



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

July 29, 2020

12:45 P.M.

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
July 29, 2020
Zoom Webinar Meeting

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

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of June 24, 2020. [Pages 1-16]

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:**
July 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>

7. Consent Agenda – Motion to Approve Consent Agenda Items (cont.)

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

Attendance tracking. [Page 17]

B. FINANCE

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

C. L. Brumback Primary Care Clinics Financial Report May 2020.
(Joel Snook) [Pages 18-36]

8. Regular Agenda

A. EXECUTIVE

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

Executive Director Informational Update.
(Dr. Dr. Hyla Fritsch) [Pages 37-38]

B. CREDENTIALING

8B-1 **Staff Recommends a MOTION TO APPROVE:**

Licensed Independent Practitioner Credentialing and Privileging – Zenaida
Alonso, DDS; Guerlyne Estime, APRN
(Dr. Hyla Fritsch) [Pages 39-40]

C. OPERATIONS

8C-1 **Staff Recommends a MOTION TO APPROVE:**

Operations Report.
(Dr. Hyla Fritsch) [Pages 41-81]

D. QUALITY

8D-1 **Staff Recommends a MOTION TO APPROVE:**

Quality Report.
(Dr. Ana Ferwerda) [Pages 82-103]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

August 26, 2020 (TBD)

12:45pm Board of Directors

September 30, 2020 (TBD)

12:45pm Board of Directors

October 28, 2020 (TBD)

12:45pm Board of Directors

November 25, 2020 (TBD)

12:45pm Board of Directors

December 16, 2020 (TBD)

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 jdominiq@hcdpbc.org or submitted via phone (561) 804-5780 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.

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
06/24/2020**

Present: James Elder, Chairperson; Mike Smith, Treasurer; John Casey Mullen; Melissa Mastrangelo; Tammy Jackson-Moore; Julia Bullard; Irene Figueroa, Secretary

Excused: Marjorie Etienne, Lisa Strickland; Susan Foster

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Nancy Stockslager, Chief Information Officer; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Martha Hyacinthe, Director of Corporate Risk; Lisa Sulger, Public Records Manager;

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:46PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Elder called the meeting to order.	The meeting was called to order at 12:46pm
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission		
2. Agenda Approval	Mr. Elder called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Mullen made a motion to approve the agenda with the deletion. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions		

2B. Motion to Approve Agenda Items	The agenda for the June 2020 meeting was approved.	
3. Awards, Introductions and Presentations	<p>Dr. Andric informed the Board that former Board Member, Ms. Francis Navarro passed away from COVID-19. Dr. Andric explained that she will be sharing with the board/staff any information about a virtual service if it comes about. She was a vivid patient advocate, and worked tirelessly to bring members from the community into the clinics to make sure that they received the healthcare they needed. At the 45th street clinic, she was well known by staff and patients alike. Dr. Andric then requested a moment of silence in remembrance of Ms. Navarro. Mr. Mullen shared that Ms. Navarro was a very decent person who was helpful to all. Mr. Elder shared that Ms. Navarro was a very powerful advocate for the clinics as a whole. She was sure to bring many people to the clinic, and was relentless in her approach to getting people into the clinics and is a huge loss for the community.</p> <p>Ms. Darcy Davis, CEO, shared new initiatives introduced by the Health Care District in efforts to address diversity, and social issues. Ms. Davis shared that there have been several focus groups around the organization to produce ideas and take in suggestions on how we can continue to be a culturally sensitive and educated organization. The Health Care district is also working on a more broad diversity and inclusion plan that will be presented formally once it is finalized. There is a lot going on behind the scenes and the Health Care District is doing its best to being sensitive to the environment that surrounds us. We are aware, and we are learning.</p>	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.

6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of May 27, 2020	There were no changes or comments to the minutes dated May 27, 2020	VOTE TAKEN: Mr. Mullen made a motion to approve the Board meeting minutes of May 27, 2020 as presented. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Smith made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: June 2020 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. Staff Recommends a MOTION TO APPROVE: Compliance Policy Updates	<p>The Compliance Department reviewed and revised the following compliance policies at the end of 2019 in order to concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct; ensure consistent processes, structures, and ongoing compliance; and to keep employees and the District current with regulatory and industry best practices.</p> <ul style="list-style-type: none"> - Standards of Conduct - Social Media Policy - Sanction Screening <p>The Policy addressing Conflict of Interest has recently been updated and requires Board Approval for adoption. This policy is attached for reference.</p>	Motion referenced above, no further action necessary.

7B. FINANCE		
7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – April 2020	The YTD April 2020 financial statements for the District Clinic Holdings, Inc. are 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.	Receive & File. No further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Bylaws Updates	<p>Mr. Thomas Cleare returned with the bylaws updates presented at the previous meeting with language that was agreed upon at the May 2020 Board meeting. The three changes that were made goes as follows:</p> <ol style="list-style-type: none"> 1. Section 8 – Membership Composition <ol style="list-style-type: none"> 8.6 Non-User Board members must live or work in one of the clinic's service areas. 2. Section 10 – Officers <ol style="list-style-type: none"> 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. <u>If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.</u> 3. Section 12 – Meeting 	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Bylaws Updates. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.

	<p><u>12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Board will adjust their meetings accordingly.</u></p> <p>These are the changes are presented as recommended. Mr. Smith asked if there are any parts in Palm Beach County that do not fall in the service areas of the clinics. Andrea Steele, Director of Corporate quality answered that the clinics serve all of Palm Beach County. Mr. Smith asked if that means that in order to serve on the board, one must live in Palm Beach County. Mr. Cleare confirmed that that is, in fact, the case.</p>																
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Election of Officers and Committee Appointments.</p>	<p>The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presented the current Officers of the Board as well as Committee Appointments at the time. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. Committee appointments do not have limits on how long a Board Member can serve on a committee. The officer positions and committee appointments at the time of the agenda item presentation were as follows:</p> <table border="1"> <thead> <tr> <th>Position</th><th>Name</th><th>Term</th></tr> </thead> <tbody> <tr> <td>Chairperson</td><td>James Elder</td><td>2</td></tr> <tr> <td>Vice-Chairperson</td><td>Vacant</td><td>N/A</td></tr> <tr> <td>Secretary</td><td>Irene Figueroa</td><td>1</td></tr> <tr> <td>Treasurer</td><td>Mike Smith</td><td>1</td></tr> </tbody> </table>	Position	Name	Term	Chairperson	James Elder	2	Vice-Chairperson	Vacant	N/A	Secretary	Irene Figueroa	1	Treasurer	Mike Smith	1	<p>VOTE TAKEN: For the Position of Chairperson Mr. Mike smith was proposed by Ms. Jackson-Moore and seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p> <p>VOTE TAKEN: For the position of Vice-Chairperson Ms. Mastrangelo was proposed by Ms. Jackson-Moore and seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p> <p>VOTE TAKEN: For the position of Secretary, Ms. Irene Figueroa was proposed by Ms. Jackson-Moore, and seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</p> <p>VOTE TAKEN: For the position of Treasurer Ms. Jackson-Moore was</p>
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	<p>As a result of the votes taken, below are the board Officer positions and Committee assignments for 2020-2021.</p>															
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8B. EXECUTIVE												
8B-1. Receive & File: Executive Director Informational Update	<p>Dr. Belma Andric, VP& Executive Director, provided the following updates: All clinics have opened. We did have minimal operation for some service lines due to testing, but we started to increase in services provided. We have drastically decreased patient / staff density in the clinics, with increased use of Telemedicine. We will be presenting next month the data comparing appointment numbers between live and telemedicine. Dr. Andric praised Dr. Fritsch, Dr. Ferwerda and their teams for the work they've done to readjust in many aspects in order to schedule, prepare charts, and see patients via telemedicine. There is a lot of logistical work behind the scenes for the telemedicine visit to go successfully, and they have put in a lot of time into making it happen. Dr. Andric informed the board that around 40% of our visits are Telemed visits and that our overall numbers aren't yet back to what they were before COVID-19, but are well on their way there. Dr. Andric expressed optimism that we will be able to provide access to care for the next 12 to 18 months under this crisis without limiting patient access. Dr. Andric explained that the Dental clinics not being fully operational has helped the clinic maintain its testing services. The dental team has been in the field testing,</p>	Receive & File. No further action necessary.										

	<p>have adjusted quickly to the change in environment and have been an example of great team work. Dr. Andric informed the board that as an agency the Health Care district has engaged in monthly testing and daily COVID screenings for all employees. With this testing we have had one or two asymptomatic employees testing positive. Patients are accommodated with PTO and STO to recover from the virus before returning to work. We currently have six testing sites, and have implemented use of the Scout Mobile clinic. It has allowed the HCD to be proactive in reaching hard to reach communities where we are seeing our highest rate of positives.</p>	
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8C. Credentialing and Privileging

8C-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	<p>The LIP(s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and 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><tr><th>Last Name</th><th>First Name</th><th>Degree</th><th>Specialty</th><th>Credentialing</th></tr><tr><td>Chibar</td><td>Charmaine</td><td>MD</td><td>Pediatrics</td><td>Initial Credentialing</td></tr><tr><td>Millien</td><td>Eleonore</td><td>APRN</td><td>Nurse Practitioner</td><td>Recredentialing</td></tr></table>	Last Name	First Name	Degree	Specialty	Credentialing	Chibar	Charmaine	MD	Pediatrics	Initial Credentialing	Millien	Eleonore	APRN	Nurse Practitioner	Recredentialing	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
Last Name	First Name	Degree	Specialty	Credentialing													
Chibar	Charmaine	MD	Pediatrics	Initial Credentialing													
Millien	Eleonore	APRN	Nurse Practitioner	Recredentialing													

Zangeneh	Yasmine	DMD	Dentist	Recredentialing
Ferwerda	Ana	MD	Obstetrics & Gynecology	Recredentialing
Perez	Daniel	MD	Family Medicine	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.

Charmaine Chibar, MD is joining the West Palm Beach Clinic specializing in Pediatrics. She attended Emory University School of Medicine and completed her residency at University of South Florida College of Medicine. Dr. Chibar has been in practice for over fifteen years.

Eleonore Millien, APRN joined the West Palm Beach Clinic in 2018 as a Nurse Practitioner specializing in Family Medicine. She attended Barry University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Millien has been in practice for over ten years and is fluent in French and Creole.

Yasmine Zangeneh, DMD joined the West Boca Clinic in 2018 specializing in Pediatric Dentistry. She attended the University of Florida, College of Dentistry and completed her residency at University of Rochester, School of Medicine and Dentistry. Dr. Zangeneh is certified in Pediatric Dentistry by The American Board of Pediatric

	<p>Dentistry. She has been in practice for eleven years and is fluent in Farsi.</p> <p>Ana Ferwerda, MD joined the Lake Worth Clinic in 2016 specializing in Obstetrics and Gynecology. She attended the Ponce School of Medicine and completed her residency at Allegheny General Hospital. Dr. Ferwerda is certified in Obstetrics and Gynecology by The American Board of Obstetrics and Gynecology. She has been in practice for five years and is fluent in Spanish.</p> <p>Daniel Perez, MD joined the Lake Worth Clinic in 2016 specializing in Family Medicine. He attended the Higher Institute of Medicine, Santiago Cuba and completed his residency at the American Academy of Family Physicians. Dr. Perez is certified in Family Medicine by The American Board of Family Medicine. He has been in practice for eleven years and is fluent in Spanish.</p> <p>Mr. Smith asked what the terms are for initial appointment and reappointment. Dr. Andric explained that this takes place every two years.</p> <p>Mr. Smith asked if the clinical privileges that go with appointments the uniform based on specialty, or if they are individualized. Dr. Andric explained that the answer is both yes and no. Everyone has core privileges that are uniform for their specialty (Core I privileges). However there are additional skills that they might qualify for (Core II) due to training they have acquired throughout their careers. Mr. Smith asked who approves the Core II privileges. Dr. Andric explained that the Board has final say over the approval of Core II privileges. Usually these are presented in the consent agenda, and if board members would like, they can request related files. The Director of the line of service (Medical, Pediatrics, etc.) sits with the provider and discusses the privileges question before they go to the board for final approval.</p>	
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8D. OPERATIONS

8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – June 2020

Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following report: We have provided COVID testing for over 36,500 people, and received results for 34,822 patients. At the Ballpark we have tested over 22,000 patients. The scout mobile clinic has overtaken all other locations in second place in terms of tests completed as it travels all over the county. Delray, Lantana, Jupiter and West Palm locations are all active. Age distribution for positive results are highest in our 20 to 30 year old (22% of positives) and secondarily in our 30 to 40 year old groups (21% of positives). Mr. Smith asked if we know how many of the tests provided in Palm Beach County were issued by the Health Care District. Ms. Davis explained that when testing first started, we were at 47% but now that there have been tests issued by other organizations we are now responsible for 43% of the tests provided in Palm Beach County. Dr. Fritsch explained that we have seen an increase in both test requests and positive results in Palm Beach County. Mr. Smith hopes that this will help the mission of the HCD when it comes to public opinion. Mr. Elder asked what the patient declined metric on the dashboard meant. Dr. Fritsch explained that some decline to disclose answers to the questions about race, ethnicity, etc. Ms. Mastrangelo asked if we provide antibody tests as well. Dr. Fritsch answered that AMR partnered with County to use one of our lanes to provide antibody testing. We do encourage the patients there for antibody testing to get swabbed but we do not, ourselves, perform the antibody tests. Ms. Bullard asked if the nasal swab is the only test that we can use at this time. Dr. Andric clarified that it is the only test that can identify acute infection (at the moment). Dr. Andric goes on to explain that the reason that it is important to identify acute infection is that you can only transmit disease during acute infection. Antibody tests shows if you have been infected before, but it takes the body time to create antibodies after which one loses the ability to transmit the illness. As for the antibody

VOTE TAKEN: Mr. Mullen made a motion to approve the June Operations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.

	<p>tests at the ballpark, no more than 2% of patients tested positive for antibodies. That means that we are far from reaching “herd immunity” in south Florida. Ms. Bullard expressed that she has been tested already, but has no plans to be tested again unless she showed symptoms and she was wondering if there were any other tests that are currently available for acute testing. Dr. Andric stated that there are talks of other testing methods, but they are not yet available. If anything becomes available, she will inform Ms. Bullard. Dr. Fritsch presented Clinic Service Center (call center) volumes and productivity for the previous 30 days. There have been 110,406 calls from 29,961 unique phone numbers. Dr. Fritsch also presented the number of calls, calls per unique number per day.</p>	
<p>8D-2. Staff Recommends a MOTION TO APPROVE: Patient Relations Dashboard Q1 2020</p>	<p>David Speciale, Director of Patient Experience, presented the Patient Relations Dashboard for Quarter 1 of 2020. There were a total of 13 Complaints and 22 grievances for 35 occurrences. If compared to the previous quarter this was an increase of 7 occurrences overall. An increase of 1 occurrence when compared to Quarter 1 2019. These 35 complaints and grievances were are out of 35,000 total Encounters. The top trends were care and treatment, which count for about 51%, Issues regarding respect counted for 20%, and communication issues counted for 14%. The 13 complaints covered wait times, provider care issues, communication issues between staff and patient, complaints regarding our phone system, and referral processing. Two of the complaints were via third party payers about patients complaining about access. In terms of grievances some of the details consisted of patients gathering outside in one of our clinic waiting areas, prescription related issues, some of which were tied to dental services. Some of the grievances were about our phone services and patients being unable to reach the clinics they needed to. Wait times issues were related to the patient portal not working and questions about outside specialist availability. Frustrations with reaching providers by phone was also present in the grievances. Mr. Speciale</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Patient Relations Dashboard for Q1 2020 as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>

	<p>assured the board that corrective action has been taken to improve these areas of service. Training was provided on improving patient cycle time which included scripting on customer service improvements. There will be patient cycle time reports presented in the near future. Mr. Speciale informed the board that there has been some organizational restructuring in various areas including the movement of the Clinic Service Center under the Clinics and their mission to handle inbound calls, scheduling and registering patients. Mr. Speciale also informed the board the team will be working with its CCP partners to modify some of the workflows as it relates to District Cares questions. The call tree is also in line to be revamped, and the team is working on reopening the patient portal in Athena. Mr. Speciale spoke on Phreesia and how it has helped in communicating with patients while allowing for social distancing in the past few weeks.</p> <p>For the compliments in Quarter 1, there were 111 compliments, a very big increase to previous quarters. Mr. Speciale attributed this increase to our newly implemented 'Thumbs up' program, encouraging employee-to-employee recognition. There were 30 thumbs up compliments and 16 patient compliments. In February there were 46 thumbs up and 7 patient compliments. In March we had 4 thumbs up and 8 patient compliments.</p>	
8E. Quality		
8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports	<p>Dr. Ana Ferwerda, Medical Director and Director of Women's Health presented the following: of the 14 UDS Measures 6 have exceeded the goal and 8 are still short of the HRSA goal. Adult weight screening, tobacco screening, depression screening, coronary artery disease, dental sealants and childhood immunization measures were met. Interventions are planned for the measures that have not yet been met. Childhood immunization is 18% higher this year than the previous year as a result of the implementation of some of the interventions previously</p>	<p>VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>

	<p>mentioned, and proactively seeking out patients that are due for vaccinations and placing them on the pediatricians' schedules to make sure that they come in for the appointments. Documentation and scheduling changes have also made a difference. Cervical cancer screening numbers are a bit unclear usually until the close of the year. This is because when the data is pulled from Athena it will show you everyone who is due for Cervical cancer screening even if they are not yet out of compliance. As a result, the number usually catch up by the end of the year, as the patients that show as non-compliant have come in for their screenings by then. Intervention for the Adult weight screening is to have the providers document the encounter in a more consistent fashion. Asthma Pharmacologic therapy has a small denominator in comparison to our other measures and having a few patients outside of compliance can sway the results pretty significantly. This calls for an increase in chart audits to make sure that the diagnoses and treatment codes are all correct. Colorectal screening has become a challenge with the pandemic, the team is working on solutions. HIV linkage to care measure has changed as linkage to care time has decreased from 90 days to 30 days. For Hypertension, we are 1% less than last year and 7% short of our goal of 80% blood pressure control. Dr. Ferwerda acknowledged that it will become a bigger challenge to reach our goal with the implementation of telemedicine. The team is currently working on ways to have patients successfully monitor their blood pressure, at the moment if patients are unable to measure their blood pressure at home, the team is having them come in for their appointments. Dr. Ferwerda expressed her hope that we can show better numbers for Diabetes. The team has started to push for point of care HgbA1C. What that means is that typically to measure HgbA1C, patients would have to be sent to a 3rd party lab. Now we have the machines in the clinic to measure HgbA1C and can now do this on the spot.</p>	
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	<p>Mr. Elder expressed that it seems as if the conditions with COVID-19 that it seems to be a real challenge, yet we are still getting results. He also mentioned how we were doing well in the colorectal cancer screening in recent years and even received an award for it. Dr. Ferwerda agreed that we were really doing well especially with our poop on demand campaign. Dr. Ferwerda also stated that the team has been reemphasizing the same campaigns and processes in hopes of increasing the frequency of these screenings. Mr. Mullen asked if there is any way to get cuffs to patients with high blood pressure, and if the patients have to buy their own. Dr. Ferwerda answered that patients can be prescribed and get the cuffs through the pharmacy, or via mail-order. Dr. Fritsch explained that once the pharmacy receives the prescription, they will reach out to the patient for mail order or pickup at the clinic.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric congratulated Ms. Mastrangelo on completing Nursing School, and welcomed her to the family of medical professionals.	No action necessary.
10. Board Member Comments	None.	No action necessary.
12. Establishment of Upcoming Meetings	<p><u>July 29, 2020 (Zoom Webinar)</u> 12:45pm Board of Directors</p> <p><u>August 26, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>September 30, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>October 28, 2020 (TBD)</u> 12:45pm Board of Directors</p> <p><u>November 25, 2020 (TBD)</u> 12:45pm Board of Directors</p>	No action necessary.

	<u>December 16, 2020 (TBD)</u> 12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:19 pm	VOTE TAKEN: Mr. Mullen made a motion to adjourn. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature
Date

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

Attendance Tracking

	1/29/20	2/26/20	5/27/20	6/24/20	7/29/20	8/26/20	9/30/20	10/28/20	11/25/20	12/16/2020
James Elder	X	X	X	X						
Gary Butler	X	X								
Mike Smith	X	X	X	X						
Irene Figueroa	X	X	E	X						
John Casey Mullen	X	X	X	X						
Julia Bullard	X	X	X	X						
Marjorie Etienne	X	E	E	E						
Lisa Strickland	X	X	E	E						
Melissa Mastrangelo	X	X	X	X						
Tammy Jackson-Moore	X	X	X	X						
Susan Foster		X	E	E						

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
July 29, 2020

1. Description: District Clinic Holdings, Inc. Financial Report May 2020

2. Summary:

The YTD May 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

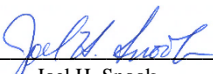
3. Substantive Analysis:

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:



Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

Committee Name

7/29/2020


Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
July 29, 2020

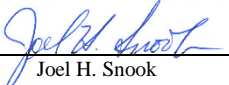
6. Recommendation:

Staff recommends the Board receive and file the YTD May 2020 District Clinic Holdings, Inc. financial statements.

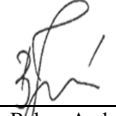
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: June 26, 2020

Subject: Management Discussion and Analysis of May 2020 C.L. Brumback Primary Care Clinic Financial Statements.

The May statements represent the financial performance for the eight month of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$783k) due mostly to grant revenue timing and closure of clinics starting mid-March through May. Net patient revenue YTD was unfavorable to budget by (\$59k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Expenses before depreciation were over budget by (\$261k) or (1.5%) due mostly to negative variances in salaries and wages (\$129k), purchase services (\$105k), medical services (\$32k), and repair and maintenance (\$143k). Total YTD net margin was (\$8.5M) compared to budget of (\$7.4M) for a variance of (\$1.1M) or (15.3%).

The Medical clinics total YTD revenue was unfavorable to budget by (\$245k), this unfavorable variance resulted from grant revenue timing of (\$1.3M). Gross patient revenue under budget of (\$2.5M) or (20.2%) was a result of reduced clinic operation and closure from mid-March through May. During clinic closure, staff were reassigned to start countywide COVID-19 testing. Total operating expenses of \$14.7M were unfavorable to budget of \$14.1M by (\$523k) or (3.7%). This negative variance is mostly related to salaries, wages and benefits (\$261k), purchase services (\$92k), medical supplies (\$43k), medical services (\$32k) and repairs and maintenance (\$160k). Purchase services are unfavorable to budget due to higher collection fees from Athena. Medical supplies and medical services are unfavorable to budget due to unanticipated service use and supplies purchases. Repairs and maintenance is unfavorable to budget primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$7.5M) was unfavorable to budget of (\$6.7M) by (\$828k) or (12.5%).

The Dental clinics gross patient revenue was unfavorable to budget by (\$505k) or (17.7%). Total revenue of \$2.4M was under budget of \$2.9M by (\$538k) or (18.4%) due to grant revenue recognition timing, as well as reduced services. Total operating expenses of \$2.8M were favorable to budget by \$261k or 8.6% due mainly to combined salaries, wages, and benefits \$169k, medical supplies of \$60k, and repairs and maintenance \$17k. Total YTD net margin was (\$1.0M) compared to a budgeted loss of (\$727k) for a variance of (\$299k).

As of May 15, 2020, the District has been awarded \$3M in COVID-19 grants from HRSA (\$2.9M) and the CARES Act (\$50K) to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19. These funds were appropriated under the HRSA and the CARES Act to cover health care related expenses or lost revenues that are attributable to coronavirus and to expand

testing and increase health care capacity. The Clinics through May have recognized \$809k of the \$3M and the remaining monies will be recognized in coming months as the Clinics incur payroll and other expenses related to COVID-19 due to the implementation of countywide testing to respond to COVID-19. The District has established strong internal control systems to ensure compliance with grantor requirements.

On the Comparative Statement of Net Position, due from other governments decreased to \$2.8M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.2M, and \$1.4M respectively for a combined subsidy of \$10.6M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>May 31, 2020</u>	<u>Apr 30, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	596,839	(1,890,511)	\$ 2,487,350
Accounts Receivable, net	1,528,278	1,508,927	19,352
Due From Other Funds	-	-	-
Due from Other Governments	2,751,795	3,272,427	(520,632)
Other Current Assets	190,101	165,469	24,632
Net Investment in Capital Assets	2,433,790	2,356,461	77,329
Total Assets	<u>\$ 7,500,803</u>	<u>\$ 5,412,773</u>	<u>\$ 2,088,030</u>
Liabilities			
Accounts Payable	268,519	288,605	(20,085)
Due To Other Governments	-	-	-
Deferred Revenue	277,932	89,700	188,232
Other Current Liabilities	1,982,762	2,142,952	(160,190)
Non-Current Liabilities	1,134,950	1,227,256	(92,306)
Total Liabilities	<u>3,664,163</u>	<u>3,748,512</u>	<u>(84,349)</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 543</u>	<u>\$ 543</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,433,790	2,356,461	77,329
Unrestricted	1,402,307	(692,744)	2,095,050
Total Net Position	<u>3,836,097</u>	<u>1,663,718</u>	<u>2,172,379</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 7,500,803</u>	<u>\$ 5,412,773</u>	<u>\$ 2,088,030</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
403,778	1,942,307	(1,538,529)	(79.2%)	1,900,160	(1,496,382)	(78.8%)	Gross Patient Revenue	12,184,161	15,179,044	(2,994,883)	(19.7%)	14,853,035	(2,668,874)	(18.0%)
114,972	323,217	208,245	64.4%	435,326	320,354	73.6%	Contractual Allowances	2,209,573	2,517,240	307,667	12.2%	5,938,894	3,729,321	62.8%
96,417	797,370	700,953	87.9%	689,798	593,381	86.0%	Charity Care	4,659,292	6,232,925	1,573,633	25.2%	3,750,841	(908,451)	(24.2%)
133,496	333,409	199,913	60.0%	283,556	150,060	52.9%	Bad Debt	1,808,668	2,611,779	803,111	30.7%	1,417,958	(390,709)	(27.6%)
344,885	1,453,996	1,109,111	76.3%	1,408,681	1,063,796	75.5%	Total Contractuals and Bad Debts	8,677,532	11,361,944	2,684,412	23.6%	11,107,693	2,430,162	21.9%
778,072	380,319	397,753	104.6%	335,800	442,272	131.7%	Other Patient Revenue	3,293,623	3,042,552	251,071	8.3%	4,279,470	(985,847)	-23%
836,965	868,630	(31,665)	(3.6%)	827,279	9,686	1.2%	Net Patient Revenue	6,800,252	6,859,652	(59,400)	(0.9%)	8,024,812	(1,224,560)	(15.3%)
207.28%	44.72%			43.54%			Collection %	55.81%	45.19%			54.03%		
862,240	1,219,289	(357,049)	(29.3%)	1,688,647	(826,407)	(48.9%)	Grant Funds	4,693,678	6,267,907	(1,574,229)	(25.1%)	9,157,569	(4,463,891)	(48.7%)
809,249	-	809,249	0.0%	-	809,249	0.0%	Other Financial Assistance	809,249	-	809,249	0.0%	-	809,249	0.0%
5,564	2,442	3,122	127.8%	4,680	884	18.9%	Other Revenue	60,693	19,536	41,157	210.7%	66,321	(5,628)	(8.5%)
1,677,053	1,221,731	455,322	37.3%	1,693,328	(16,275)	(1.0%)	Total Other Revenues	5,563,621	6,287,443	(723,822)	(11.5%)	9,223,890	(3,660,269)	(39.7%)
2,514,018	2,090,361	423,657	20.3%	2,520,606	(6,589)	(0.3%)	Total Revenues	12,363,873	13,147,095	(783,222)	(6.0%)	17,248,702	(4,884,829)	(28.3%)
Direct Operational Expenses:														
1,234,387	1,298,379	63,993	4.9%	1,459,040	224,653	15.4%	Salaries and Wages	10,886,764	10,757,446	(129,318)	(1.2%)	10,459,482	(427,282)	(4.1%)
424,266	362,727	(61,539)	(17.0%)	372,646	(51,620)	(13.9%)	Benefits	2,903,918	2,941,842	37,924	1.3%	2,801,375	(102,543)	(3.7%)
56,861	65,753	8,892	13.5%	128,618	71,757	55.8%	Purchased Services	630,528	526,024	(104,504)	(19.9%)	568,658	(61,870)	(10.9%)
10,092	36,001	25,909	72.0%	47,947	37,856	79.0%	Medical Supplies	271,380	288,008	16,628	5.8%	277,223	5,843	2.1%
1,213	19,686	18,473	93.8%	133,496	132,283	99.1%	Other Supplies	92,055	157,488	65,433	41.5%	329,015	236,960	72.0%
71,459	67,802	(3,657)	(5.4%)	22,612	(48,847)	(216.0%)	Medical Services	560,811	528,371	(32,440)	(6.1%)	264,000	(296,812)	(112.4%)
96,741	88,580	(8,161)	(9.2%)	68,819	(27,922)	(40.6%)	Drugs	678,534	690,374	11,840	1.7%	363,276	(315,258)	(86.8%)
16,666	13,887	(2,779)	(20.0%)	39,735	23,069	58.1%	Repairs & Maintenance	253,878	111,096	(142,782)	(128.5%)	291,415	37,536	12.9%
116,344	106,850	(9,494)	(8.9%)	114,139	(2,205)	(1.9%)	Lease & Rental	904,485	885,522	(18,963)	(2.1%)	900,227	(4,258)	(0.5%)
4,607	6,682	2,075	31.1%	8,883	4,275	48.1%	Utilities	40,382	53,456	13,074	24.5%	44,832	4,450	9.9%
13,042	28,941	15,899	54.9%	10,156	(2,886)	(28.4%)	Other Expense	208,468	231,528	23,060	10.0%	150,878	(57,589)	(38.2%)
3,716	2,236	(1,480)	(66.2%)	2,214	(1,502)	(67.8%)	Insurance	19,297	17,888	(1,409)	(7.9%)	14,497	(4,800)	(33.1%)
2,049,393	2,097,524	48,131	2.3%	2,408,304	358,911	14.9%	Total Operational Expenses	17,450,499	17,189,043	(261,456)	(1.5%)	16,464,875	(985,624)	(6.0%)
Net Performance before Depreciation & Overhead Allocations														
464,625	(7,163)	471,788	(6,586.5%)	112,302	352,323	313.7%	Overhead Allocations	(5,086,626)	(4,041,948)	(1,044,678)	25.8%	783,826	(5,870,453)	(748.9%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
19,268	13,280	(5,988)	(45.1%)	13,156	(6,112)	(46.5%)	Depreciation
<i>Overhead Allocations:</i>							
2,108	2,255	147	6.5%	407	(1,701)	(417.9%)	Risk Mgt
201,835	96,913	(104,922)	(108.3%)	91,067	(110,768)	(121.6%)	Rev Cycle
1,363	5,506	4,144	75.3%	5,406	4,043	74.8%	Internal Audit
18,504	21,420	2,917	13.6%	18,734	231	1.2%	Home Office Facilities
30,151	36,548	6,397	17.5%	24,884	(5,267)	(21.2%)	Administration
38,269	40,465	2,196	5.4%	35,165	(3,105)	(8.8%)	Human Resources
17,534	18,543	1,009	5.4%	12,733	(4,801)	(37.7%)	Legal
5,647	8,410	2,763	32.8%	7,156	1,508	21.1%	Records
5,293	11,534	6,241	54.1%	7,033	1,740	24.7%	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
33,940	31,318	(2,622)	(8.4%)	30,964	(2,977)	(9.6%)	Finance
9,596	11,356	1,761	15.5%	11,862	2,266	19.1%	Public Relations
121,853	109,427	(12,425)	(11.4%)	125,735	3,882	3.1%	Information Technology
2,185	1,447	(737)	(50.9%)	1,828	(357)	(19.5%)	Corporate Quality
10,238	4,999	(5,239)	(104.8%)	-	(10,238)	0.0%	Project MGMT Office
3,526	3,755	229	6.1%	4,500	974	21.6%	Managed Care Contract
502,041	403,897	(98,145)	(24.3%)	377,474	(124,567)	(33.0%)	Total Overhead Allocations
2,570,702	2,514,701	(56,001)	(2.2%)	2,798,935	228,232	8.2%	Total Expenses
\$ (56,684)	\$ (424,340)	\$ 367,655	(86.6%)	\$ (278,328)	\$ 221,644	(79.6%)	Net Margin
-	3,988	3,988	100.0%	112,074	112,074	100.0%	Capital
\$ 2,229,064	\$ 417,218	\$ (1,811,846)	(434.3%)	\$ -	\$ (2,229,064)	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
146,382	106,240	(40,142)	(37.8%)	105,520	(40,861)	(38.7%)	
15,891	18,038	2,147	11.9%	24,885	8,994	36.1%	
1,036,783	775,302	(261,481)	(33.7%)	728,536	(308,247)	(42.3%)	
39,369	44,052	4,683	10.6%	42,216	2,847	6.7%	
149,391	171,362	21,971	12.8%	150,543	1,152	0.8%	
271,647	292,381	20,734	7.1%	199,345	(72,302)	(36.3%)	
323,987	323,721	(266)	(0.1%)	271,738	(52,249)	(19.2%)	
129,490	148,343	18,853	12.7%	101,864	(27,626)	(27.1%)	
53,784	67,280	13,496	20.1%	50,075	(3,709)	(7.4%)	
73,722	92,272	18,550	20.1%	51,530	(22,193)	(43.1%)	
-	-	-	0.0%	5,582	5,582	100.0%	
265,107	250,542	(14,565)	(5.8%)	237,584	(27,524)	(11.6%)	
80,472	90,851	10,379	11.4%	64,974	(15,498)	(23.9%)	
740,131	875,418	135,288	15.5%	719,272	(20,858)	(2.9%)	
14,310	11,579	(2,731)	(23.6%)	19,759	5,449	27.6%	
57,658	39,990	(17,668)	(44.2%)	-	(57,658)	0.0%	
21,886	30,043	8,157	27.1%	28,624	6,738	23.5%	
3,273,628	3,231,174	(42,455)	(1.3%)	2,696,526	(577,102)	(21.4%)	
20,870,509	20,526,457	(344,052)	(1.7%)	19,266,922	(1,603,587)	(8.3%)	
\$ (8,506,636)	\$ (7,379,362)	\$ (1,127,275)	15.3%	\$ (2,018,220)	\$ (6,488,416)	321.5%	
2,744	31,904	29,160	91.4%	112,074	109,330	97.6%	
\$ 10,554,646	\$ 7,332,376	\$ (3,222,270)	(43.9%)	\$ 2,627,860	\$ (7,926,786)	(301.6%)	

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

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	160,855	403,778	-	-	-	-	12,184,161
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	114,972	-	-	-	-	2,209,573
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	96,417	-	-	-	-	4,659,292
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	133,496	-	-	-	-	1,808,668
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	778,072	-	-	-	-	3,293,623
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	836,965	-	-	-	-	6,800,252
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%	207.28%					55.81%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	862,240	-	-	-	-	4,693,678
Other Financial Assistance	-	-	-	-	-	-	-	809,249	-	-	-	-	809,249
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	5,564	-	-	-	-	60,693
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	1,677,053	-	-	-	-	5,563,621
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	2,514,018	-	-	-	-	12,363,873
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	1,543,379	1,234,387	-	-	-	-	10,886,764
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	424,266	-	-	-	-	2,903,918
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	56,861	-	-	-	-	630,528
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	10,092	-	-	-	-	271,380
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	1,213	-	-	-	-	92,055
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	71,459	-	-	-	-	560,811
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	96,741	-	-	-	-	678,534
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	16,666	-	-	-	-	253,878
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	116,344	-	-	-	-	904,485
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	4,607	-	-	-	-	40,382
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	13,042	-	-	-	-	208,468
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	3,716	-	-	-	-	19,297
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	2,345,826	2,049,393	-	-	-	-	17,450,499
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	(672,838)	464,625	-	-	-	-	(5,086,626)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	19,268	-	-	-	-	146,382
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	2,108	-	-	-	-	15,891
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	201,835	-	-	-	-	1,036,783
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	1,363	-	-	-	-	39,369
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	18,504	-	-	-	-	149,391
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	30,151	-	-	-	-	271,647
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	38,269	-	-	-	-	323,987
Legal	11,308	15,984	19,536	13,924	21,646	16,997	12,561	17,534	-	-	-	-	129,490
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	5,647	-	-	-	-	53,784
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	5,293	-	-	-	-	73,722
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	33,940	-	-	-	-	265,107
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	9,596	-	-	-	-	80,472
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	121,853	-	-	-	-	740,131
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	2,185	-	-	-	-	14,310
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	10,238	-	-	-	-	57,658
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	3,526	-	-	-	-	21,886
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	502,041	-	-	-	-	3,273,628
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	2,806,792	2,570,702	-	-	-	-	20,870,509
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ (56,684)	\$ -	\$ -	\$ -	\$ -	\$ (8,506,636)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	-	-	-	-	2,744
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	1,107,882	2,229,064	-	-	-	-	\$ 10,554,646

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

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Mobile Van 2	Total
Gross Patient Revenue	-	1,806,036	2,302,256	1,114,180	872,167	393,074	1,459,332	514,338	781,674	458,827	130,982	-	9,832,867.11
Contractual Allowances	-	363,291	399,265	188,412	203,075	28,295	294,233	99,882	209,452	8,048	19,236	-	1,813,245
Charity Care	-	685,352	831,088	282,527	220,995	81,803	580,102	167,785	176,528	126,530	152,516	-	3,305,227
Bad Debt	-	269,392	467,846	286,491	209,455	47,116	138,678	48,416	51,071	40,430	107,623	-	1,666,518
Total Contractual Allowances and Bad Debt	-	1,318,034	1,698,199	757,430	633,524	157,213	1,013,013	316,084	437,052	175,008	279,376	-	6,784,990
Other Patient Revenue	-	472,903	559,487	228,141	138,907	218,583	263,069	84,627	117,771	147,589	60,540	-	2,291,617
Net Patient Revenue	-	960,905	1,163,545	584,891	377,550	454,444	709,387	282,882	462,393	431,408	(87,853)	-	5,339,494
Collection %	0.00%	53.21%	50.54%	52.50%	43.29%	115.61%	48.61%	55.00%	59.15%	94.02%	-67.07%	0.00%	54.30%
Grant Funds	303,079	622,051	661,270	422,571	359,248	150,290	563,000	201,503	223,300	261,760	104,523	-	3,872,596
Other Financial Assistance	299,939	51,545	95,709	10,124	69,592	24,975	57,152	33,172	24,894	23,350	10,417	-	700,870
Other Revenue	14,949	9,915	14,505	4,911	5,031	839	4,539	1,947	3,309	399	349	-	60,693
Total Other Revenues	617,967	683,511	771,485	437,606	433,871	176,104	624,692	236,622	251,503	285,509	115,289	-	4,634,158
Total Revenues	617,967	1,644,416	1,935,029	1,022,496	811,421	630,548	1,334,079	519,504	713,896	716,917	27,436	-	9,973,652
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,661,534	1,289,353	1,271,669	899,624	714,054	298,484	1,161,077	432,088	565,466	559,994	192,901	-	9,046,245
Benefits	397,102	329,936	346,797	262,451	193,085	75,574	324,377	115,866	140,375	151,342	69,757	-	2,406,662
Purchased Services	104,079	77,462	58,285	45,922	54,446	4,890	81,279	48,734	43,667	30,874	6,955	-	556,591
Medical Supplies	(90)	26,689	41,242	11,325	17,792	3,138	15,940	4,606	4,125	28,634	1,247	-	154,647
Other Supplies	11,000	10,103	21,659	5,470	8,738	548	6,189	5,370	2,855	10,129	3,118	-	85,181
Medical Services	-	103,875	140,394	52,444	72,164	7,989	88,266	14,701	45,172	35,806	-	-	560,811
Drugs	-	259,767	203,934	98,912	67,141	126	14,135	10,124	5,555	18,640	48	-	678,384
Repairs & Maintenance	45	35,765	39,223	29,873	33,138	6,351	33,301	10,334	16,347	9,256	11,764	-	225,396
Lease & Rental	-	95,475	127,637	61,292	93,832	2,897	158,457	53,944	78,574	28,682	-	2,222	703,013
Utilities	-	1,969	3,168	665	5,944	1,519	7,739	5,096	3,740	1,975	378	-	32,194
Other Expense	114,713	6,558	8,737	8,020	7,704	2,564	11,678	2,412	7,992	13,586	3,218	-	187,182
Insurance	-	3,791	2,625	3,370	1,191	-	1,830	249	260	74	4,826	824	19,040
Total Operational Expenses	2,288,383	2,240,743	2,265,369	1,479,367	1,269,231	404,080	1,904,268	703,525	914,129	888,992	294,212	3,047	14,655,346
Net Performance before Depreciation & Overhead Allocations	(1,670,416)	(596,328)	(330,340)	(456,871)	(457,810)	226,468	(570,189)	(184,021)	(200,234)	(172,075)	(266,776)	(3,047)	(4,681,694)
Depreciation	5,502	3,812	3,625	1,198	33,402	858	3,781	2,360	3,197	351	50,000	-	108,087
<i>Overhead Allocations:</i>													
Risk Mgt	1,758	1,873	1,924	1,423	1,131	340	1,998	682	986	686	269	-	13,069
Rev Cycle	-	139,453	143,225	105,946	84,221	25,294	148,794	50,774	73,411	51,065	20,001	-	842,185
Internal Audit	4,354	4,640	4,766	3,525	2,802	842	4,951	1,689	2,443	1,699	665	-	32,376
Home Office Facilities	133,514	-	-	-	-	-	-	-	-	-	-	-	133,514
Administration	30,044	32,016	32,882	24,324	19,336	5,807	34,161	11,657	16,854	11,724	4,592	-	223,397
Human Resources	29,780	42,542	41,346	31,907	22,601	5,318	39,883	13,295	18,612	14,624	5,318	-	265,225
Legal	14,321	15,262	15,675	11,595	9,217	2,768	16,284	5,557	8,034	5,589	2,189	-	106,490
Records	5,948	6,339	6,510	4,816	3,828	1,150	6,764	2,308	3,337	2,321	909	-	44,231
Compliance	8,154	8,689	8,924	6,601	5,248	1,576	9,271	3,164	4,574	3,182	1,246	-	60,628
Finance	29,321	31,246	32,091	23,738	18,870	5,667	33,339	11,376	16,448	11,442	4,481	-	218,019
Public Relations	8,900	9,484	9,741	7,206	5,728	1,720	10,120	3,453	4,993	3,473	1,360	-	66,179
Information Technology	81,858	87,232	89,592	66,272	52,683	15,822	93,075	31,761	45,921	31,943	12,511	-	608,669
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,583	1,687	1,732	1,281	1,019	306	1,800	614	888	618	242	-	11,768
Project MGMT Office	6,377	6,796	6,979	5,163	4,104	1,233	7,251	2,474	3,577	2,488	975	-	47,417
Managed Care Contract	-	2,944	3,023	2,237	1,778	534	3,141	1,072	1,550	1,078	422	-	17,778
Total Overhead Allocations	355,911	390,203	398,410	296,032	232,566	68,376	410,831	139,876	201,628	141,931	55,182	-	2,690,946
Total Expenses	2,649,796	2,634,758	2,667,405	1,776,597	1,535,199	473,314	2,318,880	845,762	1,118,954	1,031,274	399,394	3,047	17,454,379
Net Margin	\$ (2,031,829)	\$ (990,343)	\$ (732,375)	\$ (754,101)	\$ (723,779)	\$ 157,234	\$ (984,800)	\$ (326,258)	\$ (405,058)	\$ (314,357)	\$ (371,957)	\$ (3,047)	\$ (7,480,727)
Capital	-	-	-	-	2,744	-	-	-	-	-	-	-	2,744
General Fund Support/ Transfer In	\$ 9,172,408	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,172,408

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

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
352,125	1,577,174	(1,225,049)	(77.7%)	1,550,322	(1,198,197)	(77.3%)	Gross Patient Revenue	9,832,867	12,322,808	(2,489,941)	(20.2%)	12,241,567	(2,408,700)	(19.7%)
102,234	278,501	176,267	63.3%	385,662	283,428	73.5%	Contractual Allowances	1,813,245	2,168,177	354,932	16.4%	5,273,145	3,459,899	65.6%
65,611	594,363	528,752	89.0%	489,257	423,647	86.6%	Charity Care	3,305,227	4,641,002	1,335,775	28.8%	2,581,726	(723,500)	(28.0%)
117,319	312,589	195,270	62.5%	266,167	148,848	55.9%	Bad Debt	1,666,518	2,451,040	784,522	32.0%	1,329,950	(336,568)	(25.3%)
285,164	1,185,453	900,289	75.9%	1,141,087	855,923	75.0%	Total Contractuals and Bad Debts	6,784,990	9,260,219	2,475,229	26.7%	9,184,821	2,399,832	26.1%
549,155	244,640	304,515	124.5%	230,268	318,887	138.5%	Other Patient Revenue	2,291,617	1,957,120	334,497	17.1%	3,075,843	(784,227)	(25.5%)
616,116	636,361	(20,245)	(3.2%)	639,503	(23,387)	(3.7%)	Net Patient Revenue	5,339,494	5,019,709	319,785	6.4%	6,132,589	(793,095)	(12.9%)
174.97%	40.35%			41.25%			Collection %	54.30%	40.74%			50.10%		
759,855	1,004,372	(244,518)	(24.3%)	1,372,148	(612,294)	(44.6%)	Grant Funds	3,872,596	5,179,702	(1,307,106)	(25.2%)	7,607,595	(3,734,999)	(49.1%)
700,870	-	700,870	0.0%	-	700,870	0.0%	Other Financial Assistance	700,870	-	700,870	0.0%	-	700,870	0.0%
5,564	2,442	3,122	127.8%	4,680	884	18.9%	Other Revenue	60,693	19,536	41,157	210.7%	66,088	(5,395)	(8.2%)
1,466,288	1,006,814	459,474	45.6%	1,376,829	89,460	6.5%	Total Other Revenues	4,634,158	5,199,238	(565,080)	(10.9%)	7,673,683	(3,039,524)	(39.6%)
2,082,404	1,643,175	439,229	26.7%	2,016,331	66,073	3.3%	Total Revenues	9,973,652	10,218,947	(245,295)	(2.4%)	13,806,271	(3,832,619)	(27.8%)
Direct Operational Expenses:														
1,066,177	1,063,671	(2,506)	(0.2%)	1,199,859	133,682	11.1%	Salaries and Wages	9,046,245	8,812,825	(233,420)	(2.6%)	8,571,431	(474,814)	(5.5%)
362,007	293,376	(68,631)	(23.4%)	302,678	(59,329)	(19.6%)	Benefits	2,406,662	2,379,268	(27,394)	(1.2%)	2,269,441	(137,220)	(6.0%)
51,238	58,128	6,890	11.9%	123,535	72,297	58.5%	Purchased Services	556,591	465,024	(91,567)	(19.7%)	503,013	(53,578)	(10.7%)
8,013	13,917	5,904	42.4%	21,485	13,472	62.7%	Medical Supplies	154,647	111,336	(43,311)	(38.9%)	114,939	(39,708)	(34.5%)
1,259	18,159	16,900	93.1%	54,486	53,227	97.7%	Other Supplies	85,181	145,272	60,091	41.4%	210,642	125,461	59.6%
71,459	67,802	(3,657)	(5.4%)	22,612	(48,847)	(216.0%)	Medical Services	560,811	528,371	(32,440)	(6.1%)	264,000	(296,812)	(112.4%)
96,741	88,355	(8,386)	(9.5%)	68,726	(28,015)	(40.8%)	Drugs	678,384	688,574	10,190	1.5%	361,984	(316,400)	(87.4%)
13,783	8,235	(5,548)	(67.4%)	24,031	10,247	42.6%	Repairs & Maintenance	225,396	65,880	(159,516)	(242.1%)	243,004	17,608	7.2%
91,495	81,072	(10,423)	(12.9%)	87,629	(3,867)	(4.4%)	Lease & Rental	703,013	679,298	(23,715)	(3.5%)	689,676	(13,336)	(1.9%)
3,347	4,632	1,285	27.7%	8,162	4,815	59.0%	Utilities	32,194	37,056	4,862	13.1%	37,862	5,668	15.0%
11,938	25,242	13,304	52.7%	9,042	(2,896)	(32.0%)	Other Expense	187,182	201,936	14,754	7.3%	127,563	(59,619)	(46.7%)
3,675	2,205	(1,470)	(66.7%)	2,183	(1,492)	(68.3%)	Insurance	19,040	17,640	(1,400)	(7.9%)	14,128	(4,912)	(34.8%)
1,781,131	1,724,794	(56,337)	(3.3%)	1,924,426	143,295	7.4%	Total Operational Expenses	14,655,346	14,132,480	(522,866)	(3.7%)	13,407,683	(1,247,664)	(9.3%)
Net Performance before Depreciation														
301,273	(81,619)	382,892	(469.1%)	91,905	209,368	227.8%	& Overhead Allocations	(4,681,694)	(3,913,533)	(768,161)	19.6%	398,589	(5,080,283)	(1,274.6%)

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

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

Actual	Budget	Variance	Current Month %	Prior Year	Variance	%	
14,083	9,840	(4,243)	(43.1%)	9,742	(4,341)	(44.6%)	Depreciation
<i>Overhead Allocations:</i>							
1,734	1,854	121	6.5%	327	(1,406)	(429.8%)	Risk Mgt
163,952	78,723	(85,229)	(108.3%)	72,195	(91,757)	(127.1%)	Rev Cycle
1,121	4,528	3,408	75.3%	4,346	3,225	74.2%	Internal Audit
16,537	19,144	2,607	13.6%	16,667	130	0.8%	Home Office Facilities
24,796	30,056	5,260	17.5%	20,036	(4,760)	(23.8%)	Administration
31,328	33,126	1,798	5.4%	28,181	(3,147)	(11.2%)	Human Resources
14,420	15,249	829	5.4%	10,236	(4,184)	(40.9%)	Legal
4,644	6,916	2,272	32.8%	5,753	1,108	19.3%	Records
4,353	9,485	5,133	54.1%	5,654	1,302	23.0%	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
27,912	25,755	(2,157)	(8.4%)	24,893	(3,019)	(12.1%)	Finance
7,891	9,339	1,448	15.5%	9,536	1,645	17.2%	Public Relations
100,209	89,991	(10,218)	(11.4%)	101,082	873	0.9%	Information Technology
1,797	1,190	(606)	(50.9%)	1,469	(327)	(22.3%)	Corporate Quality
8,419	4,111	(4,308)	(104.8%)	-	(8,419)	0.0%	Project MGMT Office
2,864	3,051	186	6.1%	3,567	703	19.7%	Managed Care Contract
411,977	332,519	(79,458)	(23.9%)	303,943	(108,033)	(35.5%)	Total Overhead Allocations
2,207,191	2,067,153	(140,038)	(6.8%)	2,238,112	30,920	1.4%	Total Expenses
\$ (124,787)	\$ (423,978)	\$ 299,191	(70.6%)	\$ (221,780)	\$ 96,993	(43.7%)	Net Margin
-	-	-	0.0%	9,843	9,843	100.0%	Capital
-	-	-	0.0%	-	-	0.0%	Capital Contributions
\$ 1,907,728	\$ 414,308	\$ (1,493,420)	(360.5%)	\$ -	\$ (1,907,728)	0.0%	General Fund Support/ Transfer In

Actual	Budget	Variance	Fiscal Year To Date %	Prior Year	Variance	%	
108,087	78,720	(29,367)	(37.3%)	78,180	(29,906)	(38.3%)	
13,069	14,834	1,766	11.9%	20,006	6,937	34.7%	
842,185	629,782	(212,403)	(33.7%)	577,560	(264,625)	(45.8%)	
32,376	36,227	3,851	10.6%	33,938	1,562	4.6%	
133,514	153,149	19,636	12.8%	133,929	415	0.3%	
223,397	240,449	17,051	7.1%	160,288	(63,109)	(39.4%)	
265,225	265,007	(218)	(0.1%)	217,771	(47,454)	(21.8%)	
106,490	121,994	15,504	12.7%	81,888	(24,602)	(30.0%)	
44,231	55,330	11,099	20.1%	40,257	(3,974)	(9.9%)	
60,628	75,883	15,255	20.1%	41,426	(19,201)	(46.4%)	
-	-	-	0.0%	4,487	4,487	100.0%	
218,019	206,041	(11,978)	(5.8%)	191,001	(27,019)	(14.1%)	
66,179	74,714	8,535	11.4%	52,235	(13,944)	(26.7%)	
608,669	719,927	111,258	15.5%	578,245	(30,424)	(5.3%)	
11,768	9,522	(2,246)	(23.6%)	15,879	4,111	25.9%	
47,417	32,887	(14,530)	(44.2%)	-	(47,417)	0.0%	
17,778	24,404	6,626	27.1%	22,693	4,914	21.7%	
2,690,946	2,660,153	(30,793)	(1.2%)	2,171,604	(519,342)	(23.9%)	
17,454,379	16,871,353	(583,026)	(3.5%)	15,657,467	(1,796,912)	(11.5%)	
\$ (7,480,727)	\$ (6,652,406)	\$ (828,321)	12.5%	\$ (1,851,195)	\$ (5,629,531)	304.1%	
2,744	-	(2,744)	0.0%	9,843	7,099	72.1%	
\$ 9,172,408	\$ 6,575,045	\$ (2,597,363)	(39.5%)	\$ 2,627,860	\$ (6,544,548)	(249.0%)	

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

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	872,982	564,499	570,972	342,841	2,351,293
Contractual Allowances	-	167,596	90,284	61,642	76,805	396,327
Charity Care	-	479,981	321,131	388,436	164,518	1,354,065
Bad Debt	-	30,674	52,252	31,409	27,814	142,149
Total Contractual Allowances and Bad Debt	-	678,252	463,667	481,486	269,137	1,892,542
Other Patient Revenue	-	330,077	238,939	157,744	275,247	1,002,007
Net Patient Revenue	-	524,807	339,771	247,230	348,951	1,460,758
Collection %	-	60.12%	60.19%	43.30%	101.78%	62.13%
Grant Funds	36,137	286,804	197,417	192,119	108,605	821,083
Other Financial Assistance	20,376	32,885	17,430	25,293	12,396	108,379
Other Revenue	-	-	-	-	-	-
Total Other Revenues	56,513	319,689	214,848	217,411	121,001	929,462
Total Revenues	56,513	844,496	554,618	464,641	469,952	2,390,220
<i>Direct Operational Expenses:</i>						
Salaries and Wages	228,823	595,399	405,896	384,614	225,787	1,840,519
Benefits	56,376	154,456	112,286	108,096	66,042	497,256
Purchased Services	-	15,985	17,441	12,279	28,232	73,937
Medical Supplies	-	51,390	23,581	25,176	16,586	116,733
Other Supplies	-	2,402	971	634	2,867	6,874
Drugs	-	97	47	6	-	150
Repairs & Maintenance	-	8,417	6,407	7,544	6,115	28,483
Lease & Rental	-	76,608	43,948	41,067	39,849	201,472
Utilities	-	2,385	2,784	1,177	1,841	8,187
Other Expense	1,885	3,937	8,134	4,883	2,447	21,285
Insurance	-	-	-	-	257	257
Total Operational Expenses	287,083	911,075	621,495	585,476	390,023	2,795,153
Net Performance before Depreciation & Overhead Allocations	(230,570)	(66,580)	(66,876)	(120,835)	79,929	(404,932)
Depreciation	-	4,892	5,261	4,871	23,271	38,295
<i>Overhead Allocations:</i>						
Risk Mgt	209	969	690	606	349	2,823
Rev Cycle	-	72,149	51,372	45,090	25,987	194,598
Internal Audit	518	2,401	1,709	1,500	865	6,993
Home Office Facilities	15,877	-	-	-	-	15,877
Administration	3,573	16,564	11,794	10,352	5,966	48,250
Human Resources	2,659	18,612	16,219	14,624	6,647	58,762
Legal	1,703	7,896	5,622	4,935	2,844	23,000
Records	707	3,280	2,335	2,050	1,181	9,553
Compliance	970	4,495	3,201	2,809	1,619	13,094
Finance	3,487	16,166	11,510	10,103	5,823	47,088
Public Relations	1,058	4,907	3,494	3,067	1,767	14,293
Information Technology	9,734	45,131	32,135	28,205	16,256	131,461
Corporate Quality	188	873	621	545	314	2,542
Project MGMT Office	758	3,516	2,503	2,197	1,266	10,241
Managed Care Contract	-	1,523	1,084	952	549	4,108
Total Overhead Allocations	41,442	198,482	144,291	127,035	71,433	582,682
Total Expenses	328,525	1,114,449	771,047	717,382	484,727	3,416,130
Net Margin	\$ (272,012)	\$ (269,953)	\$ (216,428)	\$ (252,741)	\$ (14,776)	\$ (1,025,910)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,382,238	-	-	-	-	1,382,238

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

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
51,653	365,133	(313,480)	(85.9%)	349,838	(298,185)	(85.2%)	Gross Patient Revenue	2,351,293	2,856,236	(504,943)	(17.7%)	2,611,468	(260,175)	(10.0%)
12,738	44,716	31,978	71.5%	49,664	36,926	74.4%	Contractual Allowances	396,327	349,063	(47,264)	(13.5%)	665,749	269,422	40.5%
30,806	203,007	172,201	84.8%	200,541	169,735	84.6%	Charity Care	1,354,065	1,591,923	237,858	14.9%	1,169,115	(184,950)	(15.8%)
16,177	20,820	4,643	22.3%	17,389	1,212	7.0%	Bad Debt	142,149	160,739	18,590	11.6%	88,008	(54,141)	(61.5%)
59,721	268,543	208,822	77.8%	267,594	207,873	77.7%	Total Contractuals and Bad Debts	1,892,542	2,101,725	209,183	10.0%	1,922,872	30,330	1.6%
228,917	135,679	93,238	68.7%	105,532	123,385	116.9%	Other Patient Revenue	1,002,007	1,085,432	(83,425)	(7.7%)	1,203,627	(201,620)	(16.8%)
220,849	232,269	(11,420)	(4.9%)	187,776	33,073	17.6%	Net Patient Revenue	1,460,758	1,839,943	(379,185)	(20.6%)	1,892,223	(431,465)	(22.8%)
427.56%	63.61%			53.68%			Collection %	62.13%	64.42%		72.46%			
102,385	214,917	(112,532)	(52.4%)	316,499	(214,114)	(67.7%)	Grant Funds	821,083	1,088,205	(267,122)	(24.5%)	1,549,974	(728,892)	(47.0%)
108,379	-	108,379	0.0%	-	108,379	0.0%	Other Financial Assistance	108,379	-	108,379	0.0%	-	108,379	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
210,765	214,917	(4,152)	(1.9%)	316,499	(105,734)	(33.4%)	Total Other Revenues	929,462	1,088,205	(158,743)	(14.6%)	1,550,207	(620,745)	(40.0%)
431,614	447,186	(15,572)	(3.5%)	504,275	(72,661)	(14.4%)	Total Revenues	2,390,220	2,928,148	(537,928)	(18.4%)	3,442,430	(1,052,210)	(30.6%)
Direct Operational Expenses:														
168,210	234,708	66,498	28.3%	259,181	90,972	35.1%	Salaries and Wages	1,840,519	1,944,621	104,102	5.4%	1,888,051	47,532	2.5%
62,259	69,351	7,092	10.2%	69,968	7,709	11.0%	Benefits	497,256	562,574	65,318	11.6%	531,933	34,677	6.5%
5,623	7,625	2,002	26.3%	5,083	(540)	(10.6%)	Purchased Services	73,937	61,000	(12,937)	(21.2%)	65,645	(8,292)	(12.6%)
2,078	22,084	20,006	90.6%	26,462	24,384	92.1%	Medical Supplies	116,733	176,672	59,939	33.9%	162,284	45,551	28.1%
(45)	1,527	1,572	103.0%	79,010	79,056	100.1%	Other Supplies	6,874	12,216	5,342	43.7%	118,372	111,499	94.2%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	225	225	100.0%	93	93	100.0%	Drugs	150	1,800	1,650	91.7%	1,292	1,142	88.4%
2,883	5,652	2,769	49.0%	15,704	12,822	81.6%	Repairs & Maintenance	28,483	45,216	16,733	37.0%	48,411	19,928	41.2%
24,849	25,778	929	3.6%	26,510	1,661	6.3%	Lease & Rental	201,472	206,224	4,752	2.3%	210,550	9,078	4.3%
1,261	2,050	790	38.5%	721	(540)	(74.9%)	Utilities	8,187	16,400	8,213	50.1%	6,969	(1,218)	(17.5%)
1,104	3,699	2,595	70.1%	1,114	10	0.9%	Other Expense	21,285	29,592	8,307	28.1%	23,316	2,030	8.7%
41	31	(10)	(31.0%)	31	(10)	(31.2%)	Insurance	257	248	(9)	(3.8%)	369	112	30.3%
268,262	372,730	104,468	28.0%	483,878	215,616	44.6%	Total Operational Expenses	2,795,153	3,056,563	261,410	8.6%	3,057,193	262,040	8.6%
Net Performance before														
163,352	74,456	88,896	119.4%	20,397	142,955	700.9%	Depreciation & Overhead Allocations	(404,932)	(128,415)	(276,517)	215.3%	385,238	(790,170)	(205.1%)

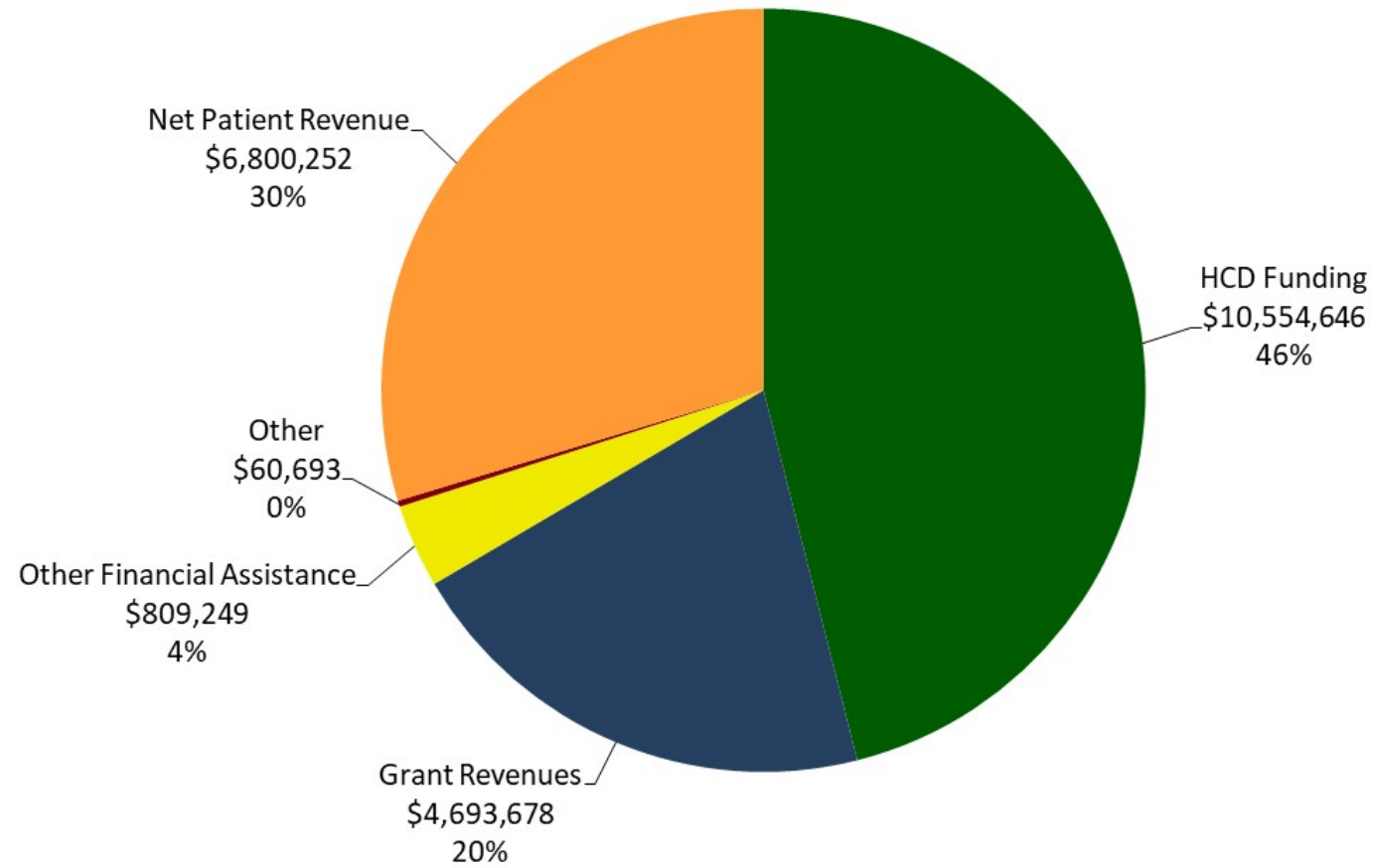
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE EIGHTH MONTH ENDED MAY 31, 2020

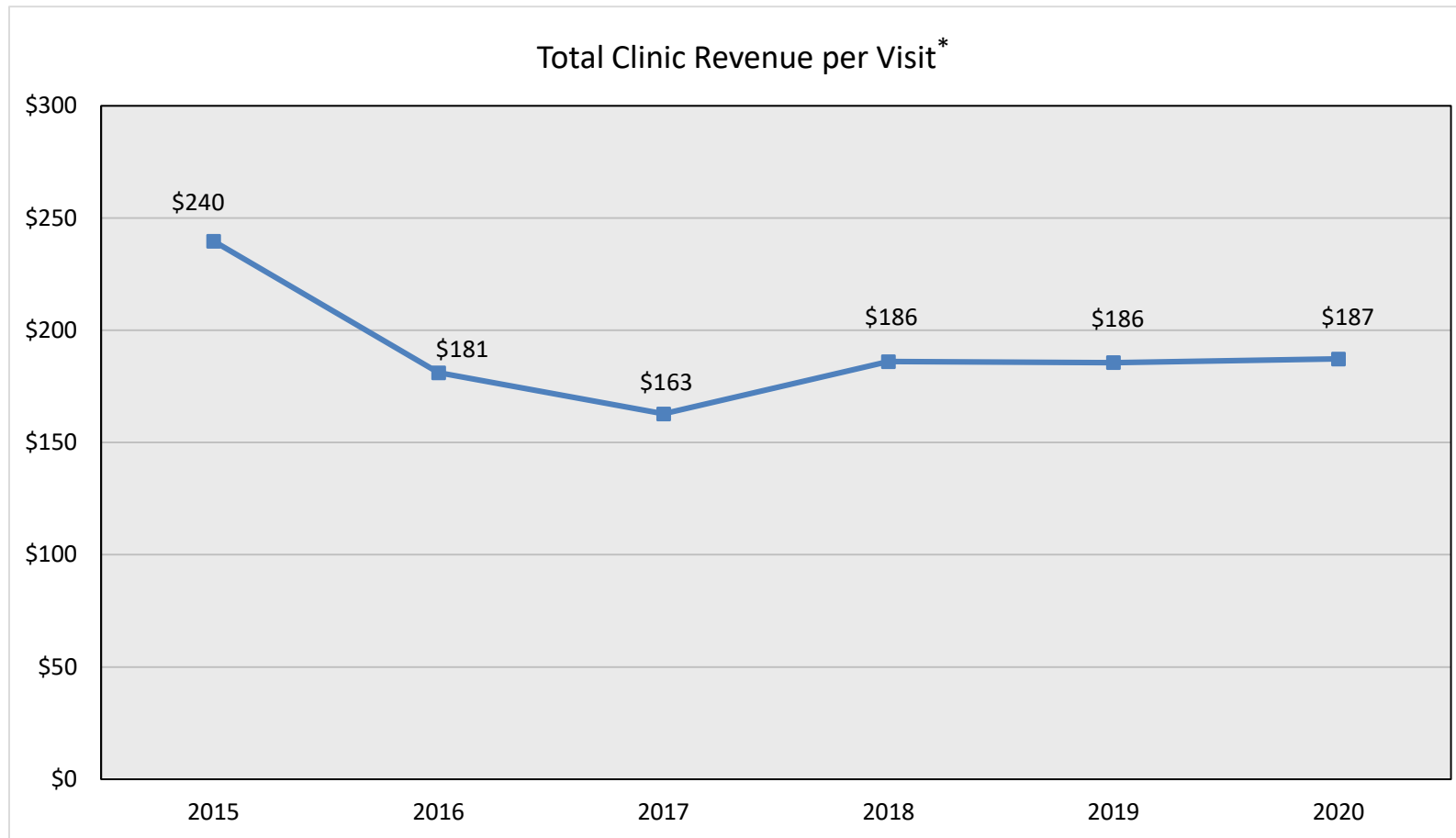
Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
5,185	3,440	(1,745)	(50.7%)	3,414	(1,770)	(51.8%)	Depreciation	38,295	27,520	(10,775)	(39.2%)	27,340	(10,955)	(40.1%)
Overhead Allocations:														
374	401	26	6.5%	80	(295)	(369.1%)	Risk Mgt	2,823	3,204	381	11.9%	4,879	2,057	42.2%
37,883	18,190	(19,693)	(108.3%)	18,872	(19,011)	(100.7%)	Rev Cycle	194,598	145,520	(49,079)	(33.7%)	150,976	(43,622)	(28.9%)
242	978	736	75.3%	1,060	818	77.2%	Internal Audit	6,993	7,824	832	10.6%	8,277	1,285	15.5%
1,967	2,277	310	13.6%	2,068	101	4.9%	Home Office Facilities	15,877	18,212	2,335	12.8%	16,614	737	4.4%
5,355	6,492	1,136	17.5%	4,848	(507)	(10.5%)	Administration	48,250	51,932	3,683	7.1%	39,057	(9,192)	(23.5%)
6,941	7,339	398	5.4%	6,983	43	0.6%	Human Resources	58,762	58,713	(48)	(0.1%)	53,966	(4,795)	(8.9%)
3,114	3,294	179	5.4%	2,497	(617)	(24.7%)	Legal	23,000	26,349	3,349	12.7%	19,976	(3,024)	(15.1%)
1,003	1,494	491	32.8%	1,403	400	28.5%	Records	9,553	11,950	2,397	20.1%	9,818	265	2.7%
940	2,049	1,109	54.1%	1,379	439	31.8%	Compliance	13,094	16,389	3,295	20.1%	10,103	(2,991)	(29.6%)
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	1,094	1,094	100.0%
6,028	5,563	(466)	(8.4%)	6,071	43	0.7%	Finance	47,088	44,501	(2,587)	(5.8%)	46,583	(505)	(1.1%)
1,704	2,017	313	15.5%	2,326	621	26.7%	Public Relations	14,293	16,137	1,843	11.4%	12,739	(1,554)	(12.2%)
21,643	19,436	(2,207)	(11.4%)	24,653	3,009	12.2%	Information Technology	131,461	155,491	24,030	15.5%	141,027	9,566	6.8%
388	257	(131)	(50.9%)	358	(30)	(8.3%)	Corporate Quality	2,542	2,057	(485)	(23.6%)	3,879	1,337	34.5%
1,818	888	(931)	(104.8%)	-	(1,818)	0.0%	Project MGMT Office	10,241	7,103	(3,138)	(44.2%)	-	(10,241)	0.0%
662	705	43	6.1%	933	271	29.0%	Managed Care Contract	4,108	5,639	1,531	27.1%	5,932	1,824	30.7%
90,065	71,378	(18,687)	(26.2%)	73,531	(16,534)	(22.5%)	Total Overhead Allocations	582,682	571,021	(11,661)	(2.0%)	524,922	(57,760)	(11.0%)
363,511	447,548	84,037	18.8%	560,823	197,312	35.2%	Total Expenses	3,416,130	3,655,104	238,974	6.5%	3,609,455	193,325	5.4%
\$ 68,103	\$ (362)	\$ 68,464	(18,931.1%)	\$ (56,548)	\$ 124,650	(220.4%)	Net Margin	\$ (1,025,910)	\$ (726,956)	\$ (298,953)	41.1%	\$ (167,025)	\$ (858,885)	514.2%
-	3,988	3,988	100.0%	102,231	102,231	100.0%	Capital	-	31,904	31,904	100.0%	102,231	102,231	100.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
\$ 321,336	\$ 2,910	\$ (318,426)	(10,942.5%)	\$ -	\$ (321,336)	0.0%	General Fund Support/ Transfer In	\$ 1,382,238	\$ 757,331	\$ (624,907)	(82.5%)	\$ -	\$ (1,382,238)	0.0%

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,929	1,472	1,653	1,797	1,532	1,095	-	225					9,703	12,579	(22.9%)	12,623
Delray	1,429	957	1,019	1,151	994	542	-	99					6,191	6,929	(10.7%)	9,994
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563	472					11,198	11,022	1.6%	11,157
Belle Glade	950	746	912	847	762	484	10	71					4,782	7,077	(32.4%)	7,017
Lewis Center	296	213	241	246	246	198	-	-					1,440	1,881	(23.4%)	1,989
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296	636					8,236	12,198	(32.5%)	10,612
Jupiter Clinic	609	471	417	520	412	233	-	97					2,759	3,898	(29.2%)	3,868
West Boca & Women's Health Care	997	680	745	782	817	395	20	110					4,546	5,860	(22.4%)	7,150
Mobile Van	156	136	132	108	107	442	-						1,081	1,523	(29.0%)	1,398
Mangonia Park	-	67	58	80	168	166	-	193					732			
Mangonia Park-Substance	499	497	455	423	464	-	-						2,338	4,322	(45.9%)	3,276
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	1,903	-	-	-	-	53,006	67,289	(21.2%)	69,084
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-	56					4,824	6,420	(24.9%)	6,461
Lantana	733	570	541	470	470	225	-						3,009	6,861	(56.1%)	4,910
Delray	628	547	596	598	557	245	-						3,171	4,448	(28.7%)	4,575
Belle Glade	360	251	343	376	296	154	109	135					2,024	2,698	(25.0%)	2,436
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	191	-	-	-	-	13,028	20,427	(36.2%)	18,382
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	2,094	-	-	-	-	66,034	87,716	(24.7%)	87,466
Key Ratios																
Collection Ratio													24%			
Bad debt write off as a percentage of total billing													27%			
Collections per visit													38			
Charges Per Visit													161			
Percentage of A/R less than 120 days													52%			
Days in AR													236			
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10	70					1,039	869	19.6%	976
Delray	139	119	41	35	111	95	-	29					569	941	(39.5%)	1,027
Lantana	611	440	496	701	551	417	9	91					3,316	1,882	76.2%	3,638
Belle Glade	53	95	149	137	103	38	-	7					582	184	216.3%	172
Mangonia Park	53	150	296	391	278	189	3	85					1,445	3,443	(58.0%)	-
Lewis Center	240	173	215	178	177	-	-	-					983	2,020	(51.3%)	1,890
Lake Worth	204	146	163	192	140	89	1	34					969	1,415	(31.5%)	998
Jupiter	-	-	-	-	-	1	-	-					1	-	0.0%	-
West Boca	3	1	-	1	-	4	1	-					10	-	0.0%	-
Mobile Van	96	71	76	45	44	30	-	-					362	831	(56.4%)	286
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	316	-	-	-	-	9,276	11,585	-19.9%	8,987

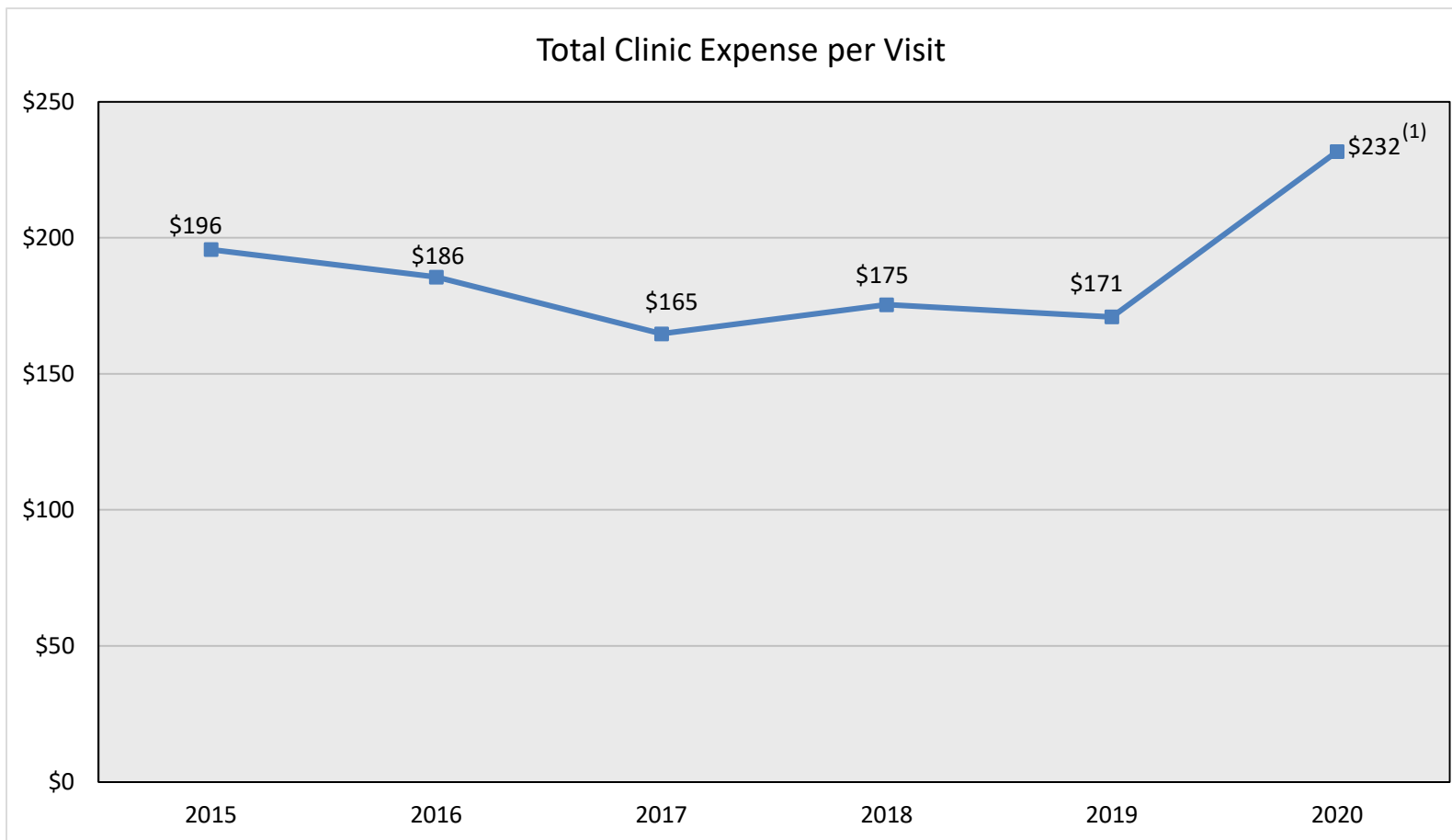
Primary Care Clinics Funding Sources



Fiscal YTD May 2020 Total Revenues \$22,918,519



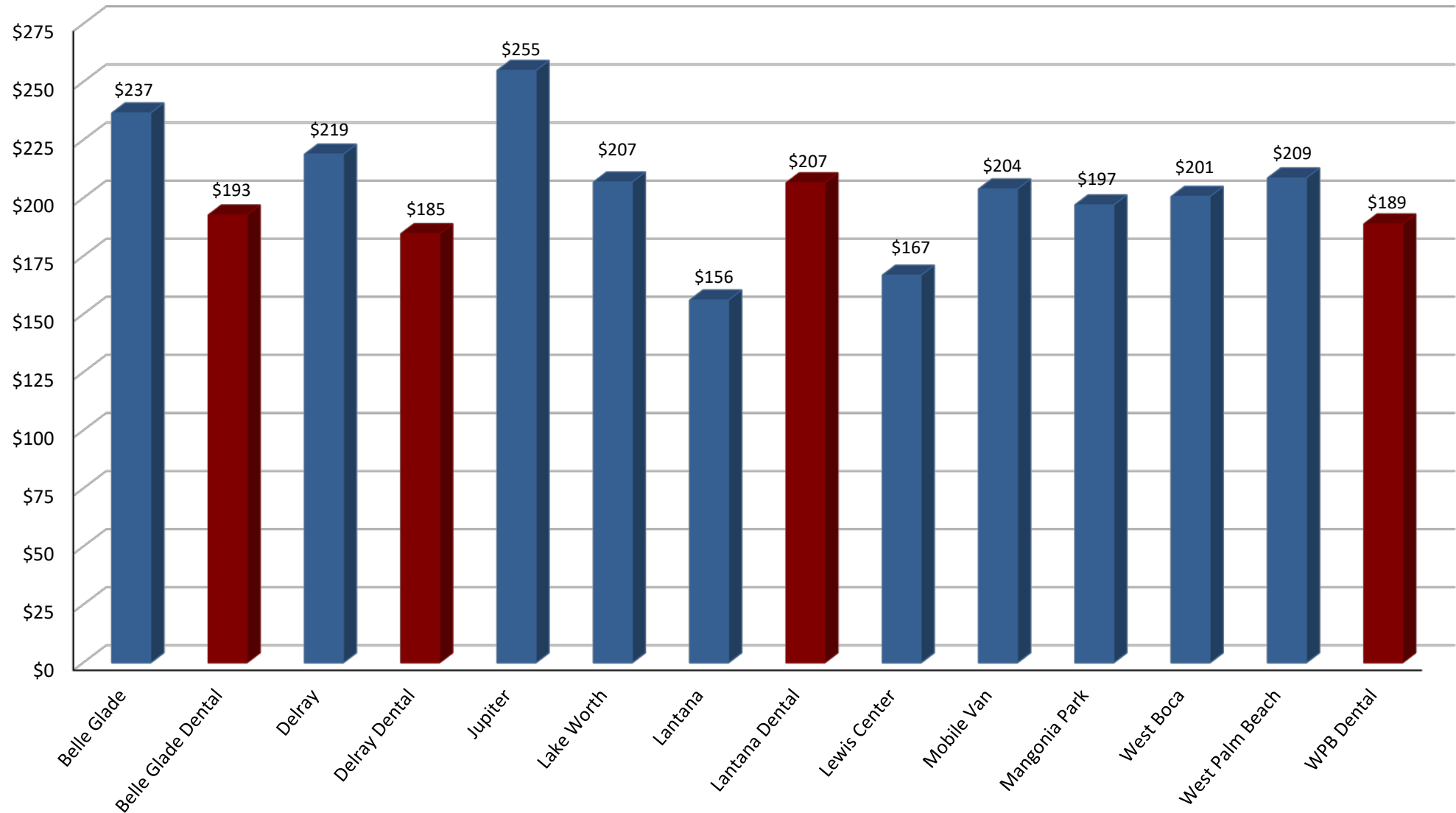
* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in March, April, and May related to operational changes for Covid-19

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

Total Operating Expenses per Visit by Clinic



*Based on Fiscal Year-to-Date May 2020 total operating expenses

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

1. Description: Executive Director Informational Update

2. Summary:

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

- Delta Dental Award
- Federal Tort Claims Act (FTCA) Application
- Progress Reports: CARES, ECT, Covid Response
- PCMH Re-accreditation
- Atlantis Clinic

3. Substantive Analysis:

Delta Dental Award

Delta Dental Community Care Foundation grant committee has reviewed and approved a grant to \$50,000.00 for 2020 to support our efforts in the fight against COVID-19, related crises, and to advance our efforts to provide access to care for those in need.

Federal Tort Claims Act (FTCA) Application

Our FTCA Application for CY2021 was submitted to HRSA on 7/2/2020.

Progress Reports: CARES, ECT, COVID Response

Since March of 2020 we have received three HRSA grant awards in response to the COVID-19 Pandemic. All three progress reports were submitted on 7/9/2020.

PCMH

We successfully submitted our Annual Reporting application for re-accreditation for our five largest sites on 7/9/2020. Reaccreditation was attained on 7/20/2020.

National Association of Community Health Centers (NACHC) Best/Promising Practices Challenge

The Best/Promising Practices Challenge aims to gather, synthesize, and share back the great systems transformation work that is underway in health centers. The Challenge seeks to capture tangible ways in which health centers have pivoted or adapted health care delivery to meet the needs of patients and staff during these challenging times. Staff submitted the C. L. Brumback Primary Care Clinics COVID 19 Tableau dashboard, explained our interventions, and was selected as a winner. One team member will receive a full scholarship to participate in the Institute for Healthcare Improvement's (IHI) Creating and Finding Joy in Work webinar series.

Potential Upcoming Change in Scope

A potential new clinic location offering approximately 26,000 sq. ft. has been identified by staff. This new space would accommodate social distancing, a centralized registration process and a community COVID-19 testing room.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved


6. Recommendation:

Staff recommends Board receive and file the Executive Director Informational Update.

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioner(s) recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Alonso	Zenaida	DDS	Dentist	Recredentialing
Estime	Guerlyne	APRN	Nurse Practitioner	Recredentialing

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

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

Zenaida Alonso, DDS joined the West Palm Beach Clinic in 2016 specializing in General Dentistry. She attended the State University of New York at Buffalo and also completed her residency at the State University of New York at Buffalo. Dr. Alonso has been in practice for twenty five years and is fluent in Spanish.

DISTRICT CLINIC HOLDINGS, INC.
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July 29, 2020

Guerlyne Estime, APRN joined the Delray Beach Clinic in 2014 as a Nurse Practitioner specializing in Family Medicine. She attended South University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Estime has been in practice for seven years and is fluent in Creole.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
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 Dr. Zenaida Alonso, DDS, General Dentistry.

Staff recommends the Board approve the recredentialing and renewal of privileges of Guerlyne Estime, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:



Valerie Shahvari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

1. Description: Operations Reports – July 2020

2. Summary:

This agenda item provides the following operations reports for June 2020:

- Provider Productivity, including in-person and telehealth metrics
- COVID-19 Testing

3. Substantive Analysis:

We are consistently trending upward in number of appointments for both in-person and telehealth visits, reaching just over 600 scheduled at the end of June. In-person visits are nearly double telehealth and continue increasing slowly. Utilization of telehealth has had a sharp increase in the month of June. Adult and pediatric care in-person visit targets are high at 92% and 85%, respectively, while telehealth targets remain much lower at 58% and 46%.

We are currently providing drive thru COVID-19 testing at the FITTEAM Ball Park and Belle Glade Clinic. Additionally, we offer walk up and walk in testing in Jupiter, West Palm Beach, Lantana, Delray, Belle Glade, and Outreach (our new mobile testing unit called SCOUT).

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020


5. Reviewed/Approved by Committee:

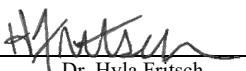
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6. Recommendation:

Staff recommends the Board Approve the Operations Reports for July 2020.

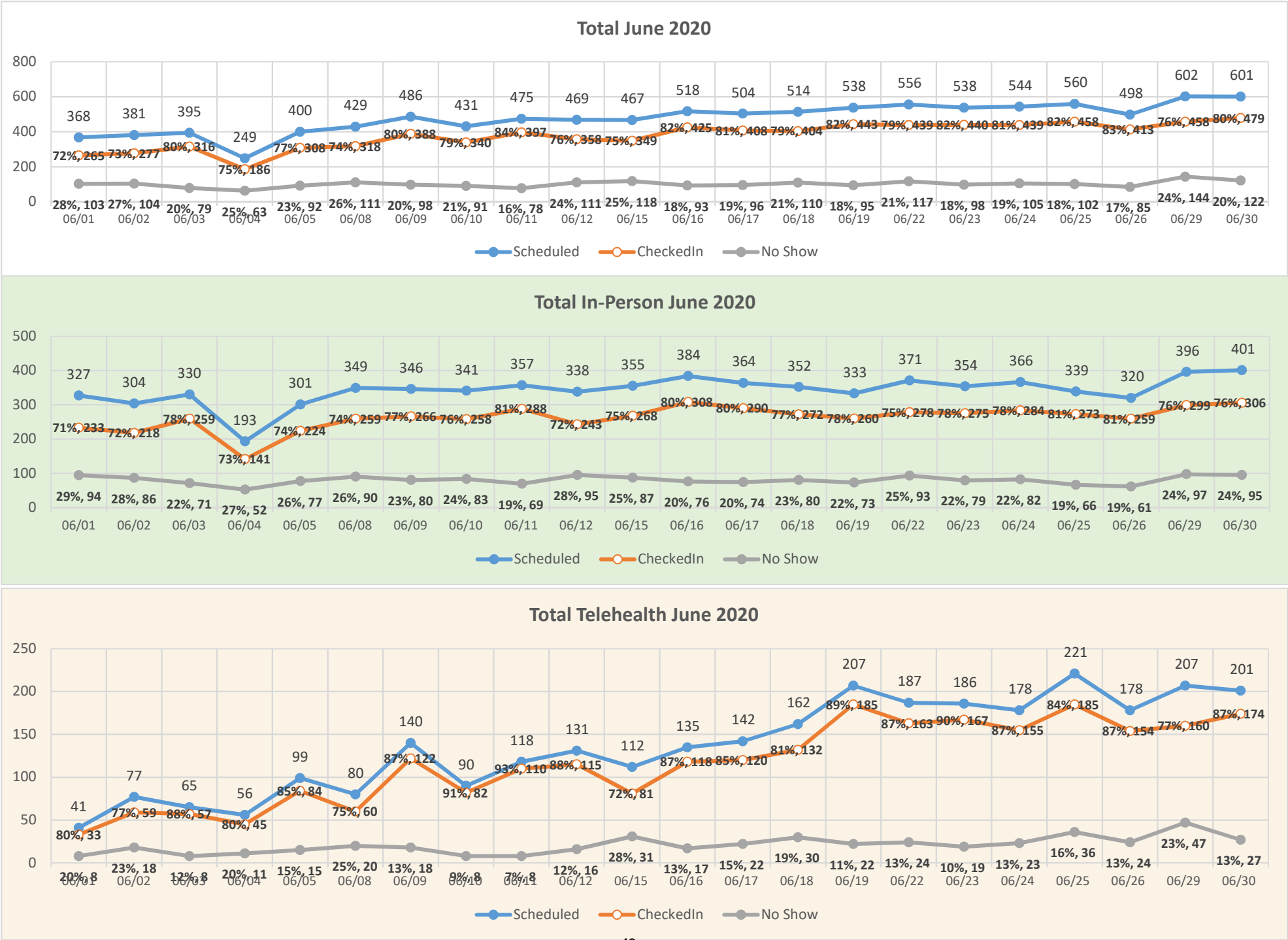
Approved for Legal sufficiency:

 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p>Valerie Shahriari VP & General Counsel</p>	
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 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p>Dr. Hyla Fritsch Executive Director of Clinic Operations and Pharmacy Services</p>	
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 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p>Dr. Belma Andric Chief Medical Officer, VP & Executive Director of Clinic Services</p>	
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JUNE 2020 TOTAL APPOINTMENTS

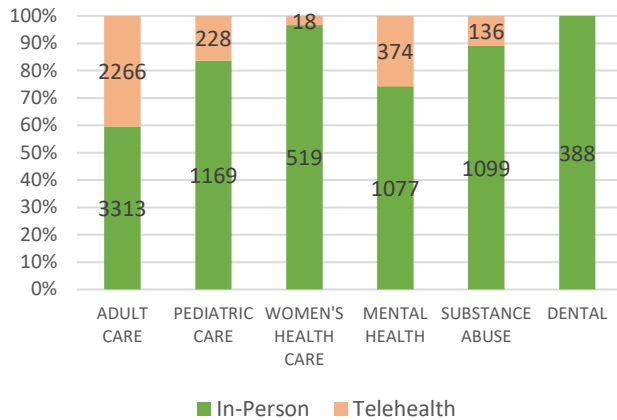


JUNE 2020 WEEKLY TOTAL APPOINTMENTS BY CATEGORY

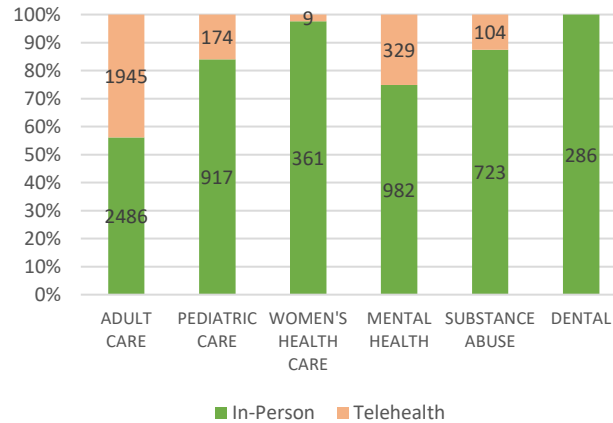
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Category June 2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No show	% Target	% No Show
ADULT CARE	2704.5	3313	2486	826	92%	25%	3369	2266	1945	321	58%	14%
PEDIATRIC CARE	1080	1169	917	252	85%	22%	378	228	174	54	46%	24%
WOMEN'S HEALTH CARE	490	519	361	158	74%	30%	34	18	9	9	26%	50%
MENTAL HEALTH	1172	1077	982	44	84%	9%	714	374	329	42	46%	12%
SUBSTANCE ABUSE	1368	1099	723	373	53%	34%	230	136	104	29	45%	24%
DENTAL	620	388	286	102	46%	26%						
Grand Total	7434.5	7565	5755	1755	77%	24%	4725	3022	2561	455	54%	15%

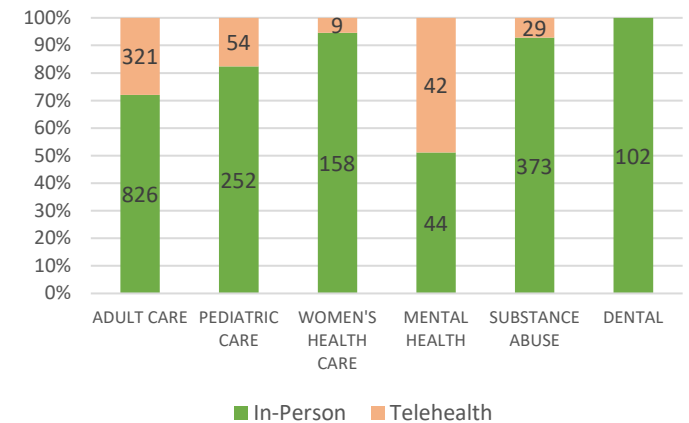
Scheduled by Category



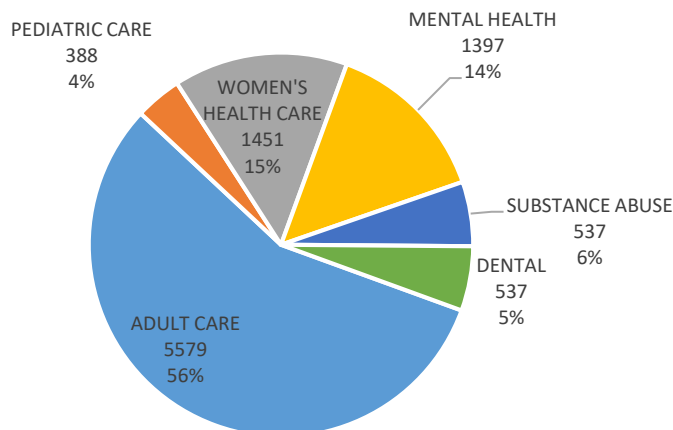
Checked-In by Category



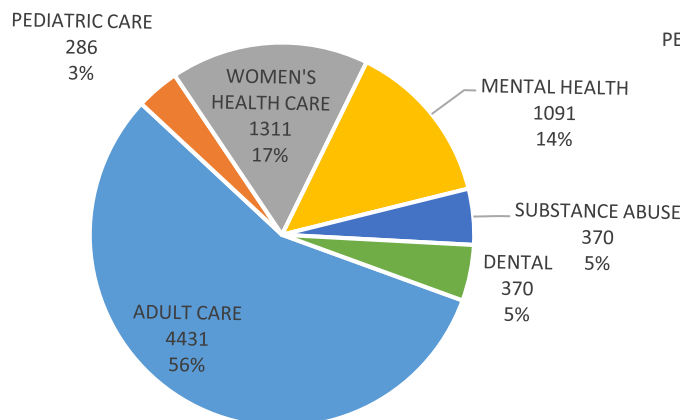
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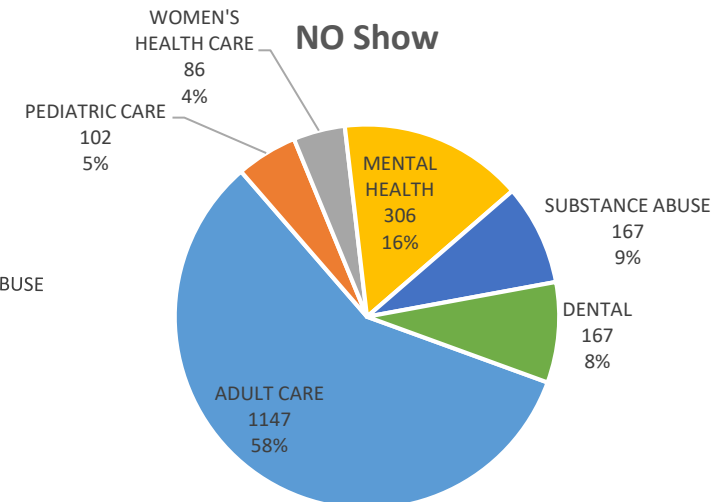
Scheduled



Checked-In



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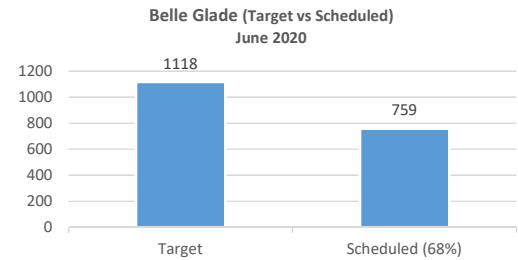
JUNE 2020 WEEKLY TOTAL APPOINTMENTS BY PROVIDER

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JUNE 2020		In-Person						Telehealth					
Provider / App Type		Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
ADULT CARE	Alfonso_Puentes_Rami	162	202	154	48	95%	24%	225	193	162	31	72%	16%
	Dabu_Viray_Dabu	132.5	125	113	12	85%	10%	162	121	103	18	64%	15%
	Dorce_Medard_Jennife	153	170	109	61	71%	36%	162	113	82	31	51%	27%
	Duthil_Marie	162	244	173	71	107%	29%	207	68	52	16	25%	24%
	Florez_Gloria	153	188	135	53	88%	28%	234	221	185	36	79%	16%
	Harberger_Seneca	162	182	127	55	78%	30%	153	119	92	27	60%	23%
	Inacio_Vanessa	216	218	188	30	87%	14%	171	181	165	16	96%	9%
	Montenegro_Claudia	99	145	109	36	110%	25%	180	59	47	12	26%	20%
	Secin_santana_delvis	234	285	189	95	81%	34%	153	148	136	12	89%	8%
	Perez_Daniel	225	272	207	65	92%	24%	162	79	73	6	45%	8%
	Cesaire_Jean_Rose_Ca	144	177	122	55	85%	31%	200	109	95	14	48%	13%
	JeanJacques_Fernique	112	106	81	25	72%	24%	176	68	63	5	36%	7%
	Lam_Min_h_Dai	120	178	148	30	123%	17%	176	186	165	21	94%	11%
	Navarro_Elsy	144	195	159	36	110%	18%	168	114	110	4	65%	4%
	Philistin_Ketely	128	178	136	42	106%	24%	216	109	87	22	40%	20%
	Pierre_Louis_Joanne	136	188	143	45	105%	24%	208	154	137	17	66%	11%
	Shoaf_Noremi	86	88	68	20	79%	23%	208	93	78	15	38%	16%
	St_VilJoseph_Carline	136	172	125	47	92%	27%	208	131	113	18	54%	14%
PEDs	Clarke_Aaron_Noella	333	321	238	83	71%	26%						
	Dessalines_Duclos	90	103	85	18	94%	17%	297	225	172	53	58%	24%
	Lazaro_Nancy	360	392	328	64	91%	16%	27	2	1	1	4%	50%
	Normil_Smith_Sherlou	297	353	266	87	90%	25%	54	1	1		2%	0%
WOMEN'S HEALTH CARE	Ferwerda_Ana	162	151	117	34	72%	23%	18	5	4	1	22%	20%
	Casanova_Jennifer	328	368	244	124	74%	34%	16	13	5	8	31%	62%
MENTAL HEALTH	Alvarez_Franco	12	17	16	1	133%	6%	366	118	109	9	30%	8%
	Rowling_Courtney	64	19	16	3	25%	16%	16	8	7	1	44%	13%
	Ziemba_Adriana	102	51	48	4	47%	6%	138	100	78	23	57%	22%
	Dorvil_Stephany	228	235	211	8	93%	10%	24	19	17	4	71%	11%
	Hirsch_Karen	188	210	186	14	99%	11%	52	24	22		42%	8%
	JONES_KIARA	204	213	195	7	96%	8%	46	37	31	2	67%	16%
	Rivera_Pullen_Valeri	170	195	176	4	104%	10%	12	9	9		75%	0%
	Calderon_Nylsa	204	137	134	3	66%	2%	60	59	56	3	93%	5%
SUBSTANCE ABUSE	SANCHEZ_MARCO	352	352	283	69	80%	20%		1		1		100%
	BANNON_LORI	352	266	208	58	59%	22%		1	1			0%
	Silver_Dawn	228	120	89	31	39%	26%	26	10	9	1	35%	10%
	Romain_Reynette	48	222	15	204	31%	93%	48	48	23	22	48%	52%
	Perez_Massiel	108	40	37	3	34%	8%	24	21	17	4	71%	19%
	Rexach_Claudia	90	37	35	2	39%	5%	66	26	25	1	38%	4%
	Esplin_Elaine	78	18	18		23%	0%	66	29	29		44%	0%
	Bell_Emily	112	44	38	6	34%	14%						
DENTAL	Alonso_Zenaida	220	162	110	52	50%	32%						
	Cucuras_John	176	127	95	32	54%	25%						
	Rotella_Robert	48	26	22	4	46%	15%						
	Seminario_Ada	176	73	59	14	34%	19%						
Grand Total		7,434.50	7,565	5,755	1,755	77%	24%	4,725	3,022	2,561	455	54%	15%

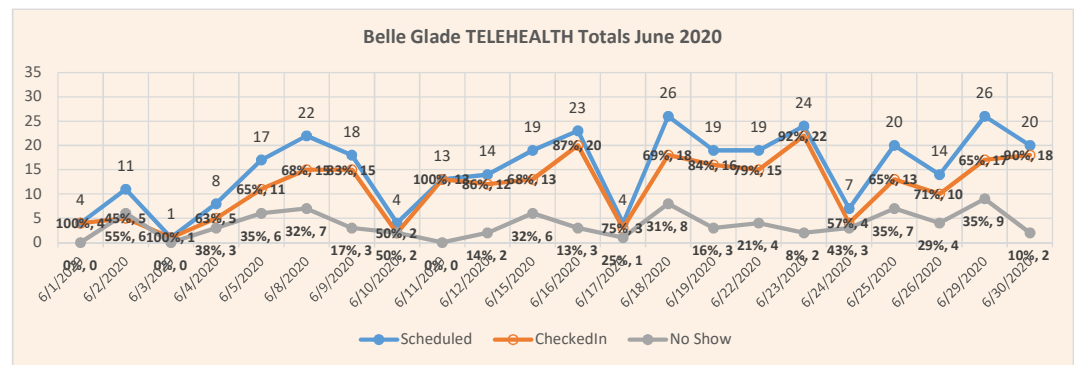
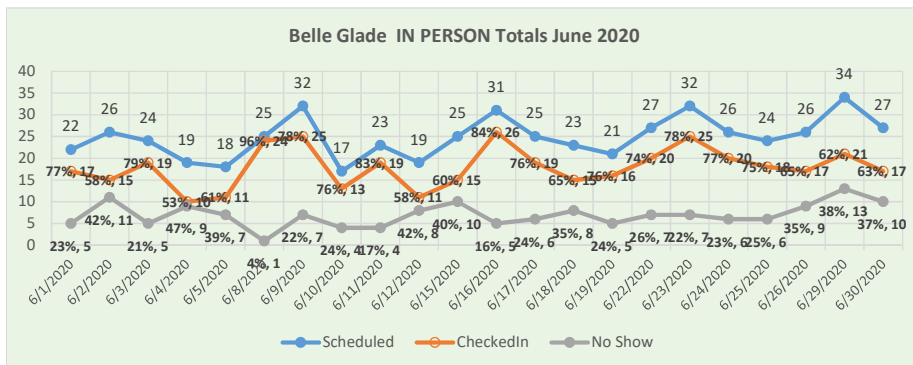
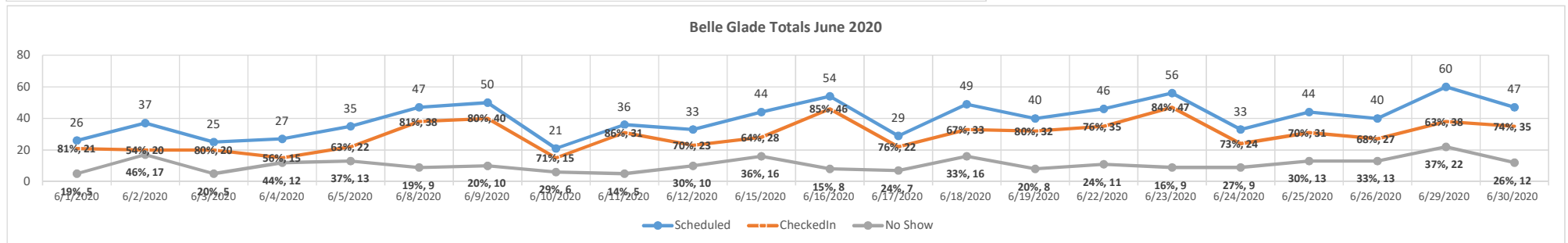
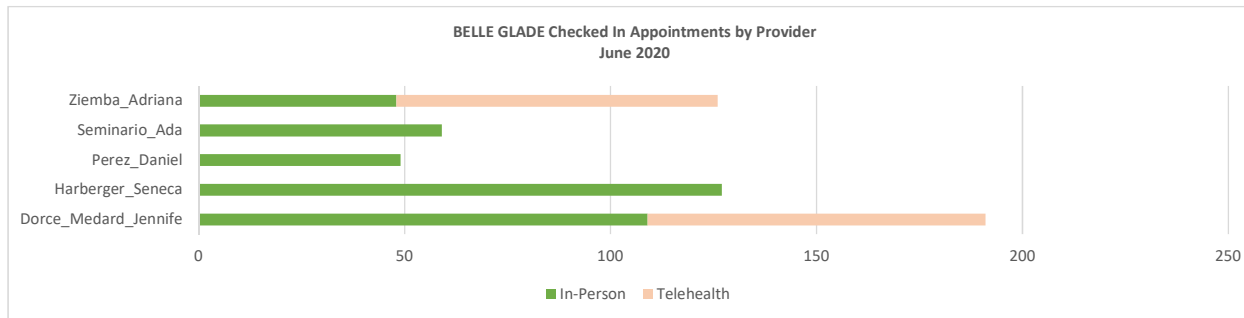
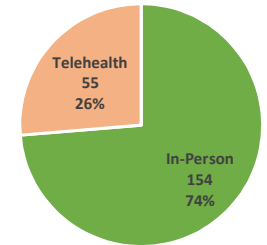
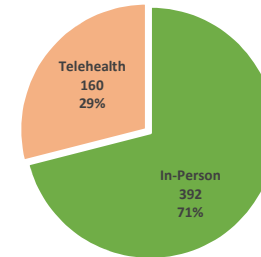
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BELLE GLADE JUNE 2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dorce_Medard_Jennife	153	170	109	61	71%	36%	162	113	82	31	51%	27%
Harberger_Seneca	162	182	127	55	78%	30%	153					
Perez_Daniel	72	69	49	20	68%	29%		1	0	1		100%
Seminario_Ada	176	73	59	14	34%	19%						
Ziamba_Adriana	102	51	48	4	47%	6%	138	100	78	23	57%	22%
Grand Total	665	545	392	154	59%	28%	453	214	160	55	35%	25%



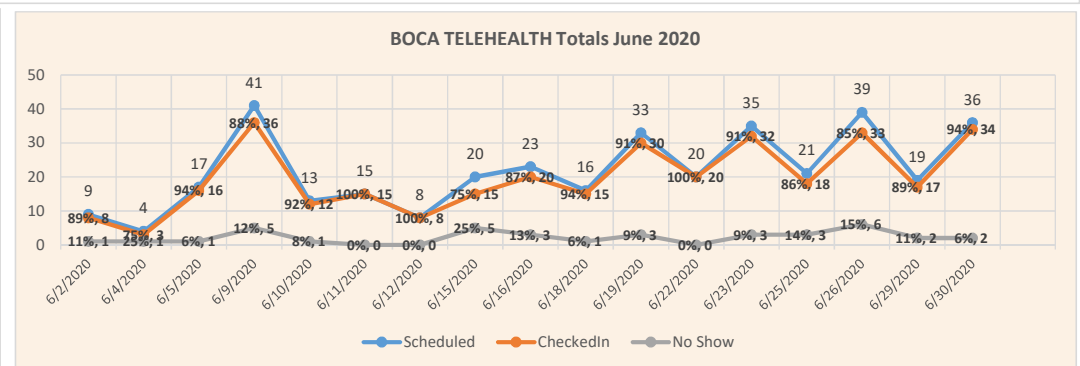
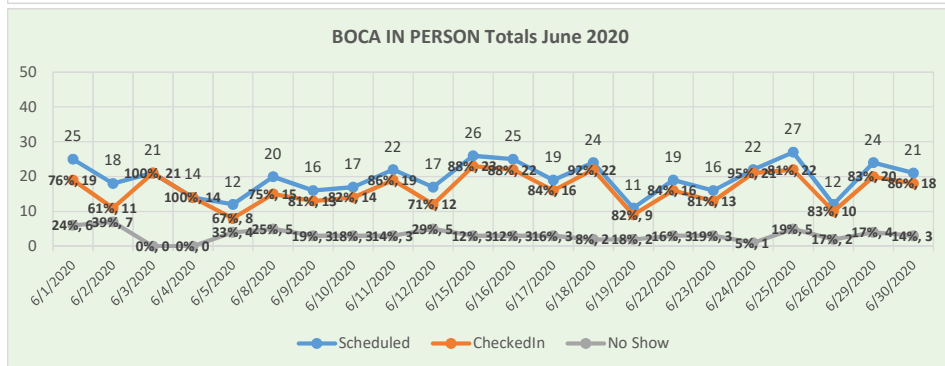
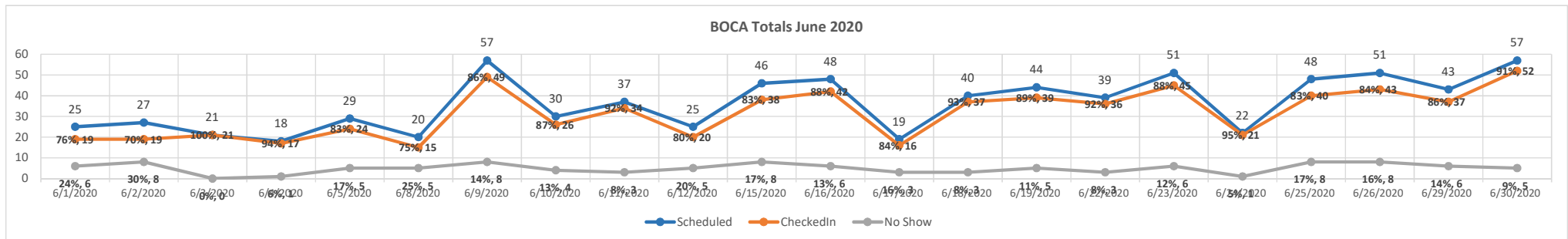
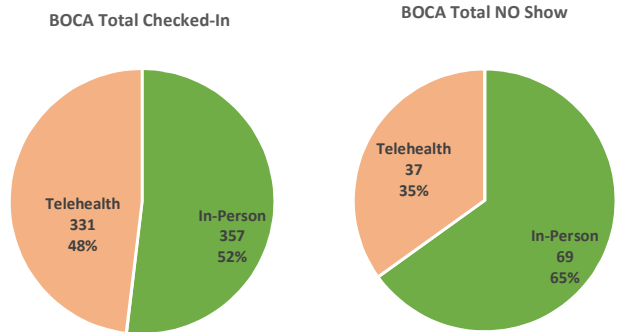
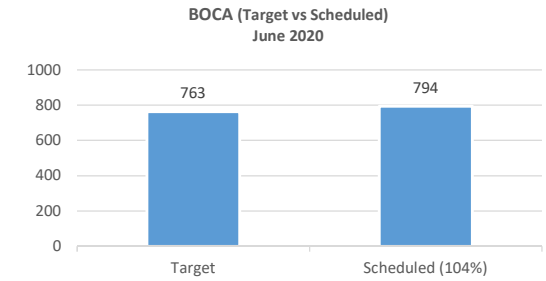
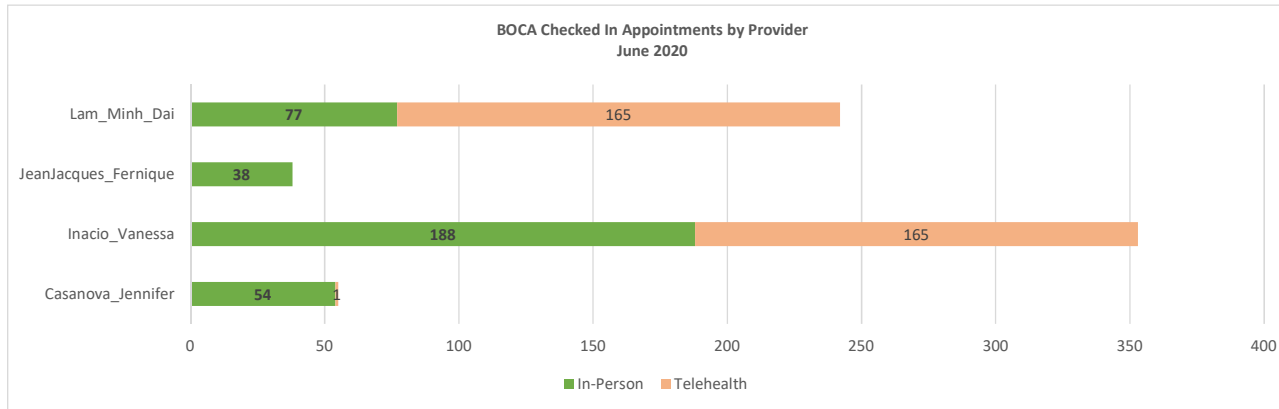
BELLE GLADE Checked-In

BELLE GLADE NO Show



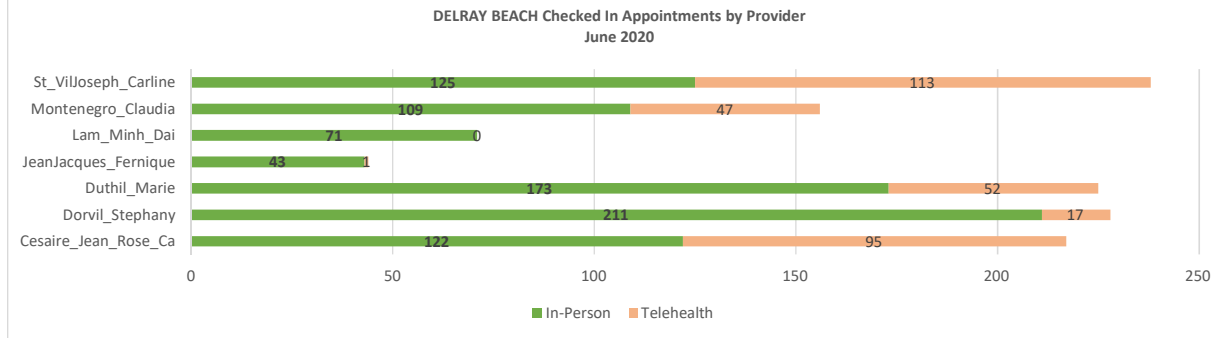
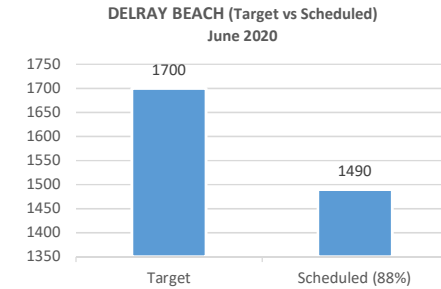
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BOCA June 2020 Provider / App Type	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Casanova_Jennifer	78	70	54	16	69%	23%	2	2	1	1	50%	50%
Inacio_Vanessa	216	218	188	30	87%	14%	171	181	165	16	96%	9%
JeanJacques_Fernique	64	51	38	13	59%	25%						
Lam_Minh_Dai	56	87	77	10	138%	11%	176	185	165	20	94%	11%
Grand Total	414	426	357	69	86%	16%	349	368	331	37	95%	10%

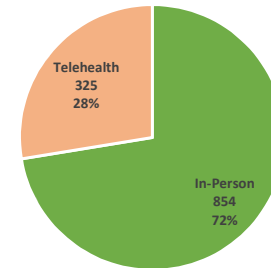


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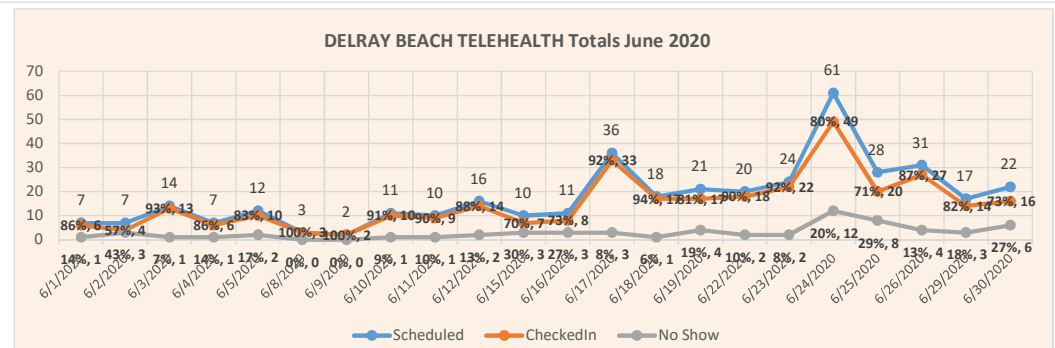
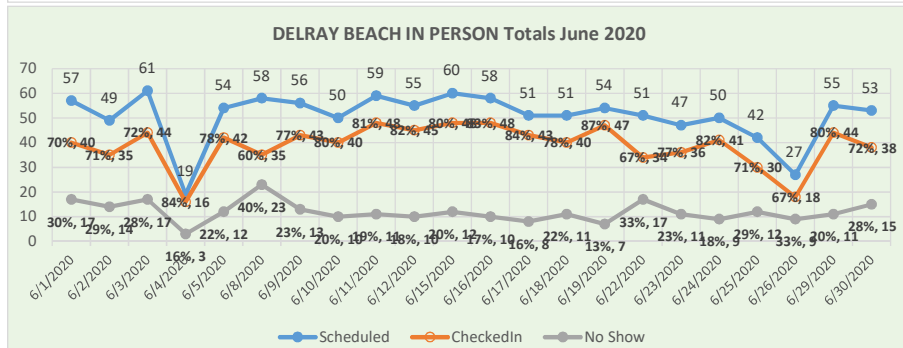
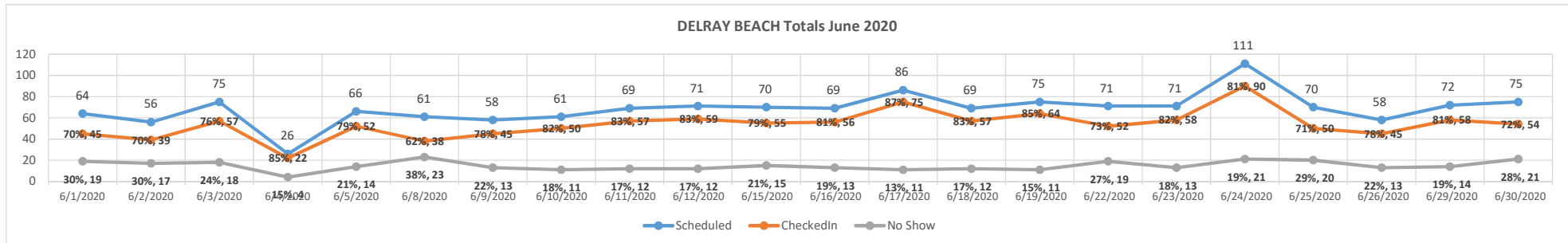
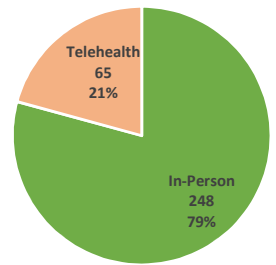
DELRAY BEACH June 2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Cesaire_Jean_Rose_Ca	144	177	122	55	85%	31%	200	109	95	14	48%	13%
Dorvil_Stephany	228	219	211	8	93%	4%	24	19	17	4	71%	11%
Duthil_Marie	162	244	173	71	107%	29%	207	68	52	16	25%	24%
JeanJacques_Fernique	48	54	43	11	90%	20%		1	1			0%
Lam_MinH_Dai	64	91	71	20	111%	22%		1		1		100%
Montenegro_Claudia	99	145	109	36	110%	25%	180	59	47	12	26%	20%
St_VilJoseph_Carline	136	172	125	47	92%	27%	208	131	113	18	54%	14%
Grand Total	881	1102	854	248	97%	23%	819	388	325	65	40%	16%



DELRAY BEACH Total Checked-In

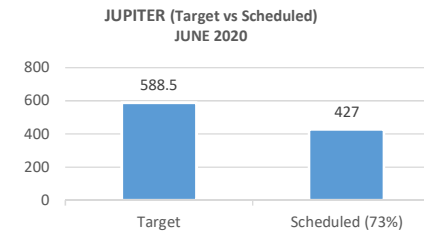
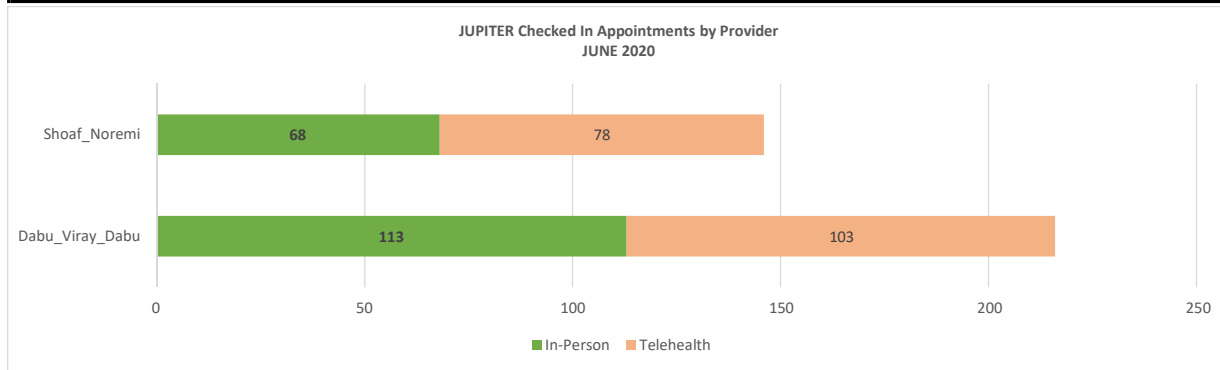


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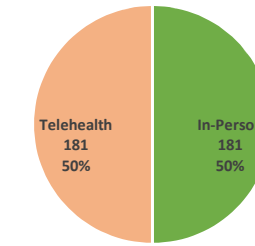


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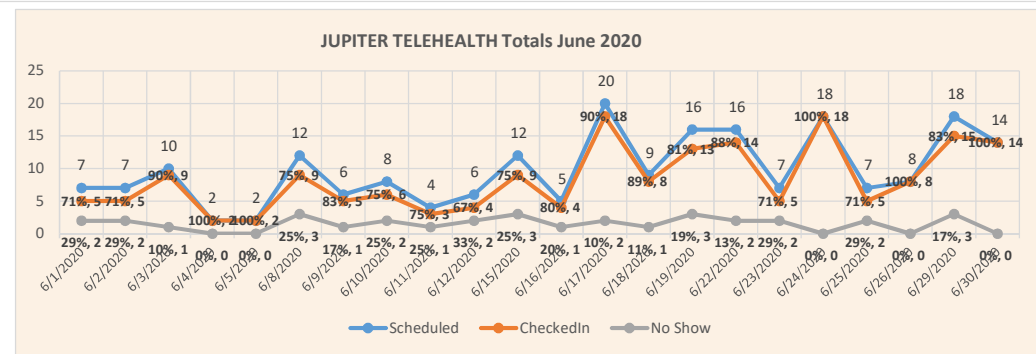
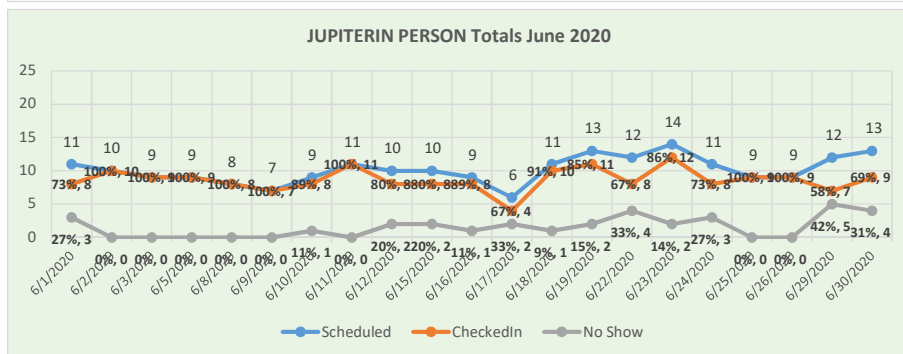
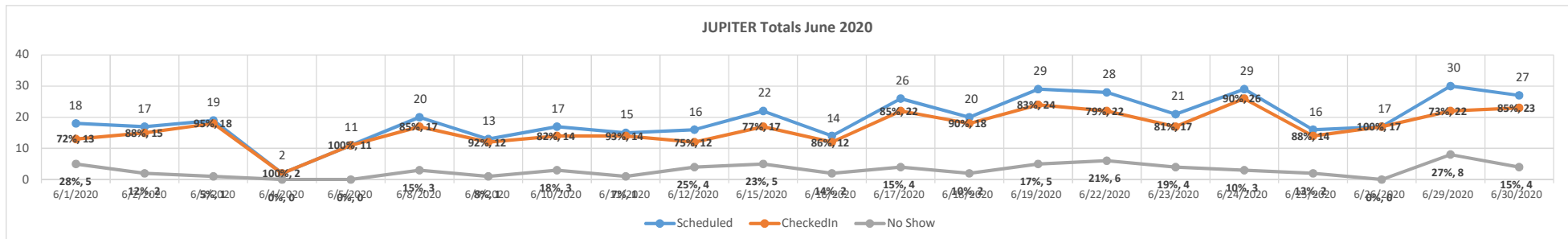
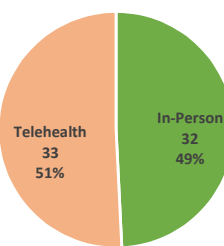
JUPITER JUNE 2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dabu_Viray_Dabu	132.50	125	113	12	85%	10%	162	121	103	18	64%	15%
Shoaf_Noremi	86	88	68	20	79%	23%	208	93	78	15	38%	16%
Grand Total	218.50	213	181	32	83%	15%	370	214	181	33	49%	15%



JUPITER Total Checked-In

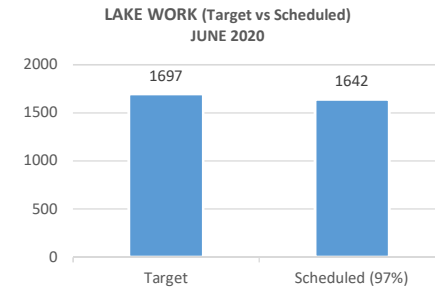


JUPITER Total NO Show



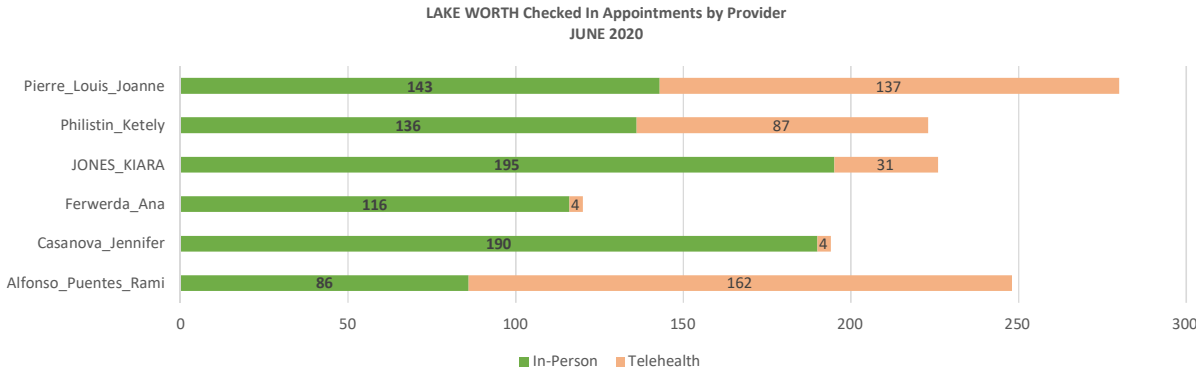
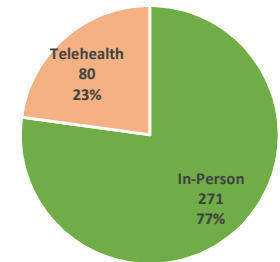
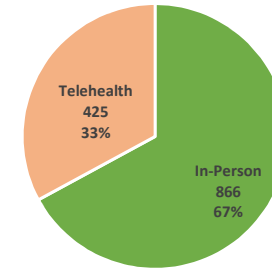
<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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LAKE WORTH JUNE 2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alfonso_Puentes_Rami	90	121	86	35	96%	29%	225	193	162	31	72%	16%
Casanova_Jennifer	250	298	190	108	76%	36%	14	11	4	7	29%	64%
Ferwerda_Ana	162	150	116	34	72%	23%	18	5	4	1	22%	20%
JONES_KIARA	204	202	195	7	96%	3%	46	33	31	2	67%	6%
Philistin_Ketely	128	178	136	42	106%	24%	216	109	87	22	40%	20%
Pierre_Louis_Joanne	136	188	143	45	105%	24%	208	154	137	17	66%	11%
Grand Total	970	1137	866	271	89%	24%	727	505	425	80	58%	16%

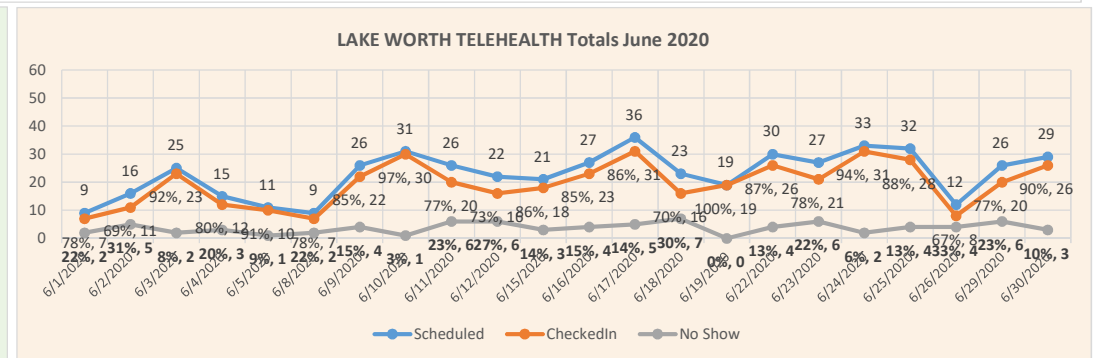
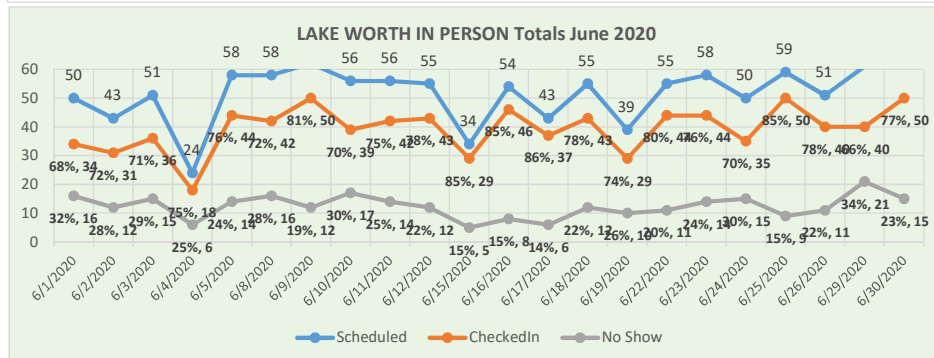
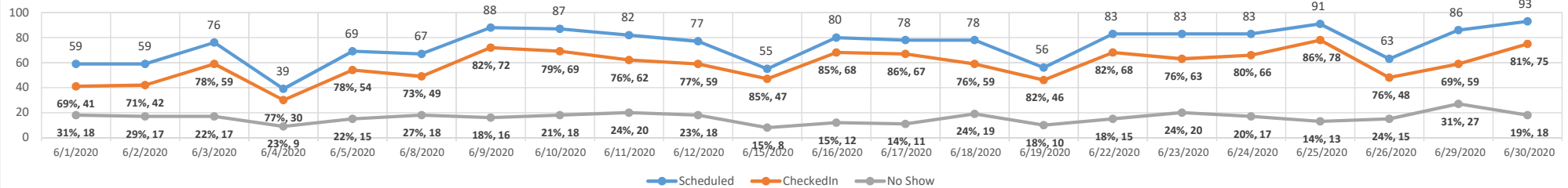


LAKE WORTH Total Checked-In

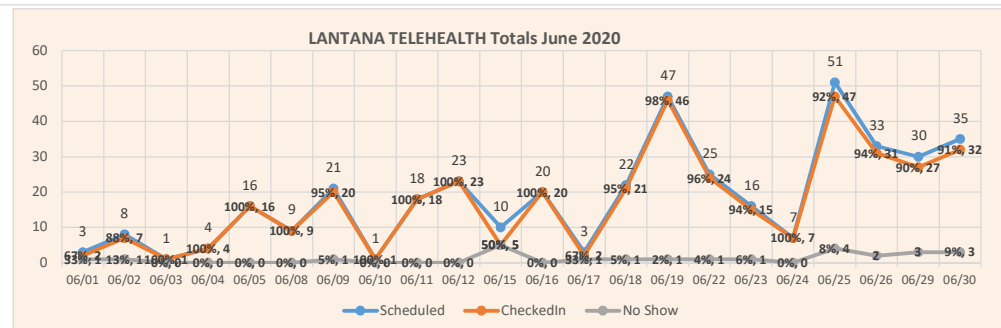
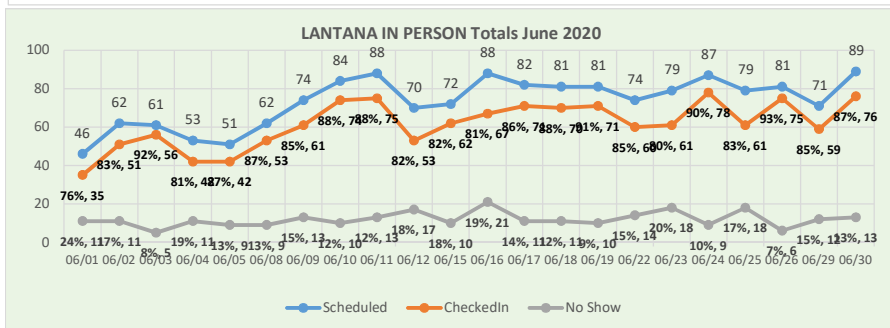
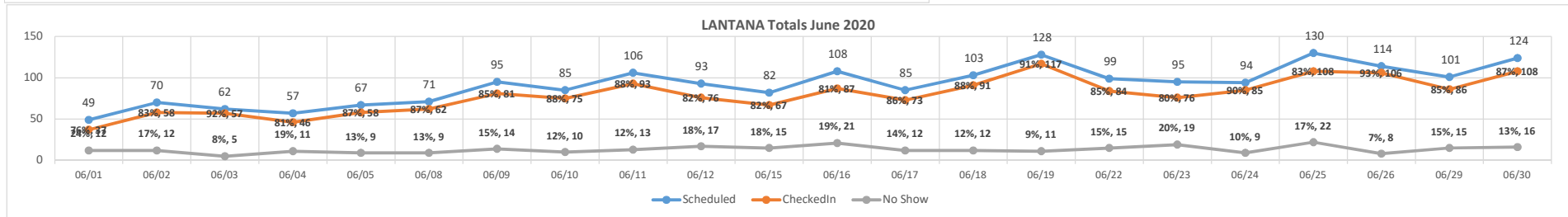
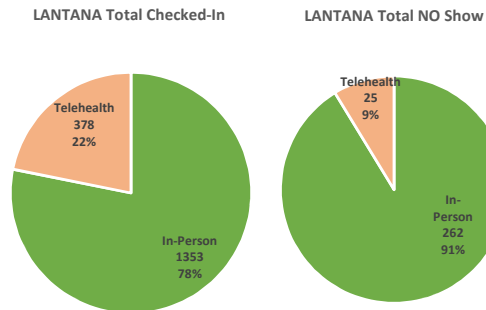
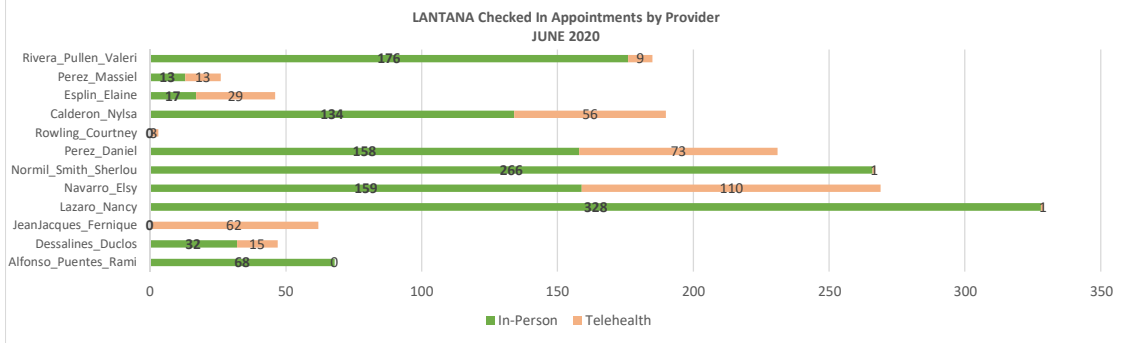
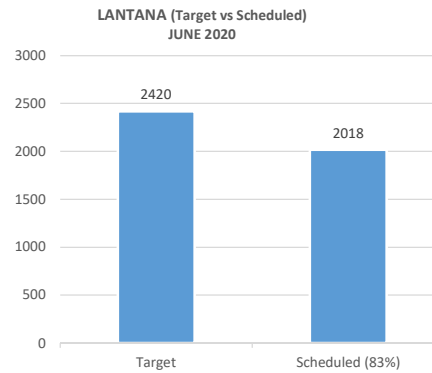
LAKE WORTH Total NO Show

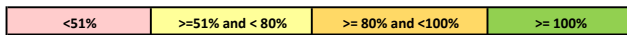


LAKE WORTH Totals June 2020

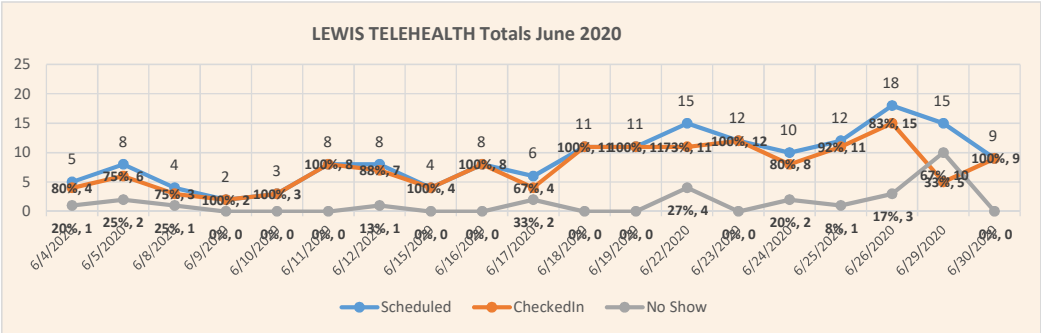
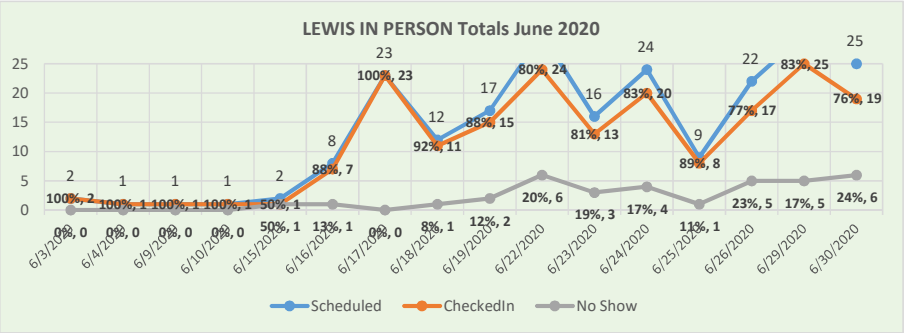
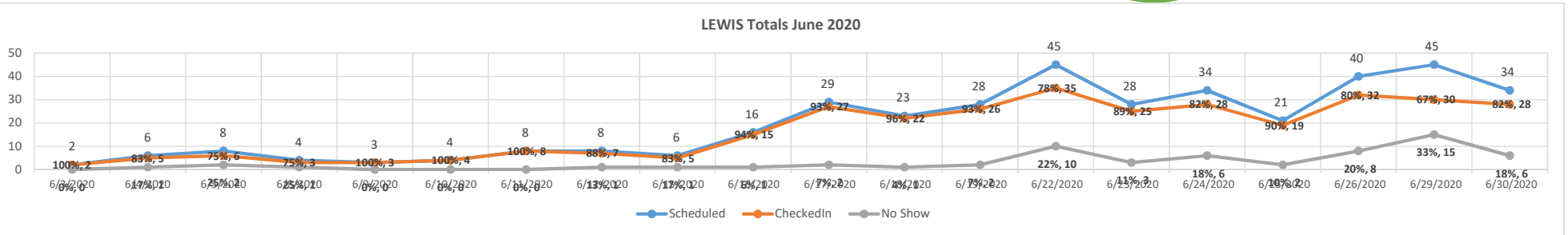
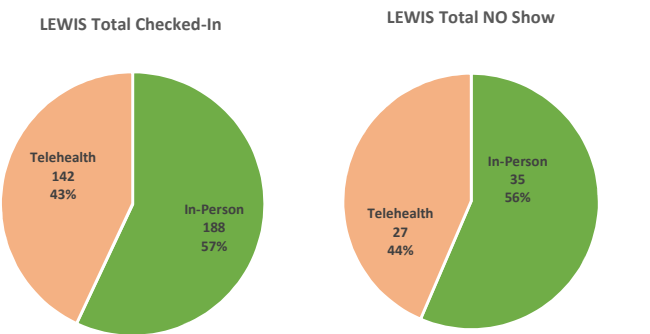
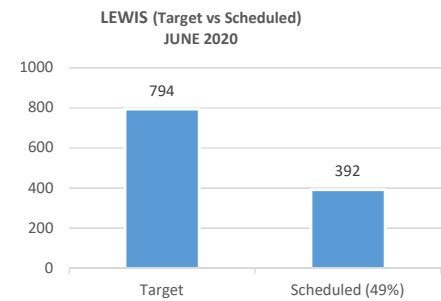
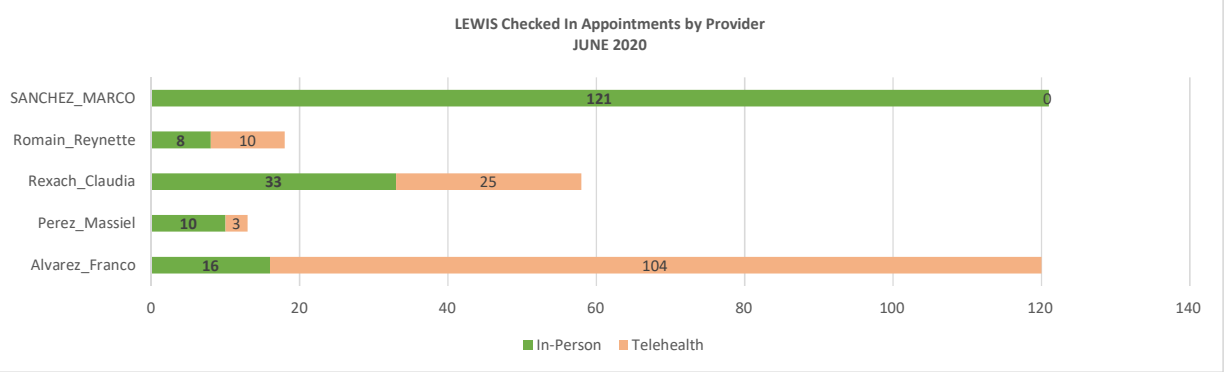


	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%							
LANTANA JUNE 2020	In-Person						Telehealth							
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show		
Alfonso_Puentes_Rami	72	81	68	13	94%	16%						0%		
Dessalines_Duclos	54	38	32	6	59%	16%	99	17	15	2	15%	12%		
JeanJacques_Fernique		1		1		100%	176	67	62	5	35%	7%		
Lazaro_Nancy	360	392	328	64	91%	16%	27	2	1	1	4%	50%		
Navarro_Elsy	144	195	159	36	110%	18%	168	114	110	4	65%	4%		
Normil_Smith_Sherlou	297	353	266	87	90%	25%	54	1	1		2%	0%		
Perez_Daniel	153	203	158	45	103%	22%	162	78	73	5	45%	6%		
Alvarez_Franco						0%		4	4			0%		
BANNON_LORI						0%		1	1			0%		
Romain_Reynette						0%		1	1			0%		
SANCHEZ_MARCO		3	2	1		33%						0%		
Rowling_Courtney						0%	16	4	3	1	19%	25%		
Calderon_Nylsa	204	137	134	3	66%	2%	60	59	56	3	93%	5%		
Esplin_Elaine	66	17	17		26%	0%	66	29	29		44%	0%		
Perez_Massiel	36	15	13	2	36%	13%	24	17	13	4	54%	24%		
Rivera_Pullen_Valeri	170	180	176	4	104%	2%	12	9	9		75%	0%		
Grand Total	1556	1615	1353	262	87%	16%	864	403	378	25	44%	6%		

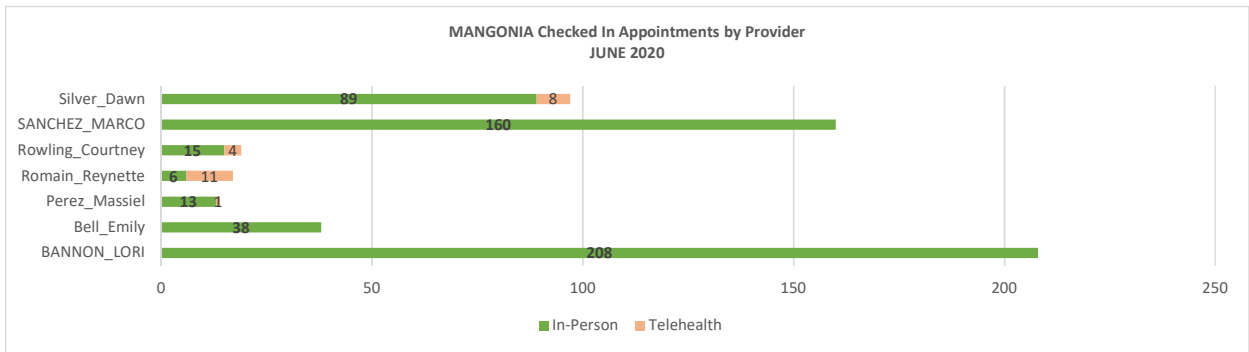
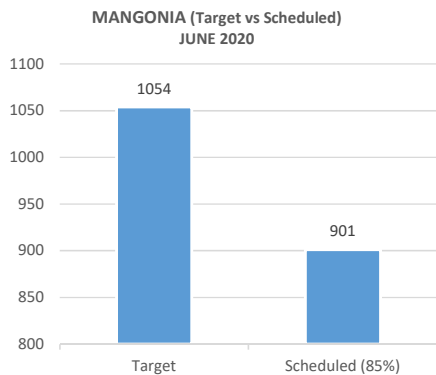




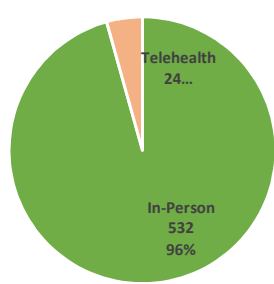
LEWIS JUNE 2020 Provider / App Type	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alvarez_Franco	12	17	16	1	133%	6%	366	113	104	9	28%	8%
Perez_Massiel	48	11	10	1	21%	9%		3	3	0		0%
Rexach_Claudia	66	34	33	1	50%	3%	66	26	25	1	38%	4%
Romain_Reynette	36	12	8	4	22%	33%	24	26	10	16	42%	62%
SANCHEZ_MARCO	176	149	121	28	69%	19%		1	0	1		100%
Grand Total	338	223	188	35	56%	16%	456	169	142	27	31%	16%



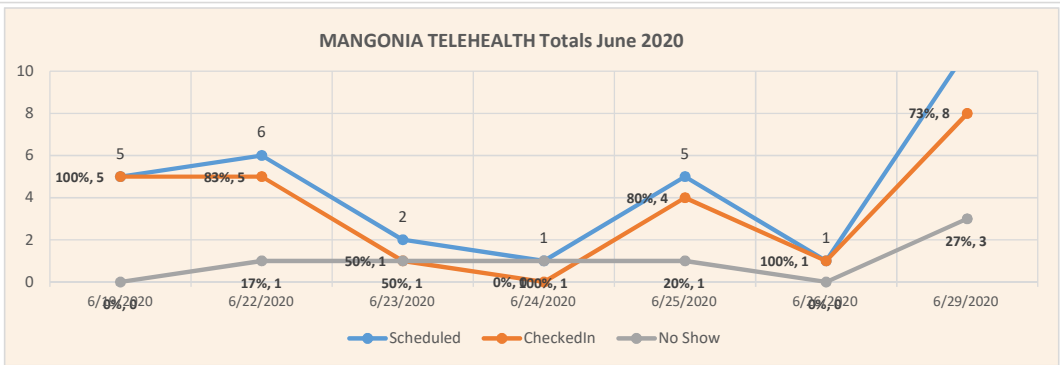
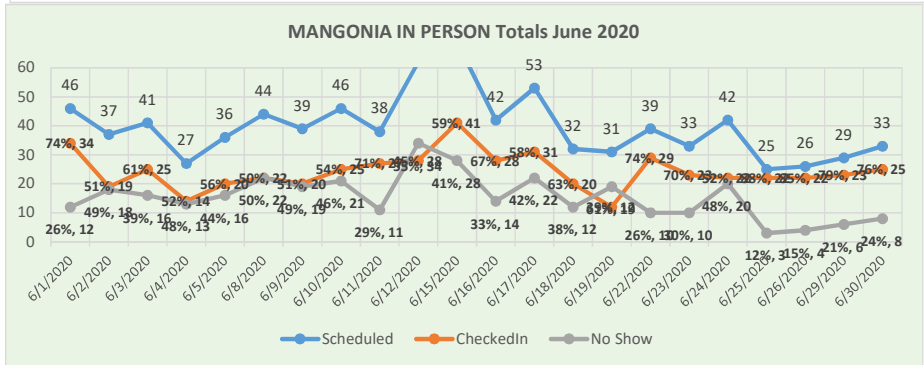
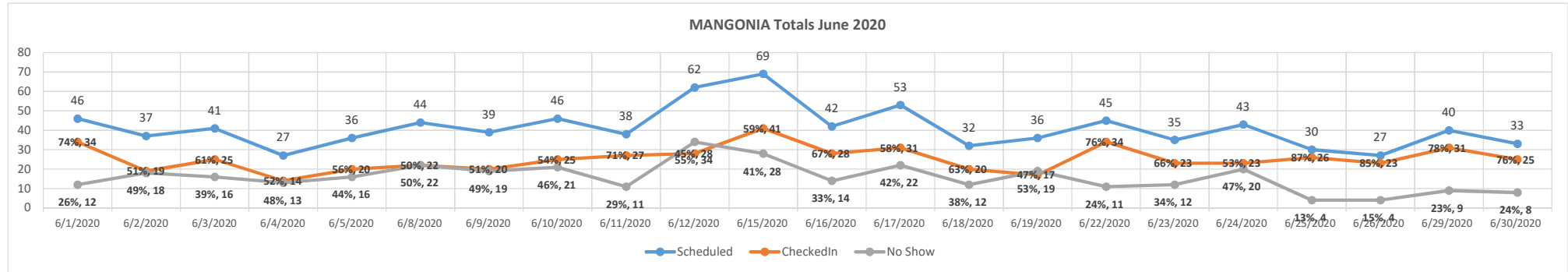
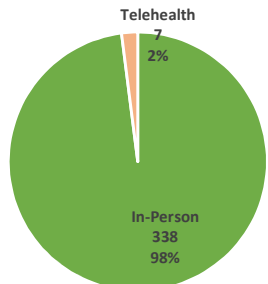
	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%					
MANGONIA JUNE 2020	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
BANNON_LORI	352	266	208	58	59%	22%						
Bell_Emily	112	44	38	6	34%	14%						
Esplin_Elaine	12	1	1	0	8%	0%						
Perez_Massiel	24	13	13	0	54%	0%		1	1	0	0%	0%
Rexach_Claudia	24	3	2	1	8%	33%						
Romain_Reynette	12	205	6	199	50%	97%	24	17	11	6	46%	35%
Rowling_Courtney	64	18	15	3	23%	17%		4	4	0	0%	0%
SANCHEZ_MARCO	176	200	160	40	91%	20%						
Silver_Dawn	228	120	89	31	39%	26%	26	9	8	1	31%	11%
Grand Total	1004	870	532	338	53%	39%	50	31	24	7	48%	23%



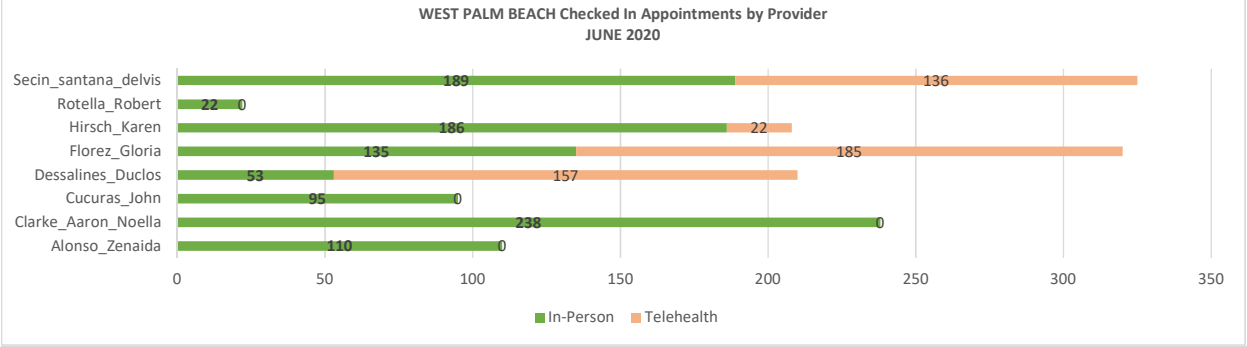
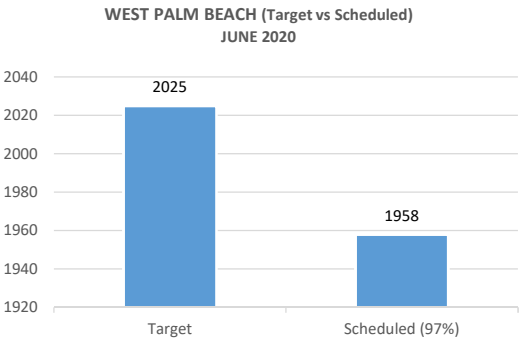
MANGONIA Total Checked-In



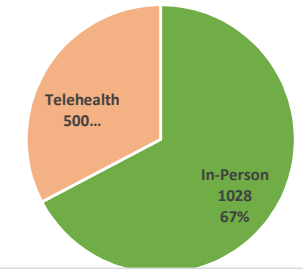
MANGONIA Total NO Show



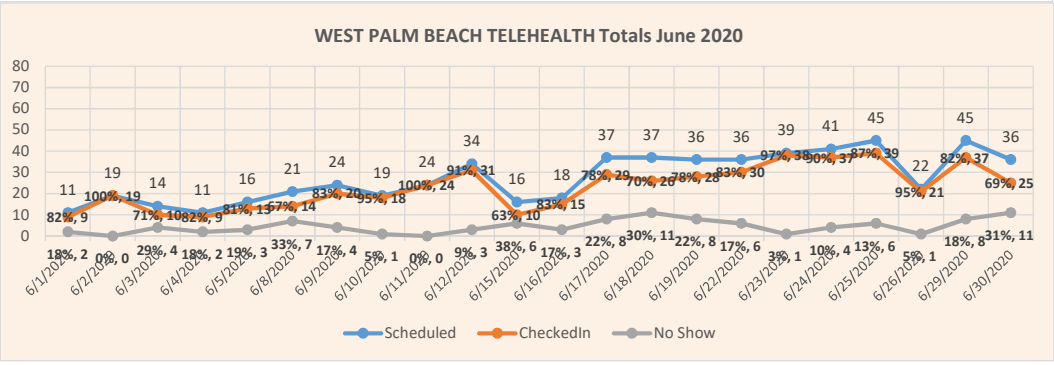
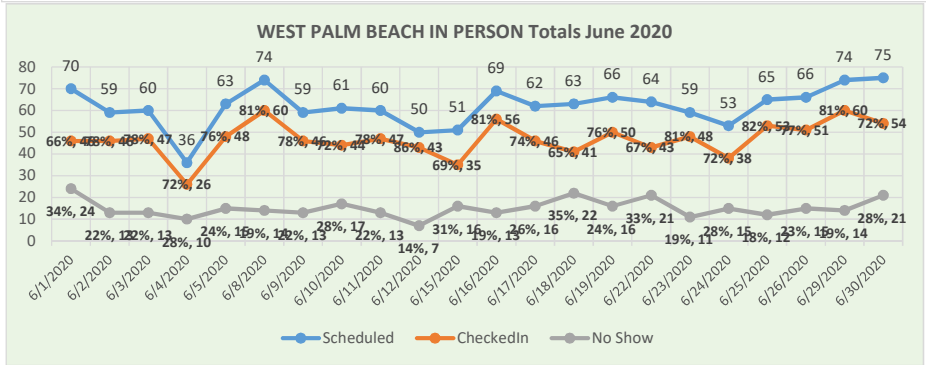
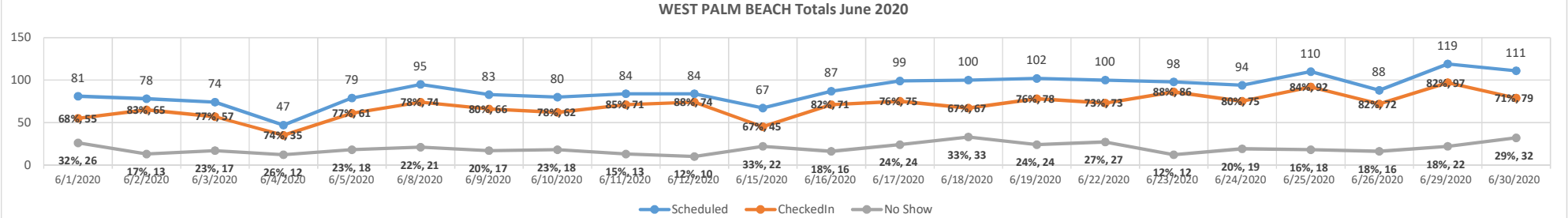
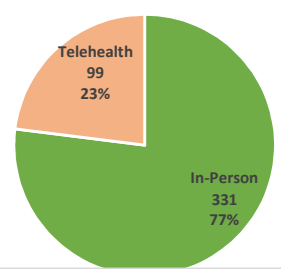
WEST PALM BEACH JUNE 2020	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alonso_Zenaida	220	148	110	38	50%	26%						
Clarke_Aaron_Noella	333	321	238	83	71%	26%						
Cucuras_John	176	127	95	32	54%	25%						
Dessalines_Duclos	36	65	53	12	147%	18%	198	208	157	51	79%	25%
Florez_Gloria	153	188	135	53	88%	28%	234	221	185	36	79%	16%
Hirsch_Karen	188	200	186	14	99%	7%	52	22	22		42%	0%
Rotella_Robert	48	26	22	4	46%	15%						
Secin_santana_delvis	234	284	189	95	81%	33%	153	148	136	12	89%	8%
Grand Total	1388	1359	1028	331	74%	24%	637	599	500	99	78%	17%



WEST PALM BEACH Total Checked-In



WEST PALM BEACH Total NO Show

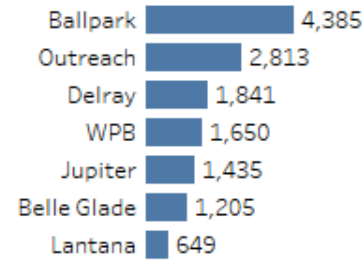


COVID-19 HCD Clinics All

Last 30 days

55

6/1/2020 to 6/30/2020



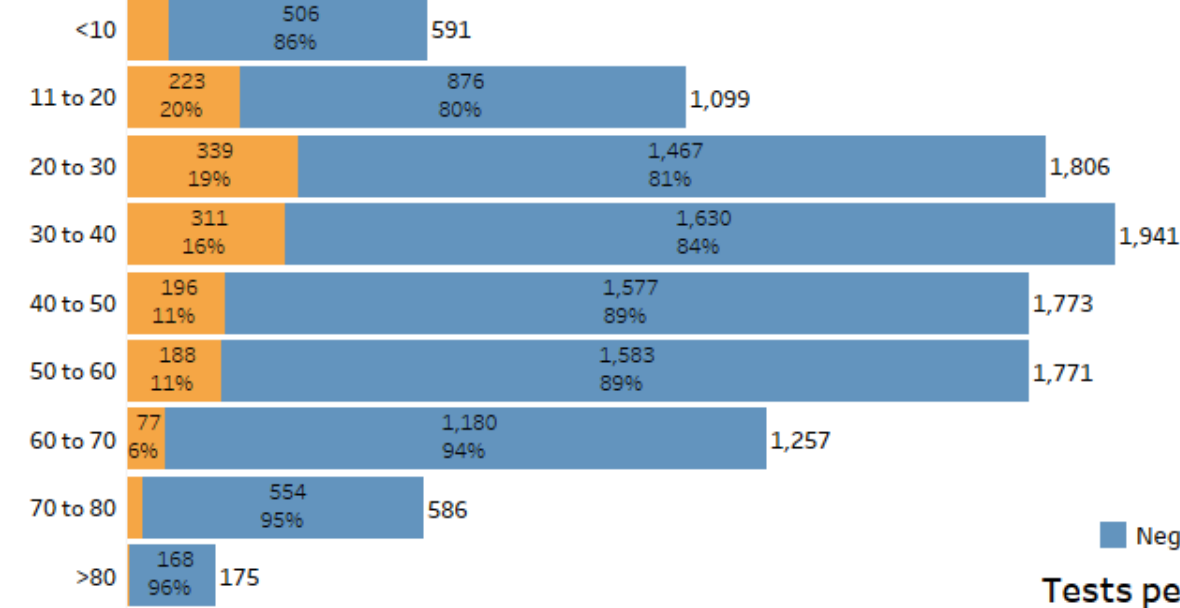
Tests **13,976**

Results **10,999**



*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

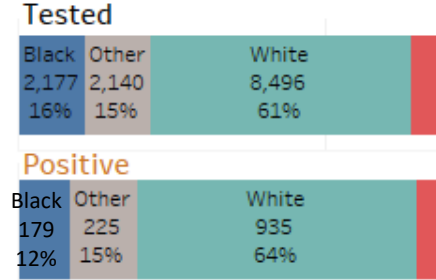
Rate of testing by age group



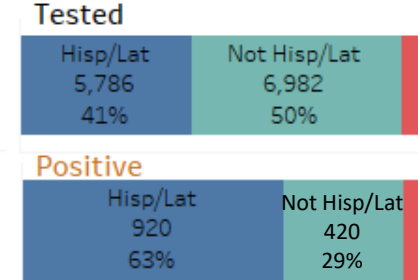
Age distribution for positive results



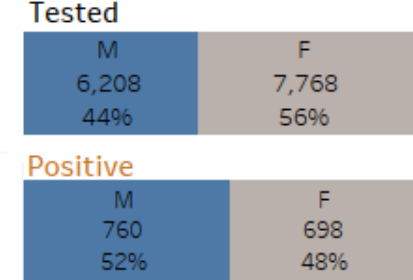
Race



Ethnicity



Gender

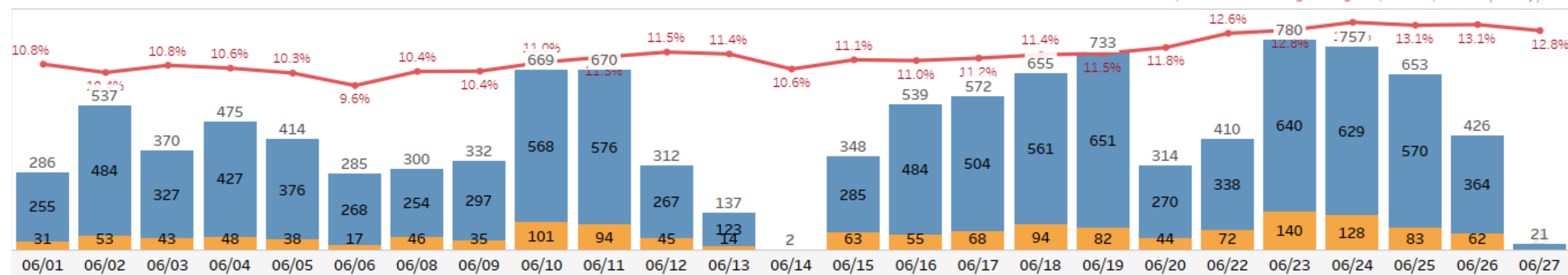


■ Patient Declined

■ Negative ■ Positive

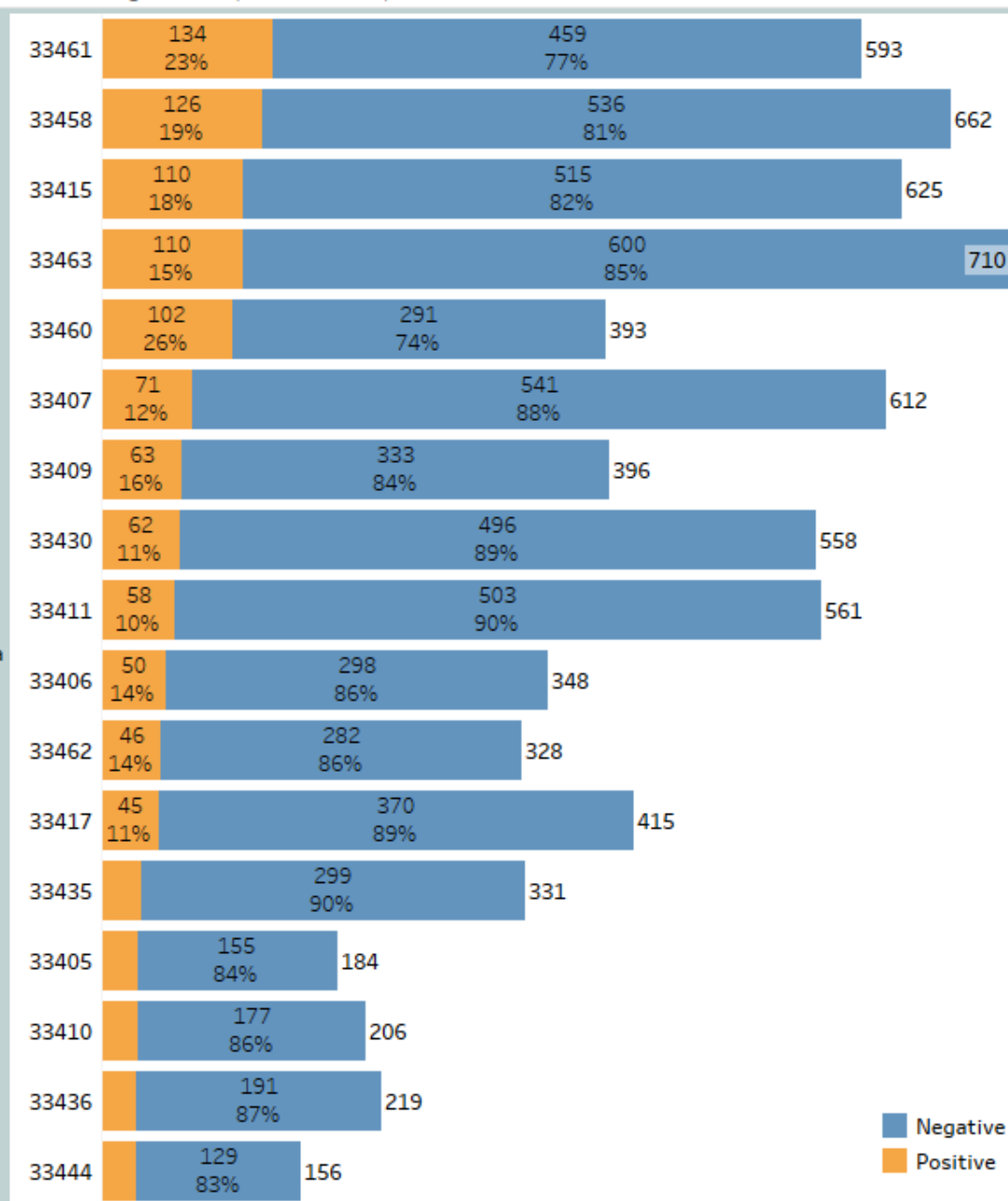
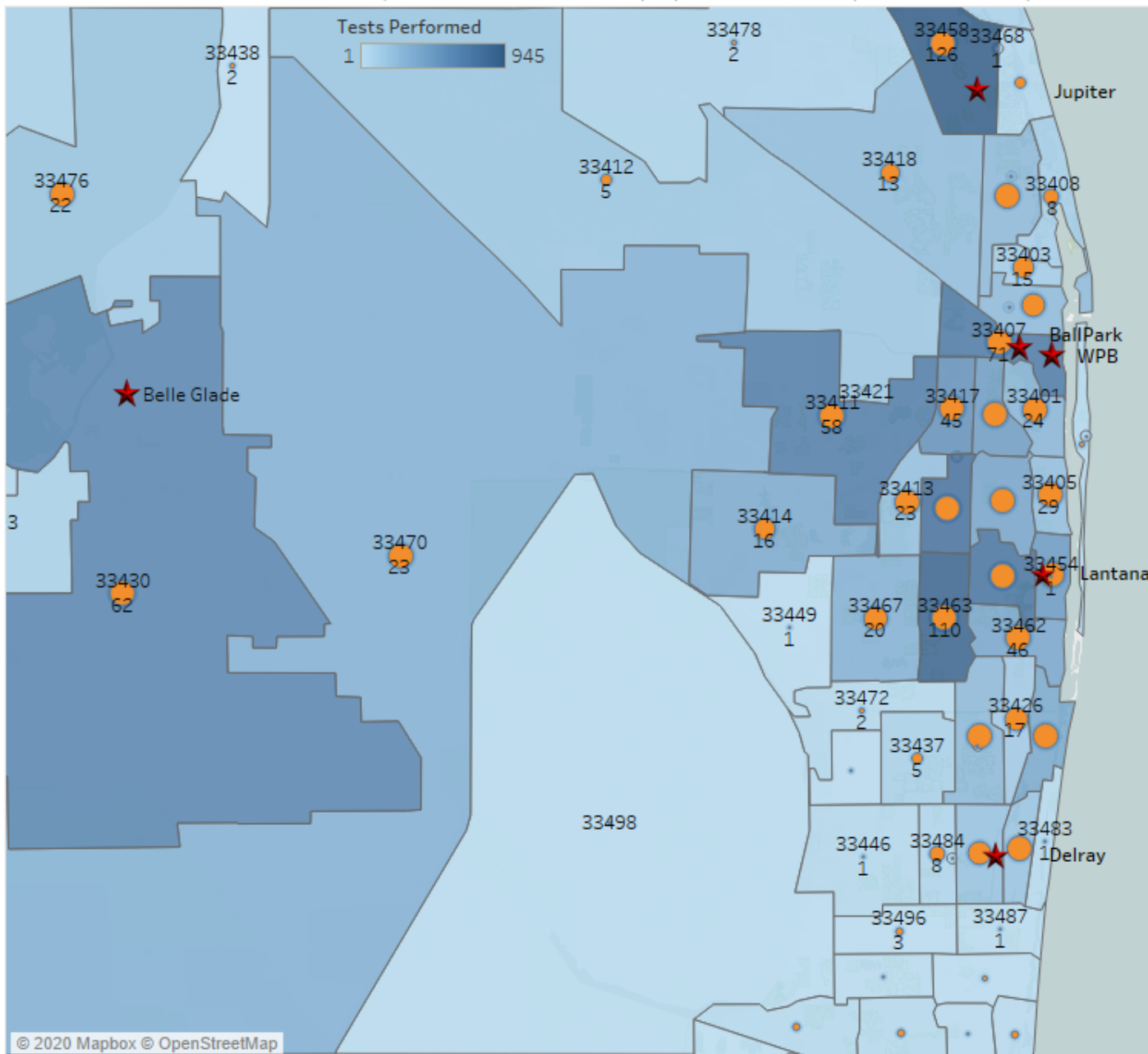
Result Status
Multiple values

Tests performed in the last 30 days





Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.



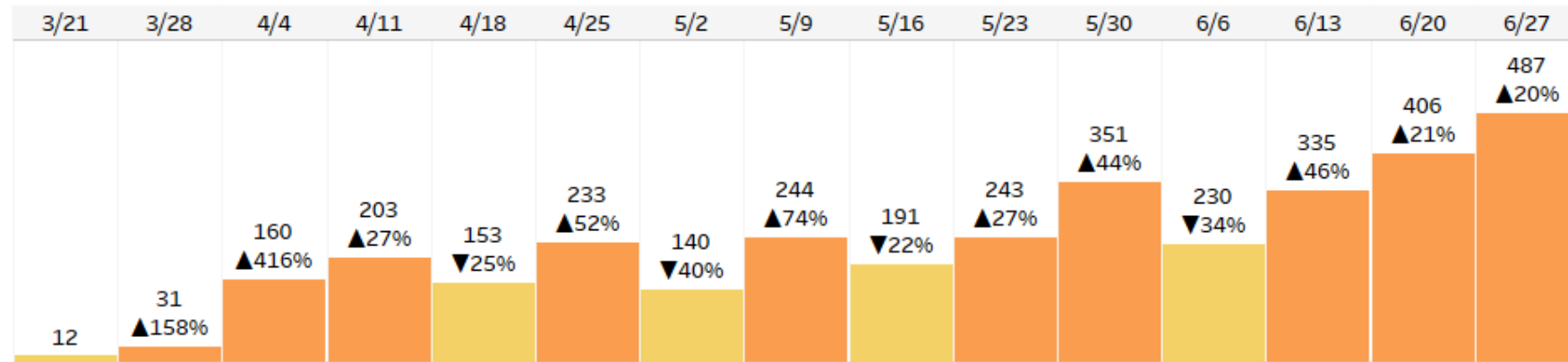
Negative
Positive

Total Positive Results	Unique Positive Patients	Unique Patients Retested
1,458	1,432	194

Retest Frequency

2 times	177 Patients
3 times	14 Patients
4 times	3 Patients
5 times	1 Patients

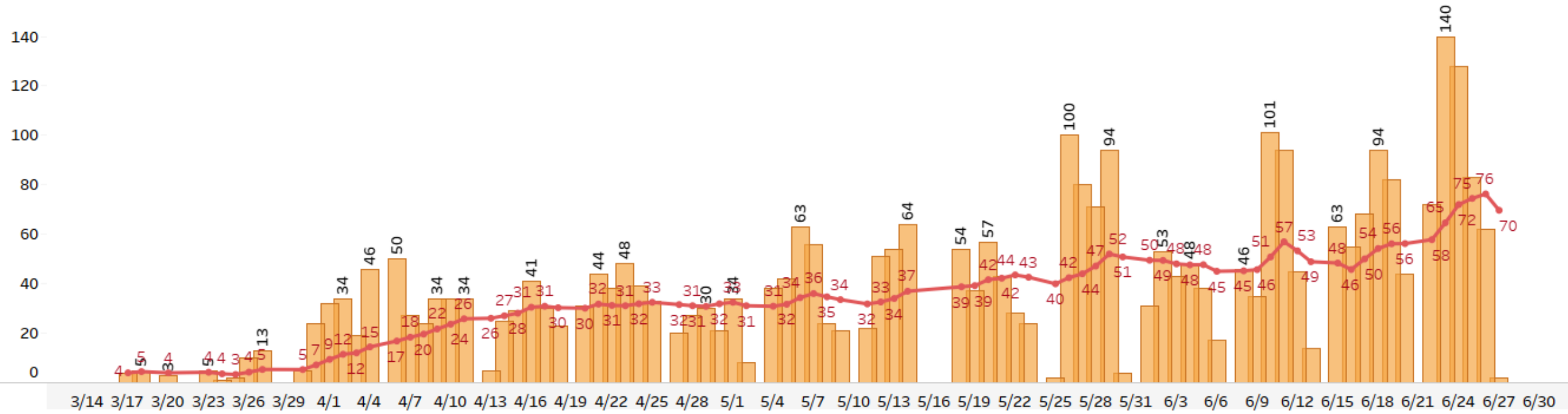
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics Ballpark

58

Last 30 days

6/1/2020 to 6/30/2020

Ballpark	4,385
Outreach	2,813
Delray	1,841
WPB	1,650
Jupiter	1,435
Belle Glade	1,205
Lantana	649

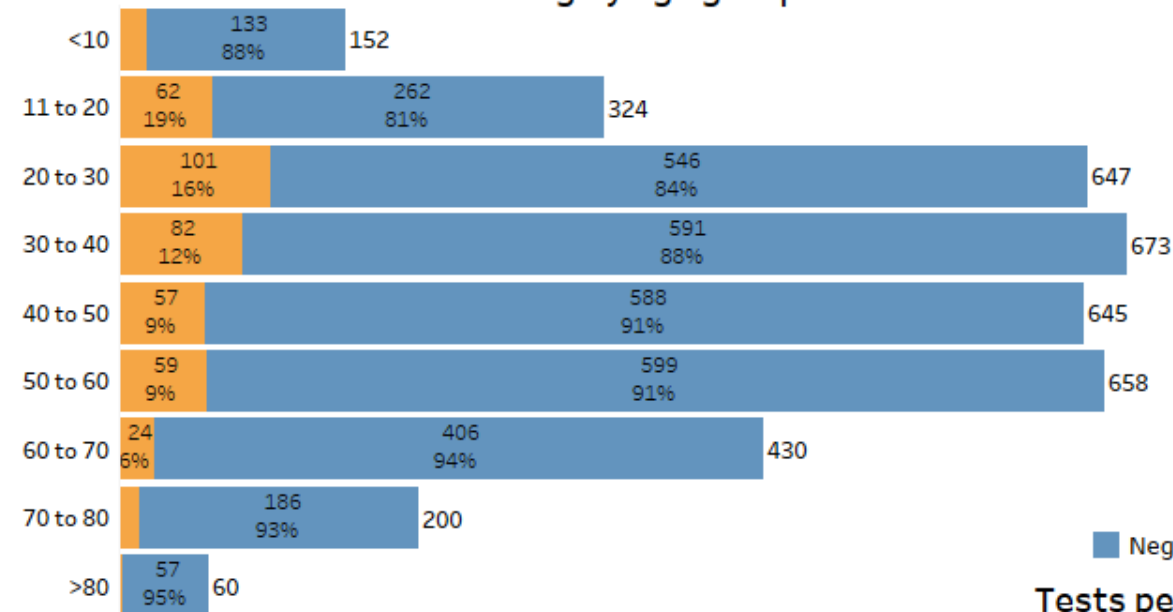
Tests **4,385**

Results **3,789**

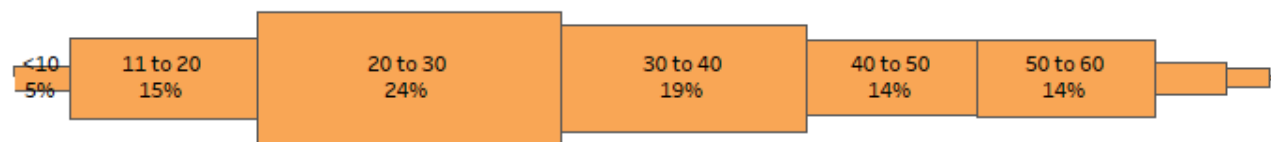
Not Resulted	Resulted	Negative	Positive
599	3,789	3,368	421
14%	86%	89%	11%

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

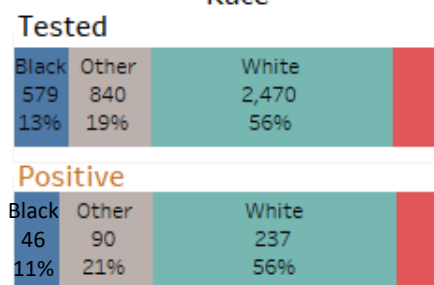
Rate of testing by age group



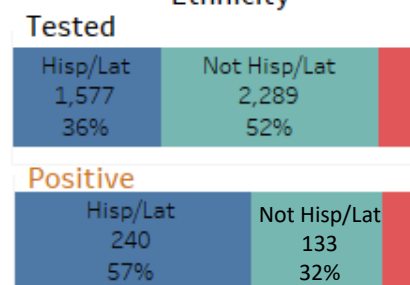
Age distribution for positive results



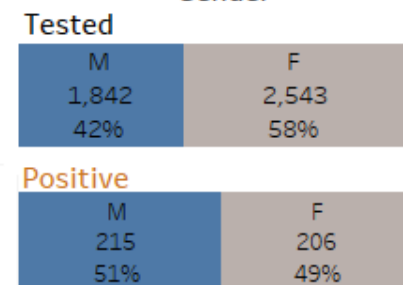
Race



Ethnicity



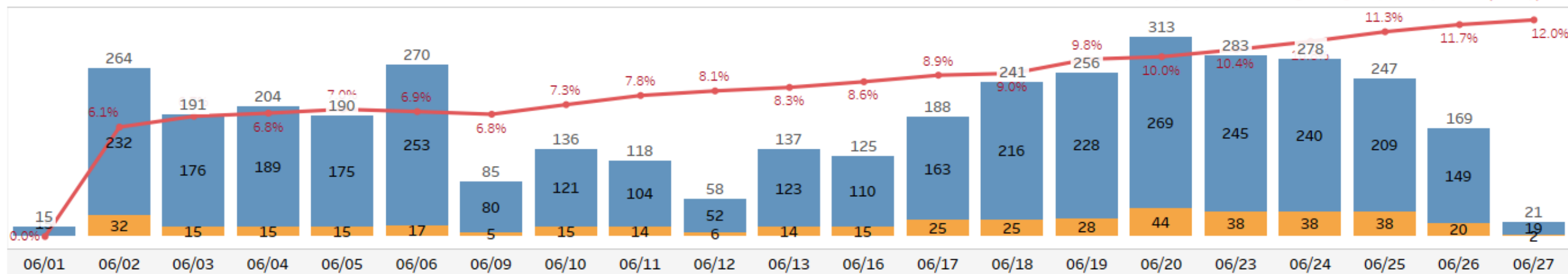
Gender



■ Patient Declined

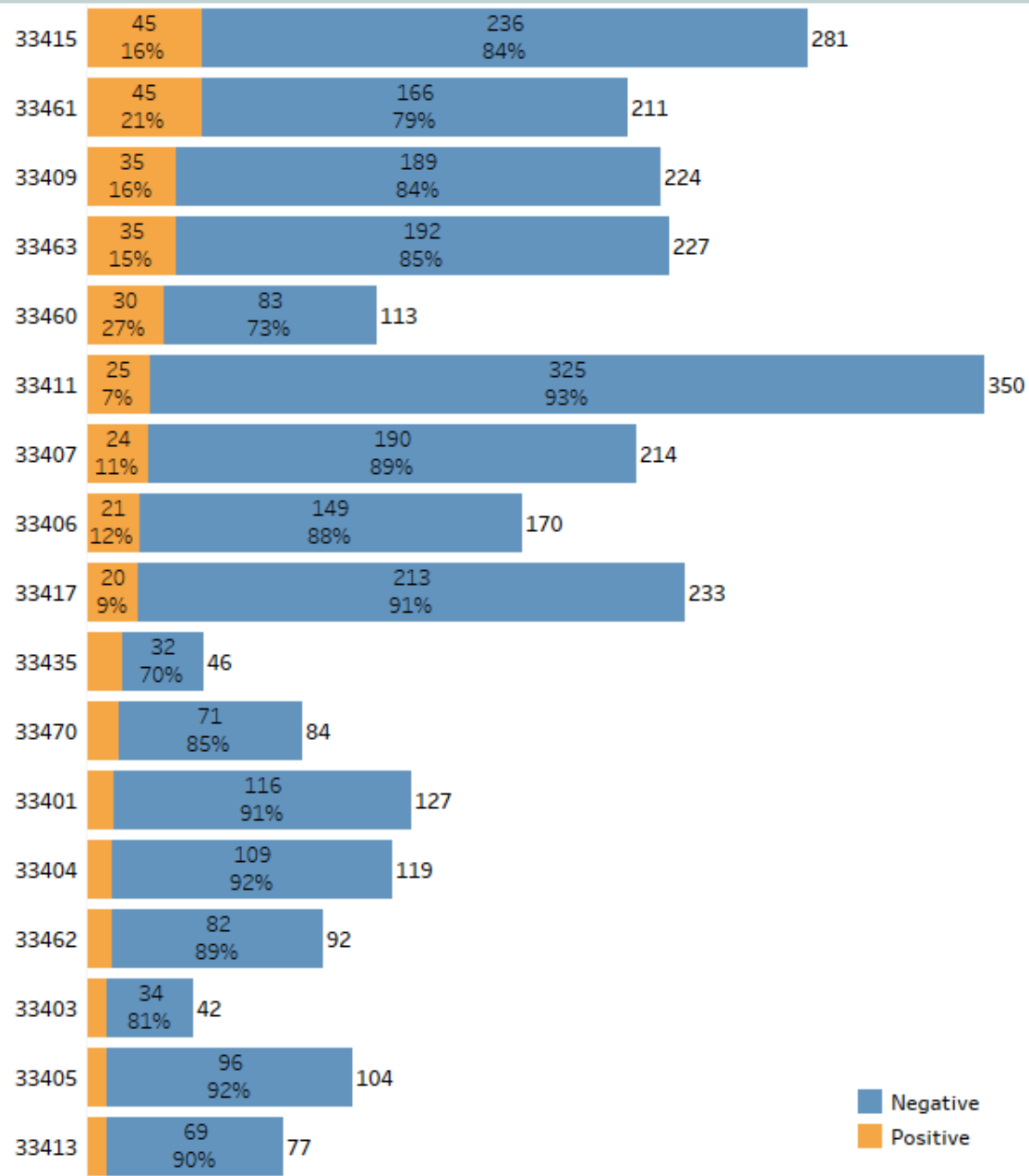
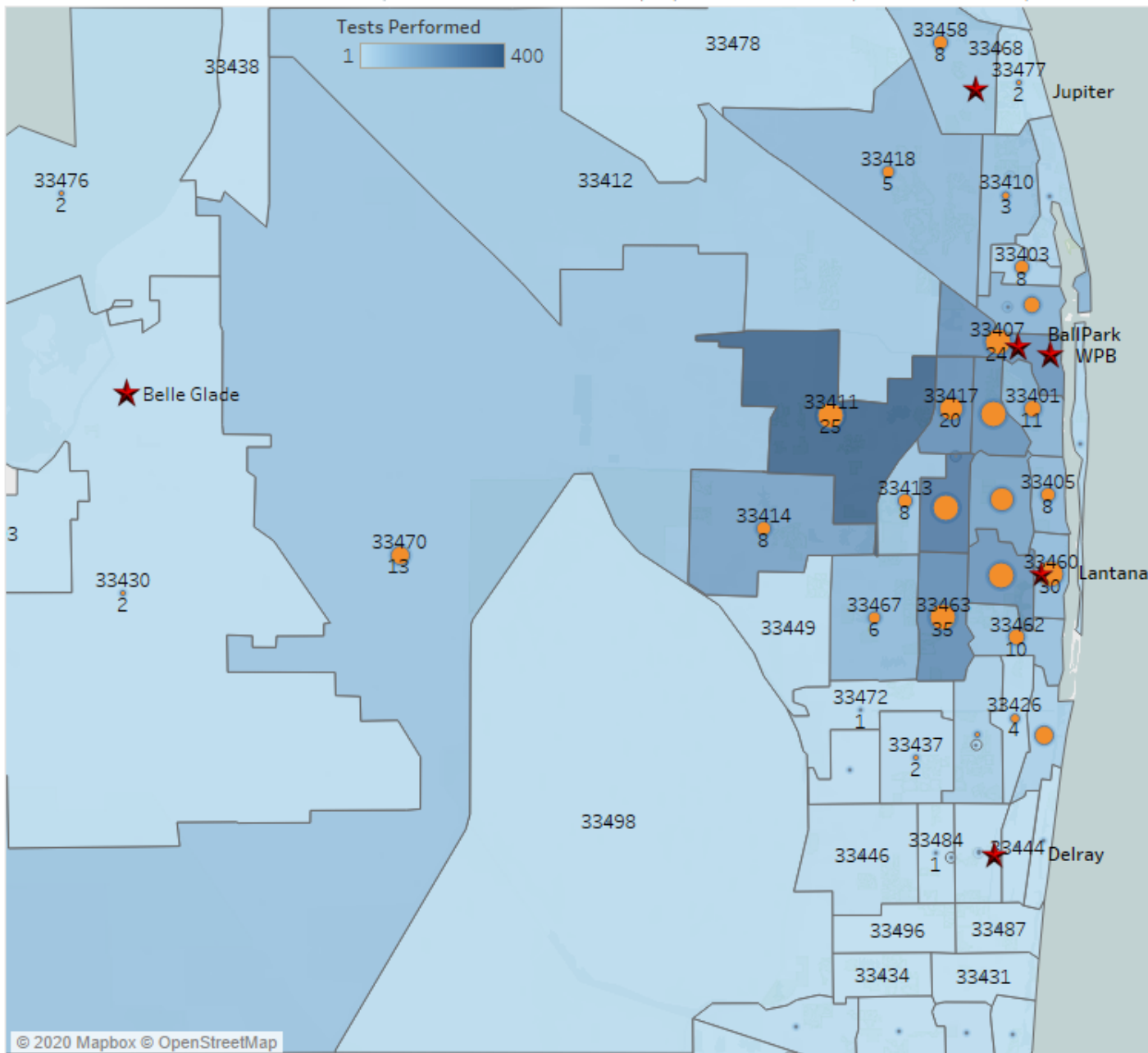
■ Negative ■ Positive

Tests performed in the last 30 days





Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.

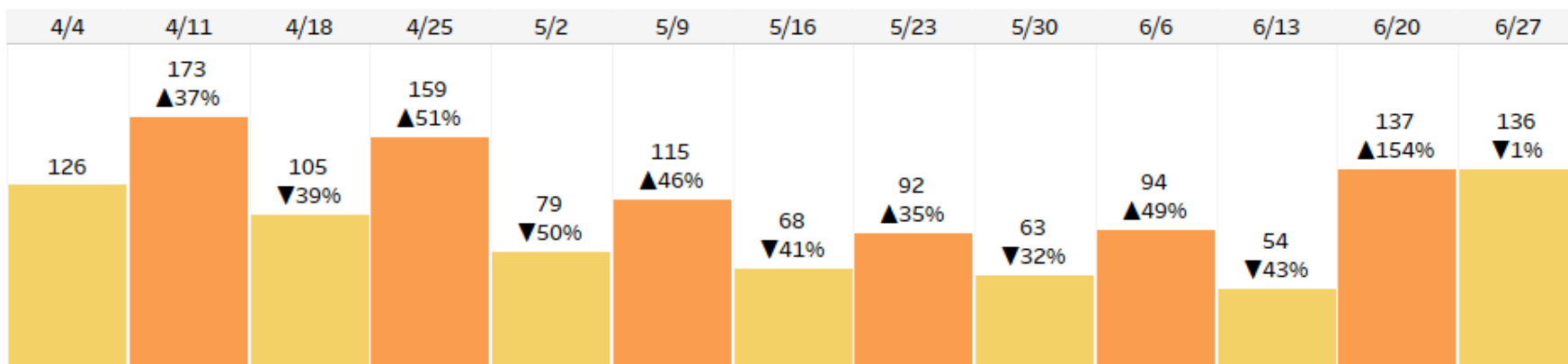


Total Positive Results	Unique Positive Patients	Unique Patients Retested
421	417	101

Retest Frequency

2 times	89 Patients
3 times	10 Patients
4 times	2 Patients
5 times	1 Patients

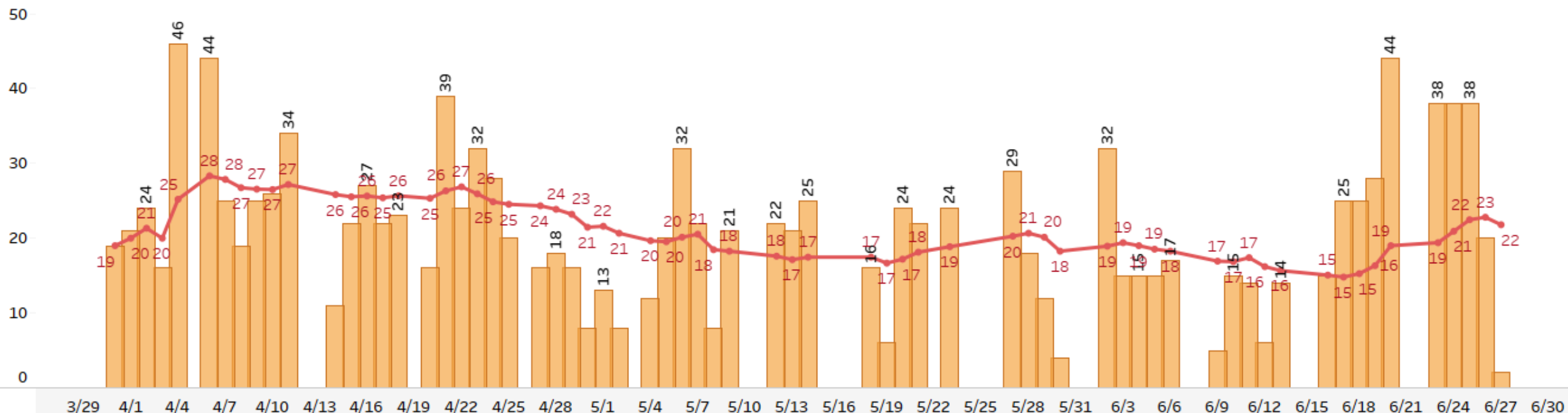
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

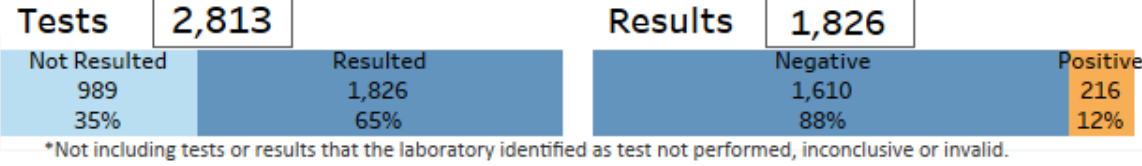
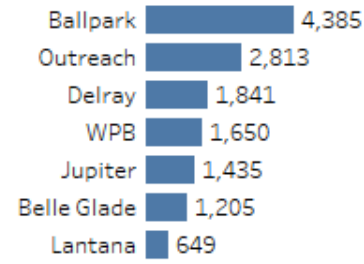
Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics Outreach 61

Last 30 days

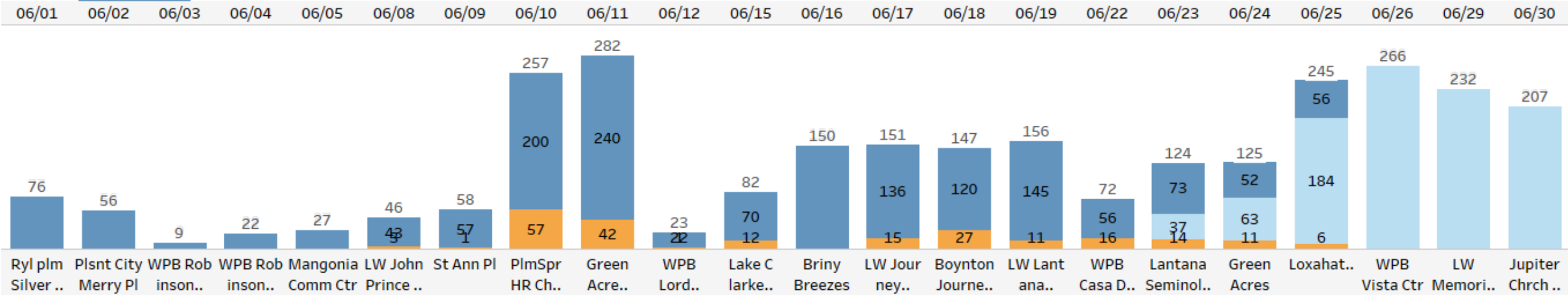
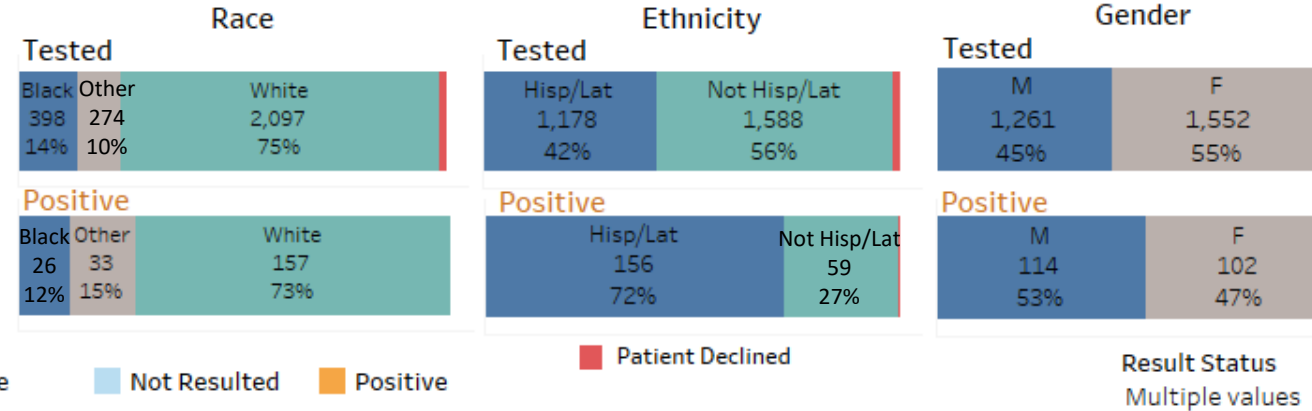
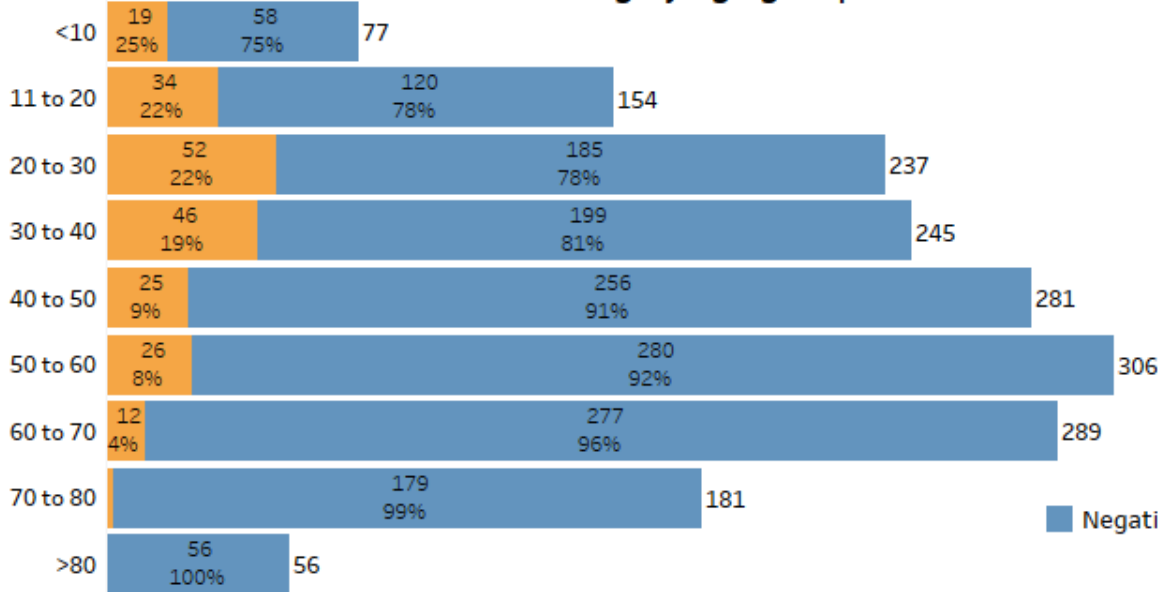
6/1/2020 to 6/30/2020



Age distribution for positive results

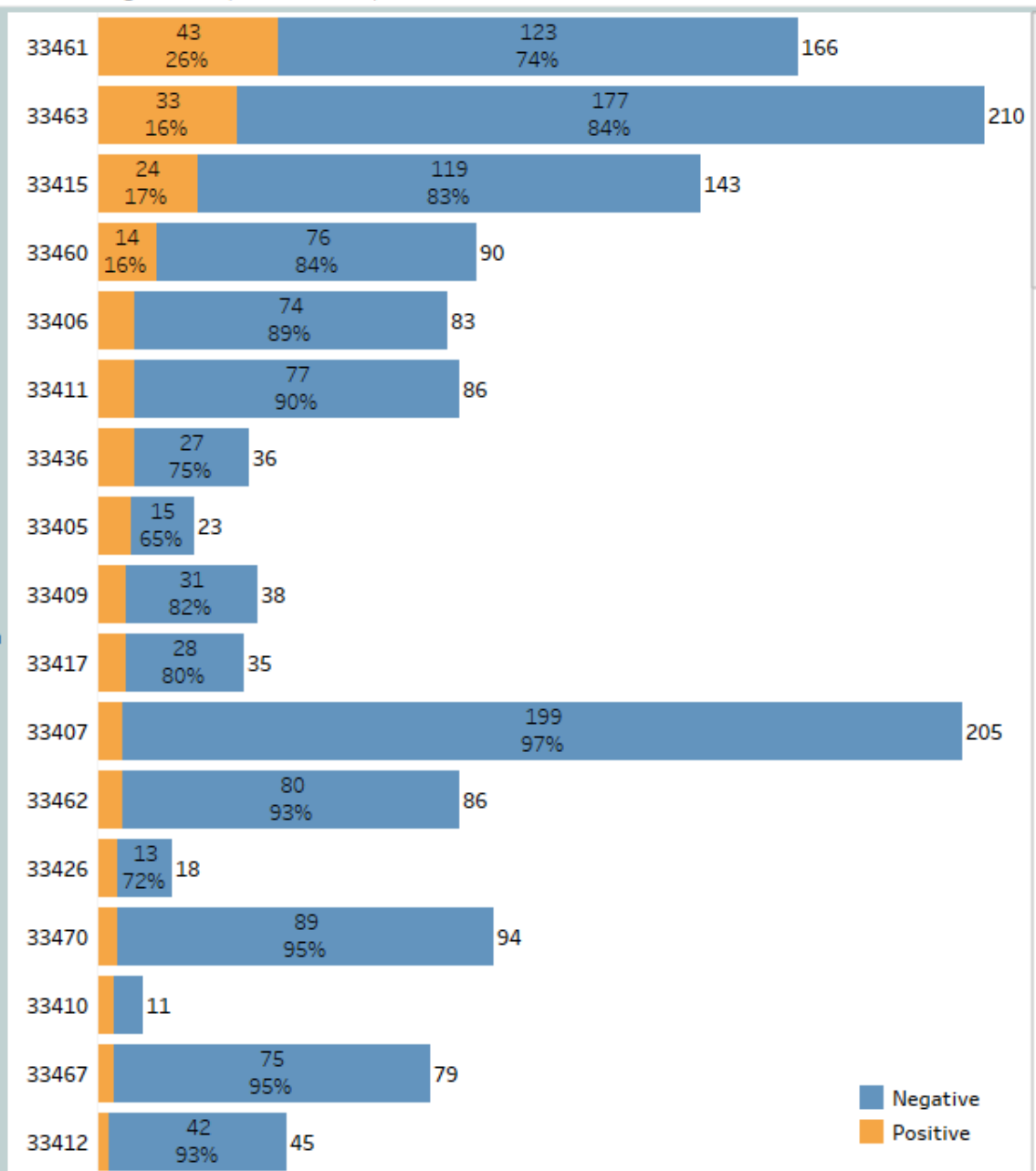
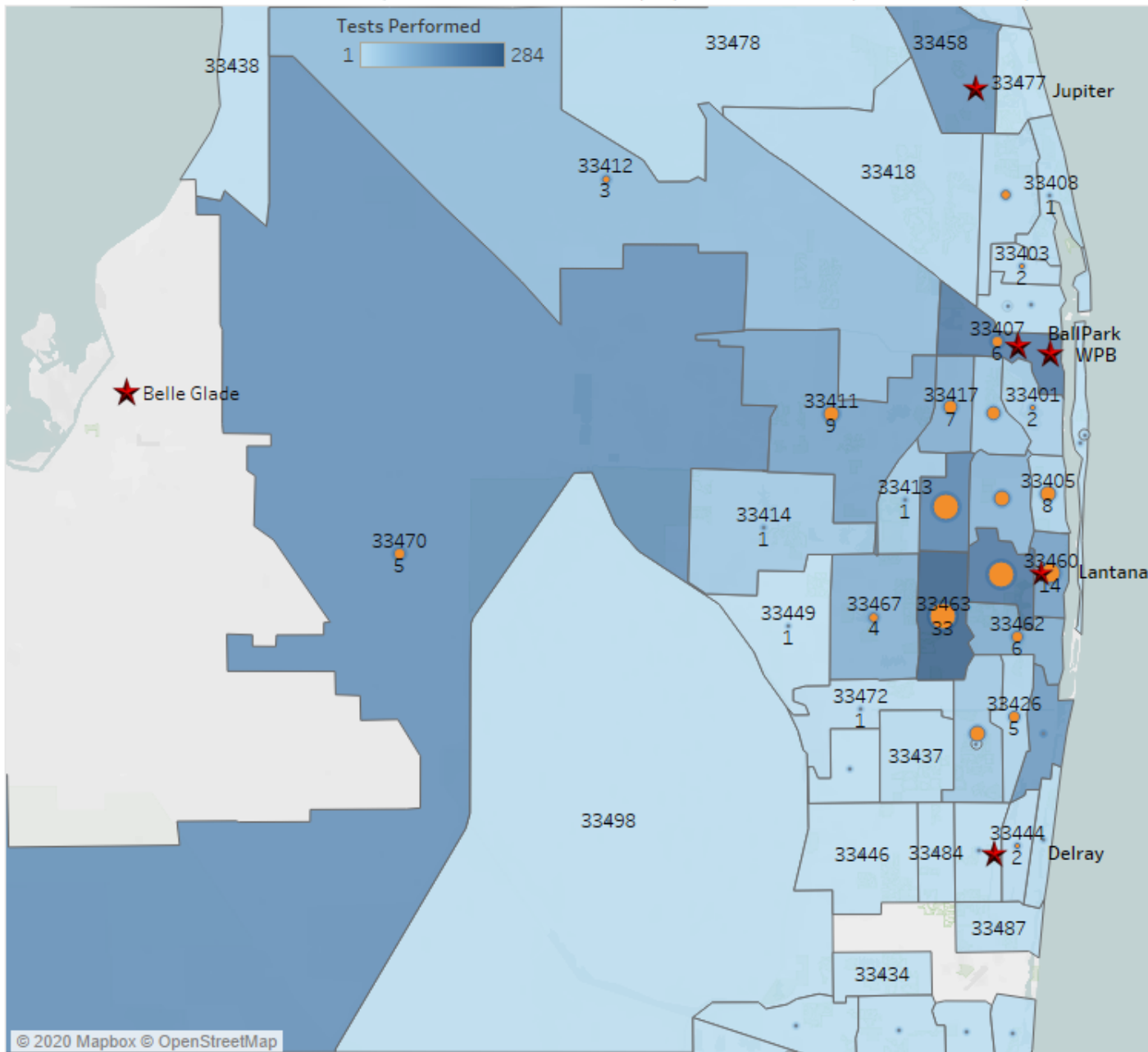


Rate of testing by age group





Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.

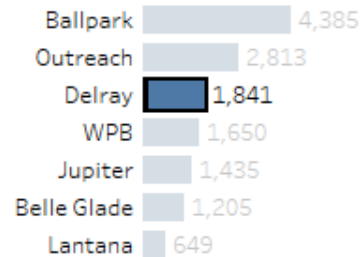


COVID-19 HCD Clinics Delray

63

6/1/2020 to 6/30/2020

Last 30 days



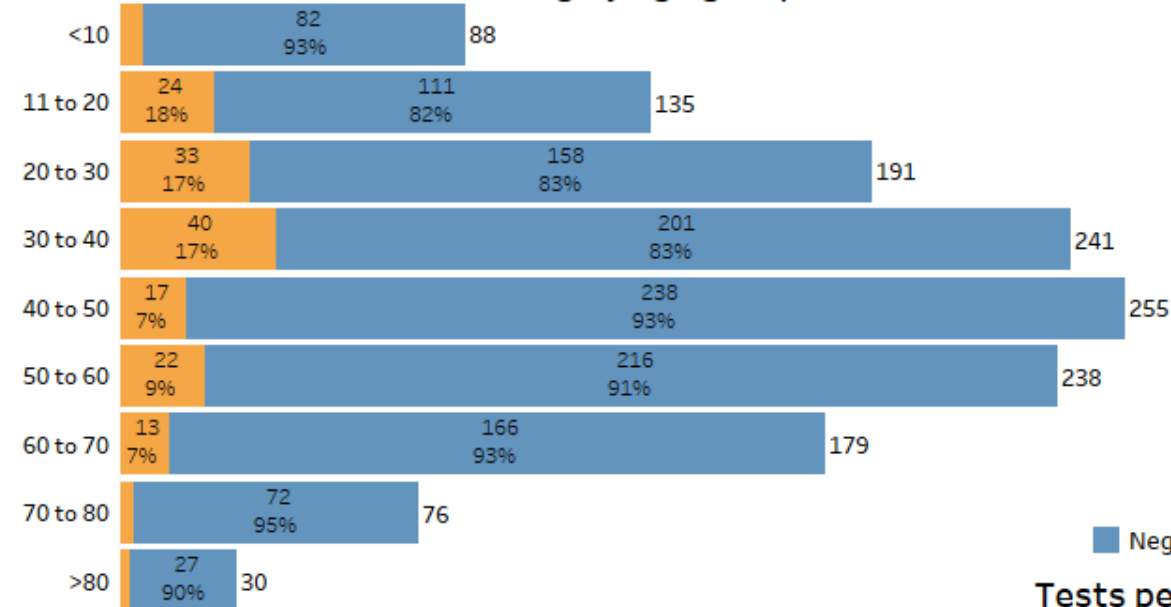
Tests 1,841

Results 1,433

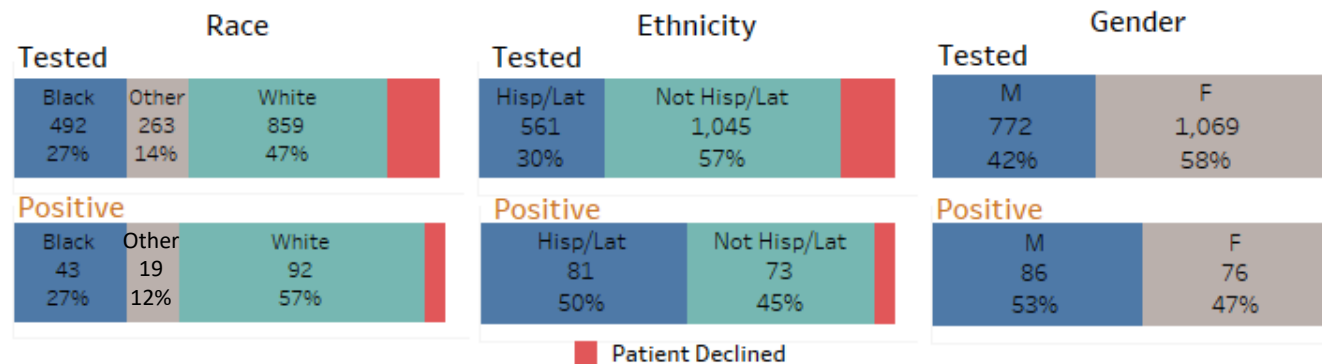


*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

Rate of testing by age group

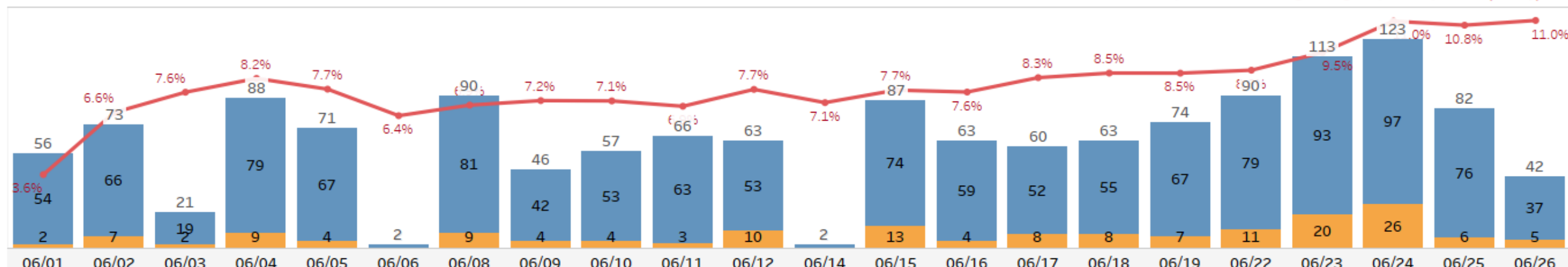


Age distribution for positive results



Patient Declined

Tests performed in the last 30 days



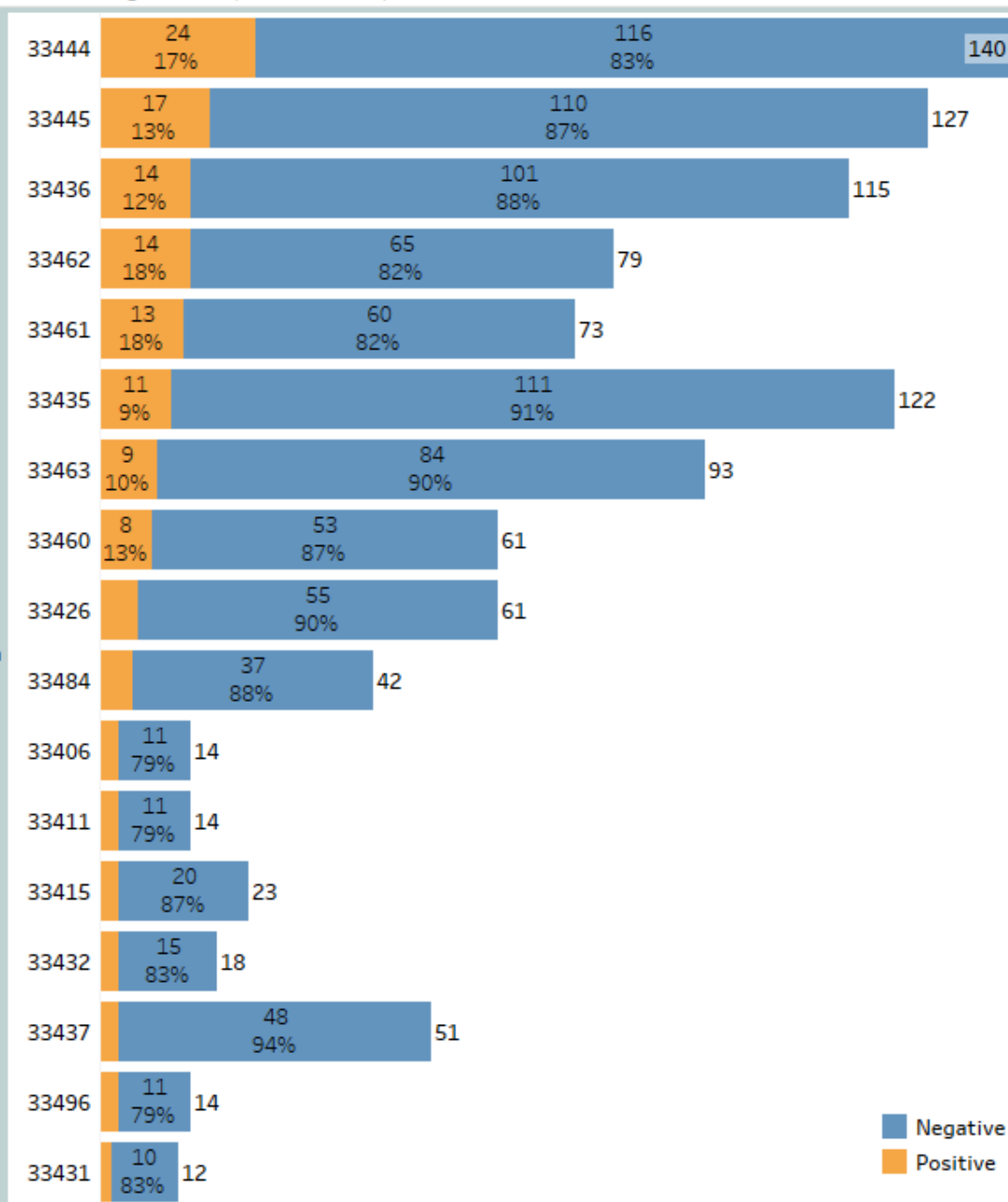
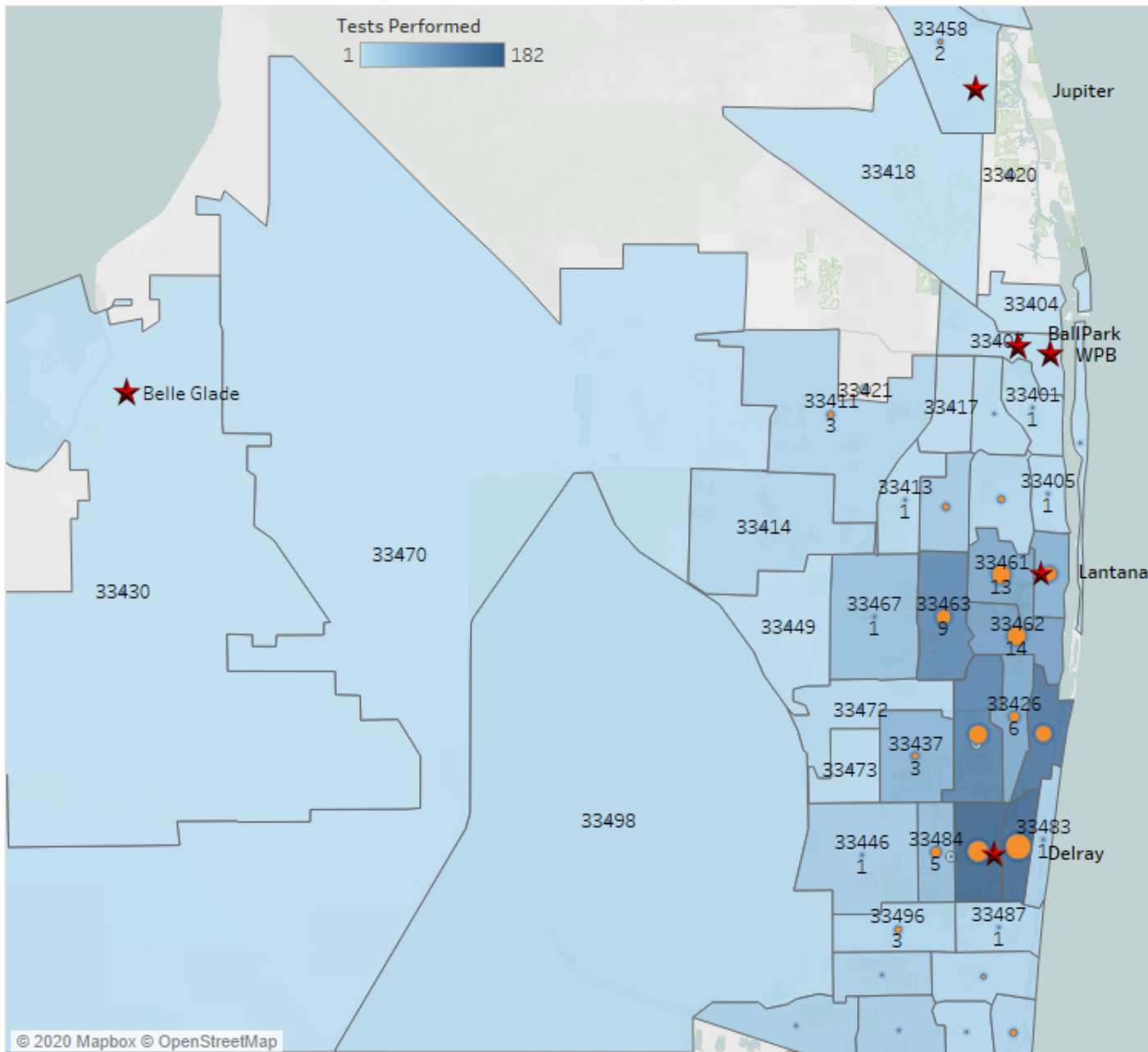


COVID-19 HCD Delray 64 Last 30 days

1,841

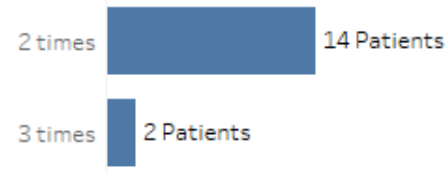
Enctr Date ALL
6/1/2020 to 6/30/2020

Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.

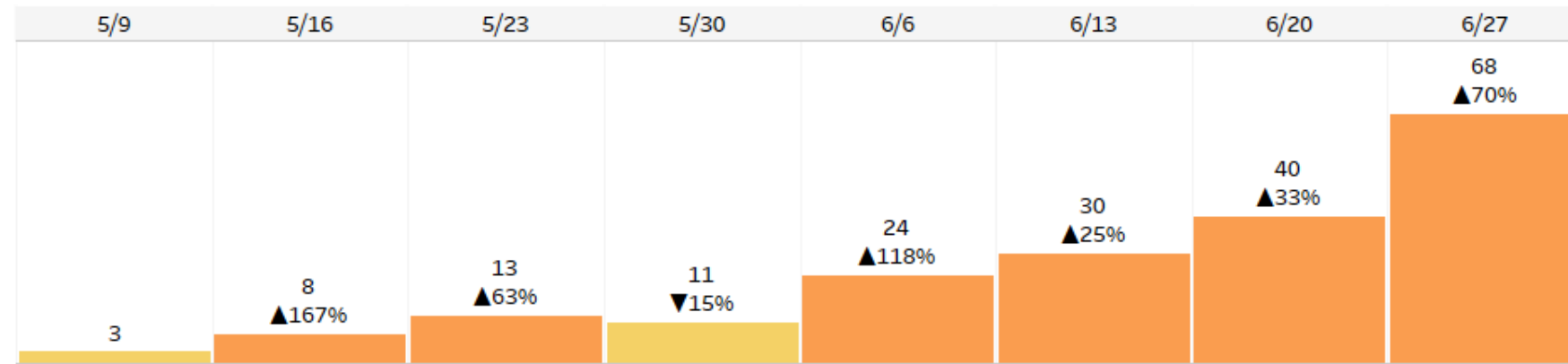


Total Positive Results	Unique Positive Patients	Unique Patients Retested
162	161	16

Retest Frequency



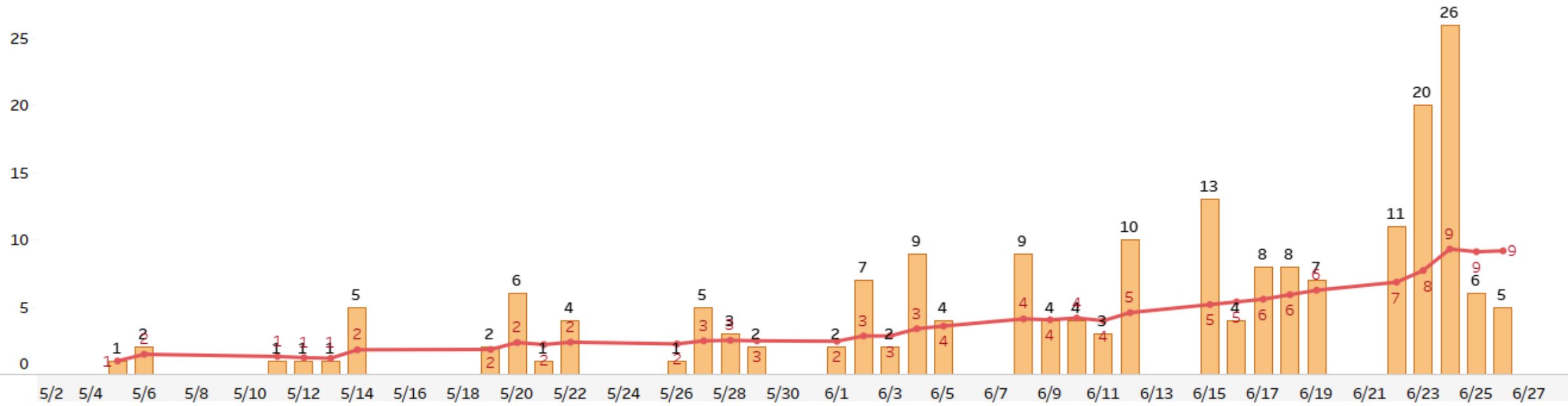
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics WPB 66

Last 30 days

6/1/2020 to 6/30/2020

Ballpark	4,385
Outreach	2,813
Delray	1,841
WPB	1,650
Jupiter	1,435
Belle Glade	1,205
Lantana	649

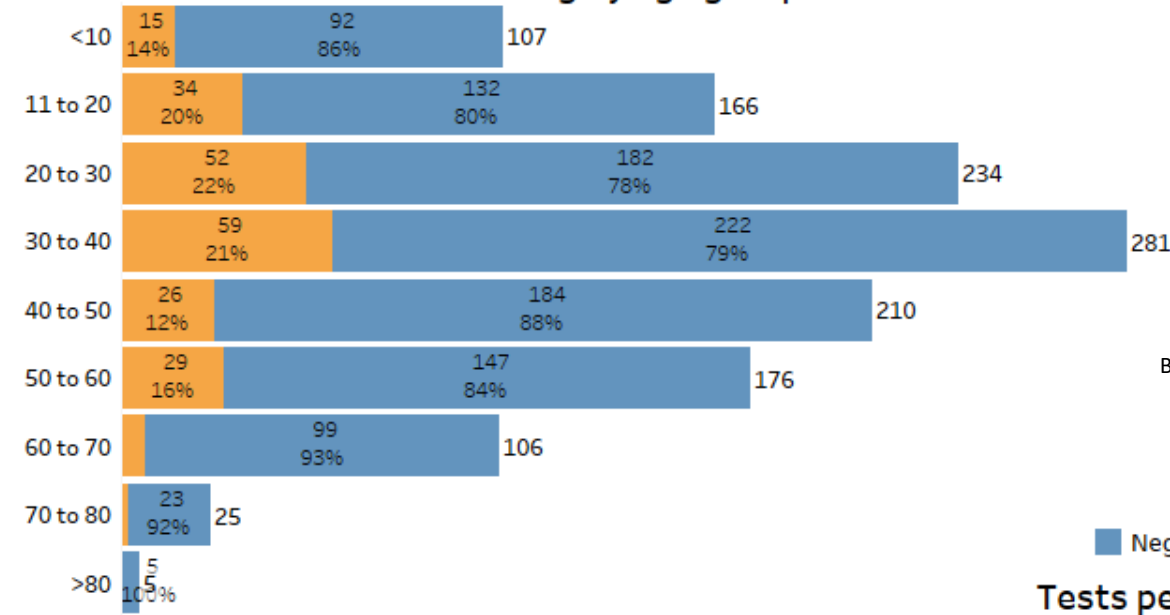
Tests 1,650

Results 1,310

Not Resulted	Resulted	Negative	Positive
340	1,310	1,086	224
21%	79%	83%	17%

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

Rate of testing by age group



Age distribution for positive results



Race

Tested	Black	Other	White	Patient Declined
	210	240	983	
	13%	15%	60%	
Positive	Black	Other	White	Patient Declined
	12	28	148	
	5%	13%	66%	

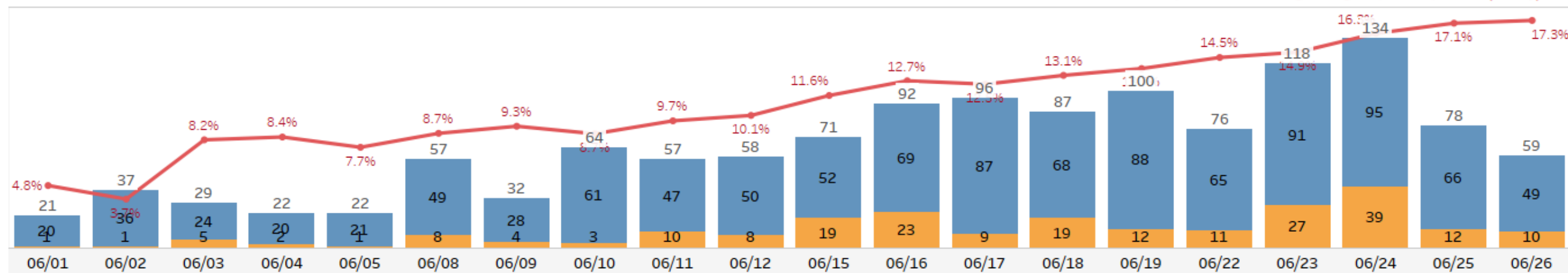
Ethnicity

Tested	Hisp/Lat	Not Hisp/Lat	Patient Declined
	891	537	
	54%	33%	
Positive	Hisp/Lat	Not Hisp/Lat	Patient Declined
	147	42	
	66%	19%	

Gender

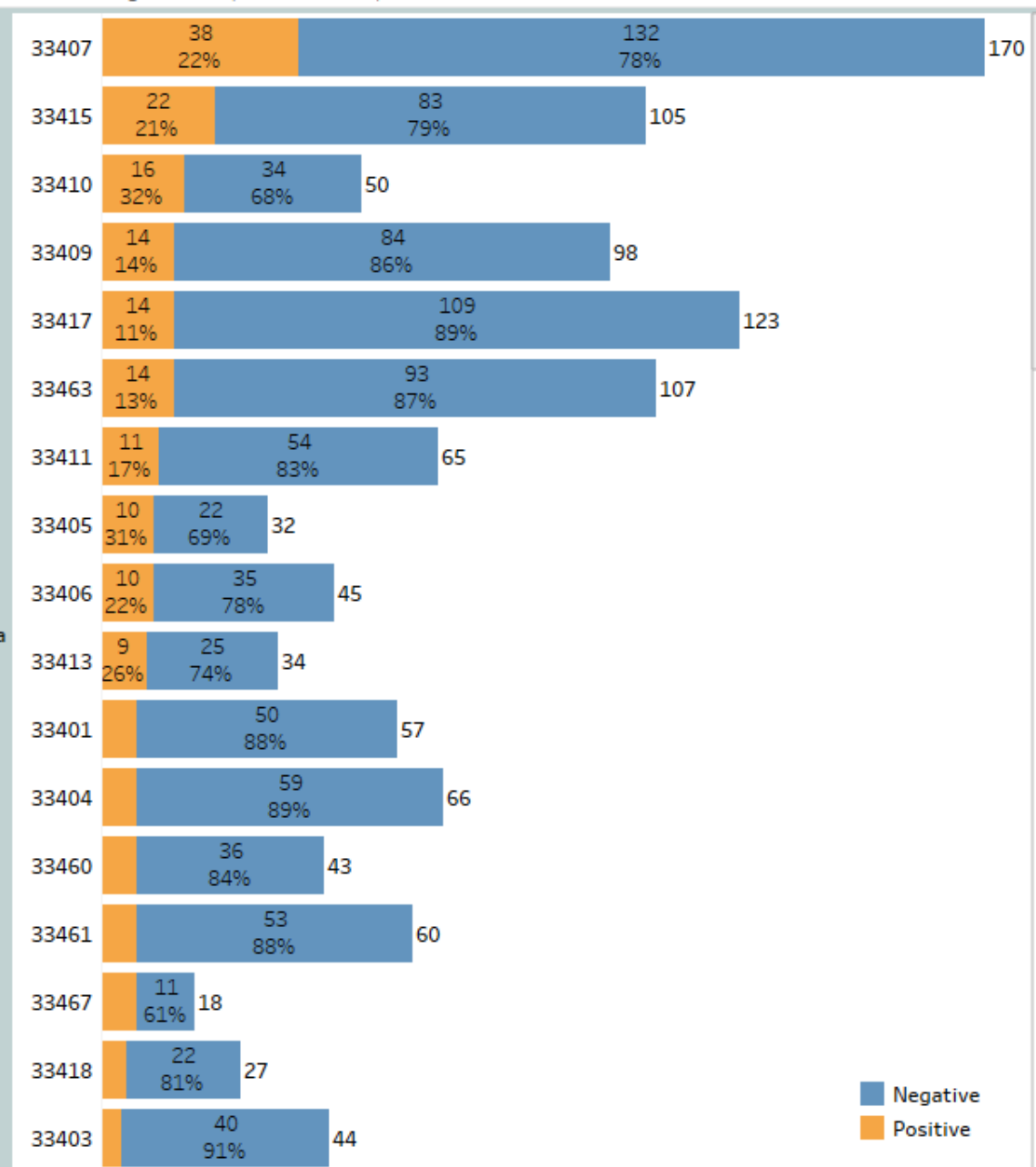
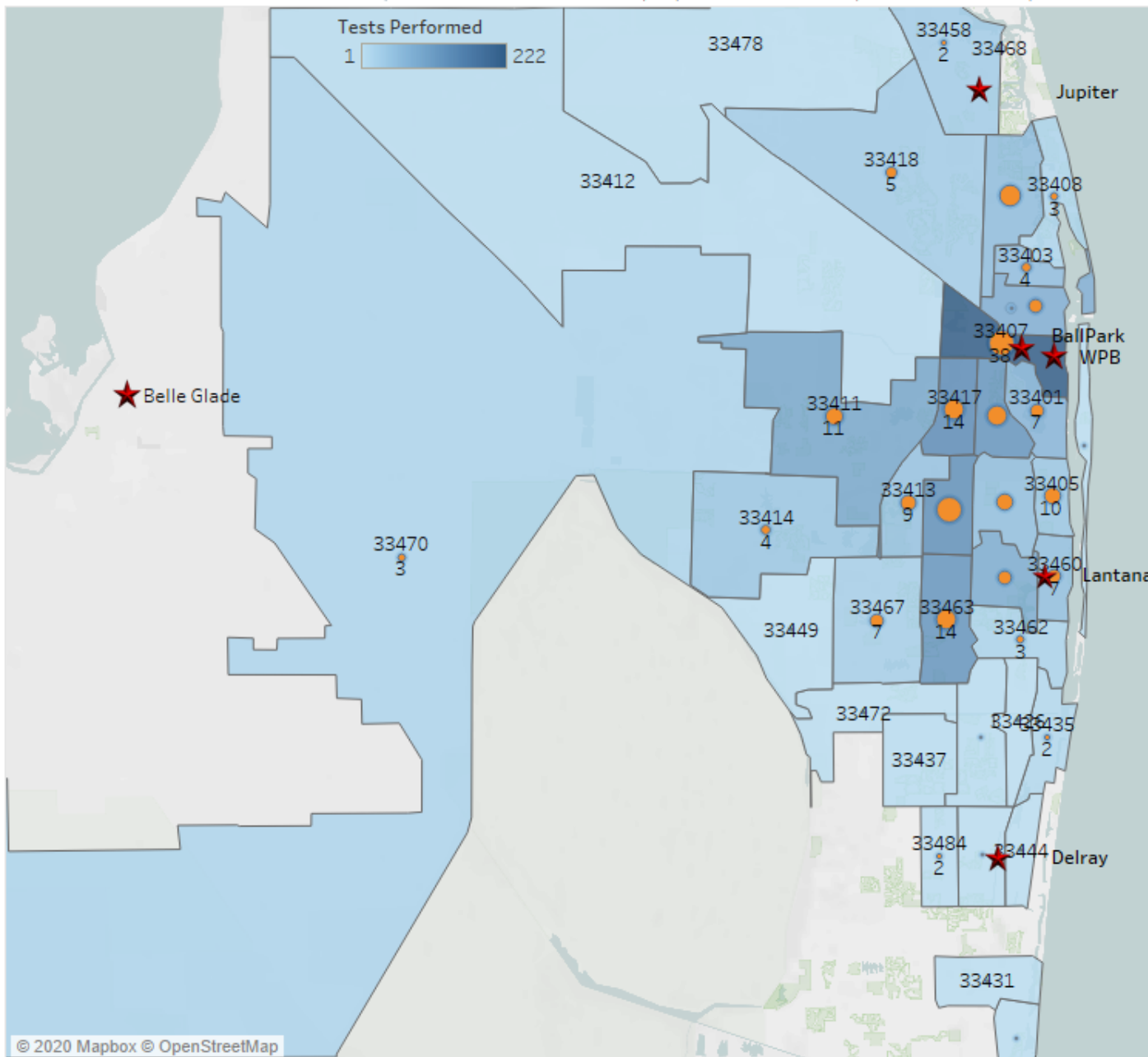
Tested	M	F
	768	882
	47%	53%
Positive	M	F
	118	106
	53%	47%

Tests performed in the last 30 days



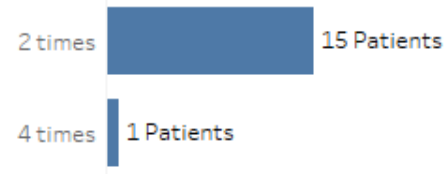


Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.

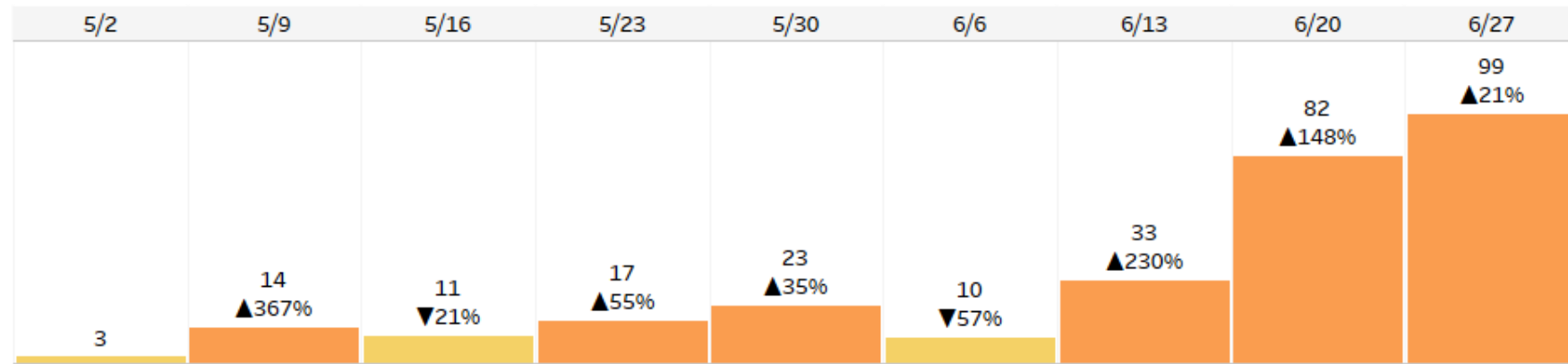


Total Positive Results	Unique Positive Patients	Unique Patients Retested
224	222	16

Retest Frequency



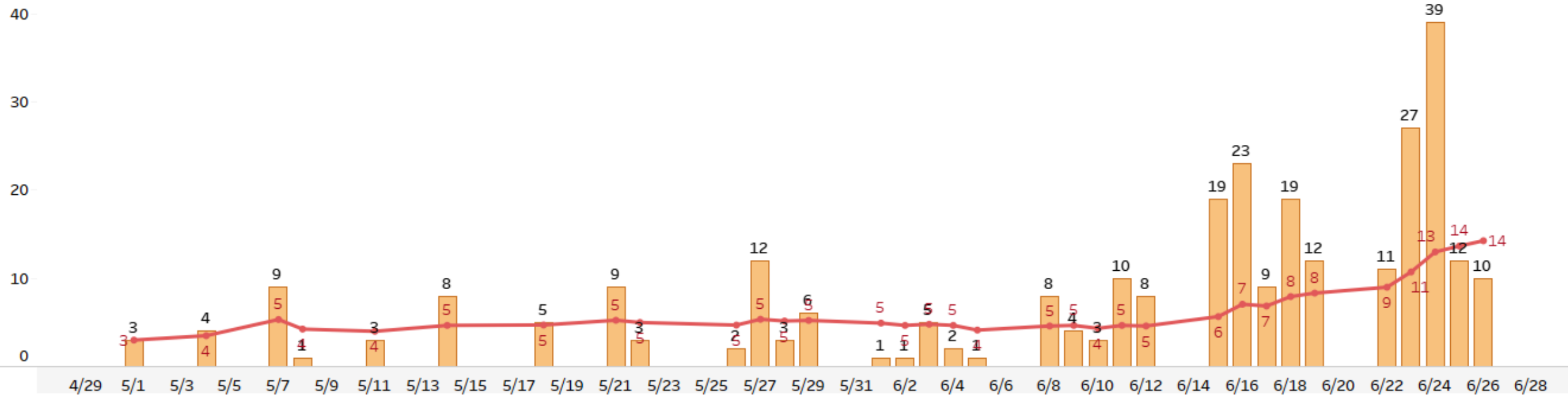
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics Jupiter

Last 30 days

69

6/1/2020 to 6/30/2020

Ballpark	4,385
Outreach	2,813
Delray	1,841
WPB	1,650
Jupiter	1,435
Belle Glade	1,205
Lantana	649

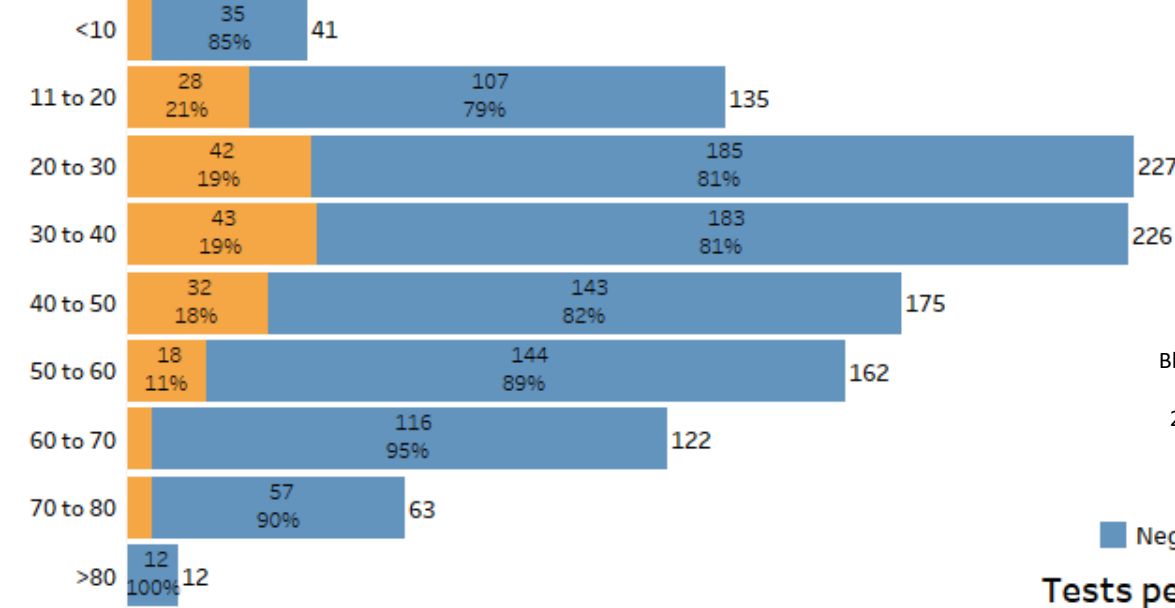
Tests 1,435

Results 1,163

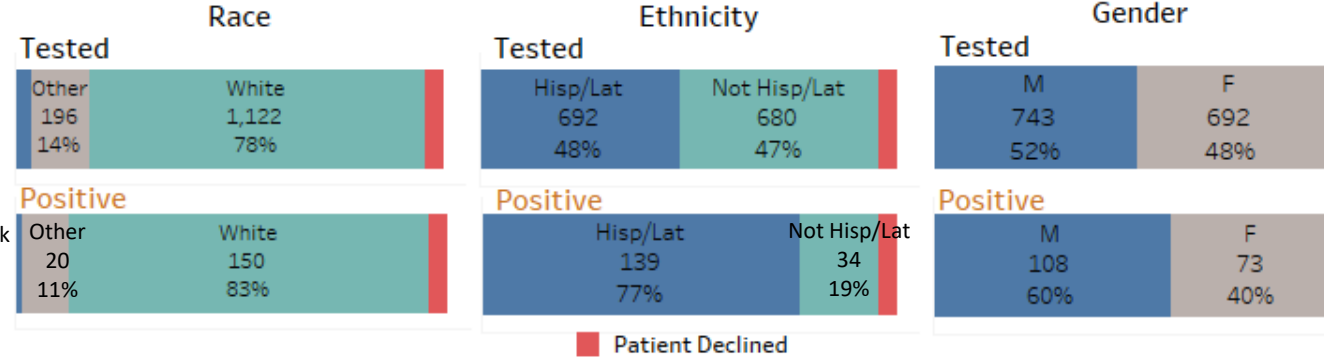
Not Resulted	Resulted	Negative	Positive
272 19%	1,163 81%	982 84%	181 16%

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

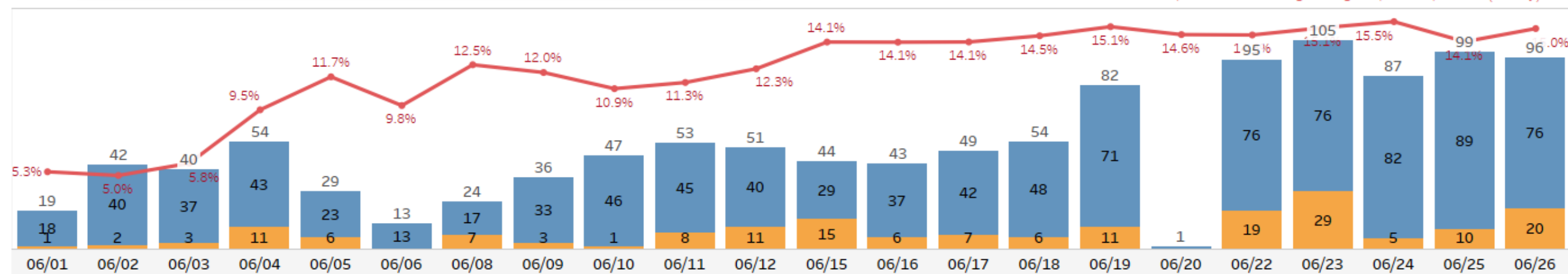
Rate of testing by age group



Age distribution for positive results



Tests performed in the last 30 days



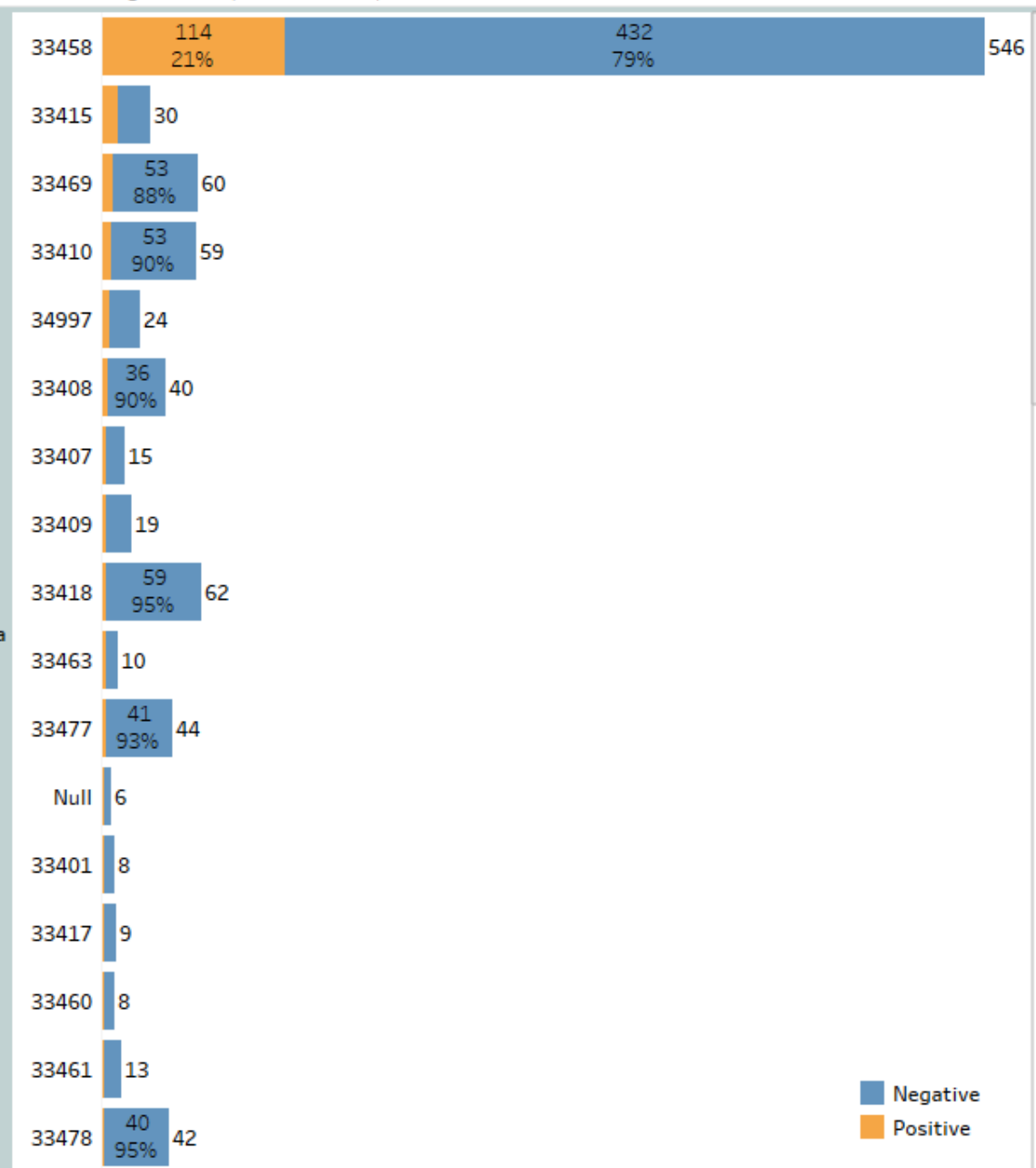
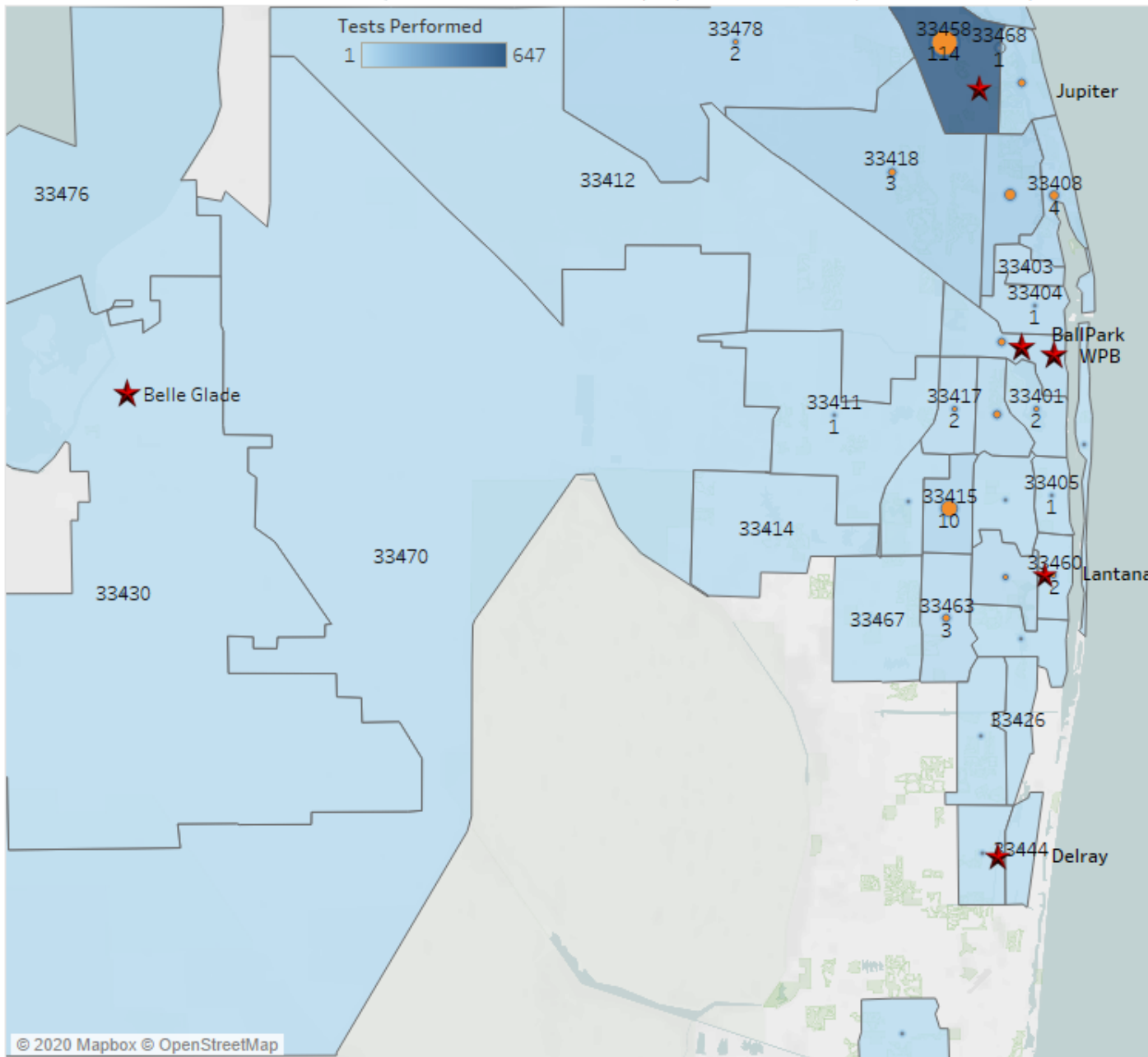


COVID-19 HCD Jupiter 70 Last 30 days

1,435

Enctr Date ALL
6/1/2020 to 6/30/2020

Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.



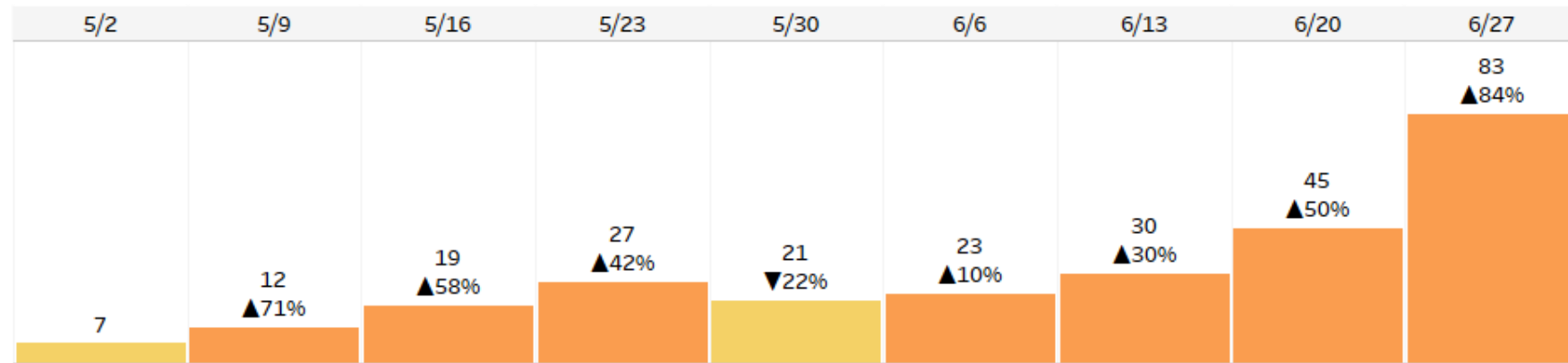
Negative
Positive

Total Positive Results	Unique Positive Patients	Unique Patients Retested
181	178	19

Retest Frequency



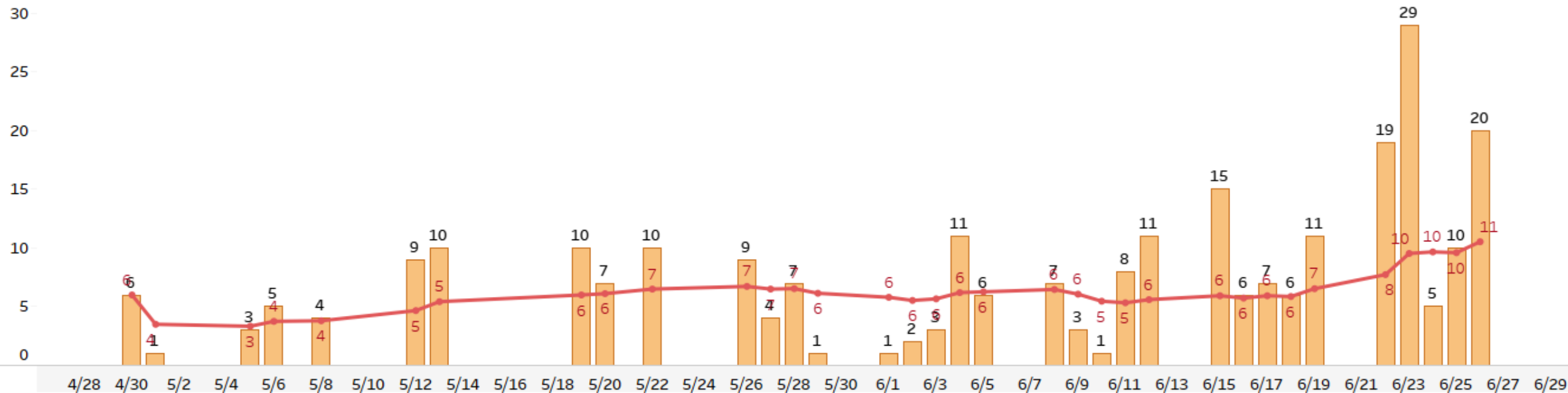
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics Belle Glade

Last 30 days

6/1/2020 to 6/30/2020

Ballpark	4,385
Outreach	2,813
Delray	1,841
WPB	1,650
Jupiter	1,435
Belle Glade	1,205
Lantana	649

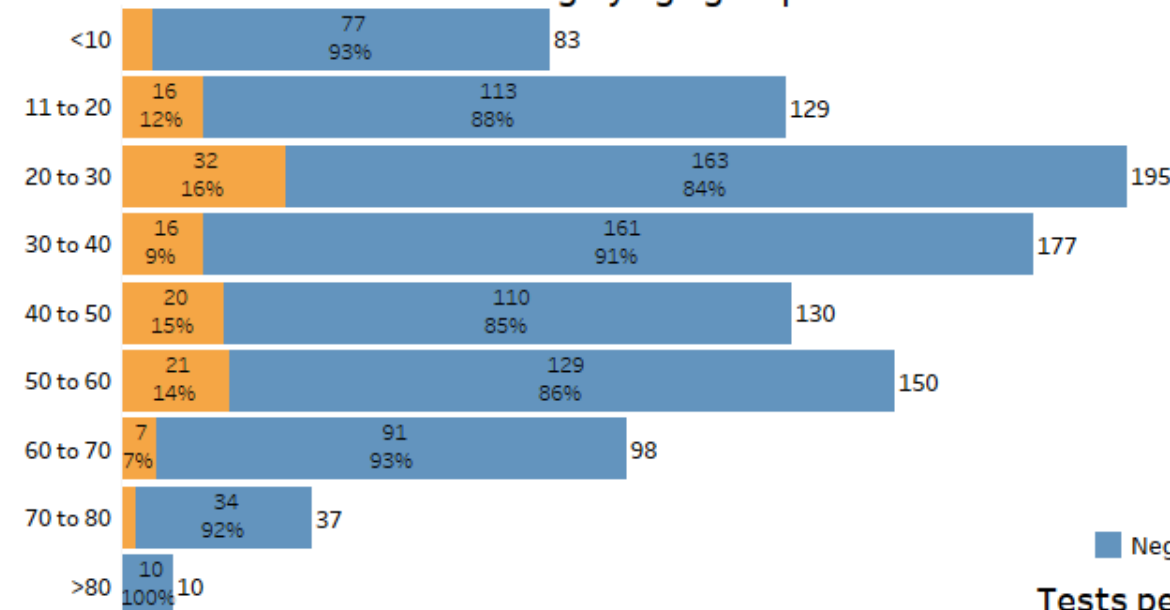
Tests 1,205

Results 1,009

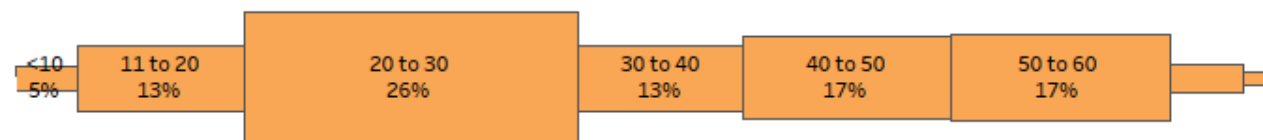
Not Resulted	Resulted	Negative	Positive
197	1,009	888	121
16%	84%	88%	12%

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

Rate of testing by age group



Age distribution for positive results



Race

Tested	Black	Other	White
	330	276	550
	27%	23%	46%
Positive	Black	Other	White
	32	25	63
	26%	21%	52%

Ethnicity

Tested	Hisp/Lat	Not Hisp/Lat
	541	609
	45%	51%
Positive	Hisp/Lat	Not Hisp/Lat
	65	54
	54%	45%

Gender

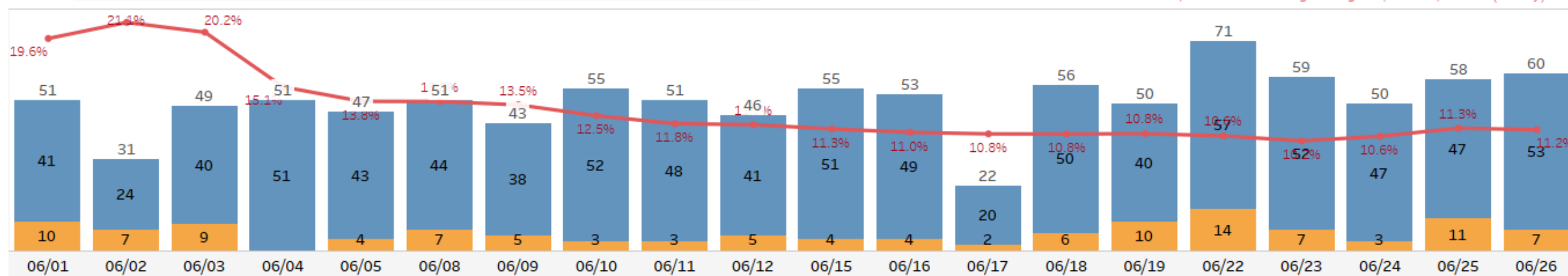
Tested	M	F
	531	674
	44%	56%
Positive	M	F
	58	63
	48%	52%

Patient Declined

Negative Positive

Tests performed in the last 30 days

red line represents the rolling average of percent positive (14 day)





COVID-19 HCD Belle Glade

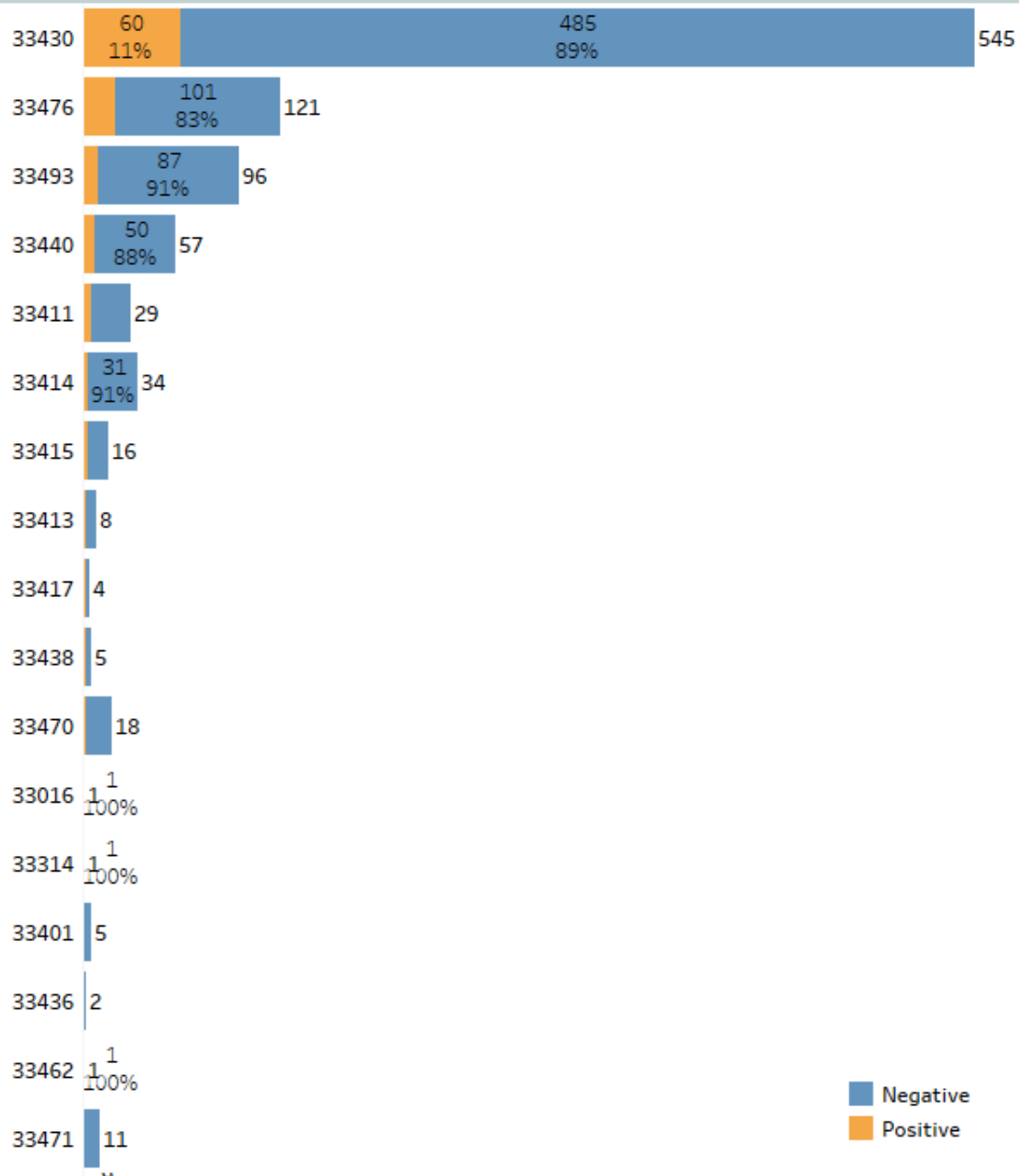
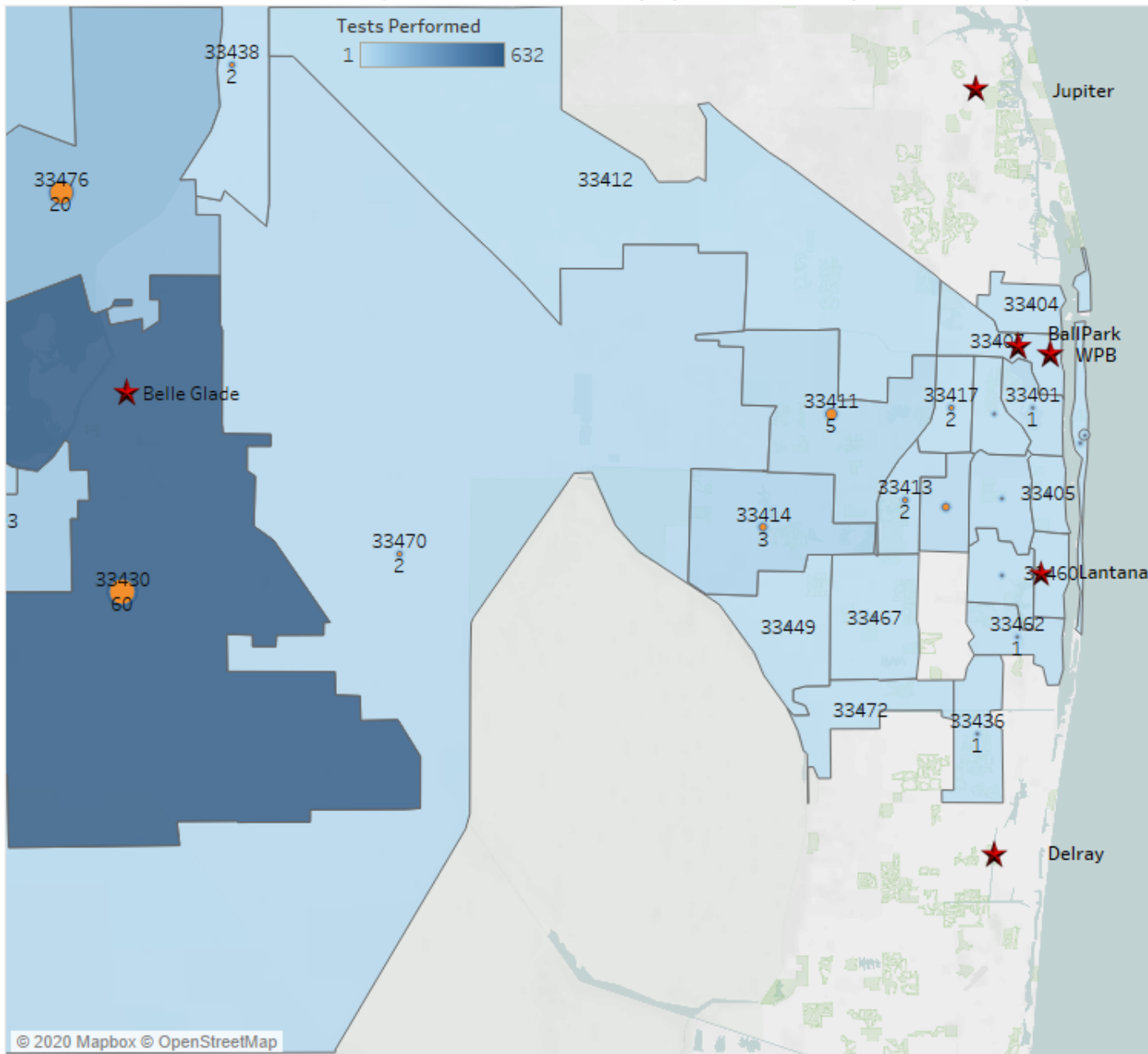
Last 30 days

1,205

73

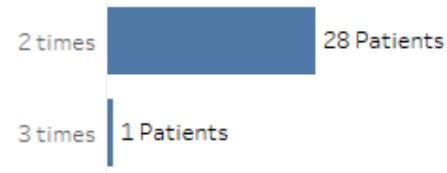
Enctr Date ALL
6/1/2020 to 6/30/2020

Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.

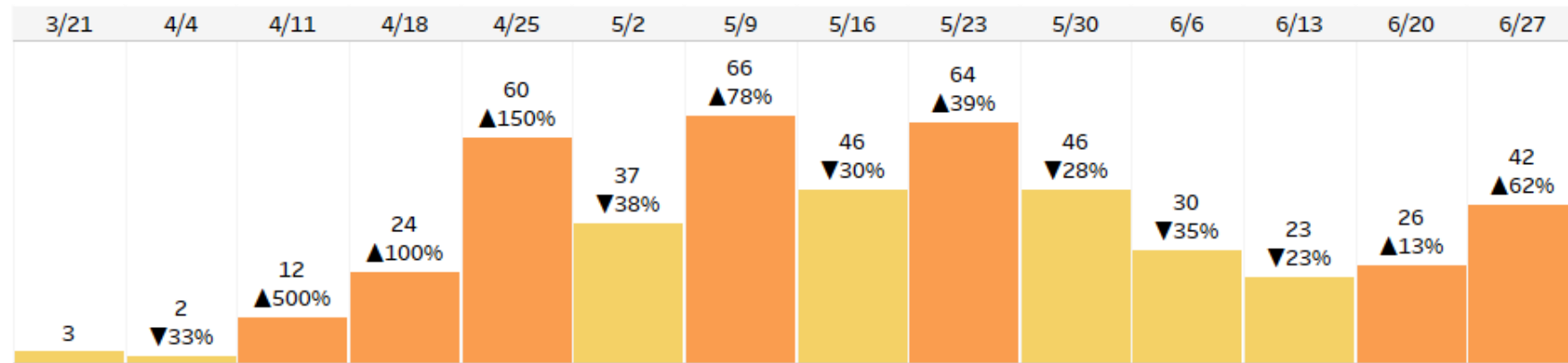


Total Positive Results	Unique Positive Patients	Unique Patients Retested
121	120	29

Retest Frequency



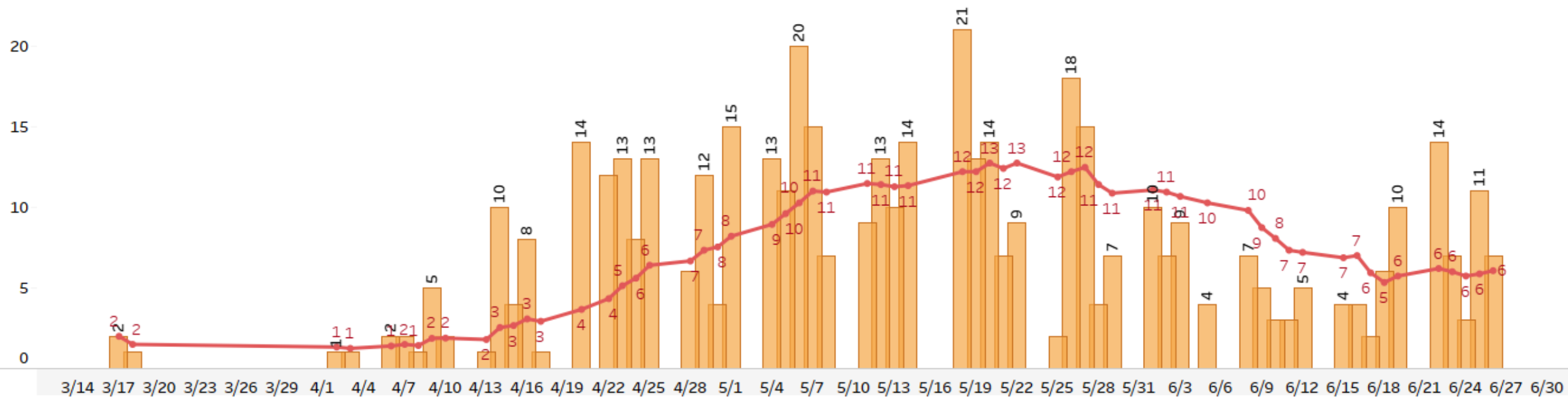
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



COVID-19 HCD Clinics Lantana 75

Last 30 days

6/1/2020 to 6/30/2020

Ballpark	4,385
Outreach	2,813
Delray	1,841
WPB	1,650
Jupiter	1,435
Belle Glade	1,205
Lantana	649

Tests

649

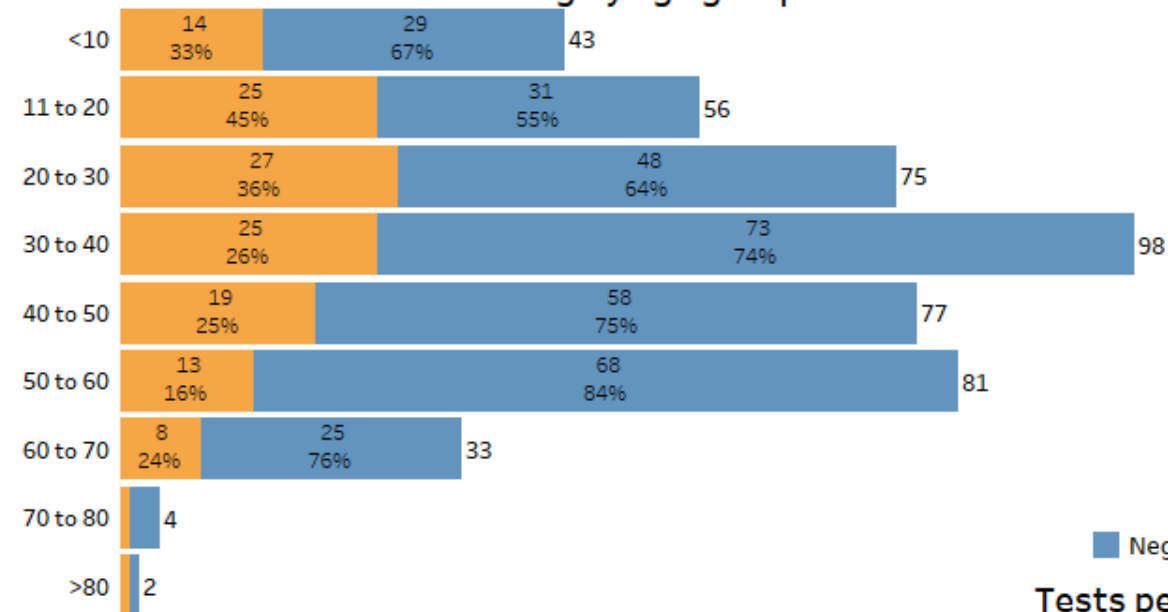
Results

469

Not Resulted	180	28%	Resulted	469	72%	Negative	336	72%	Positive	133	28%
--------------	-----	-----	----------	-----	-----	----------	-----	-----	----------	-----	-----

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

Rate of testing by age group



Age distribution for positive results



Race

Tested		Positive	
Black	112	Black	17
Other	52	Other	10
White	416	White	88
	17%		8%
	64%		66%

Ethnicity

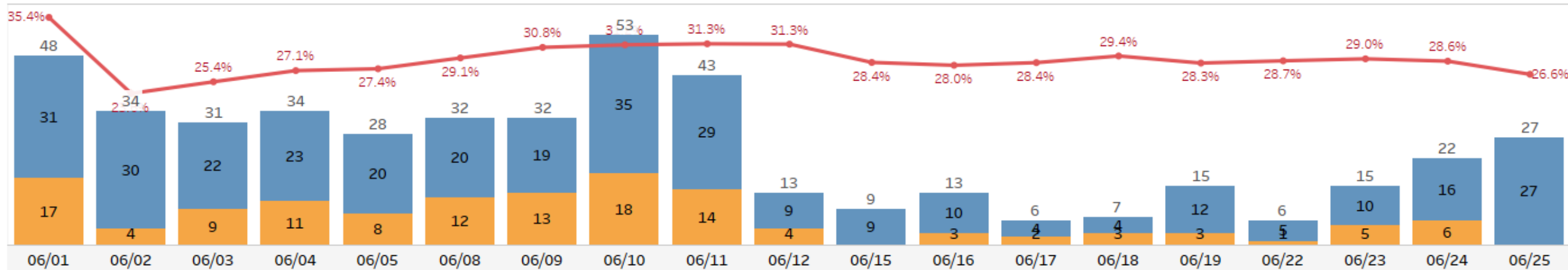
Tested		Positive	
Hisp/Lat	348	Hisp/Lat	92
Not Hisp/Lat	234	Not Hisp/Lat	25
	54%		69%
	36%		19%

Gender

Tested		Positive	
M	292	M	61
F	357	F	72
	45%		46%
	55%		54%

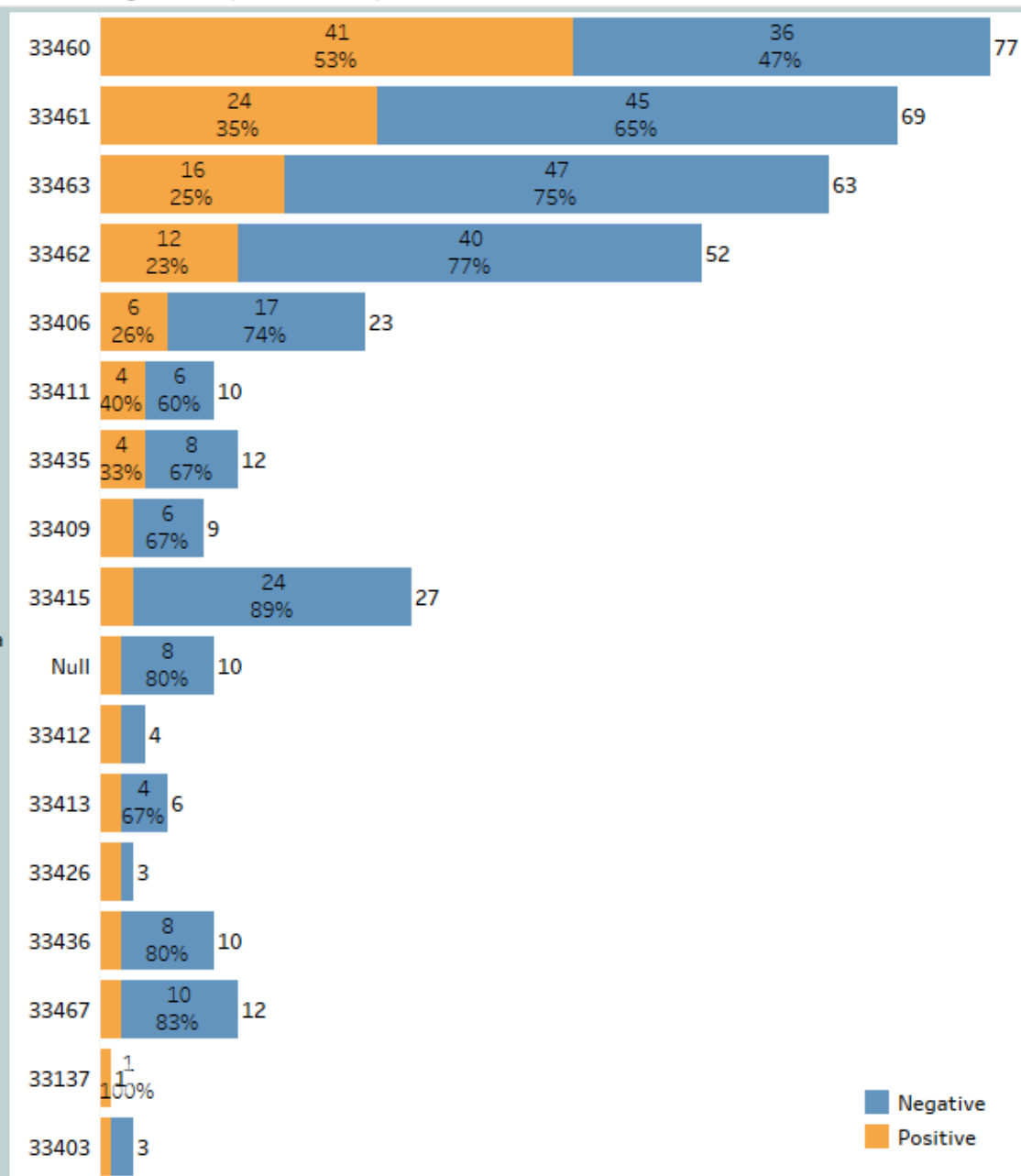
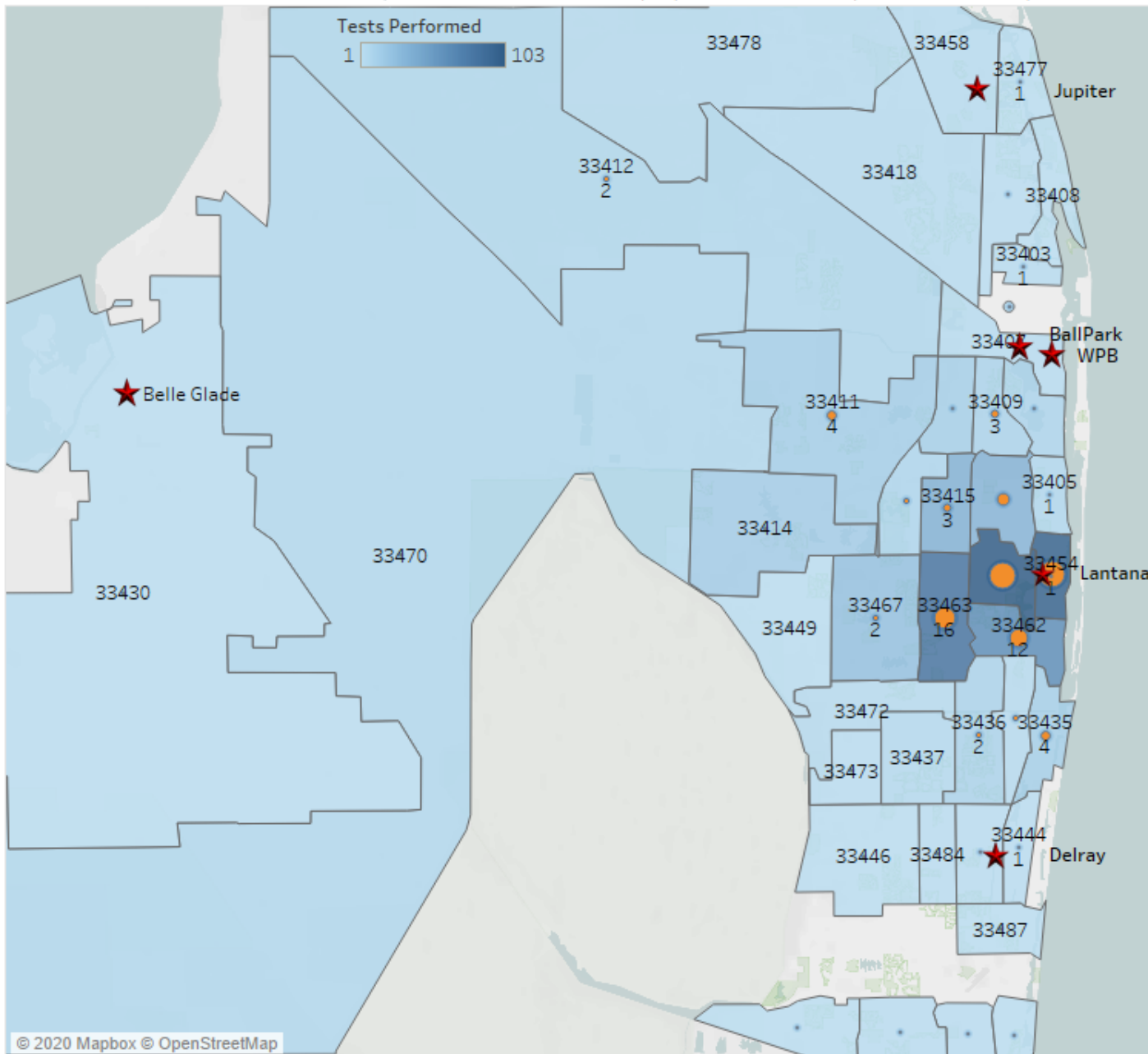
■ Patient Declined

Tests performed in the last 30 days





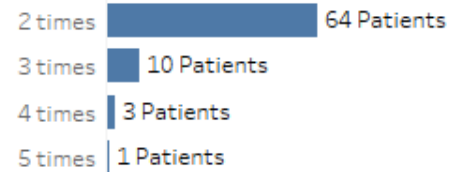
Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.



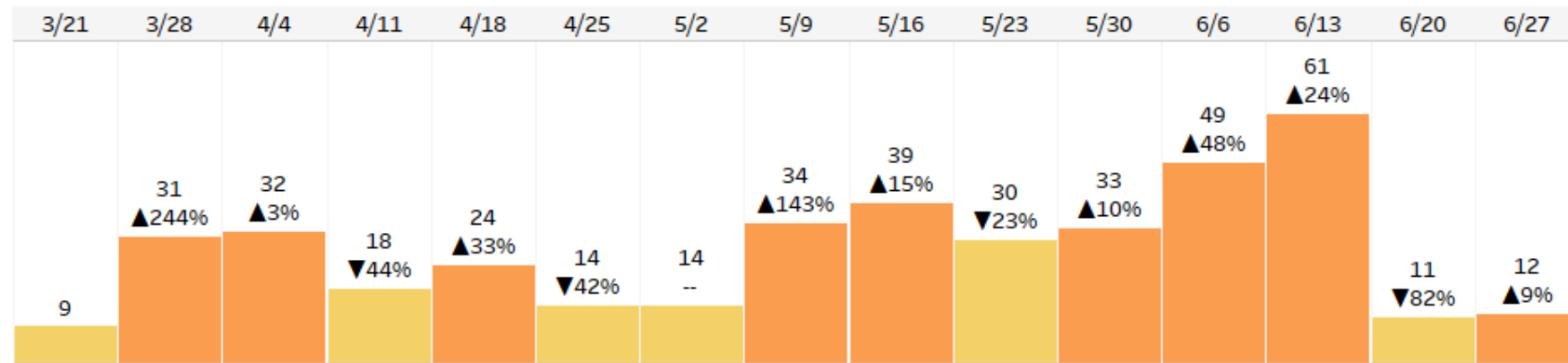
Negative
Positive

Total Positive Results	Unique Positive Patients	Unique Patients Retested
133	128	77

Retest Frequency



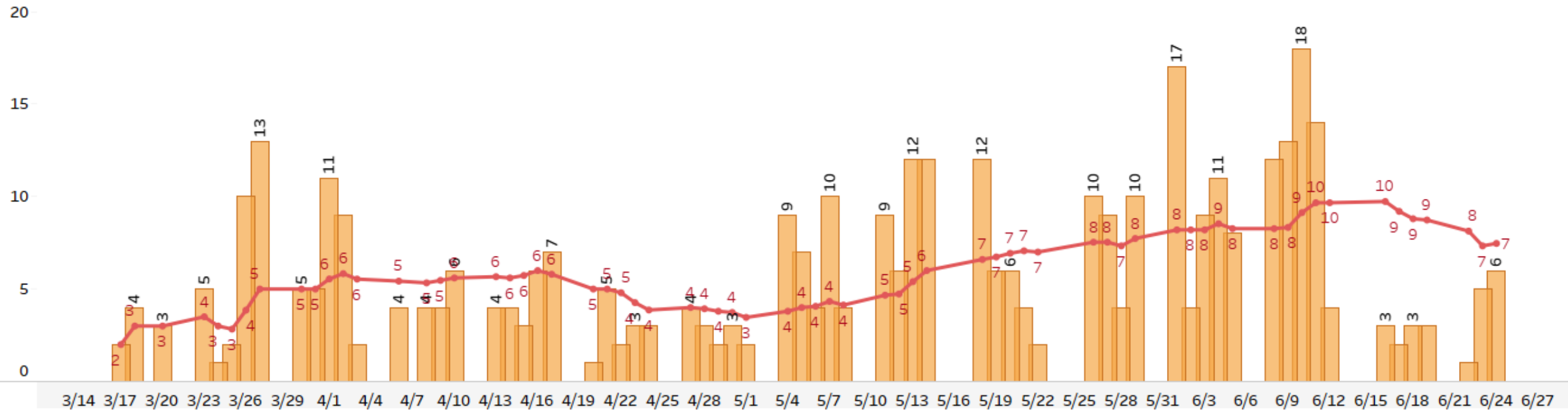
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day

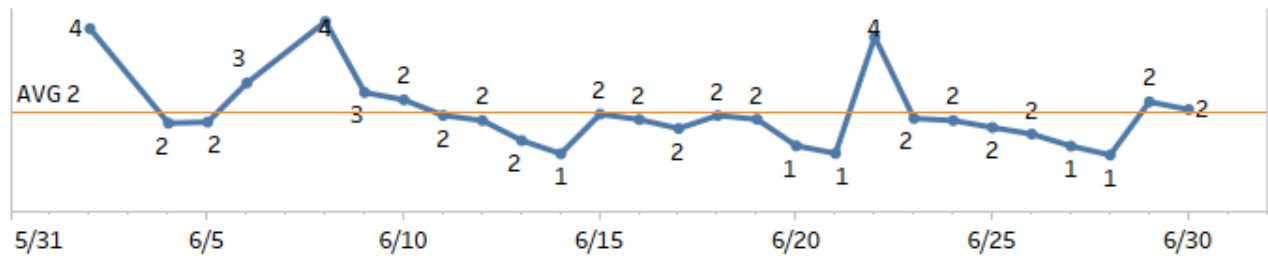


Number of Calls 123,164
Unique Phone Numbers 35,510

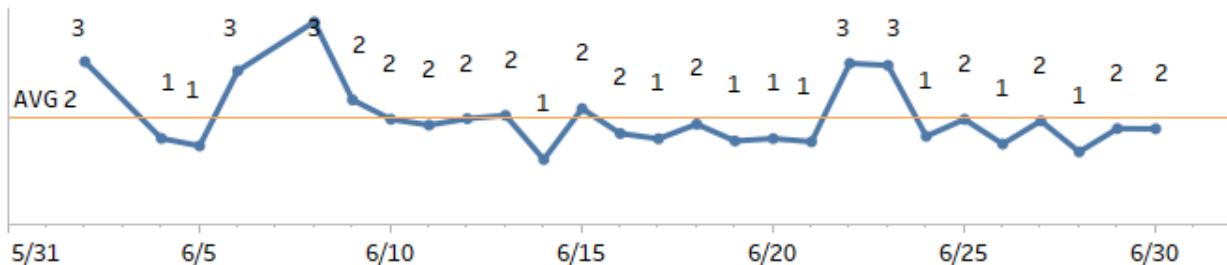
Anonymous numbers counted individually



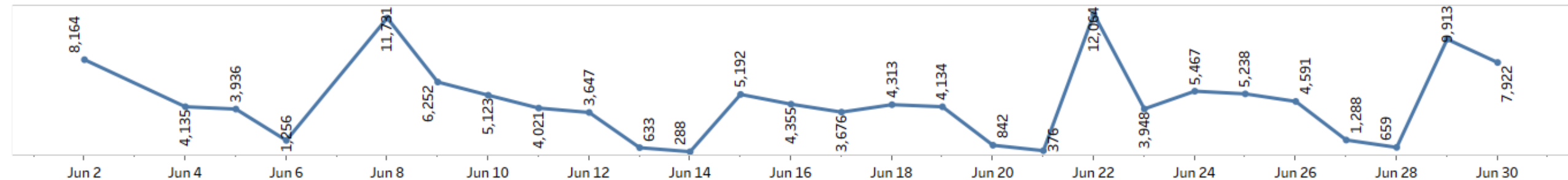
Call attempts per unique number All Day



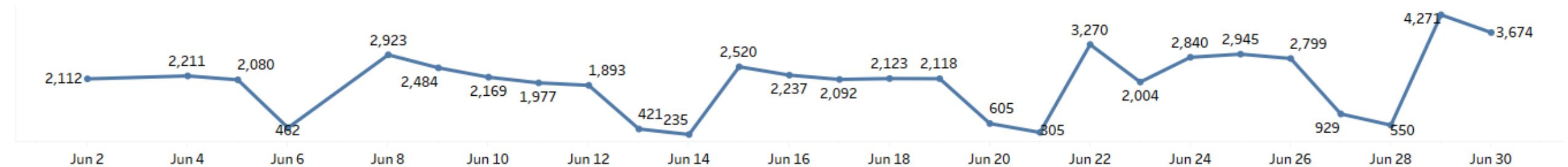
Call attempts per unique number 8:00AM -9:00AM



Calls



Unique Numbers



Patient Detail

Ballpark	23,556
Outreach	3,735
Belle Glade	3,636
Delray	3,172
Lantana	2,494
Jupiter	2,372
WPB	2,277

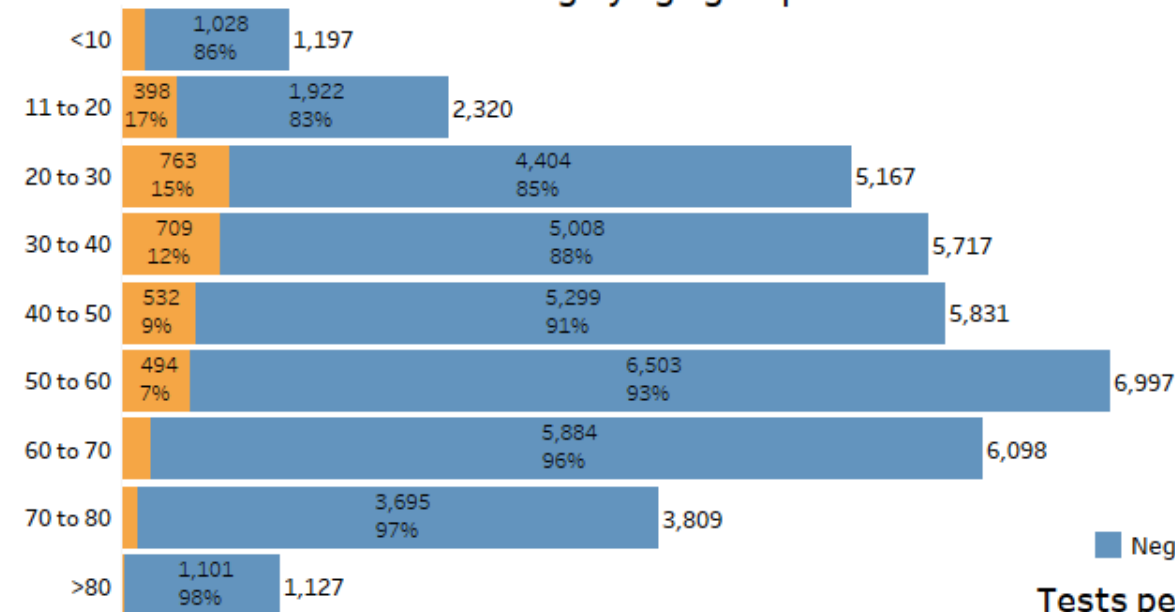
Tests **41,240**

Results **38,263**

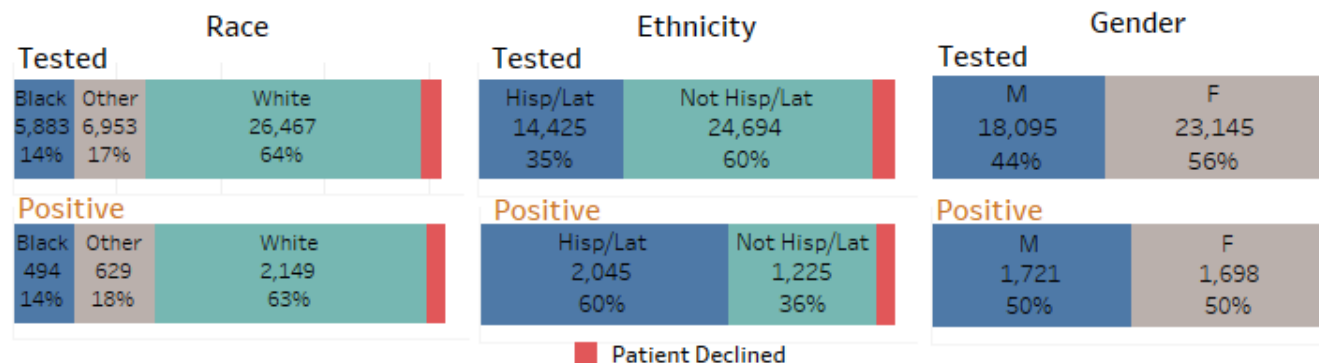
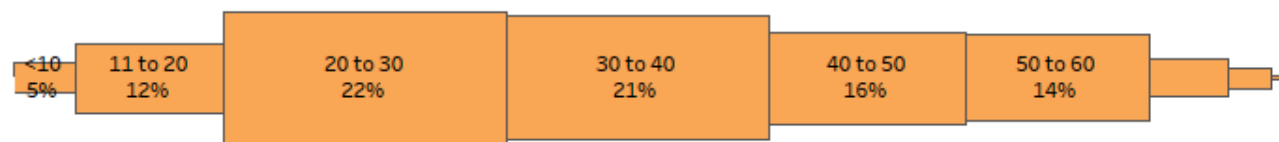
Not Resulted	Resulted	Negative	Positive
2,984	38,263	34,844	3,419
7%	93%	91%	9%

*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.

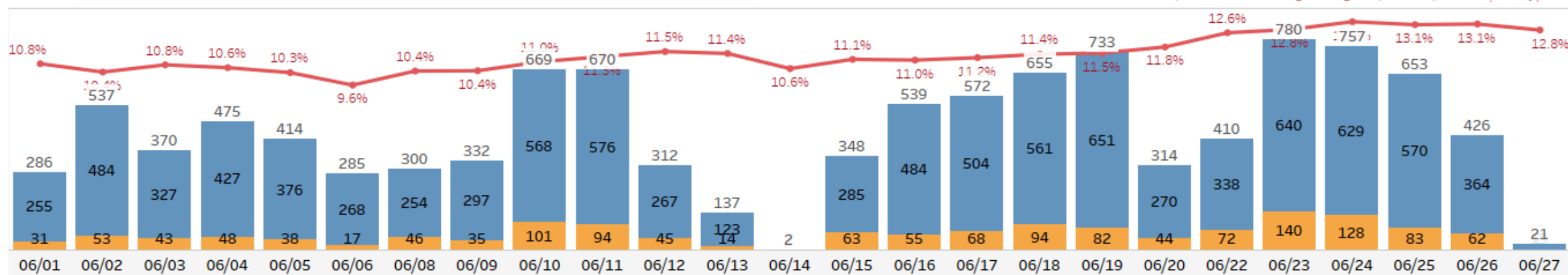
Rate of testing by age group



Age distribution for positive results



Tests performed in the last 30 days





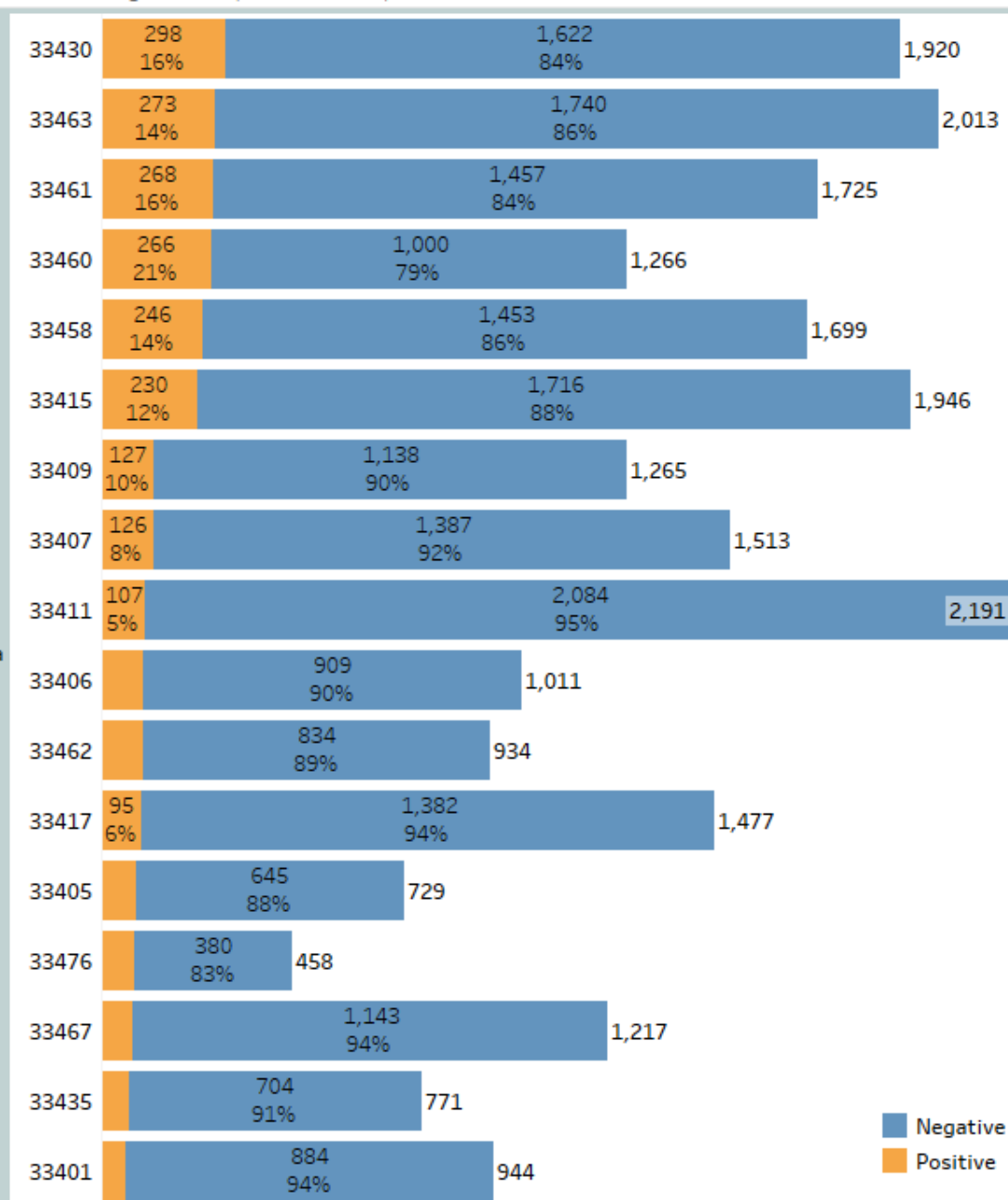
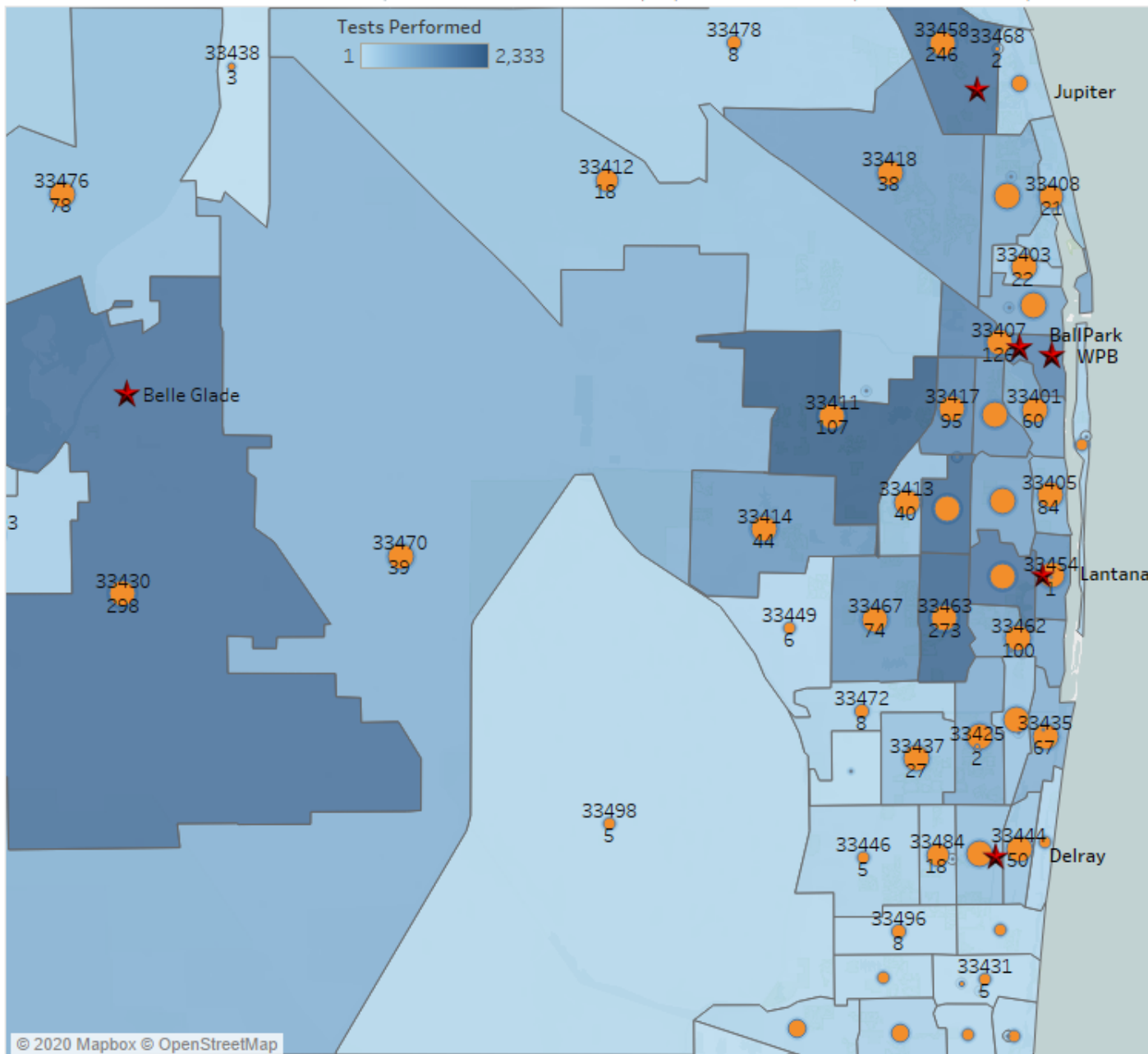
COVID-19 HCD All

80

41,240

Enctr Date ALL
3/16/2020 to 6/30/2020

Darker blue on the map represents more tests performed in that zip code. The size of the orange circle represents more positive results.



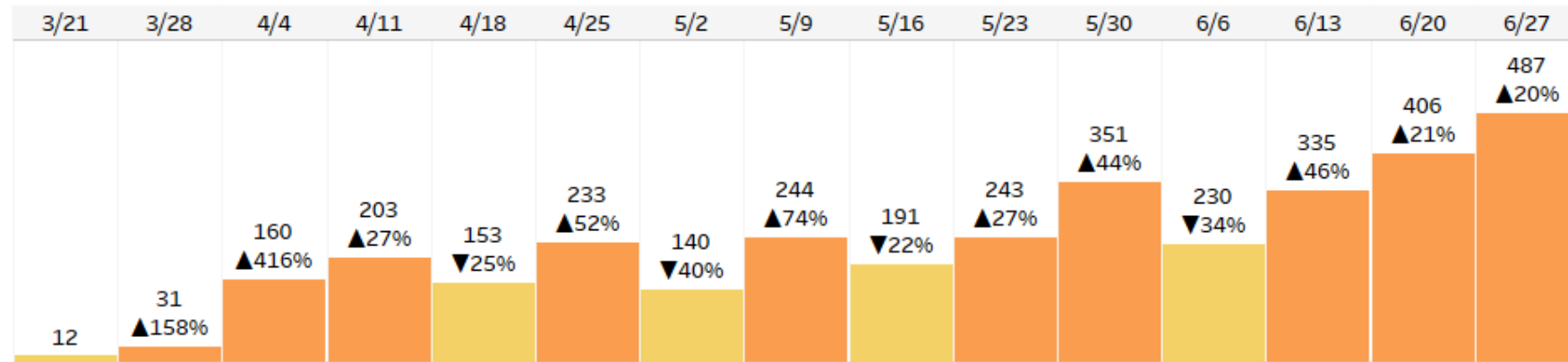
Negative
Positive

Total Positive Results	Unique Positive Patients	Unique Patients Retested
3,419	3,201	194

Retest Frequency

2 times	177 Patients
3 times	14 Patients
4 times	3 Patients
5 times	1 Patients

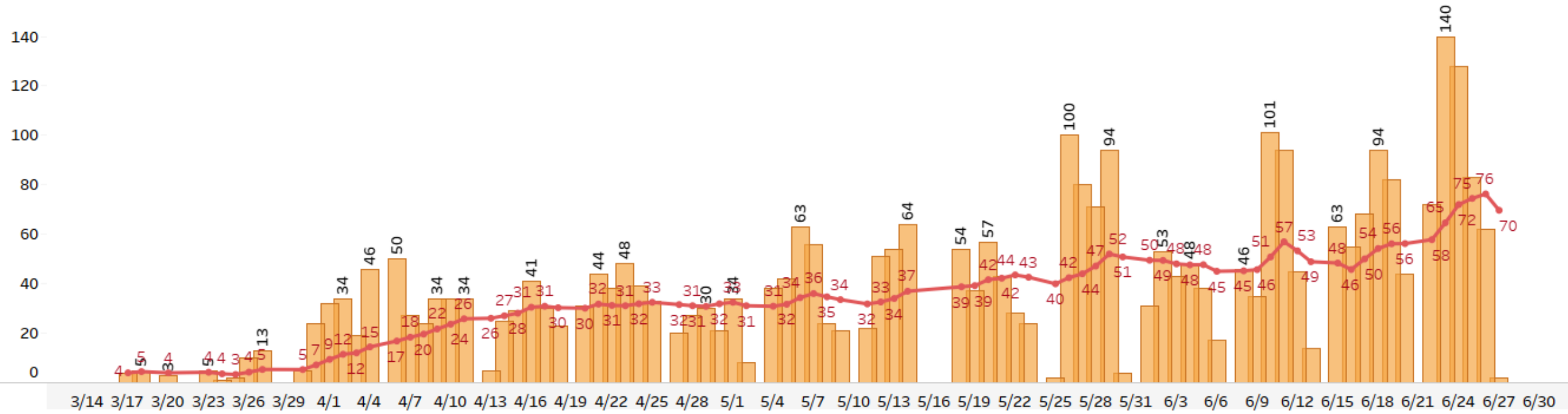
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*Last Week's results are still coming in.

Daily Positive Results

Red line represents the rolling average of daily positive results 14 day



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

1. Description: Quality Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes – July 2020
- UDS Report – YTD June 2020

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.

PATIENT SATISFACTION & GRIEVANCES

For Quarter 2, 2020 there were 13 complaints, 9 grievances, and 3 compliments for the month. Acknowledgment emails sent to team. Complaints and grievances addressed in accordance to Clinic Policy and Procedures.

QUALITY ASSURANCE & IMPROVEMENT

Of the 14 UDS Measures: 5 exceeded the HRSA Goal and 9 were short of the HRSA Goal.

Adult weight screening, Tobacco screening, Asthma therapy, Depression Screening and Follow-up, Coronary Artery Disease and, Dental Sealants measures were met. We will strive to improve and attempt to achieve even higher goals for 2020.

Interventions have been initiated for the Uncontrolled Diabetes, Childhood and Ischemic Vascular Disease measures. As previously discussed, point of care diabetes testing is now offered at all clinics. Patients are able to know their results immediately, providers are able to adjust medication at the visit. Our goal is to show improvement within the next three months.

All patients, including those receiving Telemedicine services are being screened for social determinants of health with the goal of identifying and eliminating barriers to care, and referring them to appropriate services.

UTILIZATION OF HEALTH CENTER SERVICES

No show rates were down at the beginning of COVID-19, but are now climbing back up. Highest rate of no shows are at Lewis Center at 37%.

Between January 1, 2020 and June 30, 2020, CLBPC has provided a total of 275 rides for about 110 unduplicated patient’s receiving Substance Use Disorder Services. Total

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
July 29, 2020

cost for this time period is \$4,602.60. Future plans are to expand this service to other clinic sites.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

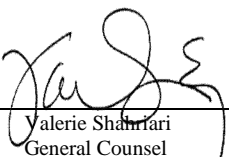
Committee Name

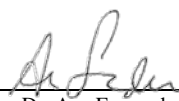
Date Approved


6. Recommendation:

Staff recommends the Board Approve the YTD UDS.

Approved for Legal sufficiency:


Valerie Shahrari
General Counsel


Dr. Ana Ferwerda
FQHC Medical Director


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

Quality Council Meeting Minutes

Date: July 10, 2020

Time: 1:00pm – 3:00pm

Attendees: Dr. Ana Ferwerda –Medical Director & Director of Women’s Health; David Speciale – Patient Experience Director; Jonathan Dominique – Executive Assistant; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management; Armani De La Mora – Clinic Service Center Manager; Dr. Charmaine Chibar – Director of Pediatrics; Dr. Courtney Rowling - Director of Behavioral Health

Excused: Belma Andric – Chief Medical Officer/Executive Director; Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras - Dental Director

Minutes by: Andrea Steele

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT RELATIONS				
OUTREACH SUMMARY	<p><u>Outreach</u></p> <p>Outreach activities for Quarter 2, 2020 pivoted to focus all efforts on COVID-19 testing. Our original Mobile Clinic now named Warrior has been stationed at the FITTEAM Ballpark almost daily since the end of March. Having performed almost 26,000 tests, the overall rate of positives for COVID-19 testing at this location is 6%. But, when you look at only the last 30 days, you will see that the rate of positive has increased to 11%.</p> <p>A second Mobile Clinic named Scout is currently being leased while we await the arrival of a permanent Mobile Clinic in December which will be named Hero. Scout has performed over 5,000 tests across the County since May. Their current rate of positives is 14%.</p> <p>Demographics of patients 36% of patients tested identify as Hispanic or Latino for Ethnicity, but the</p>			

SURVEY RESULTS	<p>rate of positives for Hispanic or Latino Ethnicity is 60%.</p> <p>59% of patients tested are White. 2% are Agricultural Workers and 3% are Homeless. Discussed high number of “patient declines”.</p> <p>Testing is now available at almost all clinic locations.</p> <p><u>Patient Satisfaction Survey</u></p> <p>For 2020, we have received a total of 853 Patient Satisfaction Surveys. Lantana has completed the most surveys at 26%. Rates for patients completing surveys have dropped significantly.</p> <p>66% of survey’s were completed on the iPad in English, while 27% were in Spanish and 7% in Creole.</p> <p>Phreesia has an email survey as well. David will be diving deeper into those response rates.</p> <p><i>(Patient Satisfaction Survey Completion report with graph presented.)</i></p> <p>PDCAs created and put in place for areas of concern and patient complaints:</p> <ol style="list-style-type: none"> Access <ol style="list-style-type: none"> <u>Cycle Time</u> <p>When you compare Quarter 1 to Quarter 2, overall average cycle time has decreased from one hour and thirty-three minutes down to one hour and eight minutes. The largest improvement can be seen in the</p> 	<p>Assign team-member to attempt to collect missing demographic information.</p>	Marisol	8/14/20																																														
	<p>Remind teams to have patients complete patient</p> <table> <tr> <th></th> <th>English</th> <th>Spanish</th> <th>Creole</th> </tr> <tr> <td>Belle Glade - 77</td> <td>39</td> <td>18</td> <td>20</td> </tr> <tr> <td>Boca Raton - 70</td> <td>70</td> <td></td> <td></td> </tr> <tr> <td>Delray Beach - 48</td> <td>35</td> <td>2</td> <td>11</td> </tr> <tr> <td>Jupiter - 133</td> <td>122</td> <td>10</td> <td>1</td> </tr> <tr> <td>Lake Worth - 111</td> <td>37</td> <td>68</td> <td>6</td> </tr> <tr> <td>Lantana - 221</td> <td>112</td> <td>94</td> <td>15</td> </tr> <tr> <td>Lewis Center - 19</td> <td>19</td> <td></td> <td></td> </tr> <tr> <td>Mangonia Park - 11</td> <td>11</td> <td></td> <td></td> </tr> <tr> <td>Mobile Clinic - 8</td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>WPB - 155</td> <td>109</td> <td>40</td> <td>6</td> </tr> <tr> <td>TOTAL - 853</td> <td>562</td> <td>232</td> <td>59</td> </tr> </table> <p>satisfaction surveys.</p>		English	Spanish	Creole	Belle Glade - 77	39	18	20	Boca Raton - 70	70			Delray Beach - 48	35	2	11	Jupiter - 133	122	10	1	Lake Worth - 111	37	68	6	Lantana - 221	112	94	15	Lewis Center - 19	19			Mangonia Park - 11	11			Mobile Clinic - 8	8			WPB - 155	109	40	6	TOTAL - 853	562	232	59	David
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<p>GRIEVANCES, COMPLIMENT</p>	<p>Substance Abuse service line where they have decreased there cycle time by an hour. Also, West Palm Beach Clinic improved their overall cycle time by forty minutes. Phreesia implemented to address Phase 1 check-in time. (Report with graphs presented.)</p> <p>b. <u>Third Next Available</u> As of 6/23/2020, Telemedicine appoitments are readily available. Not many walk-in slots available. Delray has the greatest number of available appointments the soonest when compared to other clinics for adult medical. Lantana has the most available slots for pediatrics. OB has a lengthy wait for appointments at either Boca or Lake Worth Clinics. (Report presented.)</p> <p>2. Communication with Practice, Clinicians & Staff</p> <ol style="list-style-type: none"> Updates being made to Call Tree with 10 extensions instead of 4. Updating SnapComms content. Moving the Call Center under the Clinic Service Center. Hiring 7 more people to better our communication with patients. <p><u>Patient Relations Report</u></p>	<p>Work with Clinic Coordinators to protect walk-in slots.</p> <p>Work with PMO office to finish updates to Call Tree.</p>	<p>David</p> <p>David</p>	<p>8/14/20</p> <p>8/14/20</p>
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S, & COMMENTS	<p>For Quarter 2, 2020 there were 13 complaints, 9 grievances, and 3 compliments for the month. Acknowledgment emails sent to team. Complaints and grievances addressed in accordance to Clinic Policy and Procedures. <i>(Master Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			
QUALITY				
GRANTS/ ACCREDITATIO N	<p><u>Delta Dental Award</u> Delta Dental Community Care Foundation grant committee has reviewed and approved a grant to \$50,000.00 for 2020 to support our efforts in the fight against COVID-19, related crises, and to advance our efforts to provide access to care for those in need.</p> <p><u>Federal Tort Claims Act (FTCA) Application</u> Our FTCA Application for CY2021 was submitted to HRSA on 7/2/2020.</p> <p><u>Progress Reports: CARES, ECT, Covid Response</u> Since March of 2020 we have received three HRSA grant awards in response to the COVID-19 Pandemic:</p> <ol style="list-style-type: none"> 1. H8CCS35088: COVID-19 Response - \$146,708.00 2. H8DCS36001: Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding (CARES) Response - \$2,058,425.00 			

	<p>3. H8ECS37839: FY 2020 Expanding Capacity for Coronavirus Testing - \$794,089.00</p> <p>All three progress reports were submitted on 7/9/2020.</p> <p>PCMH Worked with a PCMH Subject Matter Expert from JSI Consulting over the past couple months during COVID-19, we successfully submitted our Annual Reporting application for re-accreditation for our 5 largest sites on 7/9/2020.</p> <p>CARF Working on the application to obtain Outpatient Treatment certification.</p>	<p>Begin PCMH 2017 for Jupiter and Boca Clinics.</p> <p>Prapare for CARF visit in the Fall/Winter.</p>	<p>Andrea</p> <p>Dr. Rowling/ Dr. Ziemba</p>	<p>8/14/20</p> <p>8/14/20</p>
48-HOUR METRICS	<p>Medical Clinical Documents Encounter closure rates are hovering around 72% closed within 48 hours. Lag is currently 1.79 days.</p>	Follow-up with providers who are not closing within 2 days.	Dr. F/Dr. Z	8/14/20
QUALITY AUDITS				
EMPLOYEE HEALTH	Launched an employee health program to monitor team-member symptoms and offer free COVID-19 screening, testing and mitigation.	Submit Board approved Change in Scope to update Admin site to service site.	Andrea	8/14/20
WOMEN'S HEALTH	<p>Prenatal Age In Quarter 2, 2020, 70% of patients were age 25-44.</p> <p>Entry into Care 60% patients are seeing us in first trimester of care. Sometimes patients that are entering into care in</p>			

MEDICAL	<p>the third trimester due to moving here from another country or because they have had multiple previous births and do not believe they need prenatal care. Fewer teen pregnancies. (Report with graph presented.)</p> <p><u>Deliveries & Birthweights</u> 29 recorded deliveries since January. 3 live births between 1500-2499 grams. (Report with graph presented.)</p> <p><u>Pap Consent Audit</u> Report ran for paps performed between 7/1 – 7/9 to audit whether new pap consent form is being utilized properly. Karen reviewed a couple of charts and did find one without a pap consent.</p> <p><u>Hemoglobin A1C/Point of Care Testing</u> Our current diabetes control rate is almost 52% uncontrolled. Mobile Clinic and Lewis Center have the most patients that “Need Data”. Dr. Ferwerda assigned diabetes dashboards to individual providers at last week’s provider meeting for them to review upcoming patient schedules and ensure POC A1C testing increases over time as we return to “new normal”.</p> <p>During COVID-19 it has been challenging to successfully conduct A1C POC testing and testing remains low. Kits have been restocked and team-members have been trained and re-trained on A1C POC testing.</p>	<table><tr><th colspan="2">Section A: Age Categories for Prenatal Patients</th></tr><tr><th>Age</th><th>Number of Patients</th></tr><tr><td>Less than 15 Years</td><td></td></tr><tr><td>Ages 15-19</td><td></td></tr><tr><td>Ages 20-24</td><td></td></tr><tr><td>Ages 25-44</td><td></td></tr><tr><td>Ages 45 and Over</td><td></td></tr><tr><td>Total</td><td></td></tr></table> <p>Women’s Health team to follow-up on “initial provider recorded” information.</p> <p>Women’s Health team to follow-up on delivery data.</p> <p>Dr. Ferwerda to conduct peer review of charts and report back.</p> <p>POC Tests 6/29 – 7/2</p> <table><tr><td>BELLE</td><td></td><td></td></tr><tr><td>GLADE_CLBPCC</td><td>4</td><td>5%</td></tr><tr><td>BOCA_CLBPCC</td><td>2</td><td>3%</td></tr><tr><td>DELRAY</td><td></td><td></td></tr><tr><td>BEACH_CLBPCC</td><td>26</td><td>36%</td></tr><tr><td>JUPITER_CLBPCC</td><td>1</td><td>1%</td></tr></table>	Section A: Age Categories for Prenatal Patients		Age	Number of Patients	Less than 15 Years		Ages 15-19		Ages 20-24		Ages 25-44		Ages 45 and Over		Total		BELLE			GLADE_CLBPCC	4	5%	BOCA_CLBPCC	2	3%	DELRAY			BEACH_CLBPCC	26	36%	JUPITER_CLBPCC	1	1%	Elba	8/14/20
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NURSING	Ivonne to continue reporting weekly. (Report with graph presented.)	LAKE WORTH_CLBPCC	9	12%	Dr. F	8/14/20
	SBIRT Every positive Cage-Aid should result in an SBIRT. Lantana is the champion for successfully completing this documentation at a total of 26 out of 116 for the year. Revenue Cycle invited to next SBIRT webinar on billing and coding for SBIRT. (Report with graph presented.)	LANTANA_CLBP CC	13	18%		
	Closing the Referral Loop The Coordination of Care PDCA was updated with data comparing 10/1/2019 – 12/31/2019 vs. 2/1/2020 – 4/30/2020 for our five largest sites. The goal was a 5% increase in referral loop closure, but COVID-19 hit in the middle of the second PDCA cycle. While no one achieved their goal, Belle Glade has done the best job of keeping up the closure of the referral loop during the pandemic. (Report with graph presented.)	WEST PALM BEACH_CLBPCC	18	25%		
	Cage-Aid 16,481 patients screened for drug and alcohol abuse this year. Delray is the champion at 3,518 screenings performed. 326 patients with a positive Cage-Aid. Fewer unscored Cage-Aid's than previously. Many more positive Cage-Aid's than successful SBIRTs. (Report with graph presented.)	Grand Total	73	100%		
	PHQ9	Follow-up on coding for SBIRT and conduct chart review to ensure SBIRT order set is being dropped.			Andrea	8/14/20
		Continue monitor closing the referral loop.			Angela	8/14/20
		Follow-up with Lake Worth Clinic on scoring the Cage-Aid.				

	<p>25,205 PHQ2/9s performed since the beginning of the year. 1,822 positive PHQ9s. Lantana has the highest rate of positives. % positive are higher in Quarter 2.</p> <p>(Report with graph presented.)</p> <p><u>PRAPARE</u> 9,054 screenings conducted since inception. 15% identify as having social needs that need to be addressed. 9% answered that in the last year they were unable to get food. 8% answered that they do not have adequate housing.</p> <p>Unite Us contract finalized and David, Dr. Ziemba and Jonathan provided an update on this initiative such as initial partners identified. Target date for Go-LIVE is September.</p> <p>(Report with graph presented.)</p> <p><u>Chart Prep</u> Chart prep has been steadily increasing since a reportable field in Athena was created to capture whether or not it is being done. Although it appears half are not prepped, the MAs often times cannot get a hold of patients prior to their appointment due to wrong phone number on file. Angela and Lisa continue to assist their team in making time for this critical need in the clinics. Providers expressed appreciation for this during the provider meeting last week.</p> <p>Ivonne will continue sending daily summary of chart prep for review.</p>	<p>Follow-up with Boca Clinic on scoring PHQ2/9s.</p> <table><tr><th>Chart Prep 07/10/2020</th><th>Yes</th><th>No</th></tr><tr><td>Belle Glade_CLBPCC</td><td>24</td><td>18</td></tr><tr><td>Boca_CLBPCC</td><td>25</td><td>25</td></tr><tr><td>Delray Beach_CLBPCC</td><td>35</td><td>31</td></tr><tr><td>Jupiter_CLBPCC</td><td>27</td><td>4</td></tr><tr><td>Lake Worth_CLBPCC</td><td>24</td><td>35</td></tr><tr><td>Lantana_CLBPCC</td><td>30</td><td>62</td></tr></table>	Chart Prep 07/10/2020	Yes	No	Belle Glade_CLBPCC	24	18	Boca_CLBPCC	25	25	Delray Beach_CLBPCC	35	31	Jupiter_CLBPCC	27	4	Lake Worth_CLBPCC	24	35	Lantana_CLBPCC	30	62	Angela	8/14/20
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BEHAVIORAL HEALTH	BAM 433 surveys administered in since January 2020. 87 overdoses reported at the 0 month assessment and only 5 at the three month assessment, then zero overdoses reported after that. At the 9 month assessment, 20 individuals answered that they uses inhalants. After 18-21 months in treatment, many individuals report spending time with family member or friends supportive of their recovery. Dr. Rowling is noticing a lot of her patients getting day labor jobs. (Tableau dashboard presented.)	West Palm Beach_CLBPCC	29	35		Ivonne	8/14/20
		Total	194	210	404		
			48%	52%	100%		
		Compare 2019 BAM results to Apr – Jun 2020 retention and discharge rates.					
QUALITY METRICS							
UDS June 2020 Of the 16 UDS Measures: 6 Exceeded the HRSA Goal and 10 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)							
Medical UDS Report	Breast Cancer Screening measure now available in Athena data, working to get it into Tableau.	Update QMR report to include breast cancer measure in July.			Ivonne	8/14/20	
	Childhood immunization: (56%/ 60%)	Findings: 1. There are frequent documentation errors regarding vaccines, patients may be compliant but show as non-compliant. 2. Patients are not always scheduled for follow up appointments. Interventions: 1.Providers given a list of non-compliant patients to review and correct if possible. 2. Staff and providers instructed to schedule vaccine follow-ups for all patients.					
	Cervical Cancer Screening: (55% /65%)	Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year. Interventions: 1. Develop care teams to improve					

		efficiencies in following up on requested medical records. 2. Ongoing cervical cancer screening education provided to providers.		
	Weight assessment, Children & Adolescent: (80% / 90%)	Findings: 1. Providers not dropping the order group at every visit. Interventions: 1. Continue to train providers that health education should be given at every visit regardless of reason for visit.		
	Adult Weight screening and follow up: (98% / 90%)			
	Tobacco use screening & cessation: (96% / 93%)			
	Asthma Pharmacologic Therapy: (97% / 99%)	Findings: 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification. Interventions: 1. Providers have been trained on asthma classifications. 2. Charts are being continuously audited to revise dating and classification errors.		
	Coronary Artery Disease CAD: (87% / 81%)			
	Ischemic Vascular Disease (IVD): (83% / 86%)	Findings: 1. Aspirin not documented under medication list. Interventions: 1. Providers encouraged to review medication list and include Aspirin.		
	Colorectal Cancer Screening: (38% / 82%)	Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena. Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3.		

		Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.		
	HIV linkage: (83% / 100%)	Findings: 1. Linkage to care time decreased from 90 to 30 days. Interventions: 1. Providers educated on changes to the measure and opportunities for linkage to care.		
	Depression screening: (94% / 83%)			
	Depression screening (Homeless): (93% / 83%)			
	Hypertension: (71% / 80%)			
	Diabetes: (50%* / 66%)	Findings: 1. Many patients did not meet the measure because they did not have HgbA1c during measurement period. Interventions: 1. POC HgbA1c testing implemented to increase patient compliance. *QMR reported % is a little lower than UDS reported %		
	Diabetes (Migrant): (58% / 66%)	Findings: 1. Barriers to care include limited transportation. Interventions: 1. POC HgbA1c testing and mail order pharmacy implemented.		
Dental UDS & Quality Metrics	<u>Dental Sealants</u> Trended up June 2020 89% (236/265)	Providers are sent a list on a monthly basis of patients not sealed to reschedule for completion.		

UTILIZATION				
OPERATIONS	<p><u>Productivity</u> In-person vs. Telehealth visit productivity for June shows some providers appear to prefer telehealth. Lantana and Delray appear to prefer in-person visits. Awaiting updated technology for telehealth. Dr. Ferwerda provided an update on Doximity, which is with legal for review. <i>(Clinic productivity report with graphs were presented.)</i></p>	Remove Guerlyne from dashboard.	Ivonne	7/13/20
	<p><u>No Show Rates</u> No show rates were down at the beginning of COVID-19, but are now climbing back up. Highest rate of no shows are at Lewis Center at 37%.</p>			
	<p>Athena is now offering canned no show rate report with Excel template to drop data into. <i>(Report with graph presented.)</i></p>	Review canned No Show report and template.	Ivonne/ Andrea	8/14/20
	<p><u>BYMY Campaign</u> BYMY rates have declined precipitously due to COVID-19. Data trended from December 2019 through June 2020. <i>(Report with graph presented.)</i></p>	Review medication reconciliation rates since Dec 2019 – Feb 2020.	Ivonne	8/14/20
	<p><u>Patient Transportation/Access</u> Between January 1, 2020 and June 30, 2020, CLBPPC has provided a total of 275 rides for about 110 unduplicated patient's receiving Substance Use Disorder Services. Total cost for this time period is \$4,602.60. Future plans are to expand this service to other clinic sites. <i>(Circulation Screenshots and report presented.)</i></p>	Work with special programs to request dollars to expand this service to other clinics.	Hyla	8/14/20

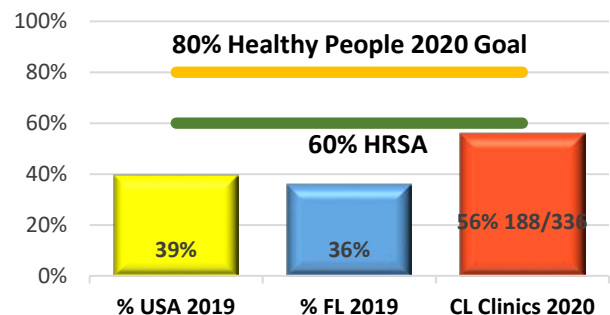
CLINIC SERVICE CENTER	<p><u>Phreesia</u> Dominique provided reviewed analytics for pre-visit performance, COVID-19 screening and provided Dr. Chibar with an overview. There were 9,853 visits scheduled, 7,296 were in-person and 2,557 were telehealth. 3,577 patients completed pre-visit registration. 26.8% of patients completed the pre-visit mobile, 19.1% completed the in-office mobile and 17.8% completed the Phreesia Pad. 31.7% did not check-in. 38% payment rate resulting in \$34,800 collected. Consider adding procedural consent to Phreesia as post-visit push consent option. <i>(Phreesia Analytics Dashboard presented)</i></p> <p><u>Human Resources Dashboard</u> PCC HR roll-up summary briefly presented. Marta from HR will present next month when she returns from vacation. <i>(ADP Analytics Dashboard presented)</i></p> <p>The entire Call Center has transitioned from Health Care District to C. L. Brumback Primary Care Clinics under the leadership of our new Director of Patient Experience, David Speciale. We anticipate streamlined scheduling in the coming months and will add seven new team-members to meet the scheduling demands during COVID.</p>	Request additional Phreesia pads for post-visit procedural consent forms.	Marisol	8/14/20
	<p><u>Call Summary by Department</u> 60% of calls are handled by Clinic Service Center, 12% by clinic staff, 8% by Revenue Cycle. <i>(Report with graph presented.)</i></p>	Continue monitoring.	David	8/14/20
	<p><u>Scheduling Report</u> Calls between 11,000 -15,000 per month. Baseline established for agenda by appts scheduled and time</p>	Continue monitoring.	David	8/14/20

BEHAVIORAL HEALTH	<p>on phone. 67% of appts in June were for COVID testing, 26% for other appts and 7% for telemedicine. Two rock-star agents identified. (Report with graph presented.)</p> <p><u>Reason for Testing</u></p> <p>The County asked us to submit a daily report letting them know the reason people are calling to be scheduled for testing. The scheduling team are entering responses into a Google Form each day. On 7/8/2020, there were 663 future appointments scheduled for the following reasons:</p> <ul style="list-style-type: none">35% think they were exposed14% because they have symptoms16% work related35% other <p>Marisol suggested we may need another category for travel. Consider developing a script to test results timing for travel.</p> <p><u>MAT Census</u></p> <p>In June 2020, there was an 8.94% discharge rate, 28 new patients, 0 lost to follow-up, and 8 re-admits. Dr. Rowling noted that more of her patients are in need of Medication Assisted Treatment during COVID-19.</p>	<p>Provide daily updates to the County on reason for testing data.</p> <p>Follow-up with PMO office and County about adding additional category.</p> <p>Follow-up on FADAA Vivitrol agreements as number of patients reporting using alcohol has increased recently.</p> <p>Total patients in program</p> <table><tr><td></td><td>June 2020 (n=257)</td></tr><tr><td>Phase 1</td><td>136</td></tr><tr><td>Phase 2</td><td>41</td></tr><tr><td>Phase 3</td><td>18</td></tr><tr><td>Phase 4</td><td>46</td></tr><tr><td>Vivitrol</td><td>6</td></tr><tr><td>Naltrexone</td><td>10</td></tr><tr><td>Total</td><td>257</td></tr></table>		June 2020 (n=257)	Phase 1	136	Phase 2	41	Phase 3	18	Phase 4	46	Vivitrol	6	Naltrexone	10	Total	257	Andrea	8/14/20
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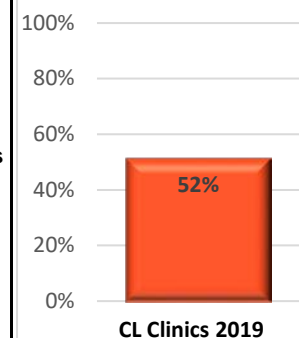
C. L. BRUMBACK PRIMARY CARE CLINICS

YTD June 2020

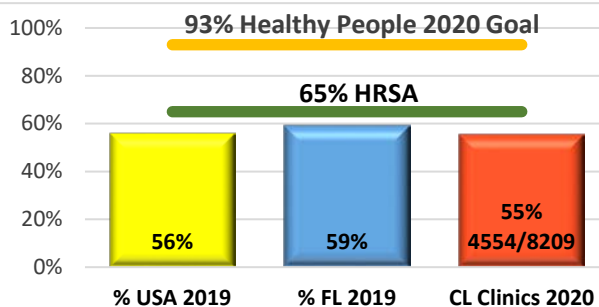
CHILDHOOD IMMUNIZATION



Findings: 1. There are frequent documentation errors regarding vaccines, patients may be compliant but show as non-compliant. 2. Patients are not always scheduled for follow up appointments. **Interventions:** 1. Providers given a list of non-compliant patients to review and correct if possible. 2. Staff and providers instructed to schedule vaccine follow-ups for all patients.

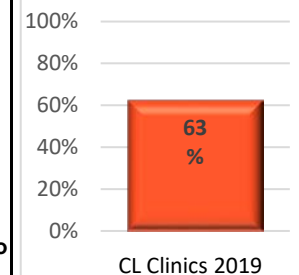


CERVICAL CANCER SCREENING

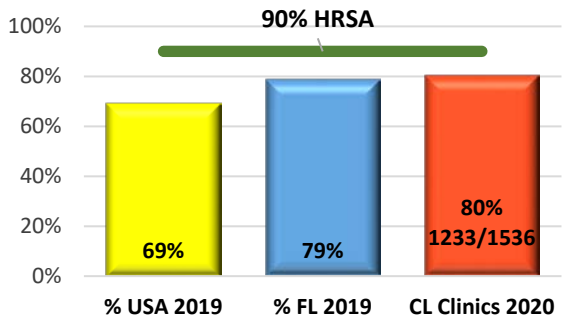
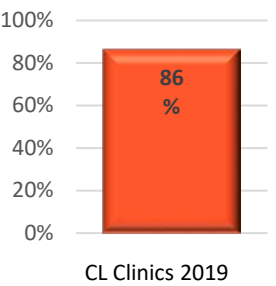
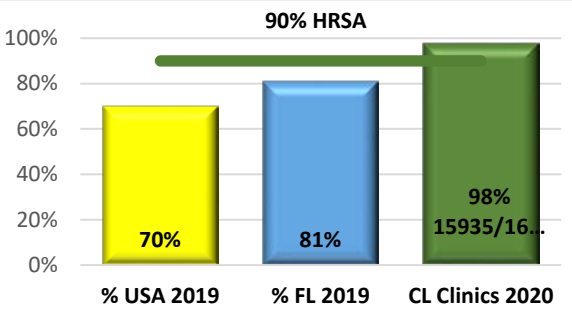
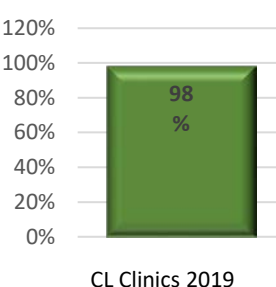
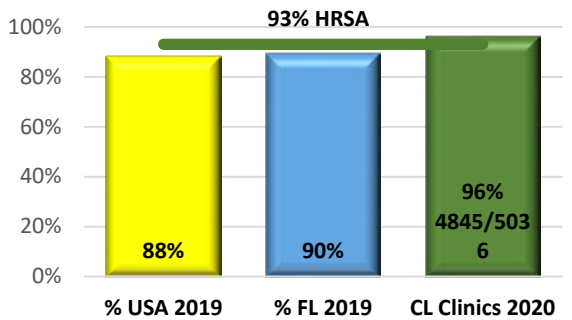
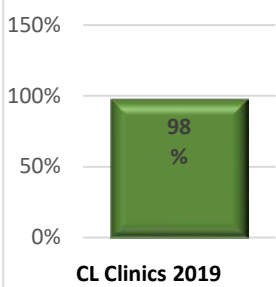


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

Interventions: 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Ongoing cervical cancer screening education provided to providers.



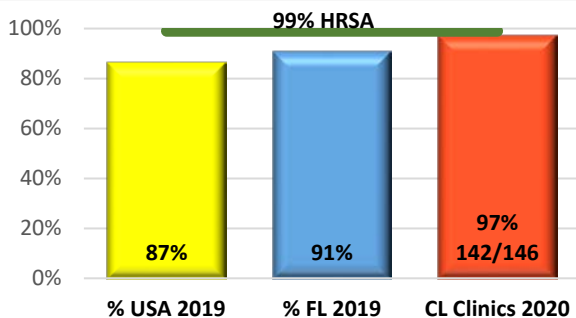
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD June 2020

WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS		
 <p> 90% HRSA 100% 80% 60% 40% 20% 0% 69% 79% 80% 1233/1536 % USA 2019 % FL 2019 CL Clinics 2020 </p>	<p> Findings: 1. Providers not dropping the order group at every visit. Interventions: 1. Continue to train providers that health education should be given at every visit regardless of reason for visit. </p>	 <p> 100% 80% 60% 40% 20% 0% 86% CL Clinics 2019 </p>
ADULT WEIGHT SCREENING AND FOLLOW UP		
 <p> 90% HRSA 100% 80% 60% 40% 20% 0% 70% 81% 98% 15935/16000 % USA 2019 % FL 2019 CL Clinics 2020 </p>		 <p> 120% 100% 80% 60% 40% 20% 0% 98% CL Clinics 2019 </p>
TOBACCO USE SCREENING AND CESSATION INTERVENTION		
 <p> 93% HRSA 100% 80% 60% 40% 20% 0% 88% 90% 96% 4845/5036 % USA 2019 % FL 2019 CL Clinics 2020 </p>		 <p> 150% 100% 50% 0% 98% CL Clinics 2019 </p>

C. L. BRUMBACK PRIMARY CARE CLINICS

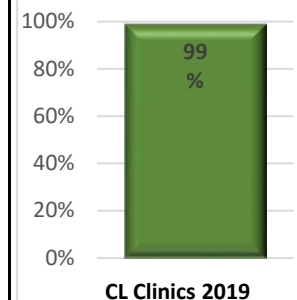
YTD June 2020

ASTHMA PHARMACOLOGIC THERAPY

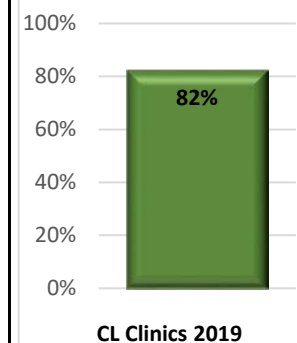
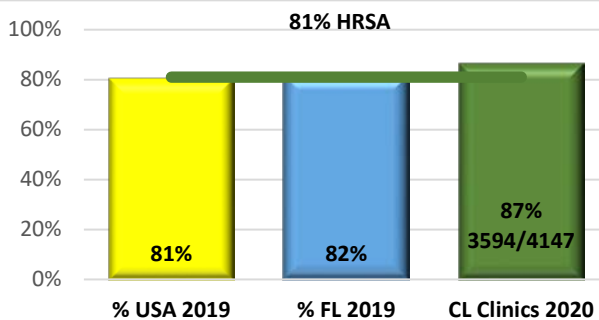


Findings: 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification.

Interventions: 1. Providers have been trained on asthma classifications. 2. Charts are being continuously audited to revise dating and classification errors.



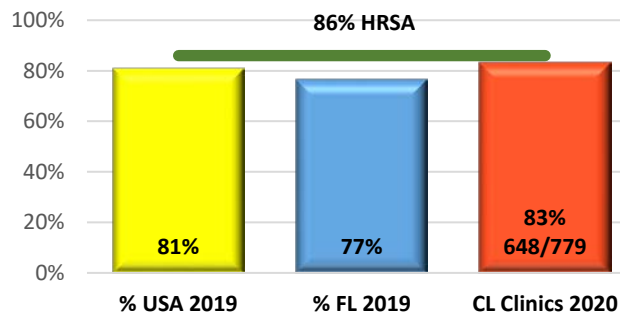
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



C. L. BRUMBACK PRIMARY CARE CLINICS

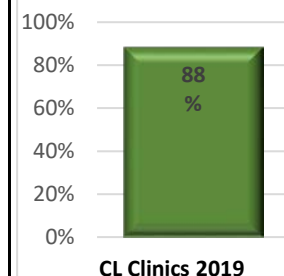
YTD June 2020

ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

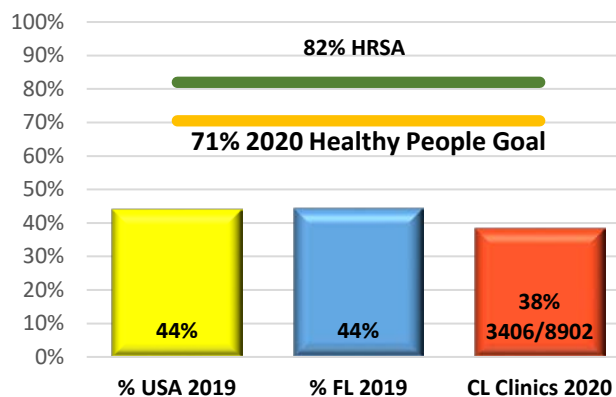


Findings: 1. Aspirin not documented under medication list.

Interventions: 1. Providers encouraged to review medication list and include Aspirin.

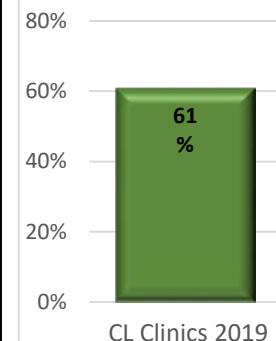


COLORECTAL CANCER SCREENING

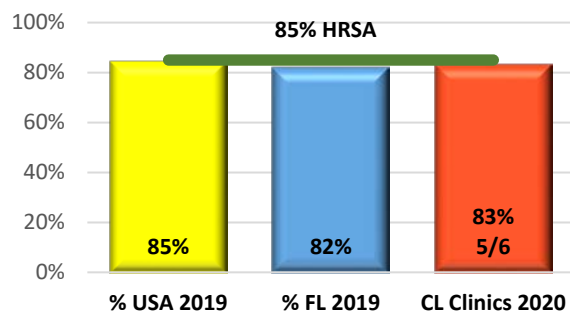


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.

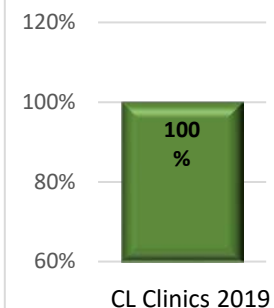


HIV LINKAGE TO CARE

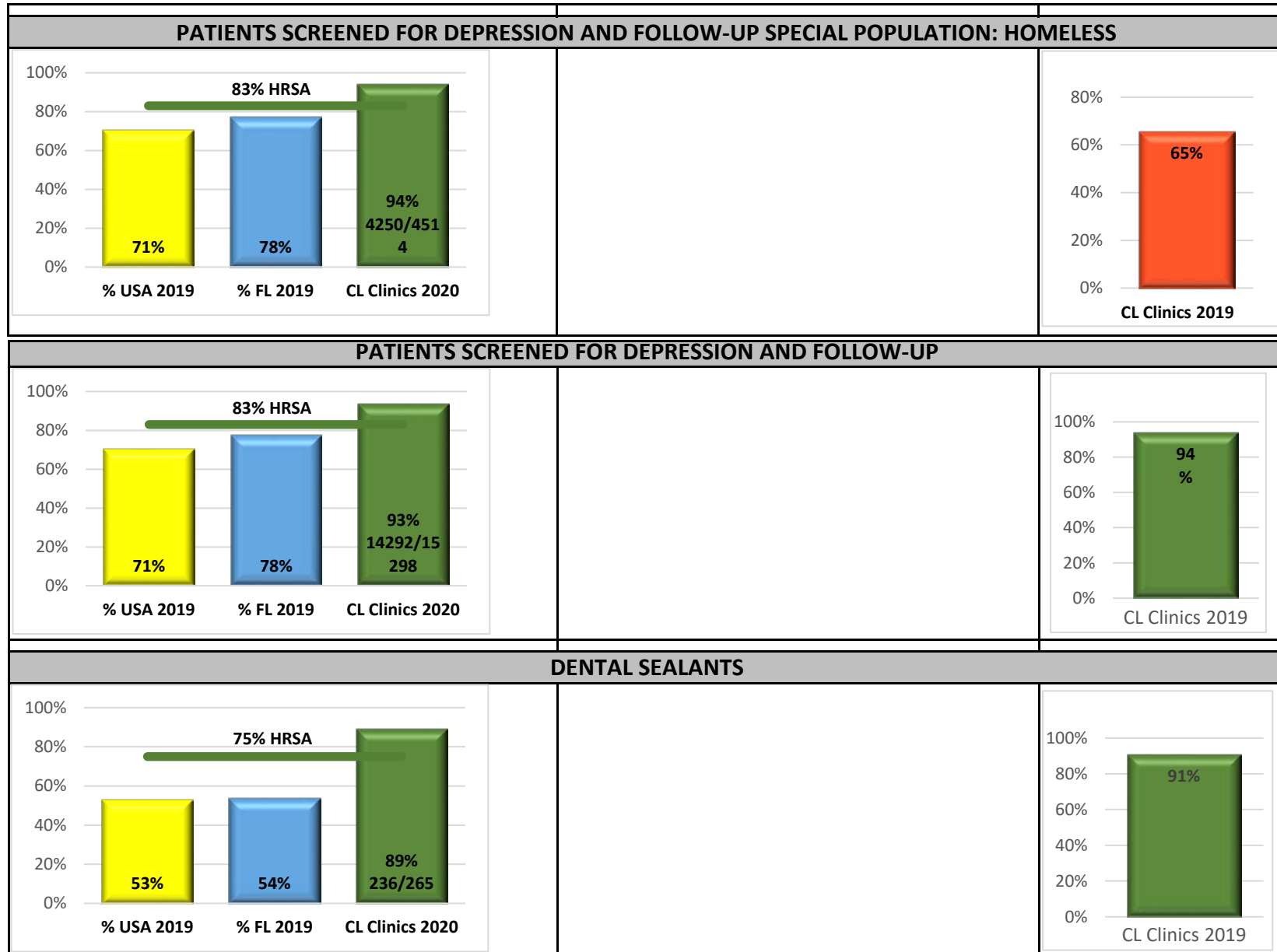


Findings: 1. Linkage to care time decreased from 90 to 30 days.

Interventions: 1. Providers educated on changes to the measure and opportunities for linkage to care.



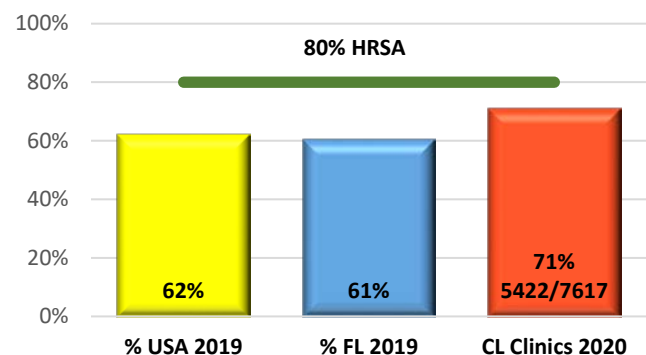
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD June 2020



C. L. BRUMBACK PRIMARY CARE CLINICS

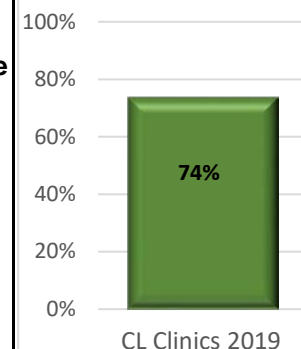
YTD June 2020

HYPERTENSION

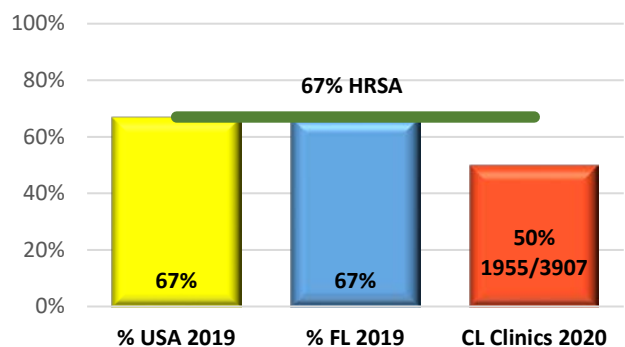


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate.



DIABETES



Findings: 1. Many patients did not meet the measure because they did not have HgbA1c during measurement period.

Interventions: 1. POC HgbA1c testing implemented to increase patient compliance.

