



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

September 25, 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
September 25, 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. “Rooted In Communities” video

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of August 28, 2019. [Pages 1-10]

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

- 7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 11]

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

- 7A-3 **RECEIVE AND FILE:**
Education on the Board Officer Positions.
(Thomas Cleare) [Pages 12-14]

B. FINANCE

- 7B-1 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Finance Report August 2019.
(Joel Snook) [Pages 15-33]

C. CREDENTIALING AND PRIVILEGING

- 7C-1 **RECEIVE AND FILE:**
Clinical Psychology Delineation of Privileges.
(Sarah Gonzalez) [Pages 34-35]

8. **Regular Agenda**

A. ADMINISTRATION

- 8A-1 **Staff Recommends a MOTION TO APPROVE:**
Appointment of Melissa Mastrangelo and Marjorie Etienne to the Clinic Board.
(Thomas Cleare) [Pages 36-37]
- 8A-2 **Staff Recommends a MOTION TO APPROVE:**
Election of Officers and Committee Appointments.
(Thomas Cleare) [Pages 38-39]
- 8A-3 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope & Scope Adjustments – HRSA Form 5A.
(Belma Andric) [Pages 40-41]
- 8A-4 **Staff Recommends a MOTION TO APPROVE:**
Change in Scope – Mangonia Park.
(Belma Andric) [Pages 42-43]
- 8A-5 **Staff Recommends a MOTION TO APPROVE:**
Lease Agreement for New Clinic at 2151 Congress Avenue, Suite 204,
West Palm Beach, Florida 33407.
(Thomas Cleare) [Pages 44-45]

8A-6 **Staff Recommends a MOTION TO APPROVE:**
Fourth Amendment to Clinic Lease Agreement
(Thomas Cleare) [Page 46]

8A-7 **Staff Recommends a MOTION TO APPROVE:**
Fifth Amendment to Clinic Lease Agreement
(Thomas Cleare) [Page 47]

8. Regular Agenda (continued)

B. EXECUTIVE

8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update.
(Belma Andric) [Pages 48-49]

C. OPERATIONS

8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Reports – August 2019.
(Hyla Fritsch) [Pages 50-59]

8C-2 **Staff Recommends a MOTION TO DISCUSS:**
2019 Targeted Patient Survey Medical Nominal Fee Assessment.
(Hyla Fritsch) [Pages 60-63]

D. CREDENTIALING AND PRIVILEGING

8D-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging – Fernique Jean-
Jacques, APRN; Adriana Ziemba, PsyD.
(Sarah Gonzalez) [Pages 64-66]

E. QUALITY

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Council Reports.
(Dr. Ana Ferwerda) [Pages 67-96]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Closed Risk Meeting [Under Separate Cover]
Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147

12. Establishment of Upcoming Meetings

October 30, 2019 (HCD Board Room)

12:45pm Board of Directors

November 27, 2019 (HCD Board Room)

12:45pm Board of Directors

12. Establishment of Upcoming Meetings (continued)

December 18, 2019 (HCD Board Room)

12:45pm Board of Directors

13. Motion to Adjourn

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
8/28/2019

Present: James Elder, Chairperson; Mike Smith, Treasurer; John Casey Mullen, Secretary; Irene Figueroa, Julia Bullard, Gary Butler
Excused: Joseph Morel, Vice Chairperson, Lisa Strickland
Absent: Cory Neering
Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Terry Megiveron, Director of Business Development; Zulma Almeida Jairala, Director of FQHC Practice Operations; 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: 12:45 PM
Meeting Began at: 12:53 PM

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. The agenda for the August 2019 meeting was approved as sent digitally to board members in the board package.	VOTE TAKEN: Mr. Smith made a motion to approve the agenda. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.

3. Awards, Introductions and Presentations 3A. Presentation: OSV Video	The Health Center Operational Site Visit (OSV) Video was presented.	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: Joint Board meeting minutes of July 31, 2019	There were no changes or comments to the minutes dated July 31, 2019.	VOTE TAKEN: Mr. Butler made a motion to approve the Board meeting minutes of July 31, 2019 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Smith 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: August 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 & File: C. L. Brumback Primary Care Clinics Finance Report July 2019.	Finance Report for July 2019 presented and reviewed in the Finance Committee meeting.	Motion referenced above, no further action necessary.

<p>7C-1 Receive & File: Credentialing and Privileging Procedure.</p>	<p>The Credentialing and Privileging Procedure was provided at the Board's request.</p>	
<p>8. REGULAR AGENDA</p>		
<p>8A. ADMINISTRATION</p>		
<p>8A-1. Staff Recommends a MOTION TO APPROVE: Scope Adjustment – Clinic Evening Hours.</p>	<p>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.</p> <p>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.</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the change to clinic hours as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>
<p>8A-2 Receive & File: Board Member Resignation – Joseph Morel</p>	<p>On August 26, 2019, Joseph Morel provided email notification to the C. L. Brumback Primary Care Clinics that he is resigning from his position on the Board.</p> <p>Mr. Morel conveyed that serving on the Clinic Board has been an honor and a pleasure and that the residents of Palm Beach County are fortunate to have the Clinics available to them. Mr. Morel also indicated he will continue to follow the Clinics' progress.</p>	<p>Receive & File. No further action necessary.</p>

	<p>Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.</p> <p>9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:</p> <p>a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.</p>	
<p>8A-3. Staff Recommends a MOTION TO APPROVE: Board Member Committee Assignments.</p>	<p>The recent resignation of one Board Member has created a vacancy in the Clinic Finance Committee.</p> <p>Mr. Gary Butler Volunteered to fill the Vacancy on the Finance Committee</p>	<p>VOTE TAKEN: Mr. Elder made a motion to appoint Mr. Butler to the position left vacant by Mr. Morel as a member of the finance committee. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.</p>
<p>8B. EXECUTIVE</p>		
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Dr. Belma Andric, Executive Director, presented on the following.</p> <p>Belle Glade Clinic</p>	<p>Receive & File. No further action necessary.</p>

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.

8C. OPERATIONS

<p>8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – July 2019</p>	<p>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%.</p> <p>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.</p>	<p>VOTE TAKEN: Mr. Butler made a motion to approve the July Productivity Summary Report as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
<p>8D. Credentialing and Privileging</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)</p>	<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) • Immunization and PPD status • Life support training (BLS) 	<p>VOTE TAKEN: Mr. Elder made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

Last	First	Degree	Specialty	Credentialing
Buchholz	Ellen	APRN	Nurse Practitioner	Recredentialing
Fernandez Sanchez	Marco	APRN	Nurse Practitioner - Family Medicine	Initial Credentialing
Philistin	Ketely	APRN	Nurse Practitioner - Family Medicine	Recredentialing
Normil-Smith	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.

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.

	<p>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.</p> <p>Sherloune Normil-Smith, MD joined the Lake Worth Clinic in 2015 specializing 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.</p>	
<p>8D. Quality</p>		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Quality Council Reports</p>	<p><u>RISK</u> 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 RELATIONS & SATISFACTION</u> 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.</p> <p>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.</p> <p><u>QUALITY</u></p>	<p>VOTE TAKEN: Ms. Bullard made a motion to approve the Quality Council Report as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.</p>

	<p>Of the 14 UDS Measures: 7 exceeded the HRSA Goal and 7 were short of the HRSA Goal. Interventions were defined.</p> <p>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.</p> <p>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.</p> <p><u>UTILIZATION</u></p> <p>We are developing a Mobile Clinic productivity dashboard showing homeless vs. non-homeless patients served.</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	<p>Mr. Smith provides a recap of his trip to the 2019 NACHC Conference in Chicago.</p> <p>Ms. Bullard provides a recap of her trip to the 2019 NACHC Conference in Chicago.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<u>September 25, 2019 (HCD Board Room)</u> 12:45pm Board of Directors	No action necessary.

	<u>October 30, 2019 (HCD Board Room)</u> 12:45pm Board of Directors <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 1:47 pm	Mr. Mullen made a motion to adjourn and seconded by Mr. Butler. 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	X				
Irene Figueroa	X	X	X	X	A	X	X	X	X				
John Casey Mullen	X	X	X	X	X	X	E	X	X				
Shanti Howard	E	X	E	X	X	X							
Cory M. Neering	X	E	E	E	X	X	E	X	A				
Joan Roude	X	X											
Joseph Morel	X	X	X	X	X	A	X	E					
Julia Bullard	X	X	X	X	X	X	E	E	X				
Mike Smith		X	X	X	X	X	X	X	X				
Gary Butler				X	X	X	X	X	X				
Lisa Strickland									E				

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Education on the Board Officer Positions

2. Summary:

This agenda item presents information on the Board Officer Positions.

3. Substantive Analysis:

The Board Officer positions include the Chair, Vice-Chair, Treasurer, and Secretary. The Officers should be elected each year at the Annual Meeting of the Board in May. Officers are elected to a one (1) year term of office. Any officer may be elected to service consecutive terms in the same office, but may not serve more than two (2) consecutive one (1) year terms in the same office. The Board Officers positions also serve as the Executive Committee.

The duties of the Officers, as outlined in the Bylaws, are presented below:

10.4.1 Chairperson

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

10.4.2 Vice Chairperson

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

10.4.3 Secretary

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

10.4.4 Treasurer

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

When there are vacancies for any of the Board Officer positions, the Bylaws outline the process for filling the vacancy.

Section 10.3 of the Bylaws, presented below, identifies how Board Officer vacancies can be filled:

- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Joel Snook
 VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board receive and file the Education on the Board Officer Positions.

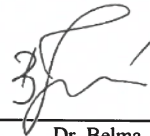
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas W. Cleare, PhD, MBA
VP of Strategy



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

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
September 25, 2019

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

2. Summary:

The YTD August 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:



 Joel H. Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee

 Committee Name

9/25/2019

 Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
September 25, 2019


6. Recommendation:

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

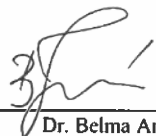
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: 9/16/2019

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

The August statements represent the financial performance for the first eleven months of the 2019 fiscal year for C.L. Brumback. Total revenue is favorable to budget by \$7M due to the grant recognition, unbudgeted District Care subsidy \$1.1M, Low Income Pool (LIP) award \$2.5M as well as shared savings from Blue Cross Blue Shield "BCBS" of \$2.3M. Expenses before depreciation are better than budget by \$304k or 1.3%. Volumes for medical and dental are behind budget by 11,562 or 8.6% year to date. The volume variances are attributable to the ramp-up of the new strategy of integration of dental visits 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 \$6.3M YTD which is primarily attributed to the Health Resources and Services Administration (HRSA) grant of \$2.4M, net patient revenue of \$1.0M and unbudgeted \$2.3M of shared savings from BCBS. Positive variance in net patient revenue is a result of unanticipated LIP revenue of \$1.7M and unbudgeted District Cares subsidy payment of \$923k for clinic visits. Effective May 1, 2019, the District Cares subsidy ended. Expenses in the medical clinics are \$2k above budget. Significant savings are in salaries and benefits of \$362k; these expenses are related to higher vacancy rates than budgeted. Medical services has a positive variance of \$172k 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 of \$62k primarily due to higher collection fees from Athena, higher consulting fees related to grant writing and UDS report writing totaling \$34k in professional services, security services of \$14k, and contracted personal services of \$29k. Repairs and maintenance is unfavorable by \$270k due to higher than anticipated software maintenance costs related to transitioning from Allscripts to Athena.

The dental clinics' revenue is ahead of budget by \$674k YTD primarily attribute to the HRSA grant of \$188k and net patient revenue of \$494k. This positive variance is caused by unanticipated LIP revenue of \$767k, and unbudgeted District Cares subsidy payment of \$226k for clinic visits. Total expenses of \$4.1M are under budget by \$306k due mainly to lower than budgeted salaries and benefits.

On the Comparative Statement of Net Position, due from other governments increased as result of LIP anticipated payment of approximately \$432k from AHCA State Fiscal Year 2019-2020. The District subsidy year to date for the clinic is \$4.2M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Aug 31, 2019</u>	<u>Jul 31, 2019</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	1,061,669	945,472	\$ 116,197
Accounts Receivable, net	1,840,342	1,616,757	223,584
Due From Other Funds	-	-	-
Due from Other Governments	491,541	27,787	463,754
Other Current Assets	131,008	118,403	12,605
Net Investment in Capital Assets	1,951,920	1,941,066	10,854
Total Assets	<u>\$ 5,476,480</u>	<u>\$ 4,649,486</u>	<u>\$ 826,995</u>
Liabilities			
Accounts Payable	479,600	711,538	(231,938)
Due To Other Governments	-	-	-
Deferred Revenue	50,975	17,282	33,692
Other Current Liabilities	970,405	833,014	137,390
Non-Current Liabilities	798,817	798,817	-
Total Liabilities	<u>2,299,796</u>	<u>2,360,652</u>	<u>(60,856)</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	1,951,920	1,941,066	10,854
Unrestricted	1,224,152	347,155	876,996
Total Net Position	<u>3,176,072</u>	<u>2,288,222</u>	<u>887,850</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,476,480</u>	<u>\$ 4,649,486</u>	<u>\$ 826,995</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
13,167	21,815	8,648	39.6%	21,163	7,996	37.8%	Depreciation	145,298	232,812	87,514	37.6%	189,684	44,385	23.4%
<i>Overhead Allocations:</i>														
2,541	12,715	10,174	80.0%	10,122	7,581	74.9%	Risk Mgt	28,038	139,865	111,827	80.0%	110,462	82,425	74.6%
93,752	91,067	(2,685)	(2.9%)	40,319	(53,433)	(132.5%)	Rev Cycle	1,001,737	1,001,737	-	0.0%	469,990	(531,747)	(113.1%)
5,274	5,559	285	5.1%	5,281	7	0.1%	Internal Audit	57,904	61,149	3,245	5.3%	35,053	(22,851)	(65.2%)
36,601	20,787	(15,814)	(76.1%)	17,494	(19,107)	(109.2%)	Palm Springs Facility	228,657	228,657	-	0.0%	258,993	30,336	11.7%
15,829	24,923	9,094	36.5%	24,090	8,261	34.3%	Administration	265,045	274,153	9,108	3.3%	270,686	5,642	2.1%
35,288	34,245	(1,043)	(3.0%)	33,355	(1,933)	(5.8%)	Human Resources	376,695	376,695	-	0.0%	323,895	(52,800)	(16.3%)
12,733	12,733	-	0.0%	9,124	(3,609)	(39.6%)	Legal	140,063	140,063	-	0.0%	117,272	(22,791)	(19.4%)
9,013	8,444	(569)	(6.7%)	6,722	(2,291)	(34.1%)	Records	72,281	92,884	20,603	22.2%	73,279	998	1.4%
34,324	11,698	(22,626)	(193.4%)	6,278	(28,046)	(446.7%)	Compliance	103,503	128,678	25,175	19.6%	65,686	(37,817)	(57.6%)
-	1,428	1,428	100.0%	1,353	1,353	100.0%	Planning/Research	5,697	15,708	10,011	63.7%	18,252	12,555	68.8%
39,491	34,893	(4,598)	(13.2%)	26,114	(13,377)	(51.2%)	Finance	332,069	383,823	51,754	13.5%	299,475	(32,594)	(10.9%)
11,688	13,149	1,461	11.1%	9,972	(1,716)	(17.2%)	Public Relations	101,534	144,639	43,105	29.8%	83,259	(18,275)	(21.9%)
128,787	99,679	(29,108)	(29.2%)	93,958	(34,829)	(37.1%)	Information Technology	1,064,037	1,096,469	32,432	3.0%	889,370	(174,667)	(19.6%)
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support	-	-	-	0.0%	13,118	13,118	100.0%
2,803	2,714	(89)	(3.3%)	3,957	1,155	29.2%	Corporate Quality	27,559	29,854	2,295	7.7%	38,849	11,290	29.1%
4,900	5,764	864	15.0%	3,751	(1,149)	(30.6%)	Managed Care Contract	40,418	63,404	22,986	36.3%	59,880	19,462	32.5%
433,023	379,798	(53,225)	(14.0%)	291,890	(141,132)	(48.4%)	Total Overhead Allocations	3,845,237	4,177,778	332,541	8.0%	3,127,520	(717,716)	(22.9%)
2,660,383	2,583,116	(77,267)	(3.0%)	2,316,167	(344,217)	(14.9%)	Total Expenses	26,951,001	27,674,900	723,899	2.6%	24,489,858	(2,461,143)	(10.0%)
\$ 887,850	\$ (1,096,668)	\$ 1,984,518	(181.0%)	\$ 1,081,093	\$ (193,243)	(17.9%)	Net Margin	\$ (3,394,861)	\$ (11,080,689)	\$ 7,685,828	(69.4%)	\$ (1,028,640)	\$ (2,366,220)	(230.0%)
-	-	-	0.0%	-	-	0.0%	Capital	-	1,221,688	1,221,688	100.0%	-	-	0.0%
\$ -	\$ 1,087,500	\$ 1,087,500	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 4,150,580	\$ 11,962,500	\$ 7,811,920	65.3%	\$ 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	1,980,107	-	20,538,597
Contractual Allowances	629,977	523,761	955,352	869,362	704,192	909,476	911,498	435,326	377,830	400,680	424,955	-	7,142,360
Charity Care	522,280	370,440	411,855	348,213	541,362	394,786	472,106	689,798	641,710	751,177	770,012	-	5,913,740
Bad Debt	209,421	136,222	187,946	107,004	224,566	85,698	183,544	283,556	273,154	270,824	239,329	-	2,201,265
Other Patient Revenue	185,546	460,636	346,606	1,379,115	478,512	480,512	602,746	335,800	335,800	180,451	602,019	-	5,397,740
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	1,147,830	-	10,678,973
Collections %	39.58%	61.80%	39.78%	103.31%	47.96%	53.53%	52.28%	43.54%	45.45%	36.34%	57.97%	-	51.99%
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	65,083	-	10,454,546
Other Revenue	4,645	8,821	24,768	6,149	8,821	9,704	3,928	4,680	17,480	3,501	2,335,320	-	2,422,621
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	2,400,403	-	12,877,167
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	3,546,234	-	23,556,140
<i>Direct Operational Expenses:</i>													
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	1,339,919	-	14,302,605
Benefits	339,645	322,045	314,881	366,759	347,313	365,610	372,476	372,646	355,232	371,088	370,714	-	3,898,408
Purchased Services	65,028	68,614	50,770	82,094	51,993	54,666	66,875	128,618	79,133	26,293	70,467	-	744,551
Medical Supplies	41,828	27,305	14,573	29,201	46,174	32,270	37,924	47,947	44,650	37,819	26,940	-	386,632
Other Supplies	34,148	3,947	2,672	28,292	36,989	36,467	53,003	133,496	32,979	7,498	61,336	-	430,827
Contracted Physician Expense	-	(461)	19,144	25,930	78,155	25,831	33,980	22,612	86,370	86,933	78,865	-	516,167
Medical Services	47,555	37,534	36,129	31,431	37,448	32,329	72,032	68,819	67,541	187,348	70,540	-	688,705
Drugs	29,881	36,555	32,150	30,986	31,031	41,024	50,051	39,735	69,365	23,925	23,925	-	410,474
Repairs & Maintenance	109,171	104,594	104,526	114,021	108,872	133,369	111,536	114,139	117,871	110,647	115,673	-	1,244,418
Lease & Rental	4,568	6,558	5,313	5,904	4,092	4,376	8,883	9,966	8,155	9,960	9,960	-	68,633
Utilities	15,526	(576)	24,682	22,887	23,732	33,511	20,962	10,156	21,928	31,295	43,479	-	247,580
Other Expense	2,425	2,170	2,170	2,170	2,170	2,170	(950)	2,214	2,214	2,377	2,377	-	21,465
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
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	2,214,194	-	22,960,466
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)	1,334,039	-	595,674
Depreciation	17,256	17,256	5,158	13,224	13,157	13,156	13,156	13,156	13,232	13,379	13,167	-	145,298
<i>Overhead Allocations:</i>													
Risk Mgt	9,302	16,111	8,246	(15,331)	1,744	2,172	2,233	407	293	318	2,541	-	28,038
Rev Cycle	86,904	98,059	124,187	100,095	94,850	42,307	91,067	91,067	88,382	88,382	93,752	-	1,001,737
Internal Audit	5,120	5,120	5,120	5,120	5,222	5,718	5,389	5,406	5,141	5,274	5,274	-	57,904
Palm Springs Facility	17,032	16,269	16,141	23,398	19,430	20,583	18,956	18,734	19,969	21,543	36,601	-	228,657
Administration	24,974	26,124	21,164	26,766	23,790	26,720	24,941	24,884	24,929	24,929	15,829	-	265,045
Human Resources	33,486	34,265	34,863	38,678	32,527	31,650	31,103	35,165	32,479	37,191	35,288	-	376,695
Legal	6,468	11,903	8,094	34,857	15,627	(551)	12,733	12,733	12,733	12,733	12,733	-	140,063
Records	6,520	6,452	6,067	6,520	5,239	6,258	5,727	7,156	6,245	6,949	9,013	-	72,281
Compliance	5,776	7,197	3,605	6,283	4,168	12,918	4,550	7,033	7,134	10,516	34,324	-	103,503
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	39,491	-	332,069
Public Relations	6,365	6,478	8,336	7,466	7,077	8,264	9,126	11,862	8,464	16,408	11,688	-	101,534
Information Technology	80,379	69,273	97,329	86,977	82,158	90,638	86,782	125,735	91,245	124,734	128,787	-	1,064,037
Budget & Decision Support	3,986	3,764	2,150	2,591	2,015	1,778	1,647	1,828	1,648	3,350	2,803	-	27,559
Corporate Quality	3,421	4,019	3,039	3,676	3,234	3,502	3,233	4,500	3,223	3,670	4,900	-	40,418
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	315,282	339,079	362,180	368,255	320,701	278,442	335,113	377,474	330,996	384,692	433,023	-	3,845,237
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	2,660,383	-	26,951,001
Net Margin	(1,118,593)	(617,827)	(778,226)	988,232	(25,961)	157,110	(344,627)	(278,328)	(397,799)	(1,866,692)	887,850	-	(3,394,861)
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 ELEVENTH MONTH ENDED AUGUST 31, 2019

	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	Subsone Clinic	Mobile Van	Total
Gross Patient Revenue	-	3,209,031	3,478,075	2,471,633	1,568,450	-	764,738	-	2,488,376	1,085,007	1,456,752	-	314,352	16,836,413
Contractual Allowances	-	1,334,354	1,059,368	1,065,965	645,965	659	312,785	250	868,143	350,298	583,227	-	111,795	6,332,810
Charity Care	-	841,800	992,321	461,658	267,577	3,585	240,818	(79)	720,251	259,702	292,319	-	78,409	4,158,360
Bad Debt	-	339,271	602,397	361,363	290,586	5,711	141,416	(328)	160,454	84,475	75,929	-	75,929	2,106,445
Total Contractual Allowances and Bad Debt	-	2,515,425	2,654,085	1,888,986	1,204,128	9,955	695,019	(157)	1,748,848	655,172	960,021	-	266,133	12,597,615
Other Patient Revenue	-	798,710	796,412	505,679	341,824	2,926	161,024	-	634,546	206,144	310,079	-	70,338	3,827,681
Net Patient Revenue	-	1,492,315	1,620,402	1,088,326	706,146	(7,029)	230,743	157	1,374,074	635,979	806,810	-	118,557	8,066,479
Collection %	0.00%	46.50%	46.59%	44.03%	45.02%	0.00%	30.17%	0.00%	55.22%	58.62%	55.38%	0.00%	37.71%	47.91%
Grant Funds	1,122,082	1,138,259	1,101,676	950,815	1,385,602	-	266,663	-	1,093,146	370,766	489,274	272,253	375,326	8,565,864
Other Revenue	32,041	287,941	101,551	239,167	81,520	-	22,604	-	481,080	643,900	515,860	13,506	3,220	2,422,388
Total Other Revenues	1,154,123	1,426,200	1,203,227	1,189,982	1,467,122	-	289,267	-	1,574,226	1,014,666	1,005,135	285,759	378,546	10,988,253
Total Revenues	1,154,123	2,918,515	2,823,629	2,278,307	2,173,268	(7,029)	520,011	157	2,948,300	1,650,644	1,811,945	285,759	497,103	19,054,732
<i>Direct Operational Expenses:</i>														
Salaries and Wages	1,792,005	1,792,934	1,692,101	1,455,560	952,021	-	393,667	-	1,663,566	603,480	743,736	416,514	257,703	11,763,287
Benefits	361,261	444,230	478,919	449,509	251,552	-	104,459	-	501,191	175,282	211,638	106,840	83,009	3,167,889
Purchased Services	88,287	96,471	70,626	61,792	68,219	-	9,173	-	110,927	61,147	70,695	6,795	6,795	644,132
Medical Supplies	-	21,347	60,325	14,725	11,668	-	8,518	-	21,054	6,630	7,500	-	1,023	152,790
Other Supplies	37,179	25,112	42,438	11,400	86,499	-	2,788	-	14,044	4,303	22,205	39,864	7,871	293,703
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	80,842	74,240	108,328	55,289	-	10,177	-	114,139	20,242	52,910	-	-	516,167
Drugs	-	169,317	196,287	131,171	61,060	-	5,534	-	40,069	23,229	23,510	30,877	2,315	687,368
Repairs & Maintenance	-	60,588	57,628	59,091	39,983	-	9,643	-	60,409	23,937	35,308	3,300	10,709	360,595
Lease & Rental	50	126,181	145,501	84,110	180,744	5,013	4,248	-	221,815	72,468	114,781	-	-	954,911
Utilities	-	1,201	3,692	1,360	23,104	-	2,180	-	11,726	7,637	6,608	-	57,508	57,508
Other Expense	131,836	12,940	12,439	9,542	12,003	-	5,181	-	13,776	5,181	8,610	250	5,448	217,206
Insurance	-	3,960	3,031	1,073	148	-	-	-	1,220	340	373	-	7,737	21,003
Total Operational Expenses	2,410,618	2,835,122	2,837,227	2,389,705	1,743,217	5,161	555,567	-	2,777,936	1,003,875	1,297,876	597,646	382,610	18,836,561
Net Performance before Depreciation & Overhead Allocations	(1,256,495)	83,393	(13,598)	(111,398)	430,051	(12,190)	(35,556)	157	170,364	646,769	514,069	(311,887)	114,493	218,171
Depreciation	7,712	5,282	4,285	1,647	2,299	742	1,180	125	6,654	4,698	4,395	-	68,750	107,769
<i>Overhead Allocations:</i>														
Risk Mgt	2,874	3,090	3,087	2,728	1,753	-	649	-	3,601	1,234	1,851	1,155	520	22,540
Rev Cycle	-	124,762	124,652	110,165	70,785	-	26,191	-	145,398	49,819	74,723	46,651	20,999	794,145
Internal Audit	5,935	6,381	6,375	5,634	3,620	-	1,340	-	7,436	2,548	3,822	2,386	1,074	46,551
Palm Springs Facility	203,423	-	-	-	-	-	-	-	-	-	-	-	-	203,423
Administration	27,162	29,204	29,183	25,790	16,570	-	6,136	-	34,043	11,666	17,495	10,922	4,914	213,086
Human Resources	23,375	48,312	45,353	40,524	23,375	-	7,788	-	44,572	17,149	29,612	15,587	6,237	301,884
Legal	14,355	15,433	15,422	13,629	8,756	-	3,245	-	17,985	6,160	9,240	5,775	2,996	112,596
Records	7,408	7,965	7,958	7,033	4,519	-	1,672	-	9,283	3,180	4,771	2,978	1,341	58,109
Compliance	10,608	11,405	11,396	10,071	6,471	-	2,394	-	13,293	4,554	6,832	4,265	1,920	83,210
Planning/Research	584	628	627	554	356	-	132	-	732	251	376	235	106	4,580
Finance	34,034	36,592	36,562	32,311	20,762	-	7,682	-	42,647	14,611	21,918	13,682	6,160	266,960
Public Relations	10,406	11,188	11,179	9,879	6,348	-	2,349	-	13,040	4,467	6,702	4,184	1,883	81,626
Information Technology	109,055	117,249	117,153	103,532	66,528	-	24,616	-	136,652	46,817	70,231	43,842	19,737	855,413
Budget & Decision Support	2,824	3,036	3,035	2,681	1,725	-	639	-	3,536	1,210	1,818	1,137	509	22,151
Corporate Quality	-	5,034	5,029	4,445	2,856	-	1,057	-	5,867	2,010	3,015	1,882	847	32,042
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	452,044	420,278	417,013	368,977	234,425	-	85,889	-	478,084	165,677	252,404	154,681	68,843	3,098,315
Total Expenses	2,870,374	3,260,682	3,258,524	2,760,330	1,979,941	5,904	642,635	125	3,262,674	1,174,251	1,554,675	752,327	520,203	22,042,645
Net Margin	\$(1,716,251)	\$(342,167)	\$(434,895)	\$(482,023)	\$(193,327)	\$(12,933)	\$(122,624)	32	\$(314,374)	\$(476,393)	\$(257,270)	\$(466,568)	\$(23,100)	\$(2,987,913)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 4,150,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,150,580

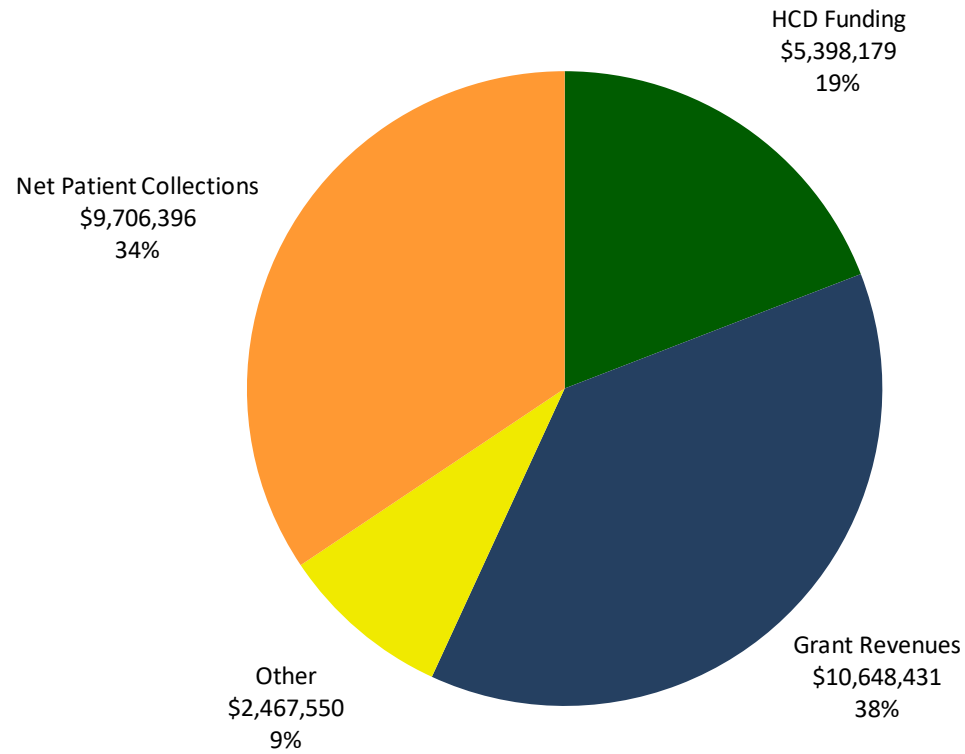
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE ELEVENTH MONTH ENDED AUGUST 31, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,260,037	1,068,585	935,284	438,280	3,702,185
Contractual Allowances	-	278,261	209,984	195,284	126,020	809,549
Charity Care	-	527,347	539,870	520,434	167,730	1,755,380
Bad Debt	-	(835)	85,262	14,056	(3,663)	94,820
Total Contractual Allowances and Bad Debt	-	804,773	835,116	729,774	290,086	2,659,749
Other Patient Revenue	-	545,231	414,020	402,195	208,612	1,570,059
Net Patient Revenue	-	1,000,496	647,488	607,705	356,805	2,612,494
Collection %	-	79.40%	60.59%	64.98%	81.41%	70.57%
Grant Funds	159,341	544,116	458,422	387,272	339,531	1,888,681
Other Revenue	-	-	-	-	233	233
Total Other Revenues	159,341	544,116	458,422	387,272	339,764	1,888,914
Total Revenues	159,341	1,544,612	1,105,910	994,976	696,569	4,501,408
<i>Direct Operational Expenses:</i>						
Salaries and Wages	251,161	775,203	651,668	560,767	300,518	2,539,318
Benefits	57,682	235,945	172,902	175,410	88,580	730,519
Purchased Services	-	25,857	19,313	18,835	36,413	100,419
Medical Supplies	-	75,737	69,686	53,611	34,808	233,842
Other Supplies	62	31,486	29,756	17,327	58,491	137,123
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	106	344	615	272	1,337
Repairs & Maintenance	-	11,623	13,798	13,401	11,058	49,879
Lease & Rental	-	105,236	60,316	56,337	67,618	289,507
Utilities	-	1,547	4,728	1,998	2,852	11,125
Other Expense	1,746	11,238	8,423	2,058	6,910	30,374
Insurance	-	-	-	-	462	462
Total Operational Expenses	310,651	1,273,978	1,030,935	900,358	607,983	4,123,905
Net Performance before Depreciation & Overhead Allocations	(151,311)	270,634	74,976	94,619	88,586	377,503
Depreciation	-	13,023	6,207	9,365	8,934	37,529
<i>Overhead Allocations:</i>						
Risk Mgt	356	1,730	1,519	1,173	719	5,497
Rev Cycle	-	69,861	61,336	47,366	29,029	207,592
Internal Audit	736	3,573	3,137	2,423	1,484	11,353
Palm Springs Facility	25,234	-	-	-	-	25,234
Administration	3,356	16,357	14,358	11,092	6,796	51,959
Human Resources	3,113	23,375	21,824	17,149	9,350	74,811
Legal	1,782	8,646	7,590	5,863	3,586	27,467
Records	919	4,460	3,916	3,024	1,853	14,172
Compliance	1,316	6,387	5,607	4,330	2,653	20,294
Planning/Research	72	352	309	238	146	1,117
Finance	4,222	20,492	17,989	13,893	8,513	65,108
Public Relations	1,291	6,266	5,500	4,248	2,603	19,908
Information Technology	13,529	65,661	57,641	44,518	27,277	208,625
Budget & Decision Support	-	-	-	-	-	-
Corporate Quality	353	1,698	1,493	1,156	709	5,409
Managed Care Contract	-	2,819	2,475	1,911	1,171	8,376
Total Overhead Allocations	56,281	231,676	204,691	158,385	95,889	746,922
Total Expenses	366,932	1,518,677	1,241,833	1,068,107	712,806	4,908,356
Net Margin	\$ (207,591)	\$ 25,935	\$ (135,923)	\$ (73,131)	\$ (16,237)	\$ (406,948)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	\$	-

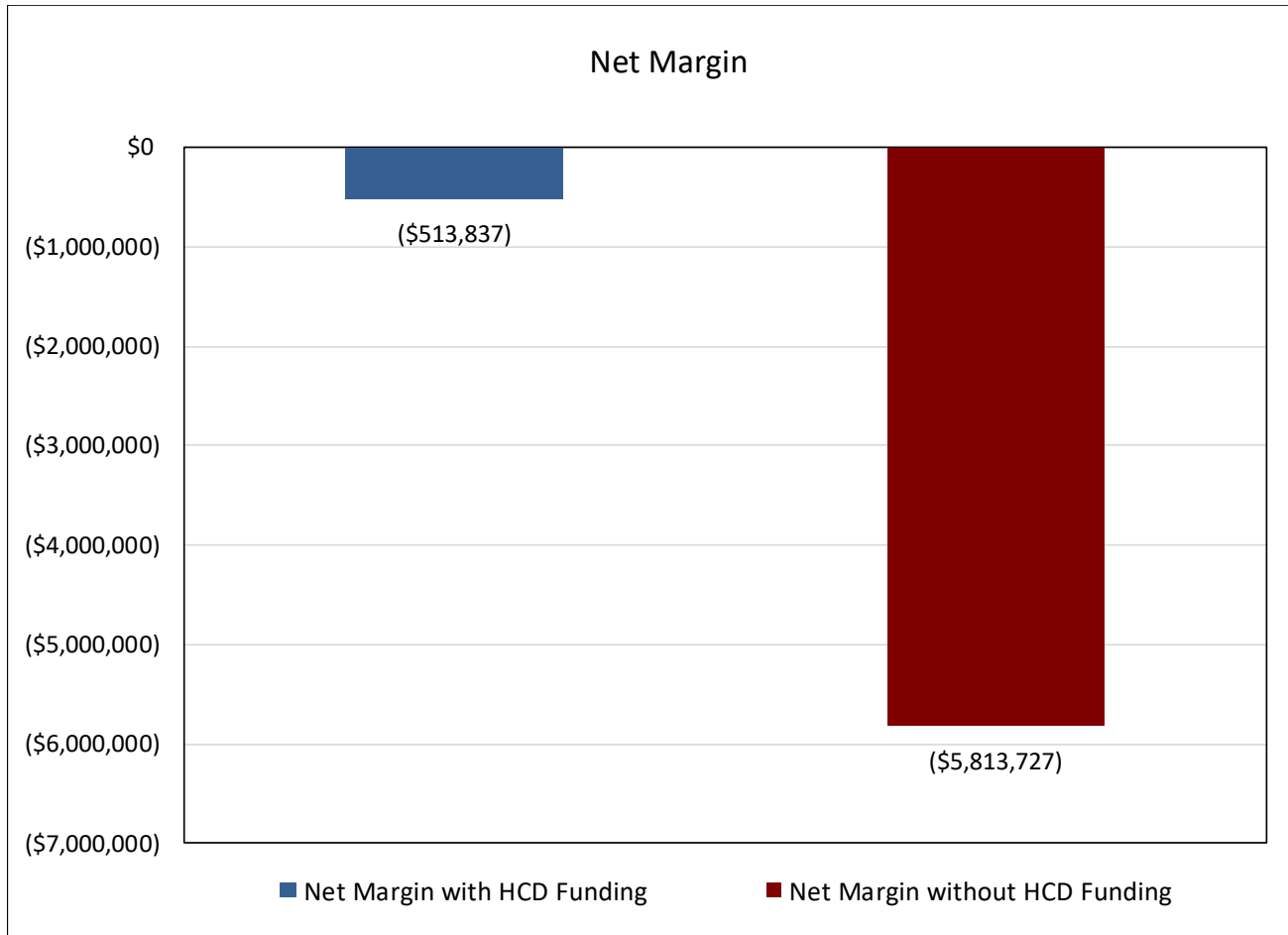
Clinic Visits - Adults and Pediatrics	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year	Current YTD	%Var to	Prior Year
													Total	Budget	Budget	Total
West Palm Beach	1,661	1,289	1,312	1,734	1,628	1,447	1,798	1,754	1,552	1,895	1,673		17,743	18,318	(3.1%)	17,465
Delray	1,355	1,162	1,134	1,180	1,212	1,356	1,283	1,312	1,311	1,306	1,324		13,935	16,535	(15.7%)	14,610
Lantana	1,411	1,309	1,261	1,314	1,409	1,424	1,524	1,505	1,434	1,476	1,641		15,708	17,600	(10.8%)	14,073
Belle Glade	1,030	790	839	934	806	850	949	819	668	689	951		9,325	8,993	3.7%	9,461
Jerome Golden Center	-	-	-	-	-	-	-	-	-	-	-		-	-	0.0%	2,415
Lewis Center	267	233	229	239	246	227	277	271	239	269	219		2,716	2,503	8.5%	2,418
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	1,440		14,856	18,024	(17.6%)	16,404
Jupiter Clinic	421	457	418	467	483	502	565	555	522	499	467		5,356	6,024	(11.1%)	5,489
West Boca & Women's Health Care	1,009	861	781	923	815	900	984	877	850	921	900		9,821	7,941	23.7%	7,702
Mobile Van	239	186	119	201	200	159	143	151	183	180	167		1,928	2,085	(7.5%)	225
Suboxone	361	289	222	301	415	476	611	601	556	622	573		5,027	3,306	52.1%	3,515
Total Clinic Visits	9,362	7,729	7,419	8,507	8,344	8,807	9,617	9,299	8,614	9,362	9,355	-	96,415	101,329	(4.8%)	93,777
Dental Visits																
West Palm Beach	918	722	704	800	792	839	873	813	802	854	889		9,006	10,205	(11.7%)	9,570
Lantana	653	508	468	616	630	717	646	672	669	787	698		7,064	10,502	(32.7%)	7,770
Delray	676	522	446	503	535	644	675	574	612	702	577		6,466	7,804	(17.1%)	6,784
Belle Glade	406	260	230	259	275	292	377	337	329	398	367		3,530	4,203	(16.0%)	4,135
Total Dental Visits	2,653	2,012	1,848	2,178	2,232	2,492	2,571	2,396	2,412	2,741	2,531	-	26,066	32,714	(20.3%)	28,259
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	11,886	-	122,481	134,043	(8.6%)	122,036
Mental Health Counselors (non-billable)																
West Palm Beach	124	100	103	135	117	110	154	133	164	194	181		1,515	944	60.5%	1,166
Delray	137	118	102	117	106	102	126	219	221	148	102		1,498	935	60.2%	1,046
Lantana	467	414	368	433	383	265	423	885	467	511	454		5,070	2,545	99.2%	1,864
Belle Glade	17	21	22	26	18	25	23	20	10	12	22		216	162	33.3%	170
Lewis Center	268	219	192	235	232	253	283	208	198	215	207		2,510	1,072	134.1%	1,586
Lake Worth	173	99	73	190	98	111	76	178	190	216	171		1,575	1,353	16.4%	1,602
Jupiter	-	-	-	-	-	-	-	-	-	-	-		-	325	(100.0%)	315
West Boca	-	-	-	-	-	-	-	-	-	-	-		-	222	(100.0%)	239
Mobile Van	-	-	-	16	40	57	95	78	92	94	147		619	-	100.0%	13
Total Mental Health Screenings	1,186	971	860	1,152	994	923	1,180	1,721	1,342	1,390	1,284	-	13,003	7,558	72.0%	8,001

Primary Care Clinics Funding Sources



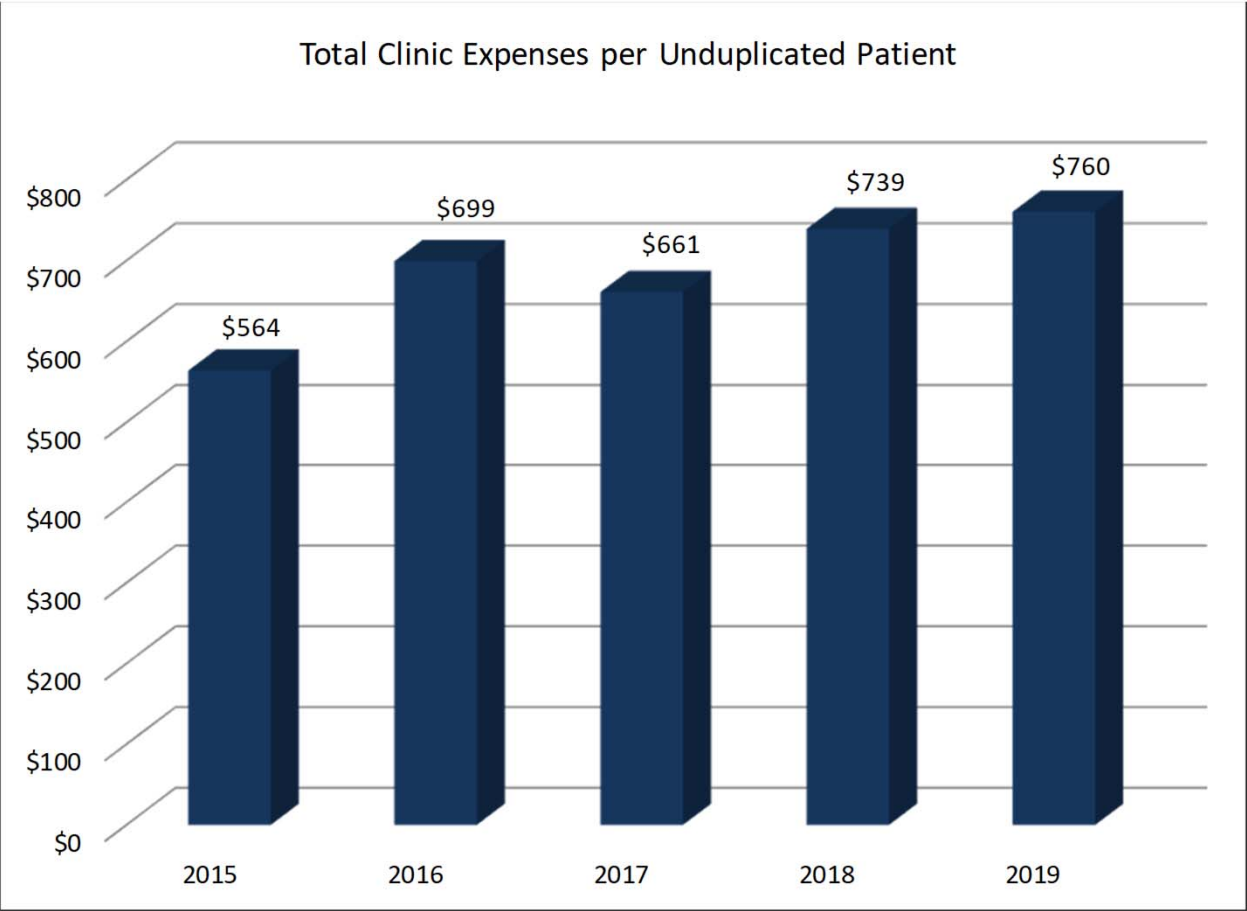
Fiscal YTD August 2019 Total Expenses \$28,220,556

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



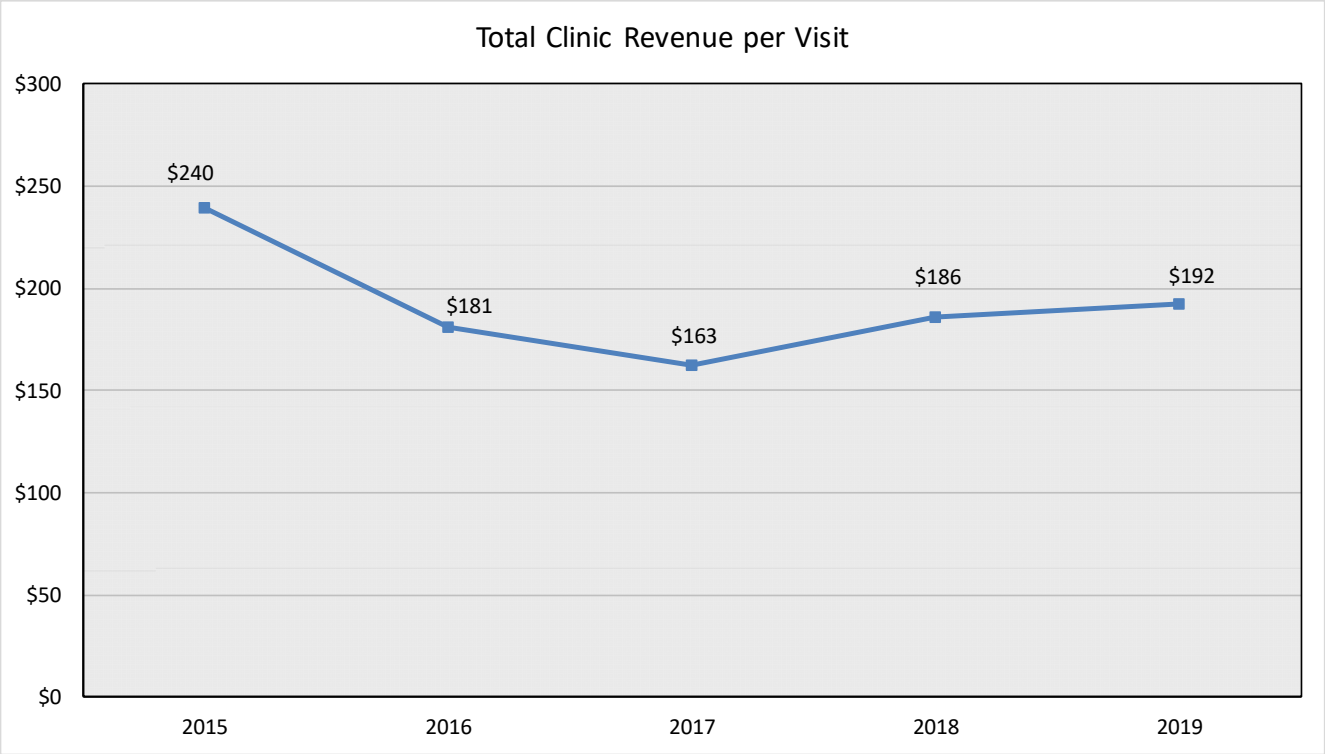
* Net Margin includes overhead allocations and capital, and excludes depreciation.

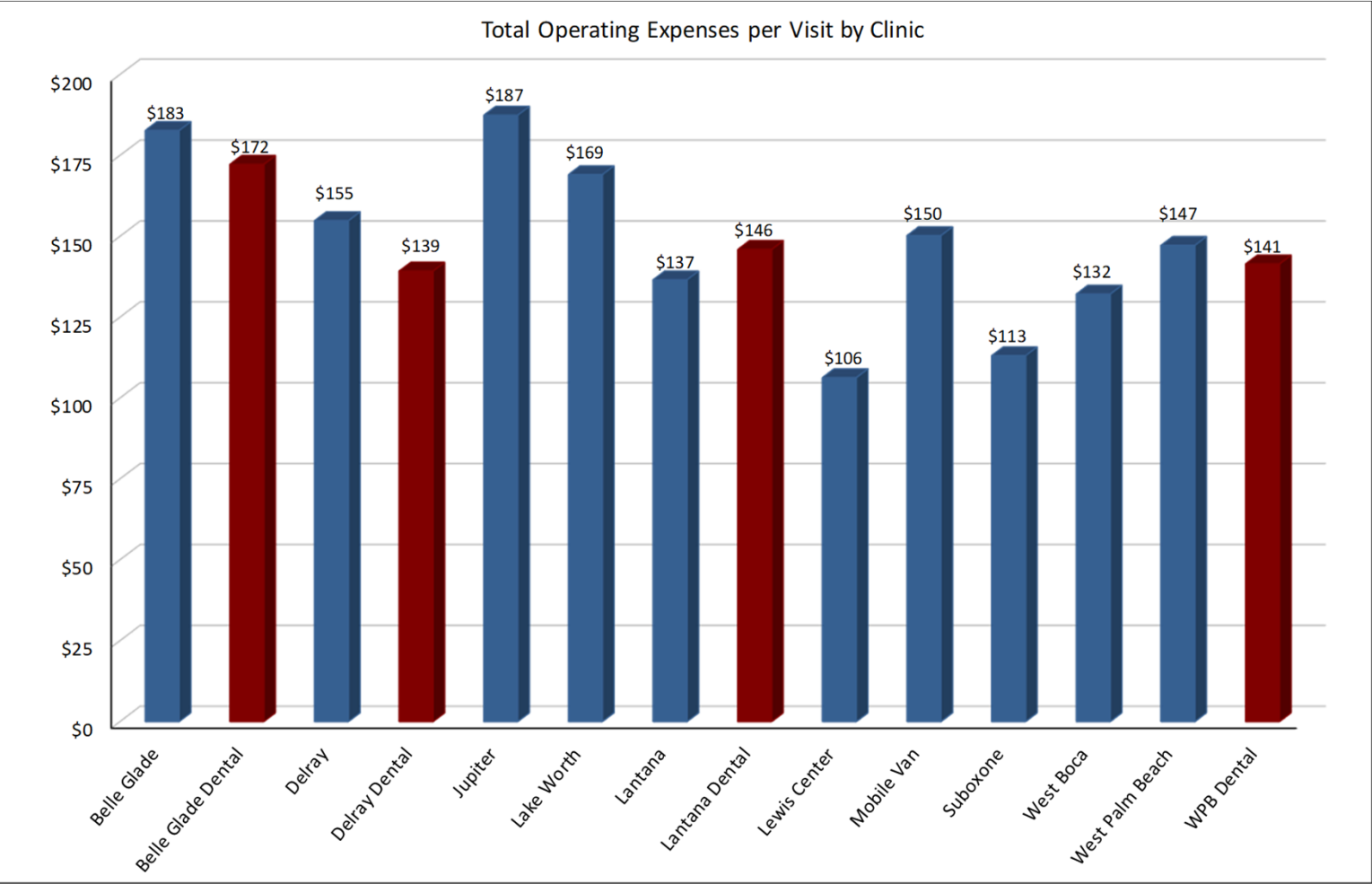
** HCD funding includes the District Cares Subsidy and General Fund Transfer In.



* 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 Augst 2019 total operating expenses.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Clinical Psychology Delineation of Privileges

2. Summary:

The agenda item represents the Clinical Psychology Delineation of Privileges form created by the Behavioral Health Director.

3. Substantive Analysis:

HRSA requires privileging of each licensed health care practitioner specific to the services being provided.

Clinical Psychology is a new specialty providing services at the C.L. Brumback Primary Care Clinics.

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:

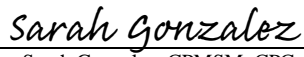
Staff recommends the Board approve the Clinical Psychology Delineation of Privileges Form.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

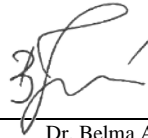
Approved for Legal sufficiency:



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
September 25, 2019

1. Description: Appointment of Melissa Mastrangelo and Marjorie Etienne to the Clinic Board

2. Summary:

Melissa Mastrangelo and Marjorie Etienne’s applications for the Board or Committee Appointment.

3. Substantive Analysis:

Melissa Mastrangelo and Marjorie Etienne have submitted applications for consideration by the Membership / Nominating Committee to be appointed to the District Clinic Holdings, Inc. Board of Directors.

Ms. Mastrangelo is a Nursing student and currently serves as a student ambassador at Palm Beach State College. She plans to serve her community by bridging the gap between our organizations wherever possible. She also has experience working with homeless individuals and is particularly interested in our Mobile Clinic.

Ms. Etienne has in depth knowledge of healthcare, specifically Medicare, working as a Benefits Consultant since 2016. She is seeking opportunities to serve her community and has experience working with homeless individuals.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

5. Reviewed/Approved by Committee:

Nominating Committee

Committee Name


9/25/2019

Date Approved


6. Recommendation:

Staff recommends the Board approve the appointment of Melissa Mastrangelo and Marjorie Etienne to the District Clinic Holdings, Inc. Board.


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Thomas Cleare
VP of Strategy



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Election of Officers and Committee Appointments

2. Summary:

Annual election of Officers and Committee Appointments.

3. Substantive Analysis:

The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments.

The current Board Officers (and members of the Executive Committee) are:

Chairperson

James Elder

Vice-Chairperson

Vacant

Secretary

John Casey Mullen

Treasurer

Vacant

In addition to the Board Officers, the Board also previously appointed the following Committee Memberships/Designations:

Finance Committee:

James Elder

Gary Butler

Michael Smith

Membership / Nominating Committee:

John Casey Mullen

Irene Figueroa

Quality Council:

Julia Bullard

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

Health Care District Board Member:
 Cory Neering

Planning Committee:
 All Board Members

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Joel H. Snook, CPA
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved


6. Recommendation:

Staff recommends the Board Elect Officers and appoint Committee Membership/Designations.

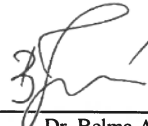
Approved for Legal sufficiency:



 Valerie Shahriari
 VP & General Counsel



 Thomas Cleare
 VP of Strategy



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Change in Scope & Scope Adjustments – HRSA Form 5A

2. Summary:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope and two Scope Adjustment applications with the Health Resources and Services Administration to update HRSA Form 5A.

3. Substantive Analysis:

During an in-depth review of our HRSA Form 5A with our consultants from JSI, the team has reached the conclusion that we will need to submit a formal Change in Scope and two scope adjustments to ensure we are in compliance with the HRSA manual as follows:

1. CIS00094761: *Formal Change in Scope* needed to add “Infectious Disease” to Column II under Specialty Services since this is outlined as a service we are contracted with Florida DOH for and we pay them a lump sum.
2. CIS00094760: *Scope Adjustment* needed to update Required Services to remove Florida DOH from General Primary Medical Care, to remove Coverage for Emergencies During and After Hours from Column III, to move Voluntary Family Planning from Column III to Column II, to add Pharmacy to Column II, and to remove Case Management from Column III.
3. CIS00094759: *Scope Adjustment* needed to ensure Nutrition is in Column II, but remove from Column III; to remove Psychiatry and Mental Health from Columns II and III; and to remove the following from Column III: Podiatry, Optometry, Recuperative Care, Environmental Services, Occupational Therapy, Additional Enabling, Alternative Medicine, Speech Therapy, and Physical Therapy.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Joel Snook
 Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

5. Reviewed/Approved by Committee:

N/A	
Committee Name	Date Approved


6. Recommendation:

Staff recommends the Board approve the request for a Change in Scope and two Scope Adjustments to update HRSA Form 5A.

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
September 25, 2018**

1. Description: Change In Scope – Mangonia Park

2. Summary:

We plan to expand our Lantana MAT Clinic to a new larger location next door to the JFK North Emergency Room (ER). The clinic will be named Mangonia Park.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to proceed with a Change in Scope application with the Health Resources and Services Administration to add a new health center site. The proposed site will be located at 2151 N Congress, Ste. 204, West Palm Beach, Florida and serve patients Monday through Friday from 8am-5pm. This site is a stand-alone clinic that will house our existing, and expanded, Medication Assisted Treatment Program. In addition, we will have an ARNP located at this site to assist patients with their primary medical needs.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2018


6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to add the new Mangonia Park Clinic site and proposed hours of operation.

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
September 25, 2019

1. Description: Lease Agreement for New Clinic at 2151 Congress Avenue, Suite 204, West Palm Beach, Florida 33407

2. Summary:

This agenda item presents information on the Lease Agreement for the New CL Brumback Primary Care Clinic at 2151 Congress Avenue, Suite 204, West Palm Beach, Florida 33407.

3. Substantive Analysis:

The CL Brumback Primary Care Clinic have identified a location for a new clinic at 2151 Congress Avenue, Suite 204, West Palm Beach, Florida 33407. This location will co-locate the new clinic adjacent to the planned Addiction Stabilization Center.

This location was chosen after both an internal and broker led review of available space in the designated area. The location was selected after balancing the following needs of the clinic:

- the rent and renovation costs,
- the time required for renovations, and
- close proximity to the planned Addictions Stabilization Center.

The new location is near turn-key ready with minimal renovations being made by the landlord to meet the programming and design needs of the clinic. Based on the minimal renovations required the clinic is anticipated to be operational at the beginning of October.

Programming

- 1,812 square feet
- 4 Exam Rooms
- 1 Group Treatment Room
- 1 Nurse Intake Room
- 1 Waiting Room
- \$39,847.50 allowance for the Tenant Improvements

Summary Lease Details

- \$3,833.89 total monthly rent (base rent and operating expenses)
- \$8,473.06 in prepaid rent representing Base Rent and Additional Rent for the first and last calendar months of the Lease Term
- \$3,833.89 deposit
- 3% base rent annual increase

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

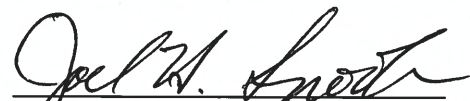
- 10 year lease with option to terminate the lease after 5 years with an early termination fee of \$27,194.14

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	\$54,479.74*	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Includes annual rent, last month's rent, and deposit

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel Snook, CPA
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

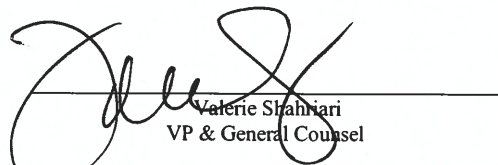
 N/A
 Committee Name

 N/A
 Date Approved

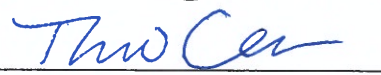
6. Recommendation:

Staff recommends the Board approve the Lease Agreement for New Clinic at 2151 Congress Avenue, Suite 204, West Palm Beach, Florida 33407.


Approved for Legal sufficiency:



 Valerie Shahmiri
 VP & General Counsel



 Thomas Cleare
 Vice President of Strategy



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Fourth Amendment to Lease Agreement.

2. Summary:

This item presents proposed amendments to the Lease Agreement between District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics and Roy E. Burch Trustee.

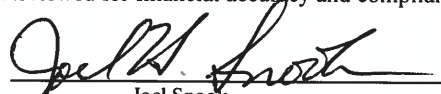
3. Substantive Analysis:

The District proposes amending the lease to extend the term of the lease by two (2) months. The lease shall end on October 31, 2019.

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	\$13,638.63	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

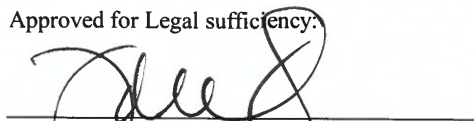
N/A

 Date Approved


6. Recommendation:

Staff recommends the Board approve the Fourth Amendment to the Lease Agreement.

Approved for Legal sufficiency:



 Valerie Shahrian
 VP & General Counsel



 Thomas Cleare
 Vice President of Strategy



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

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019**

1. Description: Fifth Amendment to Lease Agreement.

2. Summary:

This item presents proposed amendments to the Lease Agreement between District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics and Roy E. Burch Trustee.


3. Substantive Analysis:

The District proposes amending the lease to extend the term of the lease by two (2) months. The lease shall end on December 31, 2019.

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	\$13,638.63	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Reviewed for financial accuracy and compliance with purchasing procedure:


Joel Snook
VP & Chief Financial Officer

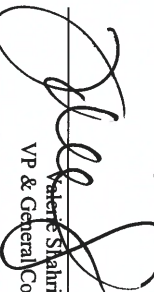

5. Reviewed/Approved by Committee:


Committee Name N/A Date Approved N/A

6. Recommendation:

Staff recommends the Board approve the Fifth Amendment to the Lease Agreement.

Approved for Legal sufficiency:

 
Ashraf Shahriari
VP & General Counsel
Thomas Cleare
Vice President of Strategy


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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: Executive Director Informational Update

2. Summary:

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

- Belle Glade Clinic
- Substance Use Disorder/Mental Health (SUD-MH) Triannual Report
- New Access Point (NAP) Grant
- Oral Health Infrastructure (OHI) Grant

3. Substantive Analysis:

Belle Glade Clinic

Plans were resubmitted to AHCA last week to address the comments received. New drawing sets are ready to be submitted to the Fire Department. Unfortunately, there are no further updates on the clinic opening date, but we will continue to apprise the Board as changes develop.

Substance Use Disorder/Mental Health (SUD-MH) Triannual Report

The required reporting for our SUD-MH grant was submitted on 9/13/2019.

New Access Point (NAP) Grant

We did not receive the NAP grant and only one health center received this award in the State of Florida.

Oral Health Infrastructure (OHI) Grant

Awarded \$300,000 for new dental chairs/equipment across three dental clinics and other supplies to implement triple-integrated services in Lantana.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

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
September 25, 2019

1. Description: Operations Reports – August 2019

2. Summary:

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

- Productivity Summary Report

3. Substantive Analysis:

The District is moving towards streamlining the look and feel of all reporting across each Business Unit and have agreed to work towards migrating all data into the Tableau data visualization software. Attached you will find the updated Productivity reports for the overall productivity and each service-line.

August 2019 productivity showed that we had a slight increase in our monthly target percentage in Dental Hygiene, Mental Health and Women’s Health.

YTD productivity by location shows that Lantana continues to have the highest encounter rates overall, as well as highest encounter rates for Dental Hygiene, Pediatric, Mental health and Substance Abuse. We attribute the significant increase in Dental Hygiene in Lantana to the Medical Dental Integration (MDI) program. Substance Abuse shows data in Lake Worth, Delray and Belle Glade as a result of Behavioral Health Providers providing coverage across all clinics.

West Palm Beach leads Adult Medical and Dental in overall encounters.

Lake Worth leads Women’s Health in overall encounters.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

5. Reviewed/Approved by Committee:

N/A

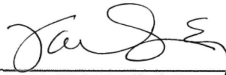
Committee Name

Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations & Pharmacy
Services

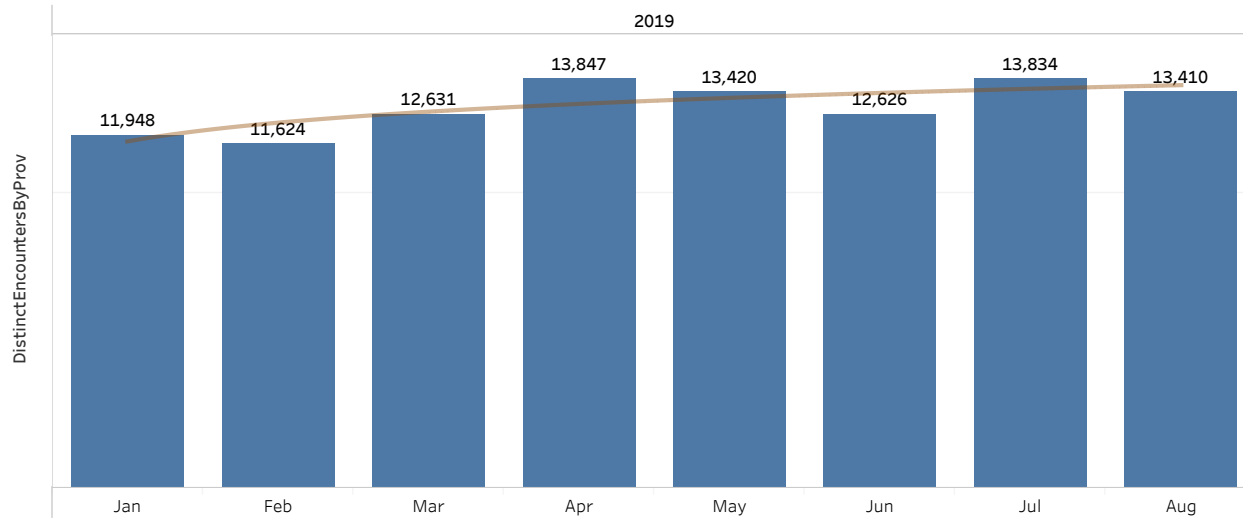


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

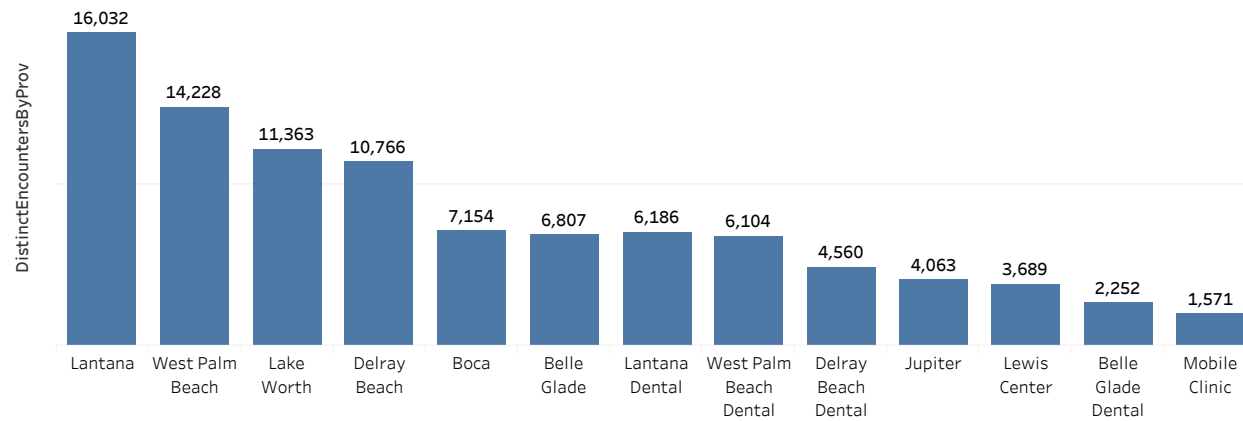
Encounters YTD

103,340

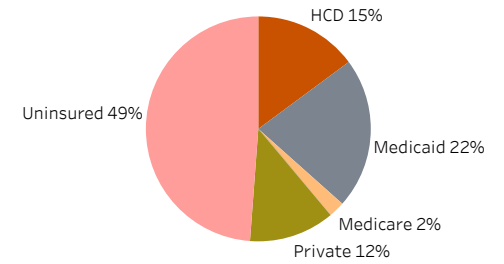
Service Date
1/1/2019 to 8/31/2019



- Category**
- Adult Care
 - Dental
 - Dental Hygiene
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



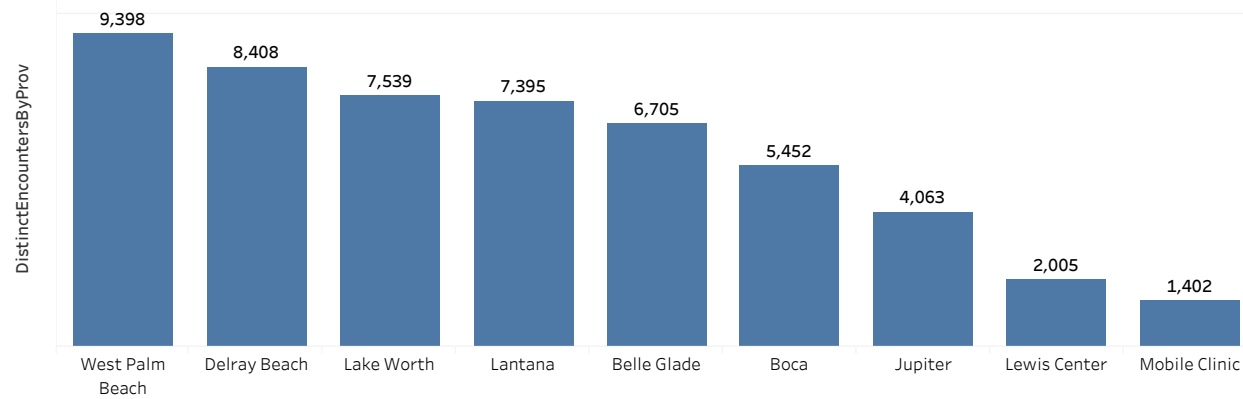
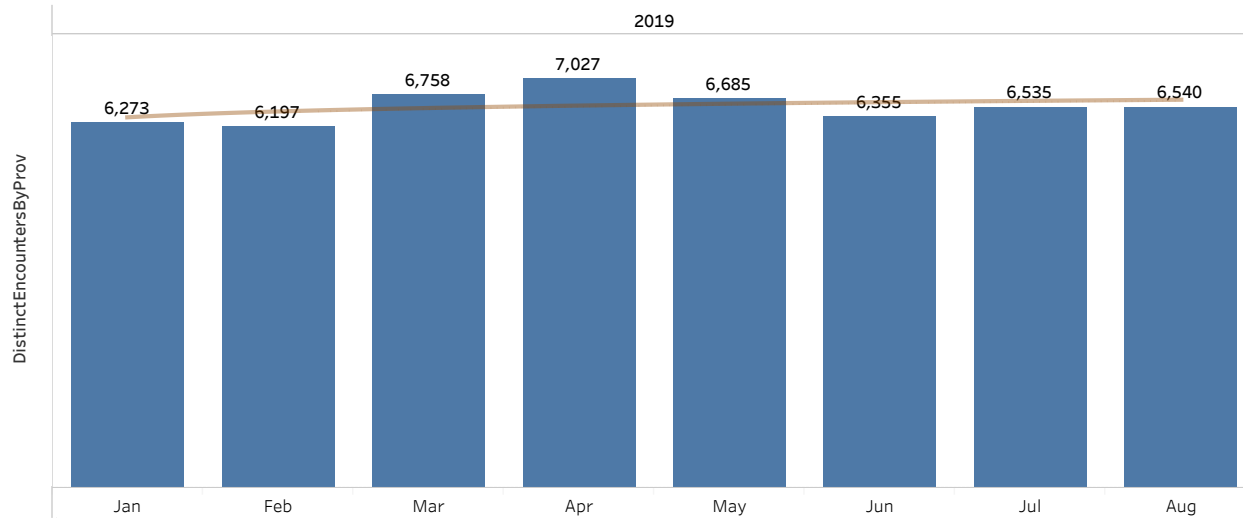
Payer Mix



Encounters YTD

52,370

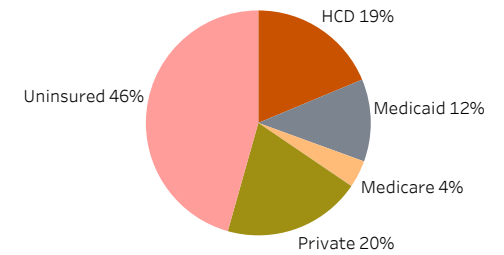
Service Date
1/1/2019 to 8/31/2019



Category

- Adult Care
- Dental
- Dental Hygiene
- Mental Health
- Pediatric Care
- Substance Abuse
- Women's Care

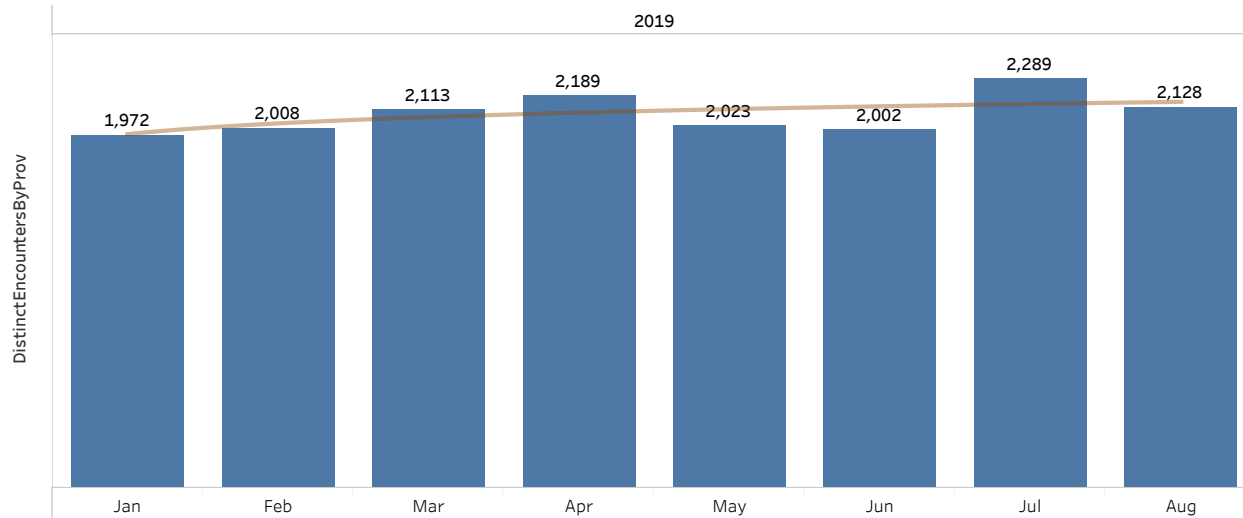
Payer Mix



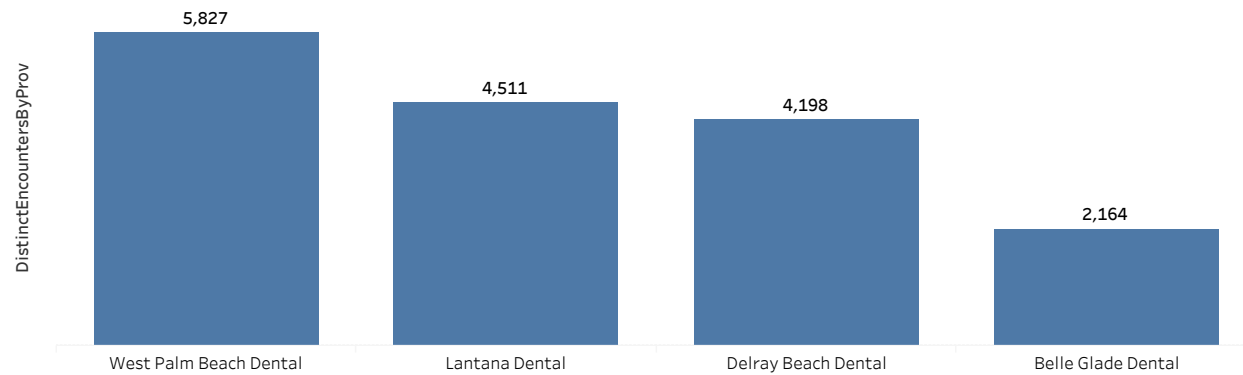
Encounters YTD

16,724

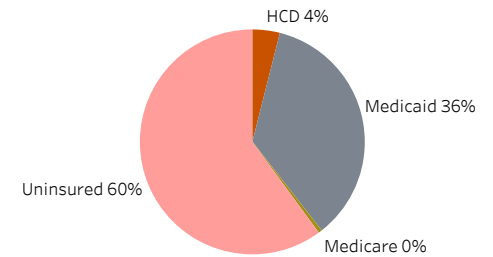
Service Date
1/1/2019 to 8/31/2019



- Category**
- Adult Care
 - Dental
 - Dental Hygiene
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



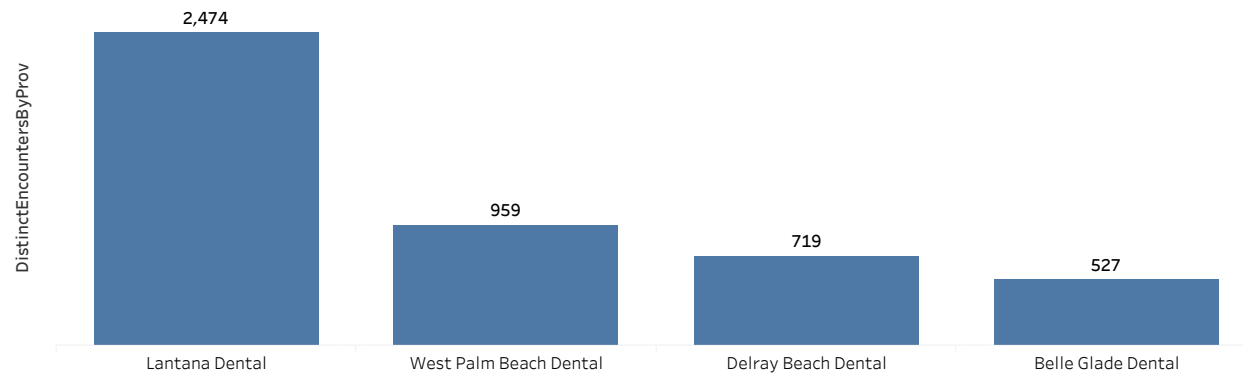
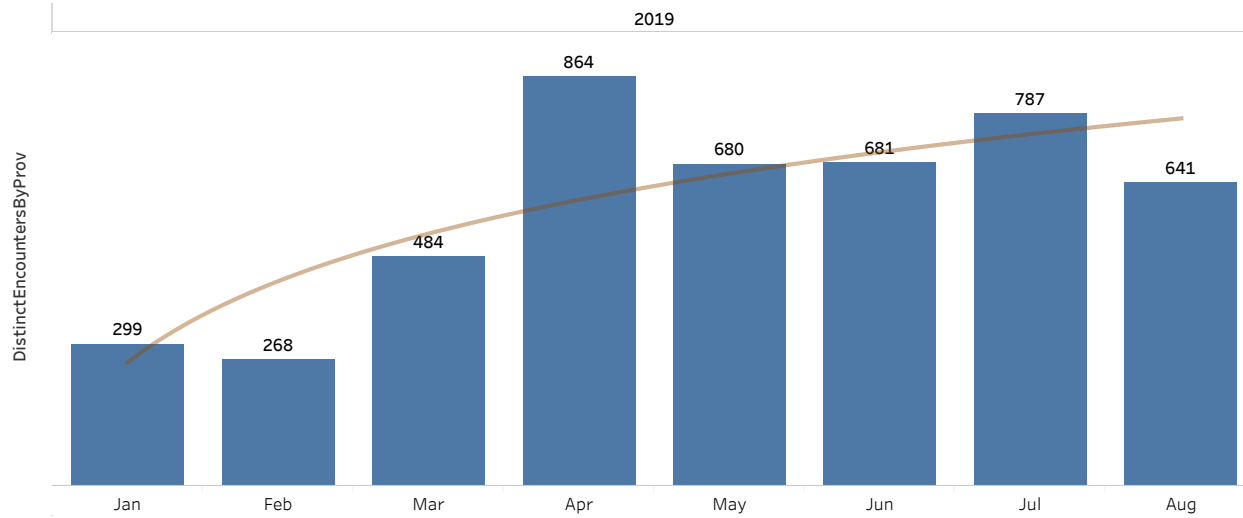
Payer Mix



Encounters YTD

4,704

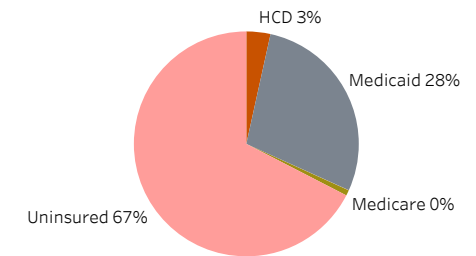
Service Date
 1/1/2019 to 8/31/2019



Category

- Adult Care
- Dental
- Dental Hygiene
- Mental Health
- Pediatric Care
- Substance Abuse
- Women's Care

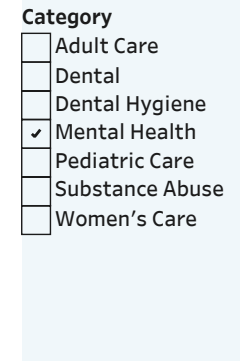
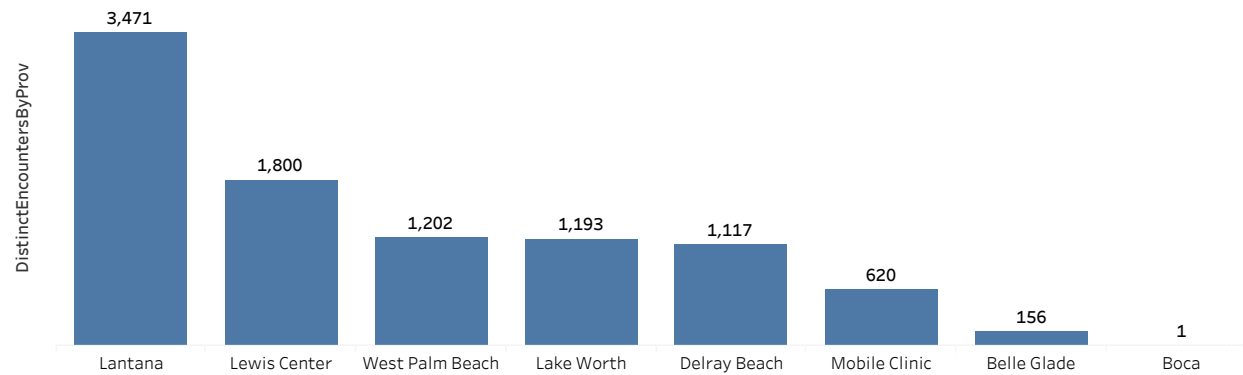
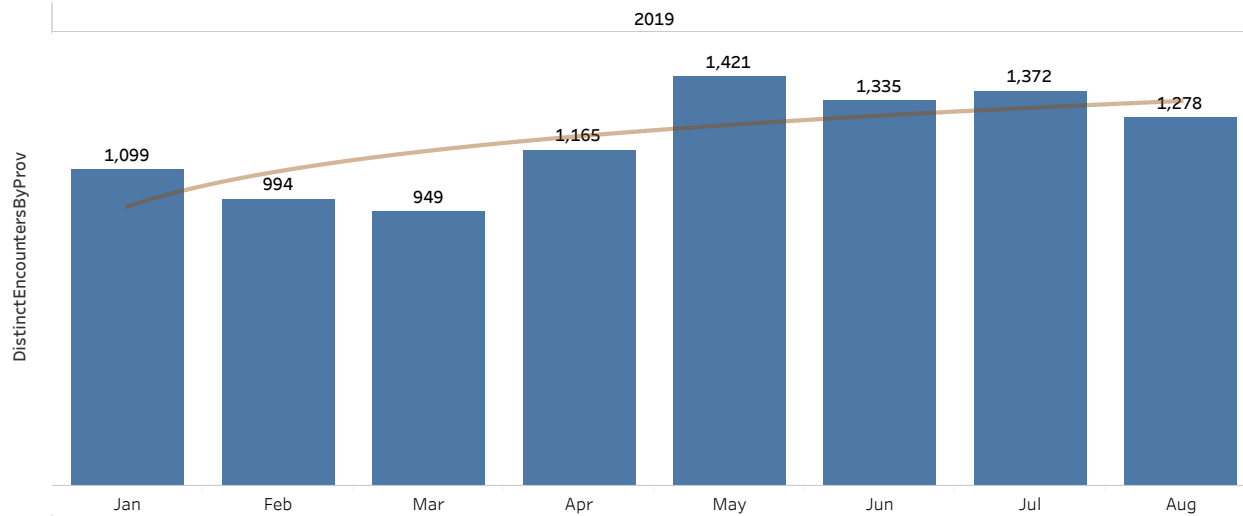
Payer Mix



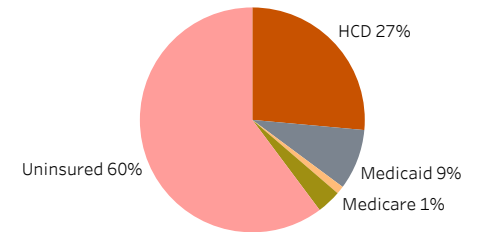
Encounters YTD

9,613

Service Date
1/1/2019 to 8/31/2019



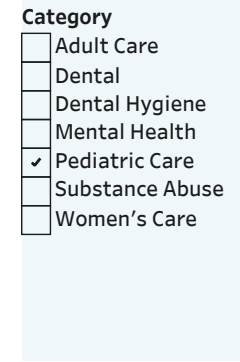
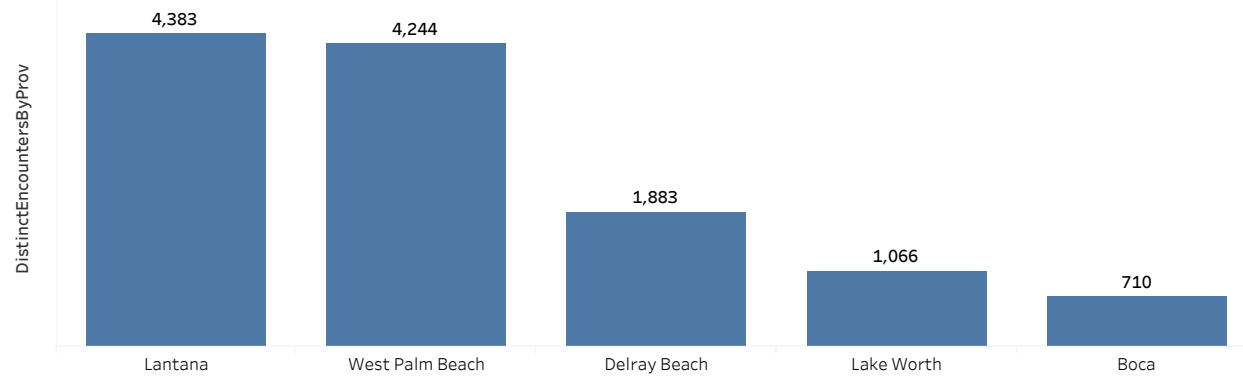
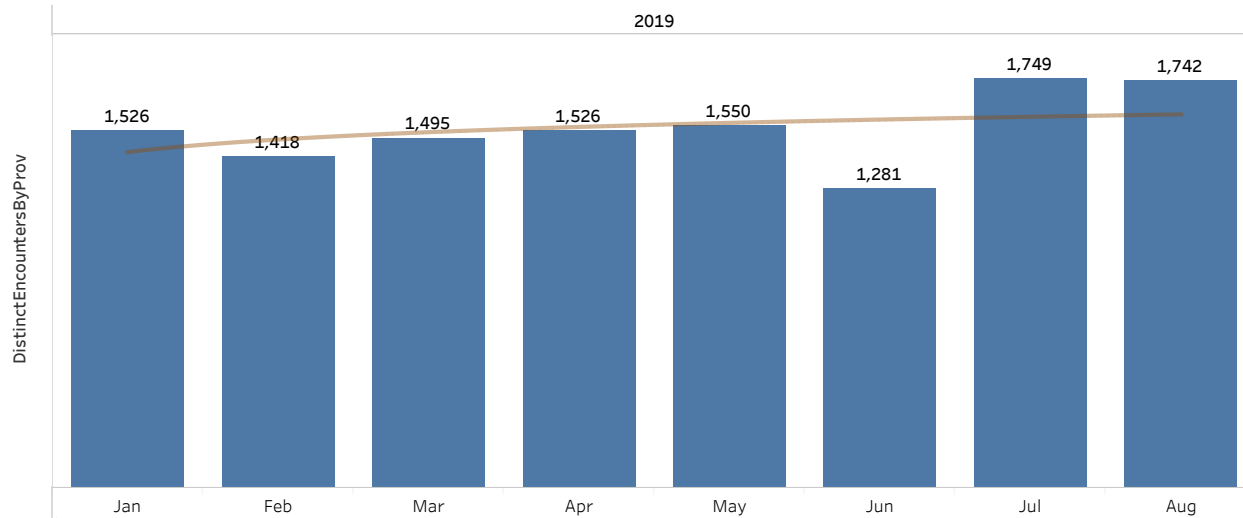
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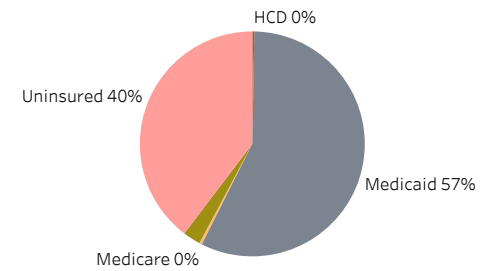
Encounters YTD

12,287

Service Date
1/1/2019 to 8/31/2019



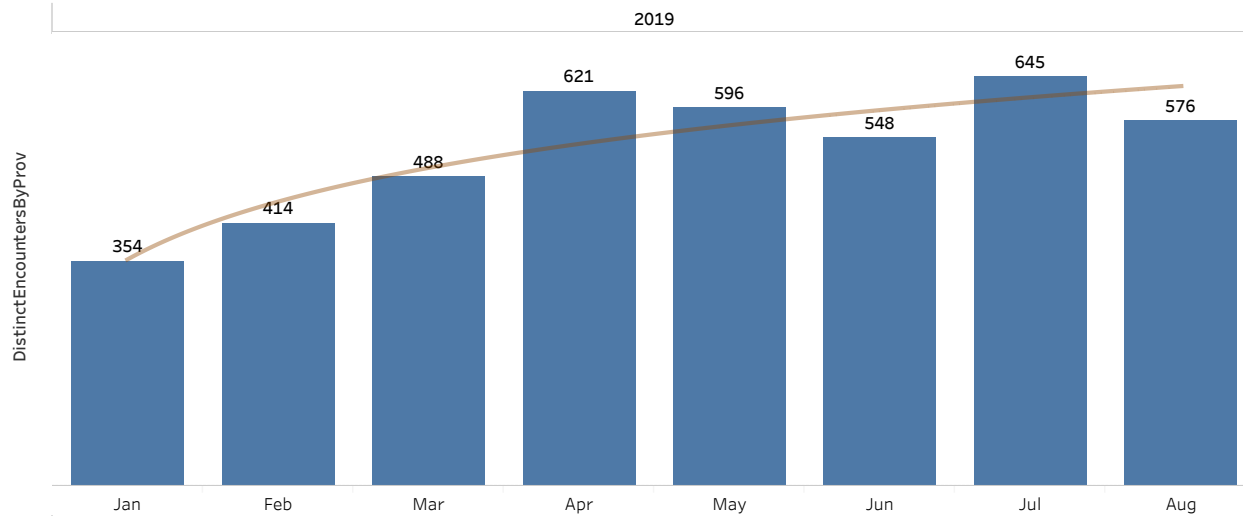
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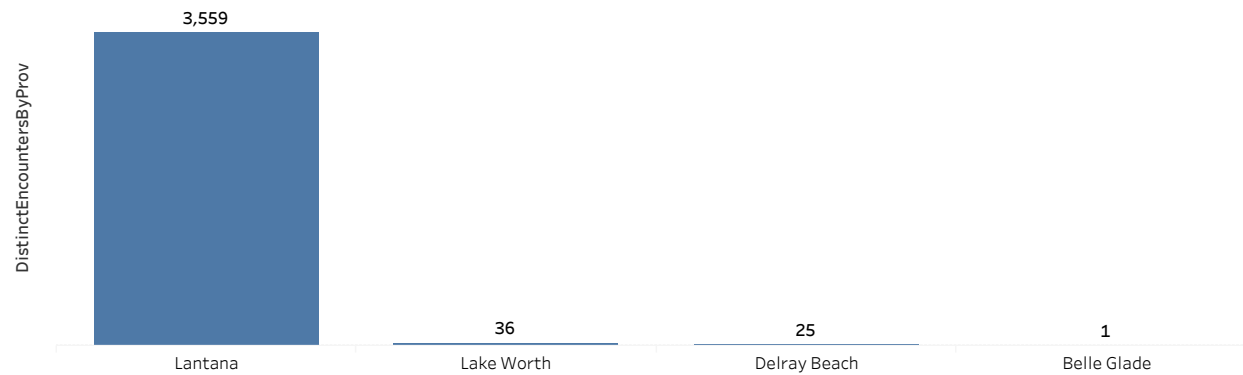
Encounters YTD

4,242

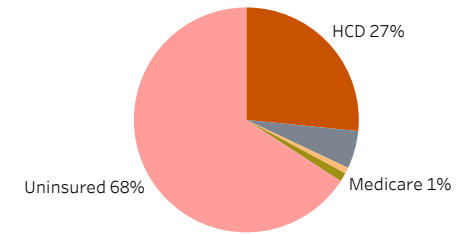
Service Date
1/1/2019 to 8/31/2019



- Category**
- Adult Care
 - Dental
 - Dental Hygiene
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



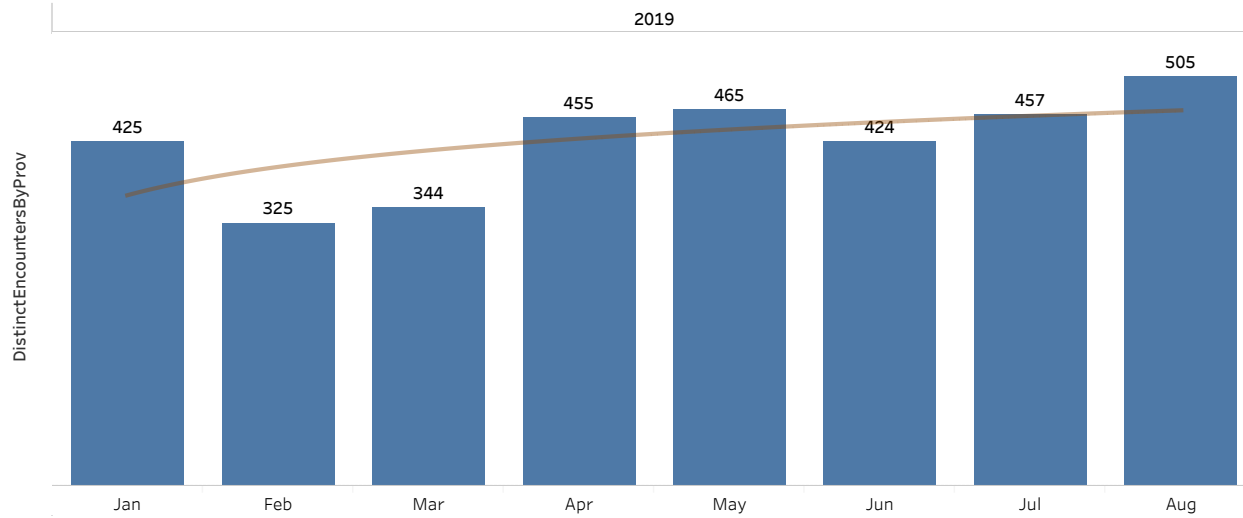
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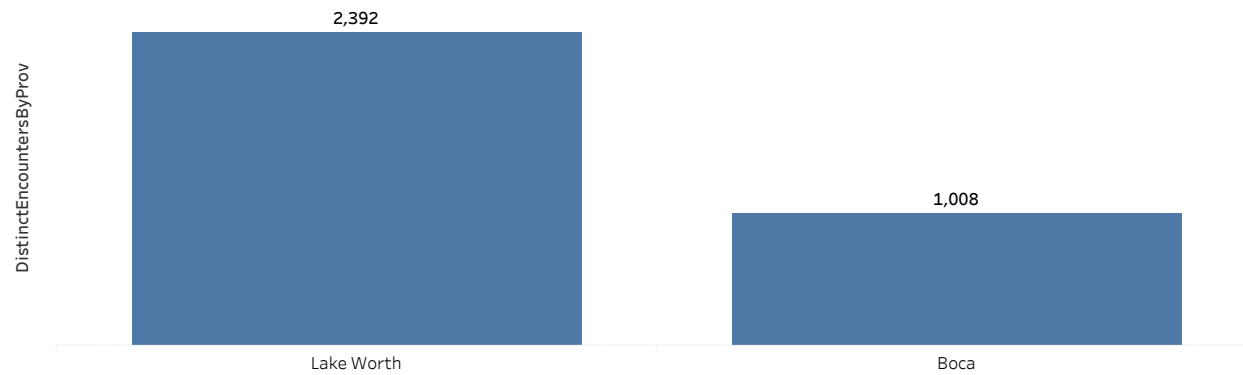
Encounters YTD

3,400

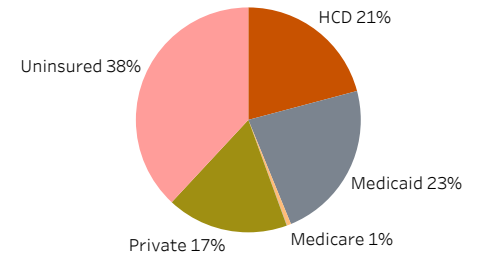
Service Date
 1/1/2019 to 8/31/2019



- Category**
- Adult Care
 - Dental
 - Dental Hygiene
 - Mental Health
 - Pediatric Care
 - Substance Abuse
 - Women's Care



Payer Mix



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

1. Description: 2019 Targeted Patient Survey Medical Nominal Fee Assessment

2. Summary:

This report presents the results of the 2019 Targeted Patient Survey focusing on the C. L. Brumback Primary Care Clinic nominal sliding fee.

3. Substantive Analysis:

Although there was a decrease this year in overall satisfaction with the nominal fee, this can be attributed to conversion of a large portion of our patient population from District Cares patients with no previous nominal fee to patients who are now being asked to pay the nominal fee for their visits.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

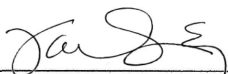
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

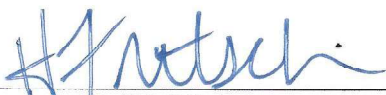
6. Recommendation:

Staff recommends the Board discuss the Nominal Fee Survey results.

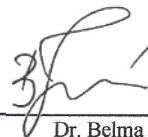
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations & Pharmacy
Services



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

2019 Targeted Patient Survey Medical Nominal Fee Assessment

I. INTRODUCTION

This report presents the results of the 2019 Targeted Patient Survey focusing on the C. L. Brumback Primary Care Clinic nominal sliding fee.

As defined by HRSA: (<https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html>)
Only applicable to health centers that choose to have a nominal charge for patients at or below 100% of the FPG:
 The setting of a flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided.

Purpose: To identify any barriers patients are experiencing with the minimum sliding fee of twenty dollars (\$20.00) to be seen by a C. L. Brumback Primary Care Clinic Provider.

Population: C. L. Brumback Primary Care Clinic Patients

Survey Methodology:

Patients of C. L. Brumback Primary Care Clinic were polled by the Patient Access Management Department telephonically. The survey was conducted in July 2019, the survey was extended to increase the response rate. Adults (as either the patient or guardian of the patient), were asked if they experienced any challenges or barriers with the nominal fee of \$20.00 requested.

The survey was conducted utilizing outbound calls to patients who met the criteria identified below.

Criteria for patient targeted survey:

- Minimum of one (1) appointment completed with a medical encounter on file
- Dates of Service: January 1, 2019 – June 12, 2019
- A \$20.00 charge was applied for the medical visit
- Telephone number on patient record

Thirteen thousand, three hundred and ninety-eight (13,398) dates of service were identified as meeting the criteria listed above. Eight thousand, two hundred and fifteen (8,215) unique patients were identified as meeting the criteria listed above. Patient Access Management made two (2) attempts of an outbound call all unique telephone numbers whom met the criteria seven thousand, seven hundred and twenty-two (7,722).

One thousand, two hundred and ninety-seven (1,297) responses were received. The survey was conducted in English, Spanish and Creole as identified on the patient record. This is a response rate of 17%.

Due to the volume telephone numbers on data provided, the surveyor did not include the open ended question asking the patient how C. L. Brumback Primary Care Clinic can better meet his/her health care needs.

Patient comments and other variables encountered will be noted at the end of this analysis.

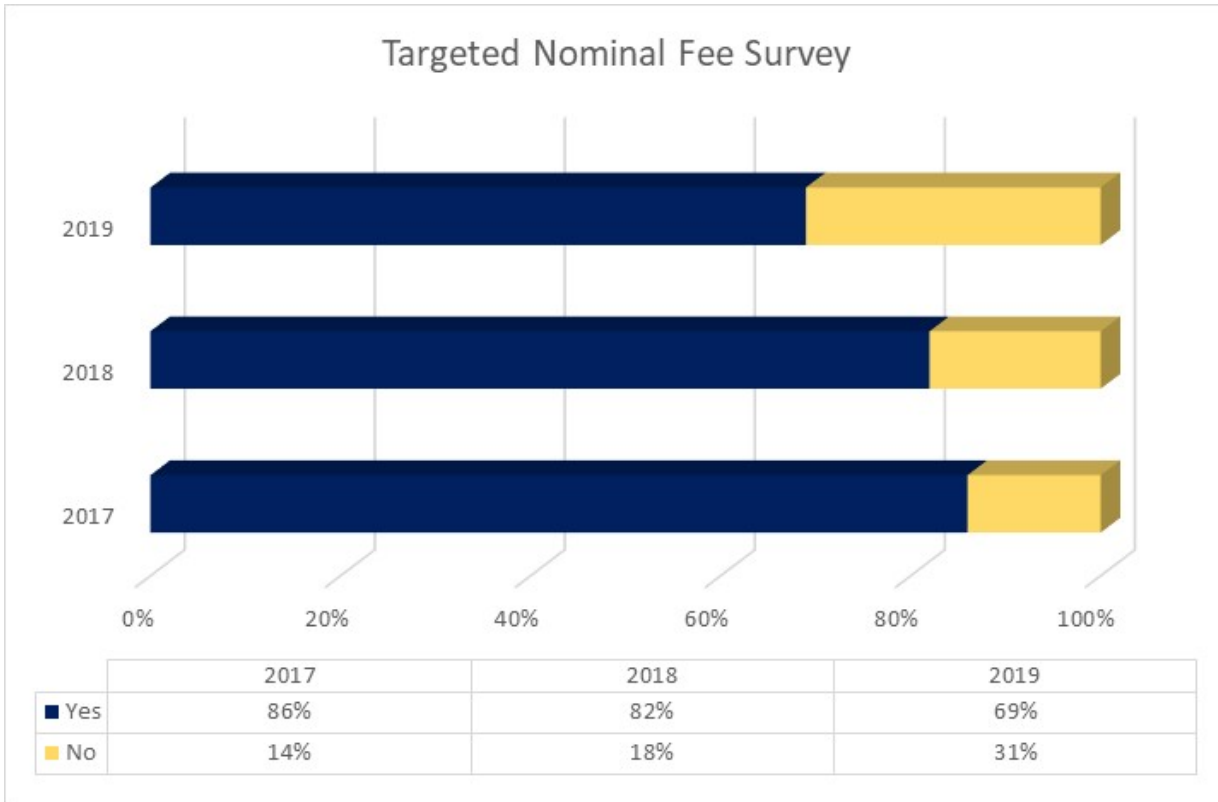
II. ANALYSIS OF RESULTS

You paid for services you received at a C. L. Brumback Primary Care Clinic. Do you agree with the amount you were charged?

	Number of Responses	Percentage of Responses*
Yes	895	69%
No	402	31%

III. OVERVIEW OF RESULTS

The Patient Access Management Department completed the telephonic outreach which resulted in a 69% satisfaction with the nominal fee of twenty dollars (\$20.00).



IV. DEPARTMENTAL REVIEW AND RESULTS (FOLLOW-UP ACTIONS)

Survey data was made available to C. L. Brumback Primary Care Clinic Quality Council Committee.

V. CONCLUSION

The percentage of patients who agreed with the minimum amount of \$20.00 or sixty-nine (69%). These results were shared with the C. L. Brumback Primary Care Clinic Quality Council Meeting for discussion.

The Patient Access Management team completed the survey outreach. If a patient requested an appointment, it was completed while on the call. A total of thirty-two (32) appointments were made while conducting the survey.

These results will be shared with the FQHC Executive Director, FQHC Director of Operations, FQHC Medical Director, Quality Director, and the C. L. Brumback Primary Care Clinic Quality Council Committee Members.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 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 Behavioral Health 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
Jean-Jacques	Fernique	APRN	Nurse Practitioner Family Medicine	Initial Credentialing
Ziembra	Adriana	PsyD	Clinical Psychology	Initial Credentialing

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 Behavioral Health Director to support the credentialing and privileging process.

Fernique Jean-Jacques, APRN is joining the Lantana Clinic as a Nurse Practitioner specializing in Family Medicine. She attended Florida Atlantic University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Jean-Jacques has been in practice for four years and is fluent in French Creole.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

Adriana Ziemba, PsyD is joining the Belle Glade Clinic specializing in Clinical Psychology. She attended Albizu University and completed her postdoctoral fellowship at Florida State University, Immokalee Health Education Site. Dr. Ziemba is a recent graduate and is fluent in Spanish.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the initial credentialing and privileging of Ms. Jean-Jacques, Family Medicine Nurse Practitioner.

Staff recommends the Board approve the initial credentialing and privileging of Dr. Ziemba, Clinical Psychology.

Approved for Legal sufficiency:

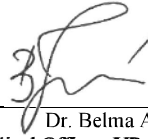


 Valerie Shahriari
 VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

Sarah Gonzalez

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
September 25, 2019

1. Description: Quality Council Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes – September 2019
- UDS Report – YTD August 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 have participated by having staff and patients fill out a paper leaf which is being displayed in the clinics to express appreciation for health centers. We had submitted a collage and video and also encouraged both patients and staff to vote this week for the National Health Center Week submissions, an initiative of the National Association of Community Health Centers.

We have collected 1,447 responses from our ongoing patient satisfaction survey which ran from June 6, 2019 to August 9, 2019.

QUALITY

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

We have researched and identified some promising models for care teams, a patient centric concept which incorporates the primary care provider and ancillary staff working together to meet patient specific needs. We are in the process of creating a workflow to implement care team plan with hope of increasing patient satisfaction, warm handoffs to behavioral health, and health outcomes.

We have created a Quality Gap Analysis (Provider Report Card) for each provider and each clinic. The gap analysis identifies all the quality metrics and includes both individual provider and individual clinic rates and will be utilized to further define findings and interventions.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 25, 2019

analysis will be presented to that provider during their one on one with Medical Director.

UTILIZATION

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

 Joel Snook
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


 Committee Name

 Date Approved

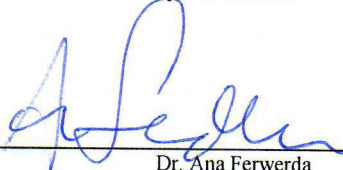
6. Recommendation:

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


Approved for Legal sufficiency:



 Valerie Shahriari
 General Counsel



 Dr. Ana Ferwerda
 FQHC Medical Director



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

Quality Council Meeting Minutes

Date: September 13, 2019

Time: 1:00pm – 3:00pm

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; 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; Hyla Fritsch – Director of Pharmacy and FQHC Director Of Operations; Dr. Noelle Stewart – FQHC Medical Director

Absent:

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 RELATIONS				
Patient Relations	<p>Rooted in Communities Campaign – National Health Center</p> <ul style="list-style-type: none"> ▪ Communications department has completed collage and video presentation for National contest submission which is currently pending vote. ▪ Window for voting begins the 9/14/2019 and continues to the end of the week. <p>Patient Relations – Patient relations trended over time presented from May 1 - August 31, 2019.</p> <p>August 2019 data reviewed: <u>Summary By Service Area</u></p> <ul style="list-style-type: none"> • Complaints – 6 Total <ul style="list-style-type: none"> ▪ 4 – Primary Care 	<p>Communication to draft E-mail for Dr. Andric to send out email to all staff.</p> <p>Reminders to be made during each practice sites Monday morning huddle to encourage voting.</p> <p>Play video for Board meeting: https://bit.ly/NHCWvideos</p>	<p>David</p> <p>Hyla</p> <p>Andrea</p>	<p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p>

	<ul style="list-style-type: none"> ▪ 1 – BH ▪ 1 - Dental • Grievances – 2 Total <ul style="list-style-type: none"> ▪ 1– Primary Care ▪ 1 – Dental • Compliments – 5 Total <ul style="list-style-type: none"> ▪ 5 – Primary Care • <u>Summary By Category</u> <ul style="list-style-type: none"> • Complaints – Total of 6, of which: <ul style="list-style-type: none"> ▪ 2 – Care & Treatment ▪ 2 – Finance ▪ 1 – Other (2 Quest, 1 Referral/Auth) ▪ 1 – Communication • Grievances – Total of 2, of which: <ul style="list-style-type: none"> ▪ 1 – Care & Treatment ▪ 1 – Communication • Compliments – Total of 5 <ul style="list-style-type: none"> ▪ 4 – Respect Related ▪ 1 – Courtesy of Staff • <u>Summary By Location</u> <ul style="list-style-type: none"> • Complaints <ul style="list-style-type: none"> ▪ 6 – Delray Beach Medical ▪ 2 – WPB Medical ▪ 2 – Lantana Medical ▪ 2 – Delray Beach Dental ▪ 1 – West Palm Pharmacy ▪ 1 – Lake Worth ▪ 1- Jupiter 			
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	<ul style="list-style-type: none"> • Grievances <ul style="list-style-type: none"> ▪ 4 – WPB Medical ▪ 3 – Delray Dental ▪ 2 – Lantana Medical ▪ 1 – Lewis Center ▪ 1 – Lantana Dental ▪ 1 – Jupiter • Compliments <ul style="list-style-type: none"> • 7 – WPB Medical • 6 – Lantana Medical • 4 – Lantana Dental • 4 – Delray Medical • 4 – Lewis Center • 2 – WPB Dental • 2 – Jupiter • 2 – Delray Beach Dental • 2 – Boca Raton • 1 – Lake Worth • 1 – Clinic Admin 			
	<p>Patient Satisfaction Survey – Ongoing 2019 Clinic completion rates presented from 6/6 – 8/9/2019, total = 1447 responses.</p> <ul style="list-style-type: none"> • Belle Glade – 236 • Boca Raton – 337 (Highest amount received) • Delray Beach – 156 • Jupiter – 1 • Lake Worth – 211 • Lantana – 126 • Lewis Center – 19 	<p>Label report “Continued Patient Satisfaction report” to allow for Board awareness of monthly rather than annual completion. Present in Board meeting and ask what they would like to see on a monthly/quarterly basis.</p> <p>Take to the Clinic Provider and Staff Monday huddles for awareness and encouragement of patients to complete surveys.</p>	<p>David</p> <p>David</p>	<p>10/18/19</p> <p>10/18/19</p>

	<ul style="list-style-type: none"> • Mobile Clinic – 14 • West Palm Beach –169 • Unspecified – 62 <p><u>Age Distribution</u></p> <ul style="list-style-type: none"> • Majority of responses are from patients aged 53 to 64 years of age. <p><u>Demographics</u></p> <ul style="list-style-type: none"> • Preferred language <ul style="list-style-type: none"> ○ English – 186/1045 (6.5%) ○ Spanish – 74/370 (6.8%) ○ Creole – 15/97 (505%) • Gender <ul style="list-style-type: none"> ○ Male – 103/275 ○ Female – 167/275 <p><u>Population Analysis</u></p> <ul style="list-style-type: none"> • Population Served (21,356) <ul style="list-style-type: none"> ○ English – 51% ○ Spanish – 29.2% ○ Creole – 17.2% ○ Other language – 2.6% • Population Surveyed (1,512) <ul style="list-style-type: none"> ○ English – 39.7% ○ Spanish – 42.1% ○ Creole – 18.2% <p><u>Selected Appointment Type (1540 Responses)</u></p> <ul style="list-style-type: none"> • Adult Medical – 1024 • Pediatric Medical – 119 	<p>Consider placing on clinic Quality boards.</p> <p>Present Survey data in Operations Workgroup.</p>	<p>Tamelia</p> <p>David</p>	<p>10/18/19</p> <p>10/18/19</p>
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	<ul style="list-style-type: none"> • Adult Dental – 114 • Women’s Health – 78 • Dental Hygiene – 68 • Pediatric Dental – 59 • Behavioral Health – 31 • Nurse Services – 15 • Patient Navigator Services – 14 • Psychiatry – 11 • Substance Abuse Services – 7 <p><u>How long have you been going to C.L Brumback Primary Care Clinic? (1493 Responses)</u></p> <ul style="list-style-type: none"> • This was my first visit to this practice – 243 • Less than 6 months – 257 • Between 6 months and 1 year – 200 • Between 1 and 3 years – 539 • Between 3 and 5 years – 128 • 5 years or longer – 126 <p><u>Patient Wait Time Trend (1489 Responses)</u></p> <ul style="list-style-type: none"> • Downward trend noted in over 45 minute wait times from 2018 to summer 2019 of 13.3% to 7.4% of surveyed patients. <p><u>How likely would you be to recommend this practice to others on a scale of 0 to 10 with 10 being the highest?</u></p> <ul style="list-style-type: none"> • Out of 1462 responses, 1107 patients scored the practices at a 10. 	<p>Trend data for each of the survey question components to compare number of patients surveyed in 2018 to winter of 2019 and summer of 2019 to determine if percentage decrease due to number of patient survey responses.</p>	<p>David</p>	<p>10/18/19</p>
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	<p><u>How would you rate your overall health? (1501)</u></p> <ul style="list-style-type: none"> • 522 – Excellent • 395 – Very Good • 376 – Good • 155 – Fair • 48 – Poor <p><u>Reason for Visit? (1058 responses/1561 reasons identified)</u></p> <ul style="list-style-type: none"> • Follow-up visit for an existing condition or issue – 849 • Wellness or annual visit – 328 • Visit for a new condition of issue – 131 • Unscheduled visit/walk-in – 93 • Other reason for visit – 92 • Visit after hospital discharge – 41 • Pre-Surgery appointment – 12 • Follow-up after surgery – 11 • Visit to get a second opinion – 4 <p><u>Clinic Operations Ratings</u></p> <ul style="list-style-type: none"> • Majority rating of excellent for all responses to questions listed in this category with the least responses being 1482 and the greatest being 1500. <p><u>Clinic Provider Ratings</u></p> <ul style="list-style-type: none"> • Rating of excellent for greater than 50% of all responses for questions listed in this category 			
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	<p>with the least responses being 1476 and the greatest being 1491.</p> <p><u>Clinic Provider & Staff Ratings</u></p> <ul style="list-style-type: none"> Rating of excellent for greater than 50% of all responses for questions listed in this category with the least responses being 1490 and the greatest being 1501. 			
QUALITY				
48-HOUR METRICS				
Medical Metrics	<p><u>Provider Encounters Closed Rate: August</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): 1 -ARNP (Adult): March 4- Nurse: Rutz, Canela, Chamberlin, and Barbara 1 – Psychiatrist: Rowling 0 – Navigator 3 - Resident- Lepoff, Landeros, Adame 2- LCSW- Nylsa, Aalysha <p>Downward trends potentially due to increased familiarity with Athena.</p>	<p>Follow- up on implemented process to improve 48 hour metrics:</p> <ol style="list-style-type: none"> Chart auditor will check buckets once a week and document findings on excel Data reporter will graph results HIM will investigate buckets and report findings in work group and council Discuss need for new workflows with CBA CBA go out to clinics to observe and give recommendations Nurse Manager will create/update any new workflows CBA will train all clinics on same process Chart Auditor will re-audit new process. Review Pediatric charts to assess whether documentation of vaccinations is what keep charts open. 	<p>Heidi/ Dorce-Medard/ Coleen/ Ferwerda</p>	<p>10/18/19</p>

	<p><u>Provider Documents and Labs Reviewed: 50 or more</u> <u>Open Documents, & lab Results for August 2019 -</u></p> <ul style="list-style-type: none"> • Orders/Rx/Auth – 3 (3.5%) • Lab/Imaging – 6 (6.6%) 			
Dental Metrics	<p>Closing Encounters (previous month items closed/reviewed w/in 48 hours)</p> <p>Closing Encounters – Monthly August: 18 (downward trend from 23 in July)</p> <p>Quarterly Q2 2019-40 Q1 2019 -42 Q4 2018-35</p> <p>Provider (YTD/Monthly) Bentsi-Enchill 30 (August =5) Momin 22 (August = NA) Oliveira 15 (August = 8) Zangeneh 12 (August =0) Martins 11 (August=NA) Lopez 7 (August=0) Cucuras 6 (August=0) Gonzalez 4 (August =3) Yanez 4 (August=0) Tibby 3 (August=0) Rotella 2 (August=1)</p>	<p>Continue to check notes twice (Tues and Thursday) a week</p> <p>Possible provider laptop</p>	<p>Nancy</p> <p>Hyla</p>	<p>10/18/19</p> <p>10/18/19</p>

	Alwehaib 2 (August=0) Alonso 3 (August=1) Seminario 2 (August=0) Alfaro 1 (August =0) Goughan 1 (August =0)			
	Dexis Image Bucket 2019 Q1- 4 2019 Q2- 3 August-1 (Import Note dropped into a unopened chart)			
	ER Referral August 2019- 2 ER Referrals 1 Facial Swelling - missed follow up appt 9/4 due to the hurricane and then canceled 9/9/ appt 1 Elevated Blood Pressure – two failed attempts by nurse to contact patient for follow up			
	<u>Dental diabetes:</u> No Update			
UDS REPORT				
<u>August 2019</u>				
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>)				
Medical UDS Report	Childhood immunization: (% 50/ 60%) 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.	Check Athena report definition for pneumococcal and DTAP and determine if unsatisfied includes not completed.	Dr. Ferwerda Tamelia	10/18/19 10/18/19

	<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 Florida Shots but unsatisfied in Athena.</p> <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>	<p>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>	Andrea	10/18/19
	<p>Cervical Cancer Screening: (83% /65%/HP 93%) 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>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 and drop well women exam code. If they are dropping a medical record request order to obtain previous paps then this should be done under</p>	Stewart Hyla/Angela	10/18/19 10/18/19

	<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>the “transition into care” dx instead of cervical cancer screening.</p> <p>Create custom Pap report, similar to FIT test report to capture true compliance.</p> <p>Index results from outside sources to Athena. Follow up with quest on request for pap results Receive Quantum training from quest on how to see labs from outside providers.</p> <p>Ensure all team members should be set up with Quantum - not only leads.</p> <p>Create an abnormal PAP report to be audited weekly.</p> <p>Schedule a meeting to discuss PAP’s and ensure the measure is satisfied appropriately with all required information.</p>	<p>Andrea/Ana Dr. Ferwerda Leigh-Ann Lisa/Angela Marguerite</p> <p>Marguerite</p> <p>Ana</p> <p>Andrea</p>	<p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p>
	<p>Weight assessment, Children & Adolescent: (85% /90 %) Family medicine provider was not aware of the order set that needed to be dropped. He was recently trained.</p>	<p>Education on dropping code to be provided on a continued basis in order to maintain trends.</p>	<p>Dr. Dessalines</p>	<p>10/18/19</p>
	<p>Adult Weight screening and follow up: (98% / 90%)</p>			
	<p>Tobacco use screening & cessation: (99% / 93%)</p>			
	<p>Asthma Pharmacologic Therapy: (98%/ 99%) This group is very small and even a small change can make a difference.</p>			

	<p>Coronary Artery Disease CAD: (74% / 81%) There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.</p> <p>This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.</p>	<p>Send ticket to Athena for review of exclusion criteria.</p> <p>At pharmacy workgroup, see if pharmacy is able to help look at Diabetic pts needing Stain therapy.</p>	<p>Tamelia/ Monica/ Andrea</p> <p>Hyla</p>	<p>10/18/19</p> <p>10/18/19</p>
	<p>Ischemic Vascular Disease (IVD): (90% / 86%)</p>			
	<p>Colorectal Cancer Screening: (57% / 82% / 71%) 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.</p>	<p>Audit FIT report in Tableau.</p> <p>Continue to push POD in the clinics.</p> <p>Educate staff and providers on how to educate patients when it is the patient's choice to take the FIT test home.</p>	<p>Tamelia/ Andrea</p> <p>Lisa</p> <p>Karen</p>	<p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p>
	<p>HIV linkage: (88% / 85%)</p>			
	<p>Depression screening: (92% / 83%)</p>			
	<p>Dental Sealant: (88 / 75%)</p>			
	<p>Hypertension: (74% / 80%) Providers are failing to give short term follow-up for uncontrolled BP. Although we have already met our 2018 numbers we still have to continue interventions.</p>	<p>Continue to reeducate staff on short interval follow-up for uncontrolled BP.</p> <p>Encourage use of combination pills to reduce pill burden.</p> <p>Continue to have pharmacy send patient messages to providers to recommend changing to combination therapy when appropriate.</p>	<p>Dr. Ferwerda</p> <p>Dr. Ferwerda</p> <p>Hyla</p>	<p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p>
	<p>Diabetes: (57% / 66%) This is one of the measures we are honing in on for the rest of the year to include 2020. There are patients who</p>	<p>Schedule Diabetes meeting every Friday.</p> <p>Continue to work on Pharmacy PDCA cycles.</p>	<p>Andrea</p> <p>Tamelia/</p>	<p>10/18/19</p> <p>10/18/19</p>

	are not compliant for many reasons, socioeconomic, cultural, number of injections, and lack of diabetic education from potentially a health literacy standpoint.		Dr. Ferwerda	
	<p>Individual Provider Data</p> <p>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.</p>	Meet with Monica to discuss data indicators and future of Tableau creating these report cards instead of a manual process.	Ferwerda Tamelia Monica Andrea	10/18/19
Referral Tracking	<p>Report – Provider referral rate</p> <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 <p>July 2019 – Total number of outside referrals ordered by Department / Provider presented, of the 5,466 Outside Referrals ordered:</p> <ul style="list-style-type: none"> • Adult Medicine = 4,680 • Pediatric Medicine = 539 • Psychiatry = 10 • Women’s Health = 52 • Residents = 214 	Consider investigating where referrals are being sent so that patient cases can be presented and unnecessary referrals to decrease (pilot in Peds)	Marguerite	10/18/19

Dental UDS & Quality Metrics	Complication Rates No Update			
	Dental Sealant Rolling January – August 2019: 88% (N=714)	Target for 2019-2020 is 85%		
	Caries Risk Assessment July 2019- 95.7% August 2019- 95.8%. Trend is that providers who are covering have are covering in another work location tended to have lower CRA documentation. Strategy is to remind providers when covering.			
	Dental Triage August 96% 463/489 same day appointment Belle Glade clinic downward trend 89%. Provider did audit of chart and noted that the 6 patients were appropriately managed.			
	Dental Sealants NNOHA No Update			
	Dental Sealants Hybrid No Update			
	Instadose Tracking (Nancy) August			

	<p>Wearing-2 visiting RDH not wearing badges Reporting-New DA did not read badge before 9/6/19</p> <p>PM and Providers informed</p> <p>DA Retrained</p>			
	<p><u>Productivity August 2019)</u> New Patients (YTD): 1764 of the 2039 (87%) are new patients for comprehensive care are Pediatric ages 0-20.</p> <p>August 2019: 90% or 237 of 263 new patients in the month of August were Pediatric Patients ages 0-20.</p> <p><u>Ages</u> 0-5: 71 6-9: 66 10-14: 51 15-20: 49 21+: 26</p> <p>2019 YTD: 87% or 1764/ 2039 new patients are ages 0-20 2018 : 42% or 1505/ 3573 new patients were ages 0-20</p> <p><u>Crowns</u> 2019- General Dentists accounted for 20% or 102/523 visits for stainless steel crowns.</p>			

	<p>General Dentists accounted for 7% or 30/429 visits for stainless steel crowns in 2018.</p> <p>In 2018, only one general dentist provided 11 or more visits for crowns.</p> <p>In 2019, all but one general dentist has provided 11 or more visits for crowns.</p> <p>This is a result of procedure mentoring for stainless steel crowns. Dr. Flora Bentsi-Enchill completed this and received her credentials. She is now the general dentist with the stainless steel crown visits.</p>			
	<p>Medical History Forms</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.</p> <p>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>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 form.</p>	<p>Hyla will discuss operation workflow with medical and dental registration teams.</p>		<p>10/18/19</p>
<p>Substance Abuse Quality Metrics</p>	<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>Treatment Phase</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>			

Behavioral Health Quality Metrics	Adult Behavioral Health 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	10/18/19
	Reverse WHO 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.			
	WHO In August there were 319 WHO's 3 – Never Seen 4 – Seen next day 25 – 2 to 9 days 10 – 10 to 19 days 2 – 20 to 29 days 0 – 30 to 39 days 0 – 40+ days			
	PRAPARE Long term plan for implementing PREPARE with a tie to PHQ-9 in a broader scope for 2020. (Schedule meeting for December)	<ol style="list-style-type: none"> 1. Fix current social history for PREPARE to be administered by LCSW 2019. 2. PRAPARE meeting to do policies, procedures, and screenshots (9/20/19) 3. Train providers at next provider meeting. 4. Inform MA's that LCSW's are working on PRAPARE. 	Coleen/ Rowling	10/18/19
	Tobacco Cessation	<ol style="list-style-type: none"> 1. Moving the current tobacco cessation from patient navigator to behavioral health. 2. Update Procedure/Order Set Meeting 9/20/2019 3. Train LCSW's 	Coleen/ Rowling	10/18/19
	Pediatric Depression Remission			

	Rowling/Duclos are attending UDS proposed changes meeting next week to discuss further.			
Women's Health UDS & Quality Metrics	<p>Enrollment Data August 2019</p> <ul style="list-style-type: none"> • 21 – Patient Enrollments • 8 - Deliveries • 3 - RPICC Referrals • 0 – Transfers • 2 – Miscarriages <p>YTD trends also presented</p> <p>Age Categories for Prenatal Patients – of 282 patients:</p> <ul style="list-style-type: none"> • 18 (6%) are ages 15-19 • 53 (19%) are ages 20-24 • 208 (74%) are ages 25-44 • 3 (1%) are 45+ <p>Early Entry into Prenatal Care</p> <p>1st Trimester</p> <ul style="list-style-type: none"> • 174 (63%) women had 1st visit at CLBPCC • 12 (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"> • 67 (24%) women had 1st visit at CLBPCC • 7 (3%) women did not have 1st visit at CLBPCC • 2 (1%) women did not have initial provider recorded 	Age categories for Prenatal Patients aged 35 to 40 report.	Dr. Ferwerda	10/18/19

	<p>3rd Trimester</p> <ul style="list-style-type: none"> • 9 (3%) women had 1st visit at CLBPCC • 2 (1%) women did not have 1st visit at CLBPCC • 0 (0%) women did not have initial provider recorded <p>Birth Weights (141 Total)</p> <ul style="list-style-type: none"> • 130 (95%) > 2500 Grams • 11 (8%) <1500-2499 Grams • 0 (0%) < 1500 Grams 			
IT Tickets	<p>Review of categories for IT utilization</p> <p>Review of Departments IT Utilization</p>	Include time to close report	Andrea	10/18/19
Grant Update				
	<p>SUD-MH Triannual report submitted</p> <p>New Access Point grant not awarded</p>			
CHART REVIEW				
Nursing Chart Review	<p>Reviewed walk-In Report – August 2019</p> <p>Hospital Discharge Reviewed – August 2019</p>			
Dental Chart Review	<p>August</p> <ol style="list-style-type: none"> 1. Panorol radiographs (3) <ol style="list-style-type: none"> a. Missing Panorol b. Artifact(Folded Lead Apron) in panorol (1) c. Duplicate Film in chart (1) 2. Missing Emails 7/13 (55%) no emails in Dentrix and Athena 	<p>Delray-malfunction, repaired</p> <p>DA Skills Assessments</p> <p>Deleted duplicate</p>		

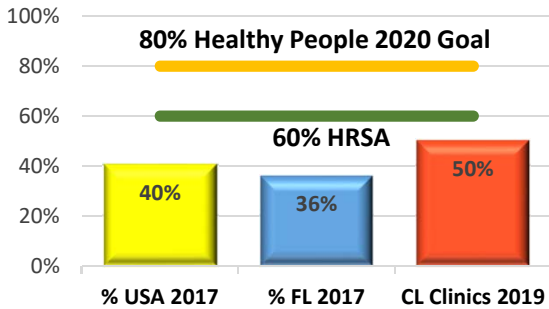
	3. Computer Error(1) Dexis held radiographs above chart asking to drop films it to a chart with a similar name	Staff reminded in provider meeting to use care when entering patients name into Dexis		
	<p>ER Referral Chart Reviews</p> <p>August 2019- 2 ER Referrals</p> <ul style="list-style-type: none"> •1 Facial Swelling - missed follow up appt 9/4 due to the hurricane and then canceled 9/9/ appt •1 Elevated Blood Pressure – two failed attempts by nurse to contact patient for follow up 	Is there a percentage of patients that must been seen for HEDIS or PCMH	Tamelia/ Andrea/ Ferwerda	10/18/19
Peer Review				
Dental Peer Review:	<p>Dr. Cucuras presented peer review of one new provider.</p> <p>Q1 2019 Peer Reviews Distributed Summary to be provided at Council.</p> <p>Q2 2019 Peer Review Ready to Distribute</p>			
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>			

	<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.</p>			
Clinic Walk-Throughs				
Dental	<p>August Operatories and Clinic-Outdated Instrument bags, expired supplies</p> <p>Supplies- alternative types of air water cover</p> <p>Waterline straws placed in all sites</p> <p>Summary-Identified three areas for process improvement in Operatories and Clinic, Supplies and Sterilization Room: Actions, Corrections and retraining provided</p>	<p>Designated DA to pre-check monthly ahead of the quality walk through and send to Dent. Qual. Coordinator Staff training in progress</p> <p>Using new alternative product in WPB and tested in Lantana</p> <p>Test for waterline quality in November 2019</p>	<p>Nancy</p> <p>Nancy</p> <p>Nancy</p>	<p>10/18/19</p> <p>10/18/19</p> <p>10/18/19</p>
	<p>Dental / Medical Peds Integration – August 2019 296 patients (317 visits) Age 0-5: 160 Age 6-9: 41 Age 10-14: 52 Ages 15+: 43</p> <p>Nancy completed: 5 WHOs 95 Fluoride Varnishes 6 Prophylaxis 182 Assessments</p>			

	Define uninsured vs. self-pay??	Define and distinguish the difference between the two.	Alicia/Monica	10/18/19
Director Updates				
Medical Updates	<u>Care Teams</u> 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.			
	<u>Athena Workflows</u> 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. 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.			
Dental Updates:	<u>Staffing</u> Hired: Dental Hygienist WP 8/19 Dental Assistant Lantana 8/12 Dental Registration- Delray 9/9/2019			
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	Train Risk Manager on new process.	Lisa	10/18/19

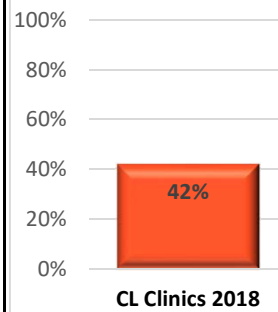
	<p>report on the occurrence and send a patient case to the appropriate party (RN) to follow up with patient to repeat testing if needed</p> <p>Skill Testing and re-evaluations complete at an 86% in all clinics. 98.1% = competent with 1.9% requiring some improvement.</p>			
Behavioral Health Updates	<p>Staffing:</p> <ul style="list-style-type: none"> • Adrianna Ziemba, Psy.D – Starts 9/16/2019 • Emily Bell – Began half time this week and starts full-time at the end of September • Dr. Schlosser – Job description is with HR. Should be posted today for the Per Diem • Stephanie Bonhonetre – Returning in October. • Nylsa will move to Lantana in October. 			
Women’s Health Updates:	PAP smear Lunch and Learns will continue to take place in the clinics.			
UTILIZATION				
Productivity	<p>August 2019 Productivity report was presented (N= patients seen % of monthly target reached).</p> <p>Adult Care- (n= 6535 95%) Pediatric Care- (n= 1742 88%) Mental Health- (n= 1284 88%) Substance Abuse- (n= 573 82%) Women’s Health Care- (n= 505 89%) Dental- (n= 2091 95%) Dental Hygiene- (n= 440 78%)</p>			
Meeting Adjourned – 2:58pm				

CHILDHOOD IMMUNIZATION

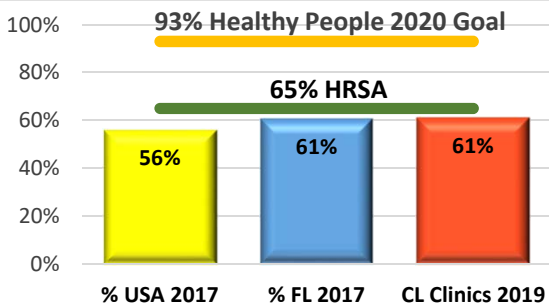


Findings: 1. Lowest rates in, DTaP, Rotavirus and Influenza 2. Reconciliation of vaccines with Florida Shots is still faulty

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

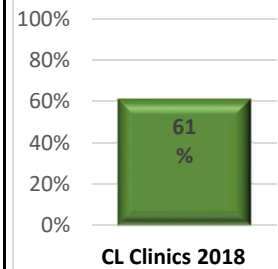


CERVICAL CANCER SCREENING



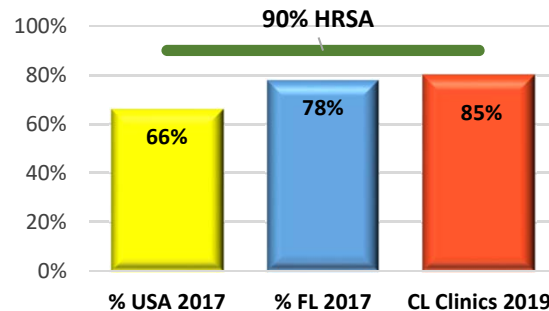
Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

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 teams.



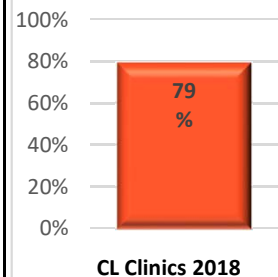
*Data is from June 2019 due to troubles with reporting in July/August

WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

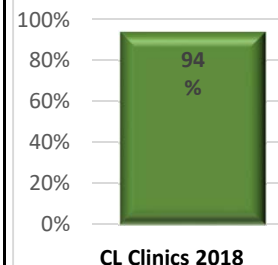
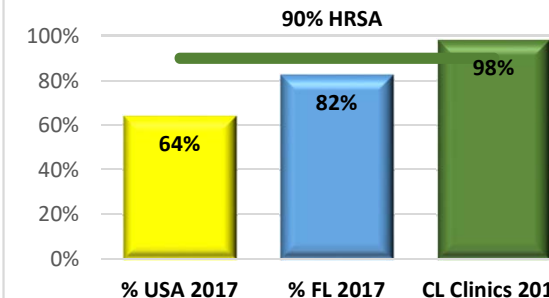


Findings: 1. Providers not dropping the order group at every visit.

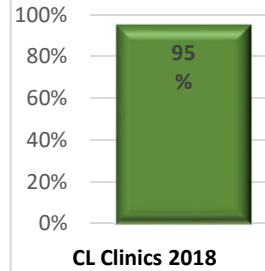
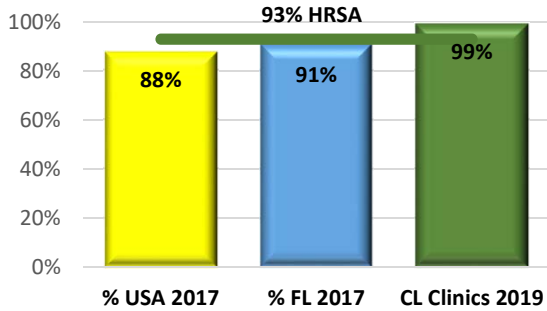
Interventions: 1. Train providers that health education should be given at every visit regardless of reason for visit.



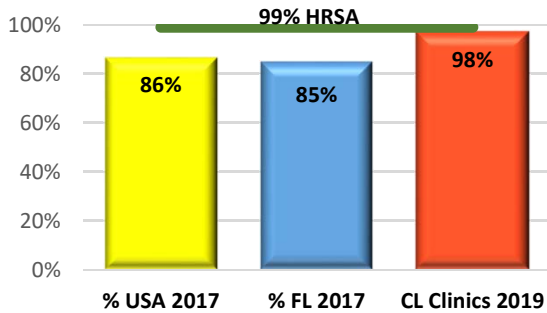
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

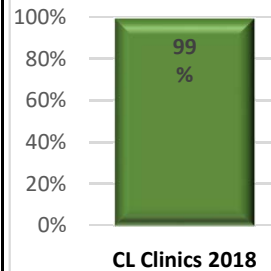


ASTHMA PHARMACOLOGIC THERAPY

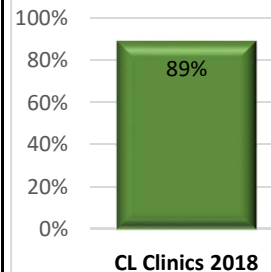
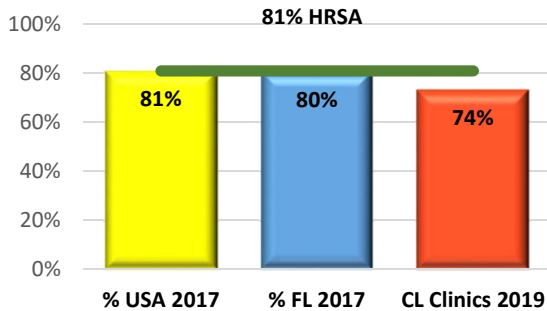


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates.

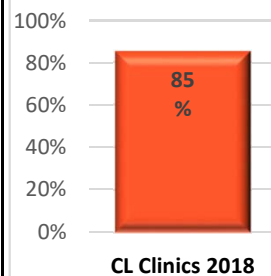
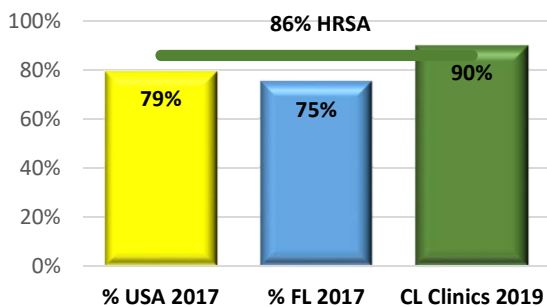
Interventions: 1. Providers have been trained to update the dates. 2. Send cases to individual providers to update medication list if still active.



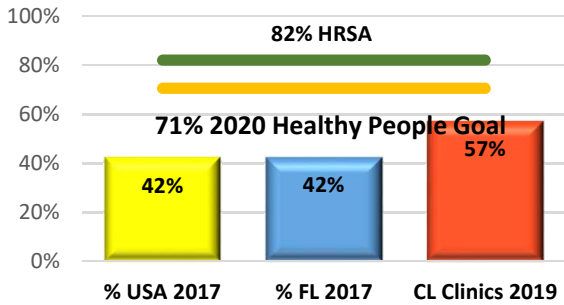
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

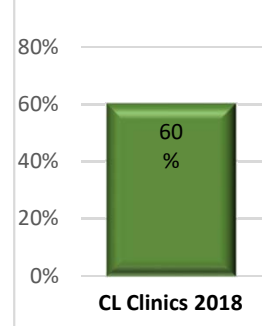


COLORECTAL CANCER SCREENING

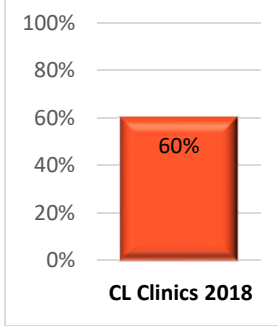
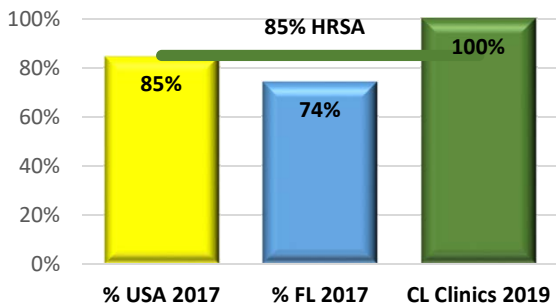


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

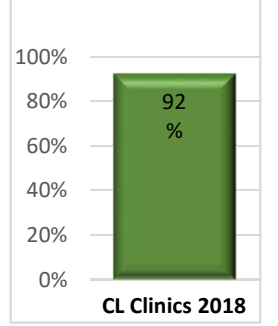
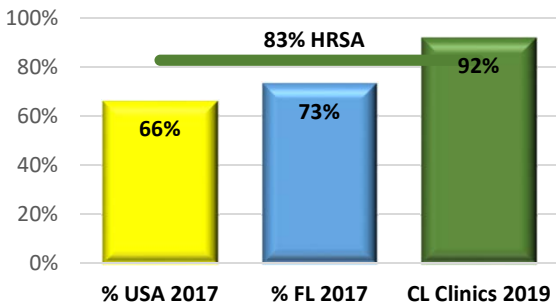
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.



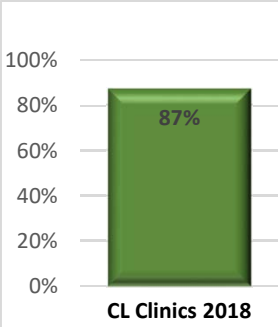
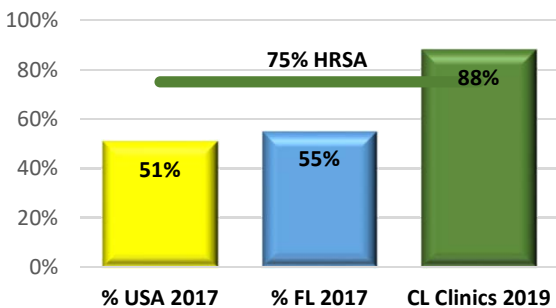
HIV LINKAGE TO CARE



PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP

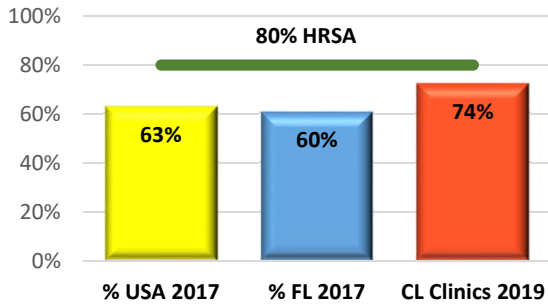


DENTAL SEALANTS



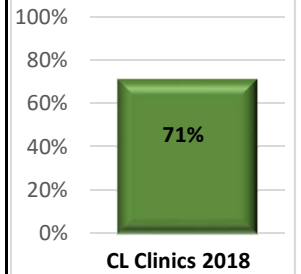
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD August 2019

HYPERTENSION

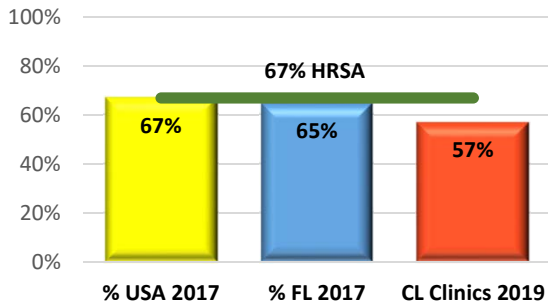


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen

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

