



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

August 28, 2019

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

**BOARD OF DIRECTORS MEETING
AGENDA**

August 28, 2019

**1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order – James Elder, Chair

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. Health Center Operational Site Visit (OSV) video

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of July 31, 2019. [Pages 1-15]

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 2019 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>

- 7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 16]

7. **Consent Agenda – Motion to Approve Consent Agenda Items (continued)**

B. FINANCE

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

C. L. Brumback Primary Care Clinics Finance Report July 2019.
(Darcy Davis) [Pages 17-35]

C. CREDENTIALING AND PRIVILEGING

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

Credentialing and Privileging Procedure
(Sarah Gonzalez) [Pages 36-42]

8. **Regular Agenda**

A. ADMINISTRATION

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

Scope Adjustment – Clinic Evening Hours.
(Belma Andric) [Pages 43-44]

B. EXECUTIVE

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

Executive Director Informational Update.
(Belma Andric) [Pages 45-46]

C. OPERATIONS

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

Operations Reports – July 2019.
(Zulma Jairala) [Pages 47-67]

D. CREDENTIALING AND PRIVILEGING

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

Licensed Independent Practitioner Credentialing and Privileging – Ellen
Buchholz, APRN; Marco Fernandez Sanchez, APRN; Ketely Philistin, APRN;
Sherloune Normil-Smith, MD.
(Sarah Gonzalez) [Pages 68-70]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Council Reports.

(Dr. Noelle Stewart) [Pages 71-98]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

September 25, 2019 (HCD Board Room)

12:45pm Board of Directors

October 30, 2019 (HCD Board Room)

12:45pm Board of Directors

November 27, 2019 (HCD Board Room)

12:45pm Board of Directors

December 18, 2019 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
6/26/2019

Present: James Elder, Chairperson; Mike Smith, Treasurer; John Casey Mullen, Secretary; Cory Neering; Irene Figueroa,

Excused: Julia Bullard; Joseph Morel, Vice Chairperson

Absent:

Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Mina Bayik, Director of Finance; Terry Megiveron, Director of Business Development; Zulma Almeida Jairala, Director of FQHC Practice Operations; Dr. Tamara-Kay Tibby, Dental Director; Dr. Noelle Stewart, Medical Director; Darcy Davis, CEO; Tamelia Lakraj-Edwards, Quality Manager; Ana Szogi, Data Reporting Analyst; Martha Hyacinthe, Director of Risk

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45pm

Meeting Began at: 12:53pm

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mr. Elder called the meeting to order. Roll call was taken. Mr. Elder read the Affirmation of Mission.	The meeting was called to order at 12:53pm
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	Mr. Elder called for an approval of the meeting agenda. Dr. Andric, Chief Medical Officer added the Clinic's "Poop on Demand" Video to the agenda under Item 3: <i>Awards Introductions and Presentations</i> . The agenda for the July 2019 meeting was approved as sent digitally to board members in the board package.	

3. Awards, Introductions and Presentations	<p>The Poop on Demand Video was presented to the board.</p> <p>Dr. Andric explains that the reason for the video is that our clinics are gaining attention nationally for our approach to colorectal cancer screening. We are constantly asked to share our experiences with this program with FQHC associations and groups. So this video was created to make it easier to share with them. This has garnered a lot of attention from others all over the country.</p> <p>Mr. Smith shares a story about his experience with mail in samples and how this approach definitely helps with issues with the post offices, etc.</p> <p>Dr. Andric points out that the clinics had similar issues, which inspired the new approach of Poop on Demand</p> <p>Dr. Andric also Presented the newest Clinic Team Members:</p> <ul style="list-style-type: none"> • Martha B. Hyacinthe, Director of Corporate Risk Management • Ana Szogi, Data Reporting Analyst • Tamelia Lakraj-Edwards, Quality Manager <p>Dr. Andric Announced that this is Dr. Tibby's last Board Meeting.</p>	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A Staff Recommends a MOTION TO APPROVE:	There were no changes or comments to the minutes dated June 26, 2019.	VOTE TAKEN: Mr. Smith made a motion to approve the Board meeting minutes of June 26, 2019 as presented. The motion was duly seconded by Mr. Neering. A vote

Joint Board meeting minutes of June 26, 2019		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 Mr. Butler. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: June 2019 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 and File: C. L. Brumback Primary Care Clinics Finance Report June 2019.	Finance Report for June 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: New Board Member Appointment	Dr. Andric presented the Membership / Nominating Committee recommendation to the Board to approve Lisa Strickland joining the District Clinic Holdings, Inc. Board of Directors Board. Ms. Strickland has lived in Florida for 30 years. She loves her family and small dog. She loves water activities like	VOTE TAKEN: Mr. Smith made a motion to approve the appointment of Lisa Strickland to the CLBPCC Board of Directors as presented. The motion was duly seconded by Mr. Neering. A vote was called, and the motion passed unanimously.

	<p>fishing and snorkeling. She believes strongly in our Sliding Fee Scale and looks forward to contributing to our Board if nominated. She is familiar with special populations such as homeless individuals.</p>	
8B. EXECUTIVE		
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Dr. Andric provided the following updates to the Board:</p> <p>Belle Glade Clinic:</p> <p>AHCA inspection was on July 24th and we hope to see our first patient by mid-August.</p> <p>Terry Megiveron, Director of Business development further explained that inspections were completed which still has some conditional items to be completed and approved. The construction crew is preparing to schedule its final inspection of the clinics with the City of Belle Glade. Signs need to be replaced and, the firewall still needs to be built, and although it's expected to be built with minimum. The hope is to be able to open at least conditionally sometime next month. AHCA is supposed to send a letter soon detailing the remaining items before approval. For the most part the clinics are set up and ready for move-in, it's just a matter of the Go Ahead from the governing parties.</p> <p>Mr. Smith Asked if there will be a grand opening / ribbon cutting.</p> <p>We are anticipating the move to come fairly soon, so we have been handing out "moving soon" cards to patients.</p> <p>Ms. Davis, also pointed out that we are also having a 10 year anniversary celebration for the Lakeside Medical</p>	<p>Receive & File. No further action necessary.</p>

	<p>Center and this will be used to bring attention to the clinics. The team will be working with Robin Kish, Head of Corporate communications in advertisements for said events to help increase the reach of the clinics to non-patients (Tentatively scheduled for Saturday, October 12th, 2019). Mr. Megiveron pointed out that signs are also going up.</p> <p>Delta Dental Community Care Foundation Grant:</p> <p>Dr. Tibby and her team were awarded \$53,470 to purchase a wheelchair lift to better take care of wheelchair-bound patients.</p> <p>Partnership For Aging Community Grant:</p> <p>Dr. Tibby and her team will be awarded \$1,000 to assist patients greater than 65 years old in receiving dental care and an annual membership at the PFA Community August or September general meeting.</p>	
8C. OPERATIONS		
<p>8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – June 2019</p>	<p>June 2019 productivity overall showed that we had a slight increase in our monthly target percentage in all service-lines. Behavioral Health substance abuse has remained consistent at 86% even with an increase productivity goal of 10 a day.</p> <p>June 2019 productivity by location and by position shows that Boca continues to have the highest Adult percentage monthly target met in addition Lake Worth showed the highest Women's Health percentage monthly target met; Delray had the highest Mental Health percentage monthly target met; West Palm Beach had the highest pediatric percentage monthly target met; West Palm Beach and</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the June Productivity Summary Report as presented. The motion was duly seconded by Mr. Neering. A vote was called, and the motion passed unanimously.</p>

	<p>Lantana had the highest dental percentage monthly target met.</p> <p>Adult Care- (6352 95%) Pediatric Care- (1282 81%) Mental Health- (1342 86%) Substance Abuse- (556 82%) Women's Health Care- (424 95%) Dental- (1981 103%) Dental Hygiene- (431 83%)</p> <p>(Patients Seen % of Target Met)</p> <p>Starting in September, based information gathered from our strategic planning meetings, we will no longer have evening hours in the clinics (low patient volume). We will continue to operate on Saturdays (9a-1p).</p>	
8D. Credentialing and Privileging		
8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	<p>Sarah Gonzalez, Director of Credentialing, presented to the Board the credentialing and privileging recommendations for the month:</p> <p>The LIP(s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> • Current licensure, registration or certification • Relevant education, training and experience • Current clinical competence • Health fitness, or ability to perform the requested privileges • Malpractice history (NPDB query) 	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Neering A vote was called, and the motion passed unanimously.</p>

- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Alfonso Puentes	Ramiro	MD	Family Medicine	Recredentialing
Andric	Belma	MD	Preventive Medicine	Recredentialing
Bell	Emily	PA	Family & Psychiatry Physician Assistant	Initial Credentialing
Clarke-Aaron	Noella	MD	Pediatric Medicine	Recredentialing
Cucuras	John	DDS	General Dentistry	Recredentialing
Duthil	Marie	MD	Internal Medicine	Recredentialing
Elisme	Junie	MD	Pediatric Medicine	Recredentialing
Florez	Gloria	MD	Family Medicine	Recredentialing
Lam	Minh-Dai	APRN	Family Nurse Practitioner	Recredentialing
Preston-Erie	Margareth	APRN	Family Nurse Practitioner	Recredentialing
Shoaf	Noremi	APRN	Family 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.

	<p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director and Dental Director to support the credentialing and privileging process.</p> <p>Ramiro Alfonso Puentes, MD joined the Lantana Clinic in 2017 specializing in Family Medicine. He attended the Instituto Superior de Ciencias Medicas in Camaguey, Cuba where he also completed his Family Medicine program. Dr. Alfonso Puentes has been practicing for over 30 years and is fluent in Spanish.</p> <p>Belma Andric, MD joined the Clinics in 2013 specializing in Preventive Medicine. She attended the College of Medicine, University of Novi Sad in Serbia. Dr. Andric earned a Masters of Public Health from Florida International University and completed her residency program at the Palm Beach County Health Department. She is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. Dr. Andric has been practicing for over 20 years and is fluent in Serbo-Croatian.</p> <p>Emily Bell, PA-C recently joined the Lantana Clinic as a Physician Assistant specializing in Family Medicine and Psychiatry. She attended the College of Health and Human Services and is certified by the National Commission Certification of Physician Assistants. Ms. Bell has been in practice for 2 years.</p> <p>Noella Clarke-Aaron, MD joined the West Palm Beach Clinic in 2015 specializing in Pediatric Medicine. She attended the University of West Indies and completed her residency program at New York University Medical Center/Bellevue Hospital. Dr. Clarke-Aaron is certified in Pediatrics by the American Board of Pediatrics and has been in practice for over 20 years.</p>	
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	<p>John Cucuras, DDS joined the West Palm Beach Clinic in 2015 specializing in General Dentistry. He attended the Ohio State University. Dr. Cucuras has been in practice for over 30 years and is fluent in Greek and conversant in Spanish.</p> <p>Marie Duthil, MD joined the West Palm Beach Clinic in 2013 specializing in Internal Medicine. She attended the Faculty of Medicine of Haiti and completed her residency program at Mount Vernon Hospital. Dr. Duthil is certified in Internal Medicine by the American Board of Internal Medicine. She has been practicing for over 25 years and is fluent in French Creole.</p> <p>Junie Elisme, MD joined the West Palm Beach Clinic in 2015 specializing in Pediatric Medicine. She attended the University of Miami and completed her residency program at Jackson Memorial. Dr. Elisme is certified in Pediatrics by the American Board of Pediatrics. She has been practicing for over 20 years and is fluent in French Creole.</p> <p>Gloria Florez, MD joined the West Palm Beach Clinic in 2013 specializing in Family Medicine. She attended the Universidad de Caldas in Colombia and completed her residency program at Wyckoff Heights Medical Center. Dr. Florez is certified in Family Medicine by the American Board of Family Medicine. She has been practicing for over 30 years and is fluent in Spanish.</p> <p>Minh-Dai Lam, APRN joined the West Palm Beach Clinic in 2013 as a Nurse Practitioner specializing in Family Medicine. He attended Florida International University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. Mr. Lam has been in practice for 8 years and is fluent in French and Vietnamese.</p>	
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	<p>Margareth Preston-Erie, APRN joined the Lantana Clinic in 2013 as a Nurse Practitioner specializing in Family Medicine. She attended Barry University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Preston-Erie has been in practice for 13 years and is fluent in French Creole and Spanish.</p> <p>Noremi Shoaf, APRN joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended South University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Shoaf has been in practice for 5 years and is fluent in Spanish.</p> <p>Mr. Elder spoke to the retention of the Physicians and how impressive it is that they have been with the clinics from the beginning.</p> <p>Dr. Andric adds on that even those that seemed to have started in 2015 were credentialed while contracted under another group before. All of our physicians are board certified, and you will always receive the same level of care at all of our clinics.</p> <p>Mr. Smith inquired about the Providers' privileges at the Lakeside Medical Center.</p> <p>Dr. Andric informed the board that some of the Physicians (those acting as preceptors) do. In the beginning we had more, but because most hospitals require hospitalists now, it makes more sense to keep the number of physicians credentialed in the hospital limited.</p>	
8D. Quality		
8D-1. Staff Recommends a MOTION TO APPROVE	<u>RISK</u>	VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Council Report as

<p>Quality Council Reports</p>	<p>Patient adverse events, peer review, chart review and patient relations are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION</u> Patient satisfaction surveys are being collected daily in the clinics now. We will be able to report on the first month’s outcome at the next board meeting.</p> <p><u>QUALITY</u> Of the 14 UDS Measures: 7 Exceeded the HRSA Goal and 7 were short of the HRSA Goal. Interventions were defined.</p> <p>Dr. Andric stated that we usually show our findings and interventions in red to give an idea of our proposed interventions for improvement.</p> <p>For Cervical Cancer Screening we are working with quest to streamline the process for acquiring patient records. Dr. Ferwerda has been conducting PAP Smear Lunch and Learns. We are expecting an increase in our screening numbers.</p> <p>With Colorectal cancer screening, we are having issues with getting the Fit Test from patients though we are pushing for more Poop On Demand as a lot of patients are refusing to put their samples in the mail.</p> <p>We have a new dashboard which gives us a bird’s eye view of staffing in the clinics. It provides data on staff new hires, terminations, and gender.</p> <p>We have added a Clinical Business Analyst to our team. This person is responsible for optimizing utilization of Athena and training the clinic teams on the system. We have also hired a Health Information Manager who will help manage all the inbound documents and ensure that outbound documents are being processed appropriately.</p>	<p>presented. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.</p>
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	<p>Pharmacy is collaborating with medical to treat and manage diabetes.</p> <p>Mr. Mullen inquired about providing patients with access to a dietician to provide nutritional education.</p> <p>Dr. Stewart answered that part of the Strategic plan is to create Care Teams, and each Care team will have at least a health educator (Nurses will be assigned to this position).</p> <p>Mr. Smith asked about the “Healthy People 2020” Goal.</p> <p>Dr. Stewart pointed out that the Healthy People 2020 goal changes every 10 years in an attempt to reach better health outcomes Nationwide (i.e. Healthy people 2030). The 60% is the Goal we set for ourselves on our HRSA application.</p> <p>Mr. Smith asked about the discrepancy between the colorectal cancer screening numbers between this year (49%) and last year (60%).</p> <p>Dr. Stewart explained that we are still migrating our Allscripts data to Athena, which is more than likely the cause of the lower numbers for this year. Another possible contributing factor to the lower numbers is that the FIT test has also changed from last year. It appears as if patients have found it a bit more difficult to complete. The team met with quest (the supplier) last week to see how we can simplify the process for patients.</p> <p>Mr. Butler asked about how some measures are hard to achieve because they are, in fact based on patient compliance. He also asks about if quality is based on record audit (in reference to the Hypertension measure).</p> <p>Dr. Stewart explains that the Hypertension measure, according to the HRSA UDS measure, is any hypertensive</p>	
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	<p>patient that has a blood pressure reading of less than 140/90. This means that 72% of our patients have blood pressure readings below 140/90 which is the goal. Dr. Stewart also explained that another issue faced outside of patient compliance is patient inertia in which patients will attribute a high blood pressure reading to not taking their medication or even eating a salty dinner the night before. They would then return a month later for a follow-up and still have out of control blood pressure. The team has put in a Target BP program which worked with the American Heart Association's framework of controlling blood pressure. With this program, if they observed the clinical inertia and if the patient mentions any of the aforementioned reasons for the high blood pressure, and the physician didn't make any changes to their medication; then they are to schedule a return in the following two weeks to have a follow up appointment.</p> <p>Mr. Butler asks if this program has been implemented.</p> <p>Dr. Stewart Answers that the program has been implemented, however, some physicians still wait the month / six weeks / eight weeks. This has resulted in constant reminders to providers to make sure that they act more timely, and there has been improvement (10% better than our peers nationally).</p> <p>Mr. Butler asked if there could possibly be a way to flag and track these cases of Clinical inertia.</p> <p>Dr. Stewart explained that there are peer reviews performed quarterly (5 per provider), and one of the questions addressed is one on if there was clinical inertia and if it was handled in a correct/timely fashion; if not, Dr. Stewart addresses the provider.</p> <p>In the month of June 307 pediatric patients received medical-dental integration services. We continue to develop the data collection tools.</p>	
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	<p>UTILIZATION</p> <p>We are analyzing our trends for walk-in patients and found that the majority of patients that walk-in are seen the same day by a provider. We are investigating how to reduce the number of triaged patients and continue to increase the number of patients seen same day.</p> <p>On reviewing our pediatric utilization in Dental we found that 86% of new patients that were seen for comprehensive care between January and June were pediatric</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	<p>Ms. Davis announced that the Homeless Coalition of Palm Beach County has awarded the Mobile clinic as Provider of the Year, a feat achieved in its first year. The luncheon is on October 2nd, 2019.</p> <p>Dr. Andric thanked Terry Megiveron, Director of Strategy for taking on the challenge of the Mobile Clinic Project, working on establishing connections, and learning the landscape of the homeless population in no time.</p> <p>Dr. Andric Passed out the Mobile clinic Schedule to be shared with community members.</p>	No action necessary.
10. Board Member Comments	Mr. Neering gave a brief update from the Health Care District Board and strategic planning Committee.	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>August 28, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 25, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 30, 2019 (HCD Board Room)</u> 12:45pm Board of Directors</p>	No action necessary.

	<u>November 27, 2019 (HCD Board Room)</u> 12:45pm Board of Directors <u>December 18, 2019 (HCD Board Room)</u> 12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:49 pm	Mr. Smith made a motion to adjourn and seconded by Mr. Mullen The meeting was adjourned.

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/30/19	2/27/19	3/26/19	3/27/19	4/24/19	5/28/19	6/26/19	7/31/19	8/28/19	9/25/19	10/30/19	11/27/19	12/18/19
James Elder	X	X	X	X	X	X	X	X					
Irene Figueroa	X	X	X	X	A	X	X	X					
John Casey Mullen	X	X	X	X	X	X	E	X					
Shanti Howard	E	X	E	X	X	X							
Cory M. Neering	X	E	E	E	X	X	E	X					
Joan Roude	X	X											
Joseph Morel	X	X	X	X	X	A	X	E					
Julia Bullard	X	X	X	X	X	X	E	E					
Mike Smith		X	X	X	X	X	X	X					
Gary Butler				X	X	X	X	X					

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
August 28, 2019

1. Description: District Clinic Holdings, Inc. Financial Report July 2019

2. Summary:

The YTD July 2019 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 is 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:


Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

Finance Committee

Committee Name

8/28/2019

Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
August 28, 2019

6. Recommendation:

Staff recommends the Board receive and file the YTD July 2019 District Clinic Holdings, Inc. financial statements.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Darcy J. Davis
Chief Executive Officer



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

MEMO

To: Finance Committee

From: Darcy J. Davis
Chief Executive Officer

Date: 8/16/2019

Subject: Management Discussion and Analysis of July 2019 C.L. Brumback Primary Care Clinic Financial Statements

The July statements represent the financial performance for the first ten months of the 2019 fiscal year for C.L. Brumback. Total revenue is favorable to budget by \$4.9M due to the grant recognition and the unbudgeted District Care subsidy and Low Income Pool (LIP) award. Effective May 1, 2019, the District Cares subsidy ended. Expenses before depreciation are better than budget by \$337k or 1.6%. Volumes for medical and dental are behind budget by 9,826 or 8.2% year to date. The volume variances are attributable to the ramp-up of the new strategy of integration with medical visits, which is slowing productivity. The District has subsidized a total of \$4.2M to support their operations.

Within the medical clinics, revenue is ahead of budget by \$4.2M YTD which is primarily attributed to the Health Resources and Services Administration (HRSA) grant of \$2.9M and net patient revenue of \$1.1M. This positive variance in net patient revenue is caused by unanticipated LIP revenue of \$1.4M and unbudgeted District Cares subsidy payment of \$923k for clinic visits. Expenses in the medical clinics are \$76k better than budget. Significant savings are in salaries and benefits; these expenses are related to higher vacancy rates than budgeted. Medical services has a positive variance of \$181k which is attributable to lower than anticipated laboratory services expenses due to the change of provider. However, there are unfavorable variances that offset the positive variance. Purchased services has a negative variance due to higher collection fees from Athena, and higher consulting fees related to grant writing and UDS report writing. Repairs and maintenance is unfavorable by \$253k due to higher than anticipated software maintenance costs related to transitioning from Allscripts to Athena.

The dental clinics' revenue is ahead of budget by \$664k YTD primarily attribute to the HRSA grant of \$300k and Net Patient revenue of 391k. This positive variance is caused by unanticipated LIP revenue of \$653k, and unbudgeted District Cares subsidy payment of \$226k for clinic visits. Total expenses of \$3.8M are under budget by \$261k, despite two budget categories with small negative variances. Other supplies are related to the increase in the purchase of non-capital equipment for the new Belle Glade clinic.

On the Comparative Statement of Net Position, due from other governments was reduced as a result of receiving LIP payments of \$509k and HRSA drawdown of \$1.1M. The District subsidy year to date for the clinic is \$4.2M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Jul 31, 2019</u>	<u>Jun 30, 2019</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	945,472	(345,128)	\$ 1,290,600
Accounts Receivable, net	1,616,757	1,358,566	258,191
Due From Other Funds	-	-	-
Due from Other Governments	27,787	1,656,006	(1,628,219)
Other Current Assets	118,403	108,984	9,418
Net Investment in Capital Assets	1,941,066	2,064,407	(123,341)
Total Assets	<u>\$ 4,649,486</u>	<u>\$ 4,842,836</u>	<u>\$ (193,351)</u>
Liabilities			
Accounts Payable	711,538	558,220	153,318
Due To Other Governments	-	-	-
Deferred Revenue	17,282	17,282	-
Other Current Liabilities	833,014	729,321	103,693
Non-Current Liabilities	798,817	797,053	1,763
Total Liabilities	<u>2,360,652</u>	<u>2,101,877</u>	<u>258,775</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 612</u>	<u>\$ 612</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	1,941,066	2,064,407	(123,341)
Unrestricted	347,155	675,940	(328,784)
Total Net Position	<u>2,288,222</u>	<u>2,740,347</u>	<u>(452,125)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 4,649,486</u>	<u>\$ 4,842,836</u>	<u>\$ (193,351)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,951,339	1,978,886	(27,547)	(1.4%)	2,072,740	(121,401)	(5.9%)	Gross Patient Revenue	18,558,490	20,009,885	(1,451,395)	(7.3%)	18,693,458	(134,968)	(0.7%)
400,680	467,467	66,787	14.3%	2,256,497	1,855,817	82.2%	Contractual Allowances	6,717,404	4,710,631	(2,006,773)	(42.6%)	8,371,517	1,654,113	19.8%
751,177	758,716	7,539	1.0%	446,784	(304,393)	(68.1%)	Charity Care	5,143,728	7,682,920	2,539,192	33.0%	3,624,253	(1,519,475)	(41.9%)
270,824	195,654	(75,170)	(38.4%)	106,526	(164,298)	(154.2%)	Bad Debt	1,961,936	1,981,231	19,295	1.0%	1,524,366	(437,570)	(28.7%)
1,422,681	1,421,837	(844)	(0.1%)	2,809,807	1,387,127	49.4%	Total Contractuals and Bad Debts	13,823,069	14,374,782	551,713	3.8%	13,520,137	(302,932)	(2.2%)
180,451	237,329	(56,878)	(24.0%)	2,008,457	(1,828,006)	(91.0%)	Other Patient Revenue	4,795,721	2,373,389	2,422,332	102.1%	8,429,172	(3,633,451)	-43%
709,109	794,378	(85,269)	(10.7%)	1,271,389	(562,280)	(44.2%)	Net Patient Revenue	9,531,143	8,008,492	1,522,651	19.0%	13,602,493	(4,071,351)	(29.9%)
36.34%	40.14%			61.34%			Collection %	51.36%	40.02%		72.77%			
41,755	612,532	(570,777)	(93.2%)	586,159	(544,404)	(92.9%)	Grant Funds	10,389,462	6,944,472	3,444,990	49.6%	6,220,519	4,168,943	67.0%
3,501	14,968	(11,467)	(76.6%)	4,339	(839)	(19.3%)	Other Revenue	87,302	154,799	(67,497)	(43.6%)	240,946	(153,644)	(63.8%)
45,256	627,500	(582,244)	(92.8%)	590,499	(545,243)	(92.3%)	Total Other Revenues	10,476,764	7,099,271	3,377,493	47.6%	6,461,465	4,015,299	62.1%
754,365	1,421,878	(667,513)	(46.9%)	1,861,888	(1,107,523)	(59.5%)	Total Revenues	20,007,907	15,107,763	4,900,144	32.4%	20,063,958	(56,052)	(0.3%)
Direct Operational Expenses:														
1,327,764	1,385,841	58,077	4.2%	1,165,687	(162,077)	(13.9%)	Salaries and Wages	12,962,687	13,237,283	274,596	2.1%	12,195,990	(766,696)	(6.3%)
371,088	393,935	22,847	5.8%	328,226	(42,862)	(13.1%)	Benefits	3,527,694	3,760,278	232,584	6.2%	3,310,656	(217,039)	(6.6%)
26,293	62,422	36,129	57.9%	203,204	176,911	87.1%	Purchased Services	674,084	644,496	(29,588)	(4.6%)	773,567	99,484	12.9%
37,819	44,531	6,712	15.1%	33,213	(4,606)	(13.9%)	Medical Supplies	359,692	442,172	82,480	18.7%	398,344	38,652	9.7%
7,498	24,624	17,126	69.6%	7,092	(406)	(5.7%)	Other Supplies	369,491	286,975	(82,516)	(28.8%)	132,136	(237,355)	(179.6%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	15,355	15,355	100.0%
86,933	61,626	(25,307)	(41.1%)	-	(86,933)	0.0%	Medical Services	437,302	618,216	180,914	29.3%	-	(437,302)	0.0%
187,348	51,444	(135,904)	(264.2%)	26,987	(160,361)	(594.2%)	Drugs	618,165	515,508	(102,657)	(19.9%)	436,167	(181,998)	(41.7%)
25,770	21,286	(4,484)	(21.1%)	38,120	12,350	32.4%	Repairs & Maintenance	386,549	138,921	(247,628)	(178.3%)	416,306	29,757	7.1%
110,647	95,886	(14,761)	(15.4%)	106,145	(4,503)	(4.2%)	Lease & Rental	1,128,745	1,081,261	(47,484)	(4.4%)	1,175,338	46,592	4.0%
8,155	6,251	(1,904)	(30.5%)	4,134	(4,021)	(97.3%)	Utilities	58,673	62,510	3,837	6.1%	60,432	1,759	2.9%
31,295	29,157	(2,138)	(7.3%)	33,817	2,522	7.5%	Other Expense	204,101	271,218	67,117	24.7%	237,909	33,808	14.2%
2,377	2,366	(11)	(0.5%)	2,404	27	1.1%	Insurance	19,089	23,969	4,880	20.4%	17,342	(1,747)	(10.1%)
2,222,987	2,179,369	(43,618)	(2.0%)	1,949,029	(273,958)	(14.1%)	Total Operational Expenses	20,746,272	21,082,807	336,535	1.6%	19,169,541	(1,576,731)	(8.2%)
Net Performance before Depreciation														
(1,468,622)	(757,491)	(711,131)	93.9%	(87,141)	(1,381,481)	1,585.3%	& Overhead Allocations	(738,365)	(5,975,044)	5,236,679	(87.6%)	894,417	(1,632,783)	(182.6%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
13,379	21,815	8,436	38.7%	15,335	1,956	12.8%	Depreciation
<i>Overhead Allocations:</i>							
318	12,715	12,397	97.5%	9,732	9,414	96.7%	Risk Mgt
88,382	91,067	2,685	2.9%	52,339	(36,043)	(68.9%)	Rev Cycle
5,274	5,559	285	5.1%	5,328	55	1.0%	Internal Audit
21,543	20,787	(756)	(3.6%)	17,709	(3,834)	(21.7%)	Palm Springs Facility
24,929	24,923	(6)	(0.0%)	23,099	(1,830)	(7.9%)	Administration
37,191	34,245	(2,946)	(8.6%)	29,178	(8,013)	(27.5%)	Human Resources
12,733	12,733	-	0.0%	13,811	1,078	7.8%	Legal
6,949	8,444	1,495	17.7%	6,255	(694)	(11.1%)	Records
10,516	11,698	1,182	10.1%	6,255	(4,262)	(68.1%)	Compliance
115	1,428	1,313	91.9%	1,225	1,110	90.6%	Planning/Research
28,580	34,893	6,313	18.1%	25,476	(3,103)	(12.2%)	Finance
16,408	13,149	(3,259)	(24.8%)	8,785	(7,623)	(86.8%)	Public Relations
124,734	99,679	(25,055)	(25.1%)	74,684	(50,050)	(67.0%)	Information Technology
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support
3,350	2,714	(636)	(23.4%)	3,762	413	11.0%	Corporate Quality
3,670	5,764	2,094	36.3%	7,586	3,916	51.6%	Managed Care Contract
384,692	379,798	(4,894)	(1.3%)	285,225	(99,466)	(34.9%)	Total Overhead Allocations
2,621,057	2,580,982	(40,075)	(1.6%)	2,249,589	(371,468)	(16.5%)	Total Expenses
\$ (1,866,692)	\$ (1,159,104)	\$ (707,588)	61.0%	\$ (387,701)	\$ (1,478,991)	381.5%	Net Margin
108,153	-	(108,153)	0.0%	-	(108,153)	0.0%	Capital
\$ 1,522,720	\$ 1,087,500	\$ (435,220)	(40.0%)	\$ 200,000	\$ (1,322,720)	(661.4%)	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
132,131	210,997	78,866	37.4%	168,521	36,389	21.6%	
25,497	127,150	101,653	79.9%	100,341	74,844	74.6%	
907,985	910,670	2,685	0.3%	429,670	(478,315)	(111.3%)	
52,630	55,590	2,960	5.3%	29,772	(22,858)	(76.8%)	
192,056	207,870	15,814	7.6%	241,499	49,444	20.5%	
249,215	249,230	15	0.0%	246,596	(2,619)	(1.1%)	
341,407	342,450	1,043	0.3%	290,540	(50,867)	(17.5%)	
127,330	127,330	-	0.0%	108,148	(19,182)	(17.7%)	
63,269	84,440	21,171	25.1%	66,557	3,288	4.9%	
69,180	116,980	47,800	40.9%	59,408	(9,772)	(16.4%)	
5,697	14,280	8,583	60.1%	16,899	11,202	66.3%	
292,578	348,930	56,352	16.1%	273,361	(19,217)	(7.0%)	
89,846	131,490	41,644	31.7%	73,287	(16,559)	(22.6%)	
935,251	996,790	61,539	6.2%	795,412	(139,838)	(17.6%)	
-	-	-	0.0%	13,118	13,118	100.0%	
24,757	27,140	2,383	8.8%	34,892	10,136	29.0%	
35,518	57,640	22,122	38.4%	56,129	20,611	36.7%	
3,412,214	3,797,980	385,766	10.2%	2,835,630	(576,584)	(20.3%)	
24,290,617	25,091,784	801,167	3.2%	22,173,692	(2,116,926)	(9.5%)	
\$ (4,282,711)	\$ (9,984,021)	\$ 5,701,310	(57.1%)	\$ (2,109,733)	\$ (2,172,977)	(103.0%)	
-	1,221,688	1,221,688	100.0%	-	-	0.0%	
\$ 4,150,580	\$ 10,875,000	\$ 6,724,420	61.8%	\$ 2,370,000	\$ (1,780,580)	(75.1%)	

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Gross Patient Revenue	1,946,640	1,491,722	2,006,898	1,645,818	1,905,360	1,935,491	2,020,946	1,900,160	1,754,116	1,951,339	-	-	18,558,490
Contractual Allowances	629,927	523,761	955,352	869,362	704,192	909,476	911,498	435,326	377,830	400,680	-	-	6,717,404
Charity Care	522,280	370,440	411,855	348,213	541,362	394,786	472,106	689,798	641,710	751,177	-	-	5,143,728
Bad Debt	209,421	136,222	187,946	107,004	224,566	85,698	183,544	283,556	273,154	270,824	-	-	1,961,936
Other Patient Revenue	185,546	460,636	346,606	1,379,115	478,512	490,512	602,746	335,800	335,800	180,451	-	-	4,795,721
Net Patient Revenue	770,557	921,934	798,350	1,700,355	913,751	1,036,042	1,056,544	827,279	797,222	709,109	-	-	9,531,143
Collections %	39.58%	61.80%	39.78%	103.31%	47.69%	53.53%	52.28%	43.54%	45.45%	36.34%	-	-	51.36%
Grant Funds	574,778	606,454	690,034	1,616,221	1,355,777	1,496,682	1,128,976	1,688,647	1,190,138	41,755	-	-	10,389,462
Other Revenue	4,645	8,821	24,768	6,149	3,627	9,704	3,928	4,680	17,480	3,501	-	-	87,302
Total Other Revenues	579,423	615,275	714,802	1,622,369	1,359,404	1,506,386	1,132,904	1,693,328	1,207,618	45,256	-	-	10,476,764
Total Revenues	1,349,980	1,537,209	1,513,151	3,322,725	2,273,156	2,542,428	2,189,447	2,520,606	2,004,840	754,365	-	-	20,007,907
Direct Operational Expenses:													
Salaries and Wages	1,387,450	1,190,417	1,317,029	1,213,339	1,197,291	1,332,097	1,362,818	1,459,040	1,175,441	1,327,764	-	-	12,962,687
Benefits	339,645	322,045	314,881	366,759	347,313	365,610	372,476	372,646	355,232	371,088	-	-	3,527,694
Purchased Services	65,028	68,614	50,770	82,094	51,993	54,666	66,875	128,618	79,133	26,293	-	-	674,084
Medical Supplies	41,828	27,305	14,573	29,201	46,174	32,270	37,924	47,947	44,650	37,819	-	-	359,692
Other Supplies	34,148	3,947	2,672	28,292	36,989	36,467	53,003	133,496	32,979	7,498	-	-	369,491
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	58,809	(461)	19,144	25,930	78,155	25,831	33,980	22,612	86,370	86,933	-	-	437,302
Drugs	47,555	37,534	36,129	31,431	37,448	32,329	72,032	68,819	67,541	187,348	-	-	618,185
Repairs & Maintenance	29,881	36,555	32,150	30,986	31,031	41,024	50,051	39,735	69,365	25,770	-	-	386,549
Lease & Rental	109,171	104,594	104,526	114,021	108,872	133,369	111,536	114,139	117,871	110,647	-	-	1,128,745
Utilities	4,568	6,558	5,313	5,904	4,092	4,376	5,138	8,883	5,686	8,155	-	-	58,673
Other Expense	15,526	(576)	24,682	22,887	23,732	33,511	20,962	10,156	21,928	31,295	-	-	204,101
Insurance	2,425	2,170	2,170	2,170	2,170	2,170	(990)	2,214	2,214	2,377	-	-	19,089
Total Operational Expenses	2,136,034	1,798,702	1,924,039	1,953,014	1,965,259	2,093,719	2,185,804	2,408,304	2,058,410	2,222,987	-	-	20,746,272
Net Performance before Depreciation & Overhead Allocations	(786,055)	(261,492)	(410,887)	1,369,711	307,896	448,708	3,643	112,302	(53,570)	(1,468,622)	-	-	(738,365)
Depreciation	17,256	17,256	5,158	13,224	13,157	13,156	13,156	13,156	13,232	13,379	-	-	132,131
Overhead Allocations:													
Risk Mgt	9,302	16,111	8,246	(15,331)	1,744	2,172	2,233	407	293	318	-	-	25,497
Rev Cycle	86,904	98,059	124,187	100,095	94,850	42,307	91,067	91,067	91,067	88,382	-	-	907,985
Internal Audit	5,120	5,120	5,120	5,120	5,222	5,718	5,389	5,406	5,141	5,274	-	-	52,630
Palm Springs Facility	17,032	16,269	16,141	23,398	19,430	20,583	18,956	18,734	19,969	21,543	-	-	192,056
Administration	24,974	26,124	21,164	26,766	23,790	26,720	24,923	24,884	24,941	24,929	-	-	249,215
Human Resources	33,486	34,265	34,863	38,678	32,527	31,650	31,103	35,165	32,479	37,191	-	-	341,407
Legal	6,468	11,903	8,094	34,857	15,627	(551)	12,733	12,733	12,733	12,733	-	-	127,930
Records	6,520	6,452	6,067	6,656	5,299	6,258	5,727	7,156	6,245	6,949	-	-	63,269
Compliance	5,776	7,197	3,605	6,283	4,168	12,918	4,550	7,033	7,134	10,516	-	-	69,180
Planning/Research	1,340	1,281	1,209	1,325	426	0	-	-	-	115	-	-	5,697
Finance	24,095	32,875	22,630	39,695	23,194	26,486	37,644	30,964	26,415	28,580	-	-	292,578
Public Relations	6,478	6,365	8,336	7,466	7,077	8,264	9,126	11,862	8,464	16,408	-	-	89,846
Information Technology	80,379	69,273	97,329	86,977	82,158	90,638	86,782	125,735	91,245	124,734	-	-	935,251
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	3,986	3,764	2,150	2,591	2,015	1,778	1,647	1,828	1,648	3,350	-	-	24,757
Managed Care Contract	3,421	4,019	3,039	3,676	3,234	3,502	3,233	4,500	3,223	3,670	-	-	35,518
Total Overhead Allocations	315,282	339,079	362,180	368,255	320,701	278,442	335,113	377,474	330,996	384,692	-	-	3,412,214
Total Expenses	2,468,573	2,155,037	2,291,377	2,334,492	2,299,117	2,385,318	2,534,074	2,798,935	2,402,638	2,621,057	-	-	24,290,617
Net Margin	\$ (1,118,593)	\$ (617,827)	\$ (778,226)	\$ 988,232	\$ (25,961)	\$ 157,110	\$ (344,627)	\$ (278,328)	\$ (397,799)	\$ (1,866,692)	\$ -	\$ -	\$ (4,282,711)
Capital	-	-	(13,581)	13,581	1,752	(1,752)	-	112,074	(220,227)	108,153	-	-	-
General Fund Support/ Transfer In	1,101,337	596,437	930,086	-	-	-	-	-	-	1,522,720	-	-	\$ 4,150,580

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

FOR THE TENTH MONTH ENDED JULY 31, 2019

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
Gross Patient Revenue	-	2,912,675	3,112,764	2,246,620	1,402,311	-	690,195	-	2,251,799	1,003,980	1,307,247	-	285,408	15,212,998
Contractual Allowances	-	1,262,242	1,001,643	1,007,941	601,065	(1,341)	303,552	250	823,309	339,587	539,705	-	103,102	5,981,055
Charity Care	-	716,818	846,902	416,002	227,395	3,585	199,277	(79)	624,460	229,243	252,825	-	70,754	3,587,181
Bad Debt	-	307,945	523,630	302,096	245,076	5,711	126,443	(328)	138,077	38,844	70,411	-	66,086	1,823,991
Total Contractual Allowances and Bad Debt	-	2,287,005	2,372,175	1,726,038	1,073,536	7,955	629,272	(157)	1,585,847	607,673	862,941	-	239,941	11,392,227
Other Patient Revenue	-	698,883	700,437	462,192	314,249	2,926	132,367	-	564,295	173,202	290,688	-	64,649	3,403,888
Net Patient Revenue	-	1,324,553	1,441,026	982,774	643,024	(5,029)	193,290	157	1,230,247	569,509	734,993	-	110,115	7,224,659
Collection %	0.00%	45.48%	46.29%	43.74%	45.85%	0.00%	28.01%	0.00%	54.63%	56.73%	56.22%	0.00%	38.58%	47.49%
Grant Funds	1,115,807	1,138,125	1,101,274	950,547	1,385,334	-	266,663	-	1,092,878	370,766	489,274	242,898	366,991	8,520,559
Other Revenue	29,167	8,058	5,804	3,983	11,573	-	258	-	4,472	8,839	1,404	13,506	6	87,069
Total Other Revenues	1,144,974	1,146,183	1,107,078	954,529	1,396,908	-	266,921	-	1,097,350	379,605	490,678	256,403	366,997	8,607,627
Total Revenues	1,144,974	2,470,736	2,548,104	1,937,303	2,039,932	(5,029)	460,211	157	2,327,597	949,113	1,225,671	256,403	477,112	15,832,286
Direct Operational Expenses:														
Salaries and Wages	1,531,298	1,646,385	1,540,090	1,329,817	864,476	-	361,525	-	1,522,935	553,918	688,089	367,070	233,777	10,639,380
Benefits	311,566	404,550	435,466	409,358	228,477	-	96,023	-	457,226	158,241	193,974	92,706	74,986	2,862,573
Purchased Services	88,147	87,274	62,728	56,268	61,434	-	8,265	-	102,190	55,645	63,856	-	6,095	591,902
Medical Supplies	-	19,086	56,302	13,424	10,799	-	8,161	-	19,903	6,247	7,297	-	663	141,882
Other Supplies	25,273	14,717	39,104	10,065	76,773	-	2,756	-	11,509	4,090	21,965	39,864	4,420	250,536
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	54,764	56,562	128,982	43,025	-	7,781	-	92,205	11,695	42,288	-	-	437,302
Drugs	-	145,804	175,019	118,957	55,845	-	5,534	-	41,726	23,229	23,510	24,923	2,315	616,863
Repairs & Maintenance	-	58,158	55,412	56,764	37,877	-	7,002	-	58,047	21,321	32,406	3,000	8,124	338,109
Lease & Rental	50	114,197	131,677	76,201	163,193	5,013	3,962	-	201,090	65,625	104,869	-	-	865,877
Utilities	-	1,106	3,359	1,088	19,140	-	1,995	-	10,603	6,556	5,340	-	-	49,188
Other Expense	113,693	8,921	6,310	7,007	11,934	-	3,575	-	11,346	4,188	6,958	250	3,848	178,030
Insurance	-	3,495	2,715	2,696	936	148	-	-	998	325	360	-	6,985	18,657
Total Operational Expenses	2,070,028	2,558,456	2,564,744	2,210,627	1,573,909	5,161	506,577	-	2,529,779	911,082	1,190,910	527,814	341,212	16,990,299
Net Performance before Depreciation & Overhead Allocations	(925,054)	(87,720)	(16,640)	(273,324)	466,023	(10,190)	(46,366)	157	(202,181)	38,031	34,762	(271,410)	135,900	(1,158,013)
Depreciation	7,035	4,749	3,873	1,498	2,090	663	1,072	111	6,049	4,271	3,996	-	62,500	97,906
Overhead Allocations:														
Risk Mgt	2,613	2,810	2,807	2,481	1,594	-	590	-	3,274	1,122	1,683	1,051	473	20,498
Rev Cycle	-	113,085	112,986	99,854	64,161	-	23,740	-	131,791	45,156	67,730	42,285	19,034	719,822
Internal Audit	5,394	5,799	5,795	5,121	3,291	-	1,218	-	6,759	2,316	3,474	2,169	976	42,311
Palm Springs Facility	170,860	-	-	-	-	-	-	-	-	-	-	-	-	170,860
Administration	25,540	27,460	27,440	24,250	15,580	-	5,770	-	32,010	10,970	16,450	10,270	4,620	200,360
Human Resources	21,186	43,787	41,104	36,727	21,186	-	7,060	-	40,397	15,541	26,838	14,126	5,652	273,605
Legal	13,050	14,030	14,020	12,390	7,960	-	2,950	-	16,350	5,600	8,400	5,250	2,360	102,360
Records	6,485	6,972	6,966	6,156	3,956	-	1,464	-	8,125	2,784	4,176	2,607	1,174	50,864
Compliance	7,090	7,623	7,617	6,731	4,325	-	1,600	-	8,885	3,044	4,566	2,850	1,283	55,616
Planning/Research	584	628	627	554	356	-	132	-	732	251	376	235	106	4,580
Finance	29,987	32,240	32,214	28,468	18,293	-	6,769	-	37,575	12,873	19,311	12,055	5,427	235,213
Public Relations	9,208	9,900	9,892	8,742	5,618	-	2,079	-	11,539	3,953	5,930	3,702	1,667	72,230
Information Technology	95,856	103,058	102,973	91,001	58,476	-	21,636	-	120,112	41,151	61,730	38,536	17,348	751,877
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	2,536	2,728	2,727	2,408	1,550	-	574	-	3,176	1,087	1,633	1,021	457	19,897
Managed Care Contract	-	4,423	4,420	3,906	2,510	-	929	-	5,155	1,766	2,650	1,654	745	28,157
Total Overhead Allocations	390,390	374,543	371,589	328,791	208,855	-	76,509	-	425,881	147,613	224,947	137,810	61,321	2,748,249
Total Expenses	2,467,453	2,937,748	2,940,206	2,540,916	1,784,853	5,824	584,158	111	2,961,708	1,062,967	1,419,853	665,624	465,033	19,836,453
Net Margin	\$ (1,322,479)	\$ (467,012)	\$ (392,102)	\$ (603,613)	\$ 255,079	\$ (10,853)	\$ (123,947)	\$ 46	\$ (634,111)	\$ (113,854)	\$ (194,182)	\$ (409,221)	\$ 12,080	\$ (4,004,167)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 4,150,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,150,580

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

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,557,231	1,621,507	(64,276)	(4.0%)	1,758,782	(201,552)	(11.5%)	Gross Patient Revenue	15,212,998	16,391,001	(1,178,003)	(7.2%)	15,419,937	(206,938)	(1.3%)
362,220	392,855	30,635	7.8%	1,622,640	1,260,421	77.7%	Contractual Allowances	5,981,055	3,955,105	(2,025,950)	(51.2%)	7,257,709	1,276,654	17.6%
547,137	592,620	45,483	7.7%	308,372	(238,766)	(77.4%)	Charity Care	3,587,181	6,000,993	2,413,812	40.2%	2,366,833	(1,220,348)	(51.6%)
245,903	180,017	(65,886)	(36.6%)	96,805	(149,099)	(154.0%)	Bad Debt	1,823,991	1,822,884	(1,107)	(0.1%)	1,543,166	(280,825)	(18.2%)
1,155,261	1,165,492	10,231	0.9%	2,027,817	872,556	43.0%	Total Contractuals and Bad Debts	11,392,227	11,778,982	386,755	3.3%	11,167,708	(224,519)	(2.0%)
92,078	148,092	(56,014)	(37.8%)	1,198,978	(1,106,900)	(92.3%)	Other Patient Revenue	3,403,888	1,480,983	1,922,905	129.8%	5,514,060	(2,110,173)	(38.3%)
494,048	604,107	(110,059)	(18.2%)	929,944	(435,896)	(46.9%)	Net Patient Revenue	7,224,659	6,093,002	1,131,657	18.6%	9,766,289	(2,541,630)	(26.0%)
31.73%	37.26%			52.87%			Collection %	47.49%	37.17%		63.34%			
39,307	502,660	(463,353)	(92.2%)	474,232	(434,925)	(91.7%)	Grant Funds	8,520,559	5,376,600	3,143,959	58.5%	5,031,663	3,488,895	69.3%
3,501	12,135	(8,634)	(71.2%)	4,339	(839)	(19.3%)	Other Revenue	87,069	126,469	(39,400)	(31.2%)	206,946	(119,877)	(57.9%)
42,808	514,795	(471,987)	(91.7%)	478,571	(435,763)	(91.1%)	Total Other Revenues	8,607,627	5,503,069	3,104,558	56.4%	5,238,609	3,369,018	64.3%
536,856	1,118,902	(582,046)	(52.0%)	1,408,515	(871,659)	(61.9%)	Total Revenues	15,832,286	11,596,071	4,236,215	36.5%	15,004,898	827,388	5.5%
Direct Operational Expenses:														
1,098,131	1,130,036	31,905	2.8%	936,384	(161,747)	(17.3%)	Salaries and Wages	10,639,380	10,793,955	154,575	1.4%	10,002,330	(637,050)	(6.4%)
304,448	319,525	15,077	4.7%	260,385	(44,063)	(16.9%)	Benefits	2,862,573	3,050,009	187,436	6.1%	2,662,984	(199,588)	(7.5%)
18,816	52,291	33,475	64.0%	195,276	176,459	90.4%	Purchased Services	591,902	528,372	(63,530)	(12.0%)	679,026	87,124	12.8%
10,539	18,361	7,822	42.6%	13,911	3,372	24.2%	Medical Supplies	141,882	183,993	42,111	22.9%	135,845	(6,037)	(4.4%)
4,305	13,855	9,550	68.9%	6,286	1,981	31.5%	Other Supplies	250,536	178,325	(72,211)	(40.5%)	103,592	(146,944)	(141.8%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	15,355	15,355	100.0%
86,933	61,626	(25,307)	(41.1%)	-	(86,933)	0.0%	Medical Services	437,302	618,216	180,914	29.3%	-	(437,302)	0.0%
187,348	49,618	(137,730)	(277.6%)	26,971	(160,377)	(594.6%)	Drugs	616,863	497,484	(119,379)	(24.0%)	425,220	(191,643)	(45.1%)
15,363	8,785	(6,578)	(74.9%)	32,445	17,082	52.6%	Repairs & Maintenance	338,109	84,847	(253,262)	(298.5%)	363,632	25,523	7.0%
84,453	71,493	(12,960)	(18.1%)	72,987	(11,466)	(15.7%)	Lease & Rental	865,877	815,943	(49,934)	(6.1%)	841,028	(24,849)	(3.0%)
6,599	5,503	(1,096)	(19.9%)	3,351	(3,247)	(96.9%)	Utilities	49,188	55,030	5,842	10.6%	52,244	3,056	5.9%
30,652	25,145	(5,507)	(21.9%)	31,482	830	2.6%	Other Expense	178,030	236,730	58,700	24.8%	207,830	29,800	14.3%
2,346	2,307	(39)	(1.7%)	2,329	(17)	(0.7%)	Insurance	18,657	23,379	4,722	20.2%	16,472	(2,185)	(13.3%)
1,849,932	1,758,545	(91,387)	(5.2%)	1,581,807	(268,125)	(17.0%)	Total Operational Expenses	16,990,299	17,066,283	75,984	0.4%	15,505,558	(1,484,741)	(9.6%)
Net Performance before Depreciation														
(1,313,077)	(639,643)	(673,434)	105.3%	(173,292)	(1,139,785)	657.7%	& Overhead Allocations	(1,158,013)	(5,470,212)	4,312,199	(78.8%)	(500,660)	(657,353)	131.3%

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

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
9,863	6,072	(3,791)	(62.4%)	4,125	(5,738)	(139.1%)	Depreciation
<i>Overhead Allocations:</i>							
256	10,221	9,965	97.5%	7,635	7,379	96.7%	Risk Mgt
70,067	72,195	2,128	2.9%	40,560	(29,507)	(72.7%)	Rev Cycle
4,240	4,469	229	5.1%	4,180	(59)	(1.4%)	Internal Audit
19,166	18,493	(673)	(3.6%)	15,160	(4,006)	(26.4%)	Palm Springs Facility
20,036	20,036	-	0.0%	18,121	(1,915)	(10.6%)	Administration
29,805	27,444	(2,361)	(8.6%)	22,021	(7,785)	(35.4%)	Human Resources
10,236	10,236	-	0.0%	10,835	599	5.5%	Legal
5,586	6,789	1,203	17.7%	4,907	(679)	(13.8%)	Records
8,454	9,404	950	10.1%	4,907	(3,547)	(72.3%)	Compliance
93	1,148	1,056	91.9%	961	869	90.4%	Planning/Research
22,976	28,051	5,075	18.1%	19,986	(2,990)	(15.0%)	Finance
13,191	10,572	(2,619)	(24.8%)	6,891	(6,299)	(91.4%)	Public Relations
100,277	80,135	(20,142)	(25.1%)	58,594	(41,683)	(71.1%)	Information Technology
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support
2,693	2,181	(512)	(23.5%)	2,952	259	8.8%	Corporate Quality
2,910	4,569	1,659	36.3%	5,880	2,970	50.5%	Managed Care Contract
309,985	305,943	(4,042)	(1.3%)	223,590	(86,395)	(38.6%)	Total Overhead Allocations
2,169,780	2,070,560	(99,220)	(4.8%)	1,809,522	(360,258)	(19.9%)	Total Expenses
\$ (1,632,925)	\$ (951,658)	\$ (681,267)	71.6%	\$ (401,007)	\$ (1,231,917)	307.2%	Net Margin
-	-	-	0.0%	-	-	0.0%	Capital
\$ 1,522,720	\$ 1,087,500	\$ (435,220)	(40.0%)	\$ 200,000	\$ (1,322,720)	(661.4%)	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
97,906	60,720	(37,186)	(61.2%)	44,179	(53,727)	(121.6%)	
20,498	102,210	81,712	79.9%	78,718	58,220	74.0%	
719,822	721,950	2,128	0.3%	333,012	(386,810)	(116.2%)	
42,311	44,690	2,379	5.3%	23,356	(18,955)	(81.2%)	
170,860	184,930	14,070	7.6%	206,729	35,869	17.4%	
200,360	200,360	-	0.0%	192,304	(8,056)	(4.2%)	
273,605	274,440	835	0.3%	221,671	(51,934)	(23.4%)	
102,360	102,360	-	0.0%	85,130	(17,230)	(20.2%)	
50,864	67,890	17,026	25.1%	52,191	1,327	2.5%	
55,616	94,040	38,424	40.9%	47,151	(8,464)	(18.0%)	
4,580	11,480	6,900	60.1%	10,433	5,853	56.1%	
235,213	280,510	45,297	16.1%	216,750	(18,462)	(8.5%)	
72,230	105,720	33,490	31.7%	58,056	(14,174)	(24.4%)	
751,877	801,350	49,473	6.2%	624,017	(127,860)	(20.5%)	
-	-	-	0.0%	8,068	8,068	100.0%	
19,897	21,810	1,913	8.8%	27,373	7,476	27.3%	
28,157	45,690	17,533	38.4%	43,503	15,346	35.3%	
2,748,249	3,059,430	311,181	10.2%	2,228,462	(519,786)	(23.3%)	
19,836,453	20,186,433	349,980	1.7%	17,778,199	(2,058,254)	(11.6%)	
\$ (4,004,167)	\$ (8,590,362)	\$ 4,586,195	(53.4%)	\$ (2,773,301)	\$ (1,230,866)	(44.4%)	
-	450,000	450,000	100.0%	-	-	0.0%	
\$ 4,150,580	\$ 10,875,000	\$ 6,724,420	61.8%	\$ 2,370,000	\$ (1,780,580)	(75.1%)	

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

FOR THE TENTH MONTH ENDED JULY 31, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,139,671	960,413	851,455	393,955	3,345,492
Contractual Allowances	-	250,471	192,892	181,233	111,754	736,349
Charity Care	-	469,287	473,038	466,263	147,960	1,556,547
Bad Debt	-	16,750	88,115	23,706	9,375	137,945
Total Contractual Allowances and Bad Debt	-	736,507	754,044	671,201	269,088	2,430,841
Other Patient Revenue	-	486,456	363,489	357,305	184,584	1,391,834
Net Patient Revenue	-	889,619	569,858	537,558	309,450	2,306,484
Collection %	-	78.06%	59.33%	63.13%	78.55%	68.94%
Grant Funds	159,341	539,086	453,392	378,394	338,690	1,868,904
Other Revenue	-	-	-	-	233	233
Total Other Revenues	159,341	539,086	453,392	378,394	338,923	1,869,137
Total Revenues	159,341	1,428,705	1,023,250	915,951	648,374	4,175,621
Direct Operational Expenses:						
Salaries and Wages	230,921	715,643	596,008	509,580	271,155	2,323,307
Benefits	52,187	216,269	157,113	159,361	80,192	665,122
Purchased Services	-	23,038	13,819	13,457	31,867	82,181
Medical Supplies	-	78,018	65,866	45,986	27,940	217,810
Other Supplies	(12)	26,847	20,930	12,849	58,341	118,955
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	106	310	615	272	1,302
Repairs & Maintenance	-	11,544	13,199	12,819	10,878	48,440
Lease & Rental	-	95,596	54,785	51,154	61,333	262,868
Utilities	-	1,314	3,879	1,621	2,671	9,485
Other Expense	1,746	8,785	8,131	1,754	5,655	26,071
Insurance	-	-	-	-	431	431
Total Operational Expenses	284,841	1,177,160	934,039	809,198	550,737	3,755,973
Net Performance before Depreciation & Overhead Allocations	(125,500)	251,546	89,211	106,754	97,637	419,647
Depreciation	-	12,000	5,590	8,513	8,122	34,225
Overhead Allocations:						
Risk Mgt	324	1,573	1,381	1,067	654	4,999
Rev Cycle	-	63,323	55,595	42,933	26,312	188,163
Internal Audit	669	3,248	2,851	2,202	1,349	10,319
Palm Springs Facility	21,196	-	-	-	-	21,196
Administration	3,155	15,380	13,500	10,430	6,390	48,855
Human Resources	2,823	21,186	19,778	15,541	8,475	67,802
Legal	1,620	7,860	6,900	5,330	3,260	24,970
Records	804	3,904	3,427	2,647	1,622	12,405
Compliance	880	4,269	3,748	2,894	1,773	13,564
Planning/Research	72	352	309	238	146	1,117
Finance	3,720	18,055	15,849	12,241	7,500	57,366
Public Relations	1,142	5,544	4,867	3,759	2,303	17,616
Information Technology	11,891	57,714	50,664	39,129	23,975	183,374
Budget & Decision Support	-	-	-	-	-	-
Corporate Quality	318	1,525	1,341	1,038	637	4,859
Managed Care Contract	-	2,477	2,175	1,680	1,029	7,360
Total Overhead Allocations	48,615	206,410	182,385	141,130	85,425	663,965
Total Expenses	333,456	1,395,570	1,122,014	958,841	644,284	4,454,164
Net Margin	\$ (174,115)	\$ 33,135	\$ (98,764)	\$ (42,889)	\$ 4,090	\$ (278,543)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In					\$	-

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

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
394,109	357,379	36,730	10.3%	313,958	80,151	25.5%	3,345,492	3,618,884	(273,392)	(7.6%)	3,273,521	71,971	2.2%
38,460	74,612	36,152	48.5%	633,857	595,397	93.9%	736,349	755,526	19,177	2.5%	1,113,808	377,459	33.9%
204,040	166,096	(37,944)	(22.8%)	138,413	(65,627)	(47.4%)	1,556,547	1,681,927	125,380	7.5%	1,257,421	(299,126)	(23.8%)
24,920	15,637	(9,283)	(59.4%)	9,721	(15,199)	(156.4%)	137,945	158,347	20,402	12.9%	(18,800)	(156,745)	833.8%
267,420	256,345	(11,075)	(4.3%)	781,991	514,570	65.8%	2,430,841	2,595,800	164,959	6.4%	2,352,429	(78,412)	(3.3%)
88,373	89,237	(864)	(1.0%)	809,478	(721,105)	(89.1%)	1,391,834	892,406	499,428	56.0%	2,915,112	(1,523,278)	(52.3%)
215,062	190,271	24,791	13.0%	341,445	(126,384)	(37.0%)	2,306,484	1,915,490	390,994	20.4%	3,836,205	(1,529,720)	(39.9%)
54.57%	53.24%			108.76%			68.94%	52.93%			117.19%		
2,448	109,872	(107,424)	(97.8%)	111,928	(109,480)	(97.8%)	1,868,904	1,567,872	301,032	19.2%	1,188,856	680,048	57.2%
-	2,833	(2,833)	(100.0%)	-	-	0.0%	233	28,330	(28,097)	(99.2%)	34,000	(33,767)	(99.3%)
2,448	112,705	(110,257)	(97.8%)	111,928	(109,480)	(97.8%)	1,869,137	1,596,202	272,935	17.1%	1,222,856	646,281	52.9%
217,510	302,976	(85,466)	(28.2%)	453,373	(235,864)	(52.0%)	4,175,621	3,511,692	663,929	18.9%	5,059,060	(883,440)	(17.5%)
Direct Operational Expenses:													
229,633	255,805	26,172	10.2%	229,303	(330)	(0.1%)	2,323,307	2,443,328	120,021	4.9%	2,193,661	(129,646)	(5.9%)
66,640	74,410	7,770	10.4%	67,841	1,200	1.8%	665,122	710,269	45,147	6.4%	647,671	(17,450)	(2.7%)
7,477	10,131	2,654	26.2%	7,928	452	5.7%	82,181	116,124	33,943	29.2%	94,541	12,360	13.1%
27,280	26,170	(1,110)	(4.2%)	19,302	(7,978)	(41.3%)	217,810	258,179	40,369	15.6%	262,498	44,688	17.0%
3,193	10,769	7,576	70.4%	806	(2,387)	(296.1%)	118,955	108,650	(10,305)	(9.5%)	28,544	(90,411)	(316.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	1,826	1,826	100.0%	16	16	100.0%	1,302	18,024	16,722	92.8%	10,947	9,645	88.1%
10,407	12,501	2,094	16.8%	5,675	(4,732)	(83.4%)	48,440	54,074	5,634	10.4%	52,675	4,234	8.0%
26,194	24,393	(1,801)	(7.4%)	33,158	6,964	21.0%	262,868	265,318	2,450	0.9%	334,309	71,441	21.4%
1,557	748	(809)	(108.1%)	782	(774)	(98.9%)	9,485	7,480	(2,005)	(26.8%)	8,188	(1,297)	(15.8%)
643	4,012	3,369	84.0%	2,335	1,692	72.5%	26,071	34,488	8,417	24.4%	30,079	4,008	13.3%
31	59	28	47.5%	75	44	58.7%	431	590	159	26.9%	870	438	50.4%
373,054	420,824	47,770	11.4%	367,222	(5,832)	(1.6%)	3,755,973	4,016,524	260,551	6.5%	3,663,983	(91,990)	(2.5%)
Net Performance before													
(155,545)	(117,848)	(37,697)	32.0%	86,152	(241,696)	(280.5%)	419,647	(504,832)	924,479	(183.1%)	1,395,077	(975,430)	(69.9%)

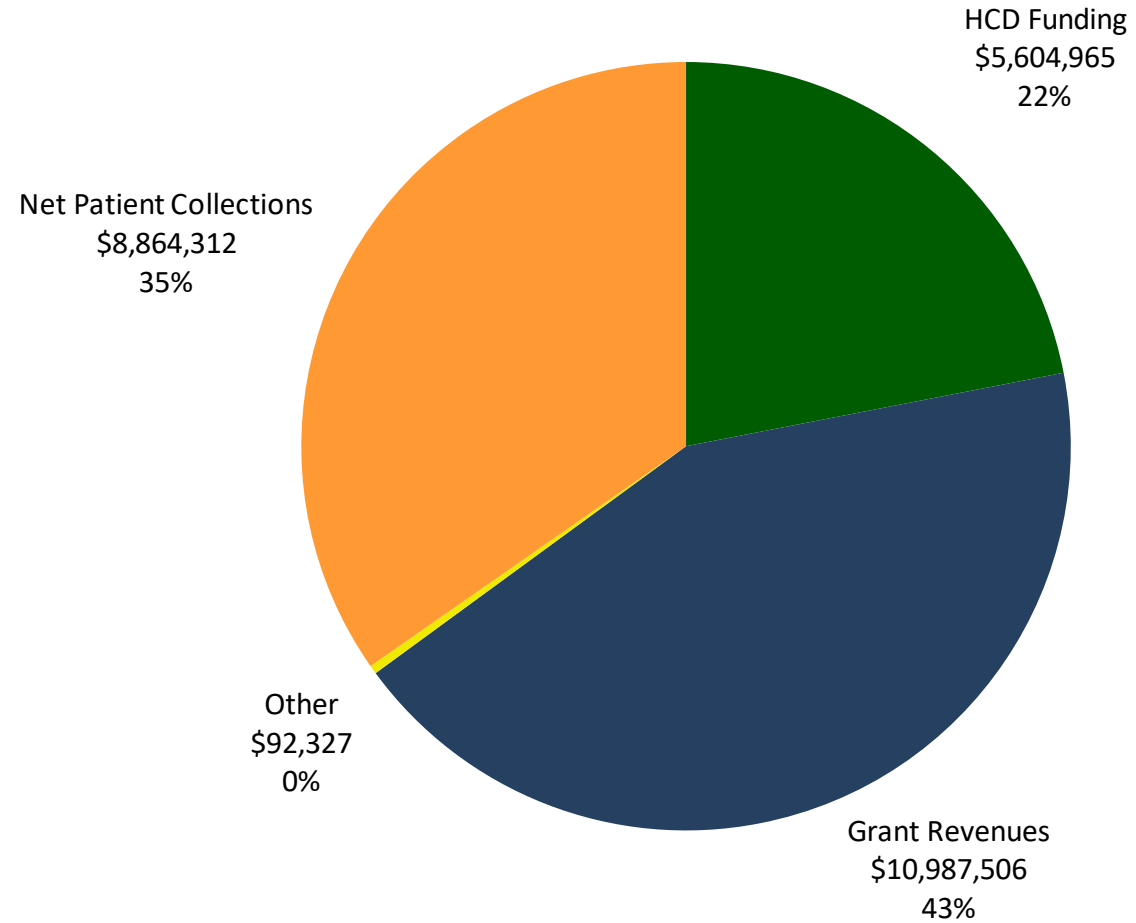
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
3,516	15,743	12,227	77.7%	11,210	7,694	68.6%	34,225	150,277	116,052	77.2%	124,342	90,116	72.5%
Overhead Allocations:													
62	2,494	2,432	97.5%	2,097	2,035	97.0%	4,999	24,940	19,941	80.0%	21,623	16,624	76.9%
18,315	18,872	557	2.9%	11,779	(6,536)	(55.5%)	188,163	188,720	557	0.3%	96,658	(91,505)	(94.7%)
1,034	1,090	56	5.1%	1,148	114	9.9%	10,319	10,900	581	5.3%	6,416	(3,904)	(60.8%)
2,378	2,294	(84)	(3.6%)	2,550	172	6.8%	21,196	22,940	1,744	7.6%	34,770	13,574	39.0%
4,893	4,887	(6)	(0.1%)	4,977	84	1.7%	48,855	48,870	15	0.0%	54,292	5,437	10.0%
7,386	6,801	(585)	(8.6%)	7,157	(228)	(3.2%)	67,802	68,010	208	0.3%	68,870	1,067	1.5%
2,497	2,497	-	0.0%	2,976	479	16.1%	24,970	24,970	-	0.0%	23,018	(1,952)	(8.5%)
1,362	1,655	293	17.7%	1,348	(15)	(1.1%)	12,405	16,550	4,145	25.0%	14,366	1,961	13.7%
2,062	2,294	232	10.1%	1,348	(714)	(53.0%)	13,564	22,940	9,376	40.9%	12,257	(1,307)	(10.7%)
23	280	257	91.9%	264	242	91.5%	1,117	2,800	1,683	60.1%	6,466	5,349	82.7%
5,604	6,842	1,238	18.1%	5,490	(113)	(2.1%)	57,366	68,420	11,054	16.2%	56,611	(755)	(1.3%)
3,217	2,577	(640)	(24.8%)	1,893	(1,324)	(69.9%)	17,616	25,770	8,154	31.6%	15,231	(2,385)	(15.7%)
24,456	19,544	(4,912)	(25.1%)	16,089	(8,367)	(52.0%)	183,374	195,440	12,066	6.2%	171,396	(11,978)	(7.0%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	5,050	5,050	100.0%
657	533	(124)	(23.2%)	811	154	19.0%	4,859	5,330	471	8.8%	7,519	2,660	35.4%
761	1,195	434	36.4%	1,707	946	55.4%	7,360	11,950	4,590	38.4%	12,626	5,265	41.7%
74,707	73,855	(852)	(1.2%)	61,635	(13,072)	(21.2%)	663,965	738,550	74,585	10.1%	607,168	(56,798)	(9.4%)
451,277	510,422	59,145	11.6%	440,067	(11,210)	(2.5%)	4,454,164	4,905,351	451,187	9.2%	4,395,493	(58,672)	(1.3%)
\$ (233,767)	\$ (207,446)	\$ (26,321)	12.7%	\$ 13,306	\$ (247,074)	(1,856.8%)	\$ (278,543)	\$ (1,393,659)	\$ 1,115,116	(80.0%)	\$ 663,568	\$ (942,111)	(142.0%)
108,153	-	(108,153)	0.0%	-	(108,153)	0.0%	-	771,688	771,688	100.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
General Fund Support/ Transfer In													

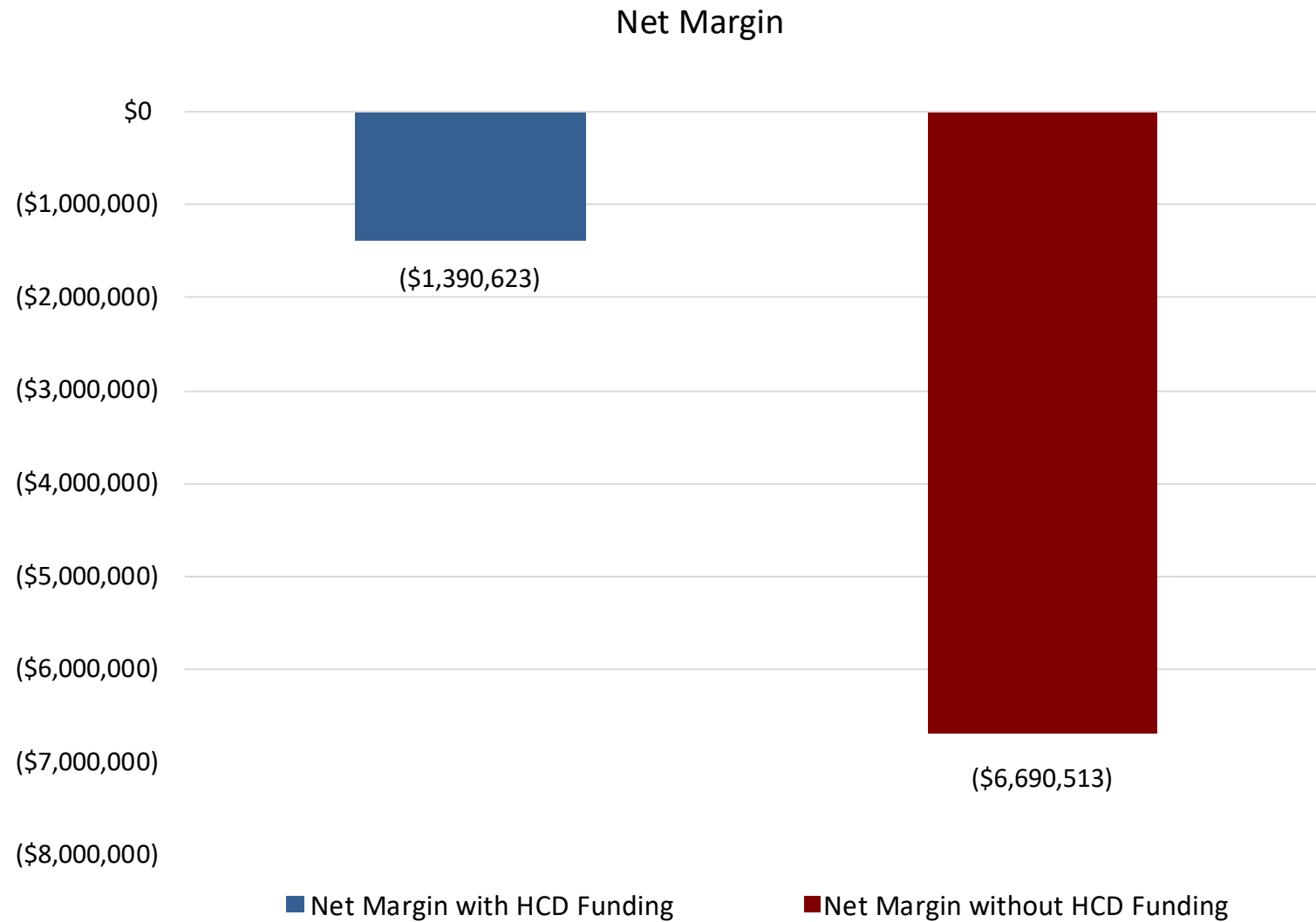
													Current Year	Current YTD	%Var to	Prior Year
Clinic Visits - Adults and Pediatrics	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total	Budget	Budget	Total
West Palm Beach	1,661	1,289	1,312	1,734	1,628	1,447	1,798	1,754	1,552	1,895			16,070	16,428	(2.2%)	15,746
Delray	1,355	1,162	1,134	1,180	1,212	1,356	1,283	1,312	1,311	1,306			12,611	14,880	(15.2%)	13,359
Lantana	1,411	1,309	1,261	1,314	1,409	1,424	1,524	1,505	1,434	1,476			14,067	15,788	(10.9%)	12,750
Belle Glade	1,030	790	839	934	806	850	949	819	668	689			8,374	8,093	3.5%	8,665
Jerome Golden Center	-	-	-	-	-	-	-	-	-	-			-	-	0.0%	2,415
Lewis Center	267	233	229	239	246	227	277	271	239	269			2,497	2,252	10.9%	2,093
Lake Worth & Women's Health Care	1,608	1,153	1,104	1,214	1,130	1,466	1,483	1,454	1,299	1,505			13,416	16,220	(17.3%)	14,946
Jupiter Clinic	421	457	418	467	483	502	565	555	522	499			4,889	5,421	(9.8%)	4,940
West Boca & Women's Health Care	1,009	861	781	923	815	900	984	877	850	921			8,921	7,146	24.8%	6,641
Mobile Van	239	186	119	201	200	159	143	151	183	180			1,761	1,876	(6.1%)	-
Suboxone	361	289	222	301	415	476	611	601	556	622			4,454	2,975	49.7%	3,063
Total Clinic Visits	9,362	7,729	7,419	8,507	8,344	8,807	9,617	9,299	8,614	9,362	-	-	87,060	91,079	(4.4%)	84,618
Dental Visits																
West Palm Beach	918	722	704	800	792	839	873	813	802	854			8,117	9,184	(11.6%)	8,742
Lantana	653	508	468	616	630	717	646	672	669	787			6,366	9,353	(31.9%)	7,095
Delray	676	522	446	503	535	644	675	574	612	702			5,889	7,023	(16.1%)	6,157
Belle Glade	406	260	230	259	275	292	377	337	329	398			3,163	3,782	(16.4%)	3,707
Total Dental Visits	2,653	2,012	1,848	2,178	2,232	2,492	2,571	2,396	2,412	2,741	-	-	23,535	29,342	(19.8%)	25,701
Total Medical and Dental Visits	12,015	9,741	9,267	10,685	10,576	11,299	12,188	11,695	11,026	12,103	-	-	110,595	120,421	(8.2%)	110,319
Mental Health Counselors (non-billable)																
West Palm Beach	124	100	103	135	117	110	154	133	164	194			1,334	851	56.8%	994
Delray	137	118	102	117	106	102	126	219	221	148			1,396	843	65.6%	941
Lantana	467	414	368	433	383	265	423	885	467	511			4,616	2,295	101.1%	1,611
Belle Glade	17	21	22	26	18	25	23	20	10	12			194	146	32.9%	149
Lewis Center	268	219	192	235	232	253	283	208	198	215			2,303	966	138.4%	1,353
Lake Worth	173	99	73	190	98	111	76	178	190	216			1,404	1,221	15.0%	1,413
Jupiter	-	-	-	-	-	-	-	-	-	-			-	293	(100.0%)	307
West Boca	-	-	-	-	-	-	-	-	-	-			-	200	(100.0%)	227
Mobile Van	-	-	-	16	40	57	95	78	92	94			472	-	100.0%	-
Total Mental Health Screenings	1,186	971	860	1,152	994	923	1,180	1,721	1,342	1,390	-	-	11,719	6,815	72.0%	6,995

Primary Care Clinics Funding Sources



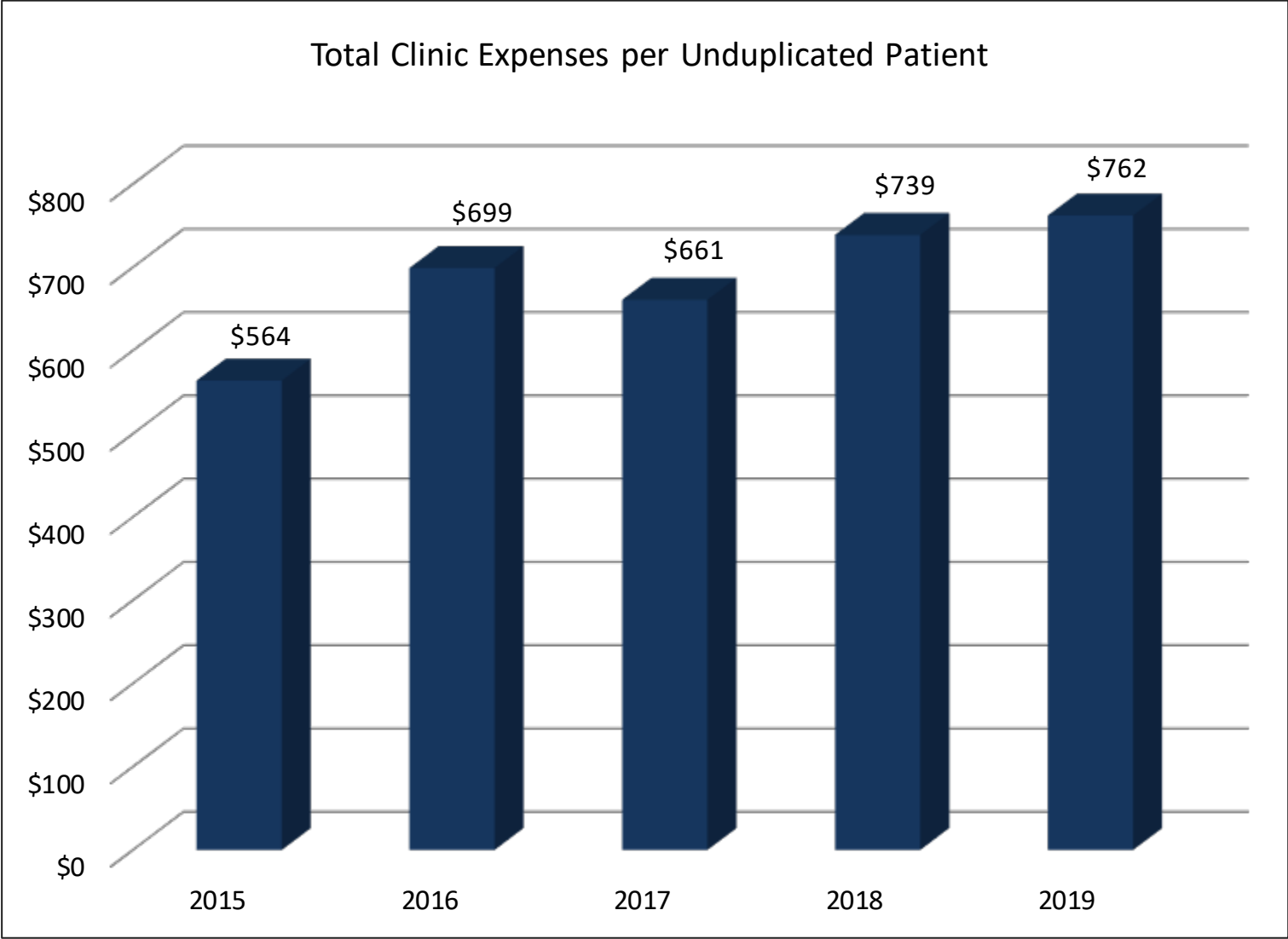
Fiscal YTD July 2019 Total Expenses \$25,549,110

*Total expenses include overhead allocations and capital, and exclude depreciation.



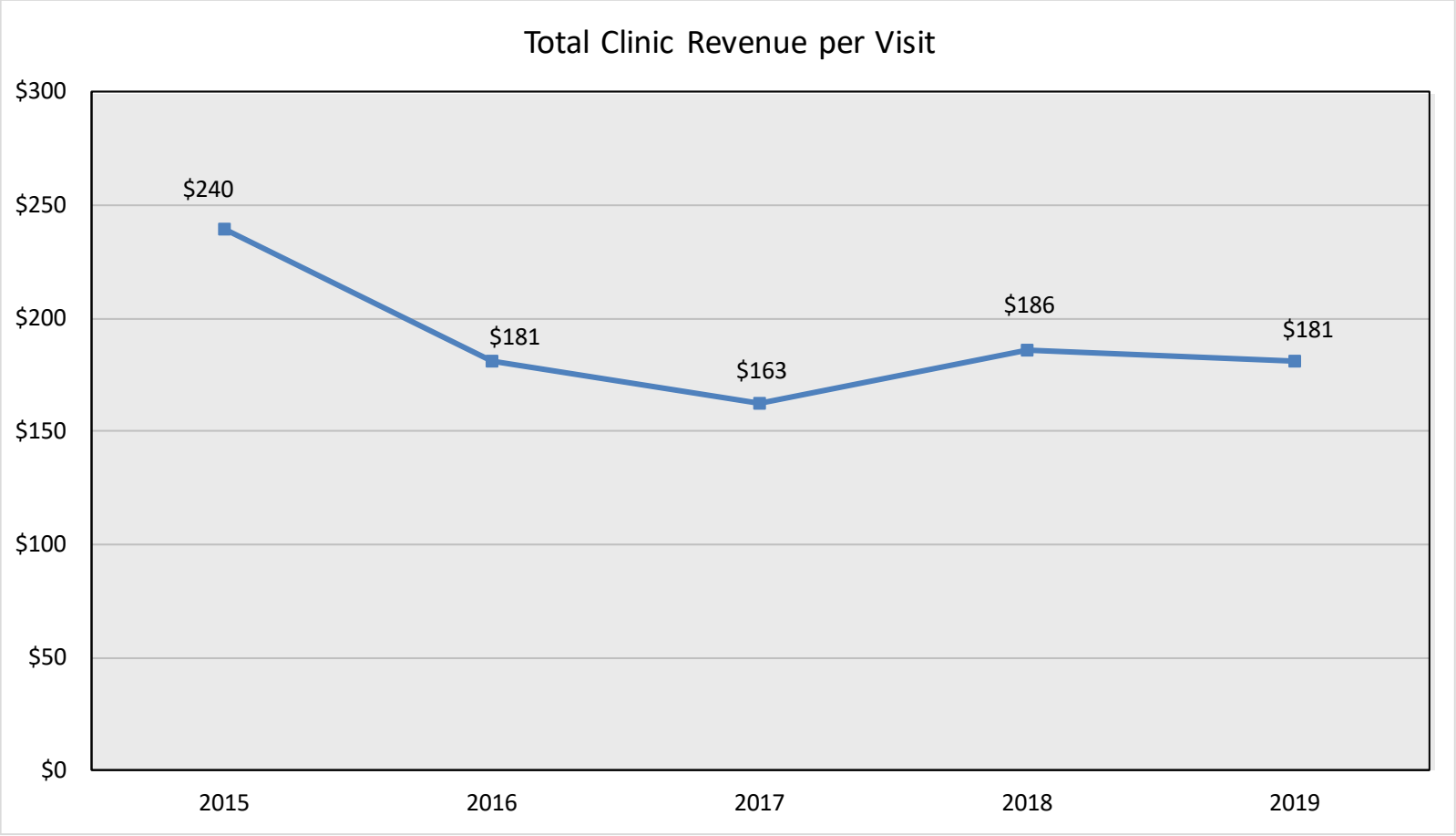
* Net Margin includes overhead allocations and capital, and excludes depreciation.

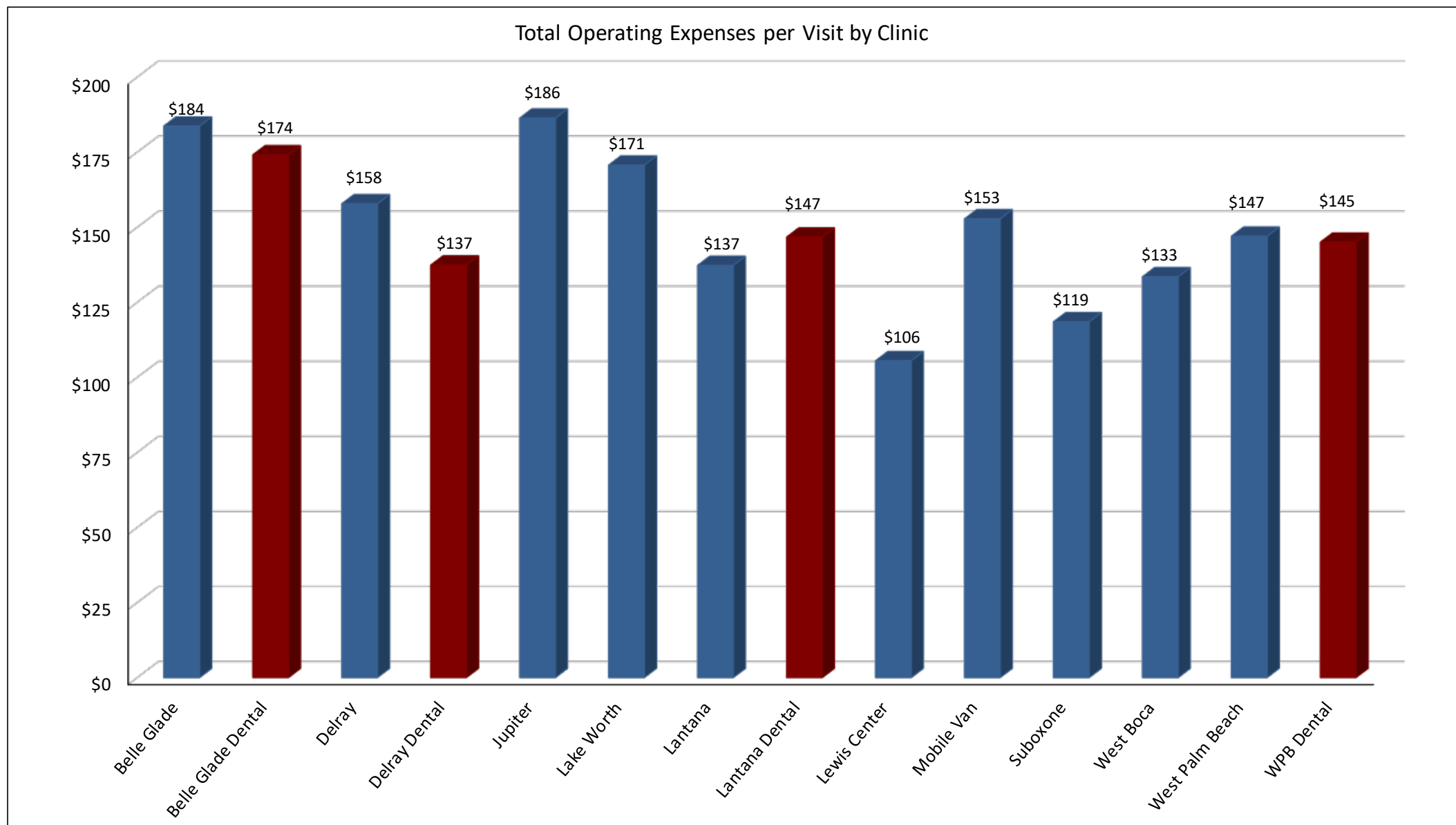
** HCD funding includes the District Cares Subsidy and General Fund Transfer In.



* 2019 data reflects fiscal year-to-date July expenses annualized.

** Expenses include overhead allocations and capital, and exclude depreciation.





* Based on fiscal year-to-date July 2019 total operating expenses.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

1. Description: Credentialing and Privileging Procedure

2. Summary:

The agenda item represents the C.L. Brumback Primary Care Clinics Credentialing and Privileging Procedure.

3. Substantive Analysis:

This is to provide an overview of the Credentialing and Privileging Procedure and to address any questions the Board may have with regard to the established process.

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

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board receive and file the Credentialing and Privileging Procedure.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

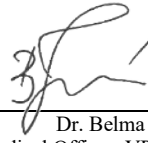
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Sarah Gonzalez

Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

PROCEDURE

Procedure Name:	Credentialing and Privileging Procedure	Effective Date:	12/12/2018
Department:	Primary Care Clinics	Policy Number:	600-17

APPLICABILITY

This procedure applies to all C.L. Brumback Primary Care Clinics practitioners, employed or contracted, volunteers and locum tenens, at all health center sites

DEFINITIONS

1. Credentialing – the process of assessing and confirming the qualifications (e.g. licensure, certification, and/or registration) of a licensed or certified health care practitioner.
2. Privileging – the process of authorizing the specific scope and content of patient care services of a licensed or certified health care practitioner. This is performed in conjunction with an evaluation of the health care practitioner's clinical qualifications and/or performance.
3. Licensed Independent Practitioner (LIP) – an individual permitted by law to provide care and services without direction or supervision, within the scope of the individual practitioner's license and consistent with individually granted privileges.
4. Other Licensed or Certified Health Care Practitioner (OLCP) – an individual who is licensed, registered, or certified, but is not permitted by law to provide patient care services without direction or supervision.
5. Primary source verification (PSV) – verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Examples of primary source verification include, but are not limited to, direct correspondence, internet verification, and reports from Credentials Verification Organizations (CVO).
6. Secondary source verification (SSV) – verification by methods not considered acceptable for primary source verification. These methods may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential, notarized copy of the credential, a copy of the credential (when the copy is made from an original by approved C.L. Brumback staff).
7. National Practitioner Data Bank (NPDB) – is an electronic information repository created by Congress. It contains information on medical malpractice claims and certain adverse actions related to health care practitioners, entities, providers and suppliers.

PROCEDURE

Procedure Name:	Credentialing and Privileging Procedure	Effective Date:	12/12/2018
Department:	Primary Care Clinics	Policy Number:	600-17

PROCEDURE

Initial Credentialing and Privileging of LIP's

Initial Credentialing and Privileging of LIP's involves the assessment of current competence in the specific scope or content of patient care services and the primary source verification of the following:

- Current licensure
- Relevant education, training and experience
- Current competence by a minimum of two (2) peer references
- Health fitness, or ability to perform the requested privileges
- NPDB query, as applicable
- Medicare exclusion query, as applicable

Credentialing of LIP's also requires secondary source verification of the following:

- Government issued picture identification
- Drug Enforcement Administration (DEA), as applicable
- Hospital admitting privileges, as applicable
- Immunization and PPD status; and
- Life support training (BLS)

LIP's must complete a credentialing application and Delineation of Privileges form specific to the scope of services to be performed. If not complete, the LIP's request for credentialing and privileging will be rejected. The LIP will have ten (10) days to cure, if not cured within the ten (10) days; a new application will be required. The LIP's completed credentialing application will be processed by Credentialing staff and the Delineation of Privileges will be reviewed by the appropriate Medical Director/Dental Director/Women's Health Director.

The initial granting of privileges to LIP's ultimate approval authority is vested in the Board based on the recommendation by the appropriate Medical Director/Dental Director/Women's Health Director.

Supported by primary source and secondary source verifications, temporary privileges may be granted for a limited period, not to exceed sixty (60) days, by recommendation of the appropriate Medical Director/Dental Director/Women's Health Director to fulfill an important patient care need. These temporary privileges may be granted when a LIP with a complete, clean application (no adverse history of licensure, malpractice, medical staff membership actions) is awaiting review and approval by the Board and will not be routinely used for other administrative purposes.

Recredentialing and Renewal of Privileges of LIP's

The recredentialing and renewal of privileges of LIP's will occur every two (2) years and involves the assessment of current competence in the specific scope of content of patient care services and the primary source verification of the following:

PROCEDURE

Procedure Name:	Credentialing and Privileging Procedure	Effective Date:	12/12/2018
Department:	Primary Care Clinics	Policy Number:	600-17

- Expiring or expired credentials
- Current competence based on overall peer review results for the two (2) year period and performance improvement data
- NPDB query, as applicable
- Medicare exclusion query, as applicable

At the time of renewal, LIP's must complete a recredentialing application and Delineation of Privileges form specific to the scope of services performed. The LIP's completed recredentialing application will be processed by Credentialing staff and the Delineation of Privileges will be reviewed by the appropriate Medical Director/Dental Director/Women's Health Director.

Similar to the initial granting of privileges, approval of subsequent privileges including modifying and/or limiting privileges is vested in the Board based on the recommendation by the appropriate Medical Director/Dental Director/Women's Health Director.

Notification of Credentialing and Privileging Decision of LIP's

The Medical Director shall provide written notification of the credentialing and privileging decision to the LIP within ten (10) business days from the Board's decision. If credentialing and privileging is granted, the written notification shall include the next credentialing and renewal of privileges date, which shall be two (2) years from the date of the Board's decision.

If a decision to deny clinical privileges is rendered, the LIP may appeal this determination to the Board in writing within ten (10) business days from receipt of the denial notification. The Board shall review the written appeal and any documentation provided for reconsideration of the LIP's credentialing and privileging request. Written notification of the appeal decision and final determination will be made by the Medical Director within ten (10) days of the Board's decision.

Failure of the LIP to submit a written request for appeal within the ten (10) business days' period shall be deemed as a waiver of the practitioner's right to appeal.

Initial Credentialing of OLCP's

Initial Credentialing of OLCP's involves the assessment of current competence in the specific scope or content of patient care services and the primary source verification of the following:

- Current license, registration or certification, as applicable
- Current competence by a thorough review of clinical qualifications and supervisory evaluation per the job description by their appropriate supervisor
- NPDB query, as applicable
- Medicare exclusion query, as applicable

PROCEDURE

Procedure Name: **Credentialing and Privileging Procedure**

Effective Date: 12/12/2018

Department: **Primary Care Clinics**

Policy Number: 600-17

Credentialing of OLCP's also requires secondary source verification of the following:

- Relevant education, training and experience
- Government issued picture identification
- Immunization and PPD status; and
- Life support training (BLS)

For OLCP's, privileging is completed during the orientation process via supervisory evaluation based on the job description.

The credentialing of other licensed or certified health care practitioners will be completed prior to an individual being allowed to provide patient care services.

Recredentialing of OLCP's

The recredentialing and renewal of OLCP privileges will occur every two (2) years and involves the assessment of current competence in the specific scope of content of patient care services and the primary source verification of the following:

- Expiring or expired credentials
- Current competence based on performance evaluations that assures the practitioner is competent to perform the duties in the job description by the appropriate supervisor
- NPDB query, as applicable
- Medicare exclusion query, as applicable

Notification of Credentialing Decision of OLCP's

The appropriate Medical Director/Dental Director/Women's Health Director shall provide written notification of the credentialing completion to the OLCP within ten (10) business days from credentialing review.

RESPONSIBILITY

The C.L. Brumback Primary Care Clinics Board of Directors has the ultimate authority and responsibility for the provisions of Credentialing and Privileging policy.

The Medical Director/Dental Director/Women's Health Director shall oversee the credentialing and privileging activities, provide clinical leadership and direction to credentialing staff, credential other licensed or certified health care practitioners and make credentialing and privileging recommendations of licensed independent practitioners to the Board.

PROCEDURE

Procedure Name: **Credentialing and Privileging Procedure**

Effective Date: 12/12/2018

Department: Primary Care Clinics




Policy Number: 600-17

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
	12/12/18
Belma Andric, MD, MPH, Chief Medical Officer, VP and Executive Director of Clinical Services	12/12/2018
	12/12/18
Noelle Stewart, DO, FQHC Medical Director	12/12/2018
	12/12/18
Terry Megiveron, Director of Practice Operations	12/12/2018

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions
4/23/2013	12/12/2018
	5/31/2017
	4/24/2014
	5/23/2013

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

1. Description: Scope Adjustment – Clinic Evening Hours

2. Summary:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Scope Adjustment application with the Health Resources and Services Administration to remove evening hours.

3. Substantive Analysis:

As discussed during Strategic Planning, for the last two years we have been experiencing a decrease in demand for services for evening hours (5-7pm) at our five largest sites (Belle Glade, Delray, Lake Worth, Lantana and West Palm Beach) included in this request for Scope Adjustment.

For the last two years, we did not reach productivity higher than 60% of our target during evening hours. Additionally, the data has further demonstrated that patients seen between 5-7pm were actually patients simply not seen during normal business hours of 8am-5pm even though they were scheduled as such. Saturday hours were analyzed as well and it was concluded that these are being utilized at greater than 90% productivity. Based on this analysis, we feel confident that we can remove evening hours, but keep Saturday hours will still provide unconventional hours and access to care. We do not anticipate an impact to patients overall.

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

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019


6. Recommendation:

Staff recommends the Board approve the request for Scope Adjustment to remove Clinic evening hours.

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 28, 2019

1. Description: Executive Director Informational Update

2. Summary:

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

- Belle Glade Clinic
- FY2019 Integrated Behavioral Health Grant
- FY2020 Noncompeting Application
- Quarterly HRSA Project Officer Call
- Health Center Quality Improvement FY 2019 Grant Awards
- Mock HRSA Operational Site Visit (OSV)

3. Substantive Analysis:

Belle Glade Clinic

AHCA letter received by architect outlining a few elements that we need to address in order to obtain the Certificate of Occupancy. Unfortunately, we will not be able to open as quickly as we originally hoped, but we will continue to keep you apprised of any changes.

FY2019 Integrated Behavioral Health Grant

We received a total of \$167,000 (\$22,000 more than what we requested) for in support for our new psychologist position in Belle Glade and some additional on-site training in behavioral health integration in January of 2020.

FY2020 Noncompeting Application

Submitted our fiscal year 2020 noncompeting progress report to HRSA.

Quarterly HRSA Project Officer Call

Reviewed our current progress towards our 2019 goals with HRSA Project Officer.

Health Center Quality Improvement FY 2019 Grant Awards

Awarded \$176,501 in Quality Improvement funds based on our UDS submission for calendar year 2018.

Mock HRSA Operational Site Visit (OSV)

Currently planning a mock audit for March of 2020.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

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

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved


6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

1. Description: Operations Reports – July 2019

2. Summary:

This agenda item provides the following operations reports for July 2019:

- Productivity Summary Report

3. Substantive Analysis:

July 2019 productivity showed that we had a slight increase in our monthly target percentage in Pediatric Care, Dental, and Mental Health. Dental has continued to exceed targets at 107%.

July 2019 productivity by location and by position shows that Boca remains consistent in having the highest Adult percentage monthly target met also showing a slight increase in Women's Health; Lantana had the highest Mental Health and Pediatric Care percentage monthly targets met and increased in Adult Medicine; West Palm Beach and Lantana continue to have the highest dental percentage monthly target met.

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

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019


6. Recommendation:

Staff recommends the Board Approve the Operations Reports for July 2019.


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Zulma Jairala
Director of Practice Operations

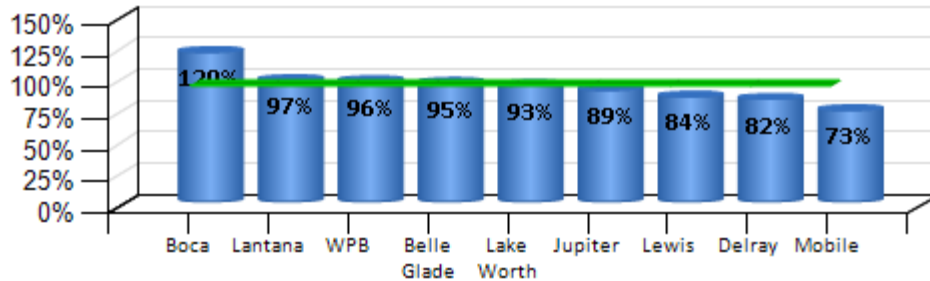


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

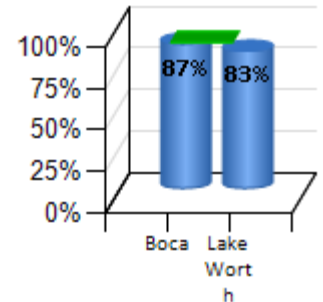
ALL CLINICS PRODUCTIVITY JULY 2019

	Target	Total seen	% Monthly Target
SUBSTANCE ABUSE	765	622	81%
MENTAL HEALTH	1575	1390	88%
WOMEN'S HEALTH CARE	544	457	84%
PEDIATRIC CARE	1977	1749	88%
ADULT CARE	7001	6534	93%
DENTAL	2093	2238	107%
DENTAL HYGIENE	664	503	76%

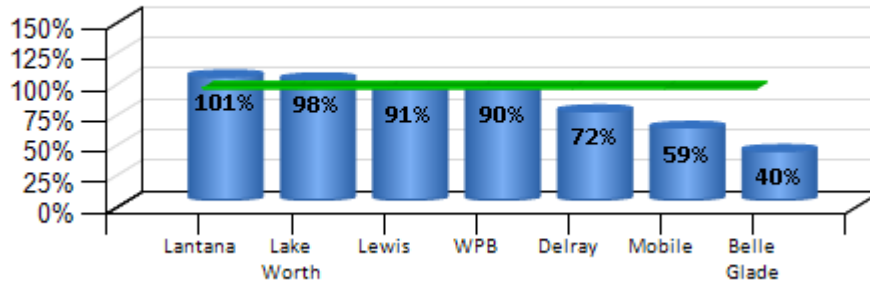
Adult care



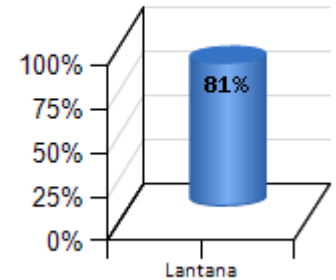
Women's Health



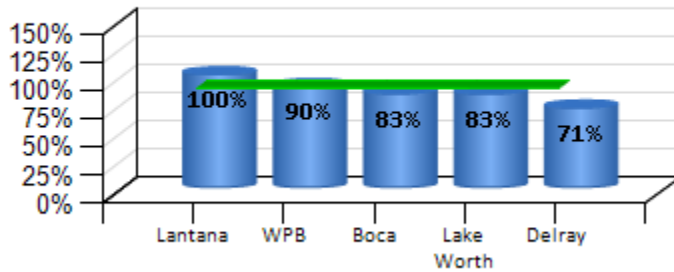
Mental Health



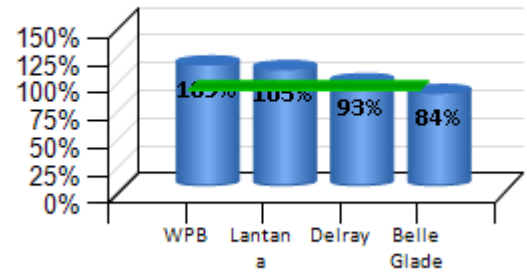
Substance Abuse



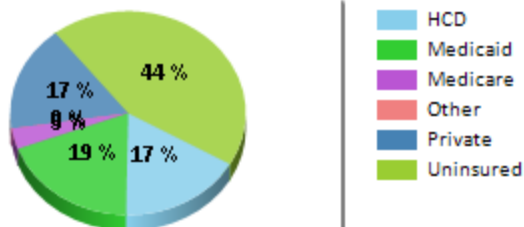
Pediatric Care



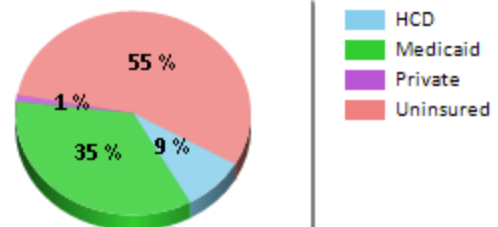
Dental & Dental Hygiene



Medical Payer Mix YTD



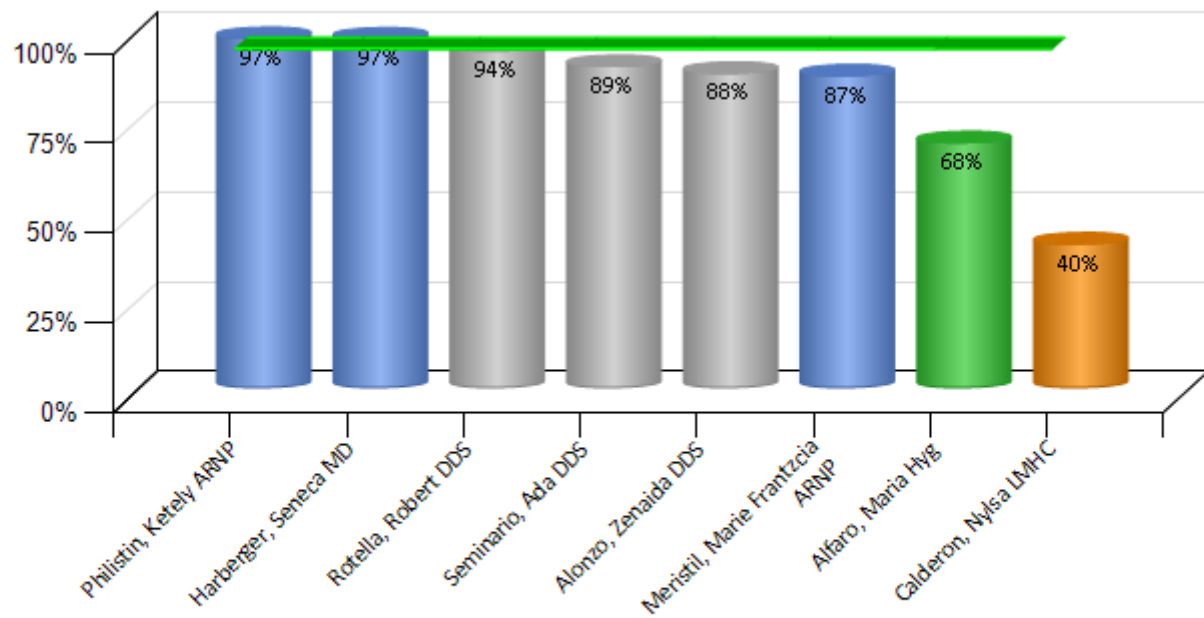
Dental Payer Mix YTD



BELLE GLADE TOTALS FOR JULY 2019

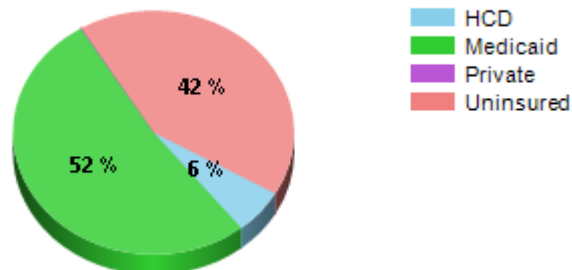
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Philistin, Ketely ARNP	16	11.0	176	171	97%	15.5
Harberger, Seneca MD	18	22.5	405	393	97%	17.5
Meristil, Marie Frantzcia ARNP	16	9.0	144	125	87%	13.9
BELLE GLADE ADULT CARE TOTALS		42.5	725	689	95%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	10	3.0	30	12	40%	4.0
BELLE GLADE MENTAL HEALTH TOTALS		3.0	30	12	40%	
DENTAL						
Rotella, Robert DDS	16	1.0	16	15	94%	15.0
Seminario, Ada DDS	16	19.5	312	279	89%	14.3
Alonzo, Zenaida DDS	16	1.0	16	14	88%	14.0
BELLE GLADE DENTAL TOTALS		21.5	344	308	90%	
DENTAL HYGIENE						
Alfaro, Maria Hyg	8	16.5	132	90	68%	5.5
BELLE GLADE DENTAL HYGIENE TOTALS		16.5	132	90	68%	
BELLE GLADE TOTALS		83.5	1231	1099	89%	

BELLE GLADE PROVIDER PRODUCTIVITY JULY 2019

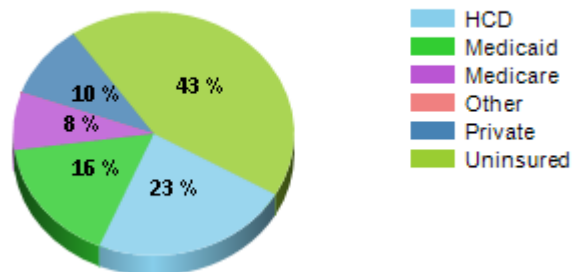


■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.

Dental Payer Mix YTD



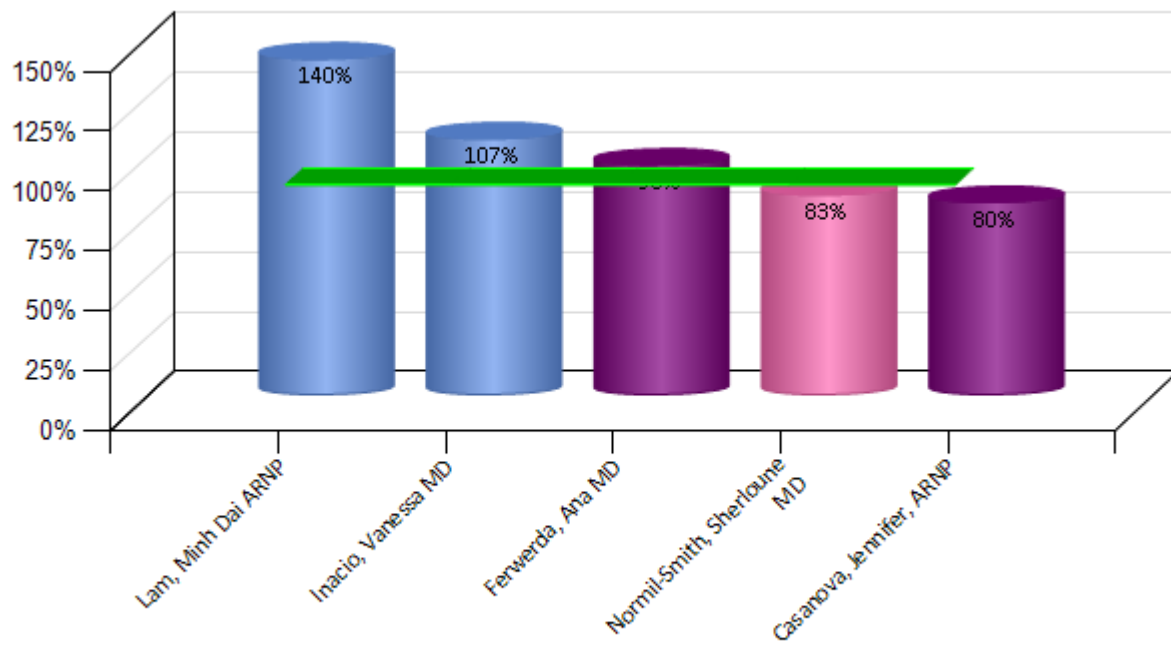
Medical Payer Mix YTD



BOCA TOTALS FOR JULY 2019

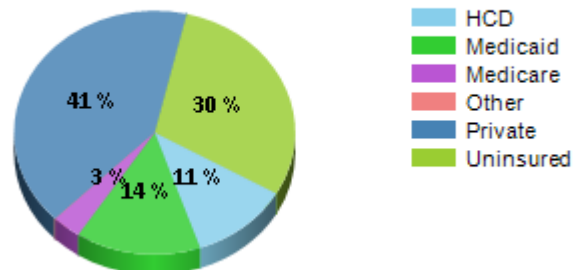
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	14.5	232	325	140%	22.4
Inacio, Vanessa MD	18	20.5	369	394	107%	19.2
BOCA ADULT CARE TOTALS		35.0	601	719	120%	
PEDIATRIC CARE						
Normil-Smith, Sherloun MD	18	4.0	72	60	83%	15.0
BOCA PEDIATRIC CARE TOTALS		4.0	72	60	83%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	4.0	72	69	96%	17.3
Casanova, Jennifer, ARNP	13	7.0	91	73	80%	10.4
BOCA WOMEN'S HEALTH CARE TOTALS		11.0	163	142	87%	
BOCA TOTALS						
		50.0	836	921	110%	

BOCA PROVIDER PRODUCTIVITY JULY 2019

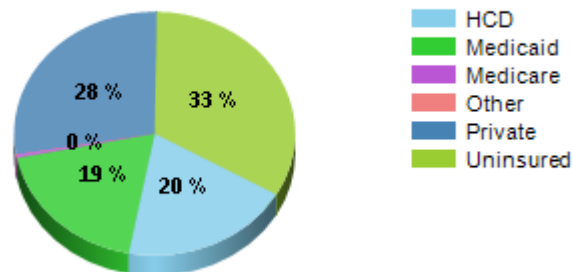


■ Pediatrics
 ■ Adult Care
 ■ Women's Health

Medical Payer Mix YTD



WOMEN'S HEALTH CARE Payer Mix YTD



DELRAY BEACH TOTALS FOR JULY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	0.5	8	14	175%	28.0
Cesaire-Jean, Rose Carline ARNP	16	20.0	320	271	85%	13.6
Montenegro, Claudia DO	18	20.5	369	305	83%	14.9
St. Vil-Joseph, Carline ARNP	16	22.0	352	282	80%	12.8
Duthil, Marie MD	18	11.5	207	160	77%	13.9
DELRAY BEACH ADULT CARE TOTALS		74.5	1256	1032	82%	

PEDIATRIC CARE						
Elisme, Junie MD	18	21.5	387	274	71%	12.7
DELRAY BEACH PEDIATRIC CARE TOTALS		21.5	387	274	71%	

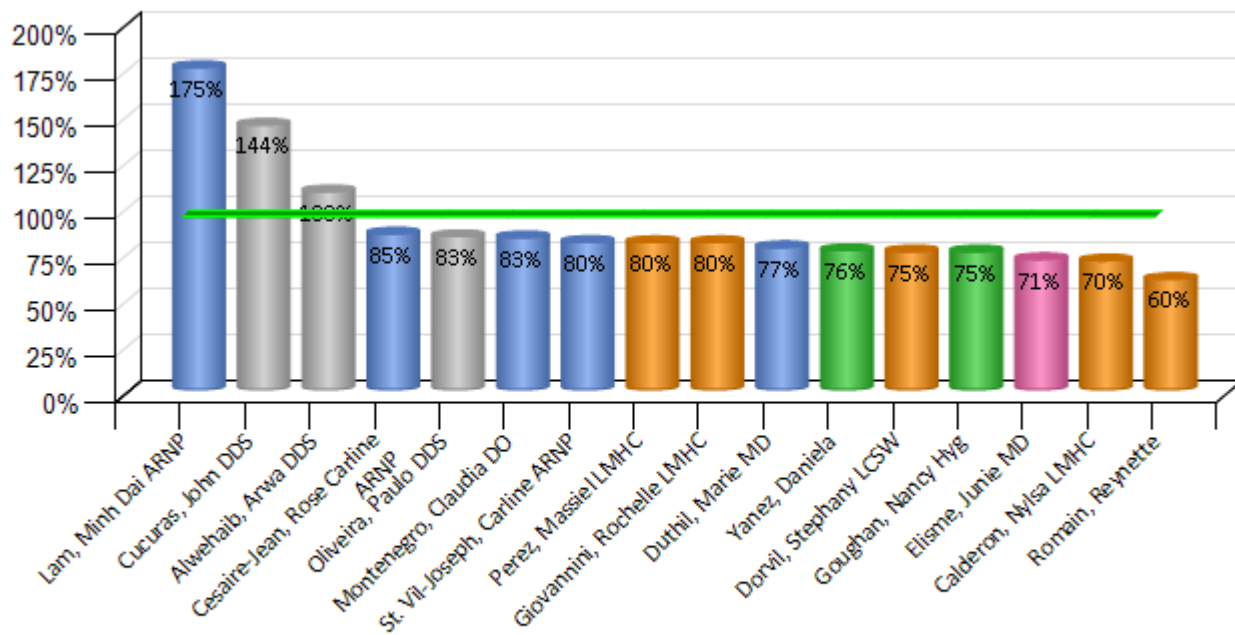
MENTAL HEALTH						
Perez, Massiel LMHC	10	0.5	5	4	80%	8.0
Giovannini, Rochelle LMHC	10	1.0	10	8	80%	8.0
Dorvil, Stephany LCSW	10	8.0	80	60	75%	7.5
Calderon, Nylsa LMHC	10	10.0	100	70	70%	7.0
Romain, Reynette	10	1.0	10	6	60%	6.0
DELRAY BEACH MENTAL HEALTH TOTALS		20.5	205	148	72%	

DENTAL						
Cucuras, John DDS	16	1.0	16	23	144%	23.0
Alwehaib, Arwa DDS	16	20.5	328	353	108%	17.2
Oliveira, Paulo DDS	16	14.5	232	193	83%	13.3
DELRAY BEACH DENTAL TOTALS		36.0	576	569	99%	

DENTAL HYGIENE						
Yanez, Daniela	8	21.5	172	130	76%	6.0
Goughan, Nancy Hyg	8	0.5	4	3	75%	6.0
DELRAY BEACH DENTAL HYGIENE TOTALS		22.0	176	133	76%	

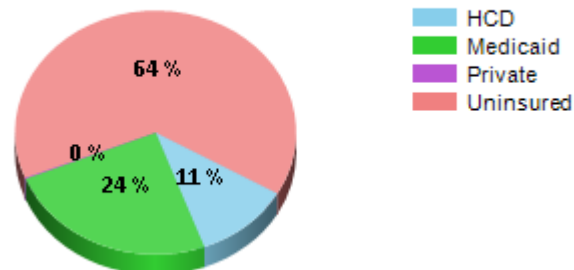
DELRAY BEACH TOTALS		174.5	2600	2156	83%	
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DELRAY BEACH PROVIDER PRODUCTIVITY JULY 2019

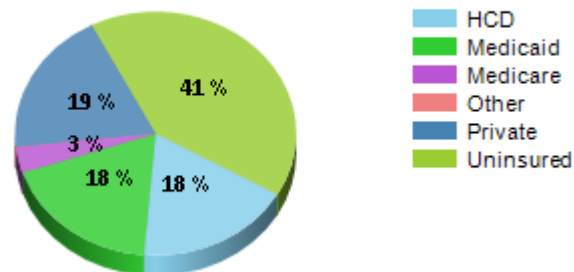


■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.

Dental Payer Mix YTD



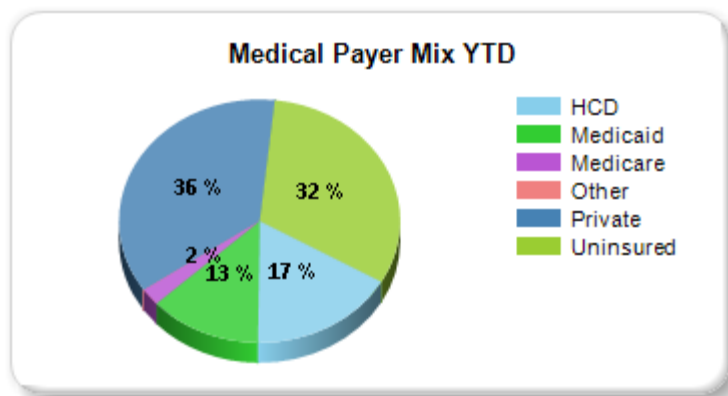
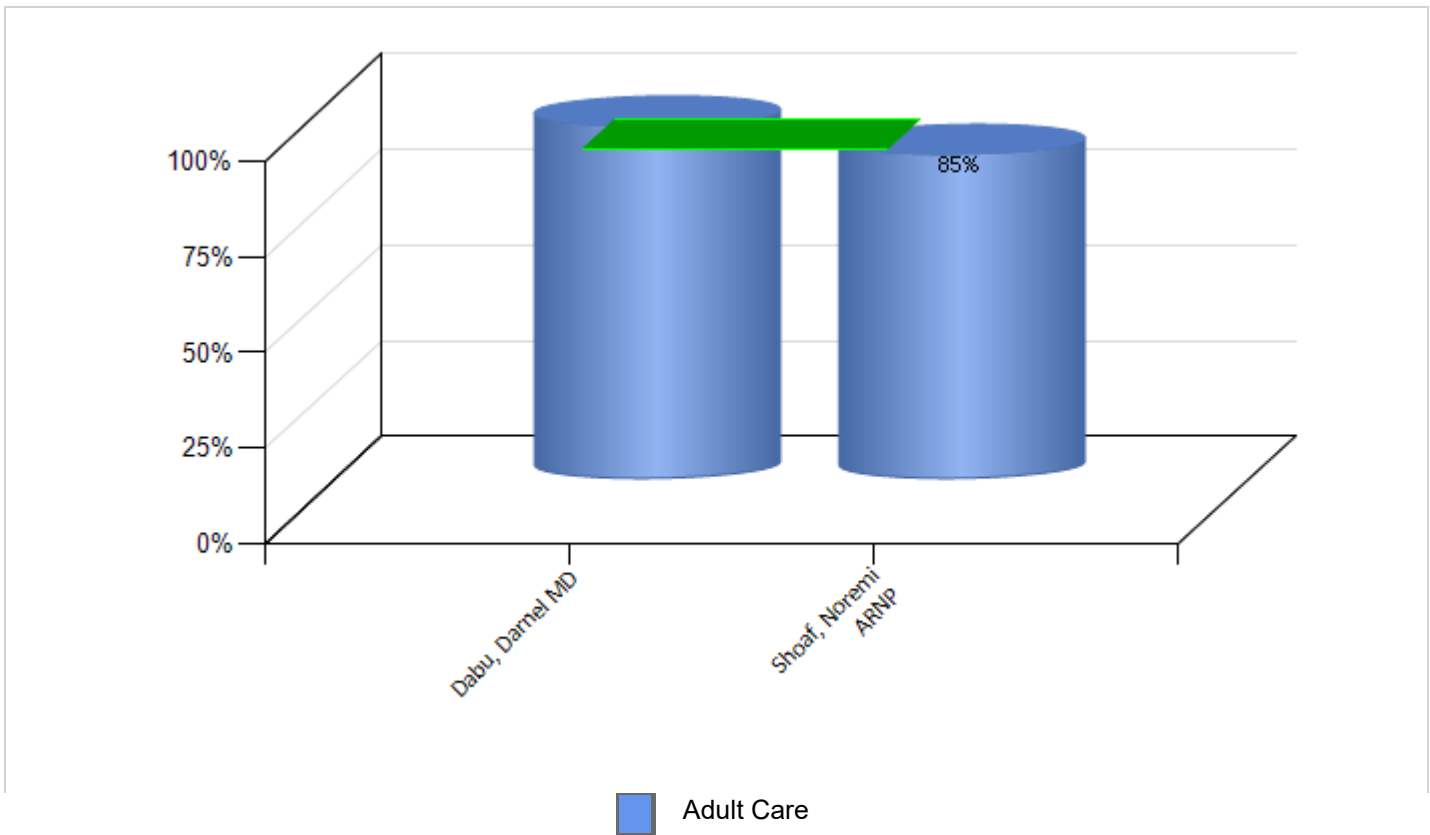
Medical Payer Mix YTD



JUPITER TOTALS FOR JULY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	19.5	351	323	92%	16.6
Shoaf, Noremi ARNP	16	13.0	208	176	85%	13.5
JUPITER ADULT CARE TOTALS		32.5	559	499	89%	
JUPITER TOTALS		32.5	559	499	89%	

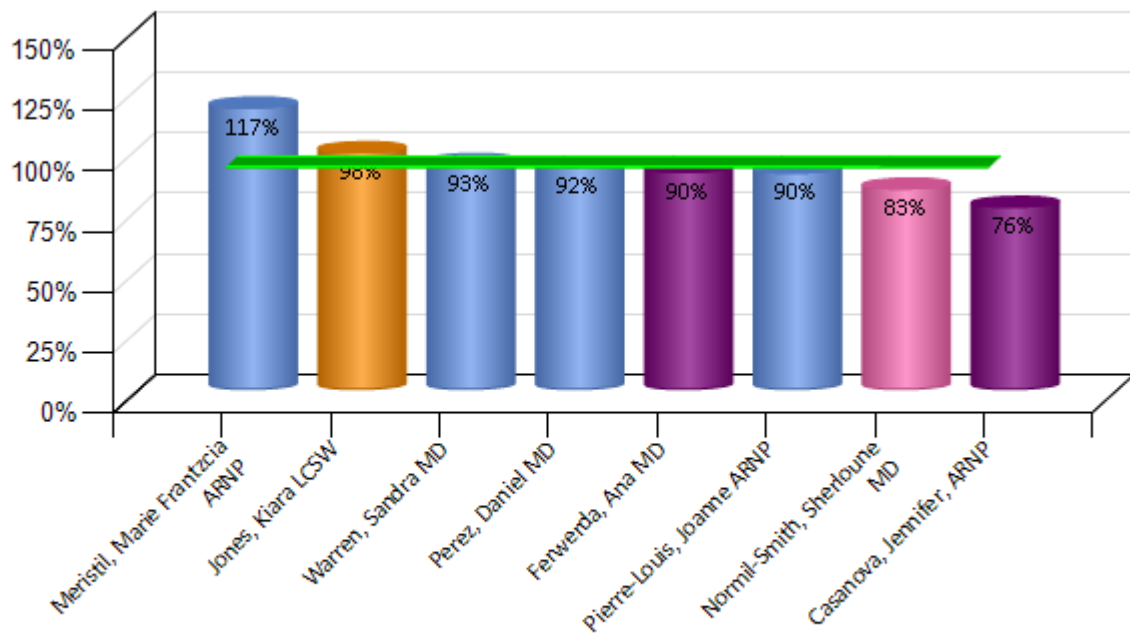
JUPITER PROVIDER PRODUCTIVITY JULY 2019



LAKE WORTH TOTALS FOR JULY 2019

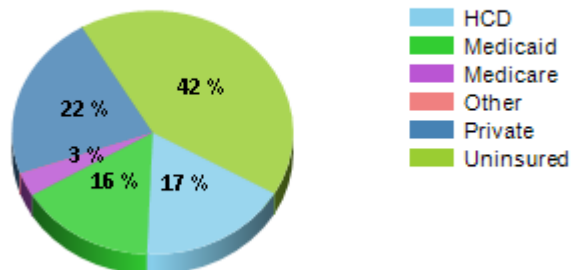
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	12	5.0	60	70	117%	14.0
Warren, Sandra MD	18	19.0	342	319	93%	16.8
Perez, Daniel MD	18	21.5	387	357	92%	16.6
Pierre-Louis, Joanne ARNP	16	20.0	320	287	90%	14.4
LAKE WORTH ADULT CARE TOTALS		65.5	1109	1033	93%	
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	10.5	189	157	83%	15.0
LAKE WORTH PEDIATRIC CARE TOTALS		10.5	189	157	83%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	10.5	189	170	90%	16.2
Casanova, Jennifer, ARNP	16	12.0	192	145	76%	12.1
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		22.5	381	315	83%	
MENTAL HEALTH						
Jones, Kiara LCSW	10	22.0	220	216	98%	9.8
LAKE WORTH MENTAL HEALTH TOTALS		22.0	220	216	98%	
LAKE WORTH TOTALS		120.5	1899	1721	91%	

LAKE WORTH PROVIDER PRODUCTIVITY JULY 2019

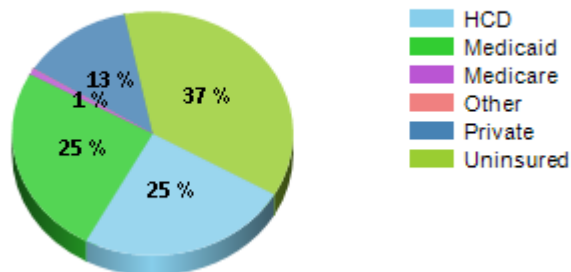


■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Women's Health

Medical Payer Mix YTD



WOMEN'S HEALTH CARE Payer Mix YTD



LANTANA TOTALS FOR JULY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	16	4.5	72	79	110%	17.6
Navarro, Elsy ARNP	16	18.5	296	317	107%	17.1
Presendieu, Heden ARNP	16	7.5	120	118	98%	15.7
Alfonso-Puentes, Ramiro MD	18	18.5	333	322	97%	17.4
Perez, Daniel MD	18	0.5	9	8	89%	16.0
Stewart, Noelle DO	10	5.5	55	16	29%	2.9
LANTANA ADULT CARE TOTALS		55.0	885	860	97%	

PEDIATRIC CARE						
Millien, Eleonore ARNP	16	0.5	8	13	163%	26.0
Lazaro, Nancy MD	18	18.5	333	363	109%	19.6
Buchholz, Ellen ARNP	16	3.0	48	43	90%	14.3
Dessalines, Duclos MD	18	12.5	225	197	88%	15.8
LANTANA PEDIATRIC CARE TOTALS		34.5	614	616	100%	

MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	10	19.0	190	232	122%	12.2
Rowling, Courtney MD	16	12.5	200	189	95%	15.1
Alvarez, Franco MD	16	3.0	48	38	79%	12.7
Calderon, Nylsa LMHC	10	7.0	70	52	74%	7.4
LANTANA MENTAL HEALTH TOTALS		41.5	508	511	101%	

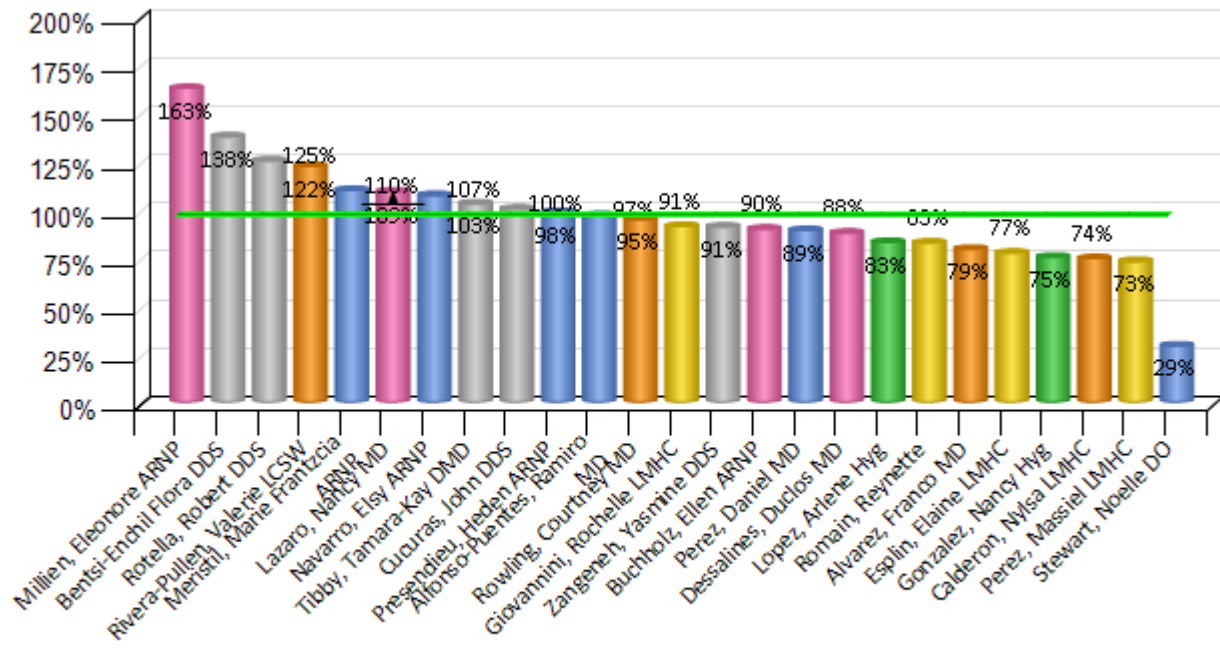
SUBSTANCE ABUSE						
Giovannini, Rochelle LMHC	10	20.0	200	182	91%	9.1
Romain, Reynette	10	20.0	200	165	83%	8.3
Esplin, Elaine LMHC	10	21.0	210	162	77%	7.7
Perez, Massiel LMHC	10	15.5	155	113	73%	7.3
LANTANA SUBSTANCE ABUSE TOTALS		76.5	765	622	81%	

DENTAL						
Bentsi-Enchil Flora DDS	16	13.5	216	297	138%	22.0
Rotella, Robert DDS	16	1.0	16	20	125%	20.0
Tibby, Tamara-Kay DMD	16	4.5	72	74	103%	16.4
Cucuras, John DDS	16	5.0	80	80	100%	16.0
Zangeneh, Yasmine DDS	13	14.5	189	171	91%	11.8
LANTANA DENTAL TOTALS		38.5	573	642	112%	

DENTAL HYGIENE						
Lopez, Arlene Hyg	8	21.0	168	139	83%	6.6
Gonzalez, Nancy Hyg	8	1.0	8	6	75%	6.0

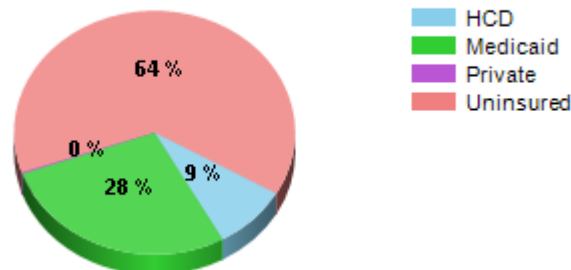
LANTANA DENTAL HYGIENE TOTALS		22.0	176	145	82%	
LANTANA TOTALS		268.0	3521	3396	96%	

LANTANA PROVIDER PRODUCTIVITY JULY 2019

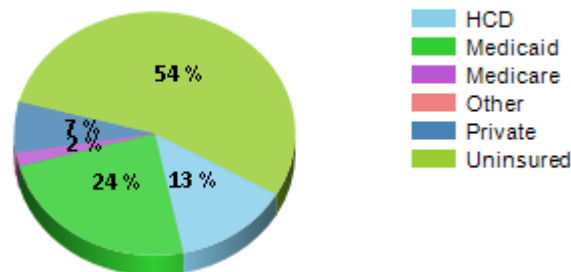


■ Subs Abuse
 ■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.

Dental Payer Mix YTD



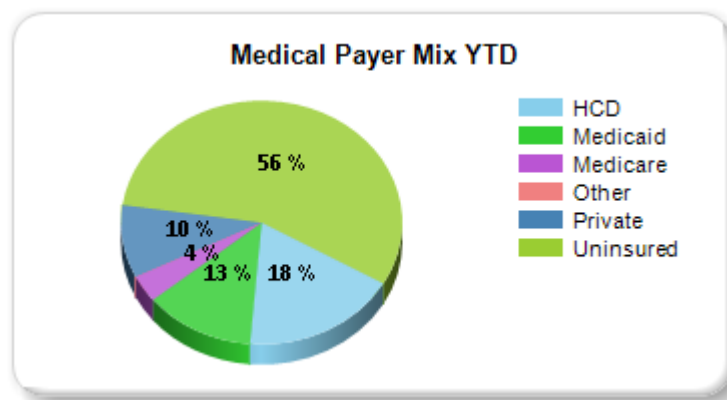
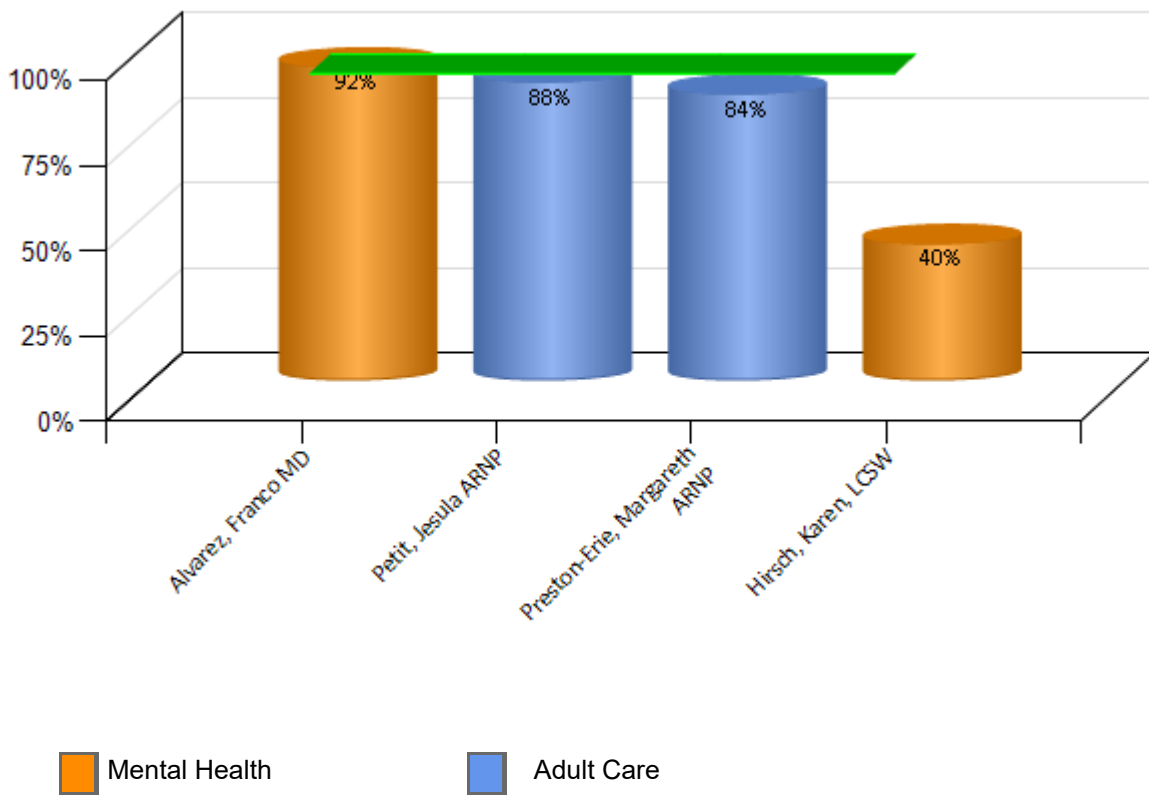
Medical Payer Mix YTD



LEWIS CENTER TOTALS FOR JULY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Petit, Jesula ARNP	16	0.5	8	7	88%	14.0
Preston-Erie, Margareth ARNP	16	19.5	312	262	84%	13.4
LEWIS CENTER ADULT CARE TOTALS		20.0	320	269	84%	
MENTAL HEALTH						
Alvarez, Franco MD	16	14.5	232	213	92%	14.7
Hirsch, Karen, LCSW	10	0.5	5	2	40%	4.0
LEWIS CENTER MENTAL HEALTH TOTALS		15.0	237	215	91%	
LEWIS CENTER TOTALS		35.0	557	484	87%	

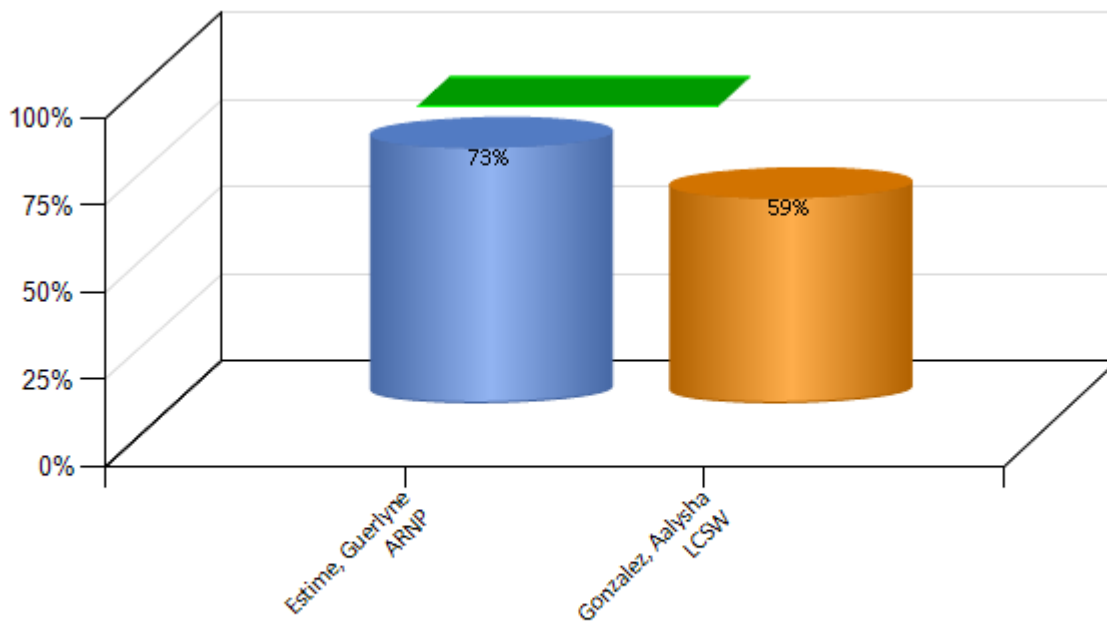
LEWIS CENTER PROVIDER PRODUCTIVITY JULY 2019



MOBILE CLINIC TOTALS FOR JULY 2019

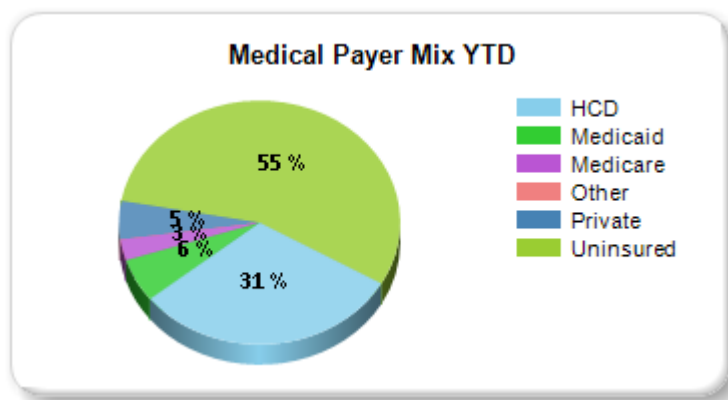
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	12	20.5	246	180	73%	8.8
MOBILE CLINIC ADULT CARE TOTALS		20.5	246	180	73%	
MENTAL HEALTH						
Gonzalez, Aalysha LCSW	10	16.0	160	94	59%	5.9
MOBILE CLINIC MENTAL HEALTH TOTALS		16.0	160	94	59%	
MOBILE CLINIC TOTALS		36.5	406	274	67%	

MOBILE CLINIC PROVIDER PRODUCTIVITY JULY 2019



■ Mental Health

■ Adult Care



WEST PALM BEACH TOTALS FOR JULY 2019

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Secin-Santana, Delvis MD	16	13.0	208	221	106%	17.0
Petit, Jesula ARNP	16	21.0	336	329	98%	15.7
Florez, Gloria MD	18	22.0	396	376	95%	17.1
Celin-Metellus, Jourdine ARNP	16	22.0	352	320	91%	14.5
Preston-Erie, Margareth ARNP	16	0.5	8	7	88%	14.0
WEST PALM BEACH ADULT CARE TOTALS		78.5	1300	1253	96%	

PEDIATRIC CARE						
Millien, Eleonore ARNP	16	20.5	328	299	91%	14.6
Clarke-Aaron, Noella MD	18	21.5	387	343	89%	16.0
WEST PALM BEACH PEDIATRIC CARE TOTALS		42.0	715	642	90%	

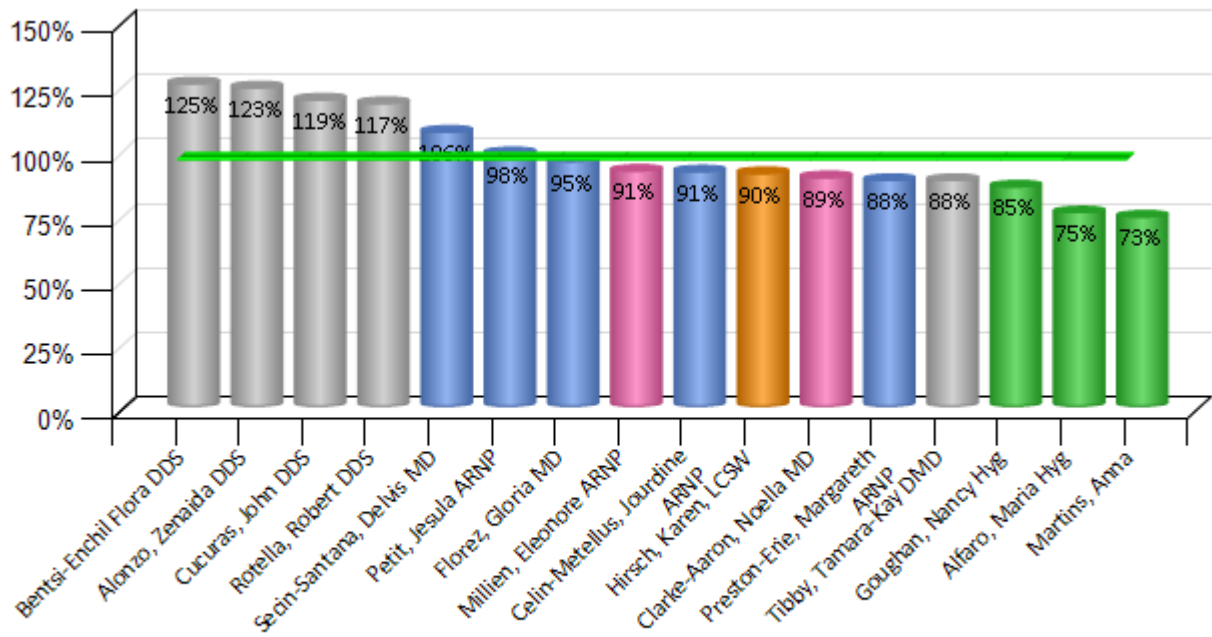
MENTAL HEALTH						
Hirsch, Karen, LCSW	10	21.5	215	194	90%	9.0
WEST PALM BEACH MENTAL HEALTH TOTALS		21.5	215	194	90%	

DENTAL						
Bentsi-Enchil Flora DDS	16	1.0	16	20	125%	20.0
Alonzo, Zenaida DDS	16	20.0	320	395	123%	19.8
Cucuras, John DDS	16	6.0	96	114	119%	19.0
Rotella, Robert DDS	16	9.0	144	169	117%	18.8
Tibby, Tamara-Kay DMD	16	1.5	24	21	88%	14.0
WEST PALM BEACH DENTAL TOTALS		37.5	600	719	120%	

DENTAL HYGIENE						
Goughan, Nancy Hyg	8	2.5	20	17	85%	6.8
Alfaro, Maria Hyg	8	5.0	40	30	75%	6.0
Martins, Anna	8	15.0	120	88	73%	5.9
WEST PALM BEACH DENTAL HYGIENE TOTALS		22.5	180	135	75%	

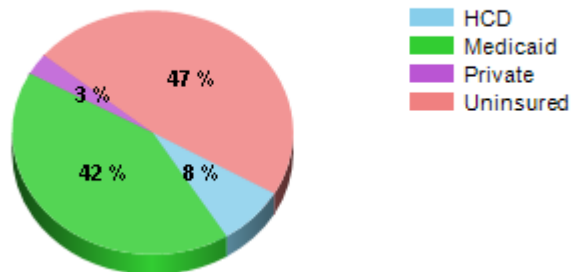
WEST PALM BEACH TOTALS		202.0	3010	2943	98%	
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WEST PALM BEACH PROVIDER PRODUCTIVITY JULY 2019

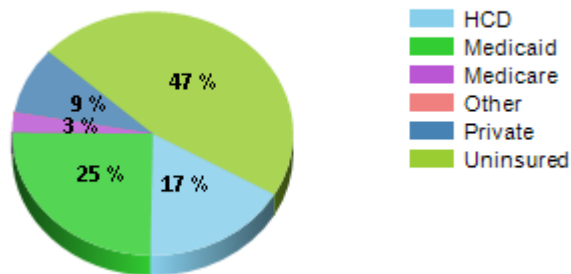


■ Mental Health
 ■ Pediatrics
 ■ Adult Care
 ■ Dental
 ■ Dental Hyg.

Dental Payer Mix YTD



Medical Payer Mix YTD



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

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 and Dental 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
Buchholz	Ellen	APRN	Nurse Practitioner Pediatric Medicine	Recredentialing
Fernandez Sanchez	Marco	APRN	Nurse Practitioner Family Medicine	Initial Credentialing
Philistin	Ketely	APRN	Nurse Practitioner Family Medicine	Recredentialing
Normil-Smilth	Sherloun	MD	Pediatric 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 and Dental Director to support the credentialing and privileging process.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

Ellen Buchholz, APRN joined the Lantana Clinic in 2013 as a Nurse Practitioner specializing in Pediatric Medicine. She attended Florida Atlantic University and is certified as a Pediatric Primary Care Nurse Practitioner by the American Nurses Credentialing Center. Ms. Buchholz has been in practice for 19 years.

Marco Fernandez Sanchez, APRN is joining the Lantana Clinic as a Nurse Practitioner specializing in Family Medicine. He attended Anna G. Mendez University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners National Certification Board. Mr. Fernandez Sanchez is a recent graduate and is fluent in Spanish.

Ketely Philistin, APRN joined the Belle Glade Clinic in 2017 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. Philistin has been in practice for 6 years and is fluent in French Creole and Spanish.

Sherloun Normil-Smith, MD joined the Lake Worth Clinic in 2015 specializing in in Pediatric Medicine. She attended the University of Medicine & Dentistry of New Jersey and completed her residency program at Kapiolani Medical Center for Women and Children. Dr. Normil-Smith has been in practice for 13 years, is fluent in French Creole and conversant in Japanese and 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

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the recredentialing and renewal of privileges of Ms. Buchholz, Pediatric Nurse Practitioner.

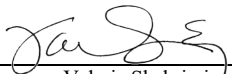
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

Staff recommends the Board approve the initial credentialing and privileging of Mr. Fernandez Sanchez, Family Nurse Practitioner.

Staff recommends the Board approve the recredentialing and renewal of privileges of Ms. Philistin, Family Nurse Practitioner.

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Normil-Smith, Pediatric Medicine.

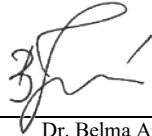
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

1. Description: Quality Council Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes – August 2019
- UDS Report – YTD July 2019

3. Substantive Analysis:

RISK

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

PATIENT RELATIONS & SATISFACTION

National Health Center Week Campaign began August 4th. We are participating by having staff and patients fill out a paper leaf which is being displayed in the clinics to express appreciation for health centers. We hope to submit a video demonstrating our participation for the National Health Center Week contest, an initiative of the National Association of Community Health Centers.

We have collected 1,381 responses from our ongoing patient satisfaction survey which ran from June 6, 2019 to August 9, 2019. We are working on tabulating a month to month comparison.

QUALITY

Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Interventions were defined.

We are currently researching models for care teams which is a patient centric concept which incorporates the primary care provider and ancillary staff working together to meet patient specific needs. We have identified some promising models which incorporate behavioral health, primary care and care coordinators/health educators.

We have created a Quality Gap Analysis for each provider and each clinic. The gap analysis identifies all the quality metrics and includes both individual provider and individual clinic rates. Performance of each metric can be easily viewed as month to month trends. The clinic analysis will be displayed on the quality boards in the clinics and the individual provider analysis will be presented to that provider during their one on one with Medical Director.

UTILIZATION

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
August 28, 2019

We are developing a Mobile Clinic productivity dashboard showing homeless vs. non-homeless patients served.

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

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board Approve the Quality Council Minutes and YTD UDS.


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



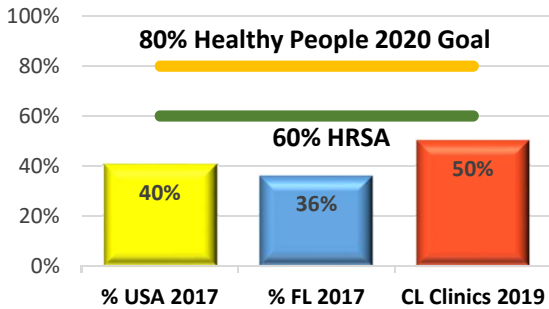
Dr. Noelle Stewart
FQHC Medical Director



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

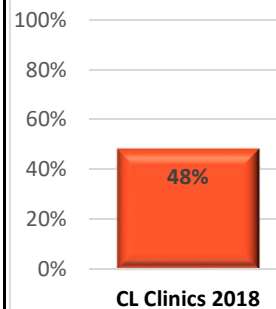
C.L. BRUMBACK PRIMARY CARE CLINICS
YTD July 2019

CHILDHOOD IMMUNIZATION

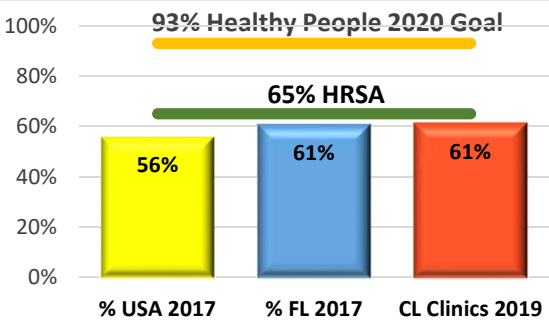


Findings: 1. Lowest rates in, DTaP, Rotavirus and Influenza 2. Reconciliation of vaccines with Florida Shots is still faulty

Interventions: 1. Create call list for patient access to schedule appointments for those due for vaccines. 2. Work with Athena for Recociliation workflow.

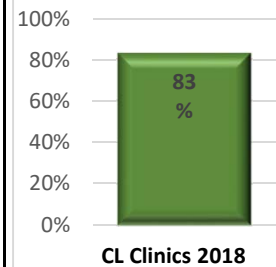


CERVICAL CANCER SCREENING

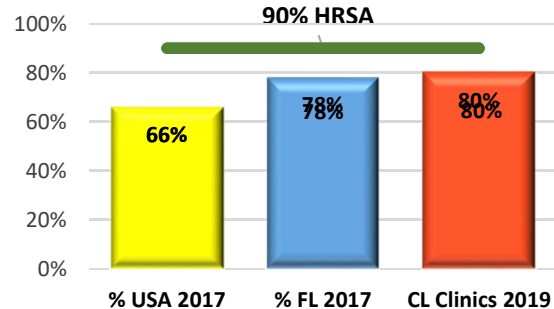


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year

Interventions: 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Develop a custom report similar to FIT test. 3. Woman's Health Director provided Pap smear guidance and cervical cancer guideline updates to

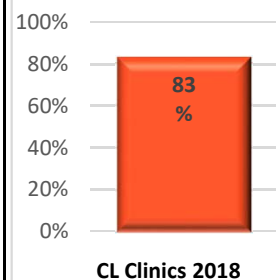


WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

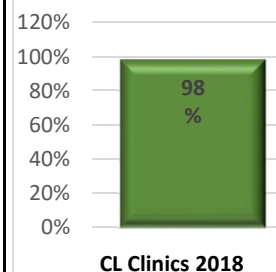
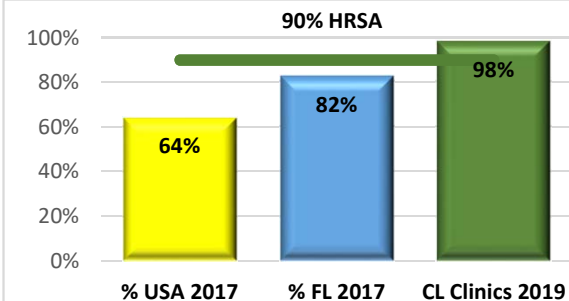


Findings: 1. Providers not dropping the order group at every visit.

Interventions: 1. Train providers that health education should be given at every visit regardless of reason for visit.

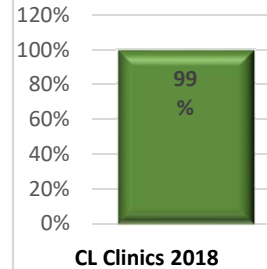
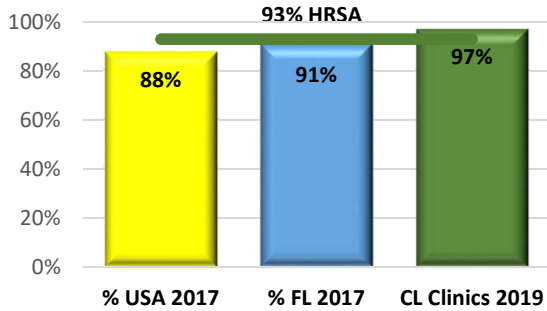


ADULT WEIGHT SCREENING AND FOLLOW UP

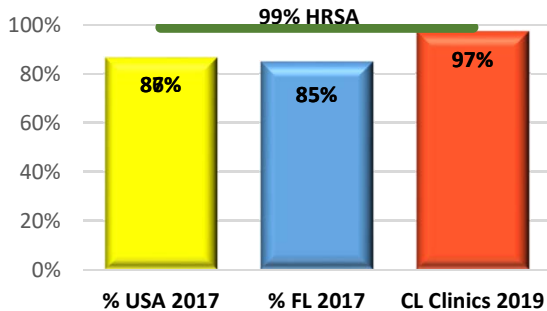




TOBACCO USE SCREENING AND CESSATION INTERVENTION

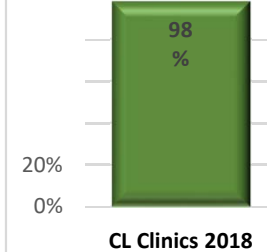


ASTHMA PHARMACOLOGIC THERAPY

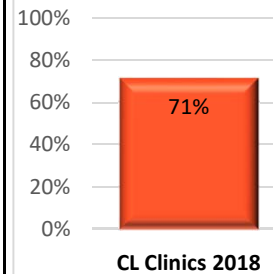
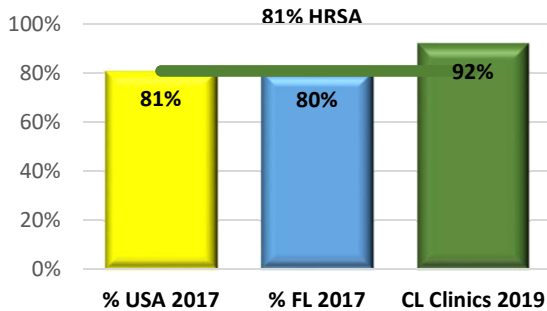


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates.

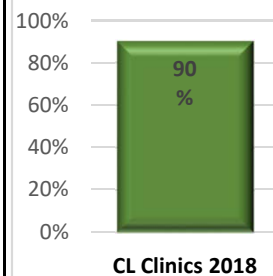
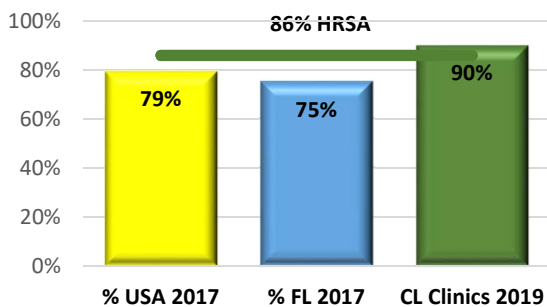
Interventions: 1. Providers have been trained to update the dates. 2. Send cases to individual providers to update medication list if still active.



CORONARY ARTERY DISEASE (CAD): LIPID THERAPY

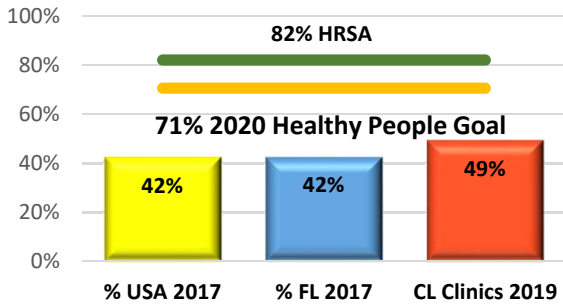


ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy



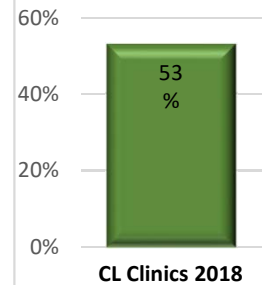
C.L. BRUMBACK PRIMARY CARE CLINICS
YTD July 2019

COLORECTAL CANCER SCREENING

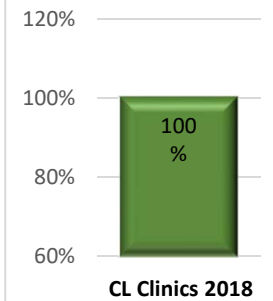
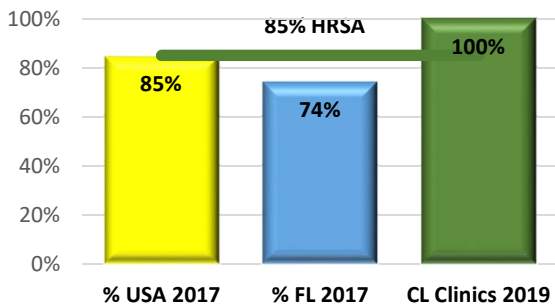


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

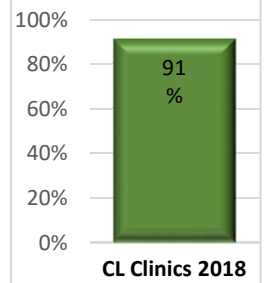
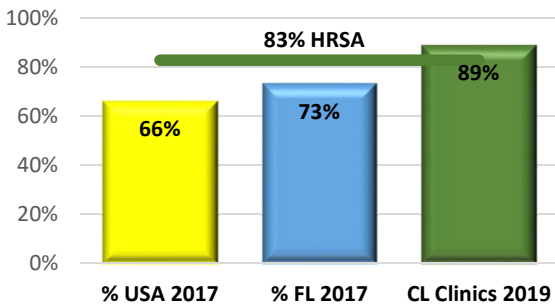
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.



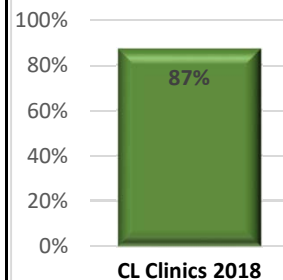
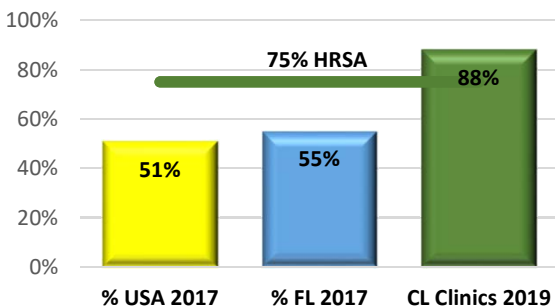
HIV LINKAGE TO CARE



PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP

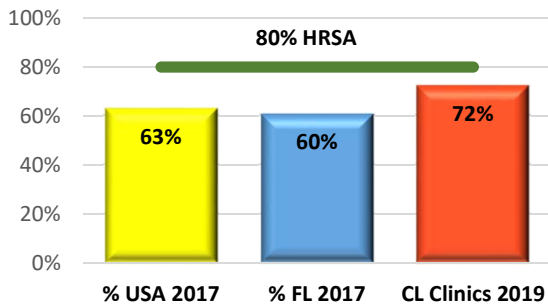


DENTAL SEALANTS



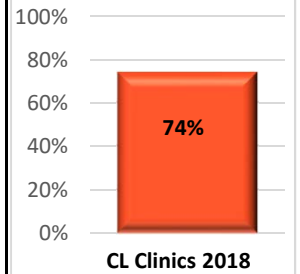
C.L. BRUMBACK PRIMARY CARE CLINICS
YTD July 2019

HYPERTENSION

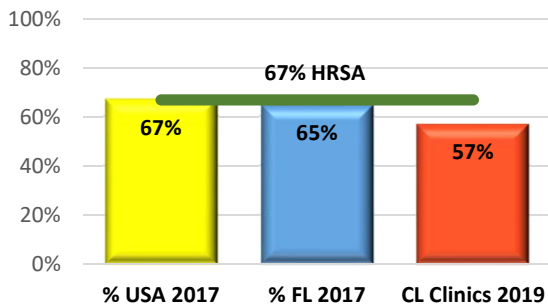


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen

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

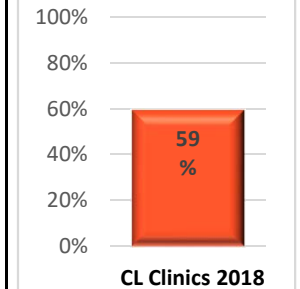


DIABETES



Findings: 1. Patients are non-compliant with therapy for various reasons (pill burden, fear of insulin, lack of understanding the disease). 2. Clinical inertia

Interventions: 1. Collaborate with pharmacy on educating patients on medications and medication reconciliation. 2. Build care teams to include health educator to address high risk patients. 3. Provide lunch and learns on Diabetes management



Quality Council Meeting Minutes

Date: August 16, 2019

Time: 11:00am – 1:00pm

Attendees: Julia Bullard – FQHC Board Member; Dr. Tamara-Kay Tibby - Dental Director; Dr. Ana Ferwerda – Director of Women’s Health; Dr. Courtney Rowling - Director of Behavioral Health (via WebEx); Lisa Hogans – Director of Nursing; Nancy Fox-Goughan, Dental Quality Coordinator; Maria Chamberlin – Nurse Manager; Zulma Almeida Jairala – FQHC Director Of Operations; Terry Megiveron – Director of Business Development; Andrea Steele – Corporate Quality Director (via WebEx); David Speciale – Patient Experience Manager; Marguerite Lynch – Project Coordinator; Coleen Simon- Clinical Business Analyst; Heidi Navarrete- Health Information Manager; Ana Szogi- Data Information Analyst; Dr. Belma Andric – Chief Medical Officer/Executive Director, Dr. Dorce-Medard – DIO; Dr. Duclos Dessalines – Director of Pediatrics; Tamelia Lakraj-Edwards – Quality Manager

Absent: Jonathan Dominique – Administrative Coordinator; Dr. Noelle Stewart – FQHC Medical Director

Minutes by: Jonathan Dominique/Tamelia Lakraj-Edwards

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT SAFETY & ADVERSE EVENTS				
PATIENT RELATIONS				
Patient Relations	National Health Center Week Campaign	Clinics to have staff and patients fill out a leaf to express appreciation of the health centers Take picture of admin, staff, and patients with leaves Submit to national contest – collage & video presentation	David	9/13/19
	Patient Satisfaction Survey – Summer 2019 Clinic completion rates presented from 6/6 – 8/9/2019, total = 1,381 responses. <ul style="list-style-type: none"> Belle Glade – 204 Boca Raton – 323 Delray Beach – 87 	Bring trended monthly data comparison (i.e. June vs. July vs. August) with findings & interventions to next Risk & Patient Relations Workgroup. Assess whether we are lacking in surveys from any one group of patients (i.e. if 45% of our	David	9/13/19

	<ul style="list-style-type: none"> Jupiter – 101 Lake Worth – 169 Lantana – 131 Lewis Center – 18 Mobile Clinic – 15 West Palm Beach – 156 Unspecified - 65 	<p>patients are X, then we should receive a majority of surveys from population X) to ensure population is represented appropriately.</p> <p>Practice Managers to discuss in huddles raising awareness to underrepresented patient populations.</p>		
QUALITY				
48-HOUR METRICS				
Medical Metrics	<p><u>Provider Encounters Closed Rate:</u></p> <p>For the Month of July there were Providers who have an average close rate of > 48 hours, of which:</p> <ul style="list-style-type: none"> 1 – MD (Peds):Lazaro 1 - ARNP (Peds): Eleanor 0 - MD (Adult): 0-ARNP (Adult): 2- Nurse: Bramdaii, Rose, Lisa, Calalisa and Barbara 1 – Psychiatrist: Rowling 0 – Navigator 0- Resident- 2- LCSW- Nylsa, Aalysha <p>Pediatric MD, BHC worsened compared to June</p> <p>Nursing, Adult MD and residents improved compared to June.</p> <p>Overall improved compliance with encounter close rate.</p>	<p>Implement the identified a process to improve 48 hour metrics:</p> <ol style="list-style-type: none"> 1. Chart auditor will check buckets once a week and document findings on excel 2. Data reporter will graph results 3. HIM will investigate buckets and report findings in work group and council 4. Discuss need for new workflows with CBA 5. CBA go out to clinics to observe and give recommendations 6. Nurse Manager will create/update any new workflows 7. CBA will train all clinics on same process 8. Chart Auditor will re-audit new process. 	Heidi/Dorce-Medard/Coleen/Stewart	9/13/19
	<p><u>Provider Documents and Labs Reviewed: 50 or more</u></p> <p><u>Open Documents, & lab Results for July 2019 -</u></p>	<p>Include residents on bucket list and reinforce procedures to ensure compliance and accountability.</p>	Coleen Heidi Zulma	9/13/19

	<ul style="list-style-type: none"> • Adult MD/DO – 2 that were non-compliant for at least 2 months from April 2019 to July 2019 (Medard and Duthil) and 1 that was non-compliant for the month of July (Dr Puente). Total of 3 non-compliant for July • Pediatric MD – 2 • Adult ARNP – 1 non-compliant for at least 2 months from April 2019 to July 2019 (Carline St Vil) and 1 that was non-compliant for the month of July (Elsy Navarro). Total of 3 non-compliant for July • Pediatric ARNP – 0 • OB / GYN – 0 • Residents – 3 residents all of which have been non-compliant for at least two months between April-July 2019 (Espinal, Adame, Landeros) • Nurses – 0 • Nurse Buckets – 1 (West Palm)- providers inappropriately sending request for nurses to call patient and schedule appointment through prescription refills. Guerlyn's RN referrals are going to west palm RN bucket through a TAO. (document 3006866), infectious disease referrals (#3065454) that should be submitted by Athena fax to DOH, • Patient Navigator – • Psychiatry – 0 • Social Work – 1 (Valerie Pullen)- all behavioral health referrals that are not closed out. 	<p>Develop a procedure for provider buckets: Get together to assess resident clinic flow in Athena (Procedure) re: buckets When on leave, determine bucket coverage Ask Coleen if there is a functionality in the chart that will allow alerts to review chart Work to investigate buckets to route documents appropriately Train providers to properly process Rx refills so they are not in nurse bucket. Message should be sent through e-prescribe. Over the shoulder training and provider meeting training. Update ER referrals to wake up in nurse bucket after 48 hours instead of going into nurse bucket same day since they are not processing the referral until 48 hours. Send inappropriate refill request back to provider for proper processing. Updates workflow for processing of DOH referrals Review workflow for closing out pediatric who referral</p>	<p>Lisa Coleen Stewart Angela Rowling/Duclos Heidi</p>	<p>9/13/19</p>
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Dental Metrics	<p>Closing Encounters (previous month items closed/reviewed w/in 48 hours)</p> <p>Closing Encounters – Monthly</p> <p>January 2019 : 8 February 2019 : 15 March 2019 : 19 April 2019: 12 May 2019: 9 June 2019: 15 July: 23</p> <ul style="list-style-type: none"> • Slight Down Trend for Q2. Continue to monitor reporting per quarter and per provider YTD. • Met with Caitlin, and now the hygienist is placing the name of the provider that conducted the exam on the appointment card. The registration is now scheduling same-day exam appointment. This allows the provider to see open notes. <p>Quarterly</p> <p>Q2 2019 - 40 Q1 2019 - 42 Q4 2018 - 35</p> <p>Provider (YTD/Monthly)</p> <p>Momin 22 (June = NA) Bentsi-Enchill 25 (July =12) Zangeneh 12 (July =4) Gonzalez 4 (July = 2)</p>			
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	Seminario 2 (July=2) Lopez 7 (July=1) Yanez 4 (July=1) Rotella 2 (July=1) Alwehaib 2 (July=0) Alfaro 1 (July = 0) Goughan 1(July =0) Martins 11 (July=0) Alonso 2 (July=0) Tibby 3 (July =0) Oliveira 7 (July = 0) Cucuras 6 (July= 0)			
	Dexis Image Bucket 2019 Q1 - 4 2019 Q2 - 3 January 2019- 1 February 2019 – 0 March 2019- 3 (Gendex Simulator used) April- 1 (8 films on one patient) May-1 (11 films on one patient Name misspelled) June-1 (2 films in wrong chart) July-0 Bents-Enchill -reminded to close on time, workflow due to vacations and minimal DDS coverage	Continue to have staff report and correct. Continue to trend numbers and maintain downward trend. Provide Dr. Bents-Enchill a loaner laptop on Tuesday's.	Nancy Nancy Nancy	9/13/19 9/13/19 9/13/19
	ER Referral March 2019 – 2 ER referrals April 2019– 3 ER referrals			

	<p>May 2019 - 5 ER Referrals June 2019 - 2 ER Referrals July 2019- 3 ER Referrals</p> <p>2 Facial Swelling 1 Elevated Blood Pressure After Provider had applied local anesthesia. None have scheduled follow-ups.</p>	<p>Lisa and Angela to work with Lead nurse on re-appointing patients for dental follow up and sending patient case to dental for follow up review.</p>	<p>Lisa / Angela</p>	<p>9/13/19</p>
UDS REPORT				
<p>July 2019 Of the 14 UDS Measures: 7 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)</p>				
Medical UDS Report	<p>Childhood immunization: (%50 /60 %)</p> <p>It appears that pneumococcal and DTAP are the vaccines with lower rates. This may be because they each require 4 administrations and Athena may be counting those not yet due in the not satisfied. Athena may be looking at completed vaccines and not up to date as satisfied.</p> <p>Initial findings from patient access report showed little yield with phoning patients to come in for vaccine administration. We will await for patient portal to be open and start texting communication.</p> <p>Reports from Tableau were reconciled against Florida shots. Some patients were satisfied in FI Shots but unsatisfied in Athena.</p>	<p>Trend UDS Measures over time Check Athena report definition for pneumococcal and DTAP and determine if unsatisfied includes not completed. Use Florida shot overdue data for pneumococcal and DTAP to reach out to patients and schedule for vaccine administration.</p> <p>Discuss vaccine error queue with Dr Andric for next steps.</p>	<p>Tamelia</p> <p>Stewart</p>	<p>9/13/19</p> <p>9/13/19</p>

	Chart auditor has been working on vaccine queue but it is too much for one person and there are many unknown factors that we are not sure how to handle (i.e. what to do if consent was not checked off- map or not, what happens if “none of the above” is checked- what happens to those people, how many and which identifiers are sufficient to match).			
	<p>Cervical Cancer Screening: (61% /65%/HP 93%)</p> <p>Findings show that Athena is using “cervical cancer screening” diagnosis as a way to capture compliance with Pap smear. This has erroneously increased our rates since providers may drop this code when documenting that screening was discussed.</p> <p>Spoke to quest about extending the retrieval time of pap results. Presently only pap smears ordered one year ago, try to extend to past 4 years</p> <p>We will begin tracking abnormal PAP smear and confirming through chart audit that patient has been notified of findings. Any cases that have not been notified within the appropriate time, a patient case will be sent to the provider to complete follow up.</p>	<p>Ensure that results are being placed into Athena ONLY if results of lab is present</p> <p>Email sent to team to not drop this code if only documenting discussion, instead they are to use the discussion section of the chart. If they are dropping a medical record request order to obtain previous paps then this should be done under the “transition into care” dx instead of cervical cancer screening.</p> <p>Create custom report, similar to FIT test report to capture true compliance Index results from outside sources to Athena.</p> <p>Follow up with quest on request for pap results</p> <p>Receive Quantum training from quest on how to see labs from outside providers. Ensure all team members should be set up with Quantum - not only leads</p>	<p>Stewart</p> <p>Zulma\Angela</p> <p>Andrea/Lisa/Tamelia/Ana</p> <p>Dr. Ferwerda Leigh-Ann</p> <p>Lisa/Angela</p>	<p>9/13/19</p> <p>9/13/19</p> <p>9/13/19</p> <p>9/13/19</p> <p>9/13/19</p>

		Create an abnormal PAP report to be audited weekly Schedule a meeting to discuss PAP's and ensure the measure is satisfied appropriately with all required information.	Andrea/Monica	9/13/19
	Weight assessment, Children & Adolescent: (80 / 90 %) Family medicine provider was not aware of the order set that needed to be dropped. He was recently trained.	Education on dropping code to be provided on a continued basis in order to maintain trends. Trend UDS Measure Trends should be created for each measure.	Dr. Dessalines	9/13/19
	Adult Weight screening and follow up: (98 / 90%)			
	Tobacco use screening & cessation: (97 / 93%)			
	Asthma Pharmacologic Therapy: (97/ 99%)			
	Coronary Artery Disease CAD: (92 / 81%)			
	Ischemic Vascular Disease (IVD): (90% / 86%)			
	Colorectal Cancer Screening: (49% / 82 %) We continue to audit the custom FIT test report and are coming close to having data to share with all clinics in a dashboard format.	Audit FIT report Trend UDS Measure trends	Tamelia/Andrea	9/13/19
	HIV linkage: (100% / 85%)			
	Depression screening: (89% / 83%)			
	Dental Sealant: (88 / 70%)			
	Hypertension: (72% / 80%)			

	Diabetes: (57% / 65%)			
	Individual Provider Data We have created a Quality Gap Analysis for each provider and each clinic. The clinic analysis will be displayed on the quality boards in the clinics and the individual provider analysis will be presented to that provider during their one on one with Medical Director.	Meet with Monica to discuss data indicators and future of tableau creating these report cards instead of a manual process	Stewart Tamelia Monica Andrea	9/13/19
Referral Tracking	Report – Provider referral rate <ul style="list-style-type: none"> Number of referrals completed for the month Number of unduplicated patients they saw (368) Number of unduplicated patients that received a referral (252) Avg. per unique patient/Avg. referral Sorted by discipline with average rate of referral throughout the month July 2019 – Total number of outside referrals ordered by Department / Provider presented, of the 5,466 Outside Referrals ordered: <ul style="list-style-type: none"> Adult Medicine = 4,680 Pediatric Medicine = 539 Psychiatry = 10 Women’s Health = 52 Residents = 214 	Present to where referrals are being sent	Dr. Dessalines	9/13/19
		Consider investigating where referrals are being sent so that patient cases can be presented and unnecessary referrals to decrease (pilot in Peds) Obtain referrals to specialist	Marguerite	9/13/19
		Continue to trend	Ana	9/13/19
Dental UDS & Quality Metrics	Complication Rates No Update – earliest deliverable will be September 2019	Develop and report Dental Complication Rates for September 2019	Monica	9/13/19

	Dental Sealant Rolling January – July 2019: 88% (N=618) Target for 2019-2020 is 85%	Monica to update hybrid definition in Tableau by September 2019	Dr. Tibby/ Monica	9/13/19
	Caries Risk Assessment July 2019- 95.7% of patients had a Caries risk assessment.	This measure will be tracked and reported monthly. Long-term this measure will be added to the Dental Dashboard in Tableau	Dr. Tibby/Monica	9/13/19
	Dental Triage July 2019: 94% (501/531) patients who present for a triage get seen for a same day appointment	Measure is being revised to include patients who had extraction or procedure on the same day	Dr. Tibby	9/13/19
	Dental Sealants NNOHA No Update	Monica present for the WG and will add the category of “No” Code for caries risk assessment	Dr. Tibby/ Monica	9/13/19
	Dental Sealants Hybrid	Monica present for the WG and will add the category of “Exclusion” Code for caries risk assessment	Dr. Tibby / Monica	9/13/19
	Instadose Wearing-Assigned clinical staff new DA not wearing after lunch Reporting-One staff did not report before PTO	Staff Retrained Addressed reporting before PTO at Dental Roundtable 8-7-19	Nancy	

	<p><u>Productivity (July 2019)</u></p> <p>New Patients (YTD) 311. 273 are pediatric patients. Of those, 88% of new patients for comprehensive care are Pediatric.</p> <p>54% of patients in the month of July were Pediatric Patients.</p> <p><u>Ages</u></p> <p>0- : 68 6-9: 73 10-14: 64 15-20: 68 21+: 27</p> <p><u>Crowns</u></p> <p>2019- 16 % of all crowns were performed by General Dentists (7% in 2018)</p>			
	<p><u>Medical History Forms</u></p> <p>The paper medical history form is only completed at the patient's initial examination appointment. Team members have been retrained to do a verbal update on all returning patients. Laminated copy of the medical history forms, in all four languages, are in each operatory as a reference. Nancy created SOP for Medical History in the workflow. There was open discussion held at the provider meeting. Perceived Language barriers with Medical history forms (Creole in Belle Glade). Team members Identified situations where medical history form caused confusion</p>	<p>The Medical History forms are expected to be paperless by October 1, 2019</p>	<p>Nancy Dr. Tibby</p> <p>Zulma</p>	<p>9/13/19</p> <p>9/13/19</p>

	Additional paperwork discussed including minor consent authorization forms. Providers would like registration to take a more active role in distinguishing the adult accompanying the minor patient, and assuring that they are authorized on the the form.	Zulma will discuss operation workflow with medical and dental registration teams.		
Substance Abuse Quality Metrics	<p>July 2019</p> <ul style="list-style-type: none"> • MAT Program Census – 135 Patients • New Patient Intakes – 13 Patients • Patient Readmits – 6 Patients • Patient Discharges – 14 Patients • Reason for Discharge. Of the 14 patients: <p><u>Treatment Phase</u></p> <p>Phase 1 – 61 (45%) Phase 2 – 30 (22%) Phase 3 – 12 (9%) Phase 4 – 20 (15%) Vivitrol Patients – 10 (7%) Naltrexone Patients – 2 (1%)</p> <p>YTD trends presented and patients are increasingly moving into Phase 2 and 4 of the program.</p> <p>Met with IT to utilize Tableau for Behavioral Health reports including BAM, PHQ-9, Referrals, and WHOs</p>	<p>Assess quality of discharges Continue to work on tightening Confidence Interval for future workgroup meetings Consider parsing discharge data to acceptable or unacceptable</p> <p>Try to mitigate lost to discharge</p>	<p>Ana</p> <p>Dr. Rowling</p>	<p>9/13/19</p> <p>9/13/19</p>

Behavioral Health Quality Metrics	<u>Adult Behavioral Health</u>	Not reflecting monthly FDI Productivity to the board. Reflect on how we may present this to the board. Work on process improvements to ensure data can become more and more accurate.	Dr. Rowling	9/13/19
	<u>Reverse WHO</u> Success is demonstrated with behavioral health specialist going into every pediatric patients room to initiate warm hand off regardless of whether a referral is made or not.	Consider reverse WHO in adult clinic	Dr. Rowling	9/13/19
	<u>WHO</u> 91% of patients received for month of July (Same Day) 9% did not receive in same day 15% were never seen 5% was seen within 30 days	Ratio of patients seen per clinic versus patients with WHO's Discuss in workgroup plan to cover behavioral health services in clinics that do not have a behavioral health specialist on site.	Ana Dr. Rowling	9/13/19 9/13/19
	<u>Behavioral Health Integration: Pediatrics</u> Upward trend is presenting in this integration potentially due to reverse WHO			
Women's Health UDS & Quality Metrics	<u>Enrollment Data</u> July 2019 <ul style="list-style-type: none"> • 22 – Patient Enrollments • 12 - Deliveries • 0 - RPICC Referrals • 0 – Transfers • 1 – Miscarriages YTD trends also presented	Meet with Andrea and PEDS to review data for Breast feeding vs. babies with feeding problems	Dr. Ferwerda	9/13/19

	<p>Age Categories for Prenatal Patients – of 157 patients:</p> <ul style="list-style-type: none"> • 22 (8%) are ages 15-19 • 54 (21%) are ages 20-24 • 184 (70%) are ages 25-44 • 2 (1%) are 45+ <p>Early Entry into Prenatal Care</p> <p>1st Trimester</p> <ul style="list-style-type: none"> • 166 (65%) women had 1st visit at CLBPCC • 11 (4%) women did not have 1st visit at CLBPCC • 2 (1%) women did not have initial provider recorded <p>2nd Trimester</p> <ul style="list-style-type: none"> • 61 (24%) women had 1st visit at CLBPCC • 7 (3%) women did not have 1st visit at CLBPCC • 0 (0%) women did not have initial provider recorded <p>3rd Trimester</p> <ul style="list-style-type: none"> • 9 (4%) women had 1st visit at CLBPCC • 1 (0%) women did not have 1st visit at CLBPCC • 0 (0%) women did not have initial provider recorded <p><u>Birth Weights (126 Total)</u></p> <ul style="list-style-type: none"> • 93% > 2500 Grams • 7% <1500-2500 Grams • 0% < 1500 Grams 	<p>Campaign for young kids to practice abstinence or utilize birth control if sexually active.</p> <p>Continue to document if patient had initiated care with an alternate provider when initiating pre-natal care.</p> <p>Considering Pre-conception counseling</p> <p>Campaign for patients to visit OB earlier</p>	Dr. Ferwerda	9/13/19
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Human Resources Quality Metrics	<p>July 2019</p> <ul style="list-style-type: none"> New Hires – 10 Clinic Terminations <ul style="list-style-type: none"> Voluntary - 2 Involuntary -1 Worker's Comp – N/A <p>The Director of Quality presented the new Tableau dashboard for Human Resources and the team requested updates to the dashboard.</p> <p>This will be shared at future Quality Council meetings.</p>	Bring to operations workgroup meeting. Will discuss YTD trends in future quality council meeting.	Andrea	9/13/19
GRANT UPDATE				
	<p>IBHS grant NoA received</p> <p>FY2020 Noncompeting application submitted</p>			
CHART REVIEW				
Nursing Chart Review	Reviewed walk-In Report – July 2019			
Dental Chart Review	<p><u>July Radiographic (3 out of 15)</u></p> <ul style="list-style-type: none"> <u>3 Positioning errors interfering with diagnosis</u> 			
	<p><u>ER Referral Chart Reviews</u></p> <p>July 2019:</p> <ul style="list-style-type: none"> 2 Facial Swelling 1 Elevated Blood Pressure 			

PEER REVIEW				
Dental Peer Review:	Q1 2019 Peer Reviews Distributed Summary to be provided at council			
	Q2 2019 Peer Review Ready to Distribute			
QUALITY ITEMS				
Dental Quality Items	<p>Sensor inventory Updated on August 1st. This allows us to keep track of the number of sensors in each clinic to ensure appropriate distribution. In addition, this list has to be provided to our vendors for warranty purposes.</p> <p>We plan to assess the current patient demographics to determine the best locations to conduct pilot programs. The Delray Clinic would be more suitable for the diabetic workflow program. As part of this diabetes care model, patients will be seen by both Medical and Dental to optimize access to care and improve health outcomes i.e. A1C and Periodontal health.</p>			
	RDH (Hand-piece used for cleaning teeth) Inventory - New OSHA standards dictate that hand-pieces should be changed after each use, and RDH pieces are sterilized very easily. With our grant we have ordered a total of 40 new pieces to maintain compliance with OSHA standards.		Nancy	9/13/19
Clinic Walk-Throughs	<p>Operatories-Outdated Instrument bags, expired supplies, Sensor not connecting to computer and more reception room chairs needed Delray</p> <p>Barriers-Not using saliva ejector covers</p> <p>PPE –correct gown size or defective gowns</p>	Instruments sterilized Removed supplies IT ticket submitted	Nancy	9/13/19
		Use Requisition list to help track expiration dates. (similar process carried out in Medical)	Nancy	9/13/19

	<p>Infection Control for July identified three areas for process improvement in Operatories, PPE and Barriers</p> <ul style="list-style-type: none"> • Outdated Instrument Bags (Delray, Belle Glade, West Palm) • Expired Supplies <p>Barriers for the equipment</p> <p>Concerns with current patient gowns (bad Lot#).</p>	<p>Researching smaller covers for saliva ejectors and air water syringe.</p> <p>Researching gowns and staff using correct sizes. Will discuss with Hyla to look into the Lot#.</p>	<p>Nancy</p> <p>Nancy /Hyla</p>	<p>9/13/19</p> <p>9/13/19</p>
	New Chairs- Lack of seating for patients in the Delray clinic.	This will be brought to the next operations work group.	Nancy / Zulma	9/13/19
	Develop Clinic Log book Sample Staff requested during the provider meeting	Nancy is in process of creating a sample log book.	Nancy	9/13/19
	<p>Water Testing Completed at the end of May. All sites have passed.</p> <p>Water Quality Dental straws placed in August</p>	<p>Will conduct source water testing at all sites after straws are installed.</p> <p>Will re-test in November</p>	<p>Nancy</p> <p>Nancy</p>	<p>9/13/19</p> <p>9/13/19</p>
	<p>Dental / Medical Peds Integration – July 2019 363 patients (377visits) Age 0-5: 186</p>	Pending from June- Finalize the written SOP for MDI which includes the pediatrician's notes – macros- for MDI, including documentation and follow up of caries, referral and documentation.	Dr. Desalines/ Dr. Tibby	9/13/19

	<p>Age 6-9: 71 Age 10-14: 69 Ages 15+: 37</p> <p>Nancy completed: 19 WHO's 126 Fluoride Varnishes 6 Prophylaxis 251 Assessments</p> <p>Revenue Capture</p> <p>Data tracking to be defined.</p> <ol style="list-style-type: none"> NUM: # of patients seen by dental hygienist in peds office DEN: # of patients seen for well child pediatrician visit (all ages) NUM: # of patients that had a WHO to from Medical provider to Dental provider DEN: # of patients seen by hygienist in peds office. NUM: # of patients seen by a peds dentist same day DEN: # of patients that had a WHO to from Medical provider to Dental provider. # of patients seen in Dental Clinic as a result of an MDI service. Did patient establish a Dental Medical Home? <p>In A Perfect World (IAPW) - Identify types of service(s) provided by Dental Hygienist during the MDI</p>	<p>Revise the Workflow to allow for same day visits now that Waiver of Fees procedure is in place. Consultant to discuss (MDI) documentation and billing for patients that have an appointment in the medical clinical and dental the same day.</p> <p>Provide EHR Documentation (screen-shots) for Sherri to review Pediatrician documentation in Athena for MDI appointments. Once workflow is developed.</p> <p>Finalize MDI workflow document incorporating the Waiver of Fees policy/Hardship Policy and retrain team members on workflow.</p> <p>Alicia will work with Monica to build a report that captures revenue generated by the MDI program. Preliminary review of charges show incoming reimbursements from Medicaid plans as billable charges.</p>	<p>Lisa</p> <p>Dr. Tibby Andrea</p> <p>Alicia/Monica</p>	<p>9/13/19</p> <p>9/13/19</p> <p>9/13/19</p>
	DIRECTOR UPDATES			

Medical Updates	<p><u>Care Teams</u></p> <p>We are currently researching models for care teams and have identified some promising models which incorporate behavioral health, primary care and care coordinators/health educators.</p>			
	<p><u>Athena Workflows</u></p> <p>Medical records request: We met with the Athena consultant to review her findings and recommendations. We now have Clinical business analyst and Health information Manager on board to help with streamlining the process.</p> <p>Athena Capture: We now have an application that allows us to take photos of medical conditions that require photographs for documentation in the chart. This application is from Athena and will be used only with district phones. They have already been sent out to all PMs phones for use.</p>	<p>HIM and CBA to observe the clinic workflow for medical record request and make recommendation if different than Amanda VanCleave's</p> <p>Complete procedure for Athena capture</p>	<p>Coleen/Heidi</p> <p>Zulma</p>	<p>9/13/19</p> <p>9/13/19</p>
Dental Updates:	<p><u>Integrating eForcse within Dentrix</u></p> <p>7 Dental providers are now enrolled in ePrescription of controlled substances through Allscripts EPrescribe. This will now allow them to also check the (PDMP) without having to use a separate login to eForcse.</p>	<p>The three remaining providers will need to enroll and all of them will need to send a prescription to a test patient to ensure it transmits accurately.</p>	Yanelis	9/13/19

Nursing Updates:	We will begin receiving daily reports on TIQ/TNP lab results from quest. These results usually indicated that there was not enough specimen collected, etc.. The risk manager will receive these reports, create an incident report on the occurrence and send a patient case to the appropriate party (RN) to follow up with pt to repeat testing if needed	Train Risk manager on new process.	Lisa	9/13/19
Women's Health Updates:	PAP smear Lunch and Learns will continue to take place in the clinics.			
Operations Update:	<p>Operations Director Presented New Team Members:</p> <p>Clinics Administration:</p> <ul style="list-style-type: none"> • Shauniel Brown – Risk Manager • Tamelia Lakraj-Edwards – Quality Manager <p>Clinics</p> <ul style="list-style-type: none"> • Kerly Acosta – Dental Assistant (Lantana) • Emmanuel Decius – Practice Manager (Lantana) • Adriana Salmon Guedes – RN (Belle Glade Transfer from LMC) • Transfer Rocio Tamez – Medical Assistant (Belle Glade) • Dainelys Tumbeiro – Medical Assistant (Lake Worth Clinic) 			
Business Development Update	<p>Belle Glade Clinic Construction</p> <p>AHCA inspection completed. Awaiting letter outlining steps remaining to be taken in order to open the clinic.</p>			

UTILIZATION				
Productivity	<p>July 2019 Productivity report was presented (N= patients seen % of monthly target reached).</p> <p>Adult Care- (n= 6534 93%) Pediatric Care- (n= 1749 88%) Mental Health- (n= 1390 88%) Substance Abuse- (n= 622 81%) Women's Health Care- (n= 457 84%) Dental- (n= 2238 107%) Dental Hygiene- (n= 503 76%)</p> <p>Operations director updates- Patient Navigators: We have met with all patient navigators to inform them that we will be transitioning the role of patient education for chronic disease management to licensed nurse. We have offered all PNs positions within the clinics that suit their credentials and qualifications</p>	<p>Schedule a meeting to discuss PNs</p> <p>Follow up with Yanelis on whether or not we opted into the care plan.</p>	<p>Jonathan</p> <p>Dr. Stewart</p>	<p>9/13/19</p> <p>9/13/19</p>
	<p>Mobile Clinic productivity report Presented homeless vs. non-homeless patients for July 2019.</p>	Dr. Andric requested that this information be presented similar to monthly overall productivity with targets, etc.	Terry	9/13/19
Substance Abuse Provider Dashboards	<p>Provider dashboards presented including trends over time for April, May, and June 2019. These dashboards identify therapist caseload activity including intakes, discharges, and phases of treatment analysis.</p> <p><u>April</u> Case Loads- 121 Intakes- 18 Discharges- 13</p>	To be presented quarterly	Dr. Rowling	October 2019

	<p><u>May</u> Case Loads- 130 Intakes- 16 Discharges- 11</p> <p><u>June</u> Case Loads- 128 Intakes- 10 Discharges- 7</p> <p><u>July</u> Case Loads- 135 Intakes- 13 Discharges- 14</p>			
Meeting Adjourned – 1:05pm				

