



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

August 26, 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
August 26, 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 July 29, 2020. [Pages 1-14]

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:**
August 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 15]

7A-3 **RECEIVE AND FILE:**
Board Member Resignation.
(Thomas Cleare) [Pages 16-17]

B. FINANCE

7B-1 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Financial Report June 2020.
(Joel Snook) [Pages 18-36]

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff recommends a MOTION TO APPROVE:**
Change in Scope - Mobile 3 Clinic.
(Dr. Belma Andric) [Pages 37-38]

8A-2 **Staff recommends a MOTION TO APPROVE:**
Change in Scope - Nutrition.
(Dr. Belma Andric) [Pages 39-40]

8A-3 **Staff recommends a MOTION TO APPROVE:**
Bylaws Update.
(Thomas Cleare) [Pages 41-67]

B. EXECUTIVE

8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update.
(Dr. Belma Andric) [Pages 68-69]

C. CREDENTIALING

8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging – Seneca Harberger, MD; Paulo Oliveira, DDS; Claudia Montenegro, DO.
(Dr. Belma Andric) [Pages 70-72]

8. Regular Agenda (cont.)

D. OPERATIONS

8D-1 Staff Recommends a MOTION TO APPROVE:

Operations Report.
(Dr. Hyla Fritsch) [Pages 73-89]

8D-2 Staff Recommends a MOTION TO APPROVE:

Patient Relations Report.
(David Speciale) [Pages 90-92]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Report.
(Dr. Ana Ferwerda) [Pages 93-116]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

September 30, 2020 (Zoom)

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
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
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:49pm
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	
2. Agenda Approval	Mr. Smith called for an approval of the meeting agenda.	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.
2A. Additions/Deletions/ Substitutions		

2B. Motion to Approve Agenda Items	The agenda for the July 2020 meeting was approved.	
3. Awards, Introductions and Presentations	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.	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 June 24, 2020	There were no changes or comments to the minutes dated June 24, 2020	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.
7. Consent Agenda – Motion to Approve Consent Agenda Items		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.
7A. ADMINISTRATION		
7A-1. Receive & File: July 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.
7B. FINANCE		

7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – May 2020	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.	Receive & File. No further action necessary.
8. REGULAR AGENDA		
8A. EXECUTIVE		
8A-1. Receive & File: Executive Director Informational Update	Dr. Belma Andric, VP& 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	Receive & File. No further action necessary.

	<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 1st). 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 3rd party grant opportunities but there is a website, grants.gov, which has all grants that are open for application.</p>	
8B. Credentialing and Privileging		
8B-1. Staff Recommends a MOTION TO APPROVE	The LIP (s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as

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.

	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.	
8C. OPERATIONS		
8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – July 2020	<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>	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.

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

	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.	
8D. Quality		
8D-1. Staff Recommends a MOTION TO APPROVE Quality Reports	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 & 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	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.

	<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</p>	
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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>	
9. CMO, VP and Executive Director of Clinical Services Comments	<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>	No action necessary.
10. Board Member Comments	<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>	No action necessary.

	<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 11th of August. Ms. Bullard and Ms. Davis answered that schools will reopen virtually on the 31st 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>	
12. Establishment of Upcoming Meetings	<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>	No action necessary.

	12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:50 pm	VOTE TAKEN: Mr. Elder made a motion to adjourn. The motion was duly seconded by Mr. Mullen. 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	X					
Gary Butler	X	X								
Mike Smith	X	X	X	X	X					
Irene Figueroa	X	X	E	X	X					
John Casey Mullen	X	X	X	X	X					
Julia Bullard	X	X	X	X	X					
Marjorie Etienne	X	E	E	E	X					
Lisa Strickland	X	X	E	E	A					
Melissa Mastrangelo	X	X	X	X	X					
Tammy Jackson-Moore	X	X	X	X	X					
Susan Foster		X	E	E	E					

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Board Member Resignation – Suzi Foster

2. Summary:

Suzi Foster has notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board.

3. Substantive Analysis:

Ms. Foster notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board. Ms. Foster indicated that she is unable to fulfill her responsibilities due to the current impact of COVID-19.

Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.

9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.

Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.

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"/>

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
August 26, 2020

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

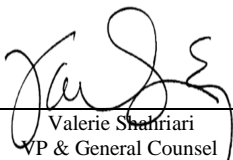
5. Reviewed/Approved by Committee:

_____ N/A	_____
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Board Receive and File Suzi Foster's resignation from the Board.


Approved for Legal sufficiency:



Valerie Shaltriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement



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

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
August 26, 2020

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

2. Summary:

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

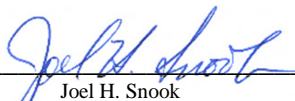
3. Substantive Analysis:

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

8/26/2020

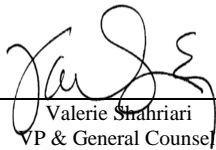
Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
August 26, 2020

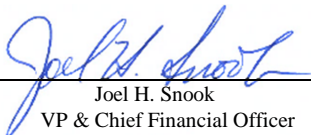
6. Recommendation:

Staff recommends the Board receive and file the YTD June 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: July 29, 2020

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

The June statements represent the financial performance for the ninth month of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$1.6M) due mostly to grant revenue timing and closure of clinics starting mid-March through May. Net patient revenue YTD was unfavorable to budget by (\$367k). 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 (\$610k) or (3.2%) due mostly to negative variances in salaries, wages, and benefits (\$416k), purchase services (\$102k), medical services (\$95k), and repair and maintenance (\$145k). Total YTD net margin was (\$10.2M) compared to budget of (\$7.9M) for a variance of (\$2.3M) or (29.4%).

The Medical clinics total YTD revenue was unfavorable to budget by (\$738k), this unfavorable variance resulted from grant revenue timing of (\$2.2M). Gross patient revenue under budget of (\$2.8M) or (19.9%) 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 \$16.8M were unfavorable to budget of \$15.9M by (\$872k) or (5.5%). This negative variance is mostly related to salaries, wages and benefits (\$562k), purchase services (\$89k), medical supplies (\$46k), medical services (\$95k) and repairs and maintenance (\$164k). 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 (\$8.8M) was unfavorable to budget of (\$7.1M) by (\$1.6M) or (23.1%).

The Dental clinics gross patient revenue was unfavorable to budget by (\$796k) or (24.6%). Total revenue of \$2.5M was under budget of \$3.4M by (\$911k) or (27.0%) due to grant revenue recognition timing, as well as reduced services. Total operating expenses of \$3.2M were favorable to budget by \$262k or 7.6% due mainly to combined salaries, wages, and benefits \$146k, medical supplies of \$75k, and repairs and maintenance \$19k. Total YTD net margin was (\$1.4M) compared to a budgeted loss of (\$737k) for a variance of (\$667k).

As of June 2020, the Clinics has been awarded \$3.1M in COVID-19 grants from HRSA (\$3.0M) and the CARES Act (\$51K) 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 \$1.4M of the \$3.1M 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 increased to \$3.6M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.2M, and \$1.4M respectively for a combined subsidy of \$10.6M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Jun 30, 2020</u>	<u>May 31, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(1,261,007)	596,839	\$ (1,857,845)
Accounts Receivable, net	1,569,555	1,528,278	41,277
Due From Other Funds	-	-	-
Due from Other Governments	3,594,531	2,751,795	842,736
Other Current Assets	162,984	190,101	(27,117)
Net Investment in Capital Assets	2,414,681	2,433,790	(19,109)
Total Assets	<u>\$ 6,480,745</u>	<u>\$ 7,500,803</u>	<u>\$ (1,020,058)</u>
Liabilities			
Accounts Payable	280,899	268,519	12,380
Due To Other Governments	-	-	-
Deferred Revenue	277,932	277,932	-
Other Current Liabilities	2,378,026	1,982,762	395,265
Non-Current Liabilities	1,353,023	1,134,950	218,074
Total Liabilities	<u>4,289,881</u>	<u>3,664,163</u>	<u>625,718</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	2,414,681	2,433,790	(19,109)
Unrestricted	(224,360)	1,402,307	(1,626,667)
Total Net Position	<u>2,190,321</u>	<u>3,836,097</u>	<u>(1,645,776)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 6,480,745</u>	<u>\$ 7,500,803</u>	<u>\$ (1,020,058)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE NINTH MONTH ENDED JUNE 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,413,235	1,988,395	(575,160)	(28.9%)	1,754,116	(340,882)	(19.4%)	Gross Patient Revenue	13,597,395	17,167,439	(3,570,044)	(20.8%)	16,607,151	(3,009,756)	(18.1%)
256,581	329,034	72,453	22.0%	377,830	121,250	32.1%	Contractual Allowances	2,466,154	2,846,274	380,120	13.4%	6,316,724	3,850,571	61.0%
462,775	817,591	354,816	43.4%	641,710	178,935	27.9%	Charity Care	5,122,067	7,050,516	1,928,449	27.4%	4,392,551	(729,515)	(16.6%)
515,415	341,908	(173,507)	(50.7%)	273,154	(242,261)	(88.7%)	Bad Debt	2,324,082	2,953,687	629,605	21.3%	1,691,113	(632,970)	(37.4%)
1,234,771	1,488,533	253,762	17.0%	1,292,695	57,924	4.5%	Total Contractuals and Bad Debts	9,912,302	12,850,477	2,938,175	22.9%	12,400,388	2,488,086	20.1%
394,539	380,319	14,220	3.7%	335,800	58,739	17.5%	Other Patient Revenue	3,688,162	3,422,871	265,291	7.8%	4,615,270	(927,108)	-20%
573,003	880,181	(307,178)	(34.9%)	797,222	(224,219)	(28.1%)	Net Patient Revenue	7,373,255	7,739,833	(366,578)	(4.7%)	8,822,034	(1,448,778)	(16.4%)
40.55%	44.27%			45.45%			Collection %	54.23%	45.08%		53.12%			
102,955	1,219,291	(1,116,336)	(91.6%)	1,190,138	(1,087,184)	(91.3%)	Grant Funds	4,796,633	7,487,198	(2,690,565)	(35.9%)	10,347,707	(5,551,074)	(53.6%)
554,571	-	554,571	0.0%	-	554,571	0.0%	Other Financial Assistance	1,363,820	-	1,363,820	0.0%	-	1,363,820	0.0%
5,849	2,442	3,407	139.5%	17,480	(11,632)	(66.5%)	Other Revenue	66,542	21,978	44,564	202.8%	83,801	(17,259)	(20.6%)
663,374	1,221,733	(558,359)	(45.7%)	1,207,618	(544,244)	(45.1%)	Total Other Revenues	6,226,995	7,509,176	(1,282,181)	(17.1%)	10,431,508	(4,204,513)	(40.3%)
1,236,377	2,101,914	(865,537)	(41.2%)	2,004,840	(768,462)	(38.3%)	Total Revenues	13,600,250	15,249,009	(1,648,759)	(10.8%)	19,253,542	(5,653,292)	(29.4%)
Direct Operational Expenses:														
1,587,443	1,360,118	(227,325)	(16.7%)	1,175,441	(412,002)	(35.1%)	Salaries and Wages	12,474,207	12,117,564	(356,643)	(2.9%)	11,634,922	(839,285)	(7.2%)
466,608	369,399	(97,209)	(26.3%)	355,232	(111,376)	(31.4%)	Benefits	3,370,526	3,311,241	(59,285)	(1.8%)	3,156,606	(213,920)	(6.8%)
63,545	65,753	2,208	3.4%	79,133	15,588	19.7%	Purchased Services	694,073	591,777	(102,296)	(17.3%)	647,791	(46,282)	(7.1%)
23,562	36,001	12,439	34.6%	44,650	21,088	47.2%	Medical Supplies	294,941	324,009	29,068	9.0%	321,873	26,931	8.4%
24,577	19,686	(4,891)	(24.8%)	32,979	8,401	25.5%	Other Supplies	116,632	177,174	60,542	34.2%	361,993	245,361	67.8%
131,722	68,682	(63,040)	(91.8%)	86,370	(45,352)	(52.5%)	Medical Services	692,533	597,053	(95,480)	(16.0%)	350,369	(342,164)	(97.7%)
68,456	90,303	21,847	24.2%	67,541	(915)	(1.4%)	Drugs	746,990	780,677	33,687	4.3%	430,817	(316,173)	(73.4%)
15,665	13,887	(1,778)	(12.8%)	69,365	53,699	77.4%	Repairs & Maintenance	269,544	124,983	(144,561)	(115.7%)	360,779	91,236	25.3%
112,369	106,850	(5,519)	(5.2%)	117,871	5,503	4.7%	Lease & Rental	1,016,853	992,372	(24,481)	(2.5%)	1,018,098	1,245	0.1%
3,895	6,682	2,787	41.7%	5,686	1,791	31.5%	Utilities	44,277	60,138	15,861	26.4%	50,518	6,241	12.4%
16,952	28,941	11,989	41.4%	21,928	4,976	22.7%	Other Expense	225,420	260,469	35,049	13.5%	172,807	(52,614)	(30.4%)
2,228	2,236	8	0.3%	2,214	(14)	(0.6%)	Insurance	21,526	20,124	(1,402)	(7.0%)	16,712	(4,814)	(28.8%)
2,517,022	2,168,538	(348,484)	(16.1%)	2,058,410	(458,612)	(22.3%)	Total Operational Expenses	19,967,521	19,357,581	(609,940)	(3.2%)	18,523,285	(1,444,236)	(7.8%)
Net Performance before Depreciation &														
(1,280,645)	(66,624)	(1,214,021)	1,822.2%	(53,570)	(1,227,075)	2,290.6%	Overhead Allocations	(6,367,271)	(4,108,572)	(2,258,699)	55.0%	730,256	(7,097,527)	(971.9%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE NINTH MONTH ENDED JUNE 30, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
19,109	13,280	(5,829)	(43.9%)	13,232	(5,877)	(44.4%)	Depreciation
<i>Overhead Allocations:</i>							
2,526	2,255	(272)	(12.0%)	293	(2,233)	(761.3%)	Risk Mgt
126,169	96,913	(29,257)	(30.2%)	91,067	(35,102)	(38.5%)	Rev Cycle
1,144	5,506	4,363	79.2%	5,141	3,997	77.8%	Internal Audit
20,731	21,420	689	3.2%	19,969	(762)	(3.8%)	Home Office Facilities
37,362	36,548	(815)	(2.2%)	24,941	(12,422)	(49.8%)	Administration
36,991	40,465	3,474	8.6%	32,479	(4,512)	(13.9%)	Human Resources
14,207	18,543	4,336	23.4%	12,733	(1,474)	(11.6%)	Legal
6,976	8,410	1,434	17.0%	6,245	(731)	(11.7%)	Records
4,708	11,534	6,826	59.2%	7,134	2,425	34.0%	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
10,927	31,318	20,390	65.1%	26,415	15,488	58.6%	Finance
5,757	11,356	5,600	49.3%	8,464	2,707	32.0%	Public Relations
94,306	109,427	15,121	13.8%	91,245	(3,062)	(3.4%)	Information Technology
3,058	1,447	(1,611)	(111.3%)	1,648	(1,410)	(85.6%)	Corporate Quality
2,327	4,999	2,672	53.5%	-	(2,327)	0.0%	Project MGMT Office
1,520	3,755	2,235	59.5%	3,223	1,703	52.8%	Managed Care Contract
368,711	403,897	35,186	8.7%	330,996	(37,715)	(11.4%)	Total Overhead Allocations
2,904,842	2,585,715	(319,127)	(12.3%)	2,402,638	(502,204)	(20.9%)	Total Expenses
\$ (1,668,465)	\$ (483,801)	\$ (1,184,664)	244.9%	\$ (397,799)	\$ (1,270,666)	319.4%	Net Margin
10,532	3,988	(6,544)	(164.1%)	(220,227)	(230,758)	104.8%	Capital
\$ 33,221	\$ 476,679	\$ 443,458	93.0%	\$ -	\$ (33,221)	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
165,491	119,520	(45,971)	(38.5%)	118,753	(46,738)	(39.4%)	
18,418	20,293	1,876	9.2%	25,179	6,761	26.9%	
1,162,953	872,214	(290,738)	(33.3%)	819,603	(343,350)	(41.9%)	
40,512	49,558	9,045	18.3%	47,357	6,844	14.5%	
170,122	192,782	22,660	11.8%	170,512	390	0.2%	
309,009	328,929	19,919	6.1%	224,286	(84,723)	(37.8%)	
360,978	364,186	3,208	0.9%	304,216	(56,761)	(18.7%)	
143,697	166,886	23,189	13.9%	114,597	(29,100)	(25.4%)	
60,760	75,690	14,930	19.7%	56,320	(4,440)	(7.9%)	
78,431	103,807	25,376	24.4%	58,663	(19,767)	(33.7%)	
-	-	-	0.0%	5,582	5,582	100.0%	
276,035	281,860	5,826	2.1%	263,999	(12,036)	(4.6%)	
86,229	102,207	15,978	15.6%	73,438	(12,791)	(17.4%)	
834,437	984,846	150,409	15.3%	810,517	(23,920)	(3.0%)	
17,368	13,026	(4,342)	(33.3%)	21,407	4,039	18.9%	
59,985	44,989	(14,996)	(33.3%)	-	(59,985)	0.0%	
23,407	33,798	10,391	30.7%	31,848	8,441	26.5%	
3,642,339	3,635,071	(7,269)	(0.2%)	3,027,522	(614,817)	(20.3%)	
23,775,351	23,112,172	(663,180)	(2.9%)	21,669,560	(2,105,791)	(9.7%)	
\$ (10,175,101)	\$ (7,863,163)	\$ (2,311,939)	29.4%	\$ (2,416,019)	\$ (7,759,083)	321.2%	
13,276	35,892	22,616	63.0%	(108,153)	(121,429)	112.3%	
\$ 10,587,867	\$ 7,809,055	\$ (2,778,812)	(35.6%)	\$ 2,627,860	\$ (7,960,007)	(302.9%)	

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	1,413,235	-	-	-	13,597,395
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	114,972	256,581	-	-	-	2,466,154
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	96,417	462,775	-	-	-	5,122,067
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	133,496	515,415	-	-	-	2,324,082
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	778,072	394,539	-	-	-	3,688,162
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	836,965	573,003	-	-	-	7,373,255
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%	207.28%	40.55%				54.23%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	862,240	102,955	-	-	-	4,796,633
Other Financial Assistance	-	-	-	-	-	-	-	809,249	554,571	-	-	-	1,363,820
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	5,564	5,849	-	-	-	66,542
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	1,677,053	663,374	-	-	-	6,226,995
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	2,514,018	1,236,377	-	-	-	13,600,250
<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	1,587,443	-	-	-	12,474,207
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	424,266	466,608	-	-	-	3,370,526
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	56,861	63,545	-	-	-	694,073
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	10,092	23,562	-	-	-	294,941
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	1,213	24,577	-	-	-	116,632
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	71,459	131,722	-	-	-	692,533
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	96,741	68,456	-	-	-	746,990
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	16,666	15,665	-	-	-	269,544
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	116,344	112,369	-	-	-	1,016,853
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	4,607	3,895	-	-	-	44,277
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	13,042	16,952	-	-	-	225,420
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	3,716	2,228	-	-	-	21,526
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	2,517,022	-	-	-	19,967,521
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	(1,280,645)	-	-	-	(6,367,271)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	19,268	19,109	-	-	-	165,491
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	2,108	2,526	-	-	-	18,418
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	201,835	126,169	-	-	-	1,162,953
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	1,363	1,144	-	-	-	40,512
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	18,504	20,731	-	-	-	170,122
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	30,151	37,362	-	-	-	309,009
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	38,269	36,991	-	-	-	360,978
Legal	11,308	15,984	19,536	13,924	21,646	16,997	12,561	17,534	14,207	-	-	-	143,697
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	5,647	6,976	-	-	-	60,760
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	5,293	4,708	-	-	-	78,431
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	33,940	10,927	-	-	-	276,035
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	9,596	5,757	-	-	-	86,229
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	121,853	94,306	-	-	-	834,437
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	2,185	3,058	-	-	-	17,368
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	10,238	2,327	-	-	-	59,985
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	3,526	1,520	-	-	-	23,407
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	502,041	368,711	-	-	-	3,642,339
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	2,904,842	-	-	-	23,775,351
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ (56,684)	\$ (1,668,465)	\$ -	\$ -	\$ -	\$ (10,175,101)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	10,532	-	-	-	13,276
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	33,221	-	-	-	\$ 10,587,867

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

FOR THE NINTH MONTH ENDED JUNE 30, 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	-	2,018,438	2,586,876	1,306,205	969,691	436,702	1,680,302	575,414	911,126	545,954	132,160	-	11,162,867.92
Contractual Allowances	-	399,579	443,081	241,508	210,344	28,083	339,807	119,515	262,836	13,637	(6,142)	-	2,052,303
Charity Care	-	777,889	916,262	346,460	243,104	90,697	646,501	180,200	203,528	155,774	158,629	-	3,719,045
Bad Debt	-	339,861	542,443	346,080	262,272	79,869	214,390	71,217	76,883	90,779	128,934	-	2,152,729
Total Contractual Allowances and Bad Debt	-	1,517,329	1,901,786	934,048	715,719	198,649	1,200,698	370,932	543,247	260,190	281,422	-	7,924,076
Other Patient Revenue	-	547,481	626,385	275,461	159,443	220,903	310,877	95,426	139,369	162,910	64,242	-	2,602,496
Net Patient Revenue	-	1,048,590	1,311,475	647,617	413,416	458,956	790,481	299,907	507,247	448,675	(85,020)	-	5,841,287
Collection %	0.00%	51.95%	50.70%	49.58%	42.63%	105.10%	47.04%	52.12%	55.67%	82.18%	-64.33%	0.00%	52.33%
Grant Funds	386,819	622,670	675,780	409,012	412,024	133,788	524,951	193,696	215,647	329,514	117,785	-	4,021,686
Other Financial Assistance	501,655	103,287	151,167	57,507	92,110	19,716	69,003	66,997	43,874	56,224	41,962	-	1,203,501
Other Revenue	16,414	9,915	15,978	5,439	5,038	839	6,815	1,947	3,409	399	349	-	66,542
Total Other Revenues	904,889	735,872	842,924	471,957	509,172	154,342	600,769	262,640	262,931	386,137	160,096	-	5,291,729
Total Revenues	904,889	1,784,462	2,154,400	1,119,574	922,588	613,298	1,391,249	562,548	770,178	834,812	75,076	-	11,133,016
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,933,327	1,463,790	1,475,351	1,012,940	826,403	334,069	1,313,217	496,174	642,865	651,913	222,391	-	10,372,440
Benefits	471,521	379,177	404,845	298,139	221,817	85,743	374,032	134,470	161,479	182,475	80,966	-	2,794,663
Purchased Services	124,079	84,529	61,432	48,624	56,911	5,130	88,904	52,403	48,913	34,928	7,188	-	613,040
Medical Supplies	(134)	27,542	45,266	12,038	18,553	4,272	16,523	4,801	5,642	34,370	2,261	-	171,135
Other Supplies	26,463	11,542	24,365	5,505	8,773	583	6,466	5,502	3,534	10,571	3,967	2,322	109,592
Medical Services	-	109,534	217,609	56,839	96,186	15,602	95,487	16,274	46,916	38,087	-	-	692,533
Drugs	-	290,794	222,742	104,237	71,598	126	18,505	10,124	8,362	20,280	71	-	746,840
Repairs & Maintenance	45	37,735	34,887	32,953	35,279	6,967	36,442	11,567	20,620	9,112	12,380	-	237,986
Lease & Rental	-	107,564	141,015	68,961	101,159	3,264	177,900	60,754	88,475	32,532	-	8,889	790,514
Utilities	-	2,305	3,505	760	6,133	1,708	8,793	5,583	4,311	2,035	-	-	35,133
Other Expense	116,969	7,025	9,323	8,865	10,812	2,692	12,258	2,596	8,532	19,667	3,872	-	202,610
Insurance	-	4,328	3,035	3,778	1,419	-	2,101	392	426	148	3,952	1,649	21,228
Total Operational Expenses	2,672,269	2,525,866	2,643,375	1,653,637	1,455,043	460,156	2,150,628	800,639	1,040,076	1,036,118	337,048	12,860	16,787,715
Net Performance before Depreciation & Overhead Allocations	(1,767,381)	(741,404)	(488,975)	(534,063)	(532,456)	153,142	(759,378)	(238,092)	(269,898)	(201,307)	(261,972)	(12,860)	(5,654,699)
Depreciation	6,072	4,285	4,077	1,348	38,204	922	4,253	2,589	3,596	413	56,250	-	122,011
<i>Overhead Allocations:</i>													
Risk Mgt	2,037	2,171	2,229	1,649	1,311	394	2,316	790	1,143	795	311	-	15,146
Rev Cycle	-	156,424	160,655	118,838	94,470	28,372	166,901	56,953	82,345	57,280	22,435	-	944,673
Internal Audit	4,481	4,775	4,904	3,628	2,884	866	5,095	1,739	2,514	1,748	685	-	33,317
Home Office Facilities	152,042	-	-	-	-	-	-	-	-	-	-	-	152,042
Administration	34,176	36,420	37,405	27,669	21,995	6,606	38,859	13,260	19,172	13,336	5,224	-	254,123
Human Resources	33,180	47,400	46,066	35,550	25,181	5,925	44,437	14,812	20,737	16,294	5,925	-	295,507
Legal	15,893	16,936	17,394	12,867	10,228	3,072	18,071	6,166	8,916	6,202	2,429	-	118,173
Records	6,720	7,161	7,355	5,441	4,325	1,299	7,641	2,607	3,770	2,622	1,027	-	49,968
Compliance	8,674	9,244	9,494	7,023	5,583	1,677	9,863	3,366	4,866	3,385	1,326	-	64,500
Finance	30,529	32,534	33,414	24,716	19,648	5,901	34,713	11,845	17,126	11,913	4,666	-	227,006
Public Relations	9,537	10,163	10,438	7,721	6,138	1,843	10,844	3,700	5,350	3,722	1,458	-	70,913
Information Technology	92,288	98,347	101,007	74,716	59,396	17,838	104,935	35,808	51,772	36,013	14,106	-	686,225
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,921	2,047	2,102	1,555	1,236	371	2,184	745	1,078	750	294	-	14,283
Project MGMT Office	6,634	7,070	7,261	5,371	4,270	1,282	7,543	2,574	3,722	2,589	1,014	-	49,331
Managed Care Contract	-	3,148	3,234	2,392	1,901	571	3,359	1,146	1,657	1,153	452	-	19,014
Total Overhead Allocations	398,111	433,839	442,958	329,136	258,567	76,017	456,761	155,513	224,167	157,801	61,351	-	2,994,221
Total Expenses	3,076,453	2,963,990	3,090,410	1,984,121	1,751,814	537,095	2,611,642	958,741	1,267,839	1,194,332	454,649	12,860	19,903,947
Net Margin	\$ (2,171,564)	\$ (1,179,528)	\$ (936,010)	\$ (864,547)	\$ (829,227)	\$ 76,203	\$ (1,220,393)	\$ (396,194)	\$ (497,661)	\$ (359,520)	\$ (379,573)	\$ (12,860)	\$ (8,770,930)
Capital	-	-	-	-	5,831	-	-	-	-	7,444	-	-	5,831
General Fund Support/ Transfer In	\$ 9,172,408	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,172,408

FOR THE NINTH MONTH ENDED JUNE 30, 2020

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

FOR THE NINTH MONTH ENDED JUNE 30, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
13,924	9,840	(4,084)	(41.5%)	9,863	(4,062)	(41.2%)	Depreciation
<i>Overhead Allocations:</i>							
2,078	1,854	(223)	(12.0%)	236	(1,842)	(781.0%)	Risk Mgt
102,488	78,723	(23,765)	(30.2%)	72,195	(30,293)	(42.0%)	Rev Cycle
941	4,528	3,588	79.2%	4,133	3,192	77.2%	Internal Audit
18,528	19,144	616	3.2%	17,765	(763)	(4.3%)	Home Office Facilities
30,726	30,056	(670)	(2.2%)	20,036	(10,690)	(53.4%)	Administration
30,282	33,126	2,844	8.6%	26,029	(4,253)	(16.3%)	Human Resources
11,683	15,249	3,566	23.4%	10,236	(1,447)	(14.1%)	Legal
5,737	6,916	1,179	17.0%	5,021	(717)	(14.3%)	Records
3,872	9,485	5,613	59.2%	5,735	1,863	32.5%	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
8,986	25,755	16,769	65.1%	21,236	12,249	57.7%	Finance
4,734	9,339	4,605	49.3%	6,804	2,070	30.4%	Public Relations
77,556	89,991	12,435	13.8%	73,354	(4,201)	(5.7%)	Information Technology
2,515	1,190	(1,325)	(111.3%)	1,325	(1,190)	(89.8%)	Corporate Quality
1,913	4,111	2,198	53.5%	-	(1,913)	0.0%	Project MGMT Office
1,235	3,051	1,815	59.5%	2,555	1,320	51.7%	Managed Care Contract
303,275	332,519	29,245	8.8%	266,660	(36,615)	(13.7%)	Total Overhead Allocations
2,449,568	2,125,711	(323,856)	(15.2%)	2,009,206	(440,361)	(21.9%)	Total Expenses
\$ (1,290,204)	\$ (473,405)	\$ (816,799)	172.5%	\$ (520,047)	\$ (770,156)	148.1%	Net Margin
10,532	-	(10,532)	0.0%	(9,843)	(20,374)	207.0%	Capital
-	-	-	0.0%	-	-	0.0%	Capital Contributions
\$ -	\$ 463,735	\$ 463,735	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
122,011	88,560	(33,451)	(37.8%)	88,043	(33,968)	(38.6%)	
15,146	16,689	1,543	9.2%	20,242	5,096	25.2%	
944,673	708,505	(236,168)	(33.3%)	649,755	(294,918)	(45.4%)	
33,317	40,756	7,439	18.3%	38,071	4,755	12.5%	
152,042	172,293	20,251	11.8%	151,694	(348)	(0.2%)	
254,123	270,505	16,381	6.1%	180,324	(73,799)	(40.9%)	
295,507	298,133	2,626	0.9%	243,800	(51,707)	(21.2%)	
118,173	137,244	19,070	13.9%	92,124	(26,049)	(28.3%)	
49,968	62,246	12,278	19.7%	45,277	(4,691)	(10.4%)	
64,500	85,369	20,869	24.4%	47,161	(17,339)	(36.8%)	
-	-	-	0.0%	4,487	4,487	100.0%	
227,006	231,797	4,791	2.1%	212,237	(14,769)	(7.0%)	
70,913	84,053	13,140	15.6%	59,039	(11,874)	(20.1%)	
686,225	809,918	123,693	15.3%	651,600	(34,626)	(5.3%)	
14,283	10,712	(3,571)	(33.3%)	17,204	2,921	17.0%	
49,331	36,998	(12,333)	(33.3%)	-	(49,331)	0.0%	
19,014	27,455	8,441	30.7%	25,248	6,234	24.7%	
2,994,221	2,992,672	(1,549)	(0.1%)	2,438,264	(555,957)	(22.8%)	
19,903,947	18,997,064	(906,883)	(4.8%)	17,666,673	(2,237,274)	(12.7%)	
\$ (8,770,930)	\$ (7,125,811)	\$ (1,645,120)	23.1%	\$ (2,371,243)	\$ (6,399,688)	269.9%	
13,276	-	(13,276)	0.0%	-	(13,276)	0.0%	
\$ 9,172,408	\$ 7,038,780	\$ (2,133,628)	(30.3%)	\$ 2,627,860	\$ (6,544,548)	(249.0%)	

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

FOR THE NINTH MONTH ENDED JUNE 30, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	940,467	564,529	571,032	358,499	2,434,527
Contractual Allowances	-	183,060	90,753	61,602	78,435	413,851
Charity Care	-	519,753	321,432	388,902	172,935	1,403,022
Bad Debt	-	43,892	57,671	33,103	36,688	171,353
Total Contractual Allowances and Bad Debt	-	746,705	469,856	483,606	288,059	1,988,226
Other Patient Revenue	-	374,850	251,646	167,657	291,514	1,085,666
Net Patient Revenue	-	568,612	346,319	255,082	361,954	1,531,968
Collection %	-	60.46%	61.35%	44.67%	100.96%	62.93%
Grant Funds	62,417	267,471	177,542	170,012	97,505	774,947
Other Financial Assistance	9,546	43,226	36,722	39,323	31,502	160,319
Other Revenue	-	-	-	-	-	-
Total Other Revenues	71,963	310,697	214,264	209,335	129,007	935,266
Total Revenues	71,963	879,309	560,584	464,417	490,961	2,467,234
<i>Direct Operational Expenses:</i>						
Salaries and Wages	268,199	682,477	441,836	444,464	264,791	2,101,767
Benefits	67,079	180,470	125,599	125,794	76,921	575,863
Purchased Services	-	17,461	19,303	14,056	30,212	81,032
Medical Supplies	-	57,437	23,519	25,208	17,642	123,806
Other Supplies	-	2,522	1,017	634	2,867	7,040
Drugs	-	97	47	6	0	150
Repairs & Maintenance	-	9,137	7,319	8,264	6,836	31,557
Lease & Rental	-	86,180	49,430	46,200	44,528	226,340
Utilities	-	2,721	3,121	1,272	2,030	9,144
Other Expense	1,885	4,300	8,134	4,883	3,608	22,810
Insurance	-	-	-	-	298	298
Total Operational Expenses	337,163	1,042,804	679,325	670,781	449,733	3,179,806
Net Performance before Depreciation & Overhead Allocations	(265,200)	(163,495)	(118,742)	(206,364)	41,228	(712,572)
Depreciation	-	5,504	5,932	5,479	26,565	43,480
<i>Overhead Allocations:</i>						
Risk Mgt	242	1,123	800	702	405	3,271
Rev Cycle	-	80,929	57,624	50,577	29,149	218,279
Internal Audit	533	2,470	1,759	1,544	890	7,196
Home Office Facilities	18,080	-	-	-	-	18,080
Administration	4,064	18,843	13,416	11,776	6,787	54,886
Human Resources	2,962	20,737	18,071	16,294	7,406	65,471
Legal	1,890	8,762	6,239	5,476	3,156	25,523
Records	799	3,705	2,638	2,315	1,334	10,792
Compliance	1,032	4,783	3,405	2,989	1,723	13,931
Finance	3,630	16,832	11,985	10,519	6,063	49,029
Public Relations	1,134	5,258	3,744	3,286	1,894	15,316
Information Technology	10,975	50,882	36,229	31,799	18,327	148,212
Corporate Quality	228	1,059	754	662	381	3,085
Project MGMT Office	789	3,658	2,604	2,286	1,317	10,654
Managed Care Contract	-	1,629	1,160	1,018	587	4,393
Total Overhead Allocations	46,359	220,669	160,428	141,243	79,419	648,119
Total Expenses	383,522	1,268,977	845,685	817,504	555,717	3,871,405
Net Margin	\$ (311,559)	\$ (389,668)	\$ (285,101)	\$ (353,086)	\$ (64,756)	\$ (1,404,171)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,415,459	-	-	-	-	1,415,459

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

FOR THE NINTH MONTH ENDED JUNE 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
83,234	374,618	(291,384)	(77.8%)	339,916	(256,681)	(75.5%)	2,434,527	3,230,854	(796,327)	(24.6%)	2,951,384	(516,856)	(17.5%)
17,523	45,892	28,369	61.8%	32,140	14,616	45.5%	413,851	394,955	(18,896)	(4.8%)	697,889	284,038	40.7%
48,957	208,463	159,506	76.5%	183,393	134,436	73.3%	1,403,022	1,800,386	397,364	22.1%	1,352,508	(50,514)	(3.7%)
29,204	21,252	(7,952)	(37.4%)	25,017	(4,187)	(16.7%)	171,353	181,991	10,638	5.8%	113,025	(58,328)	(51.6%)
95,684	275,607	179,923	65.3%	240,549	144,865	60.2%	1,988,226	2,377,332	389,106	16.4%	2,163,421	175,195	8.1%
83,660	135,679	(52,019)	(38.3%)	99,834	(16,174)	(16.2%)	1,085,666	1,221,111	(135,445)	(11.1%)	1,303,461	(217,794)	(16.7%)
71,210	234,690	(163,480)	(69.7%)	199,200	(127,990)	(64.3%)	1,531,968	2,074,633	(542,665)	(26.2%)	2,091,423	(559,455)	(26.7%)
85.55%	62.65%			58.60%			62.93%	64.21%			70.86%		
(46,136)	214,918	(261,054)	(121.5%)	316,481	(362,617)	(114.6%)	774,947	1,303,123	(528,176)	(40.5%)	1,866,456	(1,091,509)	(58.5%)
51,940	-	51,940	0.0%	-	51,940	0.0%	160,319	-	160,319	0.0%	-	160,319	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	233	(233)	(100.0%)
5,804	214,918	(209,114)	(97.3%)	316,481	(310,677)	(98.2%)	935,266	1,303,123	(367,857)	(28.2%)	1,866,689	(931,423)	(49.9%)
77,013	449,608	(372,595)	(82.9%)	515,681	(438,667)	(85.1%)	2,467,234	3,377,756	(910,522)	(27.0%)	3,958,111	(1,490,878)	(37.7%)
Direct Operational Expenses:													
261,248	245,869	(15,379)	(6.3%)	205,623	(55,625)	(27.1%)	2,101,767	2,190,490	88,723	4.1%	2,093,674	(8,093)	(0.4%)
78,607	70,646	(7,961)	(11.3%)	66,548	(12,058)	(18.1%)	575,863	633,220	57,357	9.1%	598,482	22,619	3.8%
7,096	7,625	529	6.9%	9,060	1,964	21.7%	81,032	68,625	(12,407)	(18.1%)	74,705	(6,328)	(8.5%)
7,074	22,084	15,010	68.0%	28,246	21,173	75.0%	123,806	198,756	74,950	37.7%	190,530	66,724	35.0%
166	1,527	1,361	89.1%	(2,610)	(2,776)	106.4%	7,040	13,743	6,703	48.8%	115,762	108,722	93.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
0	225	225	100.0%	10	10	99.2%	150	2,025	1,875	92.6%	1,302	1,152	88.5%
3,075	5,652	2,577	45.6%	(10,377)	(13,452)	129.6%	31,557	50,868	19,311	38.0%	38,034	6,476	17.0%
24,868	25,778	910	3.5%	26,124	1,256	4.8%	226,340	232,002	5,662	2.4%	236,674	10,334	4.4%
956	2,050	1,094	53.4%	959	3	0.3%	9,144	18,450	9,306	50.4%	7,929	(1,215)	(15.3%)
1,524	3,699	2,175	58.8%	2,113	589	27.9%	22,810	33,291	10,481	31.5%	25,428	2,619	10.3%
41	31	(10)	(31.0%)	31	(10)	(31.2%)	298	279	(19)	(6.8%)	400	102	25.5%
384,654	385,186	532	0.1%	325,727	(58,927)	(18.1%)	3,179,806	3,441,749	261,943	7.6%	3,382,919	203,113	6.0%
Net Performance before													
(307,640)	64,422	(372,062)	(577.5%)	189,954	(497,595)	(262.0%)	(712,572)	(63,993)	(648,579)	1,013.5%	575,192	(1,287,765)	(223.9%)

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

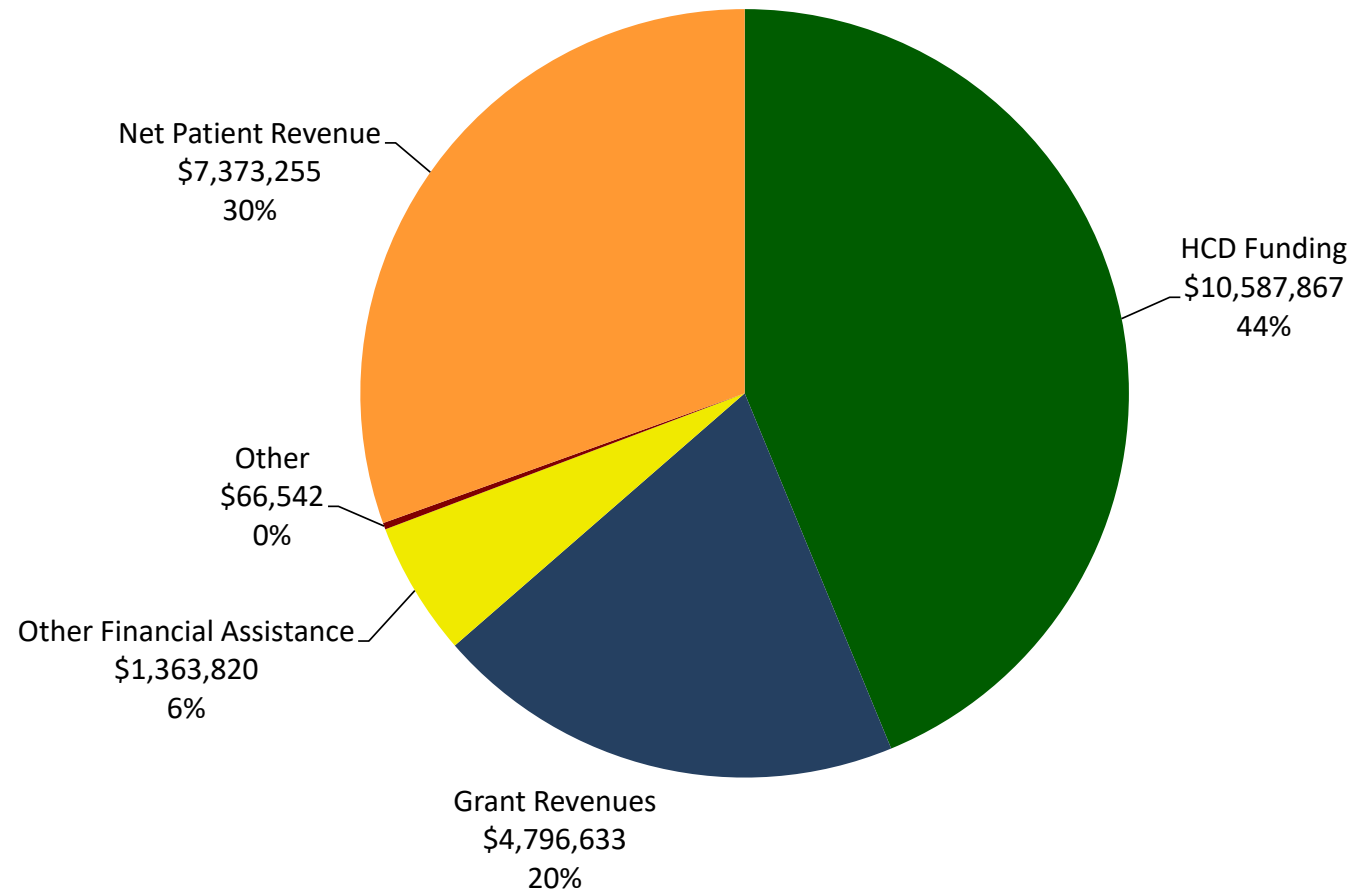
FOR THE NINTH MONTH ENDED JUNE 30, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
5,185	3,440	(1,745)	(50.7%)	3,369	(1,815)	(53.9%)	Depreciation
<i>Overhead Allocations:</i>							
449	401	(48)	(12.0%)	58	(391)	(680.3%)	Risk Mgt
23,681	18,190	(5,491)	(30.2%)	18,872	(4,809)	(25.5%)	Rev Cycle
203	978	775	79.2%	1,008	805	79.8%	Internal Audit
2,203	2,277	73	3.2%	2,204	1	0.0%	Home Office Facilities
6,636	6,492	(145)	(2.2%)	4,905	(1,731)	(35.3%)	Administration
6,709	7,339	630	8.6%	6,450	(259)	(4.0%)	Human Resources
2,523	3,294	770	23.4%	2,497	(26)	(1.1%)	Legal
1,239	1,494	255	17.0%	1,224	(15)	(1.2%)	Records
836	2,049	1,212	59.2%	1,399	562	40.2%	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
1,941	5,563	3,622	65.1%	5,179	3,238	62.5%	Finance
1,023	2,017	995	49.3%	1,659	637	38.4%	Public Relations
16,751	19,436	2,686	13.8%	17,890	1,140	6.4%	Information Technology
543	257	(286)	(111.3%)	323	(220)	(68.1%)	Corporate Quality
413	888	475	53.5%	-	(413)	0.0%	Project MGMT Office
285	705	419	59.5%	668	383	57.3%	Managed Care Contract
65,436	71,378	5,941	8.3%	64,336	(1,100)	(1.7%)	Total Overhead Allocations
455,275	460,004	4,729	1.0%	393,432	(61,842)	(15.7%)	Total Expenses
\$ (378,261)	\$ (10,396)	\$ (367,866)	3,538.6%	\$ 122,249	\$ (500,510)	(409.4%)	Net Margin
-	3,988	3,988	100.0%	(210,384)	(210,384)	100.0%	Capital
-	-	-	0.0%	-	-	0.0%	Capital Contributions
\$ 33,221	\$ 12,944	\$ (20,277)	(156.7%)	\$ -	\$ (33,221)	0.0%	General Fund Support/ Transfer In

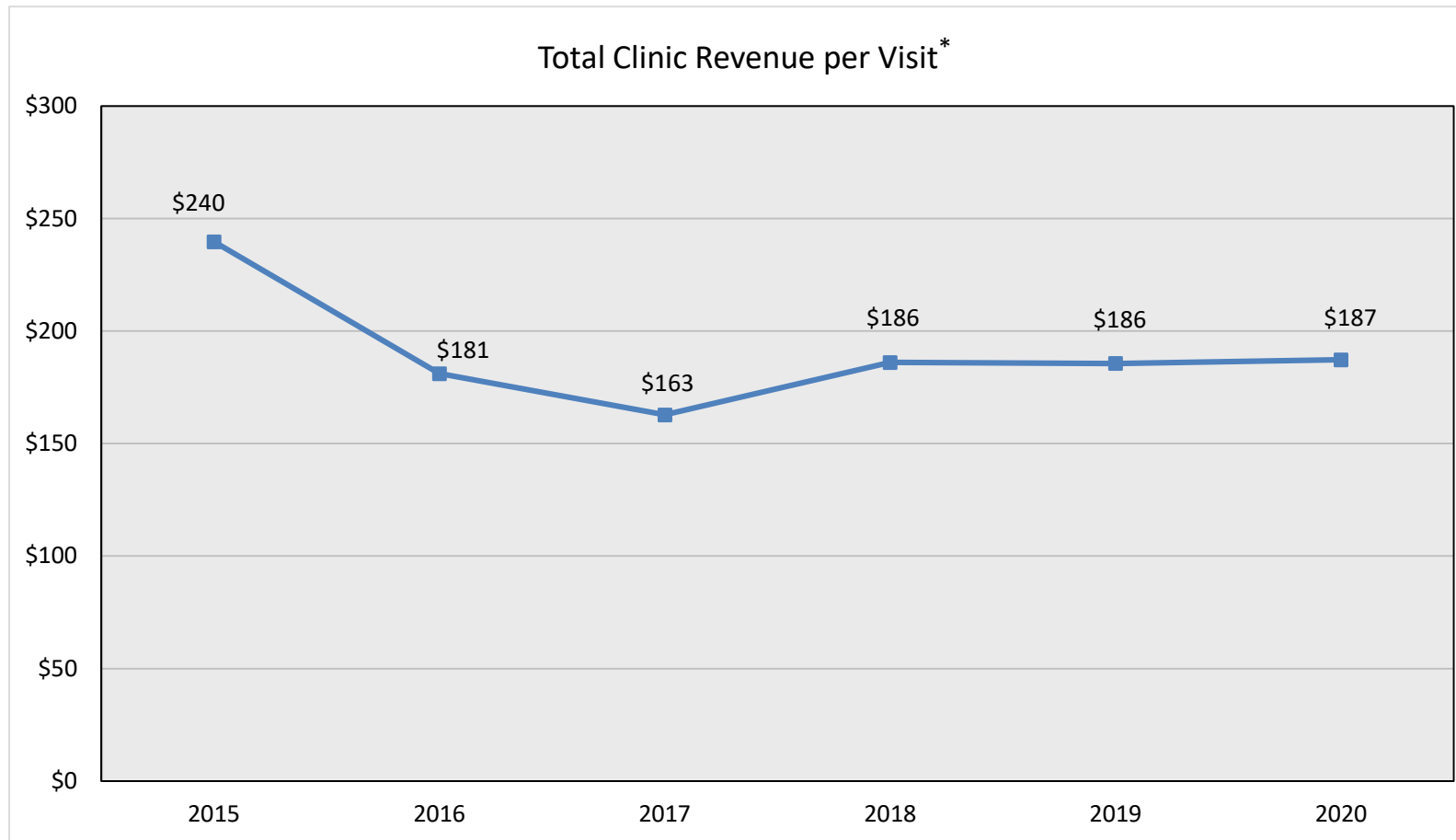
Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
43,480	30,960	(12,520)	(40.4%)	30,709	(12,770)	(41.6%)	
3,271	3,605	333	9.2%	4,937	1,665	33.7%	
218,279	163,709	(54,570)	(33.3%)	169,848	(48,431)	(28.5%)	
7,196	8,802	1,607	18.3%	9,285	2,089	22.5%	
18,080	20,489	2,408	11.8%	18,818	738	3.9%	
54,886	58,424	3,538	6.1%	43,962	(10,924)	(24.8%)	
65,471	66,053	582	0.9%	60,416	(5,054)	(8.4%)	
25,523	29,642	4,119	13.9%	22,473	(3,050)	(13.6%)	
10,792	13,444	2,652	19.7%	11,043	250	2.3%	
13,931	18,438	4,507	24.4%	11,502	(2,429)	(21.1%)	
-	-	-	0.0%	1,094	1,094	100.0%	
49,029	50,064	1,035	2.1%	51,762	2,733	5.3%	
15,316	18,154	2,838	15.6%	14,399	(917)	(6.4%)	
148,212	174,927	26,715	15.3%	158,917	10,706	6.7%	
3,085	2,314	(771)	(33.3%)	4,202	1,117	26.6%	
10,654	7,991	(2,664)	(33.3%)	-	(10,654)	0.0%	
4,393	6,344	1,950	30.7%	6,600	2,206	33.4%	
648,119	642,399	(5,720)	(0.9%)	589,259	(58,860)	(10.0%)	
3,871,405	4,115,108	243,703	5.9%	4,002,887	131,483	3.3%	
\$ (1,404,171)	\$ (737,352)	\$ (666,819)	90.4%	\$ (44,776)	\$ (1,359,395)	3,036.0%	
-	35,892	35,892	100.0%	(108,153)	(108,153)	100.0%	
-	-	-	0.0%	-	-	0.0%	
\$ 1,415,459	\$ 770,275	\$ (645,184)	(83.8%)	\$ -	\$ (1,415,459)	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	-	224	1,030				10,732	14,263	(24.8%)	14,175
Delray	1,429	957	1,019	1,151	994	542	-	99	895				7,086	7,822	(9.4%)	11,305
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563	464	1,215				12,405	12,458	(0.4%)	12,591
Belle Glade	950	746	912	847	762	484	10	71	462				5,244	7,908	(33.7%)	7,685
Lewis Center	296	213	241	246	246	198	-	-	236				1,676	2,142	(21.8%)	2,228
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296	632	1,039				9,271	13,786	(32.8%)	11,911
Jupiter Clinic	609	471	417	520	412	233	-	97	319				3,078	4,418	(30.3%)	4,390
West Boca & Women's Health Care	997	680	745	782	817	395	20	110	678				5,224	6,651	(21.5%)	8,000
Mobile Van	156	136	132	108	107	442	-	-	6				1,087	1,722	(36.9%)	1,581
Mangonia Park	-	67	58	80	168	166	-	193	450				1,182	-		
Mangonia Park-Substance	499	497	455	423	464	-	-	-	-				2,338	5,001	(53.2%)	3,832
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	1,890	6,330	-	-	-	59,323	76,171	(22.1%)	77,698
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-	56	218				5,042	7,254	(30.5%)	7,263
Lantana	733	570	541	470	470	225	-	-	-				3,009	7,780	(61.3%)	5,579
Delray	628	547	596	598	557	245	-	-	-				3,171	5,008	(36.7%)	5,187
Belle Glade	360	251	343	376	296	154	109	135	57				2,081	3,065	(32.1%)	2,765
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	191	275	-	-	-	13,303	23,107	(42.4%)	20,794
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	2,081	6,605	-	-	-	72,626	99,278	(26.8%)	98,492
Key Ratios																
Collection Ratio													22%			
Bad debt write off as a percentage of total billing													27%			
Collections per visit													36			
Charges Per Visit													163			
Percentage of A/R less than 120 days													56%			
Days in AR													65			
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10	70	183				1,222	1,016	20.3%	1,140
Delray	139	119	41	35	111	95	-	29	171				740	1,096	(32.5%)	1,248
Lantana	611	440	496	701	551	417	9	92	388				3,705	2,171	70.7%	4,105
Belle Glade	53	95	149	137	103	38	-	7	114				696	204	241.2%	182
Mangonia Park	53	150	296	391	278	189	3	85	143				1,588	4,069	(61.0%)	-
Lewis Center	240	173	215	178	177	-	-	-	58				1,041	2,310	(54.9%)	2,088
Lake Worth	204	146	163	192	140	89	1	34	169				1,138	1,640	(30.6%)	1,188
Jupiter	-	-	-	-	-	1	-	-	-				1	-	0.0%	-
West Boca	3	1	-	1	-	4	1	-	1				11	-	0.0%	-
Mobile Van	96	71	76	45	44	30	-	-	-				362	950	(61.9%)	378
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	317	1,227	-	-	-	10,504	13,456	-21.9%	10,329

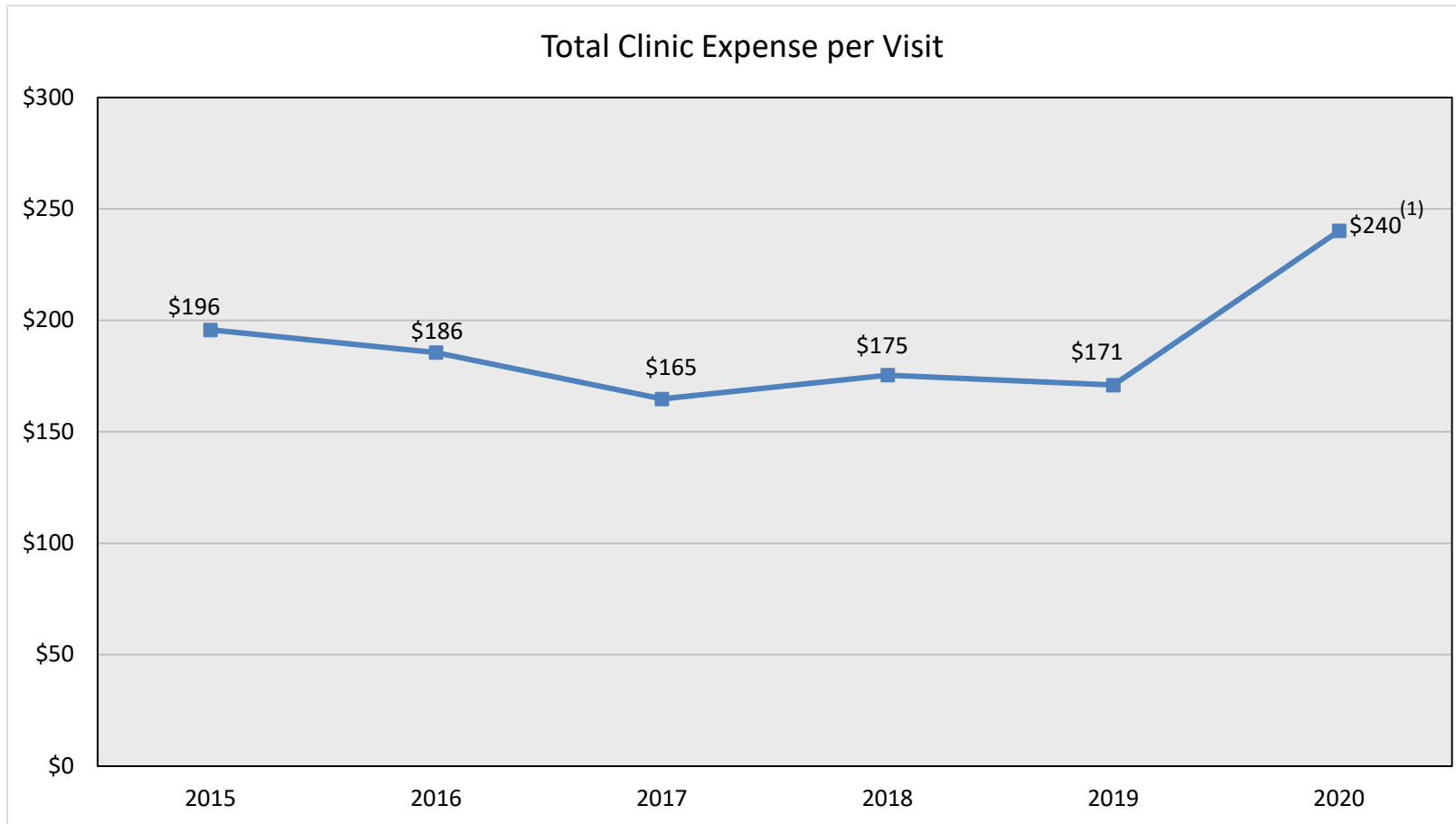
Primary Care Clinics Funding Sources



Fiscal YTD June 2020 Total Revenues \$24,188,117



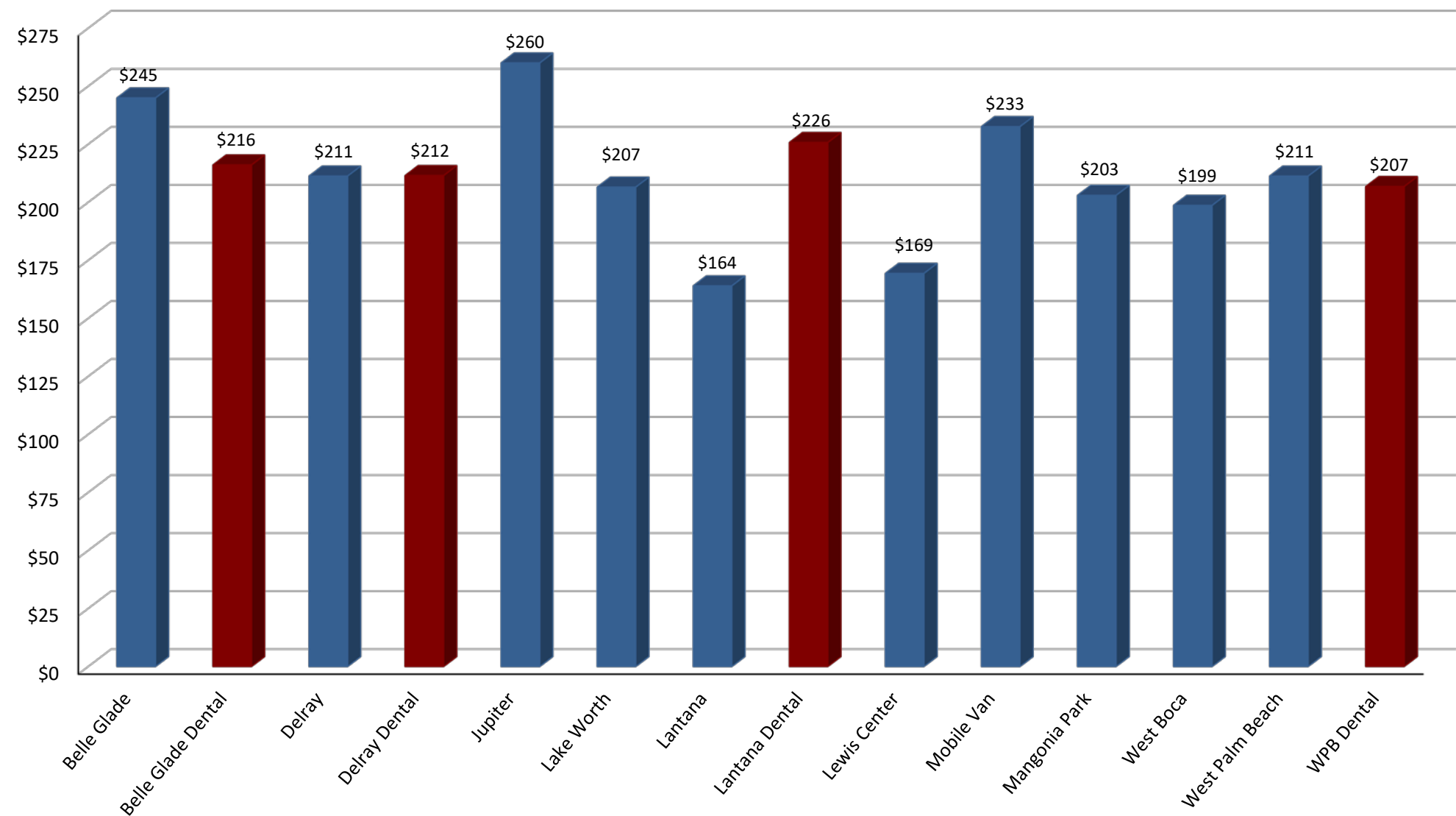
* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in March through June 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 June 2020 total operating expenses
** Visits for the medical clinics include medical and mental health visits

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – Mobile 3 Clinic

2. Summary:

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 3 Clinic.

3. Substantive Analysis:

With continuing demand for COVID-19 testing, we would like to respectfully request a permanent Change In Scope to add a third Mobile Clinic to support outreach efforts.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

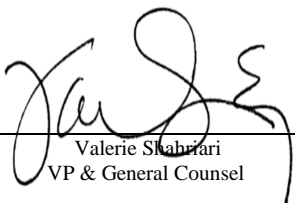
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020


6. Recommendation:

Staff recommends the Board approve our request for a permanent Change in Scope to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 3 Clinic.

Approved for Legal sufficiency:



Valerie Skahrari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Change In Scope – Form 5A, Moving services from Column II to Column I.

2. Summary:

We respectfully request the authorization to move services currently listed in Column II of Form 5A, to Column I.

3. Substantive Analysis:

Nutrition is currently listed in Column II of Form 5a and needs to be moved to Column I.

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 Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

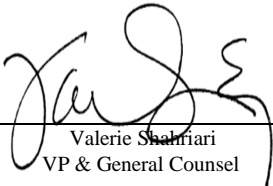
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020


6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to Move Nutrition Services from Column II to Column I.

Approved for Legal sufficiency:



Valerie Shanriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Bylaws Updates

2. Summary:

This agenda item presents the District Clinic Holdings, Inc. update to the Bylaws.

3. Substantive Analysis:

This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. The change, provided below, allows the Quality Council meetings to be postponed during a state of emergency.

11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

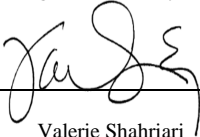
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020


6. Recommendation:

Staff recommends the Board approve the Bylaws Updates.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement

Amended
Bylaws
of
District Clinic Holdings, Inc.

**Amended
Bylaws
of
District Clinic Holdings, Inc.**

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

5.1 The objectives of the Board are as follows:

- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
- b. Identification and referral of individuals in need of health and social services.
- c. Participation in the development of the Federal grant application.
- d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:

- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
- b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
- c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
- d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
- e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
- f. To provide a viable link with the community, engaging in community education, public

relation activities and other activities which promote community identification and understanding of the clinics and services provided.

- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
- . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term

Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to,

their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.

- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.

- 8.14 One Board member shall serve on the Finance and Audit Committee of the District's Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District's Governing Board.

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
 - b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 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. 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.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, *ex officio*, member of the Executive Committee. The Executive Committee shall:
 - a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
 - c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers to take office commencing on the next January 1.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.

- 12.6 Official actions of the Board may be conducted by telephone provided that such meeting complies with the requirements of the Government in the Sunshine Act.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee or Board will adjust their meetings accordingly.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 27th day of May, 2020.

BY: _____

Irene Figueroa
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	Title Pages amended to read: Section 11.3 relating to the Finance Committee deleted and Section 11.9 amended to remove reference to Finance Committee.
2	May 23, 2013	Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.” Section 6.1m amended to remove ability to establish and revise policies. Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation. Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

August 9, 2013

Section 6.1q added power to:
“Facilitate the annual Chief
Executive Officer performance
evaluation process.”

Section 8.10 amended to
include: “...employee,
consultant or those providing
services and or goods to the
Clinic...”

Section 2.1 established for
clarification regarding
common business name

Section 2.2 replaced Health
Clinic Board with Primary
Care Clinics Board of
Directors

Section 6.1.b replaced Project
with Executive

Section 6.1.h removed “To
adopt and be responsible for
operating and personnel
policies and procedures,
including selection and
dismissal procedures, salary
and benefits scales and
employee grievance
procedures within the
guidelines of the Health Care
District of Palm Beach County
Personnel Policies and
Procedures” and amended to
include ability to establish and
approve general policies for
the clinics as stated in PIN
1998-12, Part II Section 330,
Governance Requirements.

Section 6.1.m amended to
include ability to establish
policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read:
“Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended o include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted
Committee members

Section 11.10 added to read:

The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: "Meetings shall conform to the requirements of Ch. 286, Florida Statutes ("Government in the Sunshine Act"), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read:
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, *ex officio* member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1l to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	August 26, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Executive Director Informational Update

2. Summary:

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

- Virtual OSV
- ABBOTT Point of Care Covid-19 testing

3. Substantive Analysis:

Virtual OSV

In response to the increasing impacts of the COVID-19 public health emergency and the challenges associated with travel, the Bureau of Primary Health Care (BPHC) has postponed all onsite Operational Site Visits (OSVs) through the remainder of the year. Because OSVs are an important part of the Health Center Program oversight and monitoring process, BPHC has developed a virtual OSV process of assessing compliance while being mindful of the impact that COVID-19 has had on health center programs. Over the past couple months, BPHC has successfully implemented a virtual OSV process resulting in accurate compliance assessment outcomes, consistent with the traditional, onsite approach. Our organization is under consideration as a participant in the virtual OSV process.

ABBOTT Point of Care Covid-19 testing

Working on a contract with Abbott for Point of Care Covid-19 PCR testing that takes less than twenty minutes to process. They are also working on an antigen test that we may be able to utilize in the near future.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

5. Reviewed/Approved by Committee:

N/A

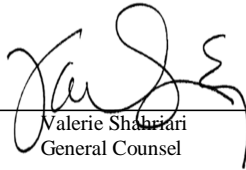
Committee Name

Date Approved

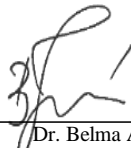
6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shandari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 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
Harberger	Seneca	MD	Family Medicine	Recredentialing
Oliveira	Paulo	DDS	General Dentistry	Recredentialing
Montenegro	Claudia	DO	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.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

Seneca Harberger, MD joined the Belle Glade Clinic in 2018 specializing in Family Medicine. He attended the Temple University School of Medicine and also completed his residency at the University of Pennsylvania Health System. Dr. Harberger is certified in Family Medicine by The American Board of Family Medicine. He has been in practice for five years and is fluent in Spanish.

Paulo Oliveira, DDS joined the Delray Beach Clinic in 2018 specializing in General Dentistry. He attended the Federal University of Rio Grande and also completed his residency at Nova Southeastern University. Dr. Oliveira has been in practice for sixteen years and is fluent in Portuguese and Spanish.

Claudia Montenegro, DO joined the Delray Beach Clinic in 2016 specializing in Family Medicine. She attended the Lincoln Memorial University Debusk College of Osteopathic Medicine. Dr. Montenegro has been in practice for twelve years and is fluent in Spanish.

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:

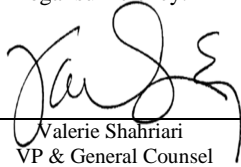
Staff recommends the Board approve the recredentialing and privileging of Dr. Seneca Harberger, MD, Family Medicine.

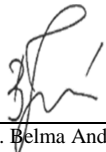
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

Staff recommends the Board approve the recredentialing and renewal of privileges of Paulo Oliveira, DDS, General Dentistry.

Staff recommends the Board approve the recredentialing and renewal of privileges of Claudia Montenegro, DO, Family Medicine.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Operations Reports – August 2020

2. Summary:

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

- Provider Productivity, including in-person and telehealth metrics and No Show trended over time
- COVID-19 Testing and Clinic Service Center metrics

3. Substantive Analysis:

The Clinics continue to see an increase in overall 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 this service delivery method steadily gains patient and provider acceptance. No Show percentages are down at 18% for July when compared to those in January and February which were at 26 and 27%, respectively. Adult, pediatric, and women's health are all at the mid- to upper 80% level for in-person visits. Our Boca and Jupiter clinics have 50% or greater telehealth visits in July.

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 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
August 26, 2020

5. Reviewed/Approved by Committee:

N/A

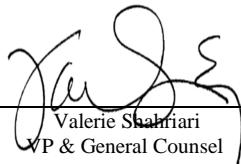
Committee Name

Date Approved

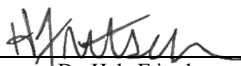
6. Recommendation:

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


Approved for Legal sufficiency:



Valerie Skarfiari
VP & General Counsel



Dr. Hyla Fritsch
Executive Director Clinic Operations & Pharmacy
Services



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

Billable Visits

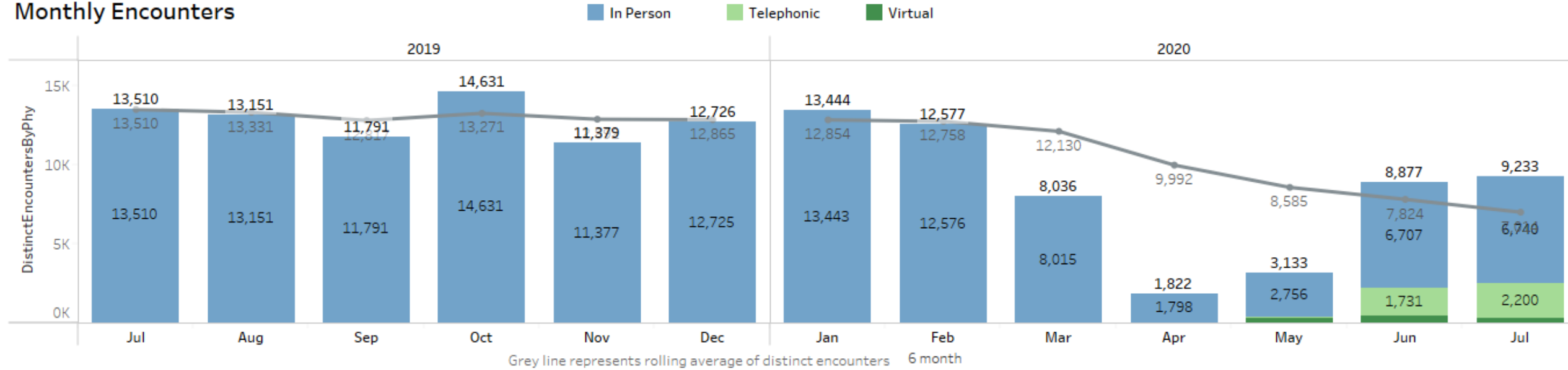
Rndrng Prvdrtype
All

Chgservicedt
7/1/2019 to 7/31/2020

Type
All

All

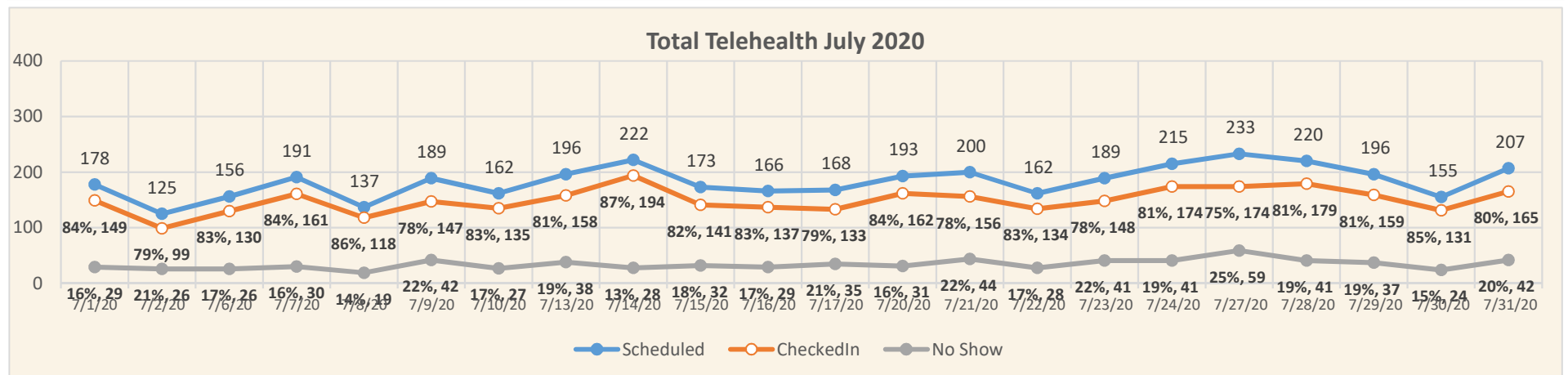
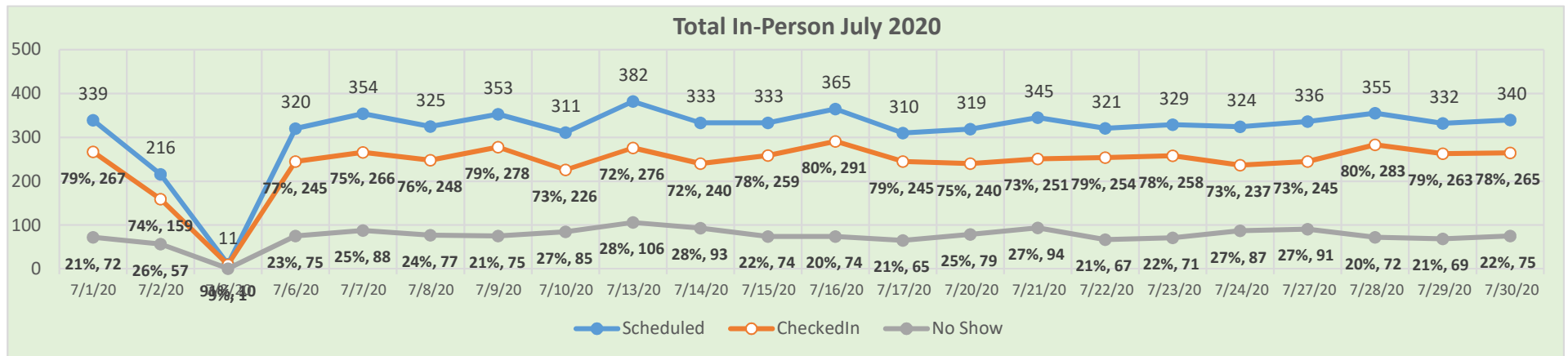
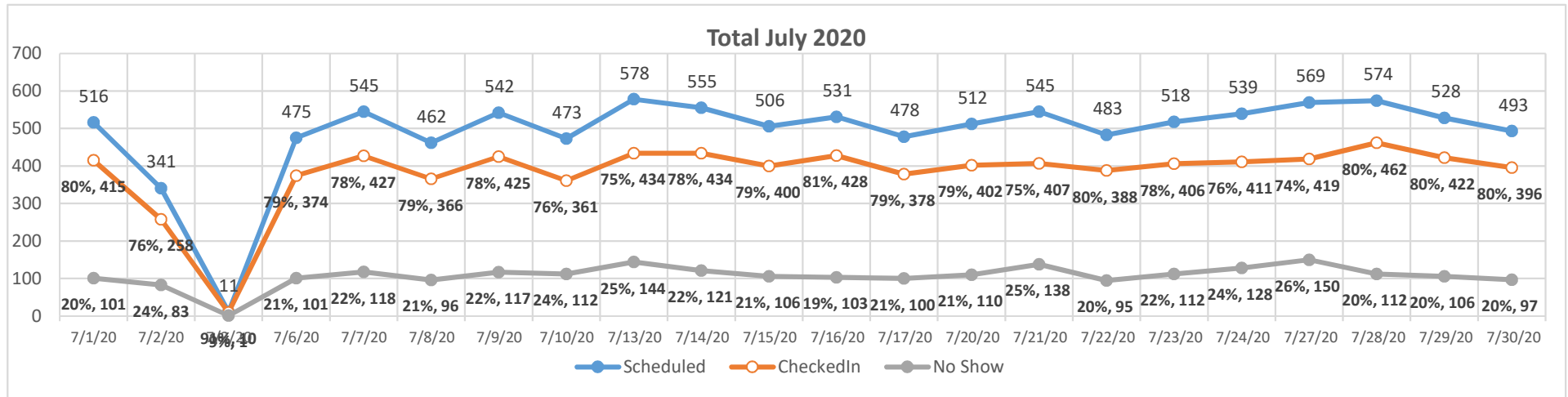
Monthly Encounters



Clinic

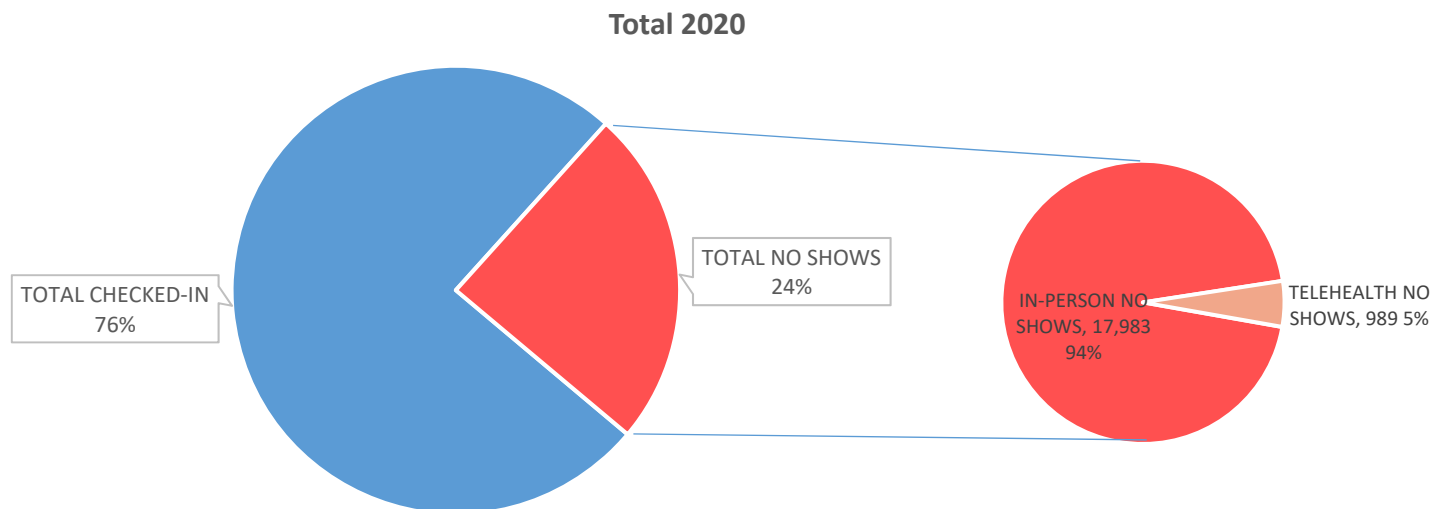
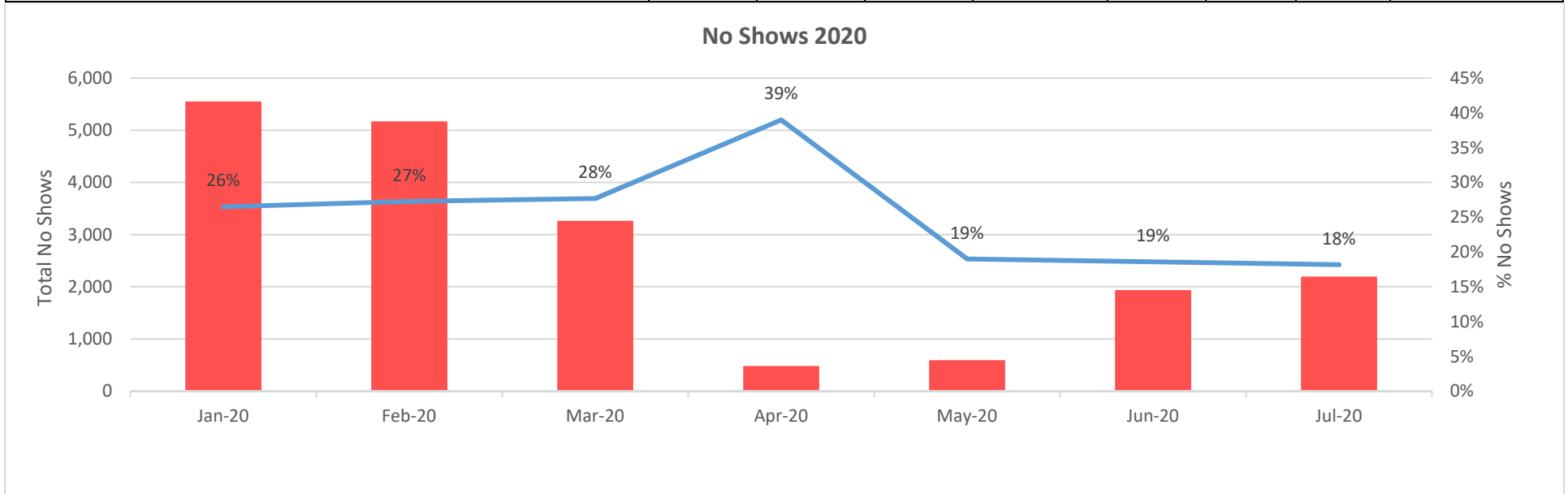
Clinic	Pts	Encounters by Date	Encounters By Provider
Lantana_CLBPCC	10,328	24,233	28,294
West Palm Beach_CLBPCC	7,923	17,945	18,496
Lake Worth_CLBPCC	5,986	14,837	15,276
Delray Beach_CLBPCC	5,737	12,621	13,001
West Palm Beach Dental_CLBPCC	4,039	7,151	7,939
Lantana Dental_CLBPCC	3,791	6,365	7,375
Delray Beach Dental_CLBPCC	2,607	4,587	5,124
Belle Glade_CLBPCC	3,490	8,974	9,205
Boca_CLBPCC	3,500	8,625	8,658
Belle Glade Dental_CLBPCC	1,530	2,598	3,248
Jupiter_CLBPCC	2,092	4,948	4,952
Lewis Center_CLBPCC	2,154	4,517	4,730
Mobile Clinic_CLBPCC	1,024	1,795	1,952
Mangonia Park_CLBPCC	75 534	2,733	4,496
Grand Total	43,775	118,562	132,716

JULY 2020 TOTAL APPOINTMENTS



NO SHOW AS JULY 2020

# Appointments including Dental (except M/Quick Testing and Covid)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Total 2020
TOTAL CHECKED-IN	15,355	13,745	8,486	728	2,467	8,409	9,811	59,001
TOTAL NO SHOWS	5,535	5,155	3,248	465	579	1,921	2,180	19,083
	26%	27%	28%	39%	19%	19%	18%	24%

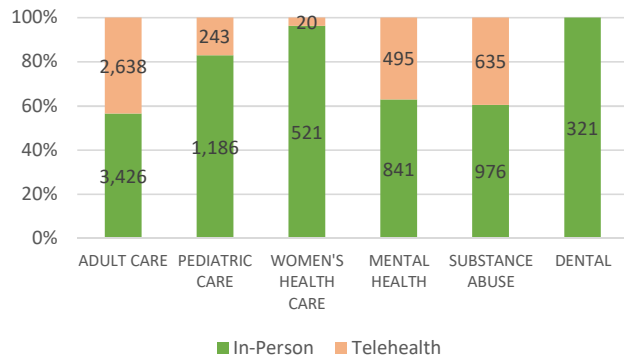


JULY 2020 WEEKLY TOTAL APPOINTMENTS BY CATEGORY

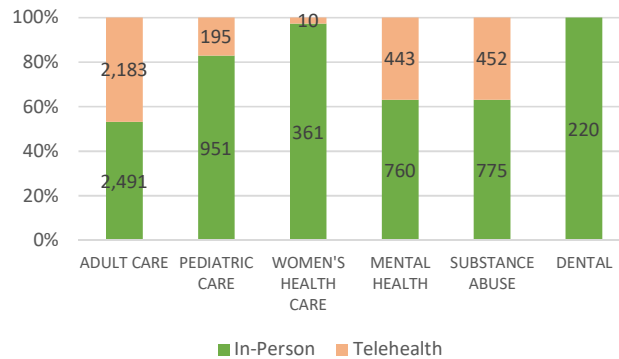
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Category July (as 07/31/2020)	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No show	% Target	% No Show
ADULT CARE	2,819	3,426	2,491	935	88%	27%	3,238	2,638	2,183	455	67%	17%
PEDIATRIC CARE	1,145	1,186	951	235	83%	20%	223	243	195	48	87%	20%
WOMEN'S HEALTH CARE	418	521	361	160	86%	31%	17	20	10	11	59%	50%
MENTAL HEALTH	1,076	841	760	81	71%	10%	822	495	443	52	54%	11%
SUBSTANCE ABUSE	1,144	976	775	201	68%	21%	946	635	452	183	48%	29%
DENTAL	345	321	220	101	64%	31%						
Grand Total	6,947	7,271	5,558	1,713	80%	24%	5,246	4,031	3,283	749	63%	19%

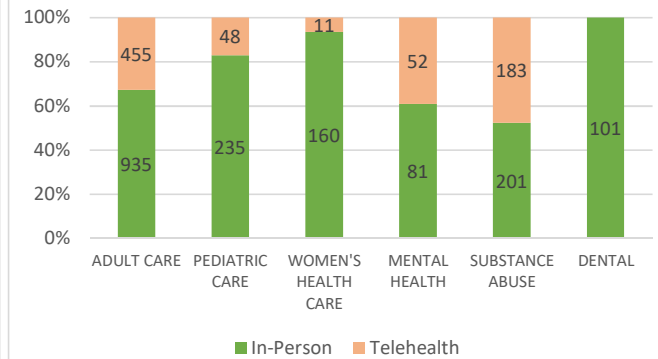
Scheduled by Category



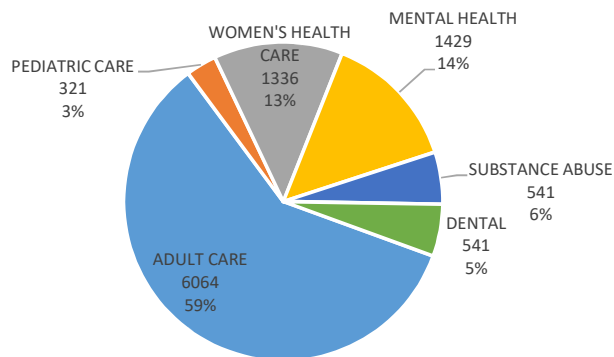
Checked-In by Category



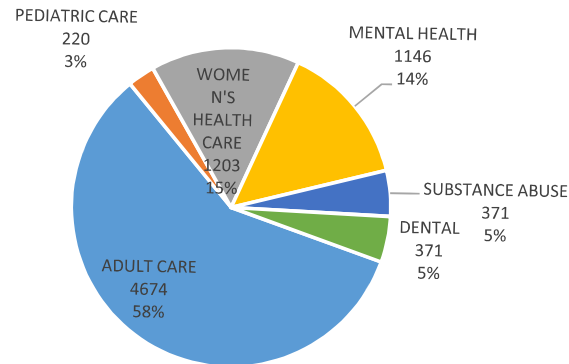
No Show by Category



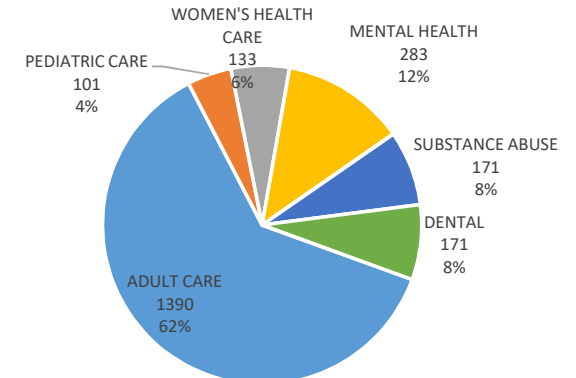
Scheduled



Checked-In



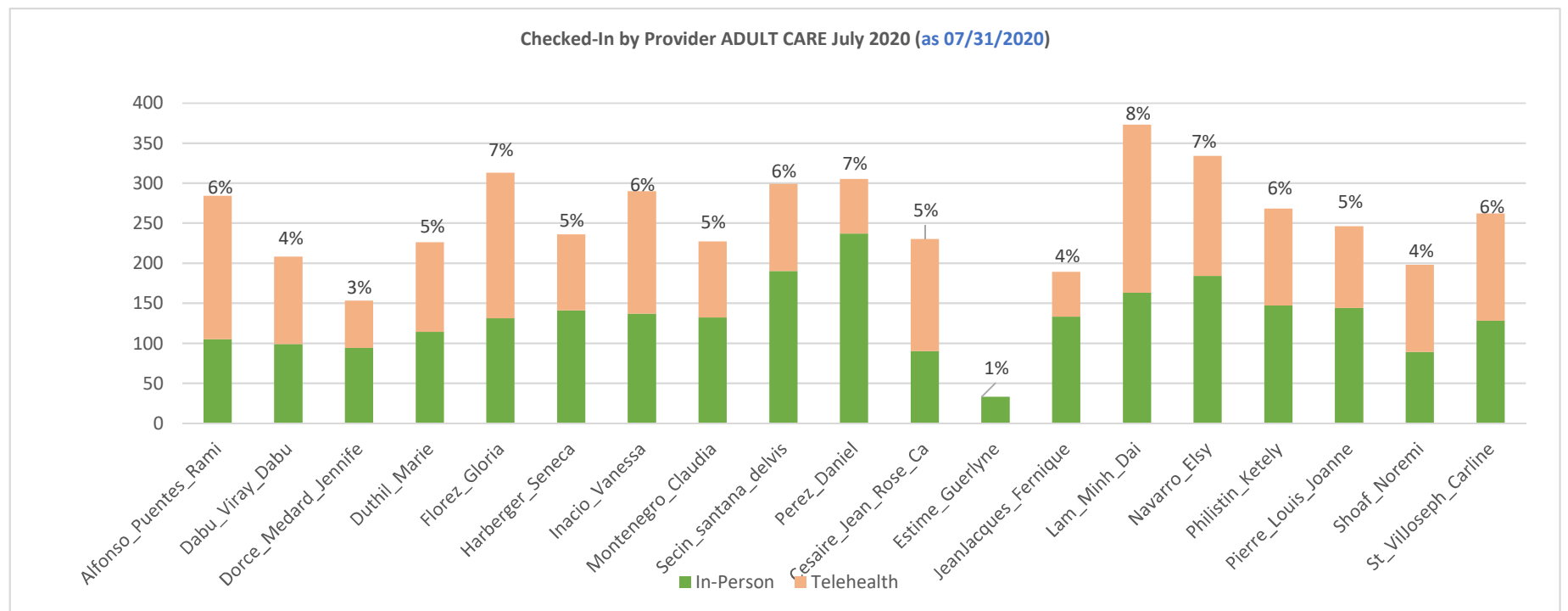
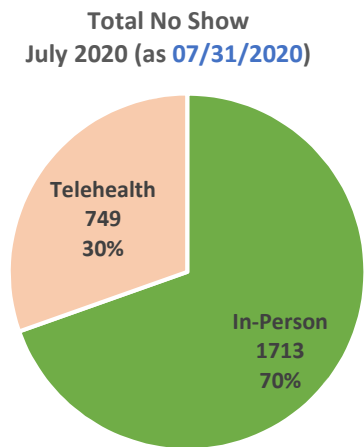
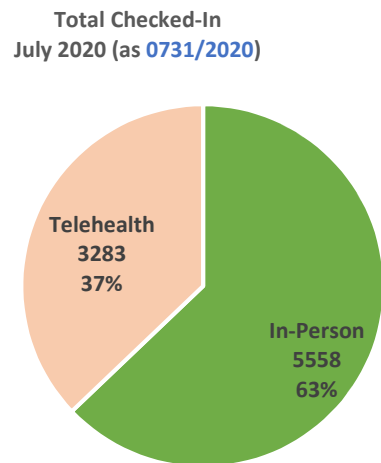
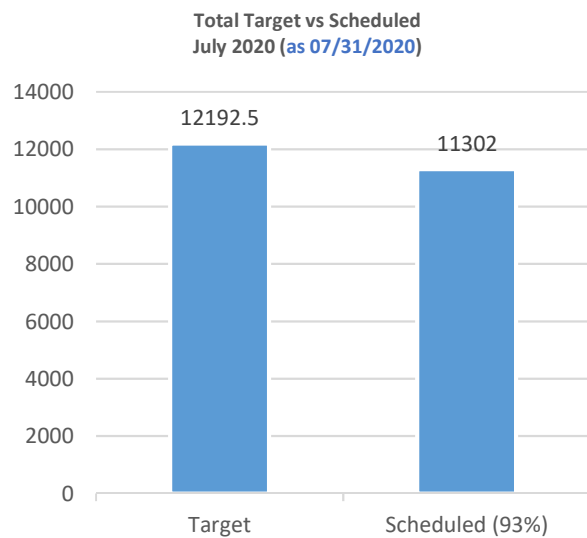
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JULY 2020 WEEKLY TOTAL APPOINTMENTS BY PROVIDER

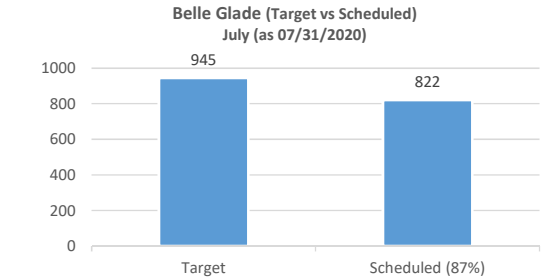
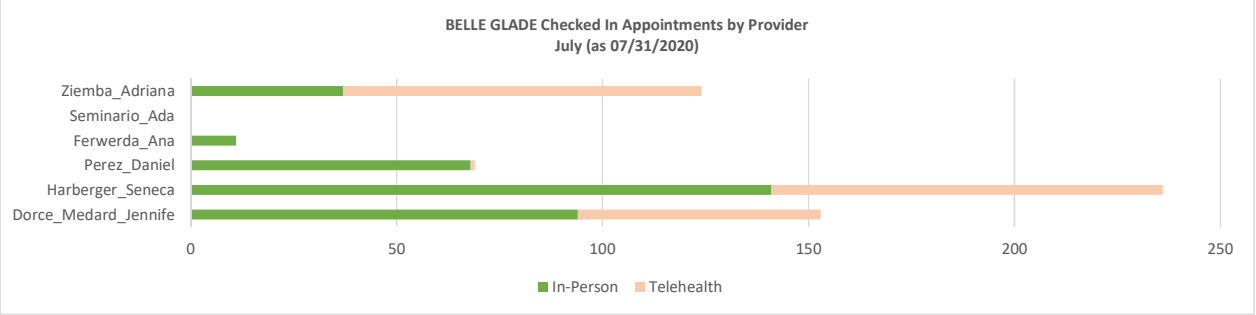
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JULY 2020 (as 07/31/2020)		In-Person						Telehealth					
Provider / App Type		Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
ADULT CARE	Alfonso_Puentes_Rami	112	140	105	35	94%	25%	275	210	179	31	65%	15%
	Dabu_Viray_Dabu	110.5	130	99	31	90%	24%	164	129	109	20	66%	16%
	Dorce_Medard_Jennife	160	149	94	55	59%	37%	137	84	59	25	43%	30%
	Duthil_Marie	162	169	114	55	70%	33%	225	149	112	37	50%	25%
	Florez_Gloria	152	193	131	62	86%	32%	235	218	182	36	77%	17%
	Harberger_Seneca	178	200	141	59	79%	30%	119	110	95	15	80%	14%
	Inacio_Vanessa	128	168	137	31	107%	18%	169	170	153	17	91%	10%
	Montenegro_Claudia	171	184	132	52	77%	28%	216	124	95	29	44%	23%
	Secin_santana_delvis	233	300	190	110	82%	37%	154	140	109	31	71%	22%
	Perez_Daniel	258	322	237	85	92%	26%	93	77	68	9	73%	12%
	Cesaire_Jean_Rose_Ca	109	136	90	46	83%	34%	203	178	140	38	69%	21%
	Estime_Guerlyne	40	34	33	1	83%	3%						
	JeanJacques_Fernique	178	176	133	43	75%	24%	166	64	56	8	34%	13%
	Lam_MinH_Dai	150	206	163	43	109%	21%	194	235	210	25	108%	11%
	Navarro_Elsy	159	229	184	45	116%	20%	185	166	150	16	81%	10%
	Philistin_Ketely	139	195	147	48	106%	25%	205	158	121	37	59%	23%
	Pierre_Louis_Joanne	136	196	144	52	106%	27%	160	117	102	15	64%	13%
	Shoaf_Noremi	109	115	89	26	82%	23%	153	133	109	24	71%	18%
	St_VilJoseph_Carline	134	184	128	56	96%	30%	185	176	134	42	72%	24%
PEDS	Clarke_Aaron_Noella	386	384	288	96	75%	25%	1	1	1		100%	0%
	Dessalines_Duclos	165	142	110	32	67%	23%	222	242	194	48	87%	20%
	Lazaro_Nancy	297	342	293	49	99%	14%						
	Normil_Smith_Sherlou	297	318	260	58	88%	18%						
WOMEN'S HEALTH CARE	Ferwerda_Ana	167	166	119	47	71%	28%	4	3		4		100%
	Casanova_Jennifer	251	355	242	113	96%	32%	13	17	10	7	77%	41%
MENTAL HEALTH	Alvarez_Franco	76	40	28	12	37%	30%	158	95	83	12	53%	13%
	Rowling_Courtney	199	154	115	39	58%	25%	91	17	16	1	18%	6%
	Ziamba_Adriana	61	47	37	10	61%	21%	155	101	87	14	56%	14%
	Dorvil_Stephany	151	84	80	4	53%	5%	107	55	43	12	40%	22%
	Hirsch_Karen	112	79	75	4	67%	5%	74	50	50		68%	0%
	JONES_KIARA	101	78	75	3	74%	4%	133	97	90	7	68%	7%
	Rivera_Pullen_Valeri	222	243	241	2	109%	1%						
	Calderon_Nylsa	154	116	109	7	71%	6%	104	80	74	6	71%	8%
SUBSTANCE ABUSE	Silver_Dawn	126	93	76	17	60%	18%	144	85	73	12	51%	14%
	BANNON_LORI	357	414	317	97	89%	23%	3	2	1	1	33%	50%
	SANCHEZ_MARCO	183	161	115	46	63%	29%	1	1		1		100%
	Bell_Emily	142	64	52	12	37%	19%	162	65	59	6	36%	9%
	Perez_Massiel	52	42	38	4	73%	10%	194	170	123	47	63%	28%
	Rexach_Claudia	147	109	100	9	68%	8%	111	61	42	19	38%	31%
	Esplin_Elaine	60	26	24	2	40%	8%	174	80	66	14	38%	18%
	Romain_Reynette	77	67	53	14	69%	21%	157	171	88	83	56%	49%
DENTAL	Alonso_Zenaida	120	81	59	22	49%	27%						
	Cucuras_John	10	2	2		20%							
	Rotella_Robert	215	212	159	53	74%	25%						
	Seminario_Ada		26		26		100%						
Grand Total		6,946.50	7,271	5,558	1,713	80%	24%	5,246	4,031	3,283	749	63%	19%

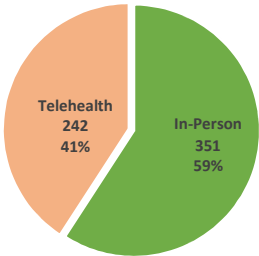


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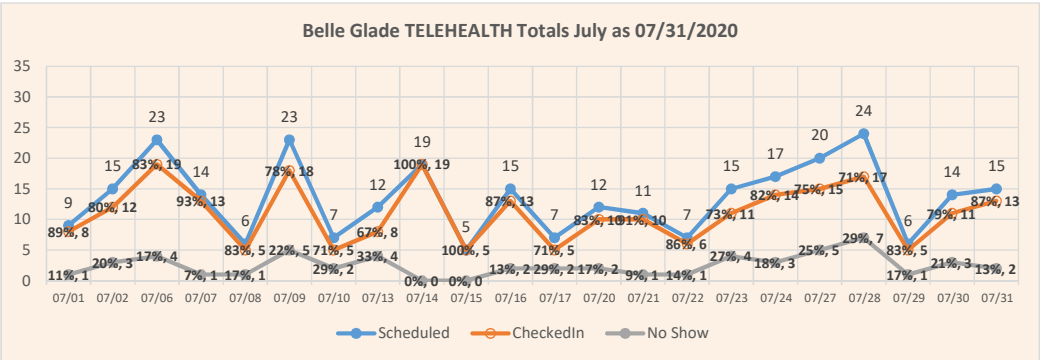
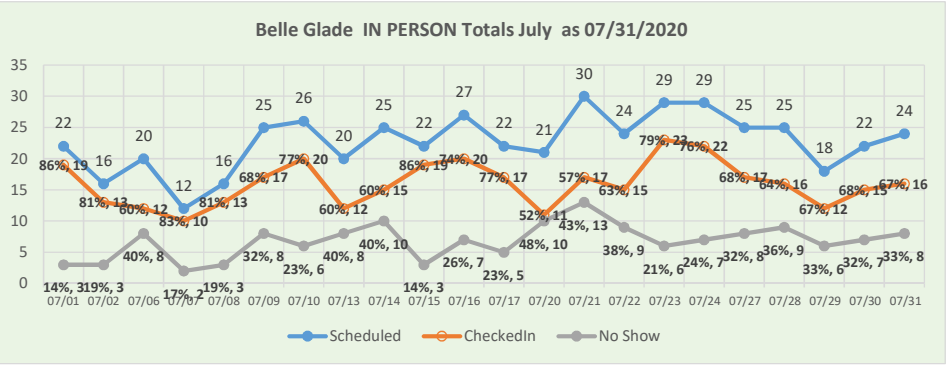
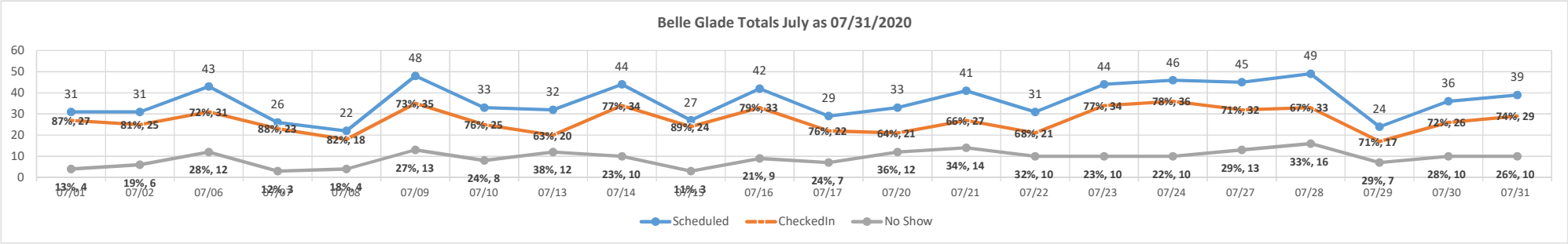
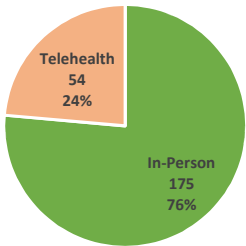
BELLE GLADE JULY (as 07/31/2020)	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dorce_Medard_Jennife	160	149	94	55	59%	37%	137	84	59	25	43%	30%
Harberger_Seneca	178	200	141	59	79%	30%	119	110	95	15	80%	14%
Perez_Daniel	89	91	68	23	76%	25%	1	1	1		100%	0%
Ferwerda_Ana	45	13	11	2	24%	15%						
Seminario_Ada		26		26		100%						
Ziembra_Adriana	61	47	37	10	61%	21%	155	101	87	14	56%	14%
Grand Total	533	526	351	175	66%	33%	412	296	242	54	59%	18%



BELLE GLADE Checked-In

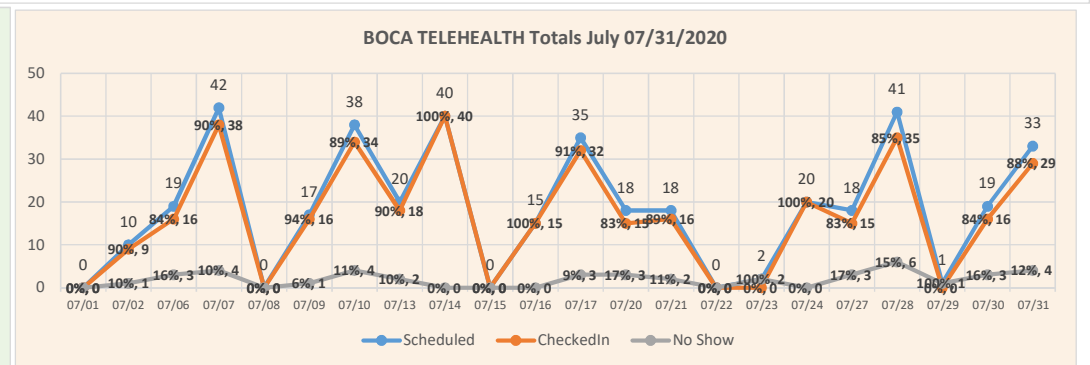
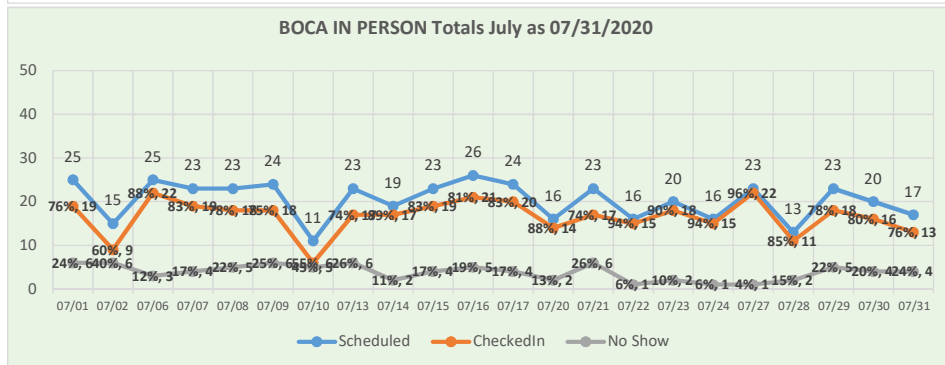
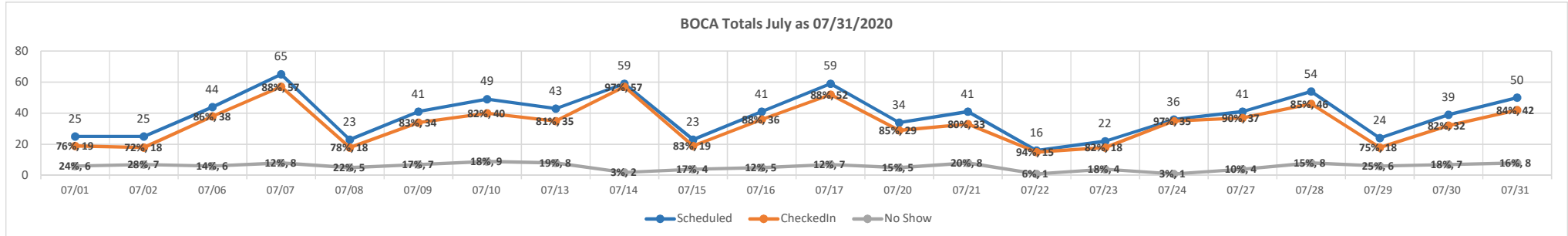
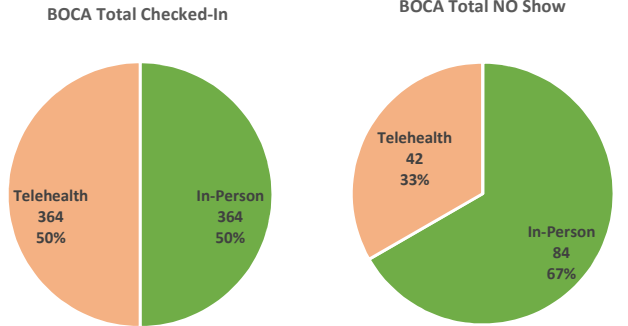
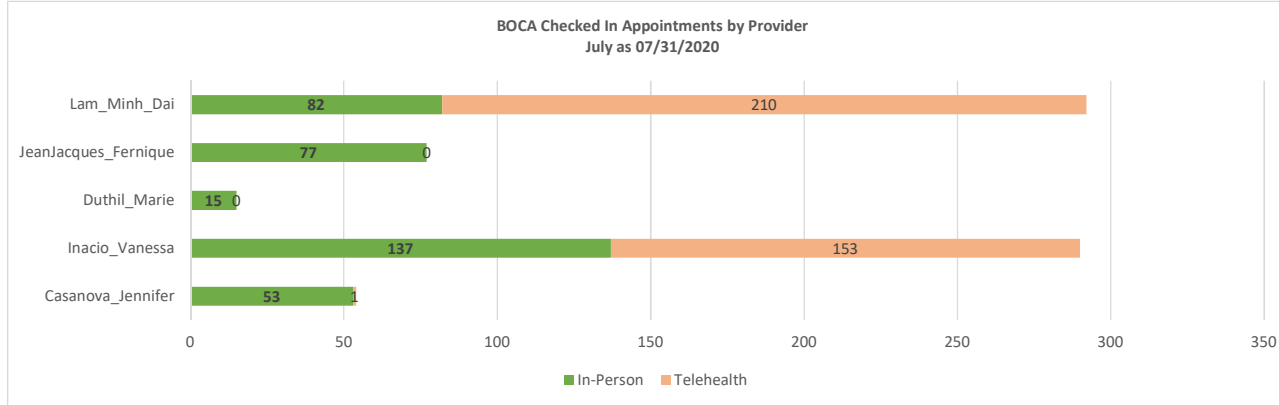
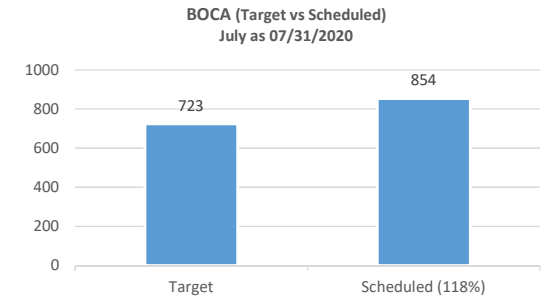


BELLE GLADE NO Show



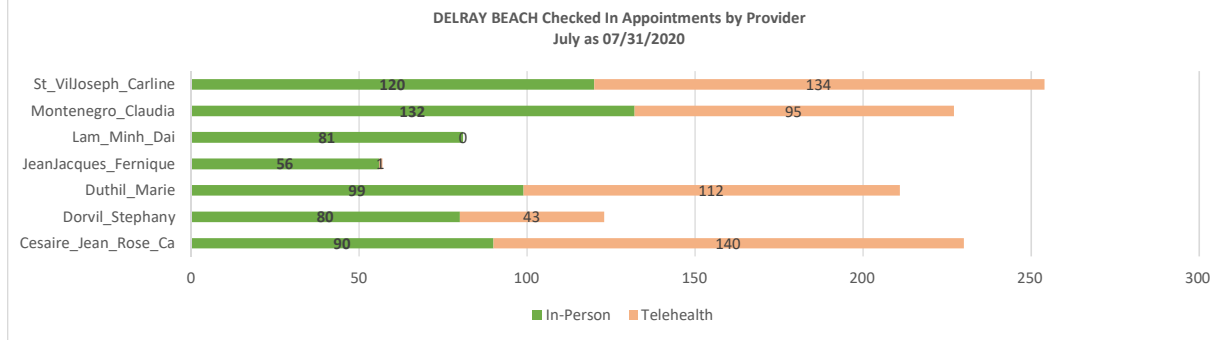
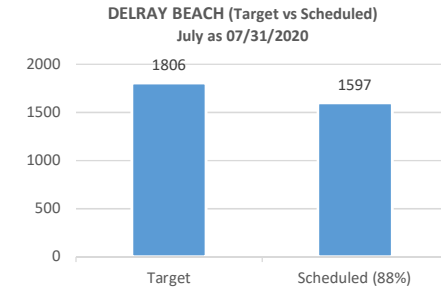
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BOCA July as 07/31/2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Casanova_Jennifer	47	65	53	12	113%	18%	1	1	1		100%	0%
Inacio_Vanessa	128	168	137	31	107%	18%	169	170	153	17	91%	10%
Duthil_Marie	18	16	15	1	83%	6%						
JeanJacques_Fernique	96	94	77	17	80%	18%						
Lam_Min_h_Dai	70	105	82	23	117%	22%	194	235	210	25	108%	11%
Grand Total	359	448	364	84	101%	19%	364	406	364	42	100%	10%

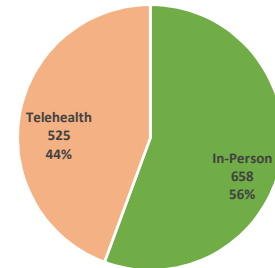


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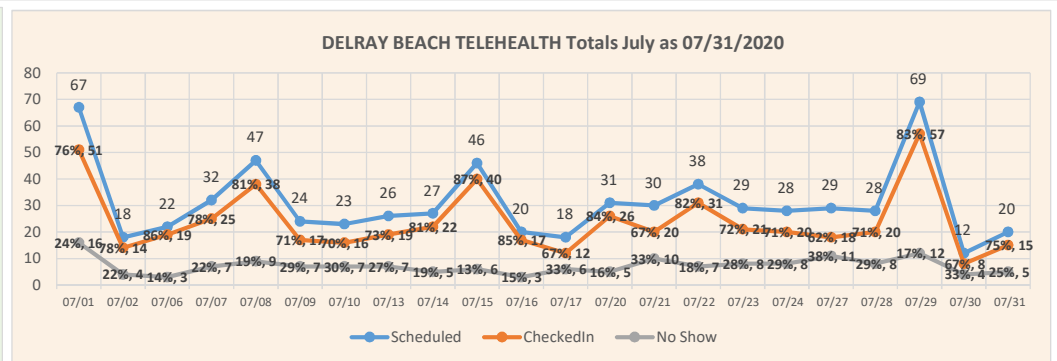
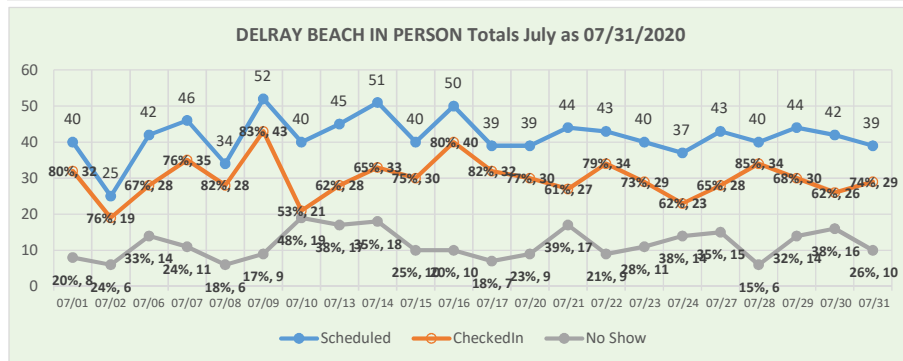
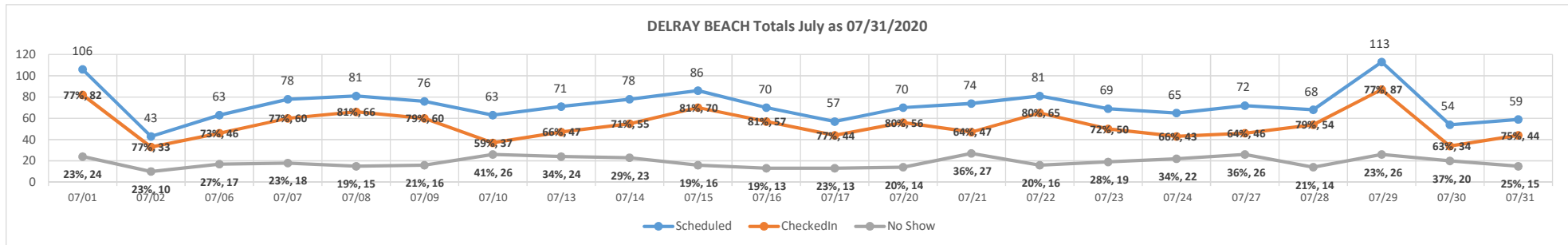
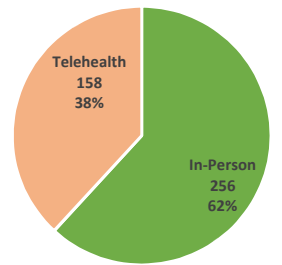
DELRAY BEACH July as 07/31/2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Cesaire_Jean_Rose_Ca	109	136	90	46	83%	34%	203	178	140	38	69%	21%
Dorvil_Stephany	151	84	80	4	53%	5%	107	55	43	12	40%	22%
Duthil_Marie	144	153	99	54	69%	35%	225	149	112	37	50%	25%
JeanJacques_Fernique	80	81	56	25	70%	31%	1	1	1		100%	0%
Lam_MinH_Dai	80	101	81	20	101%	20%						
Montenegro_Claudia	171	184	132	52	77%	28%	216	124	95	29	44%	23%
St_VilJoseph_Carline	134	175	120	55	90%	31%	185	176	134	42	72%	24%
Grand Total	869	914	658	256	76%	28%	937	683	525	158	56%	23%

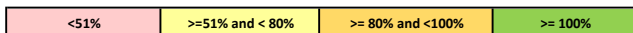


DELRAY BEACH Total Checked-In

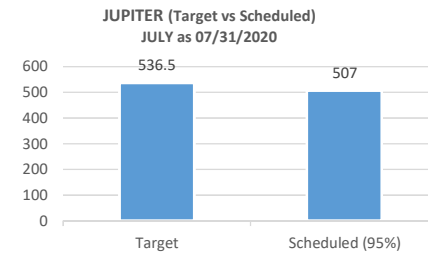
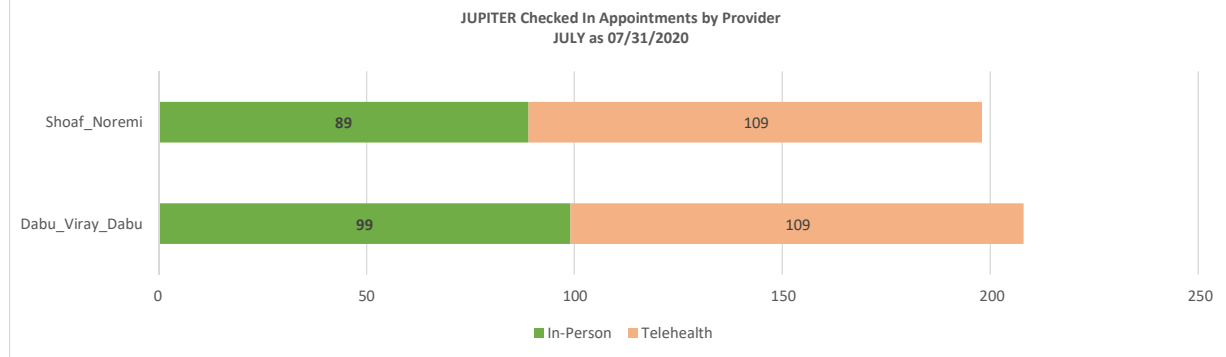


DELRAY BEACH Total NO Show

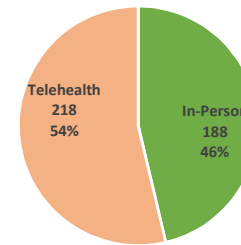




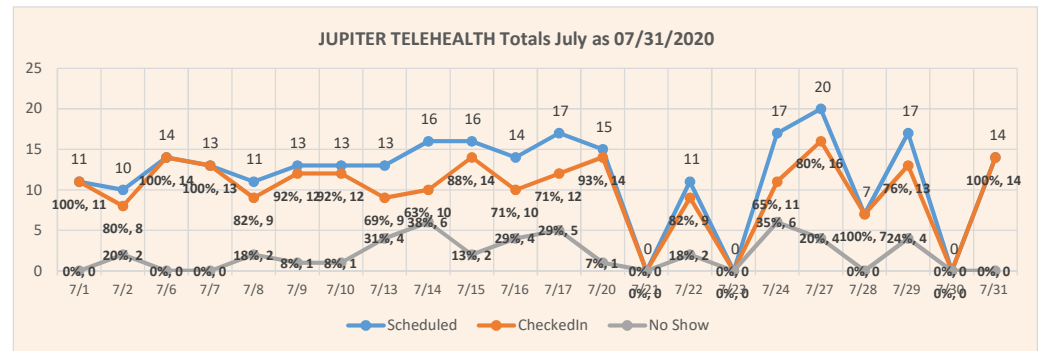
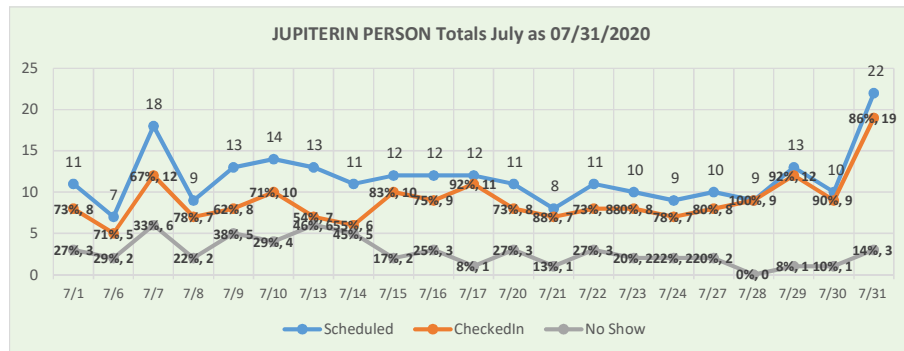
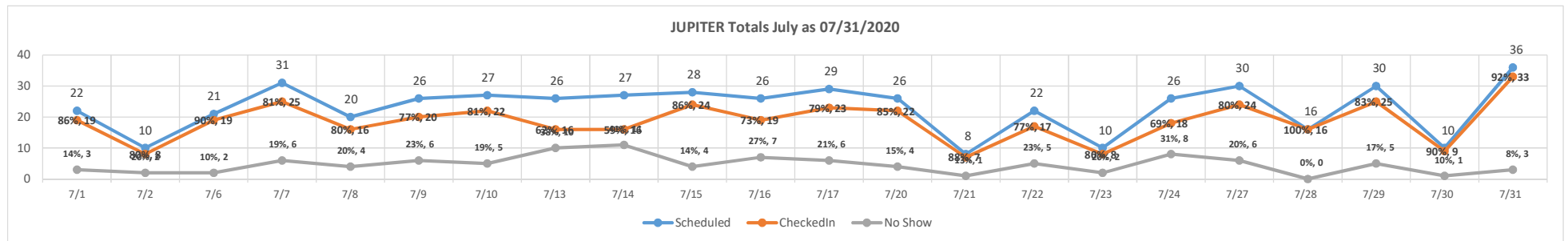
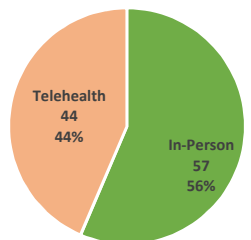
JUPITER JULY as 07/31/2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Dabu_Viray_Dabu	110.5	130	99	31	90%	24%	164	129	109	20	66%	16%
Shoaf_Noremi	109	115	89	26	82%	23%	153	133	109	24	71%	18%
Grand Total	219.50	245	188	57	86%	23%	317	262	218	44	69%	17%



JUPITER Total Checked-In

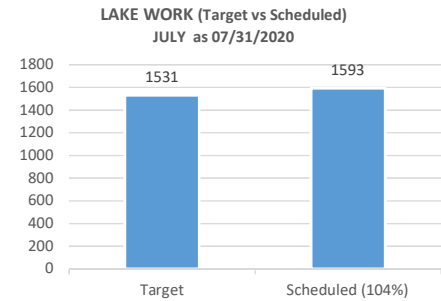
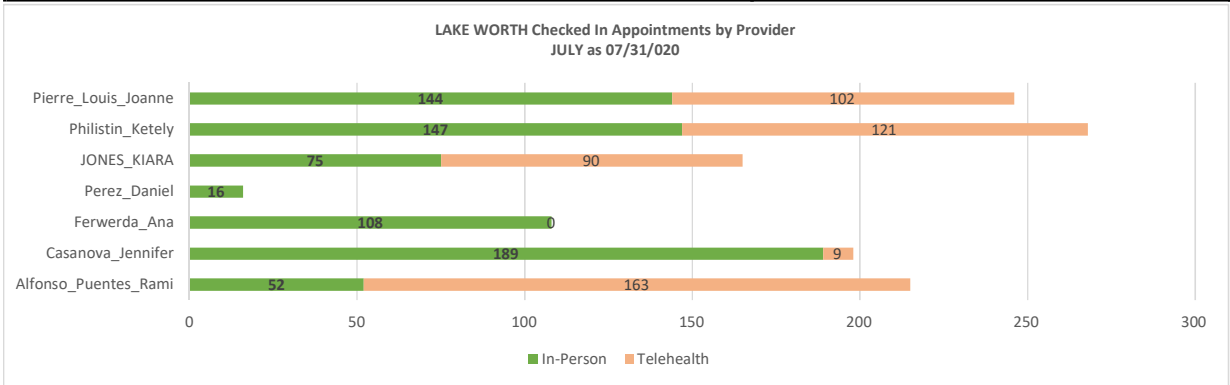


JUPITER Total NO Show

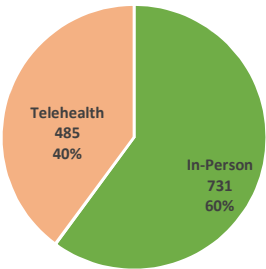


<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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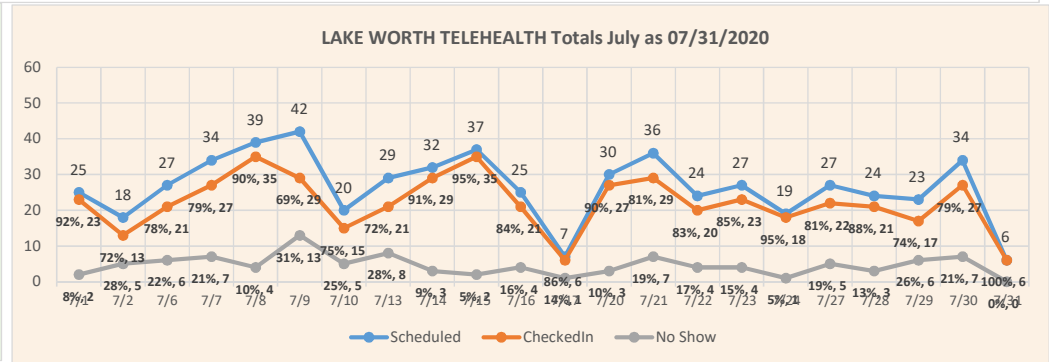
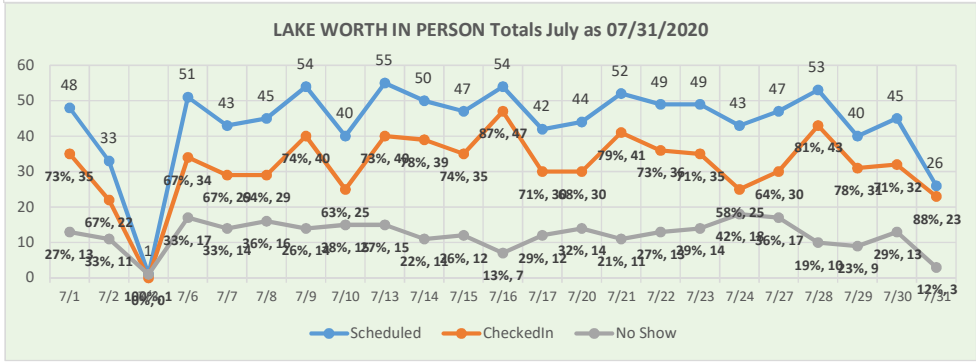
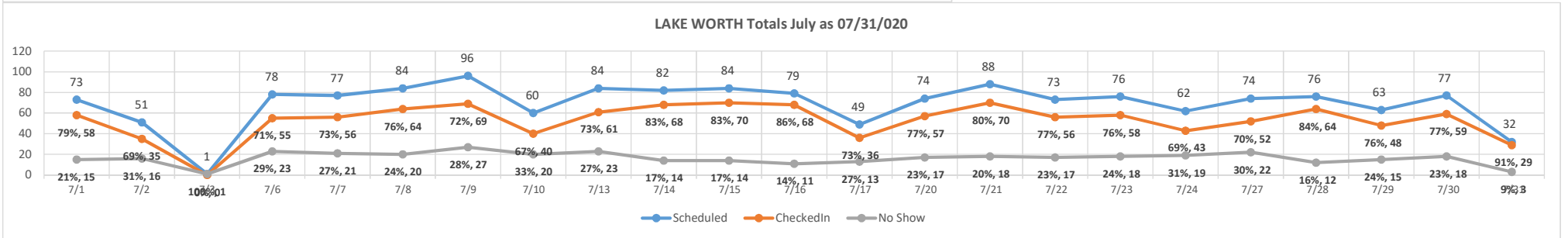
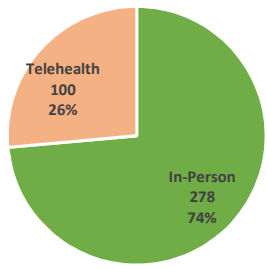
LAKE WORTH JULY as 07/31/2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alfonso_Puentes_Rami	58	73	52	21	90%	29%	239	193	163	30	68%	16%
Casanova_Jennifer	204	290	189	101	93%	35%	12	16	9	7	75%	44%
Ferwerda_Ana	122	153	108	45	89%	29%	4	3	0	4	0%	100%
Perez_Daniel	18	24	16	8	89%	33%						
JONES_KIARA	101	78	75	3	74%	4%	133	97	90	7	68%	7%
Philistin_Ketely	139	195	147	48	106%	25%	205	158	121	37	59%	23%
Pierre_Louis_Joanne	136	196	144	52	106%	27%	160	117	102	15	64%	13%
Grand Total	778	1009	731	278	94%	28%	753	584	485	100	64%	17%



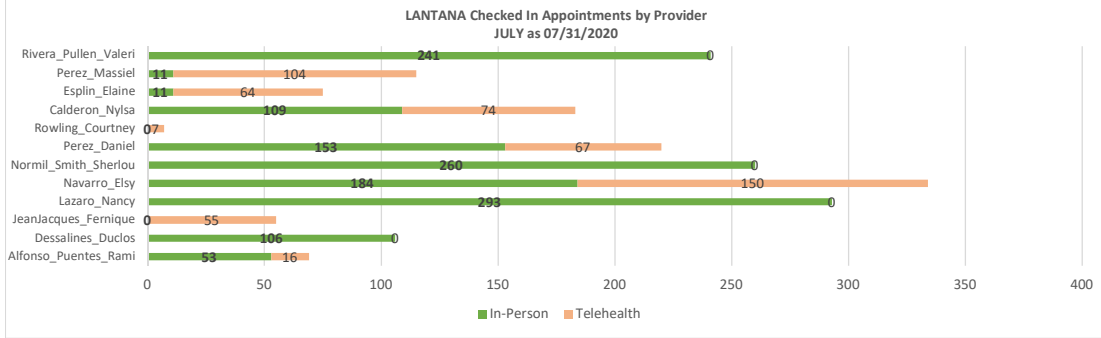
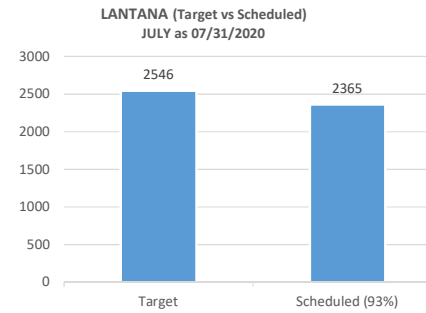
LAKE WORTH Total Checked-In



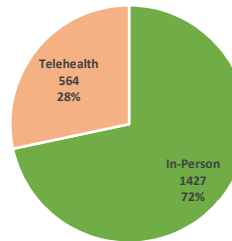
LAKE WORTH Total NO Show



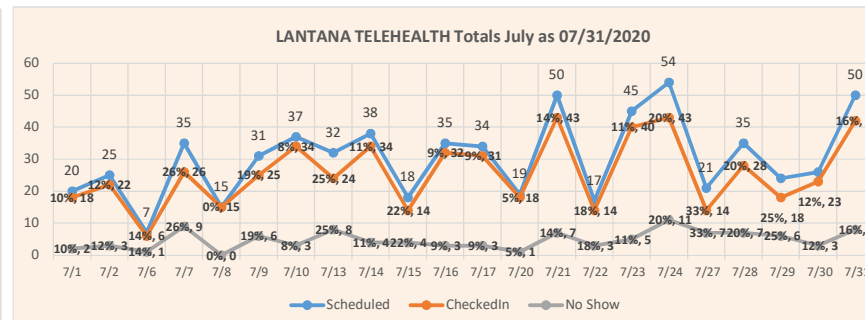
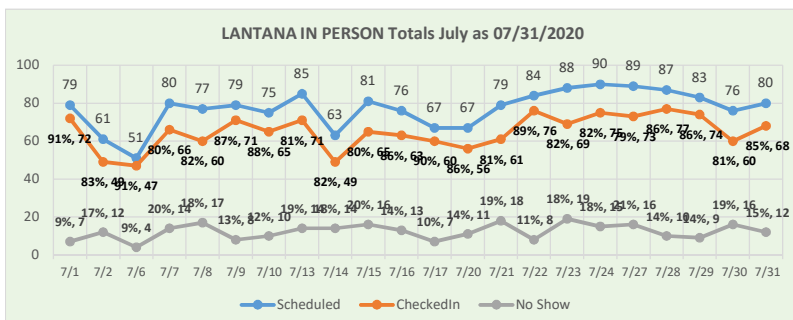
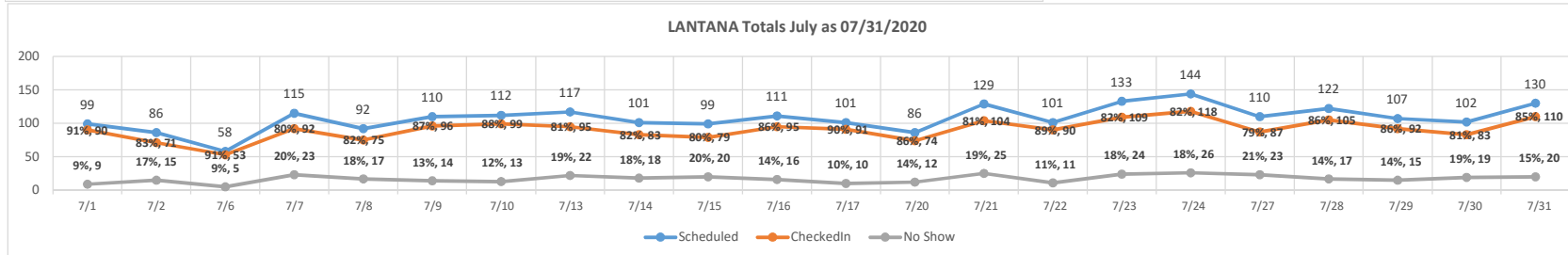
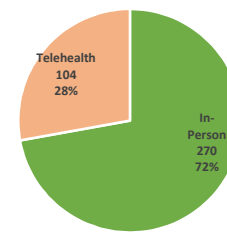
	<51%		>=51% and < 80%		>= 80% and <100%		>= 100%					
LANTANA JULY as 07/31/2020	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alfonso_Puentes_Rami	54	67	53	14	98%	21%	36	17	16	1	44%	6%
Dessalines_Duclos	160	137	106	31	66%	23%						
JeanJacques_Fernique	2	1		1		100%	165	63	55	8	33%	13%
Lazaro_Nancy	297	342	293	49	99%	14%						
Navarro_Elsy	159	229	184	45	116%	20%	185	166	150	16	81%	10%
Normil_Smith_Sherlou	297	318	260	58	88%	18%						
Perez_Daniel	151	207	153	54	101%	26%	92	76	67	9	73%	12%
Alvarez_Franco		2		2		100%						
Romain_Reynette	2	2	2		100%	0%	10	10	5	5	50%	50%
Rowling_Courtney							27	7	7		26%	0%
Calderon_Nylsa	154	116	109	7	71%	6%	104	80	74	6	71%	8%
Esplin_Elaine	32	13	11	2	34%	15%	167	78	64	14	38%	18%
Perez_Massiel	19	12	11	1	58%	8%	167	148	104	44	62%	30%
Rivera_Pullen_Valeri	222	243	241	2	109%	1%						
Silver_Dawn	6	7	4	3	67%	43%	30	17	16	1	53%	6%
BANNON_LORI		1		1		100%						
Bell_Emily							8	6	6		75%	0%
Grand Total	1555	1697	1427	270	92%	16%	991	668	564	104	57%	16%



LANTANA Total Checked-In



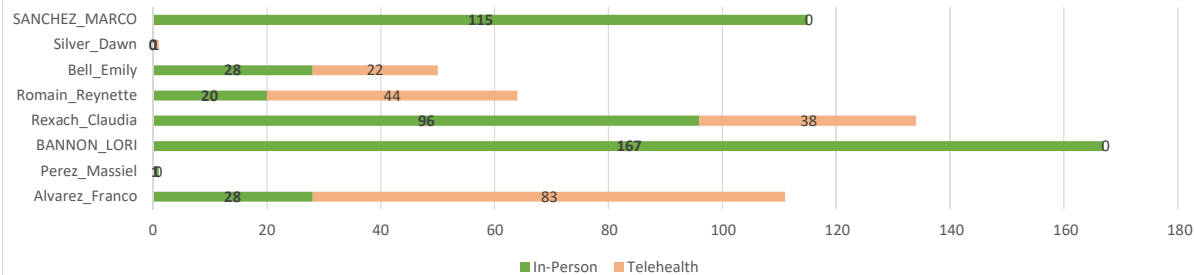
LANTANA Total NO Show



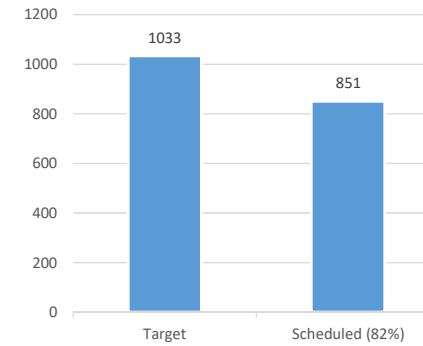
<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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LEWIS JULY as 07/31/2020	In-Person						Telehealth					
	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alvarez_Franco	76	38	28	10	37%	26%	158	95	83	12	53%	13%
Perez_Massiel		1	1									
BANNON_LORI	143	216	167	49	117%	23%	1	1		1		100%
Rexach_Claudia	142	105	96	9	68%	9%	103	57	38	19	37%	33%
Romain_Reynette	35	29	20	9	57%	31%	84	88	44	44	52%	50%
Bell_Emily	83	36	28	8	34%	22%	40	23	22	1	55%	4%
Silver_Dawn								1	1			
SANCHEZ_MARCO	168	161	115	46	68%	29%						
Grand Total	647	586	455	131	70%	22%	386	265	188	77	49%	29%

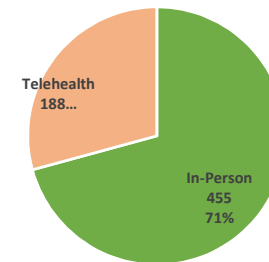
LEWIS Checked In Appointments by Provider
JULY 07/31/2020



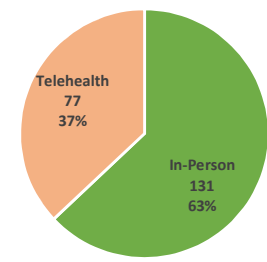
LEWIS (Target vs Scheduled)
JULY as 07/31/2020



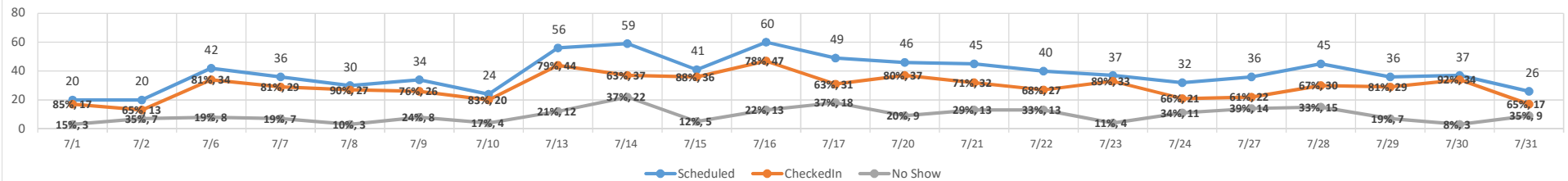
LEWIS Total Checked-In



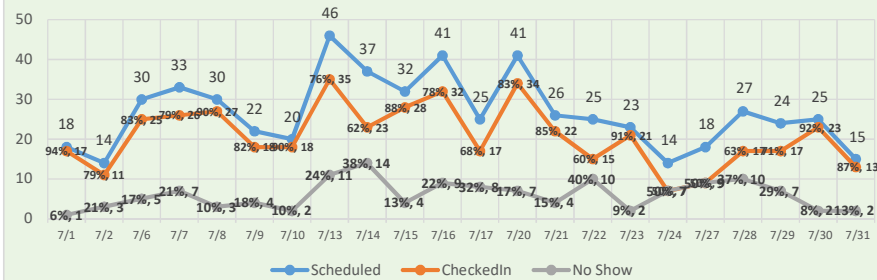
LEWIS Total NO Show



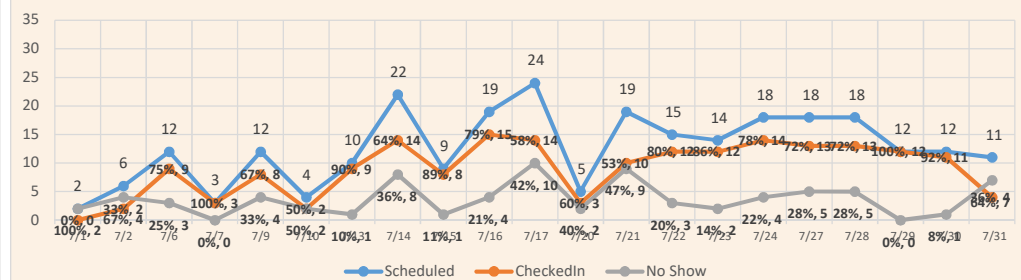
LEWIS Totals July 07/31/2020



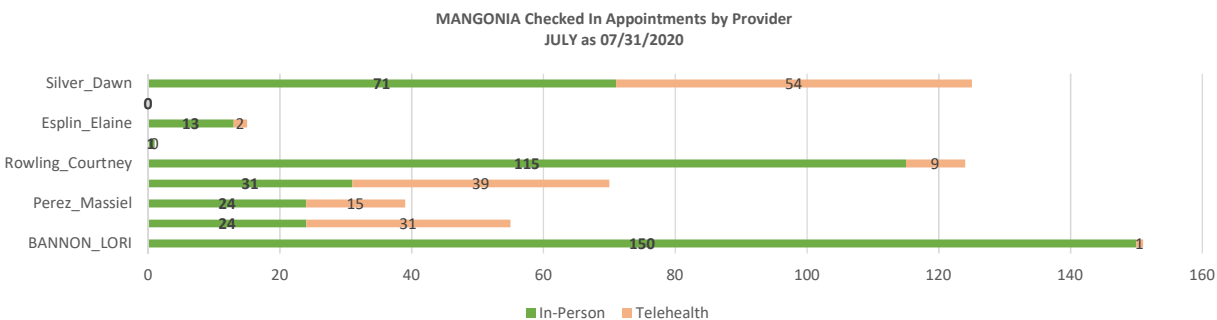
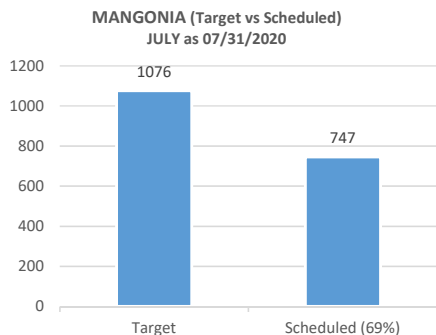
LEWIS IN PERSON Totals July 07/31/2020



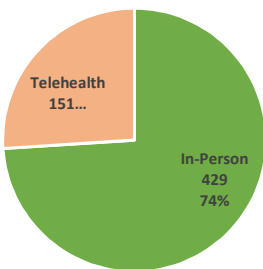
LEWIS TELEHEALTH Totals July 07/31/2020



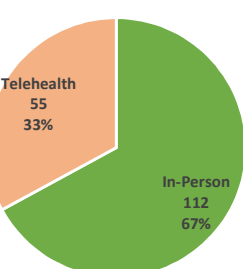
MANGONIA July as 07/31/ 2020	<51%						>=51% and < 80%						>= 80% and <100%						>= 100%					
	In-Person						Telehealth																	
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
BANNON_LORI	214	197	150	47	70%	24%	2	1	1		50%	0%												
Bell_Emily	59	28	24	4	41%	14%	114	36	31	5	27%	14%												
Perez_Massiel	31	27	24	3	77%	11%	17	18	15	3	88%	17%												
Romain_Reynette	40	36	31	5	78%	14%	63	73	39	34	62%	47%												
Rowling_Courtney	199	154	115	39	58%	25%	60	10	9	1	15%	10%												
Rexach_Claudia	1	1	1																					
Esplin_Elaine	20	13	13		65%	0%	3	2	2		67%	0%												
SANCHEZ_MARCO	15				0%	0%	4	1		1	0%	100%												
Silver_Dawn	120	85	71	14	59%	16%	114	65	54	11	47%	17%												
Grand Total	699	541	429	112	61%	21%	377	206	151	55	40%	27%												



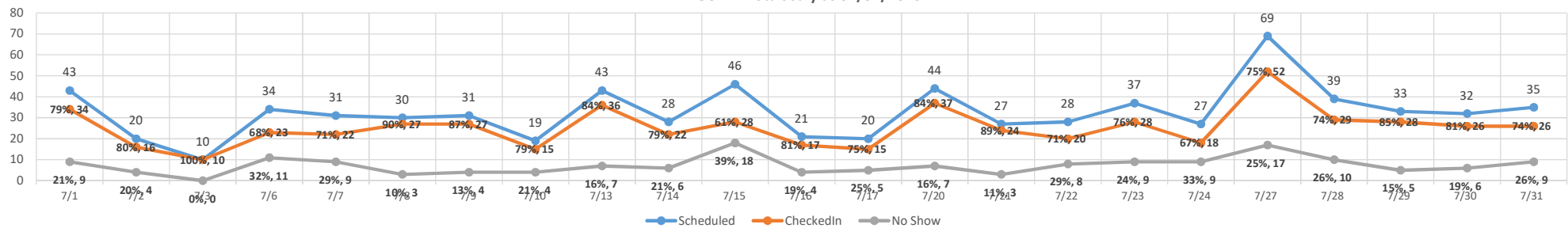
MANGONIA Total Checked-In



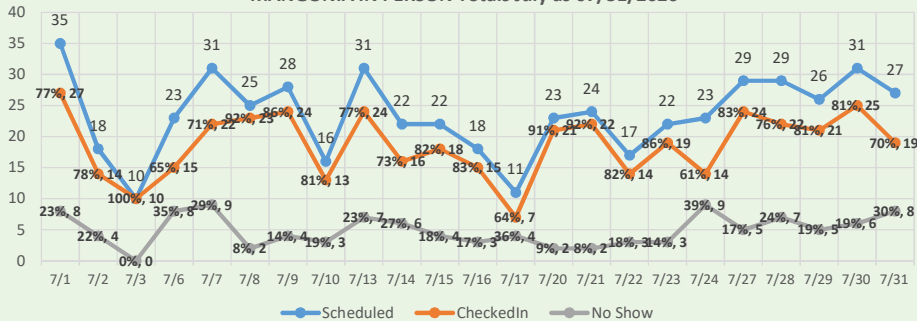
MANGONIA Total NO Show



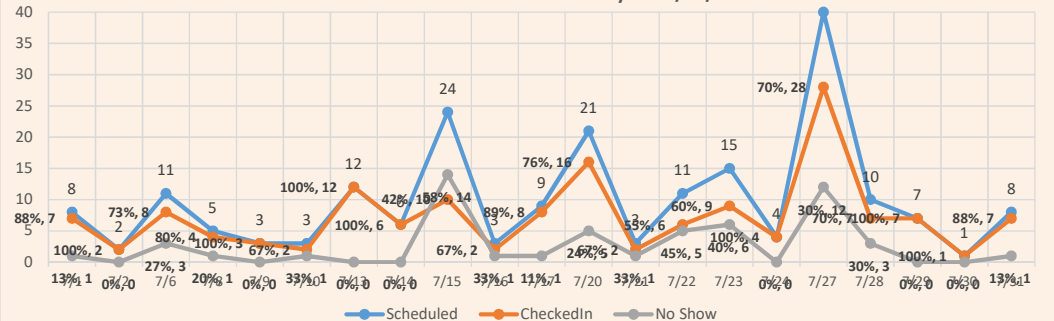
MANGONIA Totals July as 07/31/2020



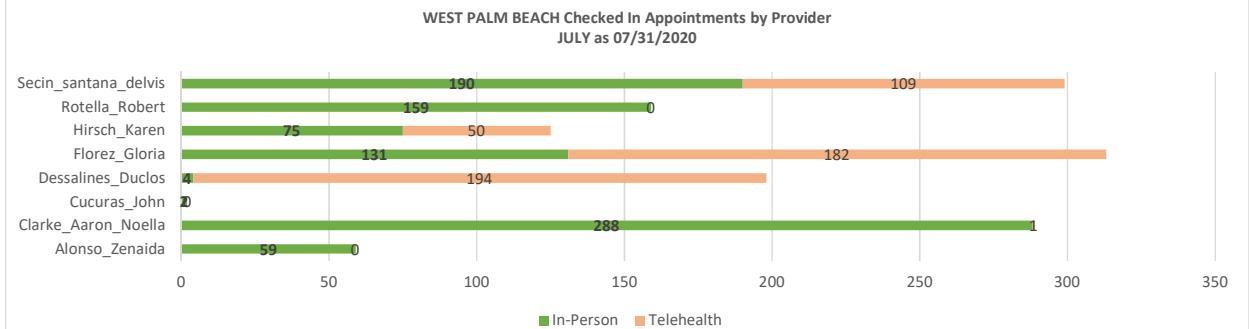
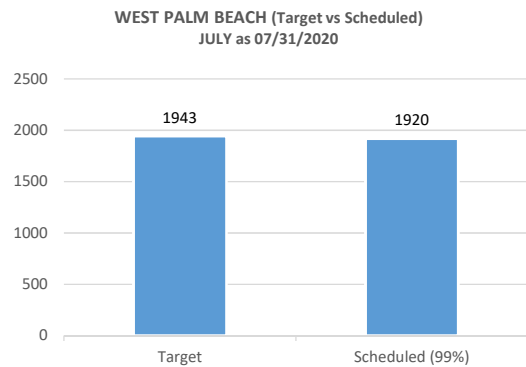
MANGONIA IN PERSON Totals July as 07/31/2020



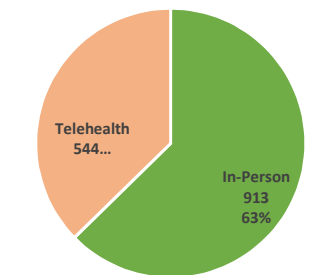
MANGONIA TELEHEALTH Totals July as 07/31/2020



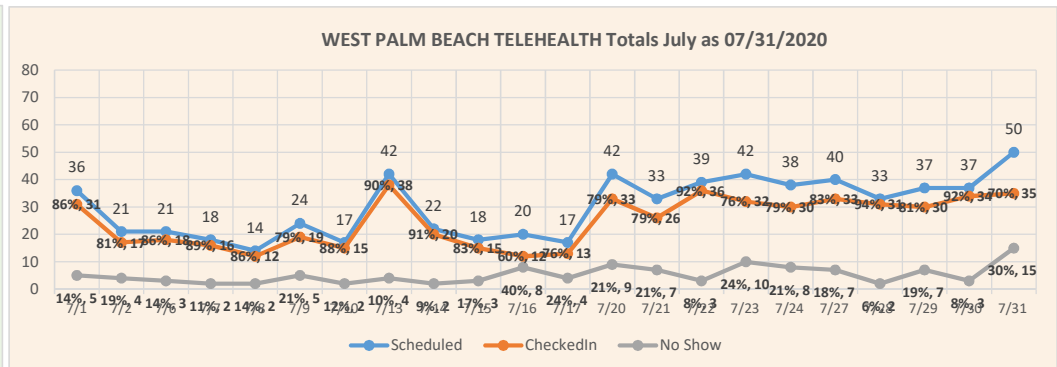
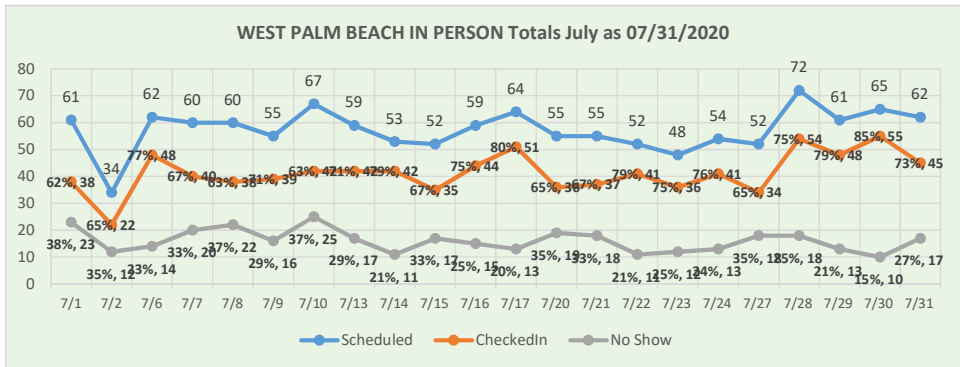
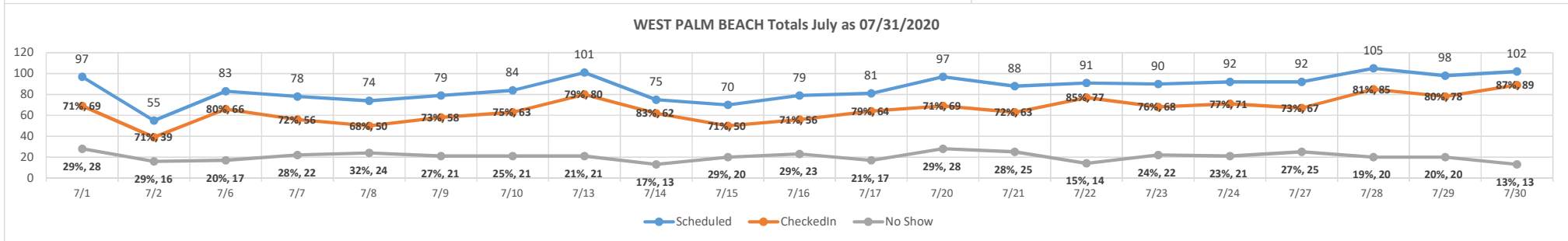
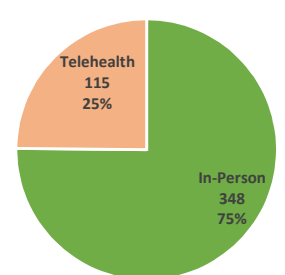
WEST PALM BEACH JULY as 07/31/2020	In-Person						Telehealth					
Provider / App Type	Target	Scheduled	CheckedIn	No show	% Target	% No Show	Target	Scheduled	CheckedIn	No Show	% Target	% No Show
Alonso_Zenaida	120	81	59	22	49%	27%						
Clarke_Aaron_Noella	386	384	288	96	75%	25%	1	1	1		100%	0%
Cucuras_John	10	2	2		20%							
Dessalines_Duclos	5	5	4	1	80%	20%	222	242	194	48	87%	20%
Florez_Gloria	152	193	131	62	86%	32%	235	218	182	36	77%	17%
Hirsch_Karen	112	79	75	4	67%	5%	74	50	50		68%	0%
Rotella_Robert	215	212	159	53	74%	25%						
Secin_santana_delvis	233	300	190	110	82%	37%	154	140	109	31	71%	22%
Rexach_Claudia	4	3	3		75%	0%	8	4	4		50%	0%
Perez_Massiel	2	2	2		100%	0%	10	4	4		40%	0%
Grand Total	1239	1261	913	348	74%	28%	704	659	544	115	77%	17%



WEST PALM BEACH Total Checked-In



WEST PALM BEACH Total NO Show



COVID-19 HCD Clinics All

3/16/2020 to 8/25/2020

3/16/2020 to 8/25/2020

Ballpark 34,918
Outreach 9,825
Delray 7,920
WPB 6,408
Belle Glade 5,825
Jupiter 5,176
Lantana 3,863

Tests **73,935**

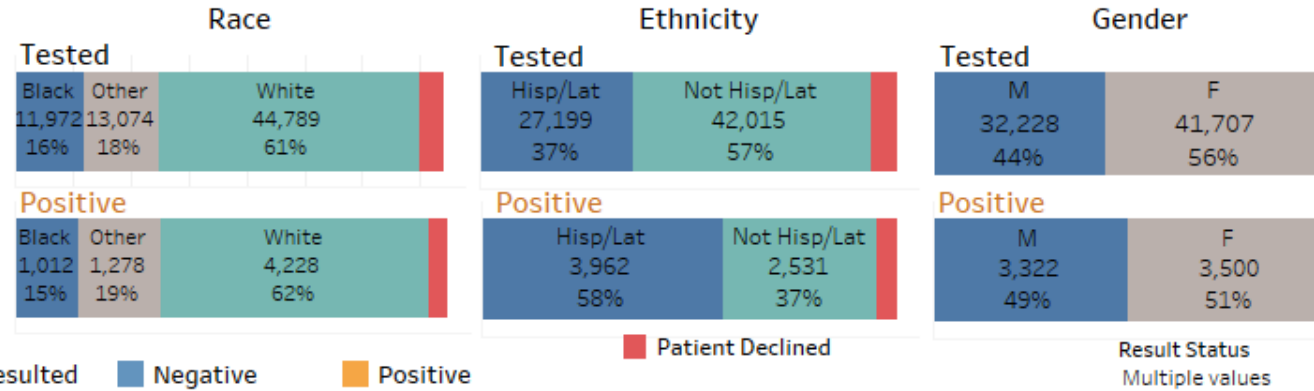
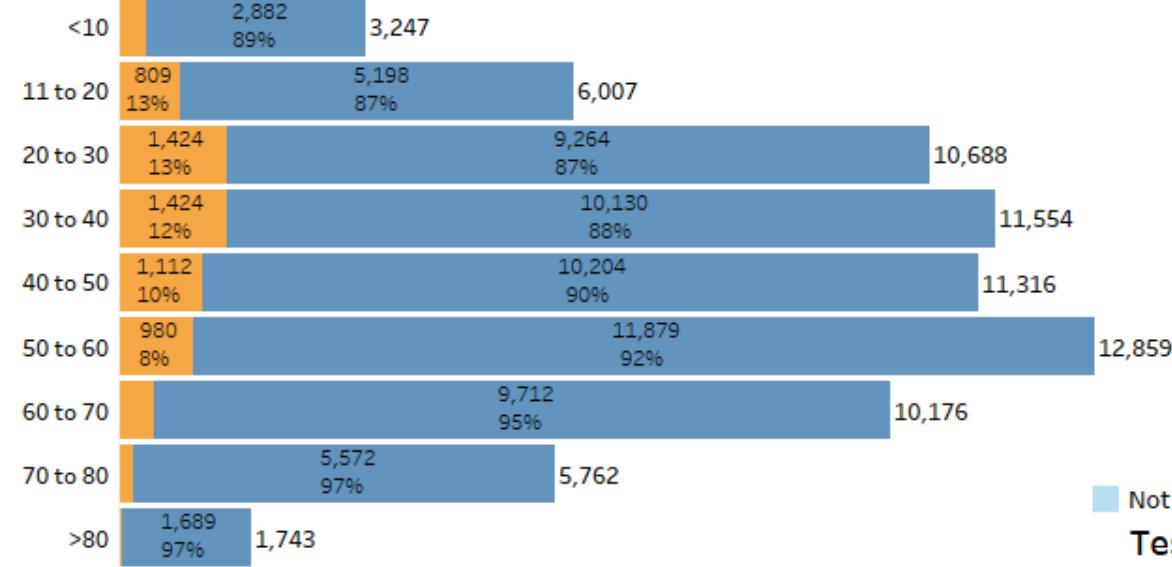
Results **73,352**

Not Resulted	Resulted	Negative	Positive
583	73,352	66,530	6,822
1%	99%	91%	9%

Age distribution for positive result

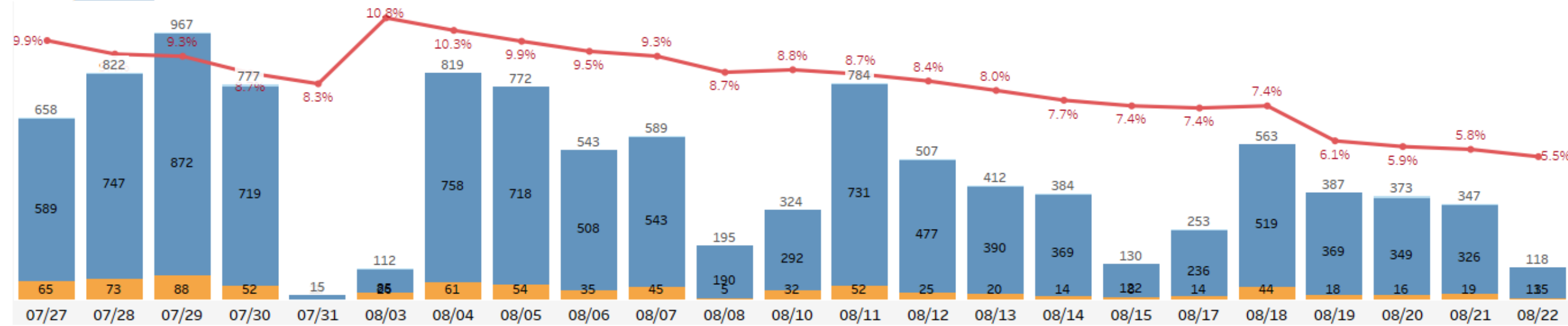


Rate of testing by age group



Tests performed in the last 30 days

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



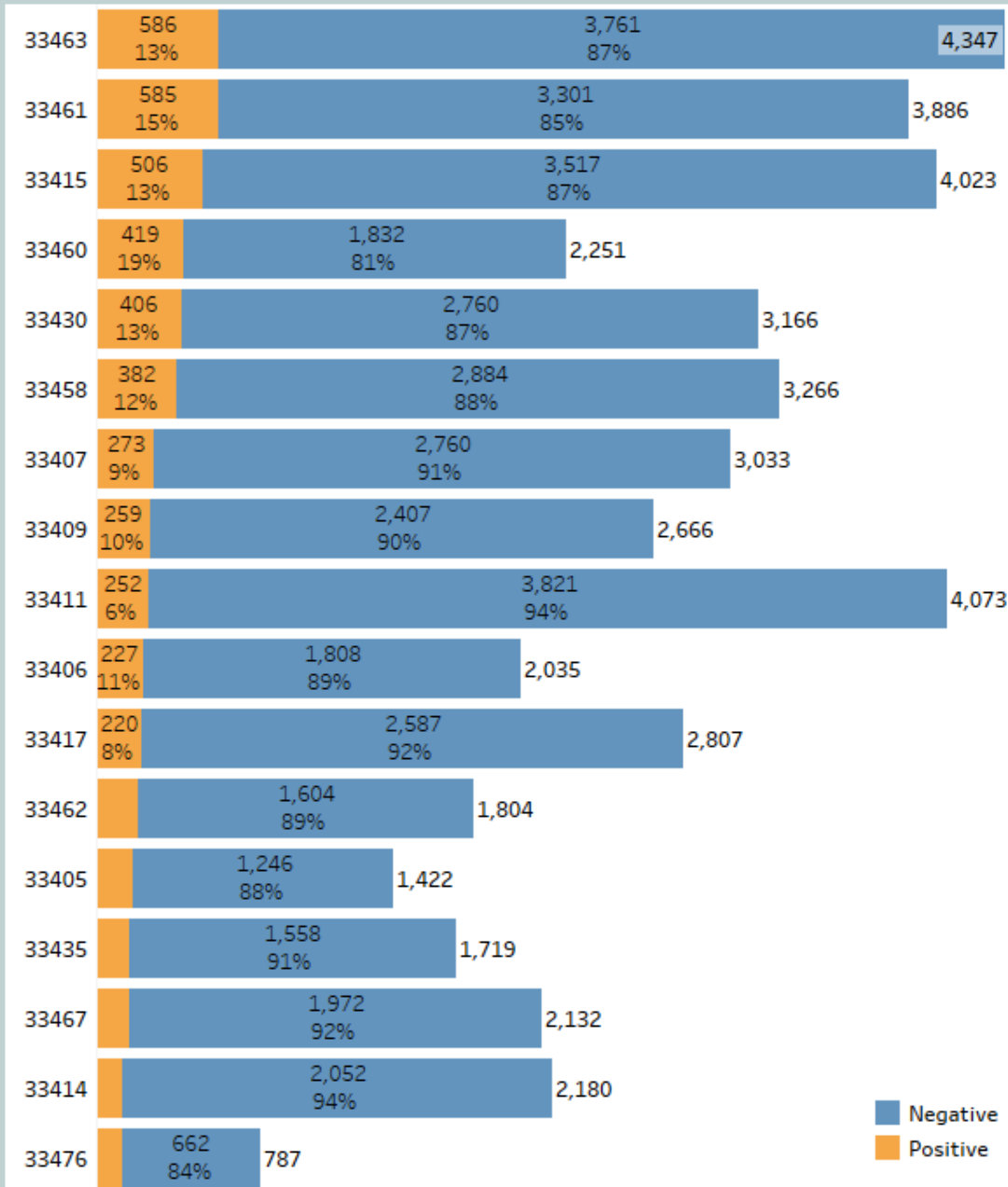
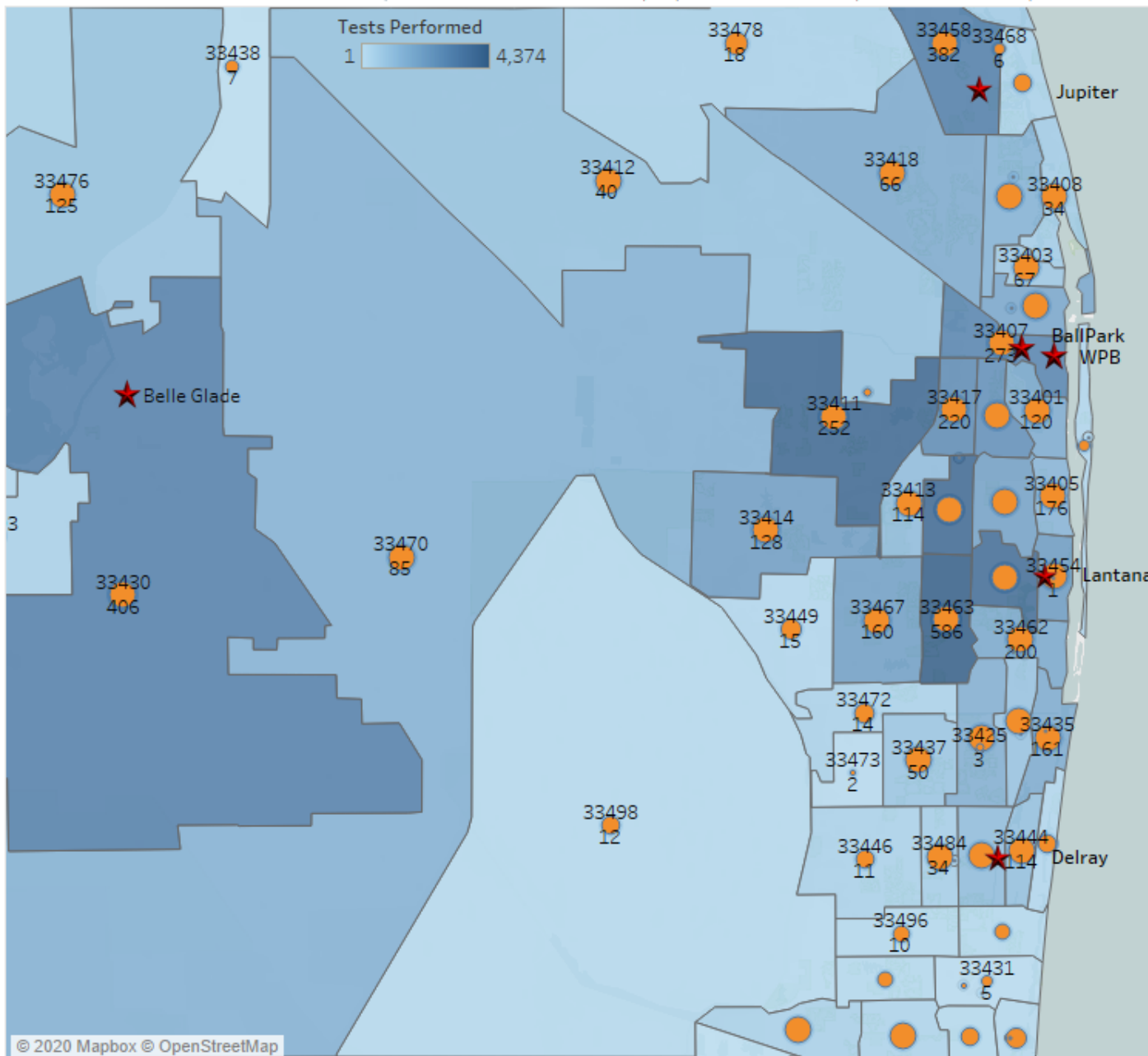


COVID-19 HCD All

73,935

Enctr Date ALL
3/16/2020 to 8/25/2020

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 Positive Results All

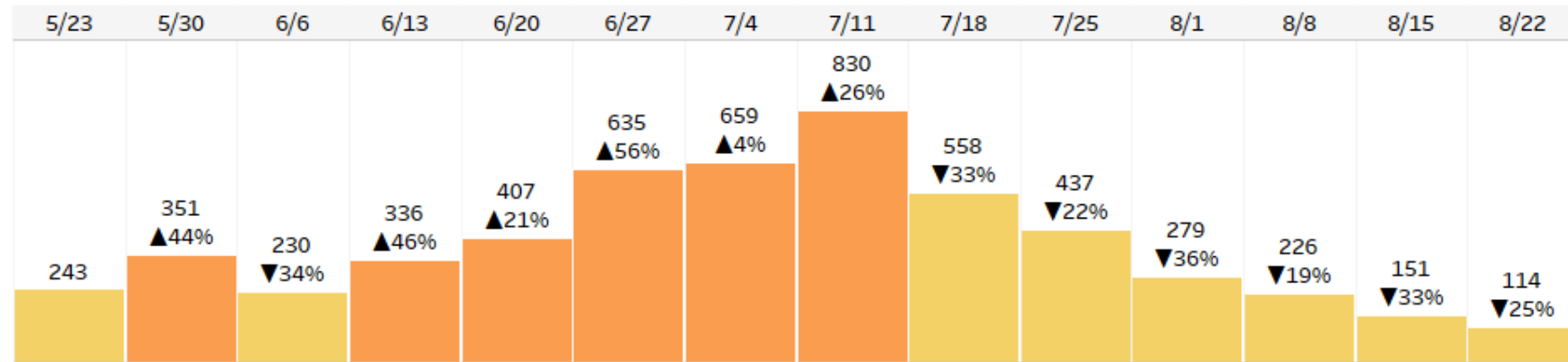
3/17/2020 to 8/22/2020

Total Positive Results	Unique Positive Patients	Unique Patients Retested
6,822	6,456	336

Retest Frequency

2 times	313 Patients
3 times	20 Patients
4 times	3 Patients
5 times	1 Patients

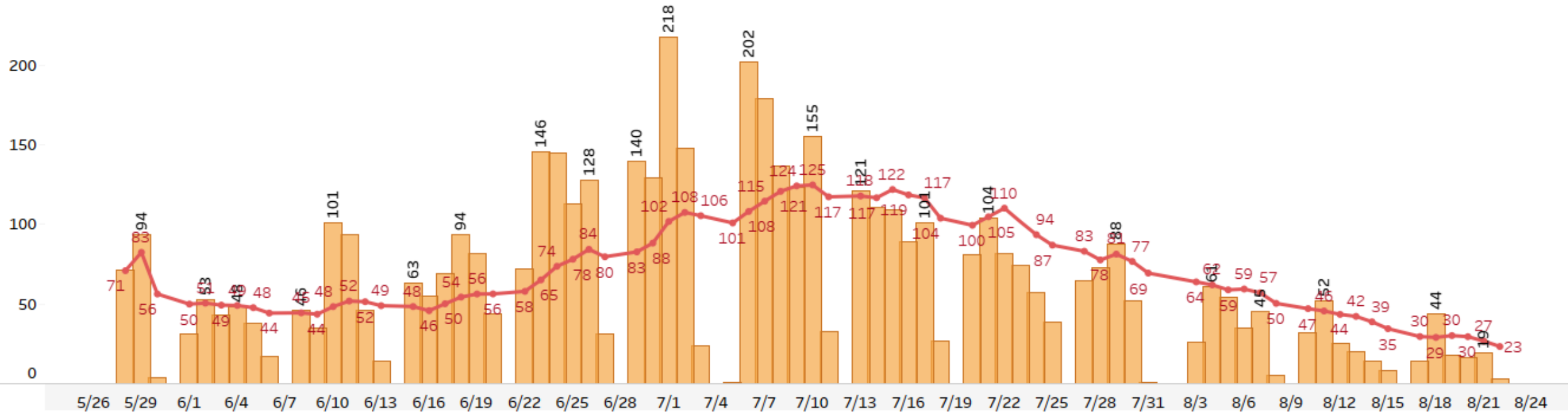
WEEKLY POSITIVE RESULTS FOR WEEK ENDING ON SATURDAYS



*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 All Testing Volume 3/16/2020 to 8/25/2020

3/16/2020 to 8/25/2020

Tests **73,935**

Not Resulted	Resulted
583	73,352
1%	99%

Results **73,352**

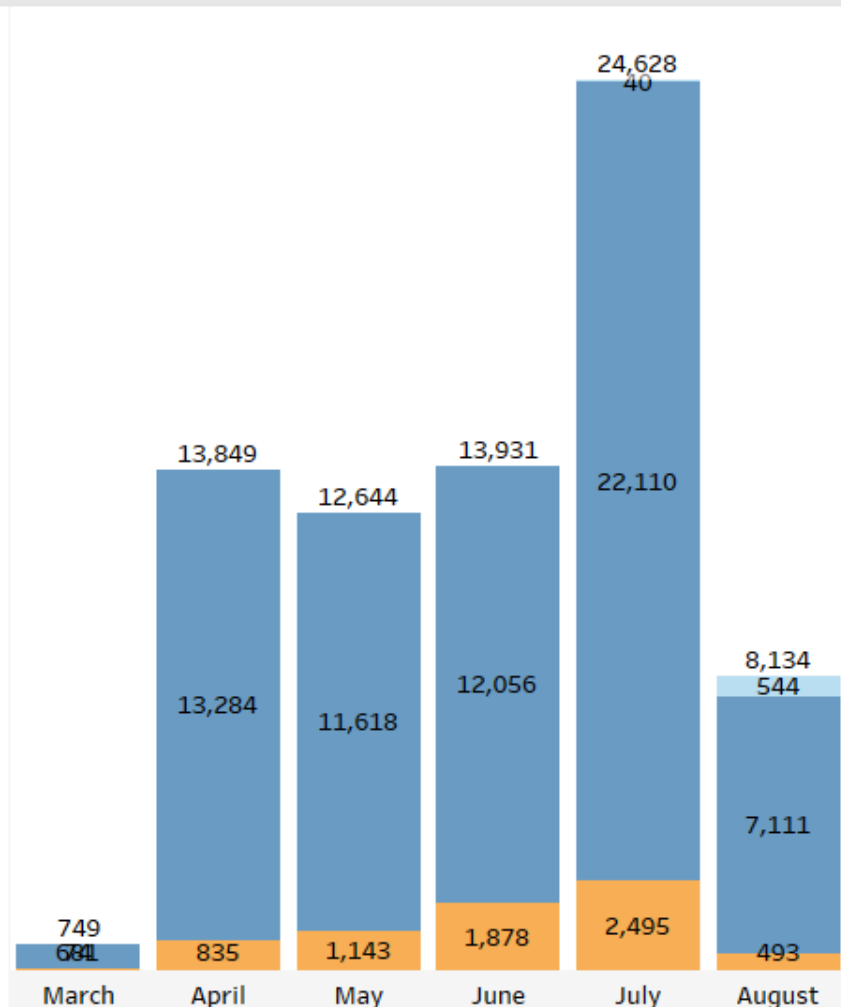
Negative	Positive
66,530	6,822
91%	9%

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

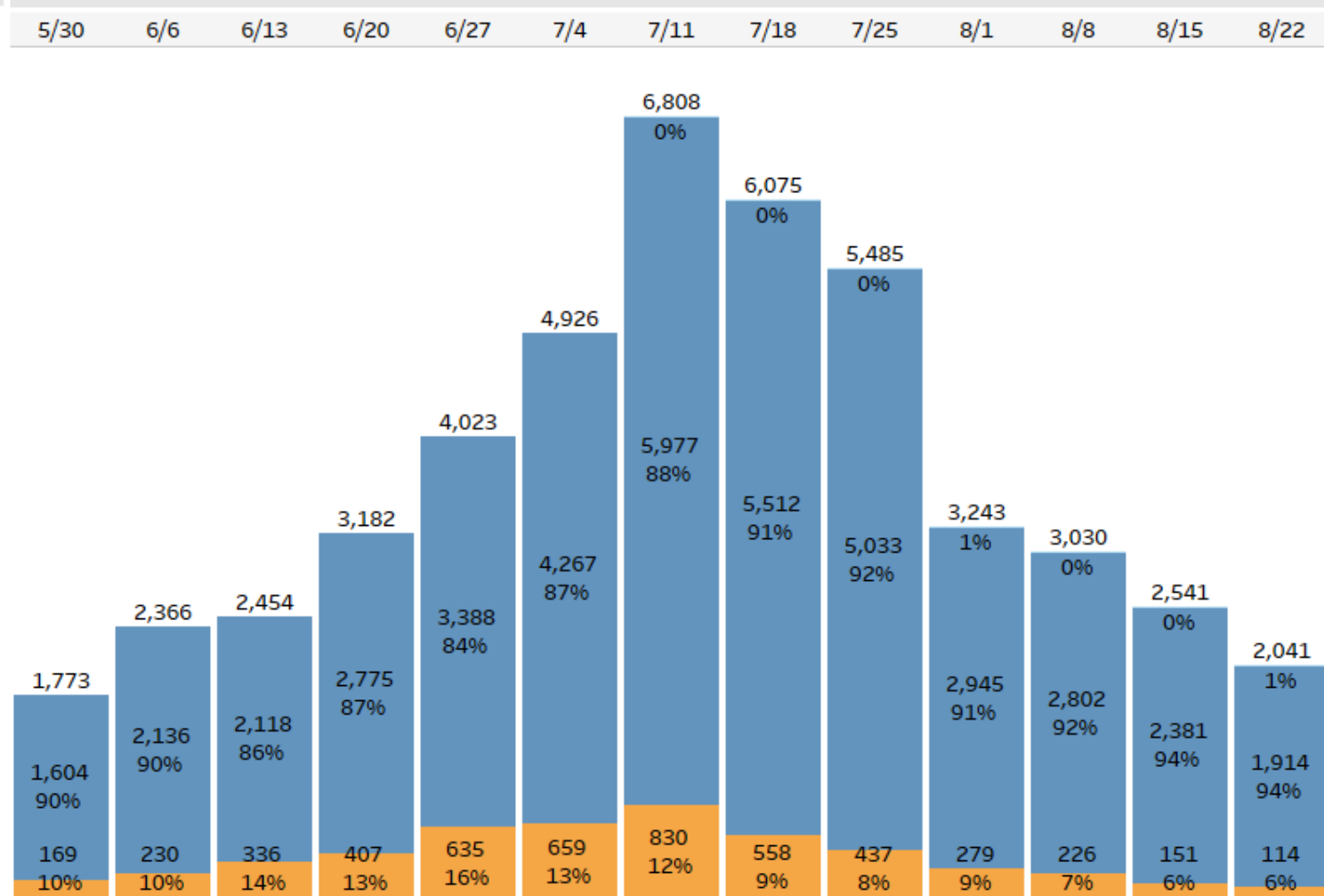
Ballpark	34,918
Outreach	9,825
Delray	7,920
WPB	6,408
Belle Glade	5,825
Jupiter	5,176
Lantana	3,863

Not Resulted Negative Positive

Monthly tests performed

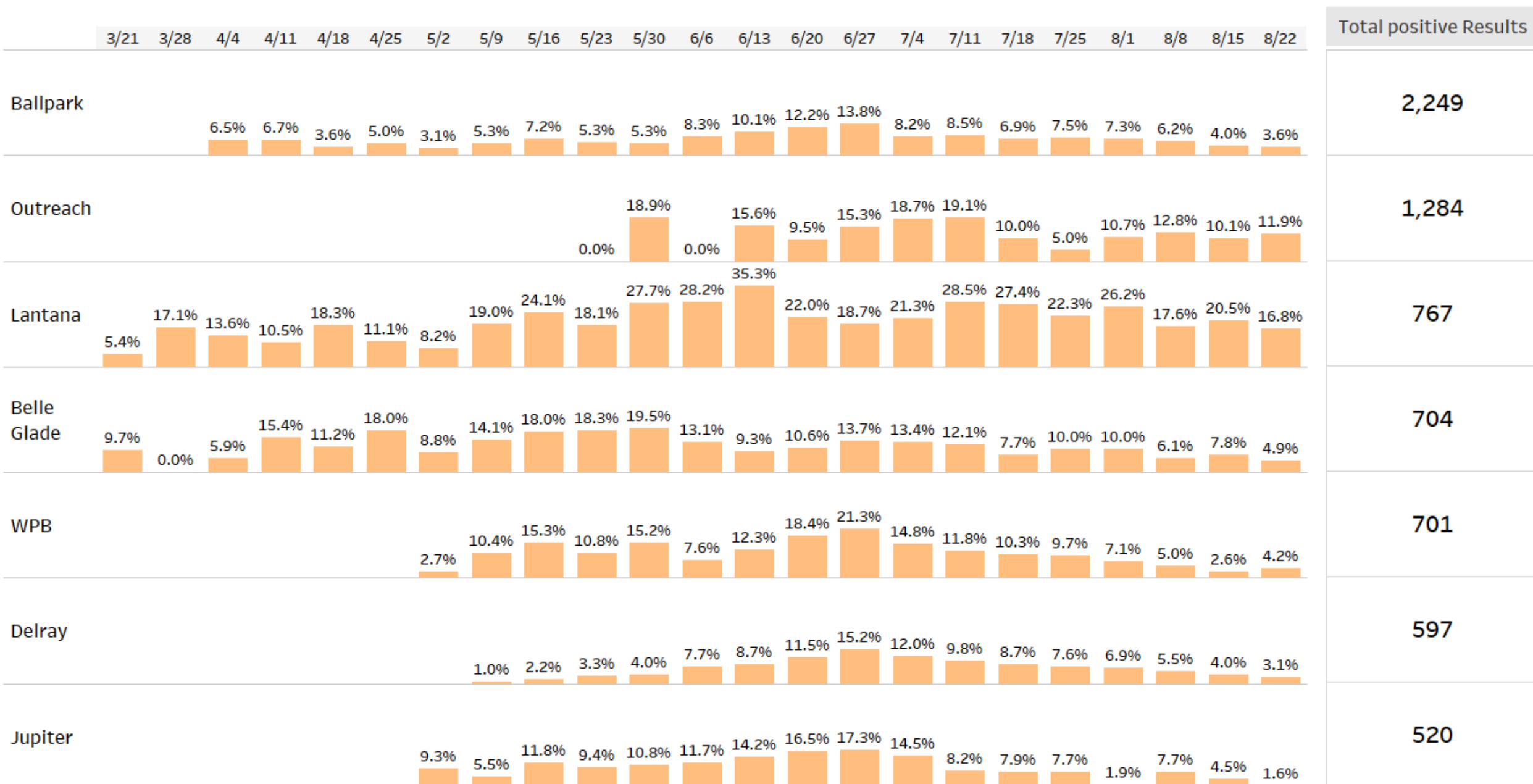


Weekly tests performed in the last 90 days



Weekly positive rate trend By testing site

3/17/2020 to 8/22/2020



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q2 - 2020

3. Substantive Analysis:

- See attached Quarterly Patient Relations Dashboard.

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 H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

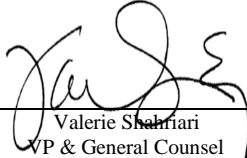
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q2 2020.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



David Speciale
Director of Patient Experience



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

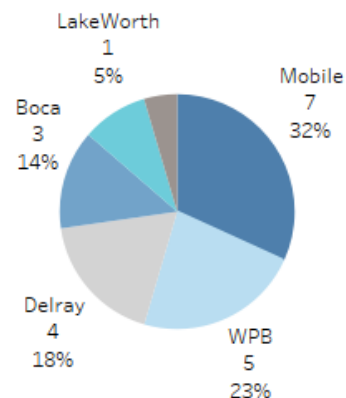
2020 Q2

04/01/2020 to 06/30/2020

Total Complaints and Grievances

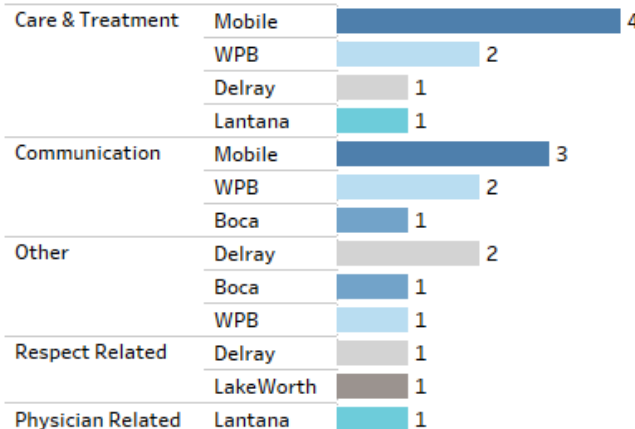
22

Clinics

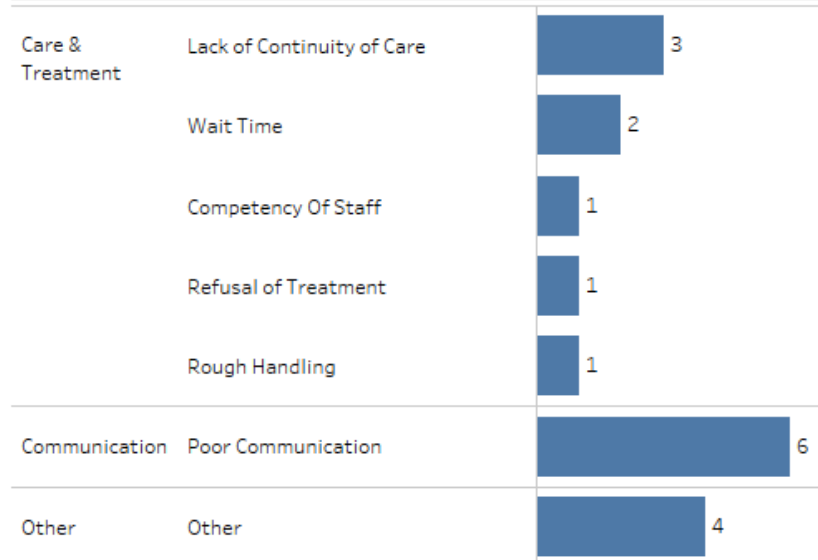


Clinic
Mobile
WPB
Delray
Boca
Lantana
LakeWorth

Top 5 Categories

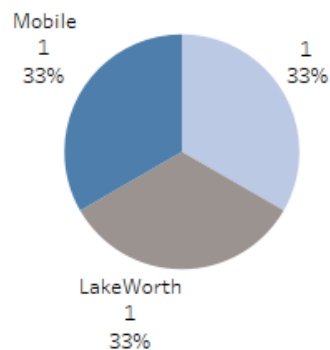


Total Top 5 Subcategories



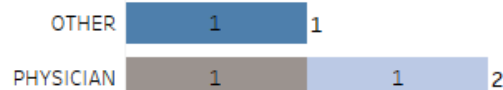
Total Compliments

3



Clinic
Null
LakeWorth
Mobile

Care and treatment Categories

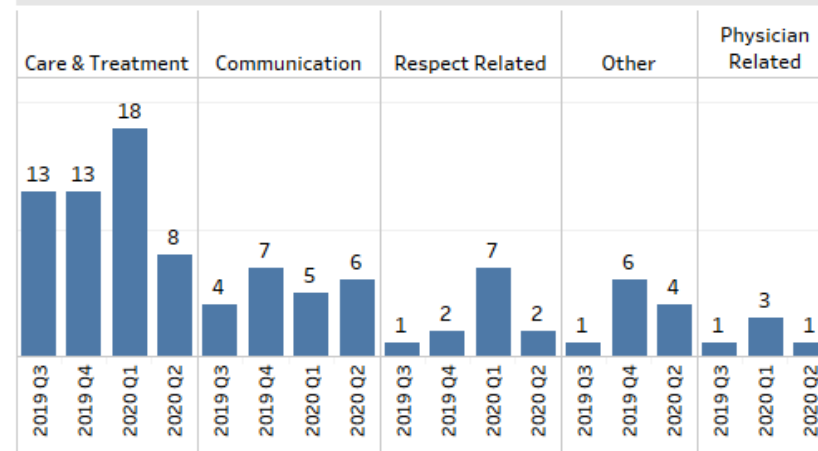


Complaints/Grievances Previous 4 Quarters

109

Top 5 Categories trended

07/01/2019 to 06/30/2020



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 2020

1. Description: Quality Report

2. Summary:

This agenda item provides the following:

- Quality Council Minutes
- UDS Report – YTD July 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 July, 2020 there were 23 complaints and 8 grievances. The Top 5 categories were Other, Care & Treatment, Communication, and Physician Related. Several complaints or grievances were entered by the Care Coordination nurses. The highest number of complaints and grievances came from Boca the location (10).

QUALITY ASSURANCE & IMPROVEMENT

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.

Interventions have been initiated for the Uncontrolled Diabetes, Childhood and Ischemic Vascular Disease measures. The addition of point of care diabetes testing has improved the diabetes measure by approximately 7%. 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.

UTILIZATION OF HEALTH CENTER SERVICES

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.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 26, 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

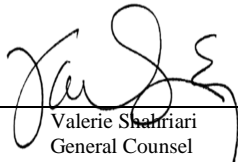
Committee Name

Date Approved

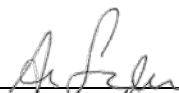
6. Recommendation:

Staff recommends the Board Approve the YTD UDS.


Approved for Legal sufficiency:



Valerie Shanriari
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: August 14, 2020

Time: 1:00pm – 3:00pm

Attendees: Dr. Ana Ferwerda –Medical Director; Jonathan Dominique – Executive Assistant; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dr. Charmaine Chibar – Director of Pediatrics; Dr. Courtney Phillips - Director of Behavioral Health; Belma Andric – Chief Medical Officer/Executive Director; Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras - Dental Director

Excused: David Speciale – Patient Experience Director; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management;

Minutes by: Jonathan Dominique

<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>Outreach Testing data at the Ballpark using our Mobile Clinic, named Warrior, through July 2020 shows 32,095 tests performed. Rate of positives at Ballpark remains steady at 7%.</p> <p>For Outreach using our second Mobile Clinic called Scout, we have tested 8,635 patients for COVID-19. Rate of positive for Outreach remains high at 13%. Rate of positives among patients that identify as Hispanic/Latino is 68%.</p> <p>Of the patients that have tested positive through July, 243 identified as agricultural workers (97 migrant, 80 seasonal) and 238 identified as homeless.</p> <p>We have conducted over 70,000 tests. Both Quest (4 days) and GENETWORx (3 days) have improved their turnaround times. Dr. Andric requested that Marisol provide the county with the testing data presented.</p>	Marisol will share the testing turnaround time data with the County.	Marisol	9/11/20

CLINIC SERVICE CENTER	<p>Clinic Service Center Stats last 30 days dashboard through August 2nd, 2020 shows a large increase in calls at the beginning of the month with a staggering number of calls after the 4th of July holiday at over 22,000 calls in one day and a total of 114,000 calls over the course of 30 days. By the end of the month, that number returned to normal around 1,500-2,500 calls a day.</p> <p>Dr. Ferwerda asked around when the ten new CSC hires started. Dr. Fritsch answered that we have not completed the hiring process and we have some of that staff at the testing sites. Though the idea to hire additional CSC staff is one we believe will improve things, the inability to hire and activate these staff members has not yet provided the expected outcome. Of the ten new hires, three have previous registration experience. Dr. Fritsch believes that they will be able to hit the ground running and have a great impact when they come in.</p>	Work with Monica to develop Clinic Service Center dashboards.	David	9/11/20
	<p>The number of calls are going down, and testing has gone down. With our improved turnaround times, Dr. Fritsch believes that we should have communications put out a press release informing the public on the improvements made.</p>	Dr. Fritsch will reach out to Robin Kish in communications to put out a press release addressing improvements made.	Dr. Fritsch / Robin Kish	9/11/20
	<p>Dr. Ferwerda asked if we had reports showing call wait times, calls dropped, etc. Dr. Fritsch stated that the team is working on building those reports. Dr. Andric asked what kind of data we could pull from cisco in order to build various reports.</p>	<p>David to speak to Dionic about pulling data from Cisco in order to generate reports addressing:</p> <ul style="list-style-type: none"> • Number of representatives answering daily • Amount of time to answer calls • Number of calls to each call tree option 	Cindy / David / Monica / Dionic	

<p>SURVEY RESULTS</p>	<p>Dr. Andric suggested that the team use tableau as their preferred analytics tool and source of recommendations.</p> <p>Dr. Andric also recommended that we also analyze whether or not the nurse mailboxes truly serve their purpose.</p> <p>Dr. Fritsch believes that the new Call tree will help fix many of the issues we currently have in the CSC.</p> <p><u>Patient Satisfaction Survey</u> New questions were added to our patient survey for Jupiter and Boca. For July, 343 surveys completed via iPad or survey link sent via Phreesia text message:</p> <p>English: 293 Spanish: 30 Creole: 20</p> <p>Service Delivery Method: English-speaking In person: 206 Telephone: 1 Spanish-speaking En persona: 53 Teléfono: 1 Creole-speaking An peson: 11</p>	<ul style="list-style-type: none"> • Overall Call Volume • Dropped Calls • Transferred Calls • Call Duration (Shortest, Longest, Average) • Result from Call <p>Nurse Mailbox Report from Outlook needed.</p> <table border="1"> <thead> <tr> <th>YTD</th><th>English</th><th>Spanish</th><th>Creole</th><th>Total</th></tr> </thead> <tbody> <tr> <td>BelleGlade</td><td>42</td><td>18</td><td>20</td><td>80</td></tr> <tr> <td>Boca</td><td>135</td><td>3</td><td>2</td><td>140</td></tr> <tr> <td>Delray</td><td>135</td><td>8</td><td>30</td><td>173</td></tr> <tr> <td>Jupiter</td><td>124</td><td>13</td><td>1</td><td>138</td></tr> <tr> <td>Lake Worth</td><td>82</td><td>111</td><td>11</td><td>204</td></tr> <tr> <td>Lantana</td><td>119</td><td>95</td><td>15</td><td>229</td></tr> <tr> <td>Lewis Center</td><td>75</td><td></td><td></td><td>75</td></tr> <tr> <td>Mangonia Park</td><td>49</td><td></td><td></td><td>49</td></tr> <tr> <td>Mobile</td><td>9</td><td></td><td></td><td>9</td></tr> <tr> <td>West Palm</td><td>270</td><td>84</td><td>7</td><td>361</td></tr> <tr> <td>GRAND TOTAL</td><td>1040</td><td>332</td><td>86</td><td>1458</td></tr> </tbody> </table>	YTD	English	Spanish	Creole	Total	BelleGlade	42	18	20	80	Boca	135	3	2	140	Delray	135	8	30	173	Jupiter	124	13	1	138	Lake Worth	82	111	11	204	Lantana	119	95	15	229	Lewis Center	75			75	Mangonia Park	49			49	Mobile	9			9	West Palm	270	84	7	361	GRAND TOTAL	1040	332	86	1458	<p>Lisa / Angela / Monica / Andrea</p>	
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	<p>From this data, we have gathered that patients are not completing the Patient satisfaction surveys when they have telehealth visits. Andrea sees this as an area of opportunity to use Phreesia to send a link to patients right after their visits. Mangonia has had much success in doing this.</p> <p>The vast majority of English speaking patients prefer Monday appointments, specifically mornings. Spanish speaking patients prefer Wednesday mornings. Creole speaking patients prefer Thursdays, but did not specify a time. (Patient Satisfaction Survey Completion report with graph presented.)</p> <p>PDCAs created and put in place for areas of concern and patient complaints: Access</p> <p>1. <u>Cycle Time</u></p> <ul style="list-style-type: none"> • Total Cycle time slightly increased for July in comparison to Q2 totals but significantly trending downward from Q1. The increase of cycle time was attributed to an increase in the average total WAITING time. • Increase of average patient cycle time occurred mostly during the “Wait Time for Exam” and the “Exam” in the Behavioral Health and Substance Abuse programs. (Report with graphs presented.) <p>Dr. Ferwerda asked if it is possible to compare patient cycle time prior to starting chart prep and post starting chart prep for <u>in-person</u> visits. As she is not sure that, there is a benefit to chart prepping</p>	<p>David will speak to the clinic coordinators about making a concerted effort to push the surveys especially to our Creole and Spanish speaking patients.</p> <p>Ivonne will create the report to show the difference between cycle times when charts were prepped in telemedicine vs. in-person visits.</p>	<p>David</p> <p>Andrea / Ivonne</p>	<p>9/11/20</p> <p>9/11/20</p>
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GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p>for in person visits. Dr. Harberger did say that without citing any data that Chart prep was definitely a help for Tele visits, but he could not say for in-person visits.</p> <p>2. <u>Third Next Available</u> Monica and David have been working to vet the Tableau data. Data will soon also be available trended over time. (Report presented.)</p> <p>Patient schedules are a bit of a mess. We have many patients scheduled, but many do not show up. We have very high no-show rates and work has to be done on patient schedules. This leads to now-empty slots not being used.</p>	<p>Daily CSC Meeting and Chart prep meetings to be scheduled.</p>	Dr. Fritsch / Jonathan	9/11/20
	<p><u>Patient Relations Report</u> For July, 2020 there were 23 complaints and 8 grievances. The Top 5 categories were Other, Care & Treatment, Communication, and Physician Related. Several complaints or grievances were entered by the Care Coordination nurses.</p> <p>The highest number of complaints and grievances came from Boca the location (10).</p> <p>Complaints and grievances addressed in accordance to Clinic Policy and Procedures.</p> <p>There were also 6 compliments, 3 of which were Thumbs Up. Belle Glade had the most compliments.</p>	<p>Marisol (and Hyla) will address this situation and we will add it to the top of our daily clinic check in meeting.</p>	Marisol / Dr. Fritsch	
		<p>Train CCM nurses on categories and subcategories for entering complaints and grievances.</p>	David	9/11/20
		<p>Re-categorize complaint and grievances as appropriate.</p>	David	9/11/20

	(Master Patient Relations Report & Patient Relations Dashboard with Graphs presented.)			
QUALITY AUDITS				
BEHAVIORAL HEALTH	<p><u>Positive Outcomes</u> Dr. Ziemba, Karen Hirsch, Stephany Bonhometre, Valerie Pullen and Kiara Jones each completed 5 stories with positive outcomes for patients served in July.</p>			
DENTAL	<p><u>Dental Encounter Closed Rate</u> Number of days to close dental encounters appears to be increasing: April - 2 May - 1 June - 4</p> <p>For July there were no open notes. At the moment Dr. Alonso and Dr. Rotella are doing the emergent care.</p> <p><u>Dexis Imaging</u> Early in the year there were lost radiographs due to reasons such as misspelled names or names missing second first or last name. These were addressed during morning huddles. There were zero lost radiographs in July.</p> <p>A problem noticed was that if the panoramic machine is not on a surge protector, any flicker in electricity causes us to lose the x-ray as it goes from Dexis to Dentrrix.</p> <p><u>Dental Encounters</u> Unlocked dental chart notes for 2020 are as follows:</p>	<p>Dr. Cucuras and his team have put in tickets with IT to have all Dexis machines on Surge Protectors in order to help with missed X-rays.</p> <p>Q1 Peer Review summaries will be reported next month.</p>	<p>Dr. Cucuras</p> <p>Dr. Cucuras</p>	<p>9/11/20</p> <p>9/11/20</p>

<p>WOMEN'S HEALTH</p>	<p>January - 19 February and March identical - 11 April - 2 May - 1 June - 4 July 0</p> <p><u>Prenatal Age</u> Most patients are between 25-44 (69%), three patients age 20-24 (19%) and only two patients between 15-19 (12%). No pregnant moms less than 15 years or greater than 45 years old.</p> <p><u>Entry into Care</u> Six women entered into care in the first trimester, 8 in the second trimester and only one pregnant woman entered into care in the third trimester.</p> <p>One pregnancy has not yet recorded the initial provider visit was with. (Report with graph presented.)</p> <p>There was a surge of New OB Patients since the DOH has reduced in their OB services, but we have not had any new OB patients in the last three weeks.</p> <p>Age Distribution of Prenatal Patients:</p> <p><15: 0% 15-19: 12% 20-24: 19% 25-44: 69%</p>	<p>Elba to review patient and update grantee vs. non-grantee in EHR.</p> <p>Dr. Ferwerda and team to explore cause.</p>	<p>Elba</p> <p>Dr. Ferwerda</p>	<p>9/11/20</p> <p>9/11/20</p>
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MEDICAL	45+: 0%			
	<p><u>Deliveries & Birthweights</u> 35 deliveries recorded and closed so far this year (there are more charts that need to be closed). Highest number of deliveries in January at 9.</p> <p>No live births less than 1500 grams. Only three live births between 1500-2499 grams. 32 live births greater than 2500 grams. (Report with graph presented.)</p>	Elba to review any missing birth information since start of pandemic and enter.	Elba	9/11/20
	<p><u>Pap Consent Audit</u> Angela reviewed 10 pap's performed between end of July and early August for the correct consent on file. 9 out of the 10 performed had the correct pap consent on file.</p>			
	<p><u>Medical Encounter Close Rate</u> Encounter close lag rate average is 1.78. There are a few outliers in Behavioral Health and Pediatrics.</p> <p><u>Hemoglobin A1C/Point of Care Testing</u> 464 POC A1C tests performed in July. This is double the number performed in June. Currently at 55% controlled. Jupiter is the champion at 65% controlled.</p>	<p>Dr. Ferwerda to follow-up with residents and pediatrician on closing encounters within 48 hours.</p> <p>Dr. Ziemba to follow-up with BHCs on closing encounters within 48 hours.</p>	<p>Dr. Ferwerda</p> <p>Dr. Ziemba</p>	<p>9/11/20</p> <p>9/11/20</p>

NURSING	<p>Only 18% of poorly controlled diabetes have had a BHC visit this year. (Report with graph presented.)</p> <p>Dr. Andric suggested that we continue to monitor the Grey areas in the graphs and what the causes</p> <p><u>Closing the Referral Loop</u> 7,484 referrals created in month of July. A few providers are creating more referrals than average. (Tableau presented.)</p> <p><u>Cage-Aid</u> 98% of Cage-Aid’s are negative. There were a total of 50 positive Cage-Aid’s in July. The majority of positives were found in Lantana Clinic. Every positive Cage-Aid should result in an SBIRT – see SBIRT data below. (Report with graph presented.)</p> <p><u>SBIRT</u> 22 SBIRTs in July. This is less than half of the number of positive Cage-Aid’s. Delray is the champion for SBIRT. Since Lantana has the most positive Cage-Aid’s, we should work with Delray to find out what they are doing differently. (Report with graph presented.)</p> <p><u>PHQ9</u></p>	<p>Work with BHCs to see uncontrolled diabetics and have them use motivational interviewing.</p> <p>Develop Graphs showing percentage of Diabetics and controlled Diabetics in Every individual clinic comparing clinics side-by-side.</p> <p>Follow-up with providers on number of referrals per visit.</p> <table> <tr> <th>Total Score</th> <th># Patients</th> <th>%</th> </tr> <tr> <td>UnScored</td> <td>23</td> <td>0.55%</td> </tr> <tr> <td>Score = 0</td> <td>4,123</td> <td>98.26%</td> </tr> <tr> <td>Score = 1</td> <td>11</td> <td>0.26%</td> </tr> <tr> <td>Score = 2</td> <td>11</td> <td>0.26%</td> </tr> <tr> <td>Score = 3</td> <td>11</td> <td>0.26%</td> </tr> <tr> <td>Score = 4</td> <td>17</td> <td>0.41%</td> </tr> </table> <p>Dr. Ferwerda will follow up with providers to remind them of the required SBIRT for Positive Cage-Aids</p> <p>Dr. Ferwerda to follow-up with providers on SBIRT documentation requirements.</p>	Total Score	# Patients	%	UnScored	23	0.55%	Score = 0	4,123	98.26%	Score = 1	11	0.26%	Score = 2	11	0.26%	Score = 3	11	0.26%	Score = 4	17	0.41%	<p>Dr. Phillips/ Dr. Ziemba</p> <p>Dr. Ferwerda / Andrea / Ivonne</p> <p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p>	<p>9/11/20</p> <p>9/11/20</p> <p>9/11/20</p> <p>9/11/20</p> <p>9/11/20</p> <p>9/11/20</p>
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Score = 3	11	0.26%																							
Score = 4	17	0.41%																							

4,603 PH2/9s performed in July. Of those, there were 448 positives: <div><div>Mild109</div><div>Moderate151</div><div>Moderately Severe118</div><div>Severe70</div></div> Most positive PHQ2/9s in Lantana. (Report with graph presented.) PRAPARE 12,636 Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences performed since last year. Of those, there were 1,593 identified as having social needs that need to be addressed. Highest concerns by patients are around food security, losing housing or not having housing at 8% each. 2% of patients are afraid of an ex-partner. Most patients that have completed the PRAPARE are 50 or older (6,972 or 55%). (Tableau presented.) Chart Prep Chart prep has been steady between 50-60% completed each day. Monday’s are the most challenging days to prepare in advance. Fridays typically have the highest percent of chart prep.	PHQ-9 July 2020		Positive Encounters Score >=5	
	Location	# Encounters	# Encounters	%
	Belle Glade/ BH	2	0	0.00%
	Belle Glade	350	21	6.00%
	Boca	628	51	8.12%
	Delray Beach	994	60	6.04%
	Jupiter	391	29	7.42%
	Lake Worth / BH	15	12	80.00%
	Lake Worth	710	49	6.90%
	Lantana / BH	52	10	19.23%
	Lantana	706	82	11.61%
	Lewis Center	48	18	37.50%
	Lewis Center/BH	8	3	37.50%
	Mangonia Park/BH	30	19	63.33%
	Mangonia Park	54	45	83.33%
	County Warrior	28	0	0.00%
	West Palm Beach / BH	2	2	100.00%
	West Palm Beach	585	47	8.03%

PEER REVIEW	<u>FIT Test</u> FIT tests since the pandemic have been a bit of a challenge. We have been trying to have patients poop on demand sometimes successfully sometimes not. Providers are dropping orders via Telehealth, however having the patients actually come in and pick up the FIT tests is also hit or miss. Pharmacy will start mailing the FIT tests. Will report next month.	Dr. Fritsch will schedule a meeting to discuss the logistics of Mailing the FIT tests and BP Cuffs.	Dr. Fritsch	9/11/20
		Dr. Ferwerda to create order sets for Deliverable FIT Tests / Blood pressure cuffs.	Dr. Ferwerda	9/11/20
		Lisa to develop SOP for how MAs will follow up on FIT Tests with Pharmacy.	Lisa	9/11/20
QUALITY METRICS				
<u>UDS July 2020</u> Of the 16 UDS Measures: 7 Exceeded the HRSA Goal and 9 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)				
Medical UDS Report	Childhood immunization: (58%/ 60%) Many patients have historical vaccines that have not been entered into the medical record	Providers were re-educated on appropriate documentation. Medical assistants are being trained to document historical vaccines during "chart-prep".		
	Cervical Cancer Screening: (57% /65%) Difficulty getting records from outside providers that have performed the screening. Patients are showing as non-compliant although they did not have an encounter in the measurement year	Develop care teams to improve efficiencies in following up on requested medical records. Ongoing cervical cancer screening education provided to providers.		

	<p>Weight assessment, Children & Adolescent: (84% /90%)</p> <p>Providers not dropping the order group at every visit.</p>	<p>Continue to train providers that health education should be given at every visit regardless of reason for visit.</p> <p>Providers have been given a list of patients who are not in compliance so that this can be addressed at their next visit.</p>		
	Adult Weight screening and follow up: (98% / 90%)			
	Tobacco use screening & cessation: (97% / 93%)			
	<p>Asthma Pharmacologic Therapy: (97%/ 99%)</p> <p>Asthma medication must dated as active in 2020.</p> <p>Some providers were using inappropriate asthma classification.</p>	<p>Providers have been trained on asthma classifications.</p> <p>Charts are being continuously audited to revise dating and classification errors.</p>		
	<p>Coronary Artery Disease CAD: (87% / 81%)</p> <p>There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.</p> <p>This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.</p>	<p>Send ticket to Athena for review of exclusion criteria.</p> <p>Measure validation and audit to be completed.</p>		
	Ischemic Vascular Disease (IVD): (87% / 86%)			

	<p>Colorectal Cancer Screening: (41% / 82%)</p> <p>Difficulty in getting FIT test returned from patient.</p> <p>Some patients may have colonoscopy reports that have not been updated in Athena.</p>	<p>Encourage POD</p> <p>More robust patient follow up through phone call reminders.</p> <p>Custom report developed and dashboard created</p> <p>Change workflow to ship FIT test to patients so they can complete the test</p> <p>Plan charity colonoscopy program with community partners for uninsured patients.</p>		
	<p>HIV linkage: (83% / 100%)</p> <p>Linkage to care time decreased from 90 to 30 days.</p>	<p>Providers educated on changes to the measure and opportunities for linkage to care.</p>		
	Depression screening: (94% / 83%)			
	Depression screening (Homeless): (95% / 83%)			
	<p>Hypertension: (70% / 80%)</p> <p>Providers failing to give short term follow up for uncontrolled BP.</p> <p>Non-adherence to medication regimen.</p> <p>More patients are accessing services via Telemedicine.</p>	<p>Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy</p> <p>Encourage use of combination pills.</p> <p>Plan to ship blood pressure cuffs to patients in order to continue blood pressure home monitoring and treat via telemedicine.</p>		
	Diabetes: (55%* / 66%)			

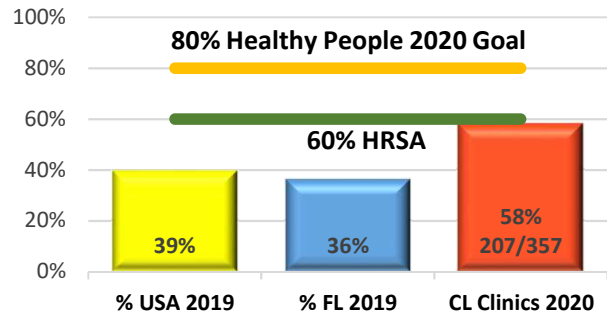
	Many patients did not meet the measure because they did not have HgbA1c during measurement period.	POC HgbA1c testing implemented to increase patient compliance.		
	Diabetes (Migrant): (59% / 66%) Barriers to care include limited transportation.	POC HgbA1c testing and mail order pharmacy implemented. Patients who are "uncontrolled" have been identified and will be contacted to schedule follow up		
Dental UDS & Quality Metrics	Dental Sealants Trended up July 2020 88% (237/269)			
UTILIZATION				
OPERATIONS	Productivity Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more. <i>(Clinic productivity report with graphs were presented.)</i> No Show Rates No show rates for July were at 16% (2,196 out of 11,199 scheduled visits. This is significantly lower than the overall for 2020 which is currently at 24%. West Palm had the most no shows for the month. Dr. Andric suggested that we also show Percentages on the graphs, and comparing to this time last year.	Ivonne will modify the graph as requested.	Ivonne	9/11/20

BEHAVIORAL HEALTH	(Report with graph presented.)			
	<u>MAT Census</u>			
	In July 2020, the census continues to trend up with 275 active MAT patients. There were 45 intakes completed, which is almost 3x the number of intakes completed in July of 2019 and 2018. 58% of patients are in Phase 1. Current re-admit rate is at 5.45%. Discharges and Lost to Follow-Up are at <1%.			
	Two factors have had a positive impact on patients: The use of Tele health due to it being more accessible, and allowing patients to phase out without going to group.			
	Andrea met with the OD2A grant team on 8/13/2020 to share the ASU algorithm and review the grant progress report requirements:			
	<ul style="list-style-type: none">Establish a team of Addiction Care Coordination Specialists to conduct opioid-related linkage activities based at the Addiction Stabilization CenterRecruit, hire and train 2 full time Care Coordinators to conduct OD2A grant activities (40 hours/week)Care Coordinators will serve a minimum of 250 patients per month, providing extensive services and support activitiesPatients will receive a warm hand off from the emergency department to clinics when appropriatePatients will be assisted by the Care Coordinators with retention in outpatient			

	<p>services including but not limited to Medication Assisted Treatment (MAT)</p> <ul style="list-style-type: none"> Care Coordinators will attempt to re-engage patients who have been lost to follow-up Care coordinators will maintain post-encounter documentation <p><u>Opioid Related Transport</u></p> <p>Dr. Rowling presented the Palm Beach County Fire Rescue opioid related transports data for 2019 vs. 2020:</p> <p>2019 Total Opioid Related: 1501 2019 Transported JFK Central: 748 2019 Transported JFK North: 135</p> <p>2020 Total Opioid Related: 924 2020 Transported JFK Central: 399 (43%) 2020 Transported JFK North: 155 (17%) 2020 Transported Other: 370 (40%)</p> <p>With us being only halfway through 2020, we can see that there has been a huge uptick in opioid related transfers in comparison to last year. We are getting less of the transfers, and Dr. Rowling believes that this is could possibly be attributed to COVID.</p>			
Meeting Adjourned: 3:02PM				

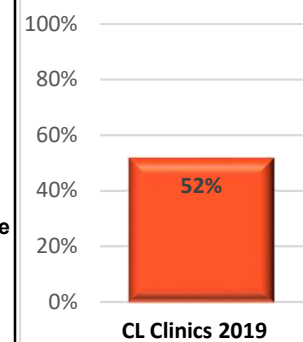
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD July 2020

CHILDHOOD IMMUNIZATION

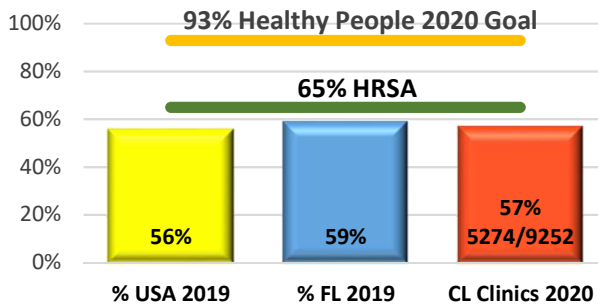


Findings: 1. Many patients have historical vaccines that have not been entered into the medical record

Interventions: 1. Providers were re-educated on appropriate documentation. 2. Medical assistants are being trained to document historical vaccines during "chart-prep".

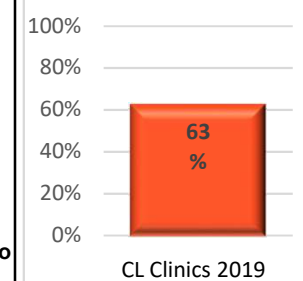


CERVICAL CANCER SCREENING



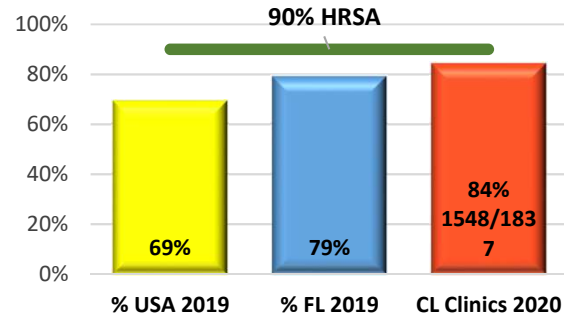
Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

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



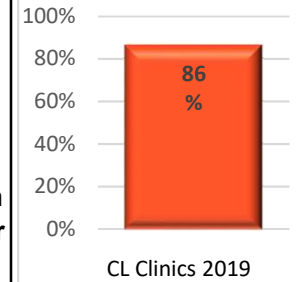
C. L. BRUMBACK PRIMARY CARE CLINICS
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WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

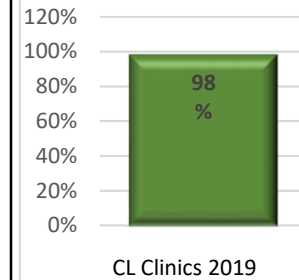
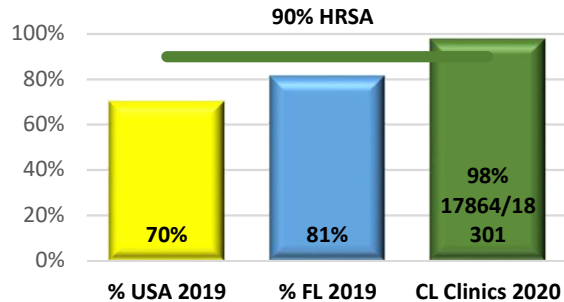


Findings: 1. Providers not dropping the order group at every visit.

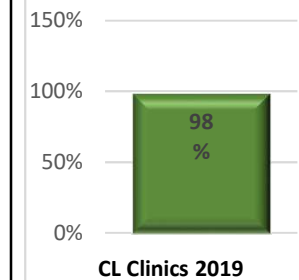
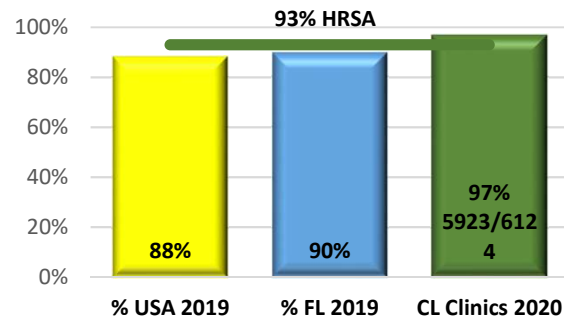
Interventions: 1. Continue to train providers that health education should be given at every visit regardless of reason for visit. 2. Providers have been given a list of patients who are not in compliance so that this can be addressed at their next visit.



ADULT WEIGHT SCREENING AND FOLLOW UP

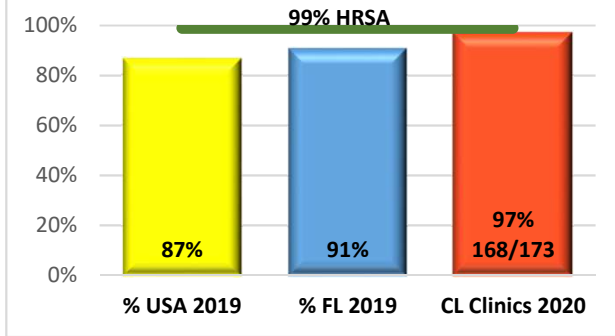


TOBACCO USE SCREENING AND CESSATION INTERVENTION



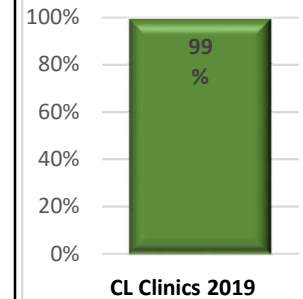
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ASTHMA PHARMACOLOGIC THERAPY

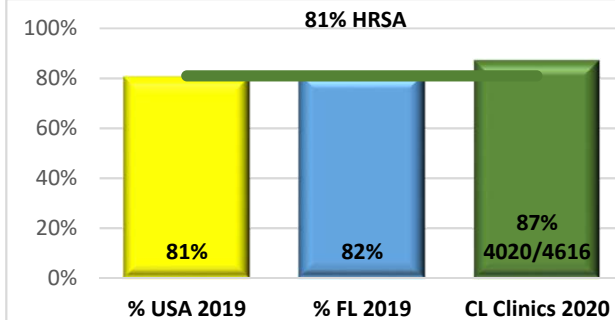


Findings: 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification.

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



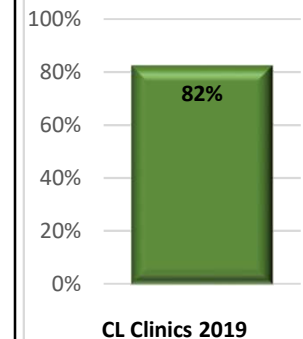
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



Findings: There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

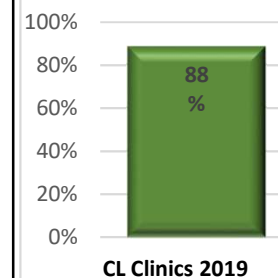
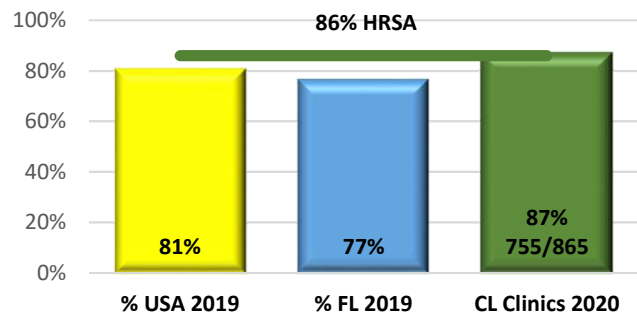
This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.

Interventions: (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.

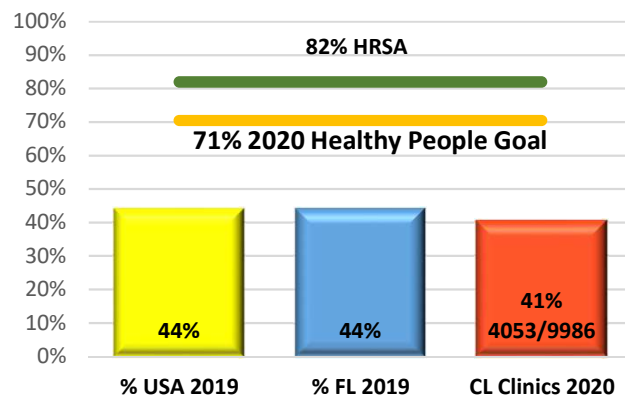


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ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

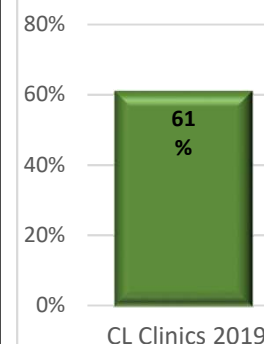


COLORECTAL CANCER SCREENING

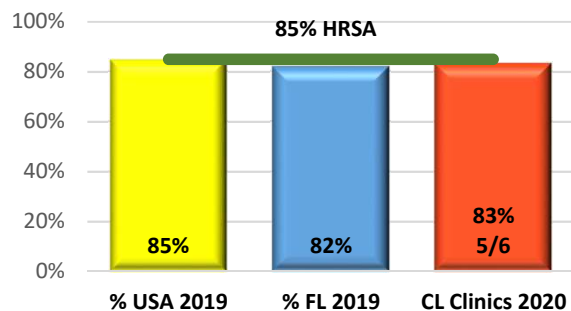


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopy reports that have not been updated in Athena.

Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Change workflow to ship FIT test to patients so they can complete the test. 5. Plan charity colonoscopy program with community partners for uninsured patients.

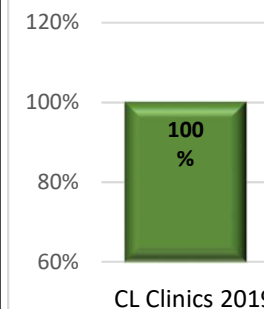


HIV LINKAGE TO CARE

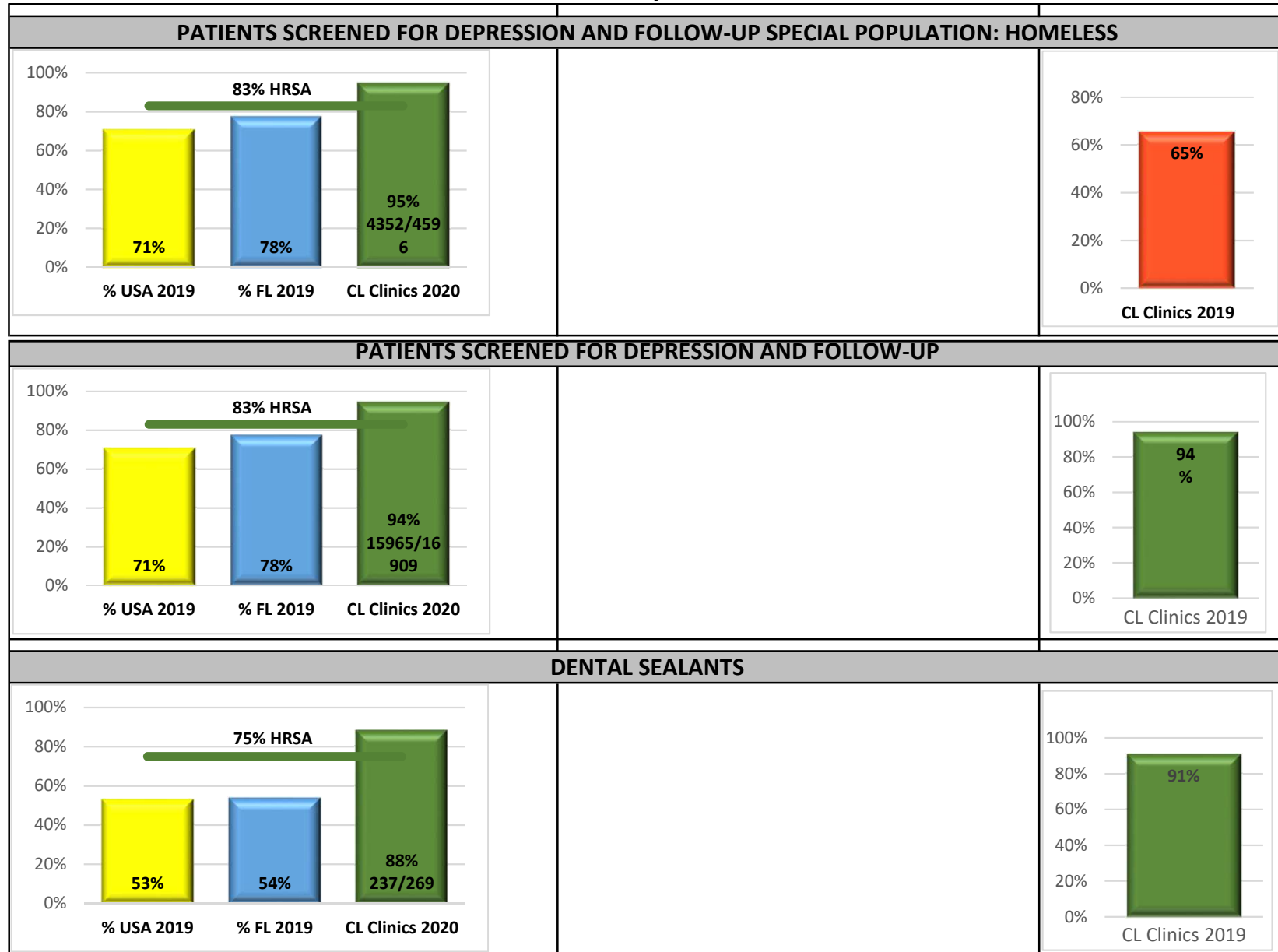


Findings: 1. Linkage to care time decreased from 90 to 30 days.

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

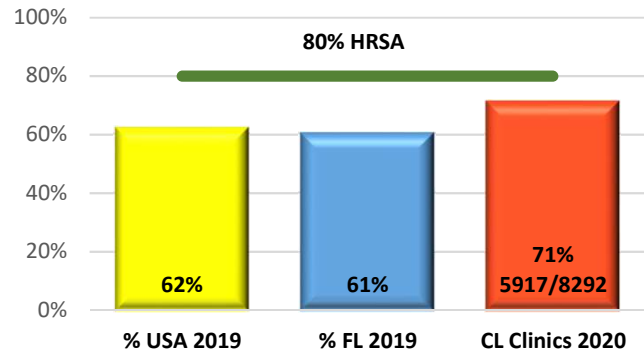


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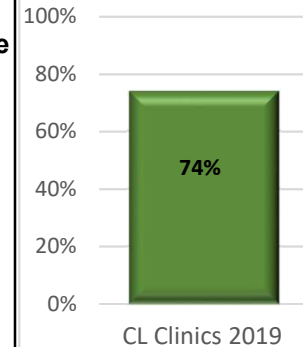
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HYPERTENSION

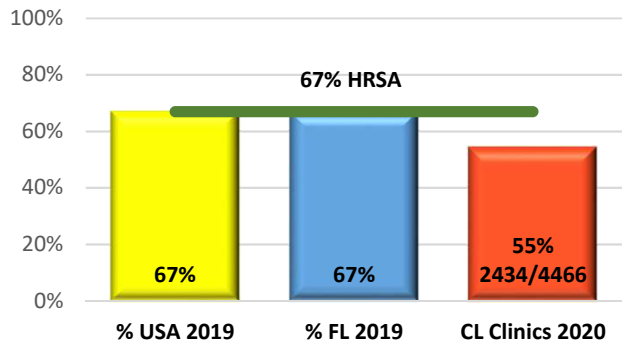


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen. 3. More patients are accessing services via Telemedicine.

Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Plan to ship blood pressure cuffs to patients in order to continue blood pressure home monitoring and treat via telemedicine.



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.

