

**District Clinic Holdings, Inc.**  
**d.b.a. C.L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Summary Minutes**  
**07/29/2020**

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

**Excused:** Susan Foster

**Absent:** Lisa Strickland

**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, Executive Director of FQHC Practice Operations and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; 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; Lisa Hogans, Director of Nursing; Joshua Burrill, Director of Compliance and Internal Audit

**Minutes Transcribed By:** Jonathan Dominique

**Meeting Scheduled For** 12:45 PM

**Meeting Began at** 12:49PM

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>	Mr. Smith called the meeting to order.	<b>The meeting was called to order at 12:49pm</b>
<b>1A. Roll Call</b>	Roll call was taken.	
<b>1B. Affirmation of Mission</b>	Mr. Smith read the affirmation of mission.	
<b>2. Agenda Approval</b>	Mr. Smith called for an approval of the meeting agenda.	<b>VOTE TAKEN: Mr. Elder made a motion to approve the agenda. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b>
<b>2A. Additions/Deletions/ Substitutions</b>		

<b>2B. Motion to Approve Agenda Items</b>	The agenda for the July 2020 meeting was approved.	
<b>3. Awards, Introductions and Presentations</b>	Dr. Andric presented Joshua Burrill, Director of Compliance and Internal Audit. Dr. Andric informed the board that Mr. Burrill brings with him a wide range of compliance and regulatory experience to the district. Before coming to the district, he served as institutional compliance officer at a non-profit community health system that served three states.	<b>No action necessary.</b>
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b> <b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of June 24, 2020	There were no changes or comments to the minutes dated June 24, 2020	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of June 24, 2020 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>
<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</b>
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> July 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	<b>Receive &amp; File. No further action necessary.</b>
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action necessary.</b>
<b>7B. FINANCE</b>		

<p><b>7B-1 Receive &amp; File:</b> C. L. Brumback Primary Care Clinics Financial Report – May 2020</p>	<p>The YTD May 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.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>8. REGULAR AGENDA</b></p>		
<p><b>8A. EXECUTIVE</b></p>		
<p><b>8A-1. Receive &amp; File:</b> Executive Director Informational Update</p>	<p>Dr. Belma Andric, VP&amp; Executive Director, provided the following updates: The Delta Dental Community Care Foundation has awarded us a grant for \$50,000 in 2020. This grant was awarded in support of our fight against COVID-19 related crises, and to advance our efforts in providing access to care for those in need. We have submitted our 2021 Federal Tort Claims Act (FTCA) application on July 2, 2020. Dr. Andric stressed that the process leading to submission of the application is quite the process and thanked everyone involved. The Clinics have received three HRSA grant awards in response to the COVID-19 Pandemic after submitting progress reports by 7/9/20 deadline. NACHC awarded us the Best Promising practice in their challenge. Andrea Steele, Director of Corporate quality submitted our COVID-19 dashboard and we were selected as a winner. NACHC added our dashboard as an example to the toolbox of the NACHC's listed best practices for other FQHCs to follow. With this award, a scholarship was provided to participate in the institute for healthcare improvement webinar. Ms. Steele was selected as the representative who will participate in this webinar, and she will be bringing back all sorts of knowledge from said series. There is a potential change in scope: Staff have identified A potential new clinic location in Lantana offering approximately 26,000 sq. ft. This new space would accommodate social distancing, a centralized registration process and a community COVID-19 testing room. We</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>

	<p>have been looking for a better space in Lantana especially now with our needs to diffuse density and maintain as much social distance as possible, and we believe this space will be able to provide that. More information to follow.</p> <p>Ms. Jackson-Moore asked if there is a timeframe for the Lantana move. Dr. Andric answered that it is in the budget for the new fiscal year (starts October 1<sup>st</sup>). Dr. Andric expresses hope that we complete the move as soon as it possibly can.</p> <p>Mr. Smith asked about how the clinics are able to identify grant opportunities. Ms. Steele answered that the majority of opportunities come directly from HRSA's primary care bulletin. Other times grants make their way to Ms. Steele by way of the service line directors (Medical, Dental, Behavioral Health, etc.). We always review these grants to see if we even meet the criteria to qualify. Other organizations that might present us with grant opportunities are the American Heart Association or the American Cancer Society. We really focus on nurturing these ongoing relationships and partnerships we build with these different organizations and they reach out to us when they have something new.</p> <p>Mr. Smith asked if HRSA promotes grants from other organizations. Ms. Steel answered that she is not sure if they promote 3<sup>rd</sup> party grant opportunities but there is a website, grants.gov, which has all grants that are open for application.</p>	
<p><b>8B. Credentialing and Privileging</b></p>		
<p><b>8B-1. Staff Recommends a MOTION TO APPROVE</b></p>	<p>The LIP (s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and</p>	<p><b>VOTE TAKEN: Ms. Mastrangelo made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as</b></p>

Licensed Independent Practitioner Credentialing and Privileging – LIP(s)

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.

**presented. The motion was duly seconded by Ms. Etienne. A vote was called, and the motion passed unanimously.**

	<p>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.</p>	
<p><b>8C. OPERATIONS</b></p>		
<p><b>8C-1. Staff Recommends a MOTION TO APPROVE:</b> Operations Reports – July 2020</p>	<p>Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following report: In regards to provider productivity, we are consistently trending upward in number of appointments for both in-person and Telehealth visits. We reached 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%.</p> <p>Mr. Smith asked if one could conduct a Telehealth visit via phone call as opposed to just video. Dr. Fritsch answered that for now, in the current state that the world is in, visits over phone call are allowed for patients who might not be able to do video calls. The goal is to increase and not limit access to care during the pandemic. Dr. Andric goes further to state that technology is improving, and the team is currently working on a simple solution that should remove certain barriers and should work with almost any cellphone.</p> <p>As for provider productivity targets, Dr. Fritsch informs the board that for Adult and Pediatric care we are at 92% and 85% respectively. We are averaging approximately 50% of our target in Telehealth, which Dr. Fritsch believes to be a good thing, given how new the program is. Mr. Smith asked what interventions we have to address the high no show rate given its current state. Dr. Fritsch presented</p>	<p><b>VOTE TAKEN: Ms. Bullard made a motion to approve the July Operations Report as presented. The motion was duly seconded by Ms. Etienne. A vote was called, and the motion passed unanimously.</b></p>

data showing increased use of Phreesia platform used for preregistration and intake alike. We are currently seeing improvements when our frontline conducts chart prep by making sure that PCPs, demographics, etc. are correct. We are expecting the no-show rates to improve as we implement this pre-prep process. Mr. Smith ask if a reminder phone call or text message is involved. Dr. Fritsch answered that one can use Phreesia to call, text, or email in order to make contact with the patient. That contact is crucial in our fight in decreasing no show rates. Dr. Andric points out that the focus of Telemedicine was adult medicine and in comparison to our no-show rates before the pandemic (30-35%), the 14% no-show rate for Telehealth is a huge improvement and we strive to lower it even more. Dr. Fritsch went over productivity by provider and points out that providers are still better reaching their targets for in person than in Telehealth visits. We can attribute some of this to patient acceptance, as some patients would rather see their provider in person.

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). Dr. Fritsch presented the COVID-19 testing dashboard covering 3.16.20-7.2.20. We have administered 63,359 tests. Of these tests, we have resulted 59,627 of them. We see an overall positive rate of 10%. Our highest rate of positives are in the 20-30 and 30-40 age groups at 22% and 21% respectively. Dr. Fritsch also presented a dashboard covering the last 30 days. There was a surge at the beginning of the month, and though it is trending downward, demand is still high. Our 'Scout' bus team has been very busy, and peaked at 380 tests one day the previous week. Dr. Fritsch expressed her appreciation for the scout team, and their adaptability. Mr. Smith voiced concern that there may be confusion over the implication of positive testing done and the number of tests

administered. Mr. Smith asked what the team has taken away from the data when looking at the number of positives, rate of positives, etc. Dr. Andric clarified that the focus is on the percentage of positive results. More testing will usually yield in more positives, which will not tell us as much as the change in positive rate will. When we started testing in March/April, the positive rate was only 3%. Now the positive rate is 11%. Of course, there are factors. if you go into a community where there are more than likely higher rates that will shift your positive rate up a bit, but we also test in areas where the rates are lower. This gives us a better idea of what is going on in our community. Mr. Smith asked about the turnaround time between testing and results. Dr. Andric stated that this fluctuates a lot, as all local labs are in the same situation as labs around the country where demand affects wait time. We have gone from three days waiting, to fourteen, to three days, to seven days, etc. Mr. Smith provided an example where his daughter was able to have access to a rapid test provided by her place of employment, which resulted in approximately 20 minutes. Dr. Andric acknowledged that different communities do have different resources. We do have the rapid antibody test conducted by the palm beach fire rescue. We have been on the wait list for the Abbott Rapid Test since April, but have not received them yet due to national demand.

For the Clinic Service Center, we have fielded 144,028 calls from 42,346 unique phone numbers in the last 30 days. Dr. Fritsch covered the number of call attempts per unique number per day, call attempts per unique number from 8am-9am, and the number of unique numbers and calls each day. Mr. Smith asked what the most frequent types of calls are. David Speciale, Director of Patient Experience answered that the majority of calls are to either schedule an appointment with a provider or COVID testing-related. We are currently in the process of revising our call tree, to direct calls to the correct person instead of holding up the CSC. We expect this to increase the efficiency of



	<p>the CSC by spreading around the responsibility of handling calls instead of having the strain placed on the CSC. Mr. Smith asked if the call tree would have recorded options, like directions to their nearest clinic. Mr. Speciale confirmed that we do plan to have recorded options and are expanding on the use of the technology.</p>	
<p><b>8D. Quality</b></p>		
<p><b>8D-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p>	<p>Dr. Ana Ferwerda, Medical Director and Director of Women’s Health presented the following: Patient safety and risk, including adverse events, we present peer review and chart review to the board “under separate cover” on a quarterly basis. For July 2020, there were 23 complaints and 8 grievances. The Top 5 categories were Other, Care &amp; Treatment, Communication, and Physician Related. The Care Coordination nurses entered several complaints or grievances. The highest number of complaints and grievances came from the Boca the location (10). Of the 14 UDS Measures: 6 exceeded the HRSA goal and 8 were short of the HRSA goal. Adult Weight Screening, Tobacco Screening, Ischemic Vascular Disease, Depression Screening and Follow-up, Coronary Artery Disease and, Dental Sealants have been met. We are striving to improve in an attempt to achieve even higher goals in 2020. We have initiated interventions for the Uncontrolled Diabetes, Childhood and Ischemic Vascular Disease measures. As we have previously discussed, we have started point of care diabetes testing in all of the clinics, and we have really focused some of our data reporting to let the providers know which patients need to have Hemoglobin A1c performed in the clinics. Once the providers have these results, they are able to make medication changes before the patient leaves the clinic. This allows for a much better and smoother transition and less transportation issues for patients. One patient told the team that they were very happy to have Hemoglobin A1c done in the clinic because they preferred not to go to more places that could potentially expose them to COVID-19. The addition of point</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b></p>

of care diabetes testing has improved the diabetes measure by approximately 7%. We are screening all patients, including those receiving Telemedicine services, for social determinants of health. We hope to identify and eliminate barriers to care, and referring them to appropriate services. Of the patients not reaching the childhood immunization measure, we were able to send all of the providers a list of patients that were not meeting the vaccination measure. Many providers were able to find out that the vaccines were already administered to the patients. The issue was that their previous providers did not document the vaccines in the system. This means that when they came over to us the data was not there. We will focus on that with chart prep and maybe make some changes to try to get documentation in order to improve on this measure. For cervical cancer screening the list of outstanding patients are due before the end of the year, but not necessarily due today. We expect the numbers to go up later in the year as more and more appointment dates are completed. We will also be sure to educate the providers about this. Weight screening counseling for children and adolescents is a very achievable goal for us. We have provided education for our providers who needed to make some changes in documentation to meet our goal. Asthma pharmacology we did the same thing for the measures that we are trying to improve. With the pandemic, colorectal cancer screening has gone down. For Hypertension, we are a bit short of our goal. We will continue to educate and conduct short interval visits. We anticipate further improvement in the next three months. Since a significant portion of our patient encounters are now Telemedicine visits we plan to implement new processes to provide patients with FIT tests for colorectal cancer screening and blood pressure cuffs via mail. Diabetes, many of the patients that are showing up as out of control or non-compliant just did not have HbA1c performed, which we hope can be fixed with our implementation of point of care A1c testing. No show rates were down at the beginning of the pandemic, but increased

after the clinics reopened. This is more than likely due to patients unsure of whether or not we reopened our brick and mortar locations. However, as shown earlier, the no-show rates have started to go back down. Between 1.1.2020-6.30.2020, we provided 275 rides for 110 unduplicated patients receiving SUD services. Total cost was \$4,600.00, and we are hoping to expand these services to our other service lines in some capacity. Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9,200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more.

Mr. Mullen asked Dr. Ferwerda if she was talking about transportation to and from the clinics. Dr. Ferwerda answered that that is, in fact, one of the barriers to care that we would like to address. Spending time in Belle Glade, Dr. Ferwerda acknowledged that lack of transportation is what prevents many patients from seeing specialists, let alone primary care. Transportation for SUD is a sort of pilot program, that we hope to roll out fairly soon. Mr. Mullen asked if there is a grant, we could apply for to help with this. Dr. Ferwerda answered that we are always looking for grant opportunities. The FIT test / P.O.D program and SUD medical Uber program were both made possible by grants. Ms. Steele confirmed Dr. Ferwerda's statement and clarified that the medical Uber grant is one for integrated Behavioral health services, which is why it only applies to patients who need behavioral health or substance use disorder. Right now, we are looking for grant opportunities that cover regular medical, regular dental, etc.

Mr. Smith asked about the patient satisfaction surveys and the lack of engagement in comparison to the number of visits. Mr. Speciale explained that at the beginning of the year we were doing very well on feedback (especially when compared to previous years). The pandemic did slow

	<p>down our progress, but the numbers are starting to go up once again by several hundred. With Phreesia we have more reporting tools that we will be present at the next meeting. Dr. Andric agreed that this is important data to review and asked Mr. Speciale to provide a report separating in-person and Telemedicine survey responses and bring them to the Board. This should allow the team a snapshot about how the patients feel about current access to care. Ms. Steele also pointed out other information the Board may have been looking for are the process improvements that have come out of our patient satisfaction surveys (access to care, how easily patients were able to make their appointment, etc.). These are all items the operations / quality team are tracking, working on trending over time, and hope to present in the near future. Mr. Smith agreed but cautioned that asking too many questions may have the opposite effect of what we would like.</p>	
<p><b>9. CMO, VP and Executive Director of Clinical Services Comments</b></p>	<p>Dr. Andric informed the board that there is a possibility that we may receive another mobile unit. The county is impressed with our performance with the "Scout" mobile unit, and as they receive funding, the team might soon present a request to lease or purchase another vehicle. Darcy Davis, CEO, added that the county is interested in having these mobile clinics provide testing throughout the schools in Palm Beach County. We are in talks to see if a mobile testing unit would make sense. Dr. Andric hopes one day, when testing goes down, we will be able to use these mobile clinics to deliver vaccinations. Dr. Andric thanked the clinic team for the work they have put in behind the scenes, and the Board for their support and added motivation.</p>	<p><b>No action necessary.</b></p>
<p><b>10. Board Member Comments</b></p>	<p>Mr. Elder thanked the team for the early agenda packet and the work the team is doing. Mr. Mullen agreed.</p> <p>Mr. Smith asked if the county is going to expect the District to provide vaccines as they expected the testing, and if so,</p>	<p><b>No action necessary.</b></p>

	<p>how will we do it with the clinics running at full capacity. Dr. Fritsch answered that this remains to be seen, but historically we have been involved in vaccinations (H1N1 moved through the pharmacy distribution center). So as the safety net for the County, we may be the go-to organization to get this done.</p> <p>Ms. Bullard asked if there is a plan established to have school nurses perform COVID-19 tests instead of sending children out of school and hoping that they receive the test. Ms. Davis said that she is having conversations about the logistics. Currently, it makes sense to roam with the vehicles as testing hubs. We will train school nurses on how to handle children with COVID, but from a testing perspective, tests have to be stored in a sterile, climate-controlled (sometimes-refrigerated) environment. All of this is in process of being developed along with plans for various taskforces to address different situations that might come up. Mr. Mullen asked if schools will open on the 11<sup>th</sup> of August. Ms. Bullard and Ms. Davis answered that schools will reopen virtually on the 31<sup>st</sup> of August. Ms. Davis further states that if the county goes to Phase 2, the physical reentry of students onto campuses would begin. Phase 2 will start with the youngest and progress through high school.</p>	
<p><b>12. Establishment of Upcoming Meetings</b></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> <p><u>December 16, 2020 (TBD)</u></p>	<p><b>No action necessary.</b></p>

