling Documents:** To the extent that there exists a conflict between this Third Amendment and the Agreement, the terms, conditions, covenants, and/or provisions of this Third Amendment shall prevail. Whenever possible, the provisions of such documents shall be construed in such a manner as to avoid conflicts between the provisions of the various documents.
7. **Entire agreement:** The Parties agree that the Agreement and this Third Amendment, Second Amendment, and First Amendment represent the entire agreement between the parties and supersedes all other negotiations, representations, or agreements, either written or verbal, relating to this Third Amendment. This Third Amendment may be modified and amended only by written instrument executed by the Parties hereto.
8. **Counterparts:** This Third Amendment may be executed in two or more counterparts, each of which shall be deemed to be an original, but each of which together shall constitute one and the same instrument.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties have caused this Third Amendment to be executed by their respective duly authorized representatives on the date(s) set forth below.

DISTRICT CLINIC HOLDINGS, INC.

d/b/a C.L. BRUMBACK PRIMARY CARE CLINICS

DocuSigned by:
By: Darcy J. Davis
Name: Darcy J. Davis
Title: Chief Executive Officer
Date: 3/18/2021

HEALTH CARE DISTRICT OF PALM BEACH COUNTY

DocuSigned by:
By: Darcy J. Davis
Name: Darcy J. Davis
Title: Chief Executive Officer
Date: 3/18/2021

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

DocuSigned by:
By: Christy Goddeau
Name: Christy Goddeau, Esq.
Title: Interim General Counsel

DISTRICT CLINIC HOLDINGS, INC.

d/b/a C.L. BRUMBACK PRIMARY CARE CLINICS

By: _____
Name: Robert M. Smith
Title: DCHI Board Chairperson
Date: _____

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

1. Description: Executive Director Informational Update

2. Summary:

During our virtual Operational Site Visit, the auditors identified 6 areas of non-compliance that we will be correcting. We have two opportunities to correct any areas of non-compliance: a 14-day period during which any corrections will essentially remove the findings from our report and a 90-day conditional period during which corrections will remove a potential condition being placed on our grant due to the non-compliance.

3. Substantive Analysis:

Areas of non-compliance included:

1. Chapter 4—Element A:
 - a. The after-hours answering service should be listed in column 1 of Form 5A instead of column 2. This change was approved at our February board meeting.
 - b. The DCA Radiology agreement referred to OBGYN services when it should only refer to radiology. Legal is correcting this oversight.
2. Chapter 5—Element F:
 - a. Not all of our contracts and agreements contain the required privileging language. We are working with Legal to get these updated.
 - b. One contract, Akumin, contained an Exhibit that was unsigned. Legal is correcting this oversight.
3. Chapter 8—Element A:
 - a. Not all of our hospital patient transfer agreements contain the required patient self-transfer language. We are working with Legal to get these updated.
4. Chapter 9—Element J:
 - a. Not all of our contracts and agreements for required services (i.e. laboratory, substance use disorder, obstetrics) contain the required sliding fee discount language. We are working with Legal to get these updated.
5. Chapter 19—Element C:
 - a. Monthly board meetings were not held as required by HRSA. While the auditors acknowledged that they understood this was due to COVID-19 changes, we were asked to have our board re-attest that they are committed to having monthly meetings. This was completed during an emergency board meeting held on 3/12/2021.
6. Chapter 19—Element D:
 - a. Billing and collections policies and procedures had not been presented to and adopted by the board within the prior 3-year period. This was completed during an emergency board meeting held on 3/12/2021.

We successfully met the remaining 87 out of 93 metrics that were evaluated during our audit.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021**

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

Tony Colby
Interim VP & 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:

DocuSigned by:

Christy Goddeau

Christy Goddeau

Interim General Counsel

H. Fritsch

Dr. Hyla Fritsch

AVP & Executive Director of Clinic Operations & Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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
Dabu	Darnel	MD	Family Medicine	Recredentialing
De Oliveira	Vanessa	MD	Family Medicine	Recredentialing
Phillips	Courtney	MD	Psychiatry	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.

Darnel Dabu, MD joined the Jupiter Clinic in 2017 specializing in Family Medicine. He attended the University of San Tomas and also completed his residency at University of Arkansas College of Medicine. Dr. Dabu is certified in Family Medicine by the American Board of Family Medicine. He has been in practice for eleven years and is fluent in Tagalog.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021**

Vanessa De Oliveira Inacio, MD joined the West Boca Clinic in 2017 specializing in Family Medicine. She attended the Ponce School of Medicine and also completed her residency at Lehigh Valley Hospital. Dr. De Oliveira Inacio is certified in Family Medicine by the American Board of Family Medicine. She has been in practice for four years and is fluent in Portuguese and Spanish.

Courtney Phillips, MD joined the West Palm Beach Clinic in 2017 specializing in Psychiatry. She attended Wayne State University School of Medicine and also completed her residency at University of Michigan Health System. Dr. Phillips is certified in Psychiatry by the American Board of Psychiatry and Neurology. She has been in practice for four years.

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

Tony Colby
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Recredentialing and renewal of privileges of Darnel Dabu, MD, Family Medicine.

Staff recommends the Board approve the Recredentialing and renewal of privileges of Vanessa De Oliveira Inacio, MD, Family Medicine.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

Staff recommends the Board approve the Recredentialing and renewal of privileges of Courtney Phillips, MD, Psychiatry.

Approved for Legal sufficiency:

DocuSigned by:

Christy Goddeau

A299254D911E48F...
Christy Goddeau

Interim General Counsel

lh Chibar MD

Dr. Charmaine Chibar
FQHC Medical Director

H Fritsch

Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services



Application for Clinical Privileges MD, DO
Specialty: Family Medicine

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	DARNEL DABU, MD
Specialty:	Family Medicine

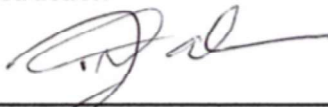
Clinic Privileges Eligibility Criteria:


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 Family Medicine and Board Certified or Board Eligible by the American Board of Family Medicine, American Osteopathic Board of Family Physicians, American Board of Preventive Medicine or American Osteopathic Board of Preventive Medicine

General Privileges - Core I Privileges

Family Medicine 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 are normally taught in residency programs. Physicians requesting privileges in this Core I will have documented experience, demonstrated ability and current competence in Family Medicine.

- Take, evaluate, and record medical histories
- Perform physical exams based on age and history
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- 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: 
(Medical Director Signature)



*Application for Clinical Privileges MD, DO
 Specialty: Family Medicine*

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 Family Medicine Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Family Medicine Core II Privileges.

Adult Core II Privileges:

Requested	Approved	
/	_____	EKG
/	_____	X-Ray interpretation
/	_____	Laceration repair
/	_____	Drainage of subungual hematoma
/	_____	Incision and drainage of superficial abscess
/	_____	Local anesthesia
/	_____	Reduction of radial head subluxation
/	_____	Nail resection
/	_____	Trigger Point injection
/	_____	Lesion destruction/removal
/	_____	Joint aspiration
/	_____	Tendon and bursa injection
/	_____	Wound Care /Debridement
/	_____	Foreign body removal (skin, cornea, conjunctiva ear, vagina, pharynx, nose)
/	_____	Skin tag removal
/	_____	Biopsy/Excision (Excisional/Incisional, Punch, Shave)
/	_____	Substance use disorder (SUD) treatment and management

Pediatric Core II Privileges:

Requested	Approved	
/	_____	EKG
/	_____	X-Ray interpretation
/	_____	Drainage of subungual hematoma
/	_____	Laceration repair
/	_____	Incision and drainage of superficial abscess
/	_____	Joint aspiration
/	_____	Local anesthesia
/	_____	Reduction of radial head subluxation
/	_____	Nail removal
/	_____	Removal of foreign body: cornea, conjunctiva, ear, nose



*Application for Clinical Privileges MD, DO
Specialty: Family Medicine*

_____ Skin tag removal
_____ Substance use disorder (SUD) treatment and management

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.

DARNEL DABU, MD
Applicant Printed Name
[Signature]
Applicant Signature

Family Medicine
Specialty
3/15/2021
Date

Medical Director:

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

Charmaine Chibar, MD
Medical Director

DocuSigned by:
Charmaine Chibar
03891248F7BF488
Medical Director Signature

3/16/2021
Date



Application for Clinical Privileges MD, DO
Specialty: Family Medicine

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	Vanessa Inocis
Specialty:	Family Medicine

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 Family Medicine and Board Certified or Board Eligible by the American Board of Family Medicine, American Osteopathic Board of Family Physicians, American Board of Preventive Medicine or American Osteopathic Board of Preventive Medicine

General Privileges - Core I Privileges

Family Medicine 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 are normally taught in residency programs. Physicians requesting privileges in this Core I will have documented experience, demonstrated ability and current competence in Family Medicine.

- Take, evaluate, and record medical histories
- Perform physical exams based on age and history
- Collect specimens for pathologic exams, including Pap smears
- Pelvic examination
- 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:

DocuSigned by: (Applicant Signature)

Approved by:

Charmaine Chibor

08891246EFBF488

(Medical Director Signature)



*Application for Clinical Privileges MD, DO
Specialty: Family Medicine*

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 Family Medicine Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Family Medicine Core II Privileges.

Adult Core II Privileges:

Requested	Approved	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EKG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	X-Ray interpretation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laceration repair
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drainage of subungual hematoma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of superficial abscess
<input type="checkbox"/>	<input type="checkbox"/>	Local anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	Reduction of radial head subluxation
<input type="checkbox"/>	<input type="checkbox"/>	Nail resection
<input type="checkbox"/>	<input type="checkbox"/>	Trigger Point injection
<input type="checkbox"/>	<input type="checkbox"/>	Lesion destruction/removal
<input type="checkbox"/>	<input type="checkbox"/>	Joint aspiration
<input type="checkbox"/>	<input type="checkbox"/>	Tendon and bursa injection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wound Care /Debridement
<input type="checkbox"/>	<input type="checkbox"/>	Foreign body removal (skin, cornea, conjunctiva ear, vagina, pharynx, nose)
<input type="checkbox"/>	<input type="checkbox"/>	Skin tag removal
<input type="checkbox"/>	<input type="checkbox"/>	Biopsy/Excision (Excisional/Incisional, Punch, Shave)
<input type="checkbox"/>	<input type="checkbox"/>	Substance use disorder (SUD) treatment and management

Pediatric Core II Privileges:

Requested	Approved	
<input type="checkbox"/>	<input type="checkbox"/>	EKG
<input type="checkbox"/>	<input type="checkbox"/>	X-Ray interpretation
<input type="checkbox"/>	<input type="checkbox"/>	Drainage of subungual hematoma
<input type="checkbox"/>	<input type="checkbox"/>	Laceration repair
<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of superficial abscess
<input type="checkbox"/>	<input type="checkbox"/>	Joint aspiration
<input type="checkbox"/>	<input type="checkbox"/>	Local anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	Reduction of radial head subluxation
<input type="checkbox"/>	<input type="checkbox"/>	Nail removal
<input type="checkbox"/>	<input type="checkbox"/>	Removal of foreign body: cornea, conjunctiva, ear, nose



Application for Clinical Privileges MD, DO
Specialty: Family Medicine

_____ Skin tag removal
_____ Substance use disorder (SUD) treatment and management

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.

Vanessa Inacio
Applicant Printed Name

Family Medicine
Specialty

[Signature]
Applicant Signature

03/9/2021
Date

Medical Director:

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

Charmaine Chibar ^{DocuSigned by:} Charmaine Chibar 08894246FFBF488... 3/15/2021
Medical Director Medical Director Signature Date



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Application for Clinical Privileges MD, DO
Specialty: Psychiatry

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	Courtney Phillips, M.D.
Specialty:	Addiction Medicine / General Psychiatry

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 Psychiatry and Board Certified or Board Eligible by the American Board of Psychiatry and Neurology

General Privileges - Core I Privileges

Psychiatry Core I privileges includes the evaluation, diagnosis, treatment and consultation to patients presenting with mental, behavioral, addictive, or emotional disorders. Must be able to engage in initial and continuing evaluation and treatment of patients, including treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services to patients and teach those services to house staff. Privileges in Core I include 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 in the field of Psychiatric Medicine.

- Clinical interviewing, including psychosocial history taking
- Mental Status examination
- Physical examination including lab results
- Psychiatric diagnosis using DSM
- Consultation and liaison with other physicians in other fields regarding psychiatric disorders interacting with physical disorders
- Crisis intervention
- Emergency psychiatry
- Ambulatory psychiatry
- Psychopharmacology
- Working knowledge of major psychotherapeutic modalities
- Differential diagnosis of patients with medical problems presenting with behavioral symptoms
- Use of psychological tests, rating scales and outcome measures
- Domestic violence, recognize/manage
- Physical, emotional and sexual abuse, neglect, recognize/ manage

Requested by: Courtney Phillips, M.D.
(Applicant Signature)

Approved by: [Signature]
(Medical Director Signature)



Application for Clinical Privileges MD, DO
Specialty: Psychiatry

Core II Privileges

Privileges in this Core may be granted to providers 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 Psychiatry Core II Privileges is stated below.

Requested Approved

_____ _____ Child Psychiatry (3-13 yrs.)
Qualifications: Successful completion of two (two) years of specialized training in child psychiatry or in an accredited child psychiatry program or documentation of two (2) years' work experience specific to the care and treatment of children.

_____ _____ Adolescent Psychiatry (14 – 17 yrs.)
Qualifications: Documentation of one (1) year work experience specifically related to the care and treatment of adolescents/ adults.

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.

Courtney Phillips, M.D
Applicant Printed Name

Addiction Medicine / General Psychiatry
Specialty

Courtney Phillips, M.D
Applicant Signature

2/16/21
Date

Medical Director:

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

Charmaine Chibbar, M.D
Medical Director Medical Director Signature

2/16/21
Date

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

1. Description: Operations Reports – January 2021

2. Summary:

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

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

3. Substantive Analysis:

In January, we had 7,515 visits which is down from the month prior, and all clinic locations except Lewis Center did not reach the same volume of visits as in January 2020. Our payer mix for the year to date remains at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage.

Pediatric productivity targets were just shy of meeting goal for in-person visits and successful in meeting goal for telehealth. Substance Abuse exceeded their target for in-person. Telehealth visits make up 25% of all visits which is a decrease from December.

Lantana met pediatric telehealth productivity goals and was in the high 90% for in-person. Productivity targets for in-person visits were also met for adults in West Palm Beach and Boca. Substance Abuse in both Mangonia and Lewis Center met goal, as well as Women's Health in Boca.

The No Show rate in January remained nearly flat at 29%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is approximately 25%, of which in-person visits making up 82%.

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

 Tony Colby
 Interim VP & Chief Executive Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021**

5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved


6. Recommendation:

Staff recommends the Board Approve the Operations Reports for January 2021.


Approved for Legal sufficiency:

DocuSigned by:
Christy Goddeau

Christy Goddeau
Interim General Counsel



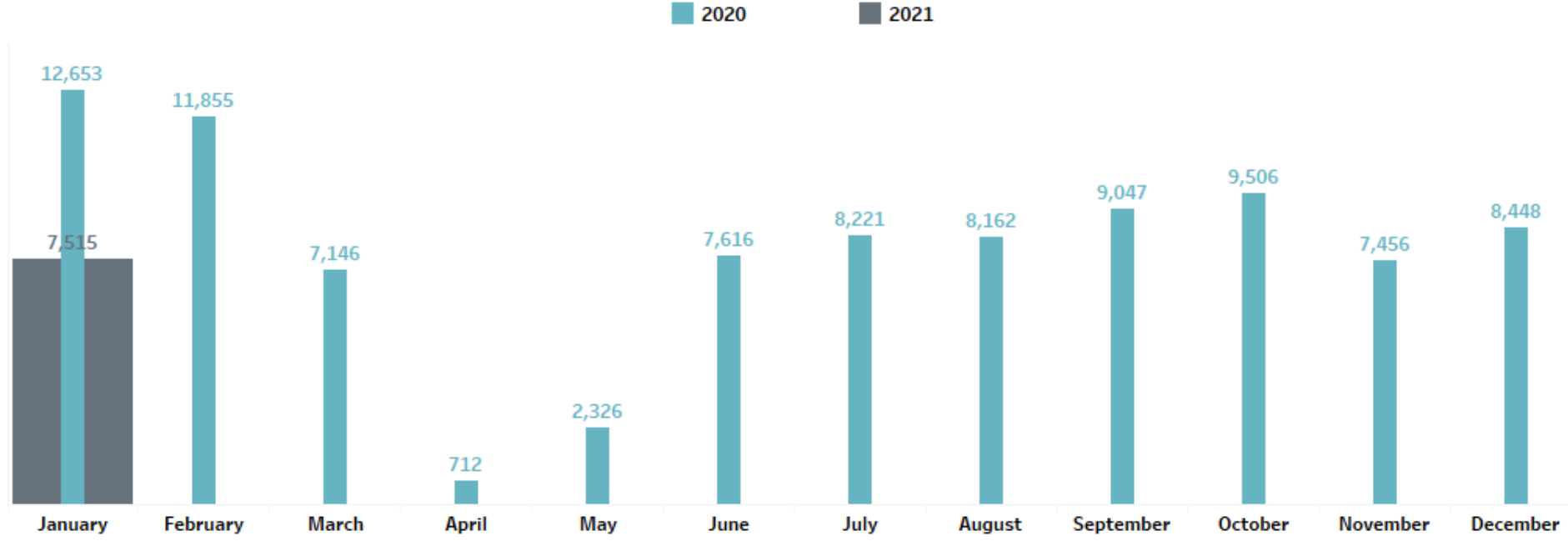
Leah Serio
Director of Operations



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

2021 Visits 7,515

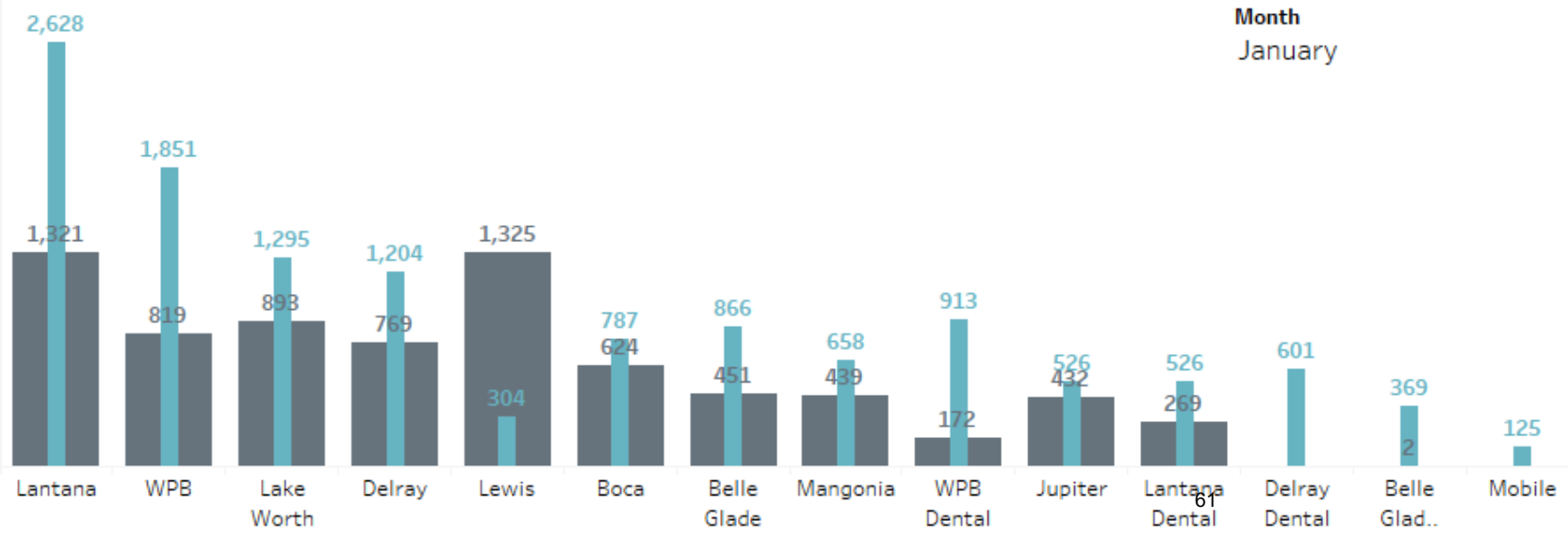
Service Date
1/1/2020 to 1/31/2021



- In Person
- Tele Health

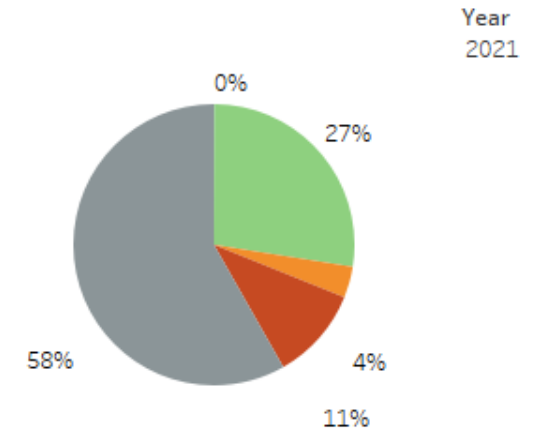
- Adult
- Adult/Peds
- Behavioral Health
- Dental
- OB/GYN
- Pediatric
- Substance Abuse

Adult/Peds = Residents



Payer Mix

- HCD
- Medicaid
- Medicare
- Private
- Uninsured

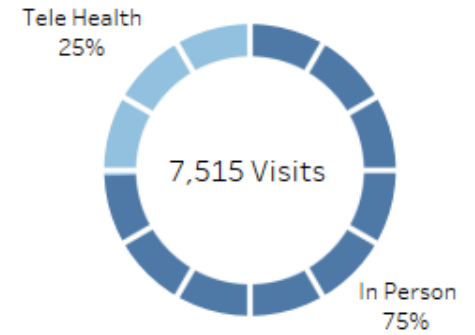


All Clinics Productivity January 2021

1/1/2021 to 1/31/2021

Productivity by Category

■ In Person ■ Tele Health ◆ Target

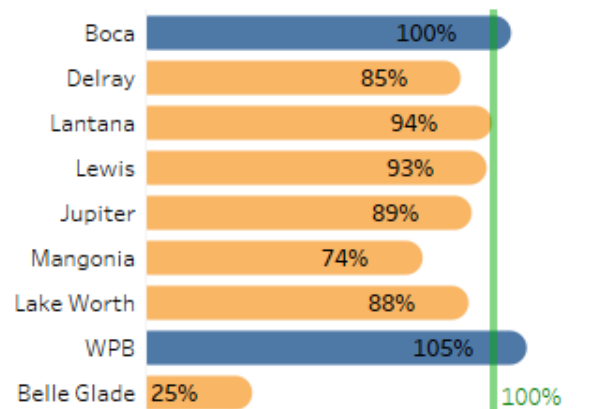


	In Person	Tele Health	Grand Total
Adult	2,337	1,570	3,907
Adult/Peds	297	60	357
Behavioral Health	291	167	458
Dental	442	-	442
OB/GYN	341	1	342
Pediatric	1,036	36	1,072
Substance Abuse	855	82	937
Total Visits	5,599	1,916	7,515

■ Met ■ Not Met

In Person Encounters

Adult



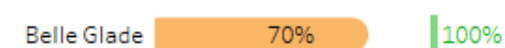
Women's Health



Behavioral Health



Adult/Peds (Residents)



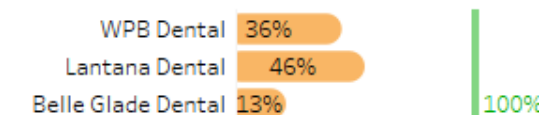
Pediatric



Substance Abuse

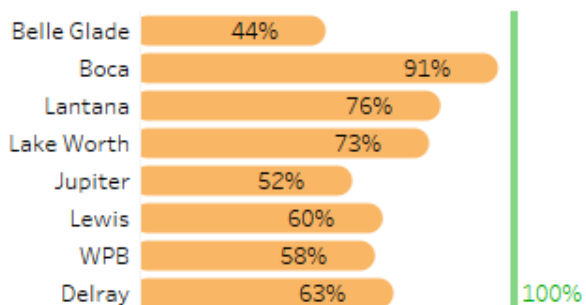


Dental



Tele Health Encounters

Adult



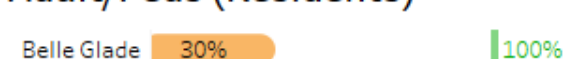
Women's Health



Behavioral Health



Adult/Peds (Residents)



Pediatric



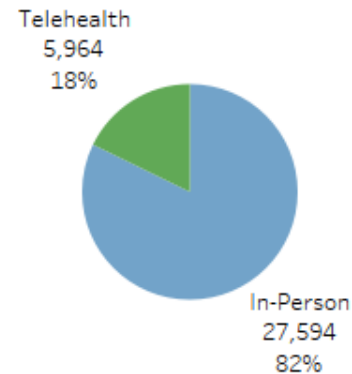
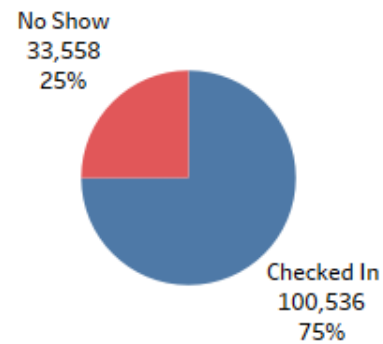
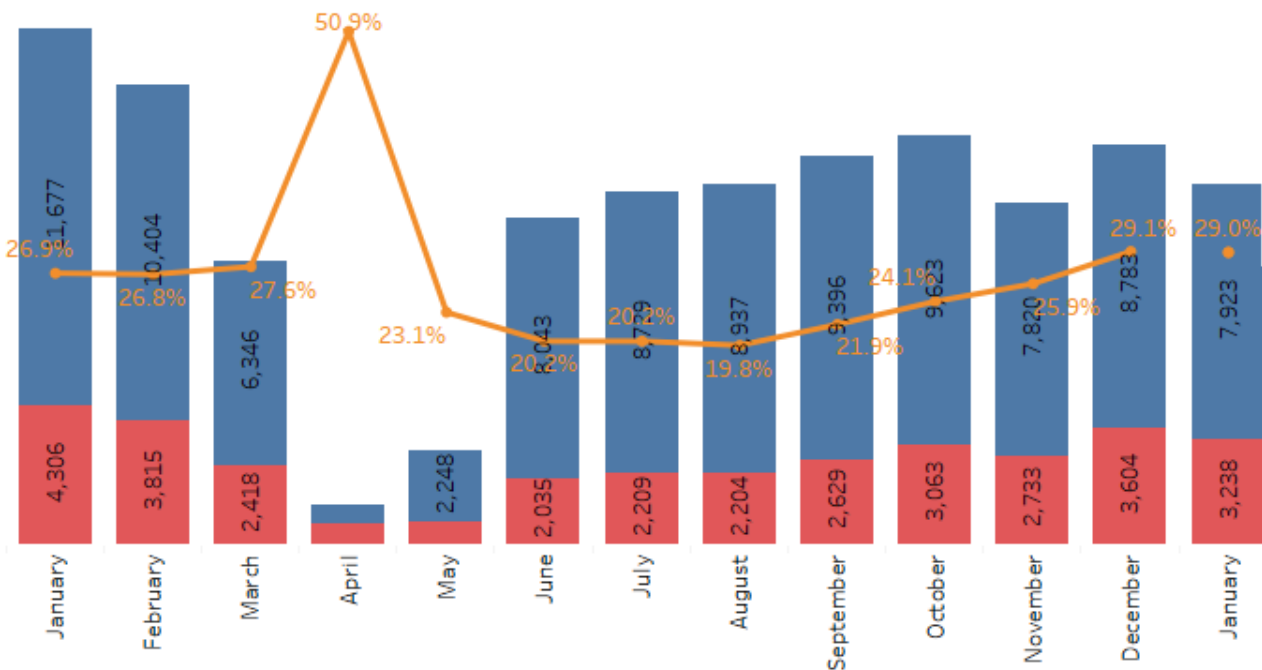
Substance Abuse



No Show appointments analysis

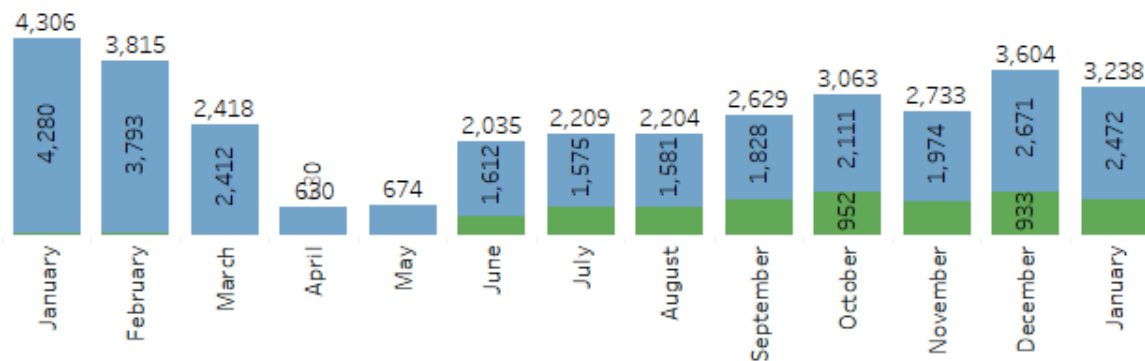
No Show VS Checked in appointments

Checked In No Show Percent no show



Telehealth VS In Person No-Shows

In-Person Telehealth



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

1. Description: Quality Reports

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes March 2021
- UDS Report – YTD January
- Provider Productivity – January 2021

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

ECRI Top 10 Patient Safety Concerns released. 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 AND GRIEVANCES

Patient relations to be presented as separate agenda item. Team is developing a new Whole Person Care PDCA for our annual PCMH reporting requirement.

QUALITY ASSURANCE & IMPROVEMENT

In January of 2021 we discovered our Colorectal Cancer Screening efforts are very low. Team is working diligently on the Epic implementation and will be able to re-focus on mailing FIT test kits in July after the transition.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

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

 Tony Colby
 Interim Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021**

5. Reviewed/Approved by Committee:

N/A


Committee Name Date Approved

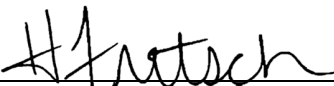
6. Recommendation:

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:
Christy Goddeau
A209251D911E48F...
Christy Goddeau
Interim General Counsel


Dr. Charmaine Chibar
FQHC Medical Director


Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations
& Pharmacy Services



Quality Council Meeting Minutes

Date: March 15, 2021

Time: 8:00AM – 4:30PM

Attendees: Dr. Belma Andric – Chief Medical Officer; Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Executive Director of Corporate Quality; Lisa Hogans –Director of Nursing; Ivonne Cohen – Quality Reporting Analyst; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services; Dr. John Cucuras - Dental Director; David Speciale – Director of Patient Experience; Marisol Miranda – Director of Practice Management; Dr. Courtney Phillips - Director of Behavioral Health; Alexa Goodwin – Patient Relations Manager; Leah Serio – Director of Clinic Operations;

Excused: Shauniel Brown – Risk Manager; Dominique Domond – Operations Process Manager; Nicole Glasford, Executive Assistant

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
QUALITY AUDITS				
DENTAL	<u>Dental Encounter Closed Rate</u> Unlocked dental chart notes for 2021 are as follows: January – 2	Providers are using the Dentrix “pen” tool to assure all there notes are signed.	Dr. Cucuras	4/1/2021
	<u>Dental Encounters</u> <u>January 2021</u> 1. 503 Patients 2. 626 Total Encounters Most that come from extractions.			
	<u>Dental Triage</u> 125 Patients 129 Encounters <u>Same Day Extractions</u>			



<p>72 (55.8%)</p> <p><u>21 Day return</u></p> <p>37 (29%)</p>			
<p><u>Dental Sealants</u></p> <p>96%</p> <p>Dashboard shows 96% vs Sealant measure not accounting for the non-sealable code if patient was sealed in the past year.</p>	<p>Provider will be reminded to perform at least one sealant if patient is new or meets the 6-9 year range and appropriate caries risk and has not been sealed. Patients missed will be called and scheduled. A list can be generated per provider to call those missed and/or the registration specialists may aid as well.</p> <p>Dr. Cucuras and Andrea to look over the Sealant Data Together</p>	<p>Dr. Cucuras</p> <p>Dr. Cucuras Andrea</p>	<p>4/1/2021</p> <p>4/1/2021</p>
<p><u>MDI / MDI WHO</u></p> <p><u>January 2021</u></p> <p>614 total pediatric patients seen</p> <ul style="list-style-type: none"> – 310 had MDI (50.5%) – 82/310 WHO/MDI (26.5 %) – 82/614 WHO/total pediatrics (13.4 %) 	<p>The MDI hygienist is now tracking those patients who were ill or has outside dentists. 28 were ill and the corrected figure is shown in the corrected graph. 8 had an outside dental home</p>	<p>Dr. Cucuras</p>	<p>4/1/2021</p>



		Dr. Cucuras, Dr. Fritsch and Andrea to meet in order to discuss the customization and tracking of the Wisdom flowsheet for longitudinal data.	Dr. Cucuras Dr. Fritsch Andrea	4/1/2021
	<u>Dexis Imaging:</u> 1 lost radiographs for the month of January Files were not merged to recognize the same patient with an error in spelling.			
WOMEN'S HEALTH	<u>Prenatal Age</u> <15 Years : 0 15-19: 0 20-24: 3 25-44: 15 >45: 0 (Report with graph presented.)			
	<u>Entry into Care</u> 18 women entered into care in the month of January. 9 - Entered into Care in the First trimester 9 - Entered into care in the second trimester 0 - Entered into care in the third trimester 17 - Entered into Care with the CL Brumback Primary care Clinics 1 - Had her first visit with another provider 0 - Had initial provider not recorded. (Report with graph presented.)			
	<u>Deliveries & Birthweights</u> 4 Deliveries in the month of January.			



	<ul style="list-style-type: none"> - (<1500 grams) – 0 - (1500-2499 grams) – 0 - (>2500 grams) – 4 <p>(Report with graph presented.)</p>												
MEDICAL	<p><u>Medical Encounter Close Rate</u> Majority of providers are now closing documents within 2 days. For the month of January, the outlier was the behavioral health service line. There were 4 providers who averaged more than 2 days to close their encounters.</p>												
	<p><u>Hemoglobin A1C/Point of Care Testing</u> The uncontrolled diabetes measure data shows that our patients currently controlled at 45% while 55% uncontrolled (569 diabetic patients total). There were 271 POC A1Cs (48% of Diabetic Patients). (Report with graph presented.) Jupiter (44%), Boca 49%), Belle glade (36%)- have highest percentage of untested patients (needs data)</p>	Dr. Warren will summarize a little the data for the month and communicate to the clinic managers to inform the teams in the clinics.	Dr. Warren	4/1/2021									
	<p><u>HPV Collaborative</u> HPV January 2021 Patient Ages from 10 - 19</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Gardasil 9 (PF) 0.5 ML Intra Muscular</th> </tr> <tr> <th style="width: 30%;">Department</th> <th style="width: 30%;"># Vaccines Administered</th> <th style="width: 40%;"># Unique Patients</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Gardasil 9 (PF) 0.5 ML Intra Muscular			Department	# Vaccines Administered	# Unique Patients				Dr. Chibar will continue to report new findings strategies, etc. from the HPV collaborative to the quality council.	Dr. Chibar	4/1/2021
Gardasil 9 (PF) 0.5 ML Intra Muscular													
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	<table border="1"> <tr> <td>Belle Glade</td> <td>3</td> <td>3</td> </tr> <tr> <td>Boca</td> <td></td> <td></td> </tr> <tr> <td>Jupiter</td> <td></td> <td></td> </tr> <tr> <td>Lantana</td> <td>33</td> <td>33</td> </tr> <tr> <td>West Palm Beach</td> <td>11</td> <td>11</td> </tr> <tr> <td>Grand Total</td> <td>47</td> <td>47</td> </tr> </table> <p>Lantana is the primary user of this program.</p>	Belle Glade	3	3	Boca			Jupiter			Lantana	33	33	West Palm Beach	11	11	Grand Total	47	47			
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	<p><u>Referrals Per Patient Per Visit</u></p> <p>All providers averaged <3 referrals per patient per visit</p>																					
	<p><u>Diabetes Distress Scale</u></p> <p>Kara Baker presented a summary of the distress scale tool during the meeting to decide if we would include this as an additional tool to assess uncontrolled diabetic patients and target actions.</p>	<p>Expecting to run a pilot at Delray for patients after positive POC A1C.</p> <p>Dr. Warren will follow up with epic on this screener.</p>	<p>Dr. Chibar Dr. Warren</p> <p>Kara Baker</p>	<p>4/1/2021</p> <p>4/1/2021</p>																		
	<p><u>Blood Pressure Cuffs</u></p> <p>Blood Pressure cuffs from the American heart association are on their way.</p>	<p>Team will distribute blood pressure cuffs based on compliance guidelines</p>	<p>Dr. Hyla Fritsch Dr. Chibar Dr. Warren Andrea</p>	<p>4/1/2021</p>																		
BEHAVIORAL HEALTH	<p><u>MAT Census</u></p> <p>In MAT, we have 385 total patients enrolled. In January 2021 we enrolled 45 patients. Since reopening in May 2020, we have had an average of 46 intakes per month, which is higher than pre-COVID intake numbers.</p>	<p>Dr. Phillips is working to address inconsistency in BH team in order</p>	<p>Dr. Phillips</p>	<p>4/1/2021</p>																		



	<p>Overall Discharges are down to 10.13% from previous month but staying around an average of ~11.26%. Types of discharges are tracked and finding that percent lost to follow up has decreased to 7.01%, which is below the mean. Readmission rate for January 2021 was 4.87%</p> <table border="1" data-bbox="415 446 919 789"> <thead> <tr> <th></th> <th>Jan 2021 (n=385)</th> </tr> </thead> <tbody> <tr> <td>Phase 1</td> <td>258</td> </tr> <tr> <td>Phase 2</td> <td>30</td> </tr> <tr> <td>Phase 3</td> <td>12</td> </tr> <tr> <td>Phase 4</td> <td>42</td> </tr> <tr> <td>Vivitrol</td> <td>4</td> </tr> <tr> <td>Naltrexone</td> <td>39</td> </tr> <tr> <td></td> <td>385</td> </tr> </tbody> </table> <p>Overall Data needs to be cleaned up...</p> <p>Continued large amount in phase I compared to December. WE had an increase in number of patients in January. Also, typical for patients to relapse around holidays and be phased down to phase I. Also training patients post covid for need for live visits which is bringing phases down.</p> <p>Naltrexone continues to grow. Vivitrol stable.</p> <p>Phase II, III and IV numbers are more stable, indicating there is a stable group of patients that get to higher phases and stay there.</p>		Jan 2021 (n=385)	Phase 1	258	Phase 2	30	Phase 3	12	Phase 4	42	Vivitrol	4	Naltrexone	39		385	<p>to improve uniformity throughout the clinics.</p>		
	Jan 2021 (n=385)																			
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	<ul style="list-style-type: none"> i. Rate of census growth grew modestly; 385 patients with 6 therapists ii. Staying steady with intakes around our average of 45 patients last month. iii. Readmission rate is slightly below average. iv. Discharge rate is decreasing in last 3 months. I am happy to see this and predict it may be due to more therapists and reigning in phases over the past months. v. Per therapist: Will talk to Ingrid/Rich about making sure to delete therapists no longer with us and assign to appropriate therapists. Claudia dropped in discharges and was steady with readmissions. Reynette had less discharges than readmits. The new therapists are not reflected in this document yet. vi. Caseloads are more manageable. No excuses for all patients not being seen. vii. Lost to follow up decreased again. Would like to suggest all lost to follow up placed in the Medical examiner database. viii. 2 deaths; K.M and A.P. I investigated both, this data is not updated. ix. Other reasons for discharge; increased slightly (good discharges) 			
	<p><u>ASU transitional Dashboard:</u></p> <p>91 Total Patients from 1/1/2021 – 2/1/2021</p> <ul style="list-style-type: none"> – 81 Walk-ins – 6 West Palm Beach Fire Rescue – 2 Other Fire Rescue 	<p>Will continue to develop and improve report.</p>	<p>Dr. Phillips</p>	<p>4/1/2021</p>



	<ul style="list-style-type: none"> - 1 Null - 1 Police <p>47 Were discharged from the Hospital 44 Were listed with No Discharge</p> <p>Did the patient Make it to HCD?</p> <ul style="list-style-type: none"> - 25% Yes - 13% No - 62% No Answer <p>Warm Handoff date</p> <ul style="list-style-type: none"> - 35% Yes - 65% No <p>Since last month, defined documentation fields in procedure and policy, put into converge point and trained care coordinators to eliminate confusion on documentation</p> <p>Issues Cont'd –</p> <ul style="list-style-type: none"> • Less patients and less days in February • High walk ins in both months • Similar hospital disposition • Many with “no answer” when asking if made it to HCD. • Warm handoff date similar in both months • More women than men 	<p>Have Ingrid find out why they are not documenting if making to hcd; she currently fixed data and didn't see change, working with IT to understand data extraction for tableau better</p>		
	<p><u>Care Coordinators:</u></p> <p>January Overview</p>			



	<p>List of Care coordinators who are linking patients from the hospital to the MAT clinic 21 weekend registrations in January 2021 and 6 (29 %) were registered to be seen by a provider in the following week.</p> <p>Overall</p> <p>~50% of patients registered during week are seen in HCD</p> <p>37% of patients registered on weekends are seen in HCD</p>	<p>Recommendation is to open on Saturdays for intake only. This meeting already occurred and Saturdays in Mangonia will start after Labor day.</p>	<p>Dr. Phillips</p>	<p>4/1/2021</p>																					
	<p>Cage-Aid: Over 3,768 performed in the month of January. Very few positives (n= 61), but majority were in Mangonia Park and Lewis Center.</p> <table border="1" data-bbox="415 837 846 1101"> <thead> <tr> <th>Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Unscored</td> <td>44</td> <td>1.22%</td> </tr> <tr> <td>Score = 0</td> <td>3,505</td> <td>97.09%</td> </tr> <tr> <td>Score = 1</td> <td>11</td> <td>0.30%</td> </tr> <tr> <td>Score = 2</td> <td>10</td> <td>0.28%</td> </tr> <tr> <td>Score = 3</td> <td>7</td> <td>0.19%</td> </tr> <tr> <td>Score = 4</td> <td>33</td> <td>0.91%</td> </tr> </tbody> </table> <p>1.22% unscored which is a drop from 3.2% unscored in December 2020, unscored still highest in lake worth but improved in Boca. Delray Beach is second highest. Overall improvement.</p>	Total Score	# Patients	%	Unscored	44	1.22%	Score = 0	3,505	97.09%	Score = 1	11	0.30%	Score = 2	10	0.28%	Score = 3	7	0.19%	Score = 4	33	0.91%	<p>Dr. Phillips suggested sending one more email to lake worth, Delray nurses to remind but give encouragement that it is better. Suggest email to Boca to applaud improvement.</p>	<p>Dr. Phillips</p>	<p>4/1/2021</p>
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	<p>Comparing December 2020 and January 2021, there was a 31% reduction in patients with positive cage aid but no sbirt. Lewis center still high.</p> <p>(Report with graph presented.)</p>	<p>Dr. Phillips recommended an “SBIRT month” in Lewis (as they do SBIRT on every patient anyway but are likely just not dropping order). She I will work on this campaign with nurses and providers in Lewis center.</p>	<p>Dr. Phillips</p>	<p>4/1/2021</p>										
	<p>SBIRT: 100% of all patients who had SBIRT done in 2021 had it done in January.</p> <table border="1" data-bbox="415 711 1163 797"> <thead> <tr> <th>2021</th> <th>Unique Patients</th> <th>%</th> <th>Total # Encounters</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Jan-21</td> <td>91</td> <td>100%</td> <td>102</td> <td>100%</td> </tr> </tbody> </table> <p>The clinics overall regressed from December 2020 to January 2021, but continued to outperform the rest of 2020; going from 137 encounters to 102.</p> <p>SBIRTS continue to be higher in January 2021 than many months in 2020 except December</p> <p>Lewis and Mangonia are doing the most SBIRT which makes sense. It will be interesting to see if this improves with more live visits.</p>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%			
2021	Unique Patients	%	Total # Encounters	%										
Jan-21	91	100%	102	100%										



	<p>Postive CAGE AID with no SBIRT in January 2021: 27 total cage aid positives resulted in no SBIRT, an improvement over last month (39).</p> <p>Three Month Summary:</p> <ul style="list-style-type: none"> • November Positive with NO SBIRT = 58 • December Positive with NO SBIRT = 39 • January Positive with NO SBIRT = 27 			
	<p>PRAPARE: Of the 2,119 patients had a PRAPARE Completed, 10% were positive with social needs. Less than 7% dropped the order for referral Behavioral Health.</p> <p>i. Over half patients got prepare once; of those; 10% positive with social needs; 7% of those with social needs actually dropped positive prepare order. This needs to be an education focus at provider meeting.</p> <p>PRAPARE Positive and Diabetes:</p>	<p>We are still trying to get first prepare done on patients. It would be interesting to see if the 19,973 patients that were not seen; what percentage have not been in the clinic last year Dr. Phillips plans to meet with Ivonne to discuss.</p> <p>Dr. Phillips will review the prepare order set in Athena with providers and reiterate to the team the importance of the PRAPARE. BH admin team will also need to decide how to approach 2021 in order to satisfy our standard of patient care and HRSA requirements.</p>	<p>Dr. Phillips</p> <p>Ivonne Cohen</p> <p>Dr. Phillips Dr. Ziemba</p>	<p>4/1/2021</p> <p>4/1/2021</p> <p>4/1/2021</p>



	<p>Intervention: Dr. Ziemba and her team called most patients and managed to schedule 57% of patients (total 185 patients). Of those scheduled, 22% lacked transportation according to the PRAPARE report. Dr. Phillips praised Dr. Ziemba, Kim Bush and Ivonne for their work</p>	<p>Use circulation for transportation issued patients as a special population project. Dominique currently training clinic coordinator and working with Dr. Phillips on criteria for use. Dr. Phillips and Andrea will also look into ways of Correlating the SDOH wheel to UniteUS platform. Will also need the EPIC order Set dx/SBIRT</p>	<p>Dominique Dr. Phillips Dr. Phillips Andrea</p>	<p>4/1/2021 4/1/2021</p>
	<p>PHQ 2/9 43% of encounters got a phq2/9. Of which, very few were unscored (1%). 10% positive score over 5 Were seen by the BHC - 77%</p> <p>i. Positive with no BH appointment is 23%, up from 11% in January. We have excel file and this should be distributed to clinics to follow up. Looking at excel, 7 in belle glade; 14 in Boca; 15 in Delray; 29 in Jupiter; 18 in lake worth; 9 lantana; 20 in Lewis center; 6 west palm; of this whole list of 121 patients not seen by BHC, 20 ended up being seen by BHC in February or march</p> <p>Unscored around 0.9%, slight decrease from December PHQ 9 done is steady around 5000</p>	<p>Intervention: sent list to entire bhc and will have them follow Lewis is now seeing every primary care patient for WHO regardless as most have needs and should not be missed. Dr. Phillips will discuss a plan with Dr. Ziemba for Boca and Jupiter.</p>	<p>Dr. Phillips Dr. Phillips Dr. Ziemba</p>	<p>4/1/2021 4/1/2021</p>



<p>10% positive rate based on >5. When epic comes, they consider a positive >10. We will also start with epic regarding an index episode as positive greater than 10 as it is not particularly spelled out with HRSA and we confirmed with HRSA.</p> <p>Do we want to make 10 the positive cutoff now? Also, once an index event occurs, remission is considered <5.</p> <p>PHQ-9 positives not seen by BHC: Mangonia and West palm are lowest followed closely by Belle Glade. Highest is Jupiter, where there is no BHC, but Karen and team tries to remotely cover. Lewis Center was noted and it seems to come from the primary care only visits. Somewhere at the end of January, a policy was changed that every Lewis center primary care intake must have a WHO regardless of screenings as all of these patients are in the lewis center and likely have many reasons for WHO's.</p> <p>Polled nurses and they feel that now all lewis center patients are getting Warm hand off. In addition, they aren't feeling that patients are disappearing after they see the nurse.</p> <p>Depression Remission - Is a canned report in Athena, we are finding it wildly inaccurate. Dr. Phillips anticipates an improvement with the implementation epic.</p>	<p>BHCs were working on joining a huddle at Jupiter to discuss and improve</p> <p>Expect to see improvement in the month of February.</p> <p>Dr. Phillips is following up with the SUD nurses as many of the unscored PHQ 2/9s are from them. She also plans to look into the charts to see what happened.</p>	<p>Dr. Phillips Dr. Ziemba</p> <p>Dr. Phillips Dr. Ziemba</p> <p>Dr. Phillips Dr. Ziemba</p>	<p>4/1/2021</p> <p>4/1/2021</p> <p>4/1/2021</p>
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	<p><u>BH Productivity</u> New social work intern hired and started 2/16; working on procedure to define how she is handled. Finishing training in Belle Glade. Just started working with Reynette</p> <p>Posted the addiction BHC position for a social work intern to go under Reynette. She will have two interns.</p> <p>Stephany Bonhometre returns to the Delray Beach clinic at the end of March from leave.</p> <p>Maternity coverage for Dr. Phillips</p> <ul style="list-style-type: none"> i. Administrative: Dr. Ziemba ii. Clinical: Dr. Alvarez (MAT and psychiatry) and Dr. Ziemba (supervision of any bhcs) <p>Emily Bell Discussion has been helpful, her performance has improved markedly and is more balanced with Marco</p> <p>Nylsa Calderon training plan with Ziemba monthly. It is showing success.</p>	<p>Dr. Ziemba and HR are working on plan to address performance and give coaching.</p>	<p>Dr. Phillips Dr. Ziemba</p>	<p>4/1/2021</p>
	<p><u>BH Director Update</u> Delray findings from Dr. Ziemba</p> <ul style="list-style-type: none"> a. Round table of leads for substance use program b. Scheduling fixes <ul style="list-style-type: none"> iii. 2 hour window for patients to become walk in or only guaranteed nursing visit c. Procedural updates <ul style="list-style-type: none"> iv. Observed urine procedure: done and started v. Dispensing suboxone procedure: not done 	<p>Update will be provided next quality council.</p>	<p>Dr. Ziemba Dr. Phillips</p>	<p>4/1/2021</p>



	<ul style="list-style-type: none"> vi. CSSRS procedure for epic: not done but obtained from memorial and working on it vii. Tele procedure with ratios of live to tele: not done viii. Supervisor intern procedure: draft done, working on posting to converge point ix. Patient dismissal committee: approved with legal d. ASU should have fentanyl and bup testing any day. e. With full staff, will eliminate refills other than at mangonia and anticipated emergencies. f. Epic updates <ul style="list-style-type: none"> x. Still doing note templates, but they are awesome xi. Have BAM, Mat screening form, ASAM, and SDOH in epic in data trackable forms g. Productivity: <ul style="list-style-type: none"> xii. Turned Estime to 14 at mangonia and addiction BHCS (rotate once weekly at mangonia) to 10 once per week. xiii. Nylsa is improving. xiv. Substance use is busy; morant; Mitchell and pinto are new but Mitchell is doing the best; Mitchell and Pinto have caught up by now, Morant is still slow. Dr. Ziemba is finishing 10 new chart reviews in prep for 90 day review for all 3. xv. Emily Bell continues to improve xvi. Dr. Alvarez declined a bit 			
NURSING	<u>Higher Level of Care</u>			



	<p>58 ER referrals/ 55 patients were sent to the ER in the month of January. There were 3 patients with multiple orders in January. YTD - 26% (15) of ER referrals were generated by WPB clinic.</p>			
	<p><u>Tele Appts w/Fecal Occult Blood Orders</u> No Report.</p>			
	<p><u>FIT Test</u> January 2021 There was a return rate of 40% for in person visits and 22% for tele visits. As of February, the process for mailing the FIT kits was decentralized. Each tele MA is now receiving reports so they can mail their own patients their FIT kits. (Report with graph presented)</p>			
	<p><u>BYMY</u> No Report.</p>			
QUALITY METRICS				
<u>UDS YTD January 2021</u>				
<p>Of the 16 UDS Measures: 5 Exceeded the HRSA Goal and 10 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>). HIV screening was not included in this month analysis.</p> <p><i>*Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.</i></p>				
Medical UDS Report	Breast Cancer Screening: (60 HRSA%/62%HCD)			
	Childhood immunization: (60 HRSA%/57%HCD)			



<p>Cervical Cancer Screening: <i>(65%HRSA/58%HCD)</i></p>	<p>Medical Records department has been approved to start following the requests of medical records needed for C L Brumback clinics. This will include the follow up for PAP smears requests.</p> <p>List of patients with missing cervical cancer will be stratified by clinic and the list will be provided to clinic coordinators to follow with MAs and providers on the day of patient’s appointment to close the gap.</p>	<p>Dr. Warren Dr. Chibar</p>	<p>4/1/2021</p>
<p>Weight assessment, Children & Adolescent: <i>(90 HRSA% /91%)</i></p>			
<p>Adult Weight screening and follow up: <i>(90%HRSA/22%HCD)</i></p>			
<p>Tobacco use screening & cessation: <i>(93%HRSA /68%HCD)</i></p>			
<p>Coronary Artery Disease CAD: <i>(81%HRSA / 81%HCD)</i></p>			
<p>Ischemic Vascular Disease (IVD): <i>(86%HRSA / 85%HCD)</i></p>	<p>The 18 charts with missing data to fulfil metric will be reviewed by patient's provider to address the gap.</p>	<p>Dr. Chibar Dr. Warren</p>	<p>4/1/2021</p>
<p>Colorectal Cancer Screening: <i>(82%HRSA / 34%HCD)</i></p>			



HIV linkage: (85%HRSA / 100%)			
Depression screening: (83% HRSA/94HCD%)			
Depression screening (Homeless): (83%HRSA / 94%HCD)			
<p>Hypertension: (80%HRSA / 51%HCD)</p> <p>Findings: 713 of 1389 patients did not have controlled hypertension.</p>	<p>Interventions: We will work with Quality Reporting analyst to create and standardized monthly list of these uncontrolled HTN patients prioritizing by severity and last day of appointment. Currently we are still working on the process to standardized the list. The list will be provided to the clinics call center to schedule appointments. The outcomes champion will follow the progress of the scheduling process (this is still pending to implement).</p>	<p>Dr. Chibar Dr. Warren</p>	<p>4/1/2021</p>
<p>Diabetes: (67%HRSA / 45%HCD)</p> <p>Findings: There has been a decrease in the number of patients with controlled diabetes 45% compared to the end of the year 2020.</p>	<p>Interventions: POC HgbA1c testing implemented to increase patient compliance.</p>	<p>Dr. Chibar Dr. Warren</p>	<p>4/1/2021</p>



		<p>Patients with uncontrolled diabetes and gaps in the SDOH were listed and Behavioral health and registration reached to those patients to order labs, set appointments with BH and adult medicine.</p> <p>The Diabetes Care and Education Specialist is currently completing training reviewing information and strategies to develop self education diabetes program.</p>																						
	<p>Diabetes (Migrant): (67%HRSA /52%HCD) Findings:</p>	<p>Interventions:</p>																						
<p>EPIC</p>	<p>Appointment Conversion</p>																							
	<p>Chart Abstraction</p> <table border="1"> <thead> <tr> <th>SATISFIED as 02/28/2021</th> <th>Criteria <i>NO Expiring in 2021</i></th> <th># Patients</th> <th>Future Appt</th> </tr> </thead> <tbody> <tr> <td>Breast Cancer Screening</td> <td><i>Mammogram result for the past 2 years</i></td> <td>3,009</td> <td>1,687</td> </tr> <tr> <td>Cervical cancer screening</td> <td><i>PAP smear result for the past 5 years</i></td> <td>5,950</td> <td>2,557</td> </tr> <tr> <td>Colorectal cancer screening</td> <td><i>Colonoscopies for past 10 years</i></td> <td>419</td> <td>249</td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL</td> <td>9,378</td> <td>4,493</td> </tr> </tbody> </table> <p>Dr. Sandra warren Presented the Chart Abstraction report.</p>	SATISFIED as 02/28/2021	Criteria <i>NO Expiring in 2021</i>	# Patients	Future Appt	Breast Cancer Screening	<i>Mammogram result for the past 2 years</i>	3,009	1,687	Cervical cancer screening	<i>PAP smear result for the past 5 years</i>	5,950	2,557	Colorectal cancer screening	<i>Colonoscopies for past 10 years</i>	419	249	TOTAL		9,378	4,493	<p>Will look into clinic specific vaccine appointments.</p> <p>Andrea to meet with alexa to discuss campaigns to bring patients back into the clinics (especially those that need screening (breast, cervical, colonoscopy).</p> <p>Julie Slenker to discuss abstracted data with Athena</p>	<p>Andrea</p> <p>Andrea</p> <p>Julie Slenker Dr. Warren</p>	<p>4/1/2021</p> <p>4/1/2021</p> <p>4/1/2021</p>
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PATIENT SAFETY & ADVERSE EVENTS				
	<p><u>Patient Safety Concerns 2021</u> Andrea Steele presented the ECRI top 10 Patient Safety Concerns for 2021.</p> <ol style="list-style-type: none"> 1. Racial and ethnic disparities in healthcare 2. Emergency preparedness and response in aging services 3. Pandemic preparedness across the health system 4. Supply chain interruptions 5. Drug shortages 6. Telehealth workflow challenges 7. Improvised use of medical devices 8. Methotrexate therapy 9. Peripheral vascular harm 10. Infection risk from aerosol-generating procedures <p>To help with concern #1, Andrea suggested Vaccination efforts where we can use the clinic vaccine allocation to reach marginalized areas using the mobile clinics.</p> <p>Cindy Dupont informed the team that HCD is working on a new finance system that also addresses Supply chain (item #4).</p>			
		This possibility is already being explored with the County.		
PATIENT RELATIONS				
CLINIC SERVICE CENTER	<p><u>Clinic Service Center Update</u> January data reported last meeting. The Clinic Service Center (CSC) continues to perform (or have completed) the following items since last report:</p>	Finalize CSC dashboard in Tableau	David Speciale	4/1/2021



	<ul style="list-style-type: none"> • Receive and respond to inbound calls for COVID test scheduling and Clinic appointments. • Respond to all related voicemails within 24 to 48 hours. • Manage After-Hours voicemails. • Respond to Provider requests received via Athena (bucket). • Conducted outbound campaigns to assist with DOH lists for COVID vaccine scheduling. • Receive an increased amount of calls related to the COVID vaccine. <p>Additional updates include:</p> <ul style="list-style-type: none"> • The COVID Vaccine Help Line has been established under the Patient Relations Manager and once fully staffed will include 5 full-time, temporary positions. • One CSC agent is assigned to COVID vaccine locations as a site leader. • Two CSC agents have assisted with the startup of the help line. • The CSC staff have one new hire and one vacant position with interviews in process. • The CSC has moved from Heron to cubicles. • CSC Tableau dashboard being finalized. • Reviewing CSC workflows in EPIC. 			
<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey</u> In January 2021, there were 300 Patient Satisfaction Surveys completed across 9 clinics. Of the 300 surveys, Lantana received 99 (33%) surveys. Significant increased rate of return from Mangonia Park Clinic and Lewis Center. Of the 300</p>	<p>Meet with Clinic Supervisors and Providers to improve rates of return from Creole speaking patients and Newborns.</p>	<p>David Speciale</p>	<p>4/1/2021</p>



	<p>surveys completed, 68% were completed in English, 29% of surveys were completed in Spanish and 3% were completed in Creole. The majority of patients surveyed identified as Male. The majority of surveys were completed by individuals aged 30 to 39 and 50 to 59 years old. Most surveys were completed following an in-person, adult medical appointment. Patients prefer to be seen Wednesday’s mornings. Survey results indicate that patients do not prefer to be seen at nights or weekends.</p> <ul style="list-style-type: none"> • Belle Glade – 3 total surveys (down 17) for Dr. Harberger • Boca Raton – 27 total surveys (down 17) of which Dr. Inacio had 23 surveys completed • Delray Beach – 26 total surveys (down 31) of which Fernique Jean-Jacques, ARNP had y surveys completed • Jupiter – 2 total surveys (down 3) one for Dr. Dabu and one for Noremi Shoaf, ARNP completed • Lake Worth – 37 total surveys (down 34) of which Ketely Philistin, ARNP had 15 surveys completed • Lantana – 99 total surveys (up 37) of which Sherloune Normil-Smith, ARNP had 33 surveys completed • Lewis Center – 52 total surveys (up 18) of which Dr. Courtney Philips (Rowling) had 22 surveys completed • Mangonia Park – 36 total surveys (up 18) of which Emily Bell, PA had 28 surveys completed • WPB – 18 total surveys (down 75) of which Dr. Gloria Florez had 5 surveys completed <p>Roll-Up report presented. Significant findings include: Low response rate from creole-speaking patients, low response</p>	<p>Distribute clinic-specific dashboards and review areas of improvement with Clinic Supervisors</p> <p>Meet with Providers with high rates of return to discuss best practices for surveys.</p> <p>Complete Patient Cycle Time-time studies at WPB</p>		
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	<p>rate from parents of newborns, survey not integrated into clinic workflows at all locations, ability to communicate directly with clinics, and being informed about delays.</p> <p>The Jupiter Clinic and Lewis Center have the shortest perceived wait times and the Lantana, Mangonia Park, and West Palm Beach Clinics appear to have longest perceived wait times.</p> <p>The 2021 Surveys includes individual clinic survey results which demographics, patient preferences, patient satisfaction ratings, patient experience ratings, provide recommendations, and patient comments. Each clinic will receive their surveys dashboard and Director of Patient Experience will work with clinic teams to address areas if improvement and strategies to improve rates of return. (Patient Satisfaction Survey PowerPoint presented.)</p> <p><u>WellCare Survey Results</u></p> <p>In August and September 2020, WellCare conducted a Patient Satisfaction Survey for 65 patients of which 29 patients responded. Results of this survey indicated that patients had difficulty with Access to Care, Provider Communication, and Care Coordination. Patient Wait Time. During this time period clinics were operating at a reduced capacity due to the COVID19 pandemic. Since this survey period, PDCA's were completed to improve Patient Access and Communication with positive results. In addition Phreesia was launched to improve</p>	<p>Follow up with WellCare to identify Provider and Clinic-</p>	<p>David Speciale</p>	<p>4/1/2021</p>
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	<p>Patient Cycle Time. Specific Provider and Clinic Data requested from WellCare and details of survey pending.</p>	<p>specific data not provided with Survey.</p> <p>Inquire about additional Managed Care Patient Satisfaction Surveys.</p>		
	<p><u>Patient Cycle Time</u></p> <p>For January 2020, the overall Patient Cycle Time (PCT) has increased from Q4 by 3 minutes for in person appointments and increased 1 minute for Tele Health Appointments. Largest increase in Patient Cycle Times associated with patient wait times including “wait for intake” and “wait for exam”. OB/GYN has improved PCT the most (by 28 minutes) and Substance Abuse has the longest Patient Cycle time with an increase of 9 minutes.</p> <p>Overall Trends for In-Person and Tele Health visits:</p> <ul style="list-style-type: none"> • Adult - increased over 2 minutes • Adult/Peds –decreased by 3 minutes • Behavioral Health - decreased by 4 minutes • OB/GYN - decreased by 28 minutes • Pediatrics - increased by 4 minutes • Substance Abuse - increased over 9 minutes <p>Trends for In-Person visits:</p> <ul style="list-style-type: none"> • Adult - increased over 5 minutes • Adult/Peds –decreased by 1 minute • Behavioral Health - decreased by 1 minute 	<p>Perform Patient Cycle Time Studies for Adult Medical, Pediatrics, and Substance Abuse services to explore opportunities to improve patient cycle time.</p>	<p>David Speciale</p>	<p>4/1/2021</p>



	<ul style="list-style-type: none"> • OB/GYN - decreased by 28 minutes • Pediatrics - increased by 2 minutes • Substance Abuse - increased over 7 minutes <p>Trends for Telehealth visits:</p> <ul style="list-style-type: none"> • Adult - increased by 1 minute • Adult/Peds – stayed consistent • Behavioral Health - decreased by 8 minutes • Pediatrics - decreased by 12 minutes • Substance Abuse - increased by over 20 minutes <p>Patient Cycle Time by Clinic and service line presented. (Report with graphs presented.)</p>			
	<p><u>Third Next Available</u></p> <p>Third Next Available presented as a roll up report and by clinic. “Any 20” appointment types range from 1 day to 122 days (Elsy Navarro, ARNP – Lantana) “Any Walk-In” appointment types range from 1 day to 110 days (Dr. Harberger – Belle Glade)</p> <p>The following clinics have demonstrated with compliance with consistently preserving walk in appointment slots (available in 1 day): Delray Beach, Jupiter, Lantana, Lewis Center, Mangonia Park, and West Palm Beach Clinics.</p> <p>Individual Third Next Available reports to be shared with Clinic Supervisors and Provider’s.</p>	<p>Follow up with Belle Glade, Boca, Lake Worth clinics to review scheduling protocols to ensure walk in appointment slots are preserved.</p>	<p>David Speciale</p>	<p>4/1/2021</p>



<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p><u>Patient Relations Report</u> For January 2021, there were a total of 21 Patient Relations Occurrences that occurred between 6 clinics, South County Civic Center and Clinic Administration. Of the 21 occurrences, there were 6 Grievances and 15 Complaints. The top 5 categories were Communication, Care & Treatment, Finance, Physician Related and Respect Related. The top subcategory with 8 Complaints and Grievances was Poor Communication followed by Billing issues with 6 Complaints and Grievances. There was also a total of 8 compliments received across 3 clinics, South County Civic Center and Clinic Administration.</p>			
<p>PDCA</p>	<p><u>Whole Person Care</u> Andrea Briefly introduced the whole person care PDCA draft</p>	<p>Team will continue to develop the PDCA and Pilot and will update at the next quality council.</p>	<p>Andrea David Jonathan Dr. Phillips</p>	<p>4/1/2021</p>
<p>UTILIZATION</p>				
<p>OPERATIONS</p>	<p><u>Productivity (based on checked-in appts)</u> 8570 visits all clinics. Payer Mix is as follows: Uninsured – 60% Medicaid – 25% HMO – 2% Medicare Part B – 1% Group policy – 7%, Commercial-3%, Other-2%</p>			



Service Line		Target	Actual
Adult	In Person	2785	2530
	Telehealth	2262	1747
Pediatric	In Person	1080	1094
	Telehealth	36	35
Behavioral Health	In Person	785	671
	Telehealth	754	535
Dental	In Person	1078	730
Women's Health	In Person	461	347
	Telehealth	6	2
Substance Abuse	In Person	621	597
	Telehealth	405	282

Visit Breakdown: n= 8570

- 30 % Telehealth
- 70 % In-Person

This is a decrease in in-person visits from December by 3%
 ** As of January 19th, clinics were advised that we would be moving away from telehealth adult and pediatric medical visits with the exception of a few providers (both Boca providers and Elsy Navarro).

Provider and Clinic Productivity:
Overall: As a whole, the clinics met 83% productivity.
 Productivity was at 100% or above for the month of January



	<p>for the following clinics/ specialties: Adult Care in Belle Glade, Women’s Health in Boca, Pediatric Care in WPB and Behavioral Health in Delray.</p> <p>Clinic Specific Data: <i>WPB</i> – Dr Clarke-Aaron was at 102% productivity. Adult provider productivity averaged 84%. <i>Belle Glade</i> – Average of 111% productivity between Dr Harberger and Dr Perez. No women’s health for Belle Glade at this time. <i>Boca</i> – Lam reached 106% productivity, with clinic average of all visits and providers at 96%. Decision was made to remove WH from Boca effective 2/1/21. Dr Inacio to be in person provider M, W, F; Lam to be in person T, TH. Days not in the clinic would allow for telehealth visits. <i>Delray Beach</i> – Behavioral Health and Lam both meeting productivity. Remaining provider productivity low. Effective 2/1/21, Delray would decrease to 2 adult providers. <i>Jupiter</i> – Productivity low at 79%. Looking to see if those numbers will improve when telehealth no longer available <i>Lake Worth</i> – Average productivity 78%. Dr Ferwerda out on FMLA after 1/15 <i>Lantana</i> – Average productivity 91%. Both Dr Lazaro and Dr Normil Smith at 105%. Dr Dessalines in clinic a few days per week to assist with overflow. <i>Lewis Center/ Mangonia</i> – Productivity 84% and 75% respectively. Adult providers averaging 96% at the Lewis Center. <i>(Clinic productivity report with graphs were presented.)</i></p>			
	<p>No Show Rates No Show Rate remained steady and holding at 29%. No change from previous month.</p>			



	<i>(Report with graph presented.)</i>			
OUTREACH SUMMARY	<p><u>COVID-19 Vaccines:</u> 12/23/2020 – 2/1/2021</p> <ul style="list-style-type: none"> – 26,094 Total Vaccinations Given – 11,367 Moderna Received – 14,727 Pfizer Received – 4,030 inventory on hand – 57% Female – 43% Male 			
	<p><u>COVID-19 Testing:</u> 3/16/2020 – 2/1/2021</p> <ul style="list-style-type: none"> – Peak during holiday season, possibly due to requirements for travel. – 147,974 Tests – Highest Positives <ul style="list-style-type: none"> ○ 20-30: 19% ○ 30-40: 19% ○ 40-50: 16% – Positives: <ul style="list-style-type: none"> ○ Male – 48% ○ Female – 52% – In the Past 30 days the rate of Positivity is at 9% for Palm Beach County 			
Meeting Adjourned: 4:20 PM				



C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

CHILDHOOD IMMUNIZATION																		
<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Childhood Immunization Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>39%</td> <td>-</td> </tr> <tr> <td>% FL 2021</td> <td>36%</td> <td>-</td> </tr> <tr> <td>CL Clinics 2021</td> <td>57%</td> <td>66/115</td> </tr> </tbody> </table>	Category	Percentage	Count	% USA 2021	39%	-	% FL 2021	36%	-	CL Clinics 2021	57%	66/115	<p>Findings: 1. Small universe.</p> <p>Interventions: 1. Team to evaluate if historical vaccine entry is needed.</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Performance</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>52%</td> </tr> </tbody> </table>	Category	Percentage	CL Clinics 2020	52%
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C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS																					
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C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

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C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy																
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DEPRESSION REMISSION																
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CL Clinics 2020	2%															
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS																
<table border="1" style="margin: 5px auto; border-collapse: collapse;"> <caption>Homeless Patient Screening Data</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>71%</td> </tr> <tr> <td>% FL 2021</td> <td>78%</td> </tr> <tr> <td>CL Clinics 2021</td> <td>95% (294/308)</td> </tr> <tr> <td>HRSA Target</td> <td>83%</td> </tr> </tbody> </table>	Category	Value	% USA 2021	71%	% FL 2021	78%	CL Clinics 2021	95% (294/308)	HRSA Target	83%		<table border="1" style="margin: 5px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Homeless Patient Screening</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>95%</td> </tr> </tbody> </table>	Year	Rate	CL Clinics 2020	95%
Category	Value															
% USA 2021	71%															
% FL 2021	78%															
CL Clinics 2021	95% (294/308)															
HRSA Target	83%															
Year	Rate															
CL Clinics 2020	95%															



C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

COLORECTAL CANCER SCREENING																		
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <caption>Colorectal Cancer Screening Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Additional Info</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>44%</td> <td></td> </tr> <tr> <td>% FL 2021</td> <td>44%</td> <td></td> </tr> <tr> <td>CL Clinics 2021</td> <td>34%</td> <td>459/1369</td> </tr> </tbody> </table>	Category	Percentage	Additional Info	% USA 2021	44%		% FL 2021	44%		CL Clinics 2021	34%	459/1369	<p>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.</p> <p>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. 5. Plan charity colonoscopy program with community partners for uninsured patients.</p>	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <caption>CL Clinics 2020</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>54%</td> </tr> </tbody> </table>	Category	Percentage	CL Clinics 2020	54%
Category	Percentage	Additional Info																
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HIV LINKAGE TO CARE																		
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <caption>HIV Linkage to Care Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Additional Info</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>85%</td> <td></td> </tr> <tr> <td>% FL 2021</td> <td>82%</td> <td></td> </tr> <tr> <td>CL Clinics 2021</td> <td>100%</td> <td>1/1</td> </tr> </tbody> </table>	Category	Percentage	Additional Info	% USA 2021	85%		% FL 2021	82%		CL Clinics 2021	100%	1/1		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <caption>CL Clinics 2020</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>86%</td> </tr> </tbody> </table>	Category	Percentage	CL Clinics 2020	86%
Category	Percentage	Additional Info																
% USA 2021	85%																	
% FL 2021	82%																	
CL Clinics 2021	100%	1/1																
Category	Percentage																	
CL Clinics 2020	86%																	



C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021

PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP																					
<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Depression Screening Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Count (n)</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>71%</td> <td></td> </tr> <tr> <td>% FL 2021</td> <td>78%</td> <td></td> </tr> <tr> <td>CL Clinics 2021</td> <td>94%</td> <td>2685/2847</td> </tr> <tr> <td>HRSA Target</td> <td>83%</td> <td></td> </tr> </tbody> </table>	Category	Percentage	Count (n)	% USA 2021	71%		% FL 2021	78%		CL Clinics 2021	94%	2685/2847	HRSA Target	83%			<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Depression Screening</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>96%</td> </tr> </tbody> </table>	Year	Percentage	CL Clinics 2020	96%
Category	Percentage	Count (n)																			
% USA 2021	71%																				
% FL 2021	78%																				
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HRSA Target	83%																				
Year	Percentage																				
CL Clinics 2020	96%																				
DENTAL SEALANTS																					
<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Dental Sealant Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Count (n)</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>53%</td> <td></td> </tr> <tr> <td>% FL 2021</td> <td>54%</td> <td></td> </tr> <tr> <td>CL Clinics 2021</td> <td>#VALUE!</td> <td></td> </tr> <tr> <td>HRSA Target</td> <td>75%</td> <td></td> </tr> </tbody> </table>	Category	Percentage	Count (n)	% USA 2021	53%		% FL 2021	54%		CL Clinics 2021	#VALUE!		HRSA Target	75%		<p>Findings: 1. No documentation of sealants being captured in EHR since January 1, 2021.</p> <p>Interventions: 1. Sent list of patients to Dr. Cucuras to work with his dentists on updating documentation.</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Dental Sealant Rate</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>85%</td> </tr> </tbody> </table>	Year	Percentage	CL Clinics 2020	85%
Category	Percentage	Count (n)																			
% USA 2021	53%																				
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CL Clinics 2021	#VALUE!																				
HRSA Target	75%																				
Year	Percentage																				
CL Clinics 2020	85%																				



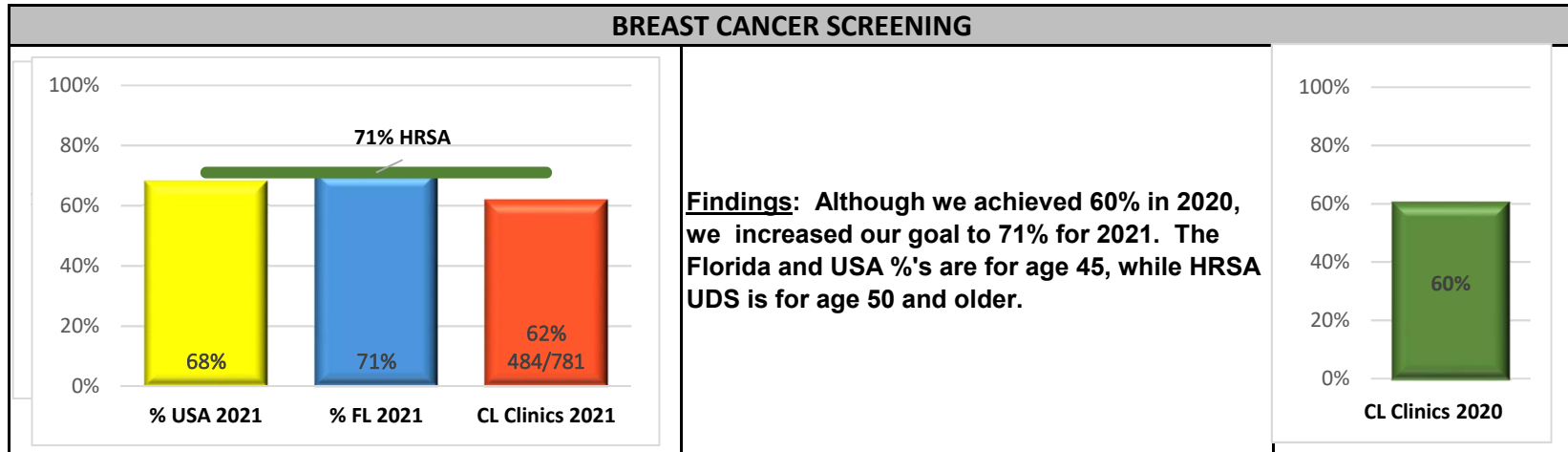
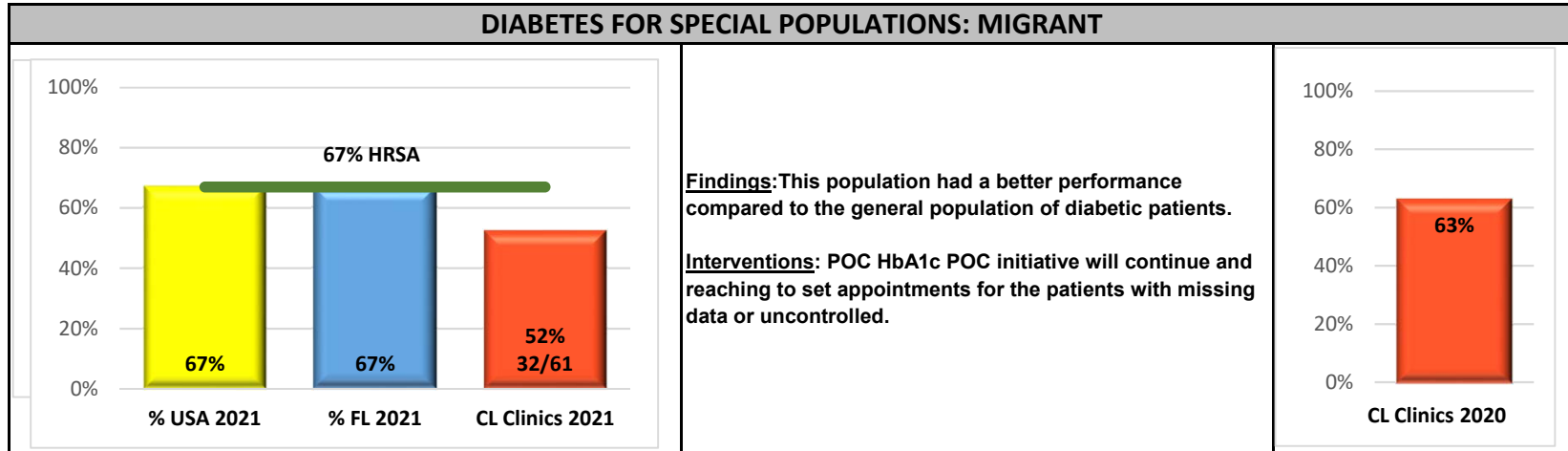
C. L. BRUMBACK PRIMARY CARE CLINICS

YTD January 2021

HYPERTENSION																		
<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Hypertension Control Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>62%</td> <td>-</td> </tr> <tr> <td>% FL 2021</td> <td>61%</td> <td>-</td> </tr> <tr> <td>CL Clinics 2021</td> <td>51%</td> <td>713/1389</td> </tr> </tbody> </table>	Category	Percentage	Count	% USA 2021	62%	-	% FL 2021	61%	-	CL Clinics 2021	51%	713/1389	<p>Findings: 1. 713 patients did not have controlled hypertension.</p> <p>Interventions: 1. We will work with Quality Reporting analyst to create and standardized montly list of these uncontrolled HTN patients prioritizing by severity and last day of appointment. Currently we are still working on the process to standadrized the list. The list will be provided to the clinics call center to schedule appointments. The outcomes champion will follow the progress of the scheduling process (this is still pending to implement).</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Hypertension Control</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>69%</td> </tr> </tbody> </table>	Year	Percentage	CL Clinics 2020	69%
Category	Percentage	Count																
% USA 2021	62%	-																
% FL 2021	61%	-																
CL Clinics 2021	51%	713/1389																
Year	Percentage																	
CL Clinics 2020	69%																	
DIABETES																		
<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Diabetes Control Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>% USA 2021</td> <td>67%</td> <td>-</td> </tr> <tr> <td>% FL 2021</td> <td>67%</td> <td>-</td> </tr> <tr> <td>CL Clinics 2021</td> <td>45%</td> <td>255/566</td> </tr> </tbody> </table>	Category	Percentage	Count	% USA 2021	67%	-	% FL 2021	67%	-	CL Clinics 2021	45%	255/566	<p>Findings: There has been a decresed in the number of patients with controlled diabetes 45%.</p> <p>Interventions: 1. POC HgbA1c testing implemented to increase patient compliance. 2. Patients with uncontrolled diabetes and gaps in the SDOH were listed and Behavioral health and registration reached to those patients to order labs, set appointments with BH and adult medicine. 3. The Diabetes Care and Education Specilist is currently completing training, reviewing information and strategies to develop self education diabetes program.</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>CL Clinics 2020 Diabetes Control</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CL Clinics 2020</td> <td>65%</td> </tr> </tbody> </table>	Year	Percentage	CL Clinics 2020	65%
Category	Percentage	Count																
% USA 2021	67%	-																
% FL 2021	67%	-																
CL Clinics 2021	45%	255/566																
Year	Percentage																	
CL Clinics 2020	65%																	



C. L. BRUMBACK PRIMARY CARE CLINICS YTD January 2021



PRODUCTIVITY JANUARY 2021

ALL PROVIDERS

AS 01/31/2021 Based on Checked-In Appt

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

ADULT CARE												
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen				% Monthly Target Achieved		Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total	Total			
Alfonso_Puentes_Rami	18	17	108	189	297	98	91%	124	66%	222	75%	13.1
Cesaire_Jean_Rose_Ca	16	10	88	64	152	65	74%	51	80%	116	76%	11.6
Dabu_Viray_Dabu	18	18	188	127	315	161	86%	74	58%	235	75%	13.1
Duthil_Marie	18	14	91	161	252	65	71%	108	67%	173	69%	12.4
Estime_Guerlyne	14	19	254	5	259	213	84%	3	60%	216	83%	11.4
Florez_Gloria	18	19	189	144	333	172	91%	103	72%	275	83%	14.5
Harberger_Seneca & Residents	18	12	189	9	198	224	119%	4	44%	228	115%	19.0
Inacio_Vanessa	18	16	108	171	279	101	94%	146	85%	247	89%	15.4
JeanJacques_Fernique	16	19	142	154	296	119	84%	118	77%	237	80%	12.5
Lam_Minh_Dai	16	19	120	176	296	116	97%	196	111%	312	105%	16.4
Montenegro_Claudia	18	16	153	126	279	120	78%	74	59%	194	70%	12.1
Navarro_Elsy	16	13	63	145	208	68	108%	113	78%	181	87%	13.9
Perez_Daniel & Residents	17	19	243	76	319	231	95%	59	78%	290	91%	15.3
Philistin_Ketely	16	19	126	170	296	106	84%	135	79%	241	81%	12.7
Pierre_Louis_Joanne	16	17	130	134	264	116	89%	111	83%	227	86%	13.4
SANCHEZ_MARCO	16	14	221	3	224	212	96%	3	100%	215	96%	15.4
Secin_santana_delvis	18	14	142	110	252	147	104%	71	65%	218	87%	15.6
Shoaf_Noremi	16	19	127	169	296	108	85%	139	82%	247	83%	13.0
St_VilJoseph_Carline	16	15	103	129	232	88	85%	115	89%	203	88%	13.5
ADULT CARE TOTALS		309	2,785	2,262	5,047	2,530	91%	1,747	77%	4277	85%	

PEDIATRIC CARE												
Clarke_Aaron_Noella	18	19	333	0	333	340	102%	0		340	102%	17.9
Dessalines_Duclos	18	13	203	22	225	168	83%	19	86%	187	83%	14.4
Lazaro_Nancy	18	14	229	14	243	255	111%	16	114%	271	112%	19.4
Normil_Smith_Sherlou	18	18	315	0	315	331	105%	0		331	105%	18.4
PEDIATRIC CARE TOTALS		64	1,080	36	1,116	1,094	101%	35	97%	1129	101%	

WOMEN'S HEALTH CARE												
Casanova_Jennifer	16	19	290	6	296	263	91%	2	33%	265	90%	13.9
Ferwerda_Ana	18	10	171	0	171	84	49%	0		84	49%	8.4
WOMEN'S HEALTH CARE TOTALS		29	461	6	467	347	75%	2		349	75%	

BEHAVIORAL HEALTH												
Alvarez_Franco	18	13	51	183	234	40	78%	144	79%	184	79%	14.2
Calderon_Nylsa	12	14	114	48	162	100	88%	37	77%	137	85%	9.8
Alicia_Pinto	11.4	20	98	130	228	95	97%	64	49%	159	70%	8.0
Angela_Mitchell	11.4	19	87	128	215	79	91%	95	74%	174	81%	9.2
Morant_Alicia	11.5	18	129	61	190	78	60%	27	44%	105	55%	5.8
Hirsch_Karen	12	18	82	98	180	78	95%	85	87%	163	91%	9.1
JONES_KIARA	12	19	167	55	222	145	87%	50	91%	195	88%	10.3
Ziemba_Adriana	8	14	57	51	108	56	98%	33	65%	89	82%	6.4
BEHAVIORAL HEALTH TOTALS		135	785	754	1,539	671	85%	535	71%	1206	78%	

SUBSTANCE ABUSE												
Bell_Emily	16	18	263	17	280	214	81%	19	112%	233	83%	12.9
Rexach_Claudia	11.4	19	104	114	218	113	109%	78	68%	191	88%	10.1
Romain_Reynette	12	19	73	153	226	77	105%	104	68%	181	80%	9.5
Rowling_Courtney	8	15	99	17	116	109	110%	5	29%	114	98%	7.6
STANFIELD_LUCIA	11.6	16	82	104	186	84	102%	76	73%	160	86%	10.0
SUBSTANCE ABUSE TOTALS		87	621	405	1,026	597	96%	282	70%	879	86%	

DENTAL												
Alonso_Zenaida	9	3	28		28	10	36%			10	36%	3.3
Alwehaib_Arwa	16	3	48		48	39	81%			39	81%	13.0
Seminario_Ada	16	1	16		16	2	13%			2	13%	2.0
Rotella_Robert	15	17	248		248	90	36%			90	36%	5.3
Cucuras_John	16	1	10		10	11	110%			11	110%	11.0
Zangeneh_Yasmine	16	16	248		248	198	80%			198	80%	12.4
Silva_Michelle	16	12	184		184	67	36%			67	36%	5.6
Dental_MDI-LAN	16	19	296		296	313	106%			313	106%	16.5
DENTAL TOTALS		72	1,078		1,078	730	68%			730	68%	

GRAND TOTAL		696	6,810	3,463	10,273	5,969	88%	2,601	75%	8,570	83%	
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PRODUCTIVITY JANUARY 2021

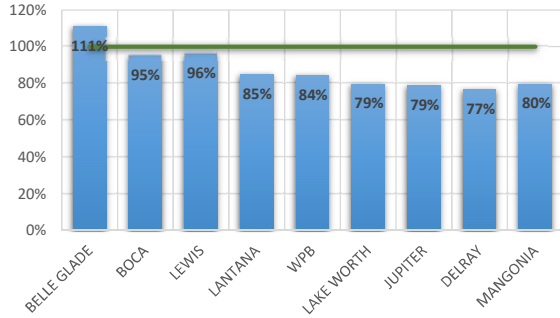
ALL CLINICS

AS 01/31/2021 Based on Checked-In Appt

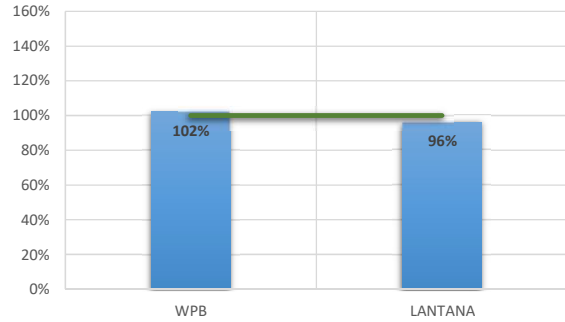


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		
	AS 01/31/2021	In-Person	Telehealth	Total	In-Person	Telehealth		Total	
ADULT CARE	2,785	2,262	5,047	2,530	91%	1,747	77%	4,277	85%
PEDIATRIC CARE	1,080	36	1,116	1,094	101%	35	97%	1,129	101%
WOMEN'S HEALTH CARE	461	6	467	347	75%	2	33%	349	75%
BEHAVIORAL HEALTH	785	754	1,539	671	85%	535	71%	1,206	78%
SUBSTANCE ABUSE	621	405	1,026	597	96%	282	70%	879	86%
DENTAL	1,078	0	1,078	730	68%	0		730	68%
Grand Total	6,810	3,463	10,273	5,969	88%	2,601	75%	8,570	83%

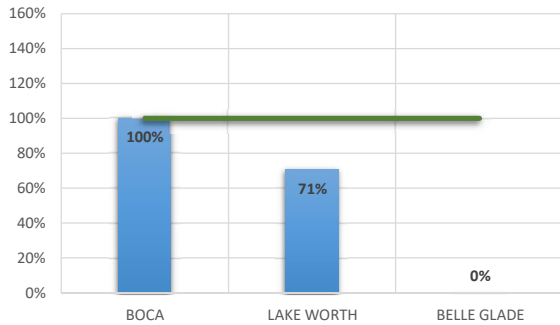
Adult Care



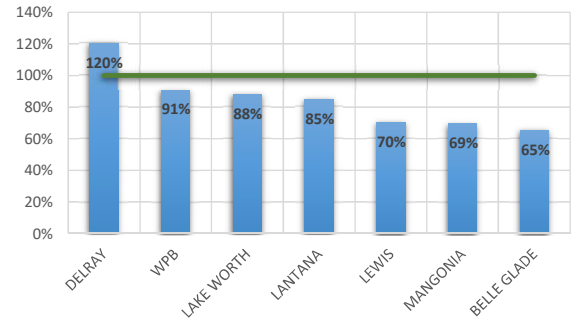
Pediatric Care



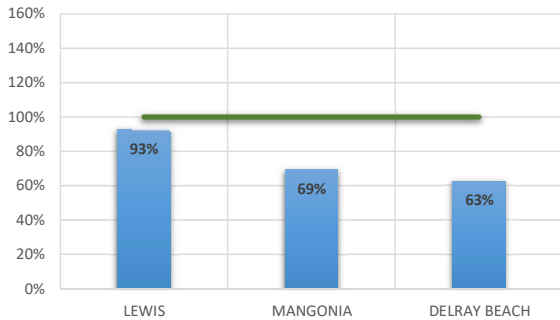
Women's Health Care



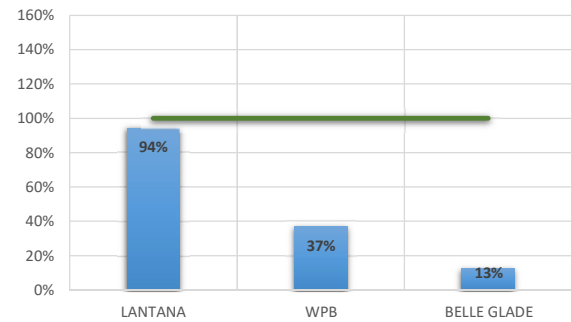
Behavioral Health



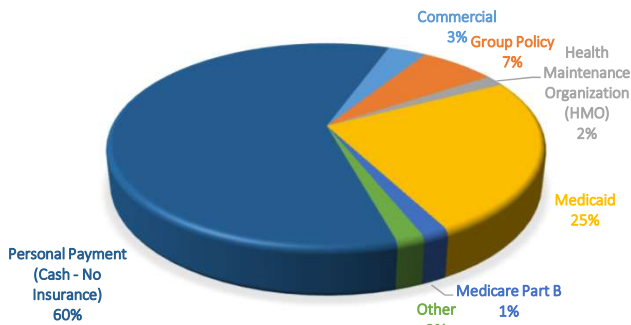
Substance Abuse



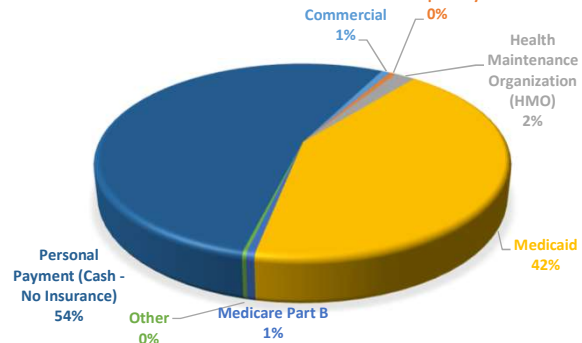
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX





AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Harberger_Seneca & Residents	15	12	189	9	198	224	4	228	115%	19.0
Perez_Daniel & Residents	16	7	112	0	112	116	0	116	104%	16.6
ADULT CARE TOTALS		19	301	9	310	340	4	344	111%	

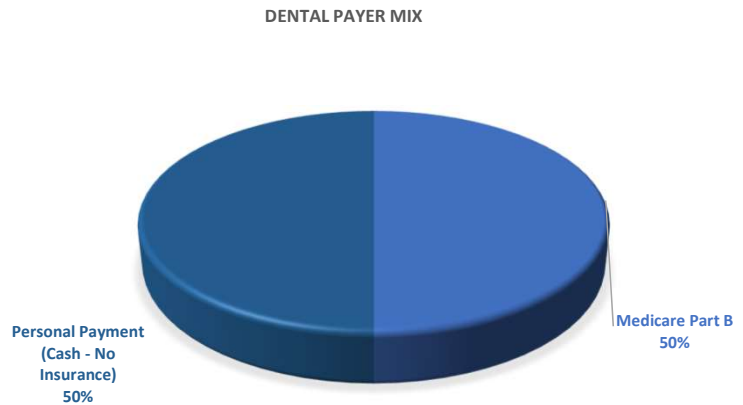
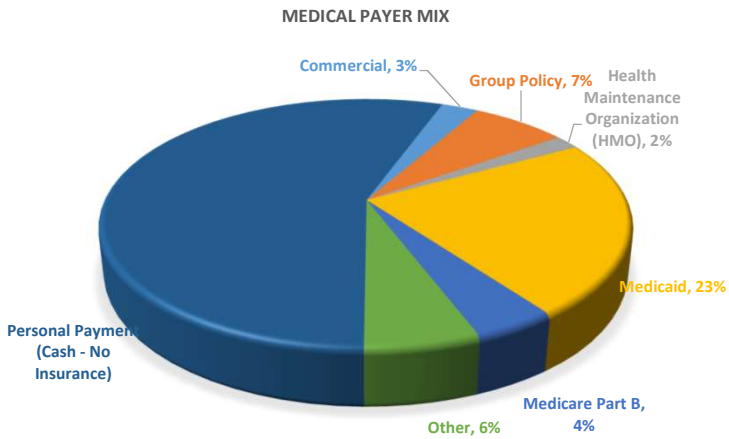
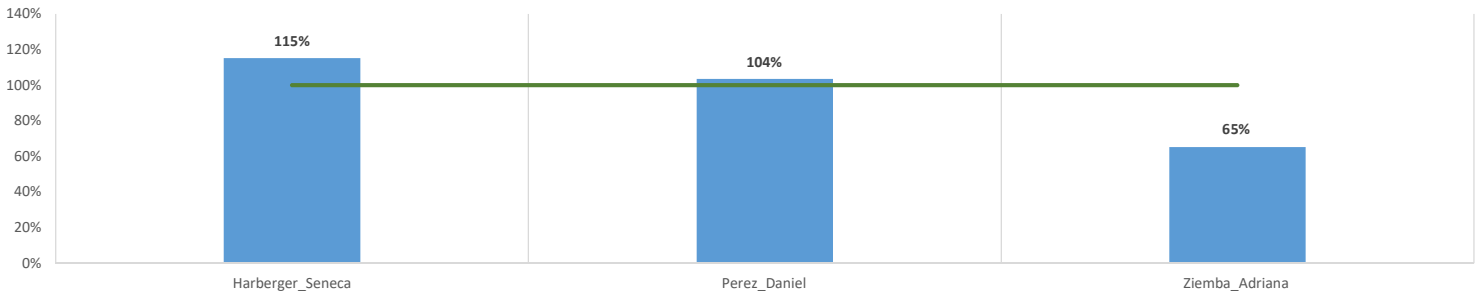
WOMEN'S HEALTH CARE										
WOMEN'S HEALTH CARE TOTALS		0	0	0	0	0	0	0		

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	11	36	42	78	24	27	51	65%	4.6
BEHAVIORAL HEALTH TOTALS		11	36	42	78	24	27	51	65%	

SUBSTANCE ABUSE										
Rexach_Claudia	12	1	0	1	1	0	1	1	100%	1.0
SUBSTANCE ABUSE TOTALS		1	0	1	1	0	1	1	100%	

DENTAL										
Seminario_Ada	16	1	16	0	16	2		2	13%	2.0
DENTAL TOTALS		1	16	0	16	2	0	2	13%	

GRAND TOTAL		32	353	52	405	366	32	398	98%	
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BOCA PRODUCTIVITY JANUARY 2021

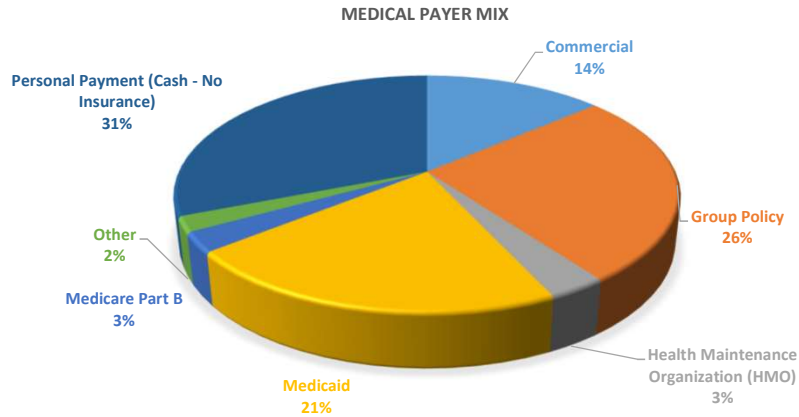
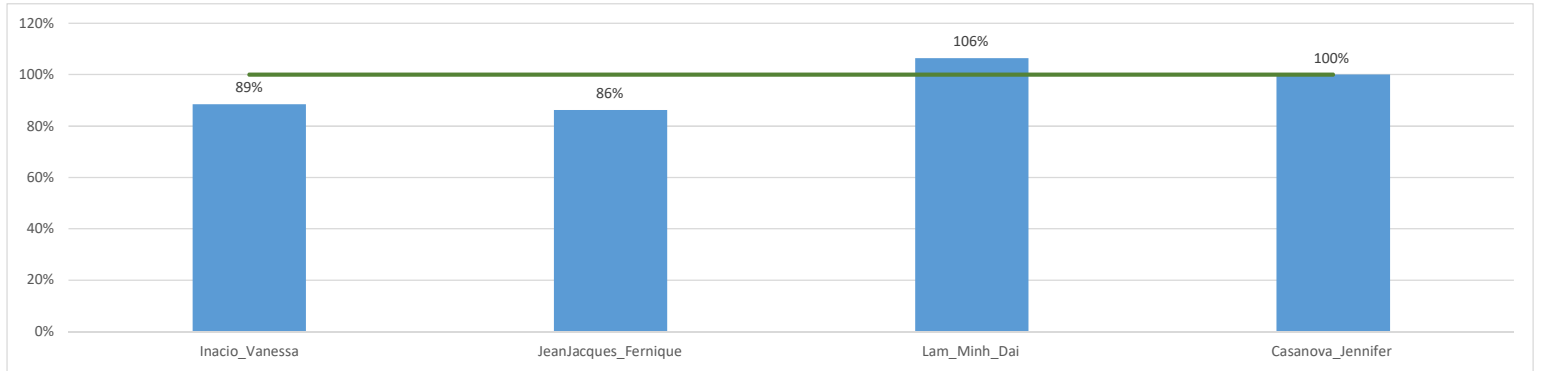


AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Inacio_Vanessa	18	16	108	171	279	101	146	247	89%	15.4
JeanJacques_Fernique	16	5	78	2	80	69	0	69	86%	13.8
Lam_Minh_Dai	16	15	56	176	232	51	196	247	106%	16.5
ADULT CARE TOTALS		36	242	349	591	221	342	563	95%	

WOMEN'S HEALTH CARE										
Casanova_Jennifer	16	4	63	1	64	64		64	100%	16.0
WOMEN'S HEALTH CARE TOTALS		4	63	1	64	64		64	100%	

GRAND TOTAL		40	305	350	655	285	342	627	96%	
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DELRAY BEACH PRODUCTIVITY JANUARY 2021



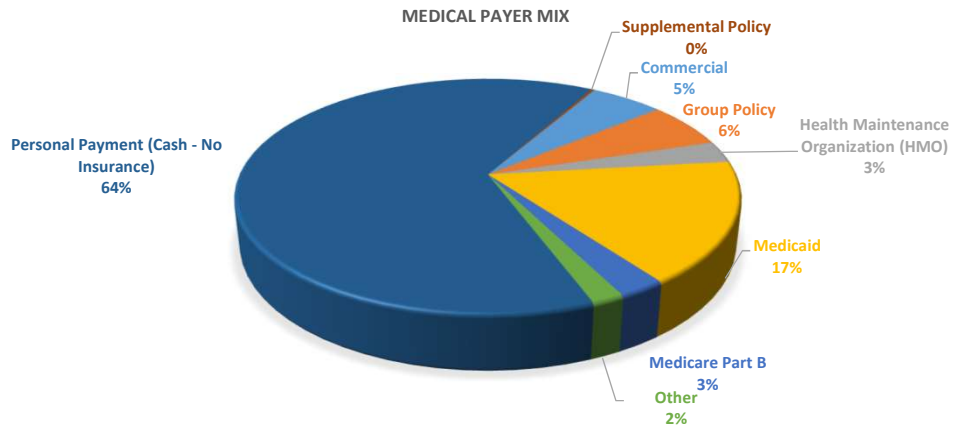
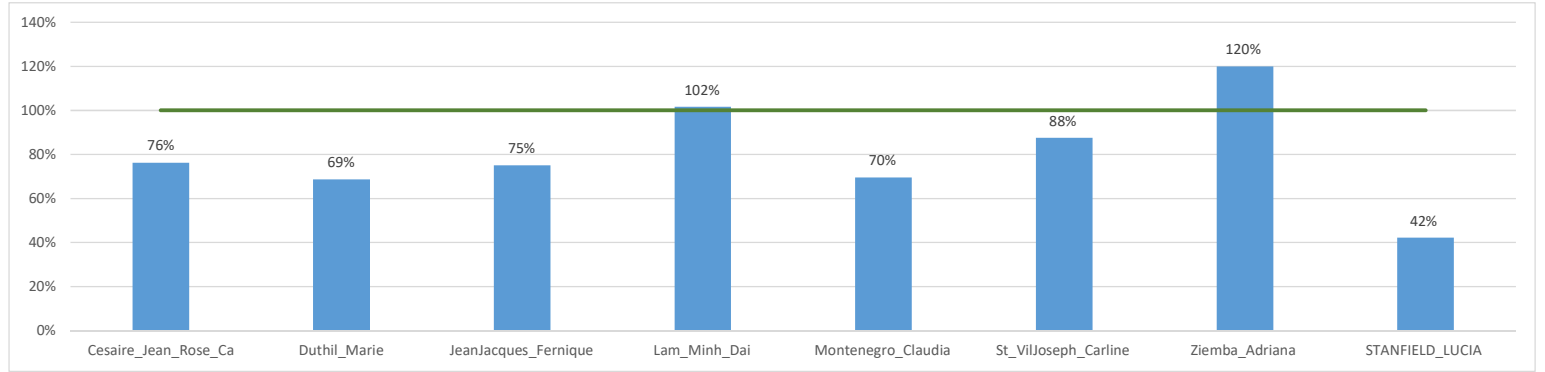
AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	16	16	88	64	152	65	51	116	76%	7.4
Duthil_Marie	18	18	91	161	252	65	108	173	69%	9.6
JeanJacques_Fernique	16	16	48	0	48	36	0	36	75%	2.3
Lam_Minh_Dai	16	16	64	0	64	65	0	65	102%	4.1
Montenegro_Claudia	18	18	153	126	279	120	74	194	70%	10.9
St_VilJoseph_Carline	16	16	103	129	232	88	115	203	88%	12.8
ADULT CARE TOTALS		99	547	480	1,027	439	348	787	77%	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	8	21	9	30	30	6	36	120%	4.5
BEHAVIORAL HEALTH TOTALS		8	21	9	30	30	6	36	120%	

SUBSTANCE ABUSE										
Romain_Reynette	12	12	8	5	13	8	4	12	92%	1.0
STANFIELD_LUCIA	12	12	6	13	19	6	2	8	42%	0.7
SUBSTANCE ABUSE TOTALS		24	14	18	32	14	6	20	63%	

GRAND TOTAL										
		131	582	507	1,089	483	360	843	77%	



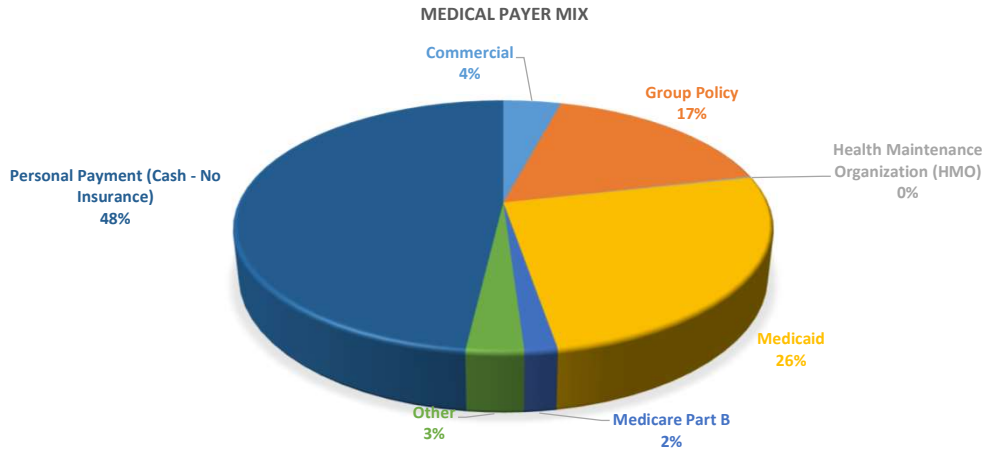
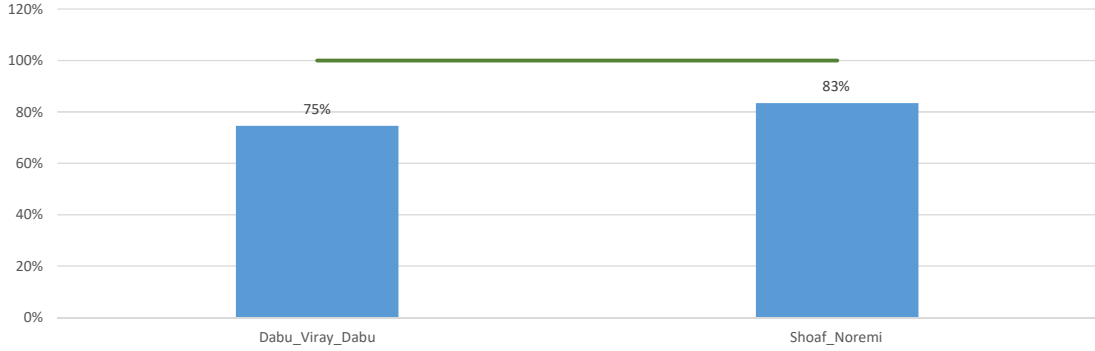
JUPITER PRODUCTIVITY JANUARY 2021



AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dabu_Viray_Dabu	18	18	188	127	315	161	74	235	75%	13.3
Shoaf_Noremi	16	16	127	169	296	108	139	247	83%	15.8
ADULT CARE TOTALS		33	315	296	611	269	213	482	79%	

GRAND TOTAL		33	315	296	611	269	213	482	79%	
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LAKE WORTH PRODUCTIVITY JANUARY 2021



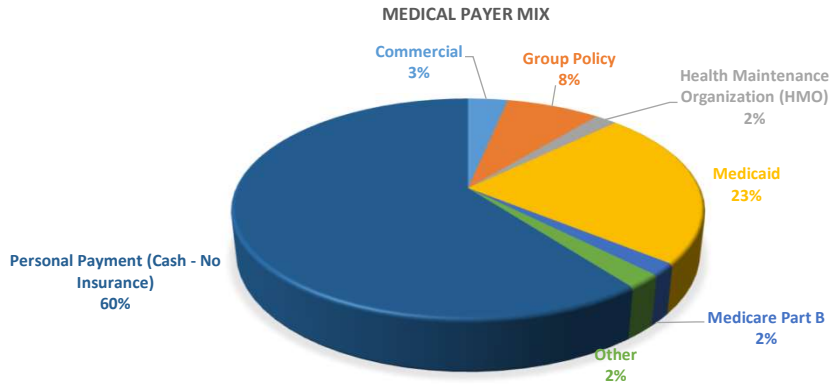
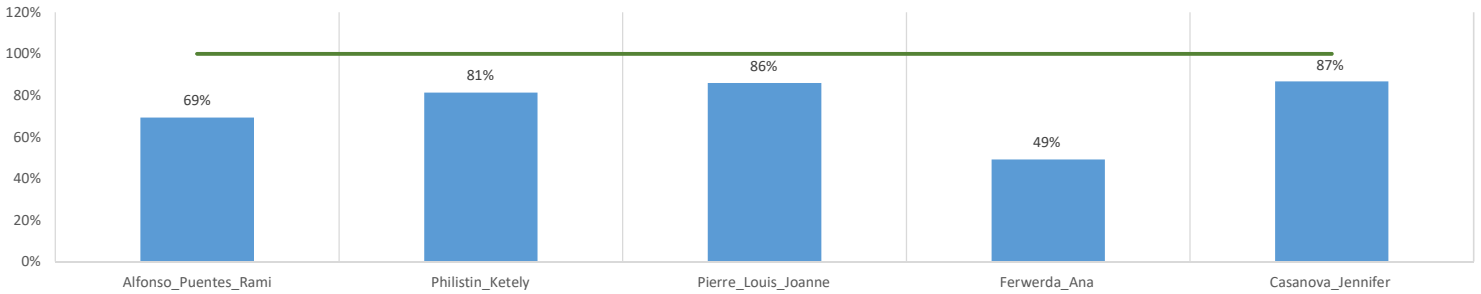
AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	18	36	189	225	32	124	156	69%	8.8
Philistin_Ketely	16	16	126	170	296	106	135	241	81%	15.3
Pierre_Louis_Joanne	16	16	130	134	264	116	111	227	86%	14.3
ADULT CARE TOTALS		49	292	493	785	254	370	624	79%	

WOMEN'S HEALTH CARE										
Ferwerda_Ana	17	17	171	0	171	84	0	84	49%	4.9
Casanova_Jennifer	16	16	227	5	232	199	2	201	87%	12.8
WOMEN'S HEALTH CARE TOTALS		33	398	5	403	283	2	285	71%	

BEHAVIORAL HEALTH										
JONES_KIARA	12	12	167	55	222	145	50	195	88%	16.5
BEHAVIORAL HEALTH TOTALS		12	167	55	222	145	50	195	88%	

GRAND TOTAL	94	857	553	1,410	682	422	1,104	78%	
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LANTANA PRODUCTIVITY JANUARY 2021



AS 01/31/2021 Based on Checked-In Appt

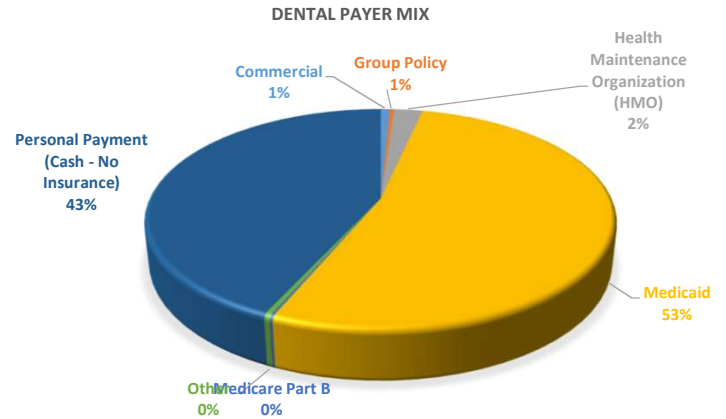
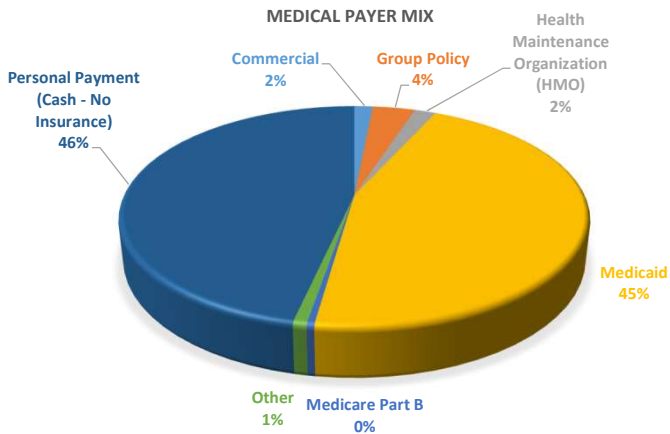
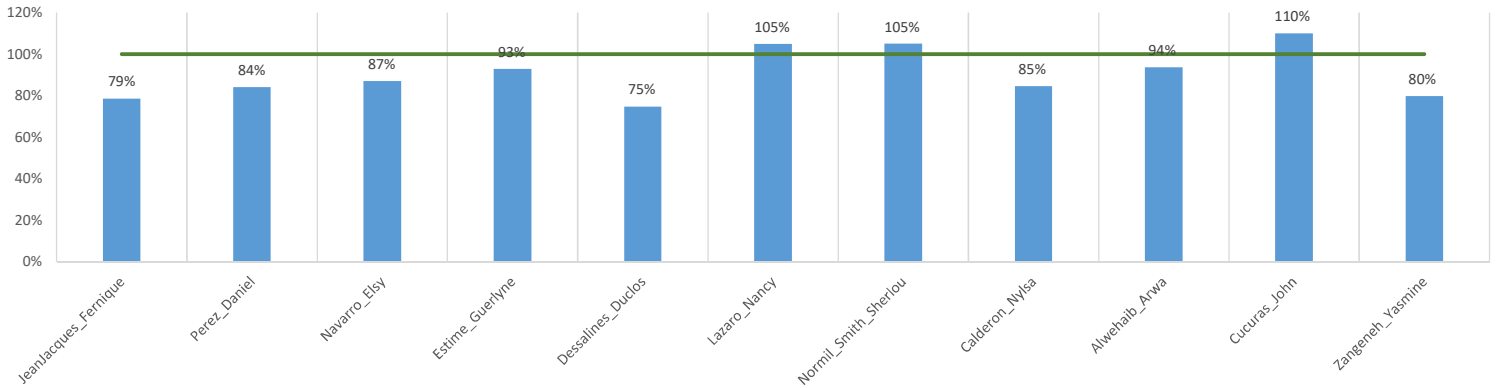
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	18	72	0	72	66	0	66	92%	3.7
JeanJacques_Fernique	16	16	16	152	168	14	118	132	79%	8.4
Perez_Daniel	17	18	131	76	207	115	59	174	84%	9.9
Navarro_Elisy	16	16	63	145	208	68	113	181	87%	11.3
Estime_Guerlyne	14	14	26	2	28	25	1	26	93%	1.9
ADULT CARE TOTALS		81	308	375	683	288	291	579	85%	

PEDIATRIC CARE										
Dessalines_Duclos	18	18	203	22	225	168		168	75%	9.6
Lazaro_Nancy	18	18	229	14	243	255		255	105%	14.4
Normil_Smith_Sherlou	18	18	315	0	315	331		331	105%	18.6
PEDIATRIC CARE TOTALS		53	747	36	783	754		754	96%	

BEHAVIORAL HEALTH										
Calderon_Nylsa	12	12	114	48	162	100	37	137	85%	11.6
BEHAVIORAL HEALTH TOTALS		12	114	48	162	100	37	137	85%	

DENTAL										
Alwehaib_Arwa	16	16	32	0	32	30		30	94%	1.9
Cucuras_John	16	16	10	0	10	11		11	110%	0.7
Zangeneh_Yasmine	16	16	248	0	248	198		198	80%	12.6
Dental_MDI-LAN	16	16	296	0	296	313		313	106%	19.9
DENTAL TOTALS		63	586	0	586	552		552	94%	

GRAND TOTAL										
		209	1,755	459	2,214	1,694	328	2,022	91%	



LEWIS PRODUCTIVITY JANUARY 2021

AS 01/31/2021 Based on Checked-In Appt

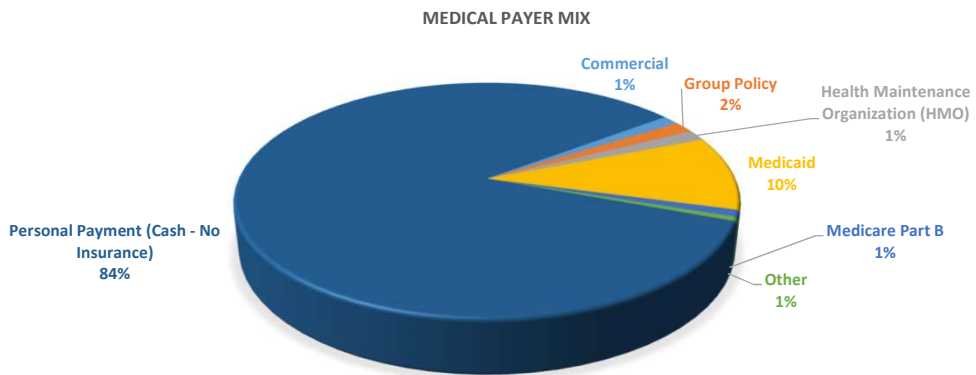
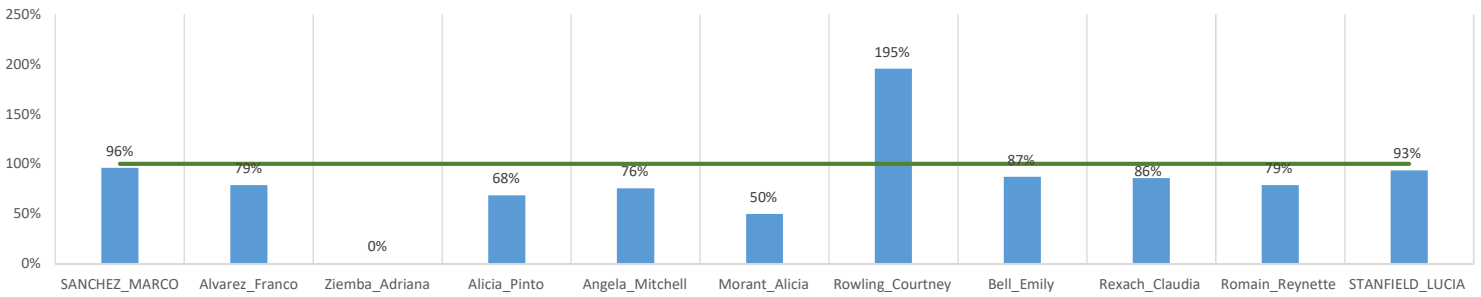


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	13	33	2	35	32	2	34	97%	2.5
SANCHEZ_MARCO	16	16	221	3	224	212	3	215	96%	13.4
ADULT CARE TOTALS		29	254	5	259	244	5	249	96%	

BEHAVIORAL HEALTH										
Alvarez_Franco	18	18	43	182	225	34	143	177	79%	9.8
Ziemba_Adriana	8	6	0	0	0	2	0	2	#DIV/0!	0.3
Alicia_Pinto	11	11	69	121	190	70	60	130	68%	11.5
Angela_Mitchell	11	12	52	116	168	43	84	127	76%	10.9
Morant_Alicia	12	12	76	53	129	41	23	64	50%	5.5
BEHAVIORAL HEALTH TOTALS		59	240	472	712	190	310	500	70%	

SUBSTANCE ABUSE										
Rowling_Courtney	8	8	42	2	44	84	2	86	195%	10.8
Bell_Emily	16	16	193	15	208	164	17	181	87%	11.3
Rexach_Claudia	11	11	87	109	196	97	71	168	86%	14.8
Romain_Reynette	12	12	41	100	141	49	62	111	79%	9.5
STANFIELD_LUCIA	12	12	56	79	135	54	72	126	93%	10.9
SUBSTANCE ABUSE TOTALS		59	419	305	724	448	224	672	93%	

GRAND TOTAL										
		147	913	782	1,695	882	539	1,421	84%	



MANGONIA PRODUCTIVITY JANUARY 2021

AS 01/31/2021 Based on Checked-In Appt

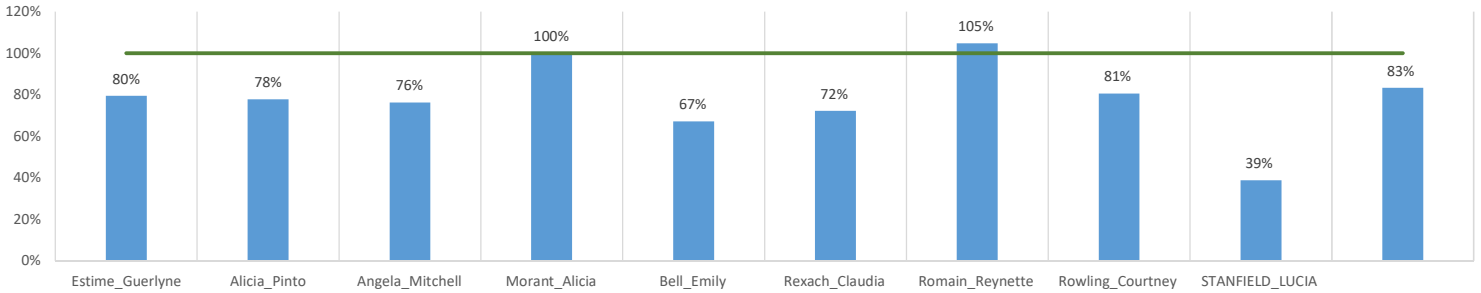


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Estime_Guerlyne	14	14	195	1	196	156	0	156	80%	11.1
ADULT CARE TOTALS		14	195	1	196	156	0	156	80%	

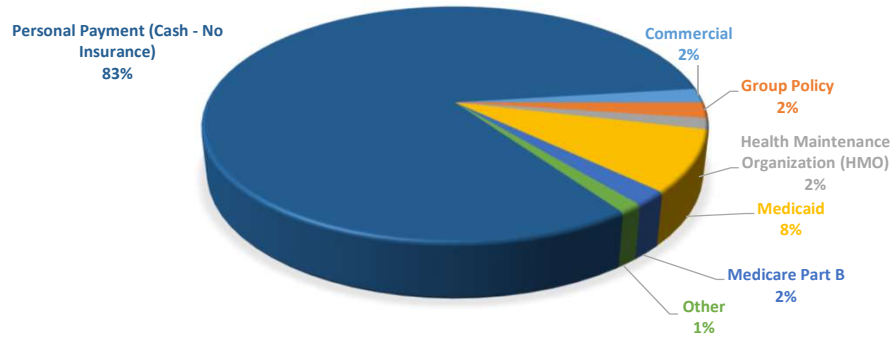
BEHAVIORAL HEALTH										
Alvarez_Franco	18	18	8	1	9	6	1	7	78%	0.4
Alicia_Pinto	10	12	29	9	38	25	4	29	76%	2.5
Angela_Mitchell	10	11	35	12	47	36	11	47	100%	4.3
Morant_Alicia	10	11	53	8	61	37	4	41	67%	3.6
BEHAVIORAL HEALTH TOTALS		52	125	30	155	104	20	124	80%	

SUBSTANCE ABUSE										
Bell_Emily	16	15	70	2	72	50	2	52	72%	3.5
Rexach_Claudia	10	12	17	4	21	16	6	22	105%	1.9
Romain_Reynette	12	12	24	48	72	20	38	58	81%	4.8
Rowling_Courtney	8	8	57	15	72	25	3	28	39%	3.5
STANFIELD_LUCIA	10	12	18	12	30	23	2	25	83%	2.2
SUBSTANCE ABUSE TOTALS		58	186	81	267	134	51	185	69%	

GRAND TOTAL		124	506	112	618	394	71	465	75%	
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MEDICAL PAYER MIX



WEST PALM BEACH PRODUCTIVITY JANUARY 2021



AS 01/31/2021 Based on Checked-In Appt

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Florez_Gloria	18	18	189	144	333	172	103	275	83%	15.4
Secin_santana_delvis	18	18	142	110	252	147	71	218	87%	12.1
ADULT CARE TOTALS		36	331	254	585	319	174	493	84%	

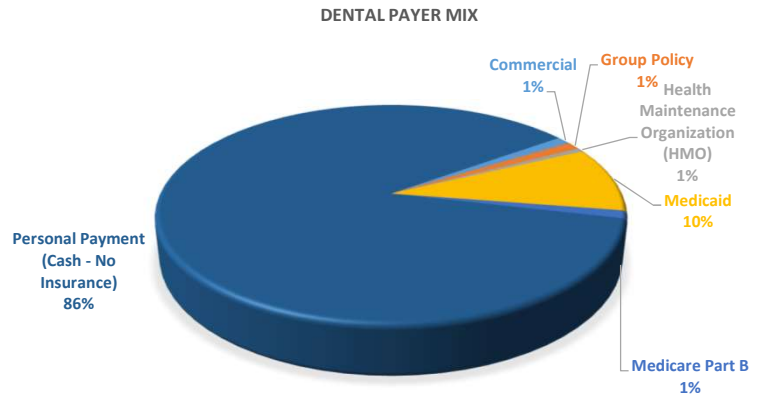
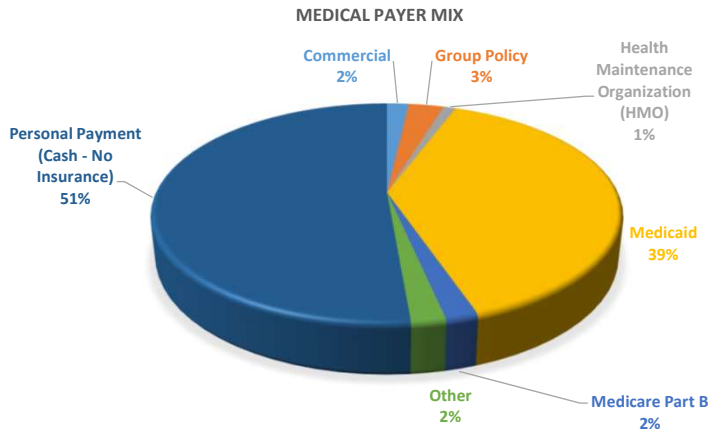
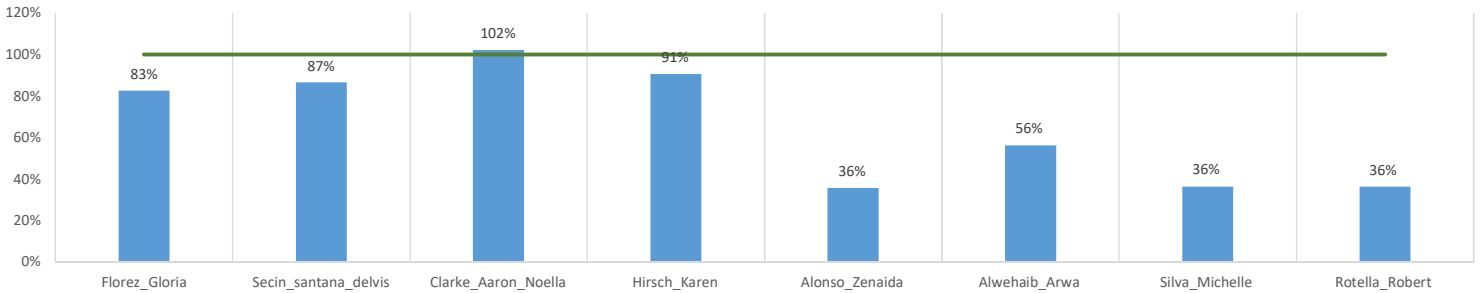
PEDIATRIC CARE										
Clarke_Aaron_Noella	18	18	333	0	333	340	0	340	102%	19.2
PEDIATRIC CARE TOTALS		18	333	0	333	340	0	340	102%	

BEHAVIORAL HEALTH										
Hirsch_Karen	12	12	82	98	180	78	85	163	91%	13.8
BEHAVIORAL HEALTH TOTALS		12	82	98	180	78	85	163	91%	

SUBSTANCE ABUSE										
STANFIELD_LUCIA	12	12	2	0	2	1	0	1	50%	0.1
SUBSTANCE ABUSE TOTALS		12	2	0	2	1	0	1	50%	

DENTAL										
Alonso_Zenaida	9	9	28	0	28	10		10	36%	1.1
Alwehaib_Arwa	16	16	16	0	16	9		9	56%	0.6
Silva_Michelle	16	16	184	0	184	67		67	36%	4.3
Rotella_Robert	15	15	248	0	248	90		90	36%	5.9
DENTAL TOTALS		56	476	0	476	176		176	37%	

GRAND TOTAL										
		133	1,224	352	1,576	914	259	1,173	74%	



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q4 - 2020

3. Substantive Analysis:

For Quarter 4, there were a total of 82 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Scout. Of the 82 occurrences, there were 29 Grievances and 53 Complaints. The top 5 categories were Care & Treatment, Finance, Communication, Respect Related, and Physician Related. The top subcategory with 10 Complaints and Grievances was Billing issues followed by Poor Communication with 16 Complaints and Grievances.

There was also a total of 37 compliments received across 8 clinics and Clinic Administration. Of the 37 compliments, 26 were towards the Clinic Support Staff.

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
Tony Colby
Interim VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 31, 2021**

5. Reviewed/Approved by Committee:

N/A	
_____	_____
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q4 2020.

Approved for Legal sufficiency:

DocuSigned by:
Christy Goddeau
A200254D011E48F...

Christy Goddeau
Interim General Counsel

David Speciale

David Speciale
Director of Patient Experience

Hyla Fritsch

Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

Patient Relations (Grievances, Complaints & Compliments)
C.L. Brumback Primary Care Clinics

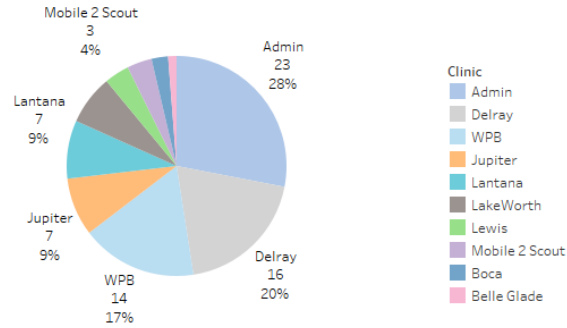
2020 Q4

10/01/2020 to 12/31/2020

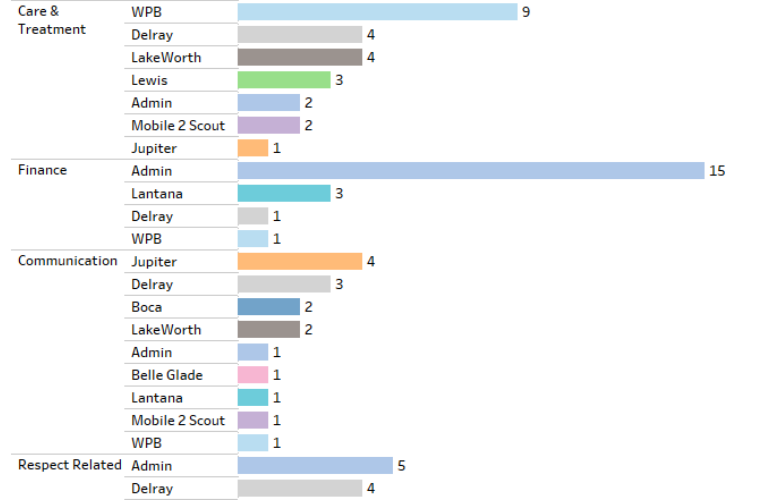
Total Complaints and Grievances

82

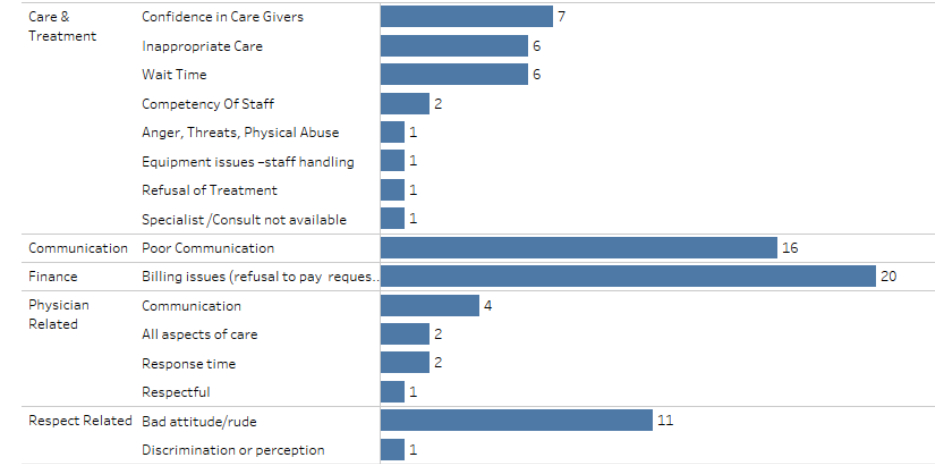
Clinics



Top 5 Categories

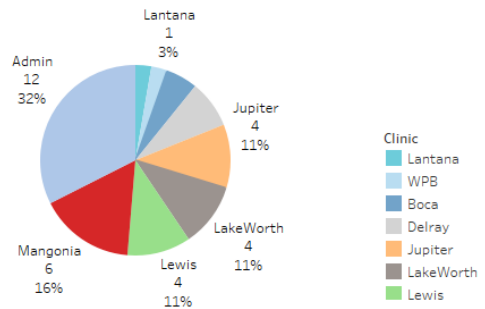


Total Top 5 Subcategories

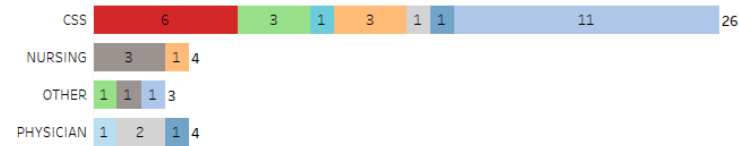


Total Compliments

37



Care and treatment Categories



* Color represents Department

Complaints/Grievances Previous 4 Quarters

217

Top 5 Categories trended

01/01/2020 to 12/31/2020

