



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

September 26, 2018

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 26, 2018
1515 N. Flagler Drive
West Palm Beach, FL 33401**

- 1. Call to Order – Bessie Brown, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
- 2. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of August 22, 2018. [Pages 1-6]
- 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 2018 Internet Posting of District Public Meeting.
<http://www.hcdpbc.org/index.aspx?recordid=2597&page=15>
 - 7A-2 **RECEIVE AND FILE:**
Attendance tracking.
[Pages 7]
 - 7A-3 **RECEIVE AND FILE:**
CMO, VP & Executive Director of Clinical Services Annual Evaluation.
(Darcy Davis) [Pages 8-11]

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

B. FINANCE

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

C. L. Brumback Primary Care Clinics Finance Report August 2018.
(Dawn Richards) [Pages 12-30]

C. QUALITY

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

Targeted Survey – Nominal Charge for Dental Services.
(Dr. Noelle Stewart) [Pages 31-34]

D. POLICIES

7D-1 **Staff Recommends a MOTION TO APPROVE:**

Addiction Outpatient Treatment Program (AOTP) Policy Updates.
(Dr. Noelle Stewart) [Pages 35-42]

8. **Regular Agenda**

A. ADMINISTRATION

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

Nomination of New Board Member – Joseph Morel.
(Thomas Cleare) [Pages 43-46]

8A-2 **RECEIVE AND FILE:**

Board Officer Positions.
(Thomas Cleare) [Pages 47-72]

B. EXECUTIVE

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

Executive Director Informational Update.
(Belma Andric) [Pages 73-74]

C. OPERATIONS

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

Operations Reports – August 2018.
(Terry Megiveron) [Pages 75-95]

8. Regular Agenda (continued)

D. CREDENTIALING AND PRIVILEGING

8D-1 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner (LIP) Initial Credentialing and Privileging – Seneca Harberger, MD.

Licensed Independent Practitioner (LIP) Recredentialing and Renewal of Privileges – Claudia Montenegro, DO.

Licensed Independent Practitioner (LIP) Initial Credentialing and Privileging – Paulo Oliveira, DDS.

(Sarah Gonzalez) [Pages 96-97]

8D-2 Staff Recommends a MOTION TO APPROVE:

Modification of General Dentistry clinical privileges:

Dr. Zenaida Alonso, General Dentistry.

Dr. Arwa Alwahaib, General Dentistry.

Dr. Flora Bentsi-Enchill, General Dentistry.

Dr. John Cucuras, General Dentistry.

Dr. Robert Rotella, General Dentistry.

(Sarah Gonzalez) [Pages 98-99]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Council Reports – August 2018.

(Dr. Noelle Stewart) [Pages 100-114]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

October 24, 2018 (HCD Board Room)

12:45pm Board of Directors

November 28, 2018 (HCD Board Room)

12:45pm Board of Directors

December 12, 2018 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
8/22/2018

Present: Bessie Brown, Chairperson; James Elder, Vice Chairperson; John Casey Mullen, Secretary; Frances Navarro, Treasurer; David Kendle, Irene Figueroa, Joan Roude, Cory Neering, Shanti Howard.

Absent:

Staff: Darcy Davis, Dr. Belma Andric, Valerie Shahriari, Ellen Pentland, Terry Megiveron, Dr. Tamara-Kay Tibby, Dr. Noelle Stewart, Andrea Steele

Minutes Transcribed By: Marguerite Lynch

Meeting Scheduled For 1:00 PM

Meeting Began at 12:52 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mrs. Bessie Brown called the meeting to order.	The meeting was called to order at 12:52 pm.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mrs. Bessie Brown read the Affirmation of Mission	
2. Agenda Approval	Mrs. Bessie Brown called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Kendle made a motion to approve the agenda as presented. The motion was duly seconded by Ms. Navarro. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions	No additions or deletions.	
2B. Motion to Approve Agenda Items	The agenda for the August 2018 meeting was approved.	
3. Awards, Introductions and Presentations	None.	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: Board Meeting Minutes of July 25, 2018	There was no discussion of the minutes dated July 25, 2018.	VOTE TAKEN: Mr. Mullen made a motion to approve the minutes of July 25, 2018 as presented. The motion was duly seconded by Mr. Kendle. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Roude made a motion to approve this agenda item. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: July 2018 Internet Posting of District Public Meeting	The meeting notice was posted.	No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	No further action necessary.
7B. FINANCE		
7B-1. Receive & File: C. L. Brumback Primary Care Clinics Finance Report July 2018	YTD Clinic volumes (medical, dental, and suboxone combined), are below budget by 9.2% or 11,241 visits. Suboxone clinic visits YTD of 3,063 were below budget of 12,826 by 9,763 or 76.1% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of suboxone) were above budgeted volume by 2,995 visits. Total revenues, year to date, are over budget by 8.2% or \$1.5M due to volume variance in medical clinics, including unbudgeted LIP payment. Total operating expenses are under budget by 7.4%, or \$1.5M due to unimplemented strategies. Net operating margin is a loss of \$2.1M compared to a budgeted loss of \$5.8M. YTD the Health Care District has subsidized the Primary Care Clinics with \$2.4M.	No further action necessary.
8. Regular Agenda		
A. EXECUTIVE		
8A-1. Receive & File:	Dr. Belma Andric, CMO, VP & Executive Director of the Clinics presented the following informational update:	Received and filed.

Executive Director
Informational Update

HRSA Service Area Competition (SAC) Grant Continuation Submitted

Phase 1 of our continuing application was submitted to Grants.gov prior to 8/6/2018. Phase 2 was submitted to HRSA via the EHB on 8/21/2018.

Mobile Clinic for the Homeless

Our Mobile Clinic served 104 medical and 6 behavioral health visits between 8/1/2018 and 8/15/2018 and is currently rotating to Jerome Golden Center, Holy Redeemer, Community United Methodist Church and St. George's. Parking is being reviewed for access to additional locations. Ribbon cutting will be 8/30/18 at the Healey Center.

Lakeside Medical Center Clinic (Belle Glade)

On 8/16/2018, the RFQ Committee selected Chandler Construction as the Construction Manager. We hope demolition/renovations will begin by 10/1/2018.

New Providers

Dr. Harberger will be providing medical services in Belle Glade and Dr. Olivera will be providing dental services in Delray.

Fiscal Year (FY) 2018 Health Center Quality Improvement (QI)

On 8/15/2018 we received a Notice of Award (NoA) notifying us of a one-time Quality Improvement grant of \$166,916. This type of award is distributed by HRSA to more than 1,300 community health centers to further their commitment to improve overall quality, efficiency and value of health care services for the millions of patient served by FQHCs. By doing this, HRSA recognizes the highest performing health centers Nationwide as well as those health centers that made significant quality improvement gains from the prior year. We were recognized for being a Health Center Quality Leader (achieved best overall clinic performance and placed in top

	30%), Access Enhancer (increased total number of patients), obtaining PCMH recognition and becoming a Million Hearts achiever.	
8B. OPERATIONS		
8B-1. Staff Recommends a Motion to Approve: Operations Reports – July 2018	<p>Terry Megiveron, Director of Operations, presented the overall clinic productivity for July 2018. Highlights included:</p> <ul style="list-style-type: none"> • Productivity for July 2018 was reviewed. <ul style="list-style-type: none"> ○ Adult, Pediatrics & Women’s Health - 84% ○ Dental – 90% ○ Mental Health – 88% ○ Substance Abuse – 97% • Ms. Roude asked about specific work days for providers. Ms. Megiveron advised they do work a five day a week schedule although clinic may vary. 	VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8C. CREDENTIALING & PRIVILEGING		
8C-1 Staff Recommends a MOTION TO APPROVE: Revised General Dentistry Delineation of Privileges	<p>Dr. Tibby, Director of Dental, presented the revised General Dentistry Delineation of Privileges. She highlighted the change in section of bridges to facilitate the removal of teeth. This is the only change.</p> <p>It was noted that the page numbers for this agenda item were incorrect due to page transposition with the next agenda item (LIP dental recredentialing).</p>	VOTE TAKEN: Ms. Navarro made a motion to approve this agenda item. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8C-2 Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner (LIP) Recredentialing and Renewal of Privileges – Dental: Zenaida Alonso, DDS	<p>One LIP was presented.</p> <p>Dr. Zenaida Alonso met the requirements for recredentialing and renewal of privileges process and met the standards set forth within the approved Credentialing and Privileging Policy.</p> <p>It was noted that the page numbers for this agenda item were incorrect due to page transposition with the previous agenda item (Revised dentistry privilege form).</p>	VOTE TAKEN: Mr. Mullen made a motion to approve this agenda item. The motion was duly seconded by Ms. Roude. A vote was called, and the motion passed unanimously.

<p>8C-3. Staff Recommends a Motion to Approve: Licensed Independent Practitioner (LIP) Initial Credentialing and Privileging - Medical: Guerlyne Estime, ARNP and Tamara-Kay Tibby, DMD.</p>	<p>Two LIP's were presented.</p> <p>Both Guerlyne Estime, ARNP and Dr. Tamara-Kay Tibby, DMD met the requirements for recredentialing and renewal of privileges process and met the standards set forth within the approved Credentialing and Privileging Policy.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</p>
<p>8D. QUALITY</p>		
<p>8D-1. Staff Recommends a Motion to Approve: Quality Council Reports</p>	<p>The following is a summary of July 2018 highlights:</p> <p>Patient Relations and Quality Events: There were a total of 2 Complaints, 3 Grievances and 15 compliments and 16 Quality events.</p> <p>Quality:</p> <ul style="list-style-type: none"> • Create a standardized Baker Act referral in the EMR • Incorporate transfers to higher level of care due to Baker Acts into Quality Event reporting <p>Medical Report:</p> <ul style="list-style-type: none"> • Send patient lists / UDS dashboards to each provider so they address underperforming measures in a timely manner. • Investigate the current workflow for processing bucket items and develop an improved workflow to improve efficiencies and assign responsibilities to Practice Managers, Lead MA's and Lead RN's to monitor daily. • Patient Navigators identified that some patients who requested over the phone counseling through the Quitline that never received it. PNs are following up with Quitline to ensure counseling is given. <p>Dental Report:</p> <ul style="list-style-type: none"> • Updates are being made to quality reports and chart reviews. 	<p>VOTE TAKEN: Mr. Kendle made a motion to approve this agenda item. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

	Behavioral Health Report: <ul style="list-style-type: none"> • Continuous increase in warm hand-offs across all clinics. 	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	Mr. Kendle recommended that for the next meeting agenda elections be held to select the 2019 Chairperson and chairs of subcommittees.	No action necessary.
11. Establishment of Upcoming Meetings	September 26, 2018 (HCD Board Room) <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors October 24, 2018 (HCD Board Room) <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors November 28, 2018 (HCD Board Room) <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors December 19, 2018 (HCD Board Room) <ul style="list-style-type: none"> • 12:45 p.m. Board of Directors Discussion took place regarding the meeting date for December Board Meeting. The Board agreed to change December both meetings Finance and Board of Directors to 12/12/18. If Finance information is not ready for December 12, 2019 it can be pushed to January 2019. Board must be notified.	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned.	The meeting was adjourned at 1:28 p.m.

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/24/18	2/28/18	3/27/18	4/25/2018	5/23/18	6/27/18	7/25/18	8/22/18	9/26/18	10/24/18	11/28/18	12/12/18
Bessie Brown	X	X	X	X	X	C	X	X				
James Elder	X	X	X	X	X	C	X	X				
Frances Navarro	X	X	X	X	X	C	X	X				
David Kendle	X	X	X	X	X	C	X	X				
Irene Figueroa	X	X	X	E	X	C	X	X				
John Casey Mullen	X	X	E	X	X	C	X	X				
Mara Martinez	E	E	E	E	Termination							
Shanti Howard	X	E	X	E	X	C	E	X				
Cory M. Neering	E	X	X	A	E	C	X	X				
Joan Roude							X	X				

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: CMO, VP & Executive Director of Clinical Services Annual Evaluation

2. Summary:

This agenda item presents the annual evaluation of Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services.

3. Substantive Analysis:

The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics are reviewed and approved by the Board. An HCD evaluation form is attached for consideration.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

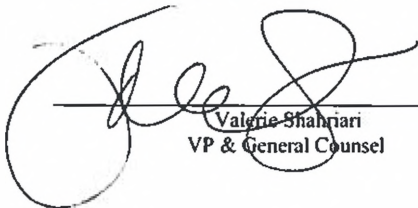
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

Staff recommends the Board receive and file Dr. Andric's Annual Evaluation.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Darryl J. Davis
Chief Executive Officer



**HEALTH CARE DISTRICT OF PALM BEACH COUNTY
LEADERSHIP PERFORMANCE APPRAISAL FORM**

APPRAISAL TYPE

- Initial Orientation 3 Month Annual
 Position Orientation 6 Month

EMPLOYEE INFORMATION

EMPLOYEE: EMPLOYEE ID:
 DEPARTMENT: DATE OF HIRE:
 JOB TITLE:

SCORING

- OUTSTANDING (3): Consistently exceeds expectation. Example for others.
 EXCELLENT (2): Always meets expectation. Supervisor has complete confidence.
 NEEDS IMPROVEMENT (1): Does not always meet expectation. Less than 100% confidence.

RATING FACTOR	DESCRIPTION	RATING
Leadership	Leads by example, demonstrating a consistently positive attitude. Develops a flexible work environment/culture that facilitates exceptional customer service, communication and performance.	<input type="text" value="2"/>
Customer Service	Exhibits and promotes exceptional customer service to all internal and external customers.	<input type="text" value="2"/>
Cooperation	Builds and maintains strong working relationships. Is quick to assist staff and colleagues. Adapts well to change.	<input type="text" value="3"/>
Communication	Effectively communicates with others through verbal and non-verbal methods. All communication, including email, is courteous and respectful.	<input type="text" value="2"/>
Decision Making	Makes informed, reasoned and expedient decisions, consistently demonstrating sound judgment. Keeps supervisor and colleagues informed of issues of importance.	<input type="text" value="3"/>
Initiative	Works autonomously. Takes action in developing new methods, procedures and approaches with little to no guidance.	<input type="text" value="3"/>
Job Knowledge	Demonstrates the fundamental skills, methods, and procedures required for current job functions.	<input type="text" value="3"/>
Professionalism	Presents self in mature and responsible manner, including attire and punctuality. Exhibits strong ethical character in the workplace.	<input type="text" value="3"/>
Quality of Work	Final work product is accurate, thorough, and timely. Achieves established goals.	<input type="text" value="3"/>
Compliance	Is aware of, and promotes, adherence to all appropriate compliance and safety policies/procedures. Completes mandatory training (Compliance, HIPAA, etc.) on time. Supervisor has verified with the employee that the conflict of interest form has been completed this evaluation period.	<input type="text" value="3"/>
Wellness	Enhances work environment by promoting and supporting wellness through development and implementation of a wellness initiative. Provides consistent rewards and recognition where appropriate.	<input type="text" value="Implemented"/>

OVERALL SCORE

Next Page

Employees receiving three or more ratings of "Does Not Meet Expectation" will be ineligible for the performance based pay increase. Additionally, employees receiving three or more ratings of "Does Not Meet Expectation" may be placed on a probationary period up to 60-days. Failure to improve performance during the probationary period may result in separation of employment.

GOALS and SUPERVISOR/MANAGER'S

Belma has had an excellent year and has contributed invaluable to the Health Care District. She is an expert in her field and has been able to use data to make meaningful decisions for the betterment of our patients while balancing the impact to the taxpayers. She has smoothly adapted in the CMO role and has implemented quality measurements for all crucial programs under her purview. She inherited the clinic responsibility this year and has never shied away from the challenges that brings with it. She is quickly picking up the politics of managing governance and is winning over the teams. Belma has excellent judgment and strategic prowess; she has improved in the area of diplomacy and will continue to make strides on this front as she gains confidence in herself. Goals this year are more specific to the programs and building infrastructure to support changes in managed care this year. Belma is an excellent resource and asset for HCD.

EMPLOYEE COMMENTS:

I acknowledge that I have seen and discussed this performance appraisal with my supervisor:

	9-20-18
EMPLOYEE SIGNATURE	DATE

SIGNATURES:

IMMEDIATE SUPERVISOR	DATE	NEXT LEVEL SUPERVISOR	DATE
DEPARTMENT DIRECTOR	DATE	HUMAN RESOURCES	DATE
<i>Nancy Davis</i>	9-21-18		
OFFICER	DATE		

***Note: Managers supervising clinical staff are required to submit evaluations of clinical competencies along with the Performance Appraisal.**

Previous

Print

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. **Description:** C. L. Brumback Primary Care Clinics Financial Report August 2018

2. **Summary:**

The YTD August 2018 financial statements for the C.L. Brumback Primary Care Clinics are presented for your information.

3. **Substantive Analysis:**

Management has provided the income statements for C.L. Brumback Primary Care Clinics. Additional Management discussion and analysis is incorporated into the financial statements 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:


 Dawn Richards
 VP & Chief Financial Officer

5. **Reviewed/Approved by Committee:**

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

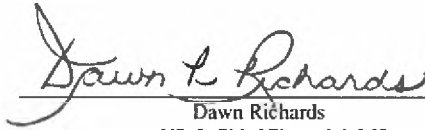
6. Recommendation:

Staff recommends the Board receive and file the August 2018 financials.

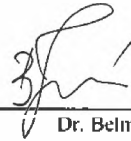
Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



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

MEMO

To: Finance Committee
From: Dawn L. Richards
Chief Financial Officer
Date: September 17, 2018

Subject: Management Discussion and Analysis of YTD August 2018 C.L. Brumback Primary Care Clinic Financial Statements

The August statements represent the financial performance for the eleven months of the 2018 fiscal year for C.L. Brumback. Included below are year-to-date (YTD) explanations of volume, revenue and expense variances.

Summary

YTD Clinic volumes (medical, dental, and suboxone combined), are below budget by 17,447 visits or 12.8%. Suboxone clinic visits YTD of 3,398 were below budget of 14,109 by 10,711 or 75.9% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of suboxone) were slightly below budgeted volume by 143 visits or 0.2%. Mobile van visits YTD of 169 were below budget of 1,620 by 1,451 or 89.6%. Total revenues, year to date, are over budget by \$2.8M or 13.5% due to volume variance in medical clinics, including unbudgeted LIP payment and incentive payments. A year to date adjusting entry was made to segregate lump sum payments from individual patients and insurance payments to allow for more detailed tracking by payment type. Total operating expenses are under budget by \$1.8M or 7.8% due to delayed strategy implementations. Net operating margin is a loss of \$1.0M compared to a budgeted loss of \$6.4M. YTD the Health Care District has subsidized the Primary Care Clinics with \$2.4M.

Volume Analysis

Total medical clinic visits YTD in all adult and pediatric clinics of 90,999 were under budget of 101,853 by 10,854 or 10.7% but are over prior year of 80,854 by 10,175 or 12.6%. Dental visits YTD of 27,457 were under budget of 34,050 by 6,593 or 19.4% and below prior year of 31,433 by 3,976 or 12.6%. Suboxone clinic visits YTD of 3,398 were below budget of 14,109 by 10,711 or 75.9% due to unanticipated changes to the MAT strategy. Medical visits (net of suboxone) YTD of 87,601 were slightly under budget of 87,744 by 143 or 0.2% and above prior year of 79,897 by 7,704 or 9.6%

Net Revenue

Clinic net patient revenue YTD of \$14.5M exceeded budget of \$12.6M by \$1.9M or 15.4% and prior year of \$11.7M by \$2.9M or 24.4%. Clinics received an unbudgeted LIP payment of \$2.2M.



Grant revenue YTD of \$7.0M was below budget of \$7.9M by \$888k or 11.2% and above prior year of \$6.1M by \$935k or 15.4%. Due to the delayed relocation of the Belle Glade clinic to Lakeside Medical Center, the clinics were unable to recognize HRSA grant funding for construction at the site.

Expenses

Clinic operating expenses YTD of \$21.2M were under budget of \$23.0M by \$1.8M or 7.8% and above prior year of \$18.0M by \$3.2M or 17.7%. Most of this positive variance related to salaries (\$912k), benefits (\$205k), medical supplies (\$94k), drugs (\$145k) and repair and maintenance (\$670k). These are mainly due to unimplemented strategies in West Boca Dental, Lake Worth Dental and Lantana (Suboxone). Drugs are under budget due to use of the District in house pharmacy and 340B medications.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Aug 31, 2018</u>	<u>Jul 31, 2018</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	1,454,249	431,478	\$ 1,022,771
Accounts Receivable, net	1,329,873	1,447,818	(117,945)
Due From Other Funds	-	-	-
Due from Other Governments	1,676,060	1,483,932	192,128
Other Current Assets	312,219	277,903	34,316
Net Investment in Capital Assets	755,881	777,044	(21,163)
Total Assets	<u>\$ 5,528,282</u>	<u>\$ 4,418,174</u>	<u>\$ 1,110,108</u>
Liabilities			
Accounts Payable	170,790	304,523	(133,732)
Due To Other Governments	-	-	-
Deferred Revenue	-	21,861	(21,861)
Other Current Liabilities	861,824	677,216	184,608
Non-Current Liabilities	729,254	729,254	-
Total Liabilities	<u>1,761,869</u>	<u>1,732,854</u>	<u>29,015</u>
Net Position			
Net Investment in Capital Assets	755,881	777,044	(21,163)
Unrestricted	3,010,532	1,908,276	1,102,256
Total Net Position	<u>3,766,414</u>	<u>2,685,321</u>	<u>1,081,093</u>
Total Liabilities and Net Position	<u>\$ 5,528,282</u>	<u>\$ 4,418,174</u>	<u>\$ 1,110,108</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,048,106	2,214,245	(166,138)	(7.5%)	1,821,845	226,261	12.4%	20,741,564	20,978,975	(237,411)	(1.1%)	17,743,538	2,998,026	16.9%
Gross Patient Revenue							Gross Patient Revenue						
761,828	625,331	(136,498)	(21.8%)	745,057	(16,771)	(2.3%)	9,133,345	6,028,187	(3,105,159)	(51.5%)	7,156,228	(1,977,117)	(27.6%)
408,156	199,258	(208,898)	(104.8%)	370,578	(37,578)	(10.1%)	4,032,409	1,936,663	(2,095,746)	(108.2%)	3,643,178	(389,231)	(10.7%)
651,797	42,033	(609,764)	(1,450.7%)	84,766	(567,031)	(668.9%)	2,176,163	415,941	(1,760,221)	(423.2%)	1,079,395	(1,096,767)	(101.6%)
1,821,780	866,621	(955,159)	(110.2%)	1,200,400	(621,380)	(51.8%)	15,341,917	8,380,791	(6,961,126)	(83.1%)	11,878,802	(3,463,115)	(29.2%)
\$ 704,658	\$ -	\$ 704,658	0.0%	\$ 581,420	\$ 123,238	\$ 0	\$ 9,133,830	\$ -	\$ 9,133,830	0.0%	\$ 5,815,502	\$ 3,318,328	\$ 1
930,983	1,347,623	(416,640)	(30.9%)	1,202,865	(271,882)	(22.6%)	14,533,477	12,598,184	1,935,292	15.4%	11,680,238	2,853,239	24.4%
45.46%	60.86%			66.02%			70.07%	60.05%		65.83%			
791,380	761,512	29,868	3.9%	476,018	315,362	66.2%	7,011,899	7,899,503	(887,604)	(11.2%)	6,076,806	935,093	15.4%
1,674,896	16,225	1,658,671	10,222.9%	637,215	1,037,682	162.8%	1,915,842	178,475	1,737,367	973.5%	691,614	1,224,228	177.0%
2,466,276	777,737	1,688,539	217.1%	1,113,233	1,353,043	121.5%	8,927,741	8,077,978	849,764	10.5%	6,768,420	2,159,321	31.9%
3,397,260	2,125,361	1,271,899	59.8%	2,316,098	1,081,162	46.7%	23,461,218	20,676,162	2,785,056	13.5%	18,448,658	5,012,560	27.2%
<i>Direct Operational Expenses:</i>							<i>Direct Operational Expenses:</i>						
1,294,254	1,427,400	133,146	9.3%	1,171,264	(122,990)	(10.5%)	13,490,244	14,402,048	911,804	6.3%	11,363,396	(2,126,848)	(18.7%)
343,621	373,289	29,668	7.9%	318,355	(25,266)	(7.9%)	3,654,277	3,859,557	205,280	5.3%	3,107,946	(546,331)	(17.6%)
97,371	59,582	(37,790)	(63.4%)	43,828	(53,543)	(122.2%)	870,939	634,951	(235,987)	(37.2%)	577,254	(293,684)	(50.9%)
32,851	61,508	28,657	46.6%	35,379	2,529	7.1%	431,194	525,560	94,366	18.0%	330,940	(100,255)	(30.3%)
6,730	16,276	9,546	58.6%	10,376	3,646	35.1%	138,866	149,899	11,033	7.4%	299,409	160,543	53.6%
-	-	-	0.0%	27,889	27,889	100.0%	15,355	-	(15,355)	0.0%	27,889	12,534	44.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
26,779	63,861	37,081	58.1%	52,208	25,428	48.7%	462,946	608,213	145,267	23.9%	463,085	138	0.0%
67,112	108,467	41,355	38.1%	42,301	(24,811)	(58.7%)	483,418	1,152,931	669,512	58.1%	443,983	(39,436)	(8.9%)
105,159	115,600	10,441	9.0%	109,988	4,829	4.4%	1,280,497	1,258,992	(21,505)	(1.7%)	1,131,866	(148,630)	(13.1%)
6,822	8,025	1,203	15.0%	5,820	(1,001)	(17.2%)	67,254	83,005	15,751	19.0%	37,941	(29,313)	(77.3%)
19,476	21,890	2,414	11.0%	34,138	14,662	42.9%	257,385	253,460	(3,924)	(1.5%)	181,783	(75,601)	(41.6%)
2,938	2,690	(248)	(9.2%)	1,778	(1,160)	(65.3%)	20,280	25,264	4,984	19.7%	19,895	(385)	(1.9%)
2,003,113	2,258,587	255,473	11.3%	1,853,324	(149,790)	(8.1%)	21,172,654	22,953,880	1,781,226	7.8%	17,985,386	(3,187,269)	(17.7%)
Net Performance before Depreciation							Net Performance before Depreciation						
1,394,146	(133,226)	1,527,372	(1,146.5%)	462,774	931,372	201.3%	2,288,564	(2,277,718)	4,566,282	(200.5%)	463,272	1,825,292	394.0%
& Overhead Allocations							& Overhead Allocations						

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
21,163	26,945	5,782	21.5%	16,430	(4,733)	(28.8%)	Depreciation	189,684	296,390	106,706	36.0%	180,571	(9,113)	(5.0%)	
<i>Overhead Allocations:</i>															
10,122	12,912	2,790	21.6%	9,898	(224)	(2.3%)	Risk Mgt	110,462	135,411	24,949	18.4%	67,165	(43,297)	(64.5%)	
40,319	57,005	16,686	29.3%	27,173	(13,146)	(48.4%)	Rev Cycle	469,990	594,146	124,156	20.9%	203,237	(266,753)	(131.3%)	
5,281	5,460	179	3.3%	3,859	(1,422)	(36.8%)	Internal Audit	35,053	57,258	22,206	38.8%	52,936	17,883	33.8%	
17,494	32,462	14,968	46.1%	-	(17,494)	0.0%	Palm Springs Facility	258,993	357,086	98,093	27.5%	-	(258,993)	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
24,090	26,593	2,503	9.4%	31,631	7,541	23.8%	Administration	270,686	278,885	8,198	2.9%	219,721	(50,965)	(23.2%)	
33,355	35,298	1,943	5.5%	25,109	(8,246)	(32.8%)	Human Resources	323,895	357,230	33,335	9.3%	264,605	(59,290)	(22.4%)	
9,124	13,480	4,356	32.3%	6,610	(2,514)	(38.0%)	Legal	117,272	141,367	24,095	17.0%	90,730	(26,542)	(29.3%)	
6,722	6,255	(467)	(7.5%)	5,213	(1,509)	(29.0%)	Records	73,279	65,599	(7,680)	(11.7%)	33,097	(40,182)	(121.4%)	
6,278	8,691	2,413	27.8%	4,967	(1,311)	(26.4%)	Compliance	65,686	91,139	25,453	27.9%	44,205	(21,481)	(48.6%)	
1,353	1,530	176	11.5%	-	(1,353)	0.0%	Planning/Research	18,252	16,043	(2,210)	(13.8%)	-	(18,252)	0.0%	
26,114	29,176	3,062	10.5%	20,641	(5,473)	(26.5%)	Finance	299,475	305,970	6,495	2.1%	216,646	(82,829)	(38.2%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
9,972	19,548	9,576	49.0%	8,554	(1,419)	(16.6%)	Public Relations	83,259	205,007	121,747	59.4%	72,066	(11,193)	(15.5%)	
93,958	94,872	914	1.0%	68,040	(25,918)	(38.1%)	Information Technology	889,370	994,935	105,565	10.6%	683,972	(205,398)	(30.0%)	
-	3,652	3,652	100.0%	3,454	3,454	100.0%	Budget & Decision Support	13,118	38,303	25,184	65.8%	37,587	24,468	65.1%	
3,957	3,077	(880)	(28.6%)	-	(3,957)	0.0%	Corporate Quality	38,849	32,274	(6,576)	(20.4%)	-	(38,849)	0.0%	
3,751	11,123	7,372	66.3%	-	(3,751)	0.0%	Managed Care Contract	59,880	115,935	56,055	48.4%	-	(59,880)	0.0%	
291,890	361,134	69,244	19.2%	215,149	(76,742)	(35.7%)	Total Overhead Allocations	3,127,520	3,786,586	659,066	17.4%	1,985,966	(1,141,554)	(57.5%)	
2,316,167	2,646,665	330,499	12.5%	2,084,902	(231,265)	(11.1%)	Total Expenses	24,489,858	27,036,855	2,546,997	9.4%	20,151,923	(4,337,935)	(21.5%)	
\$ 1,081,093	\$ (521,305)	\$ 1,602,398	(307.4%)	\$ 231,196	\$ 849,897	367.6%	Net Margin	\$ (1,028,640)	\$ (6,360,693)	\$ 5,332,053	(83.8%)	\$ (1,703,265)	\$ 674,625	(39.6%)	
-	125,350	125,350	100.0%	(2,789)	(2,789)	100.0%	Capital	-	2,973,396	2,973,396	100.0%	-	-	0.0%	
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,800,000	\$ 6,430,000	73.1%	\$ -	\$ (2,370,000)	0.0%	

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

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue	1,932,348	1,614,292	1,726,128	1,887,183	1,901,243	2,169,234	1,858,934	1,729,846	1,801,509	2,072,740	2,048,106	-	20,741,564
Contractual Allowances	787,418	59,317	337,720	278,529	555,200	399,431	2,339,528	828,230	529,647	2,256,497	761,828	-	9,133,345
Charity Care	311,552	(253,490)	167,151	218,711	2,463	65,773	2,052,688	259,306	353,313	446,784	408,156	-	4,032,409
Bad Debt	213,806	165,082	190,754	153,100	156,052	249,996	17,792	22,862	248,396	106,526	651,797	-	2,176,163
Other Patient Revenue	\$ 580,915	\$ (580,915)	\$ -	\$ 153,027	\$ 21,861	\$ 21,861	\$ 3,783,586	\$ 1,790,782	\$ 649,599	\$ 2,008,457	\$ 704,658	\$ -	\$ 9,133,830
Net Patient Revenue	1,200,487	1,062,467	1,030,503	1,389,870	1,209,390	1,475,895	1,232,511	2,410,230	1,319,752	1,271,389	226,326	-	14,533,477
Collections %	62.13%	65.82%	59.70%	73.65%	63.61%	68.04%	66.30%	139.33%	73.26%	61.34%	11.05%	#DIV/0!	70.07%
Grant Funds	581,399	570,025	610,755	694,423	646,404	601,484	633,222	706,398	590,251	586,159	791,380	-	7,011,899
Other Revenue	2,856	1,864	109,616	3,012	2,486	43,940	4,062	64,999	3,771	4,339	1,674,896	-	1,915,842
Total Other Revenues	584,255	571,889	720,371	697,436	648,890	645,424	637,284	771,396	594,022	590,499	2,466,276	-	8,927,741
Total Revenues	1,784,741	1,634,356	1,750,874	2,087,305	1,858,280	2,121,319	1,869,795	3,181,626	1,913,774	1,861,888	2,692,602	-	23,461,218
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,216,848	1,147,815	1,156,021	1,157,040	1,203,702	1,316,763	1,241,980	1,415,855	1,174,280	1,165,687	1,294,254	-	13,490,244
Benefits	302,737	307,341	306,130	339,069	334,301	350,911	339,579	357,361	345,001	328,226	343,621	-	3,654,277
Purchased Services	36,818	31,240	55,668	56,008	40,481	92,475	101,864	53,008	102,800	203,204	97,371	-	870,939
Medical Supplies	25,047	34,241	41,871	45,383	65,137	41,037	40,647	35,160	36,607	33,213	32,851	-	431,194
Other Supplies	5,129	8,001	5,444	8,044	14,369	10,848	12,495	44,476	16,237	7,092	6,730	-	138,866
Contracted Physician Expense	12,703	2,652	-	-	-	-	-	-	-	-	-	-	15,355
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	39,087	60,113	48,821	50,181	48,344	52,837	42,549	40,454	26,793	26,987	26,779	-	462,946
Repairs & Maintenance	28,999	49,299	58,740	12,935	48,891	41,387	21,609	92,624	23,703	38,120	67,112	-	483,418
Lease & Rental	111,395	109,108	90,150	129,097	117,865	127,337	165,851	122,460	95,932	106,145	105,159	-	1,280,497
Utilities	2,097	8,470	8,236	5,588	5,756	4,661	6,556	9,388	5,547	4,134	6,822	-	67,254
Other Expense	29,001	31,159	9,617	20,430	22,501	28,627	29,722	11,680	21,355	33,817	19,476	-	257,385
Insurance	1,778	1,778	1,416	1,417	1,417	1,417	1,417	1,883	2,417	2,404	2,938	-	20,280
Total Operational Expenses	1,811,638	1,791,217	1,782,114	1,825,192	1,902,763	2,068,299	2,004,269	2,184,349	1,850,671	1,949,029	2,003,113	-	21,172,654
Net Performance before Depreciation & Overhead Allocations	(26,897)	(156,860)	(31,240)	262,113	(44,484)	53,020	(134,474)	997,277	63,104	(87,141)	689,489	-	2,288,564
Depreciation	17,505	16,479	16,992	16,992	16,992	16,992	17,540	16,972	16,722	15,335	21,163	-	189,684
<i>Overhead Allocations:</i>													
Risk Mgt	7,453	8,836	13,641	8,777	9,774	10,231	8,967	9,838	13,092	9,732	10,122	-	110,462
Rev Cycle	48,556	47,099	34,355	59,652	49,552	37,122	48,655	16,506	35,835	52,339	40,319	-	469,990
Internal Audit	5	-	-	580	1,967	5,809	5,377	5,377	5,328	5,328	5,281	-	35,053
Palm Springs Facility	20,677	21,156	20,813	20,281	41,731	15,176	27,667	36,418	19,871	17,709	17,494	-	258,993
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	25,875	24,692	26,547	27,033	30,666	20,796	27,963	17,828	22,096	23,099	24,090	-	270,686
Human Resources	29,597	13,464	33,802	21,072	21,563	28,368	49,058	34,524	29,915	29,178	33,355	-	323,895
Legal	5,569	7,477	13,345	8,693	13,576	9,757	8,811	14,375	12,734	13,811	9,124	-	117,272
Records	4,860	4,152	3,963	4,751	10,058	6,632	9,240	10,701	5,944	6,255	6,722	-	73,279
Compliance	5,184	6,493	6,603	8,310	6,895	7,066	1,786	5,303	5,513	6,255	6,278	-	65,686
Planning/Research	1,666	1,204	1,163	1,248	1,111	1,207	5,733	1,250	1,093	1,225	1,353	-	18,252
Finance	26,706	21,729	22,431	24,720	24,201	43,417	29,974	30,126	24,580	25,476	26,114	-	299,475
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	5,778	7,688	7,362	5,198	13,328	3,213	6,360	8,045	7,531	8,785	9,972	-	83,259
Information Technology	68,942	137,669	80,805	37,467	76,905	67,776	75,088	110,642	65,435	74,684	93,958	-	889,370
Budget & Decision Support	2,141	2,508	2,397	2,616	84	(231)	3,602	-	-	-	-	-	13,118
Corporate Quality	4,089	3,976	1,372	3,565	2,776	4,069	3,662	3,945	3,675	3,762	3,957	-	38,849
Managed Care Contract	4,449	4,604	4,302	5,502	15,408	(1,070)	5,381	7,962	2,006	7,586	3,751	-	59,880
Total Overhead Allocations	261,549	312,747	272,899	239,466	319,593	259,338	317,325	312,840	254,648	285,225	291,890	-	3,127,520
Total Expenses	2,090,692	2,120,442	2,072,005	2,081,650	2,239,348	2,344,629	2,339,134	2,514,161	2,122,041	2,249,589	2,316,167	-	24,489,858
Net Margin	\$ (305,951)	\$ (486,086)	\$ (321,131)	\$ 5,655	\$ (381,068)	\$ (223,310)	\$ (469,339)	\$ 667,465	\$ (208,267)	\$ (387,701)	\$ 376,436	\$ -	\$ (1,028,640)
Capital	-	10,221	(10,221)	-	-	-	40,825	(40,825)	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	2,000,000	70,000	100,000	-	200,000	-	-	\$ 2,370,000

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

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
1,698,416	1,722,070	(23,654)	(1.4%)	1,416,836	281,580	19.9%	Gross Patient Revenue	17,118,352	16,644,638	473,715	2.8%	13,779,740	3,338,612	24.2%
886,379	565,226	(321,153)	(56.8%)	612,439	(273,940)	(44.7%)	Contractual Allowances	8,144,088	5,509,476	(2,634,612)	(47.8%)	5,832,410	(2,311,678)	(39.6%)
256,852	169,826	(87,026)	(51.2%)	214,375	(42,477)	(19.8%)	Charity Care	2,623,684	1,673,377	(950,308)	(56.8%)	2,256,277	(367,407)	(16.3%)
251,691	38,309	(213,382)	(557.0%)	97,218	(154,473)	(158.9%)	Bad Debt	1,794,857	385,146	(1,409,711)	(366.0%)	997,835	(797,022)	(79.9%)
1,394,922	773,361	(621,561)	(80.4%)	924,031	(470,890)	(51.0%)	Total Contractuals and Bad Debts	12,562,629	7,567,998	(4,994,631)	(66.0%)	9,086,522	(3,476,107)	(38.3%)
463,449	-	463,449	0.0%	361,020	102,429	0	Other Patient Revenue	5,977,509	-	5,977,509	0.0%	3,670,202	2,307,307	63%
766,943	948,709	(181,766)	(19.2%)	853,825	(86,882)	(10.2%)	Net Patient Revenue	10,533,232	9,076,639	1,456,593	16.0%	8,363,420	2,169,812	25.9%
45.16%	55.09%			60.26%			Collection %	61.53%	54.53%			60.69%		
594,388	505,781	88,608	17.5%	360,240	234,148	65.0%	Grant Funds	5,626,052	5,579,088	46,963	0.8%	4,700,555	925,496	19.7%
1,674,896	7,725	1,667,171	21,581.5%	637,215	1,037,682	162.8%	Other Revenue	1,881,842	84,975	1,796,867	2,114.6%	691,613	1,190,229	172.1%
2,269,285	513,506	1,755,779	341.9%	997,455	1,271,830	127.5%	Total Other Revenues	7,507,894	5,664,064	1,843,830	32.6%	5,392,168	2,115,726	39.2%
3,036,228	1,462,215	1,574,013	107.6%	1,851,280	1,184,948	64.0%	Total Revenues	18,041,126	14,740,703	3,300,423	22.4%	13,755,588	4,285,538	31.2%
<i>Direct Operational Expenses:</i>														
1,062,538	1,108,548	46,010	4.2%	935,977	(126,561)	(13.5%)	Salaries and Wages	11,064,868	11,481,362	416,494	3.6%	8,985,922	(2,078,945)	(23.1%)
276,594	282,262	5,668	2.0%	252,096	(24,498)	(9.7%)	Benefits	2,939,578	3,003,887	64,308	2.1%	2,449,674	(489,904)	(20.0%)
90,479	47,839	(42,640)	(89.1%)	33,321	(57,158)	(171.5%)	Purchased Services	769,505	524,944	(244,561)	(46.6%)	474,869	(294,636)	(62.0%)
16,498	21,533	5,034	23.4%	11,046	(5,453)	(49.4%)	Medical Supplies	152,344	214,495	62,152	29.0%	131,895	(20,448)	(15.5%)
5,199	9,713	4,514	46.5%	6,959	1,760	25.3%	Other Supplies	108,791	105,462	(3,328)	(3.2%)	270,195	161,404	59.7%
-	-	-	0.0%	27,889	27,889	100.0%	Contracted Physician Expense	15,355	-	(15,355)	0.0%	27,889	12,534	44.9%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
26,750	60,412	33,662	55.7%	49,502	22,752	46.0%	Drugs	451,969	587,064	135,095	23.0%	447,367	(4,602)	(1.0%)
58,105	95,620	37,515	39.2%	34,047	(24,058)	(70.7%)	Repairs & Maintenance	421,737	1,039,318	617,581	59.4%	385,699	(36,038)	(9.3%)
72,734	83,814	11,081	13.2%	83,088	10,354	12.5%	Lease & Rental	913,762	921,958	8,196	0.9%	834,848	(78,914)	(9.5%)
5,882	6,231	349	5.6%	5,820	(61)	(1.1%)	Utilities	58,126	68,539	10,413	15.2%	37,941	(20,185)	(53.2%)
9,353	20,583	11,230	54.6%	33,056	23,703	71.7%	Other Expense	217,183	224,517	7,333	3.3%	163,168	(54,015)	(33.1%)
2,863	2,318	(545)	(23.5%)	1,670	(1,193)	(71.4%)	Insurance	19,335	21,327	1,991	9.3%	18,686	(650)	(3.5%)
1,626,995	1,738,872	111,877	6.4%	1,474,471	(152,524)	(10.3%)	Total Operational Expenses	17,132,553	18,192,873	1,060,320	5.8%	14,228,153	(2,904,400)	(20.4%)
Net Performance before Depreciation & Overhead														
1,409,233	(276,657)	1,685,890	(609.4%)	376,809	1,032,424	274.0%		908,573	(3,452,170)	4,360,743	(126.3%)	(472,565)	1,381,138	(292.3%)

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

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
9,953	8,105	(1,848)	(22.8%)	3,987	(5,966)	(149.6%)	Depreciation	54,132	89,151	35,019	39.3%	43,701	(10,431)	(23.9%)
<i>Overhead Allocations:</i>														
7,941	9,783	1,842	18.8%	7,989	49	0.6%	Risk Mgt	86,658	106,439	19,781	18.6%	53,855	(32,804)	(60.9%)
31,250	42,483	11,234	26.4%	21,664	(9,586)	(44.2%)	Rev Cycle	364,262	461,507	97,245	21.1%	160,562	(203,700)	(126.9%)
4,143	4,137	(6)	(0.2%)	3,115	(1,028)	(33.0%)	Internal Audit	27,499	45,008	17,508	38.9%	42,388	14,889	35.1%
14,975	27,789	12,813	46.1%	-	(14,975)	0.0%	Palm Springs Facility	221,704	305,674	83,970	27.5%	-	(221,704)	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
18,899	20,148	1,249	6.2%	25,532	6,633	26.0%	Administration	211,203	219,216	8,012	3.7%	175,935	(35,268)	(20.0%)
25,172	25,138	(34)	(0.1%)	20,204	(4,968)	(24.6%)	Human Resources	246,843	270,421	23,578	8.7%	210,990	(35,853)	(17.0%)
7,158	10,213	3,055	29.9%	5,336	(1,822)	(34.2%)	Legal	92,288	111,120	18,832	16.9%	72,464	(19,824)	(27.4%)
5,274	4,739	(535)	(11.3%)	4,266	(1,008)	(23.6%)	Records	57,464	51,564	(5,901)	(11.4%)	26,662	(30,802)	(115.5%)
4,925	6,584	1,659	25.2%	4,009	(916)	(22.8%)	Compliance	52,076	71,639	19,563	27.3%	35,392	(16,685)	(47.1%)
1,062	1,159	97	8.4%	-	(1,062)	0.0%	Planning/Research	11,495	12,610	1,115	8.8%	-	(11,495)	0.0%
20,487	22,104	1,618	7.3%	16,661	(3,825)	(23.0%)	Finance	237,237	240,506	3,269	1.4%	173,294	(63,943)	(36.9%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
7,823	14,810	6,987	47.2%	6,904	(919)	(13.3%)	Public Relations	65,879	161,144	95,265	59.1%	57,741	(8,138)	(14.1%)
73,711	71,878	(1,833)	(2.6%)	54,921	(18,790)	(34.2%)	Information Technology	697,728	782,063	84,336	10.8%	547,644	(150,083)	(27.4%)
-	2,767	2,767	100.0%	2,788	2,788	100.0%	Budget & Decision Support	8,068	30,108	22,040	73.2%	30,060	21,992	73.2%
3,105	2,332	(773)	(33.2%)	-	(3,105)	0.0%	Corporate Quality	30,478	25,369	(5,109)	(20.1%)	-	(30,478)	0.0%
2,907	8,290	5,383	64.9%	-	(2,907)	0.0%	Managed Care Contract	46,410	90,053	43,643	48.5%	-	(46,410)	0.0%
228,830	274,353	45,522	16.6%	173,390	(55,441)	(32.0%)	Total Overhead Allocations	2,457,293	2,984,441	527,148	17.7%	1,586,986	(870,306)	(54.8%)
1,865,778	2,021,329	155,551	7.7%	1,651,847	(213,931)	(13.0%)	Total Expenses	19,643,977	21,266,465	1,622,487	7.6%	15,858,840	(3,785,138)	(23.9%)
\$ 1,170,449	\$ (559,114)	\$ 1,729,564	(309.3%)	\$ 199,433	\$ 971,017	486.9%	Net Margin	\$ (1,602,852)	\$ (6,525,762)	\$ 4,922,910	(75.4%)	\$ (2,103,252)	\$ 500,400	(23.8%)
-	52,700	52,700	100.0%	(2,789)	(2,789)	100.0%	Capital	-	817,700	817,700	100.0%	-	-	0.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,800,000	\$ 6,430,000	73.1%	\$ -	\$ (2,370,000)	0.0%

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

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
349,690	492,175	(142,484)	(28.9%)	405,009	(55,319)	(13.7%)	3,623,212	4,334,338	(711,126)	(16.4%)	3,963,798	(340,586)	(8.6%)
Gross Patient Revenue													
(124,551)	60,105	184,655	307.2%	132,618	257,169	193.9%	989,257	518,711	(470,547)	(90.7%)	1,323,818	334,561	25.3%
151,304	29,432	(121,872)	(414.1%)	156,203	4,899	3.1%	1,408,725	263,286	(1,145,439)	(435.1%)	1,386,901	(21,824)	(1.6%)
400,106	3,724	(396,382)	(10,644.4%)	(12,452)	(412,558)	3,313.2%	381,306	30,796	(350,510)	(1,138.2%)	81,560	(299,746)	(367.5%)
Bad Debt													
426,859	93,261	(333,598)	(357.7%)	276,369	(150,490)	(54.5%)	2,779,288	812,793	(1,966,495)	(241.9%)	2,792,280	12,992	0.5%
Total Contractuals and Bad Debts													
241,209	-	241,209	0.0%	220,400	20,809	9.4%	3,156,321	-	3,156,321	0.0%	2,145,300	1,011,021	47.1%
Other Operating Revenue													
164,040	398,914	(234,874)	(58.9%)	349,040	(185,000)	(53.0%)	4,000,245	3,521,545	478,700	13.6%	3,316,818	683,427	20.6%
Net Patient Revenue													
46.91%	81.05%			86.18%			110.41%	81.25%			83.68%		
Collection %													
196,992	255,732	(58,740)	(23.0%)	115,778	81,214	70.1%	1,385,848	2,320,414	(934,567)	(40.3%)	1,376,251	9,597	0.7%
-	8,500	(8,500)	(100.0%)	-	-	0.0%	34,000	93,500	(59,500)	(63.6%)	1	33,999	3,207,447.2%
Grant Funds													
Other Revenue													
196,992	264,232	(67,240)	(25.4%)	115,778	81,214	70.1%	1,419,848	2,413,914	(994,067)	(41.2%)	1,376,252	43,596	3.2%
Total Other Revenues													
361,032	663,146	(302,114)	(45.6%)	464,818	(103,786)	(22.3%)	5,420,092	5,935,459	(515,367)	(8.7%)	4,693,070	727,022	15.5%
Total Revenues													
<i>Direct Operational Expenses:</i>													
231,716	318,852	87,136	27.3%	235,287	3,571	1.5%	2,425,376	2,920,686	495,310	17.0%	2,377,474	(47,903)	(2.0%)
Salaries and Wages													
67,028	91,028	24,000	26.4%	66,259	(768)	(1.2%)	714,699	855,670	140,971	16.5%	658,272	(56,427)	(8.6%)
Benefits													
6,892	11,743	4,851	41.3%	10,507	3,615	34.4%	101,433	110,007	8,574	7.8%	102,385	952	0.9%
Purchased Services													
16,352	39,975	23,623	59.1%	24,334	7,982	32.8%	278,851	311,065	32,214	10.4%	199,044	(79,806)	(40.1%)
Medical Supplies													
1,531	6,563	5,032	76.7%	3,417	1,886	55.2%	30,075	44,437	14,362	32.3%	29,214	(861)	(2.9%)
Other Supplies													
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
Contracted Physician Expense													
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
Medical Services													
30	3,449	3,419	99.1%	2,706	2,676	98.9%	10,977	21,149	10,172	48.1%	15,717	4,740	30.2%
Drugs													
9,007	12,847	3,840	29.9%	8,255	(752)	(9.1%)	61,682	113,613	51,931	45.7%	58,284	(3,397)	(5.8%)
Repairs & Maintenance													
32,425	31,786	(639)	(2.0%)	26,900	(5,525)	(20.5%)	366,734	337,033	(29,701)	(8.8%)	297,019	(69,716)	(23.5%)
Lease & Rental													
940	1,794	854	47.6%	-	(940)	0.0%	9,128	14,466	5,338	36.9%	-	(9,128)	0.0%
Utilities													
10,123	1,306	(8,816)	(674.8%)	1,081	(9,041)	(836.2%)	40,202	28,944	(11,258)	(38.9%)	18,615	(21,587)	(116.0%)
Other Expense													
75	372	297	79.8%	108	33	30.3%	945	3,938	2,993	76.0%	1,209	264	21.9%
Insurance													
376,118	519,715	143,597	27.6%	378,853	2,735	0.7%	4,040,102	4,761,007	720,906	15.1%	3,757,233	(282,868)	(7.5%)
Total Operational Expenses													
(15,086)	143,431	(158,517)	(110.5%)	85,965	(101,052)	(117.5%)	1,379,991	1,174,452	205,539	17.5%	935,837	444,154	47.5%
Net Performance before Depreciation & Overhead Allocations													

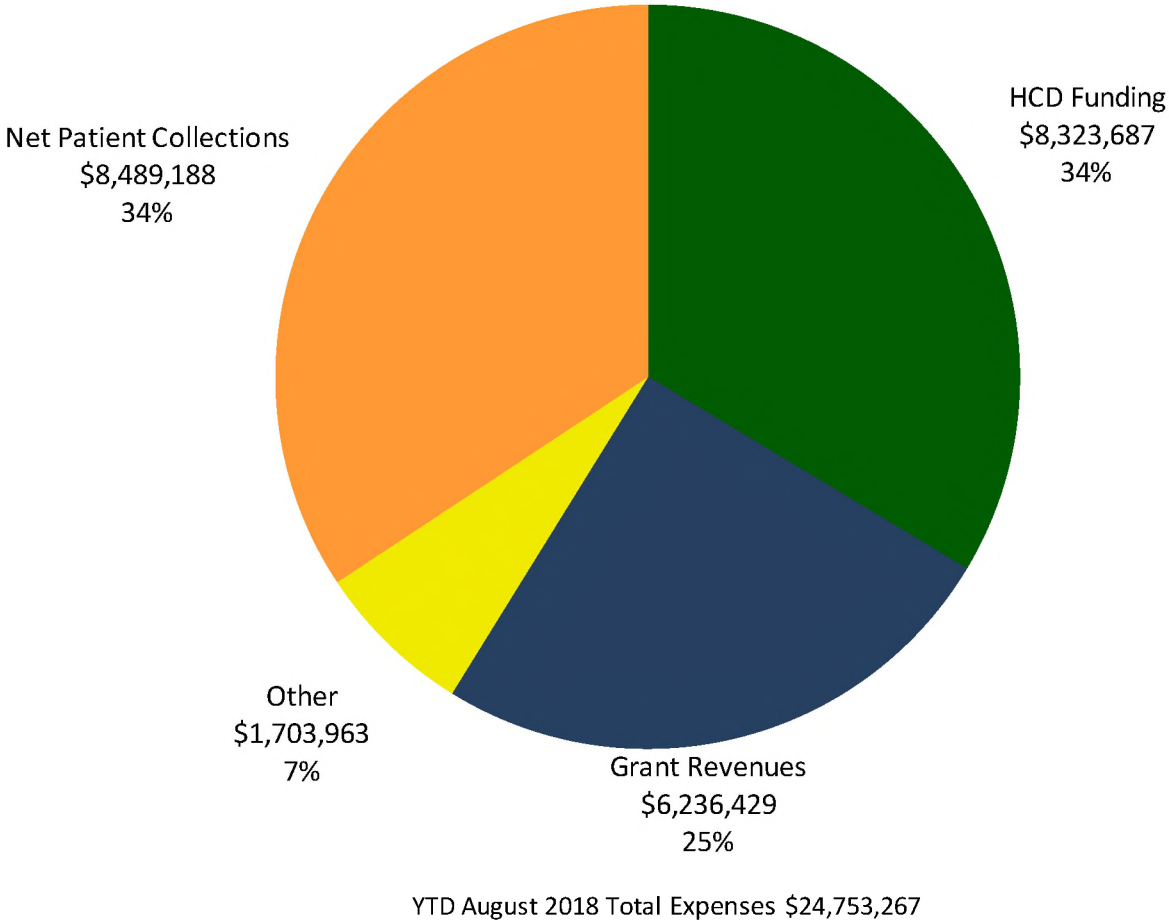
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

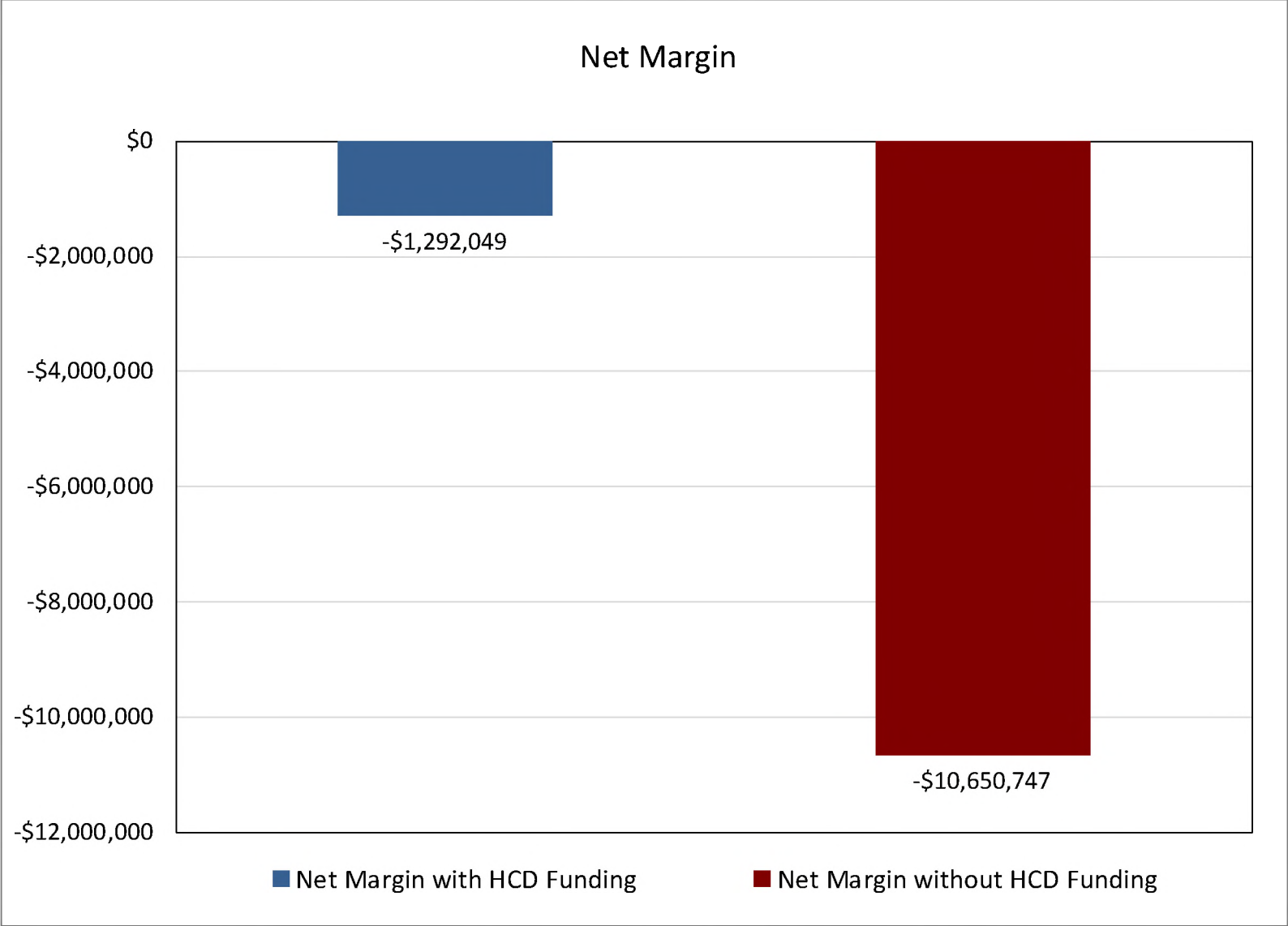
Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
11,210	18,840	7,630	40.5%	12,443	1,233	9.9%	Depreciation	135,552	207,238	71,687	34.6%	136,870	1,318	1.0%
<i>Overhead Allocations:</i>														
2,181	3,129	948	30.3%	1,908	(273)	(14.3%)	Risk Mgt	23,804	28,972	5,168	17.8%	13,310	(10,494)	(78.8%)
9,070	14,522	5,452	37.5%	5,510	(3,560)	(64.6%)	Rev Cycle	105,728	132,639	26,911	20.3%	42,675	(63,054)	(147.8%)
1,138	1,323	185	14.0%	744	(394)	(52.9%)	Internal Audit	7,554	12,251	4,697	38.3%	10,548	2,994	28.4%
2,519	4,674	2,155	46.1%	-	(2,519)	0.0%	Palm Springs Facility	37,289	51,412	14,123	27.5%	-	(37,289)	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
5,191	6,445	1,254	19.5%	6,099	908	14.9%	Administration	59,483	59,669	186	0.3%	43,786	(15,697)	(35.8%)
8,183	10,160	1,977	19.5%	4,905	(3,278)	(66.8%)	Human Resources	77,053	86,809	9,756	11.2%	53,616	(23,437)	(43.7%)
1,966	3,267	1,301	39.8%	1,275	(692)	(54.3%)	Legal	24,984	30,246	5,262	17.4%	18,266	(6,718)	(36.8%)
1,449	1,516	67	4.5%	947	(501)	(52.9%)	Records	15,815	14,035	(1,780)	(12.7%)	6,435	(9,380)	(145.8%)
1,353	2,106	754	35.8%	958	(395)	(41.3%)	Compliance	13,610	19,500	5,890	30.2%	8,814	(4,796)	(54.4%)
292	371	79	21.3%	-	(292)	0.0%	Planning/Research	6,757	3,432	(3,325)	(96.9%)	-	(6,757)	0.0%
5,627	7,071	1,444	20.4%	3,980	(1,647)	(41.4%)	Finance	62,238	65,464	3,226	4.9%	43,351	(18,886)	(43.6%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
2,149	4,738	2,589	54.6%	1,649	(500)	(30.3%)	Public Relations	17,380	43,862	26,482	60.4%	14,325	(3,055)	(21.3%)
20,247	22,994	2,747	11.9%	13,119	(7,128)	(54.3%)	Information Technology	191,643	212,872	21,229	10.0%	136,328	(55,315)	(40.6%)
-	885	885	100.0%	666	666	100.0%	Budget & Decision Support	5,050	8,195	3,145	38.4%	7,527	2,476	32.9%
853	746	(107)	(14.3%)	-	(853)	0.0%	Corporate Quality	8,372	6,905	(1,466)	(21.2%)	-	(8,372)	0.0%
844	2,834	1,990	70.2%	-	(844)	0.0%	Managed Care Contract	13,470	25,882	12,412	48.0%	-	(13,470)	0.0%
63,060	86,781	23,721	27.3%	41,759	(21,301)	(51.0%)	Total Overhead Allocations	670,228	802,145	131,918	16.4%	398,980	(271,248)	(68.0%)
450,388	625,336	174,948	28.0%	433,055	(17,334)	(4.0%)	Total Expenses	4,845,881	5,770,391	924,510	16.0%	4,293,083	(552,798)	(12.9%)
\$ (89,356)	\$ 37,810	\$ (127,166)	(336.3%)	\$ 31,764	\$ (121,120)	(381.3%)	Net Margin	\$ 574,211	\$ 165,069	\$ 409,143	247.9%	\$ 399,987	\$ 174,224	43.6%
-	72,650	72,650	100.0%	-	-	0.0%	Capital	-	2,155,696	2,155,696	100.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Clinic Visits - Adults and Pediatrics	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year	Current YTD	Prior Year
													Total	Budget	Total
West Palm Beach	1,678	1,467	1,614	1,583	1,648	1,561	1,681	1,300	1,579	1,635	1,175		16,921	15,805	16,615
Delray	1,590	1,367	1,429	1,307	1,439	1,420	1,441	1,021	1,240	1,105	849		14,208	15,225	16,265
Lantana	1,448	1,214	1,212	1,304	1,312	1,399	1,373	1,036	1,303	1,149	1,062		13,812	14,135	13,931
Belle Glade	836	904	805	856	947	988	920	871	832	706	568		9,233	8,856	9,260
Jerome Golden Center	294	214	238	206	239	278	310	235	246	155	-		2,415	3,007	3,128
Lewis Center	197	169	205	166	203	212	218	191	257	275	455		2,548	2,183	2,238
Lake Worth & Women's Health Care	1,540	1,431	1,497	1,527	1,554	1,660	1,557	1,251	1,520	1,409	1,003		15,949	15,250	14,743
Jupiter Clinic	479	406	485	495	552	592	552	340	515	524	317		5,257	5,600	2,238
West Boca	407	353	438	510	702	812	859	809	774	977	448		7,089	6,063	1,479
Mobile Van	-	-	-	-	-	-	-	-	-	-	169		169	1,620	-
Suboxone	199	269	216	214	308	352	383	384	324	414	335		3,398	14,109	927
Total Clinic Visits	8,668	7,794	8,139	8,168	8,904	9,274	9,294	7,438	8,590	8,349	6,381	-	90,999	101,853	80,824
Dental Visits															
West Palm Beach	1,085	816	926	870	803	858	987	897	754	746	531		9,273	10,340	10,633
Lantana	833	711	699	697	671	754	749	709	623	649	483		7,578	8,264	8,139
Delray	824	651	649	627	609	602	592	516	504	583	503		6,660	8,487	8,398
Belle Glade	423	334	346	390	313	442	358	386	363	352	239		3,946	4,324	4,263
Lake Worth	-	-	-	-	-	-	-	-	-	-	-		-	1,833	-
West Boca	-	-	-	-	-	-	-	-	-	-	-		-	802	-
Total Dental Visits	3,165	2,512	2,620	2,584	2,396	2,656	2,686	2,508	2,244	2,330	1,756	-	27,457	34,050	31,433
Total Medical and Dental Visits	11,833	10,306	10,759	10,752	11,300	11,930	11,980	9,946	10,834	10,679	8,137	-	118,456	135,903	112,257
Mental Health Counselors (non-billable)															
West Palm Beach	80	61	63	94	105	110	111	97	150	123	170		1,164	-	864
Delray	84	94	95	86	78	71	90	79	138	126	102		1,043	-	1,005
Lantana	235	126	149	63	158	136	150	146	222	226	230		1,841	-	1,277
Belle Glade	17	7	21	7	17	15	16	15	18	16	20		169	-	199
Lewis Center	61	49	74	105	137	158	189	172	195	213	224		1,577	-	614
Lake Worth	112	105	65	114	145	183	177	195	166	151	140		1,553	-	940
Jupiter	23	24	21	34	36	38	42	23	27	39	8		315	-	88
West Boca	7	14	23	24	23	27	34	19	30	26	7		234	-	50
Total Mental Health Screenings	619	480	511	527	699	738	809	746	946	920	901	-	7,896	-	5,037

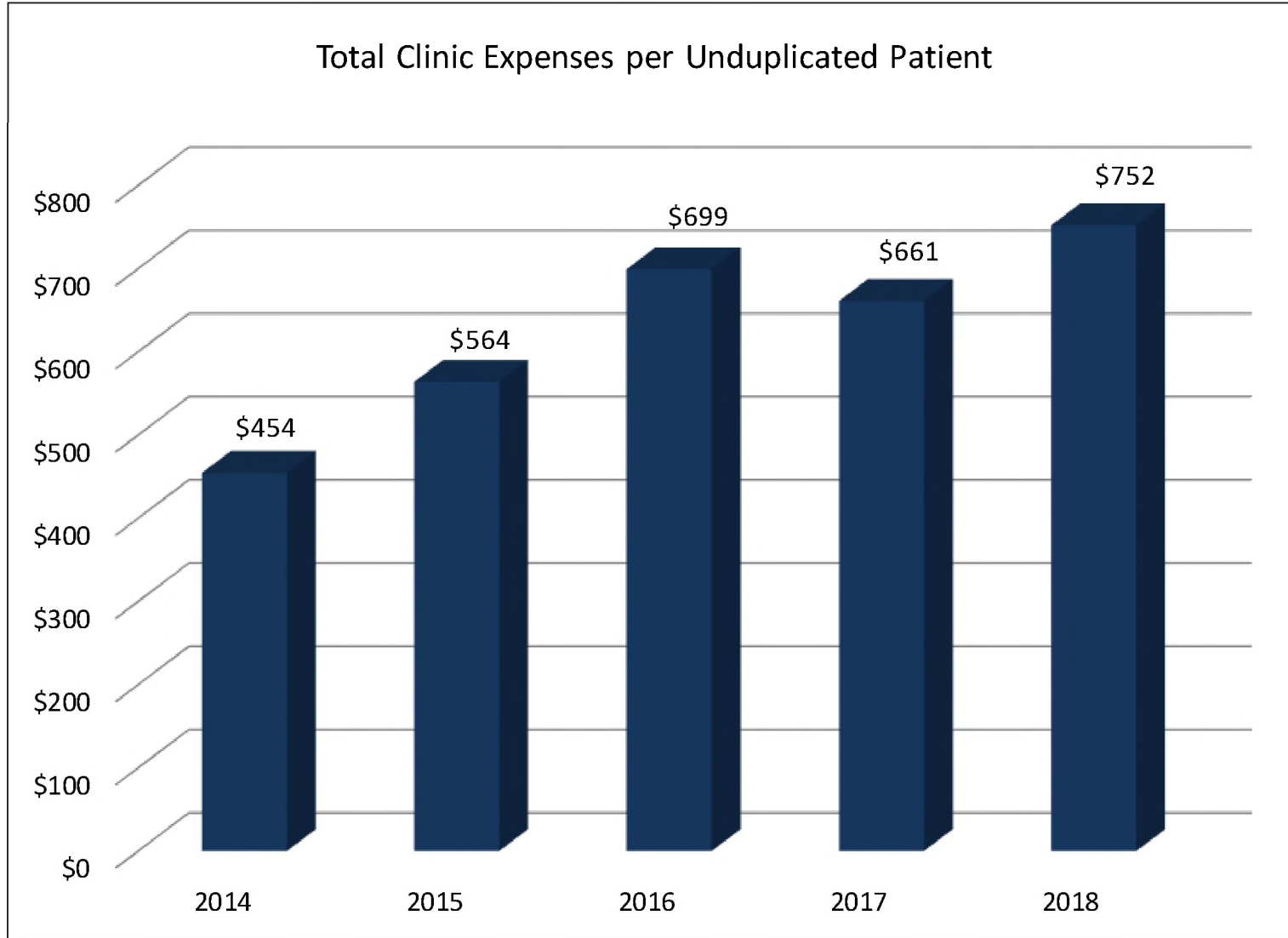
Primary Care Clinics Funding Sources



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

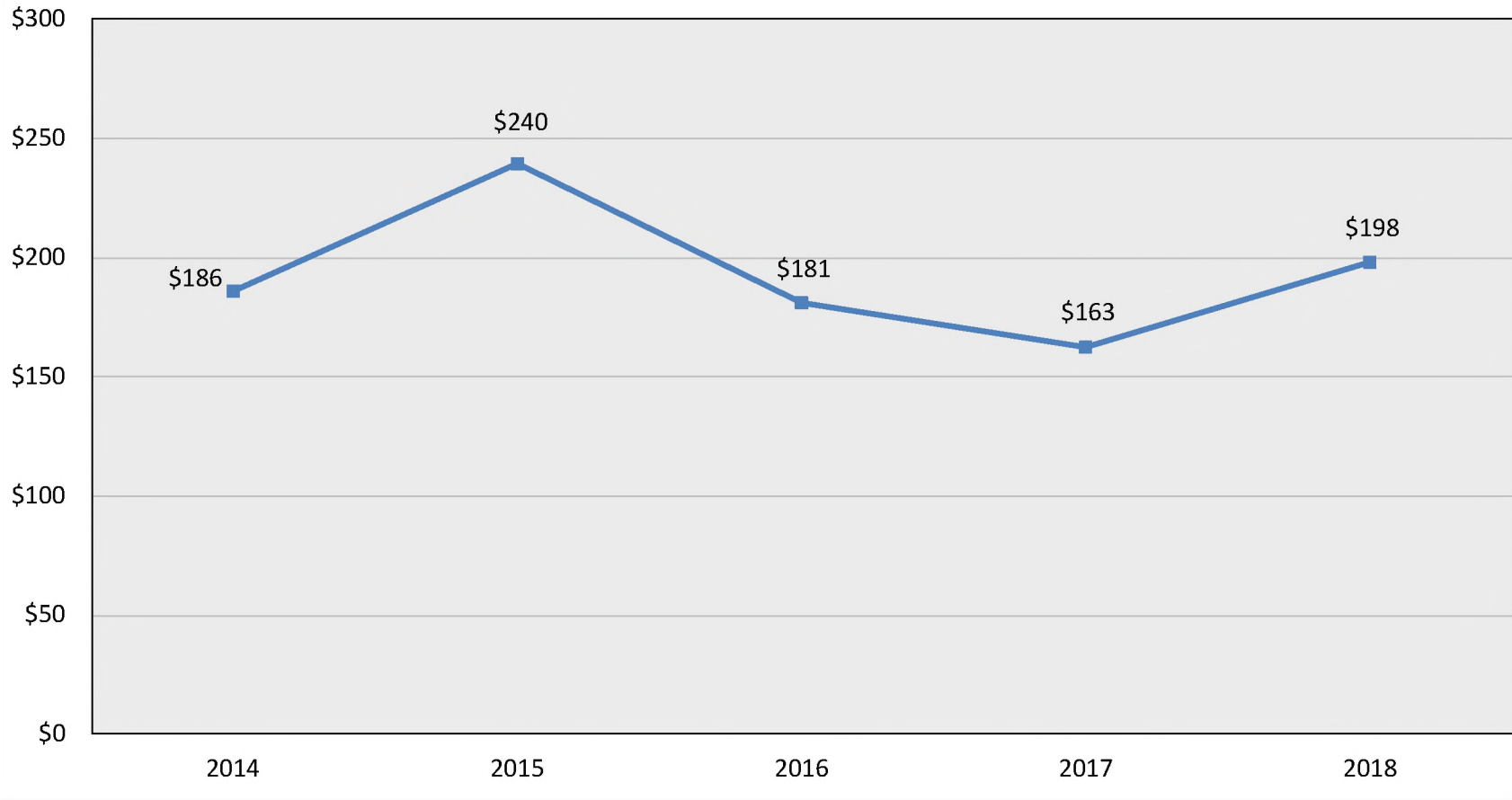


* Net Margin includes overhead allocations and capital, and excludes depreciation.



* 2018 data reflects fiscal year-to-date August expenses annualized.

Total Clinic Revenue per Visit



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Targeted Survey – Nominal Charge for Dental Services

2. Summary:

In accordance with the Program Requirement Chapter 9 (Sliding Fee Discount Program) of the Health Resources and Services Administration (HRSA), and clinic policy, an annual survey was conducted to determine if the establishment of a flat nominal charge is at a level that would be considered to be a nominal from the perspective of the patient. This report presents the results of the 2018 Targeted Patient Survey focusing on the C.L. Brumback Dental Clinic minimum sliding fee.

3. Substantive Analysis:

The purpose of the survey was to determine if the nominal fee charged to uninsured dental patients is considered “nominal” from the perspective of the patient. In addition, to identify any barriers dental patients are experiencing with the minimum sliding fee of thirty dollars (\$30.00). One thousand, nine hundred and seventy-seven (1,977) patients were identified as meeting this criteria of which six hundred and seventy-nine (679) responses were received. The survey concluded that eighty-two (82%) of patients, who completed the survey, indicated they felt the minimum sliding fee of \$30.00 is acceptable.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

Staff recommends the Board receive and file the 2018 Targeted Patient Survey Nominal Fee Dental Assessment as a completed requirement of the HRSA Grant and Clinic Policy.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

2018 Targeted Patient Survey Nominal Fee Dental Assessment

I. INTRODUCTION

This report presents the results of the 2018 Targeted Patient Survey focusing on the C.L. Brumback Dental Clinic minimum sliding fee.

Purpose: To identify any barriers patients are experiencing with the minimum sliding fee of thirty dollars (\$30.00) to be seen by a C.L. Brumback Dental provider.

Population: C.L. Brumback Dental Clinic Patients

Survey Methodology:

Patients of C.L. Brumback Dental Clinic were polled by the Health Care District, Patient Access Management Department telephonically. The survey was conducted August 2018, the time period was extended as an attempt to increase the response rate from the patients. Adults were asked if they experienced any challenges or barriers with the nominal fee of \$30.00. A parent, family member or guardian was asked how C.L. Brumback Dental Clinic can better meet his/her health care needs.

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 dental encounter on file
- Date of Service: January 1, 2018 – July 25, 2018
- A \$30.00 charge was applied for the dental visit
- Telephone number on patient record

One thousand, nine hundred and seventy-seven (1,977) patients were identified as meeting the criteria listed above. Patient Access Management made three (3) attempts of an outbound call to all unique telephone numbers whom met the criteria (or 1,870).

Six hundred and seventy-nine (679) responses were received. The survey was conducted in English, Spanish and Creole as identified on the patient record. This is a response rate of 36%. Not all the questions were answered by all patients; therefore, not all questions will have a total 679 responses.

The survey also included an open ended question asking the patient how C.L. Brumback Dental Clinic can better meet his/her health care needs.

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

Goal: 80% overall satisfaction with the minimum fee

II. ANALYSIS OF RESULTS

Question #1 You paid for services you received at a C.L. Brumback Dental Clinic. Do you agree with the amount you were charged?

	Number of Responses	Percentage of Responses*
Yes	560	82%
No	119	18%

Question #1a If no, please explain why (top three (3) responses):

	Number of Responses	Percentage of Responses*
Should be free	56	80%
Unable to pay	3	4%
Charged a different amount	11	16%

Question #2 How can C.L. Brumback Dental Clinic better meet your health care needs? The total number of one hundred and thirteen (113) comments are documented in the category, comments were grouped as needed.

Compliments (10)
"Very Happy!" (3)
"Very Satisfied!" (2)
"Good Service!" (5)
Operational / Billing (15)
Tough to schedule an appointment (2)
Stated they were never seen at the Dental Clinic (5)
Request to file a complaint (5)
Billing Inquiry (3)

III. OVERVIEW OF RESULTS

Eighty-two (82%) of patients, who completed the survey, indicated they felt the minimum sliding fee of \$30.00 is acceptable.

The patient mailing approach will be discussed and evaluated for future patient satisfaction survey's going forward.

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

Survey data was made available to C.L. Brumback Dental Clinic Quality Council Committee. All open-ended comments were reviewed and discussed.

Follow-up action:

No Immediate action required for the Dental Nominal Charge.

The survey provides an open-ended question so patients can address any issues, which do not fall within the template questions or provide opportunities for improvement. The C.L. Brumback Dental Clinic Quality Council Meeting will review the survey results on 9/14/2018 and provide follow-up actions/responses:

Ten (10) comments were complimentary to C.L. Brumback Dental Clinic and the patient/guardian stated they were pleased with their dental services.

Fifteen (15) comments were categorized under operational / billing.

V. CONCLUSION

The percentage of patients who agreed with the minimum amount of \$30.00 or eighty-two (82%). These results and comments were shared with the C.L. Brumback Dental Clinic Quality Council Meeting for discussion.

The Patient Access Management team completed the survey outreach. If a patient requested an appointment, and email was sent to respective dental registration for follow up appointment scheduling. The patients who requested to file a complaint were contacted and all issues were addressed. The patients who identified that they had a billing inquiry were also contacted by the Patient Access Management team.

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Addiction Outpatient Treatment Program (AOTP) Policy Updates

2. Summary:

Policies 1401-17 through 1405-17 require title changes post Department of Children and Families (DCF) site visit. Policy 1406-17 was created in preparation for the clinics audit by the Department of Children and Families (DCF) while working towards obtaining our license as an addition outpatient treatment program. The DCF auditor suggested we change our verbiage from medication assisted therapy (MAT) to outpatient treatment program (OTP) to ensure our program is more encompassing of other treatment types.

3. Substantive Analysis:

Attached you will find the policies staff are recommending be updated:

- Policy 1401-17 Phases of Treatment
- Policy 1402-17 Positive Urine Drug Screens
- Policy 1403-17 Take-Home Dosing
- Policy 1404-17 Buprenorphine Product Management
- Policy 1405-17 Discharge and Transfer Criteria
- Policy 1406-17 Guidelines for Addiction Outpatient Treatment Program (AOTP)

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

Staff recommends the Board approve the changes to Policies 1401-17 through 1405-17 for the Addiction Outpatient Treatment Program (AOTP).

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart, D.O.
FQHC Medical Director



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

POLICY

Policy Title: **Phases of Treatment**

Effective Date: 04/26/2017

Department: **Substance Abuse**

Policy Number: 1401-17

POLICY

It is the Policy of C. L. Brumback Primary Care Clinics (CLBPCC) Addiction Outpatient Treatment Program (ATOP) to use the following phases of treatment as the guide when making decisions regarding patient's Suboxone Treatment, while participating in the Medication Assisted Treatment (MAT) Program: Induction, Stabilization, Maintenance and Tapering.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date

04/26/2017

Revisions

09/26/2018	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

POLICY

Policy Title: **Positive Urine Drug Screens**

Effective Date: 04/26/2017

Department: **Substance Abuse**

Policy Number: 1402-17

POLICY

It is the policy of the C. L. Brumback Primary Care Clinics (CLBPCC) Addiction Outpatient Treatment Program (AOTP) to run confirmatory testing, using an external laboratory, on any positive urine drug screens performed in-house that are challenged by a patient or at the Provider's discretion.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date	Revisions	
04/26/2017	09/26/2018	

POLICY

Policy Title: **Take-Home Dosing Privileges**

Effective Date: 04/26/2017

Department: **Substance Abuse**

Policy Number: 1403-17

POLICY

It is the policy of the C. L. Brumback Primary Care Clinic (CLBPCC) Addiction Outpatient Treatment Program's (AOTP) Medication Assisted Treatment (MAT) Program to transition patients from daily in-clinic dosing of Suboxone to take-home dosing of Suboxone, according to established eligibility criteria and determined by the Program Provider and the Behavioral Health Team. Until that time, patients will continue to be dosed their medication daily, in-house at the clinic. It is within the prescribing physician's discretion to transition the patient to take-home dosing if the transition meets the standard of care.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date

04/26/2017

Revisions

09/26/2018	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

POLICY

Policy Title: **Buprenorphine Product Management for Addiction Outpatient Treatment Program (AOTP)** Effective Date: 04/26/2017

Department: **Substance Abuse** Policy Number: 1404-17

POLICY

It is the Policy of the C. L. Brumback Primary Care Clinics (CLBPCC) Addiction Outpatient Treatment Program (AOTP) to manage Buprenorphine products for the Medication Assisted Treatment (MAT) program in a secure and safe manner. To minimize the risk of diversion, loss, theft, or drug security breach, Program Providers will follow determined prescribing guidelines, medications will be stored, tracked and inventoried appropriately, and access to these substances will be limited to authorized staff only.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date

04/26/2017

Revisions

09/26/2018

09/26/2018	

POLICY

Policy Title: **Discharge and Transfer Criteria**

Effective Date: 07/26/2017

Department: **Substance Abuse**

Policy Number: 1405-17

POLICY

It is the policy of the C. L. Brumback Primary Care Clinic (CLBPCC) Addiction Outpatient Treatment Program (AOTP) to provide seamless continuity of care by establishing a set of criteria to define when patients will be discharged from the Program or transferred to a higher level of care.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date

07/26/2017

Revisions

09/26/2018

09/26/2018	

POLICY

Policy Title: **Guidelines for Addiction
 Outpatient Treatment Program
 (AOTP)**

Effective Date: 10/25/2017

Department: **Substance Abuse**

Policy Number: 1406-17

POLICY

It is the policy of the C. L. Brumback Primary Care Clinic (CLBPCC) Addiction Outpatient Treatment Program (AOTP) to follow the applicable Federal and State Rules and Regulations when providing addiction outpatient treatment services to patients.

APPROVED BY	DATE
Belma Andric, CMO, VP and Executive Director of Clinical Services	09/26/2018
Board of Directors	09/26/2018

POLICY REVISION HISTORY

Original Policy Date

10/25/2017

Revisions

09/26/2018	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018**

1. Description: Nomination of Joseph Morel to the Clinic Board

2. Summary:

Joseph Morel's application for the Board or Committee Appointment.

3. Substantive Analysis:

Joseph Morel has submitted an application for consideration by the Membership / Nominating Committee to be appointed to the District Clinic Holdings, Inc. Board of Directors. Mr. Morel recently served on the Palm Beach State College District Board of Trustees. The appointment of Mr. Morel to the Clinic Board would create a valuable link between the Clinics and Palm Beach State College.

A copy of Mr. Morel's application is attached to this agenda item. The Membership / Nominating Committee reviewed this on September 4, 2018 and approved his nomination move forward to the board for consideration.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Nominating/Membership Committee
Committee Name

9/4/2018

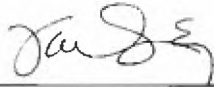
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

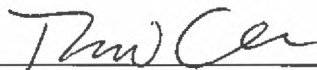
6. Recommendation:

Membership/Nominating Committee recommend the nomination of Joseph Morel to the District Clinic Holdings, Inc. Board.

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

From: [Terry Megiveron](#)
To: [Thomas Cleare](#); [June Shippek](#); [Belma Andric](#); [Andrea Steele](#)
Subject: FW: Board Member Application
Date: Thursday, August 30, 2018 8:11:33 AM

See below. Thank you
Mr. Morel's Application

From: webmaster@hcdpbc.org [mailto:webmaster@hcdpbc.org]
Sent: Friday, August 24, 2018 3:31 PM
To: Belma Andric <bandric@hcdpbc.org>; Terry Megiveron <tmegiver@hcdpbc.org>; David Speciale <dspecial@hcdpbc.org>
Subject: Board Member Application

The following information has been submitted from the hcdpbc.org:

Name :	Joseph Morel
Address :	16671 106th Terr N
City / State :	Jupiter/ FL
Telephone :	262-6388
Best Time to Call :	Anytime
Fax :	N/A
Email Address :	jmorel561@gmail.com
Emergency Contact Person :	Tracy Atkinson
Emergency Contact Telephone Number :	262-6363
Ethnicity :	Hispanic
Race :	Other:
Employment :	Palm beach County Water utilities.
Other Volunteer Commitments you currently have :	Pipers Angels Crossing for a cure Cystic Fibrosis foundation
Past or current community Boards serving :	Palm Beach State College District Board of Trustees
What special contributions would you make as a Board Member? :	An willingness to serve others while promoting a healthy lifestyle. As well as being able to inform people of the services that are available to them through different organizations.
Please check any area(s) of Expertise you bring to the Board :	Business / Corporate, Educaiton, Government, Public Relations
Languages Spoken :	English
Are you related to anyone currently employed by the C. L. Brumback Primary Care Clinics and if so,	N/A

whom? :

Do you work with or have knowledge of these populations? : Migrant, Seasonal Farm Workers, Homeless

User of C. L. Brumback Primary Care Clinics? : No

For Board Use Only

Nominee has had a personal meeting with either the Executive Director, Board President, or Nominating Committee Chair :

Date of Meeting :

Date Reviewed :

Nominee attended Board Meeting and Interviewed by Board :

Date Attended :

Action taken by Board :

Date :

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Board Officer Positions

2. Summary:

This agenda item presents information on how the Board can fill vacant Board Officer positions.

3. Substantive Analysis:

The Board Officer positions include the Chair, Vice-Chair, Treasurer, and Secretary. When there are vacancies for any of these Board Officer positions, the Bylaws outline the process for filling the vacancy.

Section 10.3 of the Bylaws presented below identify 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 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

 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

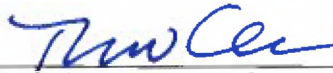
6. Recommendation:

Staff recommends the Board Receive and File the information on how the Board can fill vacant Board Officer positions.

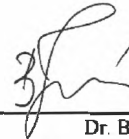
Approved for Legal sufficiency:



Valeric Shahriari
VP & General Counsel



Thomas W. Cleare, PhD, MBA
VP of Strategy



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



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Amended
Bylaws
of
District Clinic Holdings, Inc.

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

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

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

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

Section 2 – Name

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

Section 3 – Purpose

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

Section 4 – Offices

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

Section 5 – Objectives

- 5.1 **The objectives of the Board are as follows:**

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

Section 6 – Powers

- 6.1 **General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:**
- a. **To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.**
 - b. **To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.**
 - c. **To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.**
 - d. **To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.**
 - e. **To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.**
 - f. **To provide a viable link with the community, engaging in community education, public relation activities and other activities which promote community identification and understanding of the clinics and services provided.**
 - g. **To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.**

h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies as detailed in PIN 1998-12, Part II Section 330, Governance Requirements, which states “[w]hen the public entity’s board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board’s responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.”

The Board shall work collaboratively with the District to specify each board’s responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.

i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.

j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.

k. To adopt health care policies, including scope and availability of services, location and hours of services.

l. To assure compliance with the approved Quality Assurance Plan.

m. To establish and review policies regarding the conduct of the federally funded project.

n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.

o. Responsible for the annual performance evaluation of the Executive Director.

p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual’s license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the

performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

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

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding CL Brumback Primary Care Clinics Board to include, but not be limited to, their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.
- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the clinic's services. These members will be representatives of the individuals receiving services at any of the clinics.

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

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the

Governing Board will decide through any appropriate means the term of the questioned incumbent.

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

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
- b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.

9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.

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

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Refusing to act in a manner consistent with the clinic's mission and priorities.
- c. Individual is suspended or debarred from participation in federal programs.

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

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

Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.
- 10.4 The officers and their duties for this organization shall be:
- 10.4.1 Chairperson
- a. To preside over all meetings and to appoint all committee and councils.
 - b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
 - c. The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.
 - d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization
- 10.4.2 Vice Chairperson
- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson in otherwise unable to perform his/her duties.
 - b. To assume the duties as assigned by the Chairperson in his/her absence.
 - c. Perform such duties as assigned by the Chairperson or Board of Directors.
- 10.4.3 Secretary

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

10.4.4 Treasurer

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

10.5 Compensation

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

Section 11 – Committees

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

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

11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).

- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.

- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers to take office commencing on the next January 1.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.
- 12.6 Official actions of the Board may be conducted by telephone provided that such meeting complies with the requirements of the Government in the Sunshine Act.

Section 13 – Authority

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

Section 14 – Amendments


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

Section 15 – Dissolution of the Corporation


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

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the March 28, 2018.

BY: 
John Casey Mullen
Secretary

**Approved as to form and
Legal Sufficiency**

BY: 
General Counsel

HISTORY OF DISTRICTCLINIC HOLDINGS,INC. BYLAWS

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

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

Section 11.1 removed requirement to make recommendations to full Board.

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

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

3

August 1, 2013

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

Section 6.1m amended to include establishment of policies.

August 9, 2013

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

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

**Section 2.1 established for
clarification regarding
common business name**

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

**Section 6.1.b replaced Project
with Executive**

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

**Section 6.1.m amended to
include ability to establish
policies**

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

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

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

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

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

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

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

Section 9.3 amended to define an unexcused absence

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

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

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

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

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

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

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

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

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

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

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

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

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

Section 11.2 included for establishment of a Personnel Committee

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

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

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

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

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

Section 11.9 deleted
Committee members

Section 11.10 added to read: The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

February 18, 2014

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

Section 11 renumbered for efficiency.

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

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

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

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

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

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

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

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

Added Section 6.1.q

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

Section 9.5.b added.

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

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

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

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Executive Director Informational Update

2. Summary:

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

- Mobile Clinic
- Lakeside Medical Center Clinic (Belle Glade)

3. Substantive Analysis:

Mobile Clinic for the Homeless

The ribbon cutting was held on 8/30/2018.

Lakeside Medical Center Clinic (Belle Glade)

On 9/11/2018, the HCD Board approved Chandler Construction as the Construction Manager. Chandler has already begun working with subcontractors and permits are underway.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

Staff recommends Board receive and file the Executive Informational Update.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Operations Reports – August 2018

2. Summary:

This agenda item provides the following operations reports for August 2018:

- Productivity Summary Report

3. Substantive Analysis:

See attached reports.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

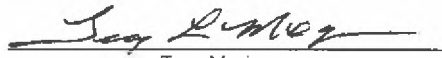
6. Recommendation:

Staff recommends the Board Approve the Operations Reports for August 2018.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Terry Megiveron
Director of Practice Operations

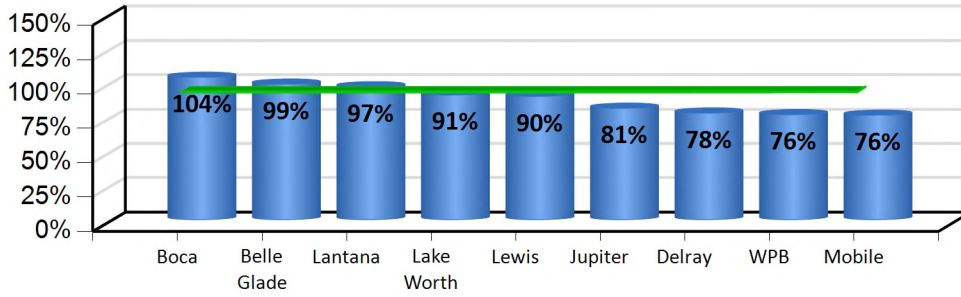


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

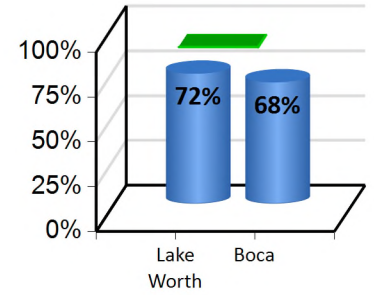
ALL CLINICS PRODUCTIVITY AUGUST 2018

	Target	Total seen	% Monthly Target
ADULT CARE	7636	6634	87%
MENTAL HEALTH	1118	1006	90%
SUBSTANCE ABUSE	456	449	98%
PEDIATRIC CARE	2258	1680	74%
WOMEN'S HEALTH CARE	558	389	70%
DENTAL	2390	2048	86%
DENTAL HYGIENE	692	580	84%

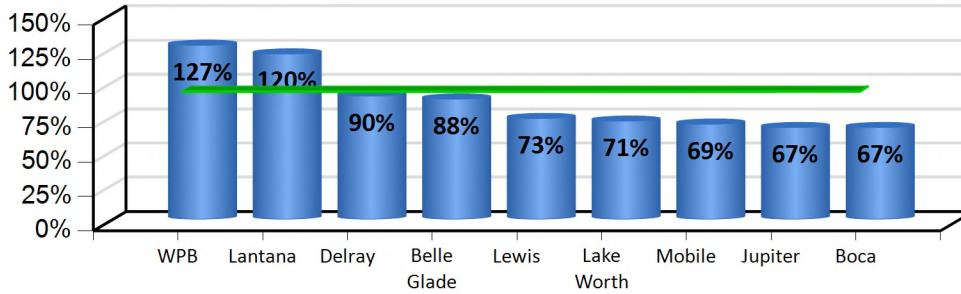
Adult care



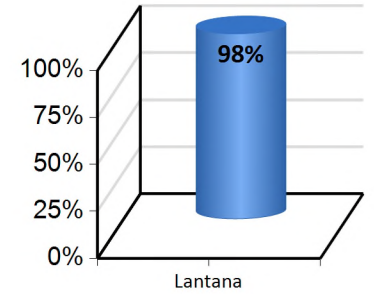
Women's Health



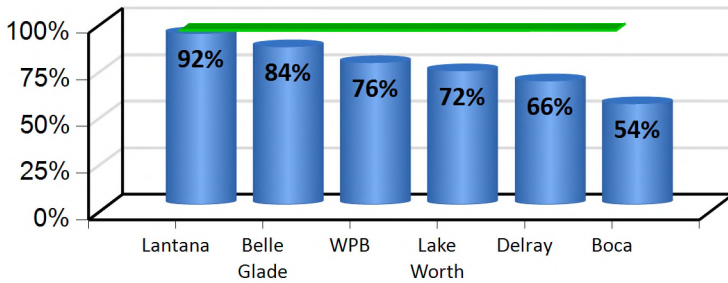
Mental Health



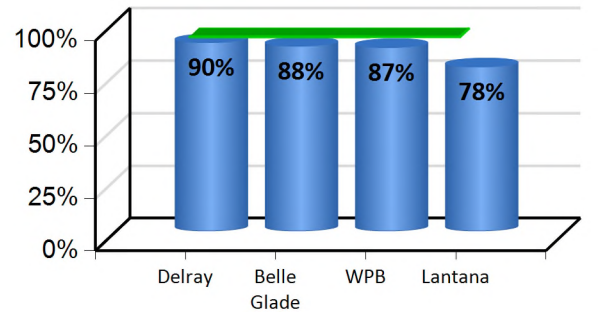
Substance Abuse



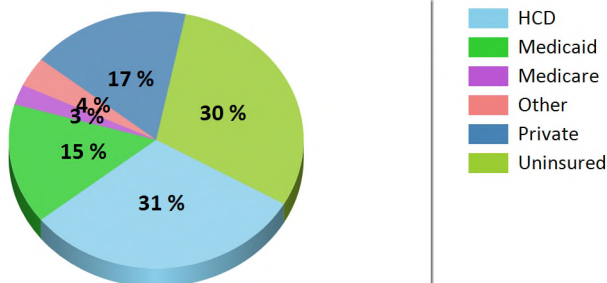
Pediatric Care



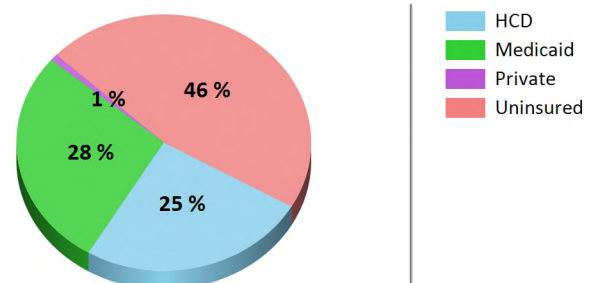
Dental



Medical Payer Mix YTD



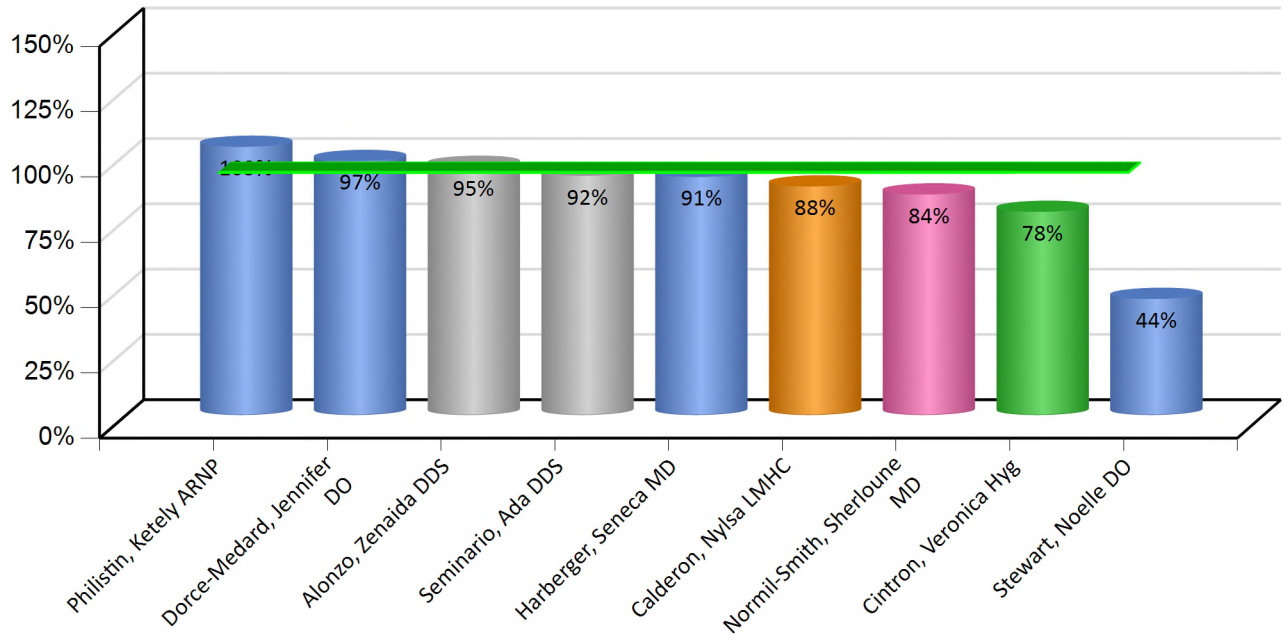
Dental Payer Mix YTD



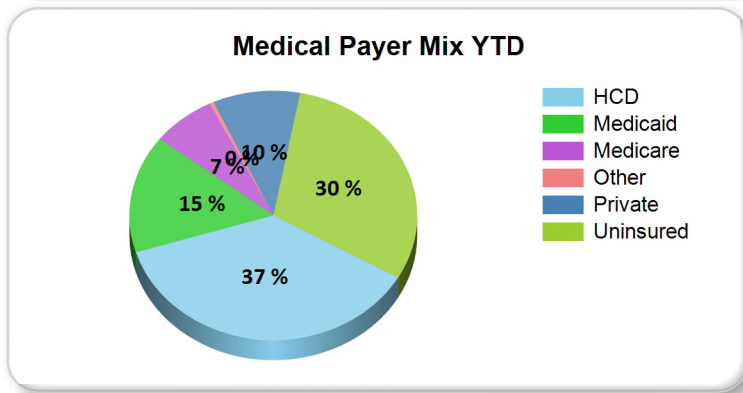
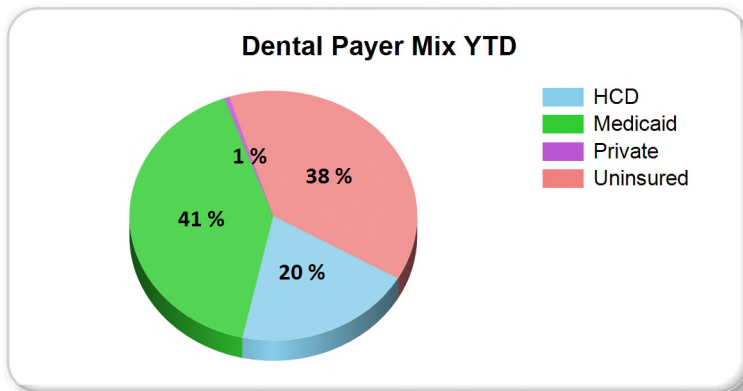
BELLE GLADE CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Philistin, Ketely ARNP	16	23.50	376	386	103%	16.4
Dorce-Medard, Jennifer DO	18	14.00	252	245	97%	17.5
Harberger, Seneca MD	18	5.00	90	82	91%	16.4
Stewart, Noelle DO	18	0.50	9	4	44%	8.0
BELLE GLADE ADULT CARE TOTALS		43.00	727	717	99%	
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	5.00	90	76	84%	15.2
BELLE GLADE PEDIATRIC CARE TOTALS		5.00	90	76	84%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	6	4.00	24	21	88%	5.3
BELLE GLADE MENTAL HEALTH TOTALS		4.00	24	21	88%	
DENTAL						
Alonzo, Zenaida DDS	16	2.50	40	38	95%	15.2
Seminario, Ada DDS	16	20.00	320	293	92%	14.7
BELLE GLADE DENTAL TOTALS		22.50	360	331	92%	
DENTAL HYGIENE						
Cintron, Veronica Hyg	8	18.00	144	112	78%	6.2
BELLE GLADE DENTAL HYGIENE TOTALS		18.00	144	112	78%	
BELLE GLADE TOTALS		92.50	1345	1257	93%	

BELLE GLADE PROVIDER PRODUCTIVITY AUGUST 2018



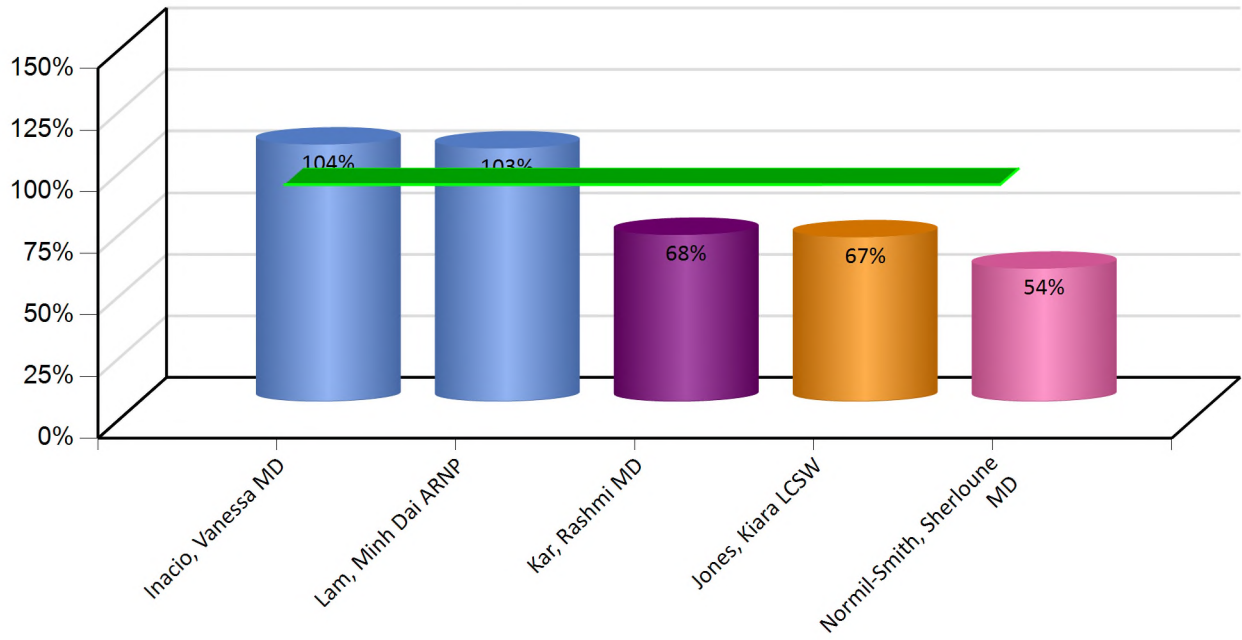
■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Dental
 ■ Dental Hyg.



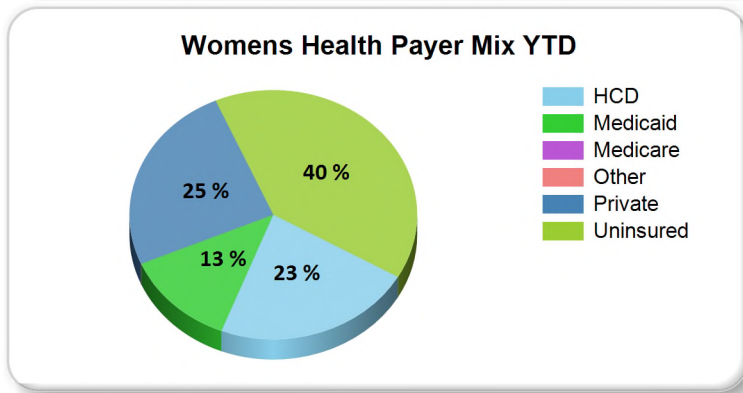
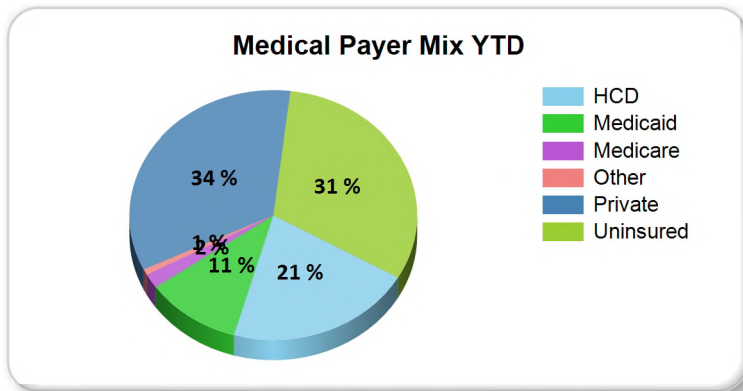
BOCA CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Inacio, Vanessa MD	18	22.00	396	413	104%	18.8
Lam, Minh Dai ARNP	16	18.50	296	304	103%	16.4
BOCA ADULT CARE TOTALS		40.50	692	717	104%	
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	13.50	243	131	54%	9.7
BOCA PEDIATRIC CARE TOTALS		13.50	243	131	54%	
WOMEN'S HEALTH CARE						
Kar, Rashmi MD	18	17.50	315	213	68%	12.2
BOCA WOMEN'S HEALTH CARE TOTALS		17.50	315	213	68%	
MENTAL HEALTH						
Jones, Kiara LCSW	6	3.00	18	12	67%	4.0
BOCA MENTAL HEALTH TOTALS		3.00	18	12	67%	
BOCA TOTALS		74.50	1268	1073	85%	

BOCA PROVIDER PRODUCTIVITY AUGUST 2018



■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Women's Health



DELRAY BEACH CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
St. Vil-Joseph, Carline ARNP	16	18.50	296	257	87%	13.9
Cesaire-Jean, Rose Carline ARNP	16	15.00	240	192	80%	12.8
Duthil, Marie MD	18	18.50	333	250	75%	13.5
Montenegro, Claudia DO	18	22.50	405	290	72%	12.9
DELRAY BEACH ADULT CARE TOTALS		74.50	1274	989	78%	

PEDIATRIC CARE						
Elisme, Junie MD	18	20.50	369	254	69%	12.4
Normil-Smith, Sherloune MD	18	1.50	27	8	30%	5.3
DELRAY BEACH PEDIATRIC CARE TOTALS		22.00	396	262	66%	

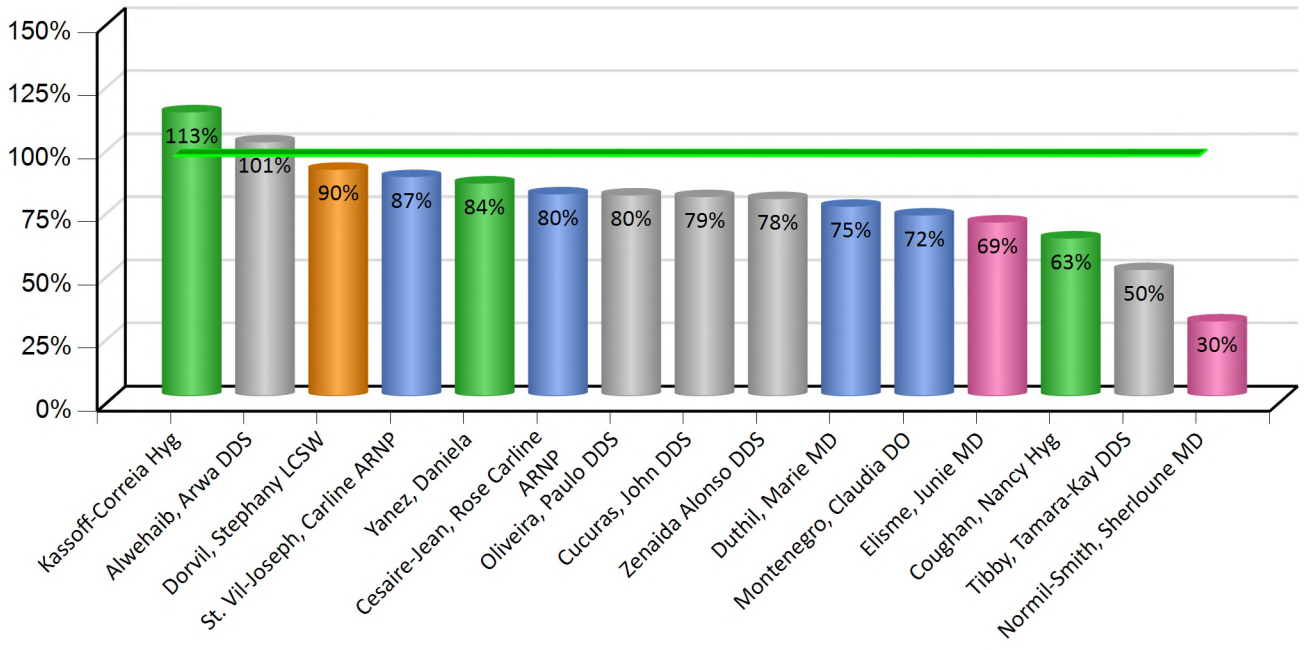
MENTAL HEALTH						
Dorvil, Stephany LCSW	6	19.50	117	105	90%	5.4
DELRAY BEACH MENTAL HEALTH TOTALS		19.50	117	105	90%	

DENTAL						
Alwehaib, Arwa DDS	16	19.50	312	314	101%	16.1
Oliveira, Paulo DDS	8	5.50	44	35	80%	6.4
Cucuras, John DDS	16	8.00	128	101	79%	12.6
Zenaida Alonso DDS	16	4.00	64	50	78%	12.5
Tibby, Tamara-Kay DDS	16	0.50	8	4	50%	8.0
DELRAY BEACH DENTAL TOTALS		37.50	556	504	91%	

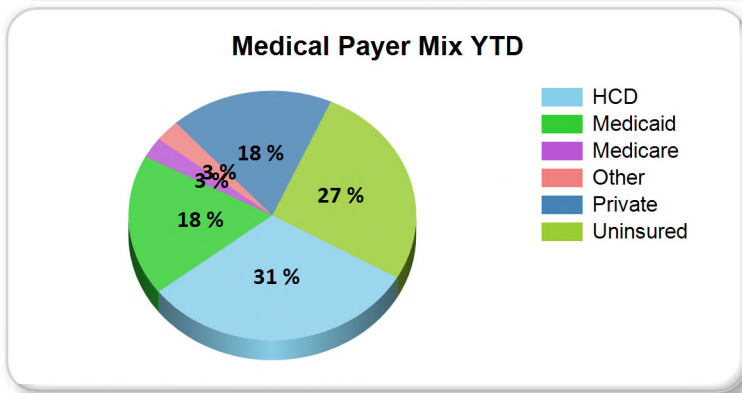
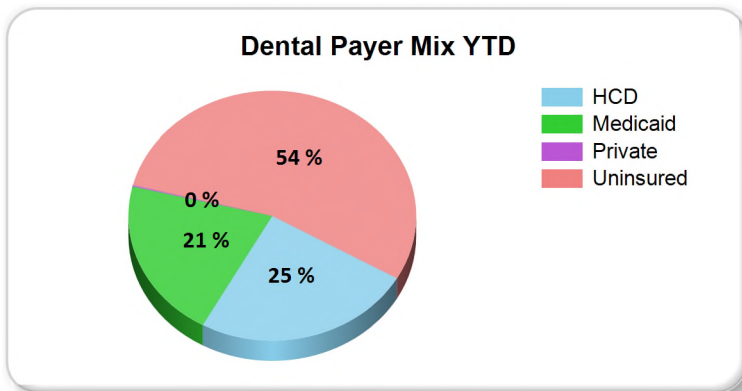
DENTAL HYGIENE						
Kassoff-Correia Hyg	8	2.00	16	18	113%	9.0
Yanez, Daniela	8	17.50	140	118	84%	6.7
Coughan, Nancy Hyg	8	1.00	8	5	63%	5.0
DELRAY BEACH DENTAL HYGIENE TOTALS		20.50	164	141	86%	

DELRAY BEACH TOTALS		174.00	2507	2001	80%	
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DELRAY BEACH PROVIDER PRODUCTIVITY AUGUST 2018



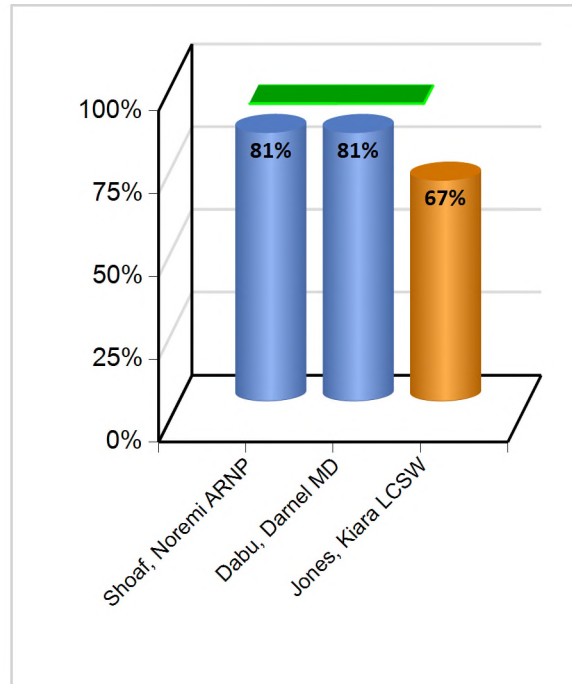
■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Dental
 ■ Dental Hyg.



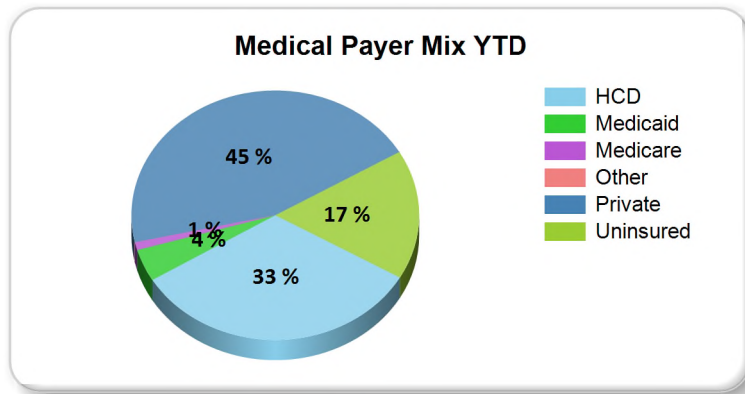
JUPITER CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Shoaf, Noremi ARNP	16	21.50	344	279	81%	13.0
Dabu, Darnel MD	18	18.50	333	270	81%	14.6
JUPITER ADULT CARE TOTALS		40.00	677	549	81%	
MENTAL HEALTH						
Jones, Kiara LCSW	6	2.00	12	8	67%	4.0
JUPITER MENTAL HEALTH TOTALS		2.00	12	8	67%	
JUPITER TOTALS		42.00	689	557	81%	

JUPITER PROVIDER PRODUCTIVITY AUGUST 2018



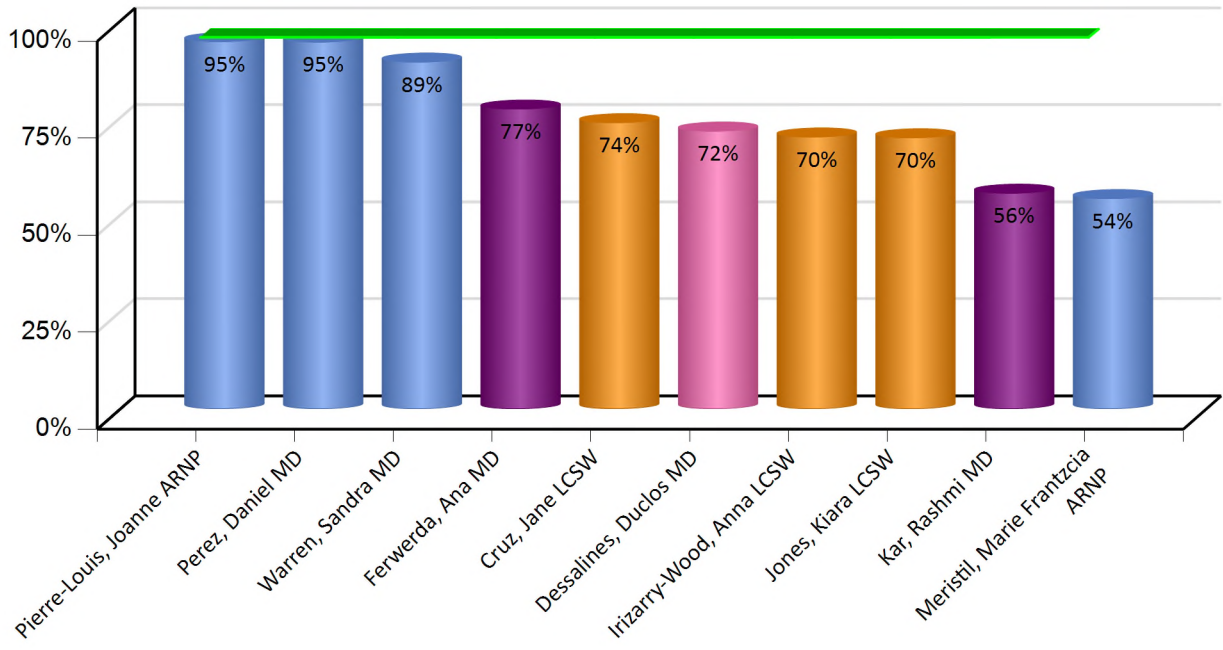
■ Adult Care ■ Mental Health



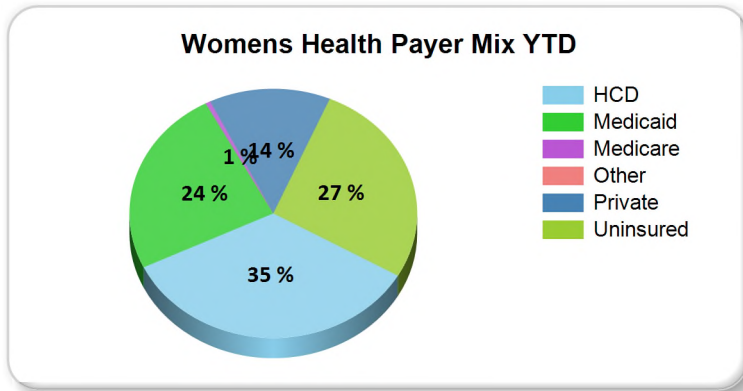
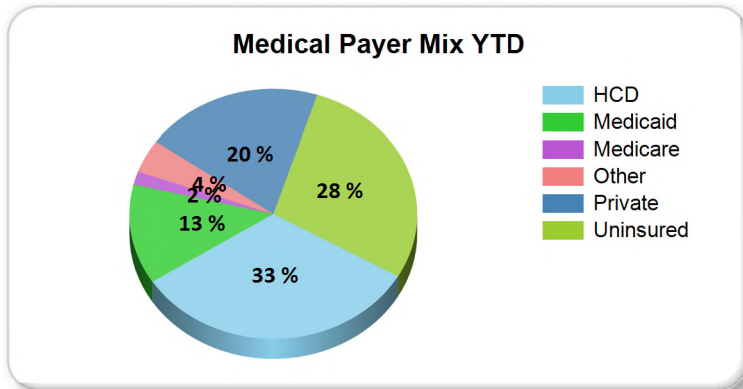
LAKE WORTH CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Pierre-Louis, Joanne ARNP	16	17.50	280	265	95%	15.1
Perez, Daniel MD	18	19.75	355.5	336	95%	17.0
Warren, Sandra MD	18	23.50	423	378	89%	16.1
Meristil, Marie Frantzcia ARNP	16	3.00	48	26	54%	8.7
LAKE WORTH ADULT CARE TOTALS		63.75	1106.5	1005	91%	
PEDIATRIC CARE						
Dessalines, Duclos MD	18	21.50	387	277	72%	12.9
LAKE WORTH PEDIATRIC CARE TOTALS		21.50	387	277	72%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	10.50	189	146	77%	13.9
Kar, Rashmi MD	18	3.00	54	30	56%	10.0
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		13.50	243	176	72%	
MENTAL HEALTH						
Cruz, Jane LCSW	6	16.50	99	73	74%	4.4
Irizarry-Wood, Anna LCSW	6	17.13	102.78	72	70%	4.2
Jones, Kiara LCSW	6	10.50	63	44	70%	4.2
LAKE WORTH MENTAL HEALTH TOTALS		44.13	264.78	189	71%	
LAKE WORTH TOTALS		142.88	2001	1647	82%	

LAKE WORTH PROVIDER PRODUCTIVITY AUGUST 2018



■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Women's Health



LANTANA CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Presendieu, Heden ARNP	16	21.00	336	347	103%	16.5
Navarro, Elsy ARNP	16	16.75	268	252	94%	15.0
Alfonso-Puentes, Ramiro MD	18	19.00	342	317	93%	16.7
Dorce-Medard, Jennifer DO	18	0.50	9	8	89%	16.0
Perez, Daniel MD	18	0.50	9	8	89%	16.0
LANTANA ADULT CARE TOTALS		57.75	964	932	97%	

PEDIATRIC CARE						
Lazaro, Nancy MD	18	20.50	369	353	96%	17.2
Normil-Smith, Sherloune MD	18	1.00	18	14	78%	14.0
Buchholz, Ellen ARNP	16	2.50	40	24	60%	9.6
LANTANA PEDIATRIC CARE TOTALS		24.00	427	391	92%	

MENTAL HEALTH						
Rowling, Courtney MD	13	3.50	45.5	117	257%	33.4
Alvarez, Franco MD	13	5.00	65	56	86%	11.2
Calderon, Nylsa LMHC	6	16.63	99.78	80	80%	4.8
LANTANA MENTAL HEALTH TOTALS		25.13	210.28	253	120%	

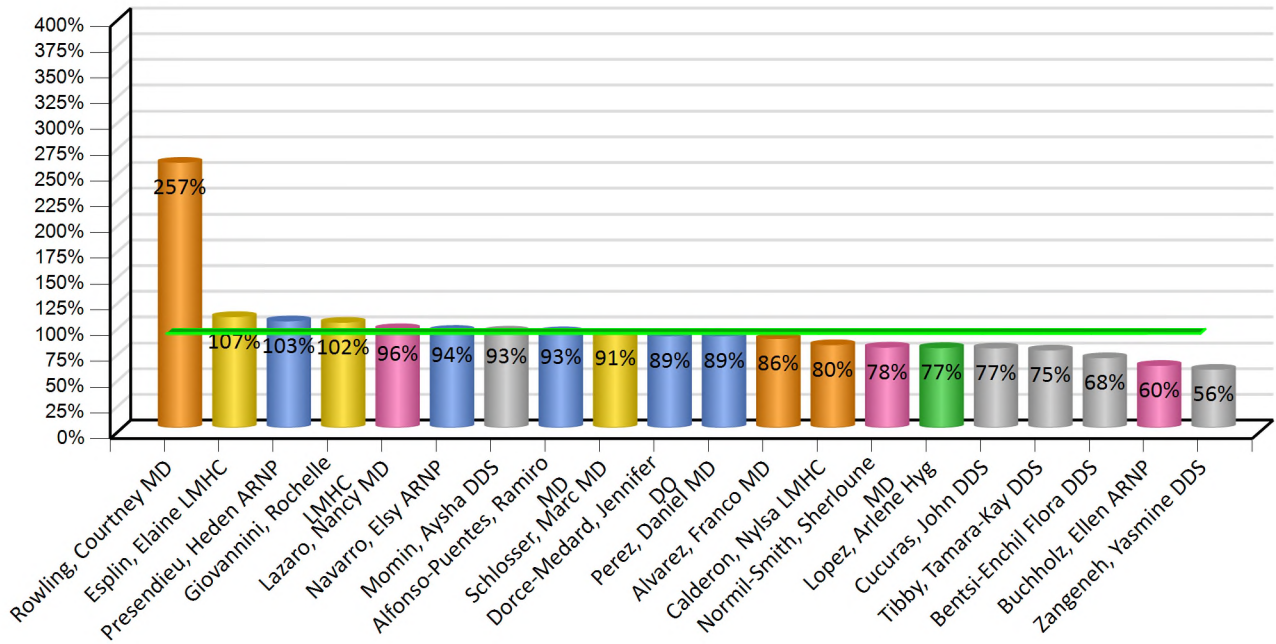
SUBSTANCE ABUSE						
Esplin, Elaine LMHC	6	22.50	135	145	107%	6.4
Giovannini, Rochelle LMHC	6	17.50	105	107	102%	6.1
Schlosser, Marc MD	18	12.00	216	197	91%	16.4
LANTANA SUBSTANCE ABUSE TOTALS		52.00	456	449	98%	

DENTAL						
Momin, Aysha DDS	16	22.50	360	336	93%	14.9
Cucuras, John DDS	16	3.00	48	37	77%	12.3
Tibby, Tamara-Kay DDS	16	0.25	4	3	75%	12.0
Bentsi-Enchil Flora DDS	16	5.00	80	54	68%	10.8
Zangeneh, Yasmine DDS	16	13.00	208	117	56%	9.0
LANTANA DENTAL TOTALS		43.75	700	547	78%	

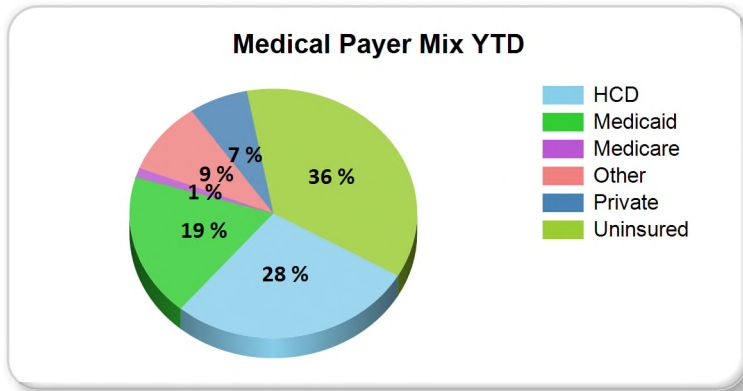
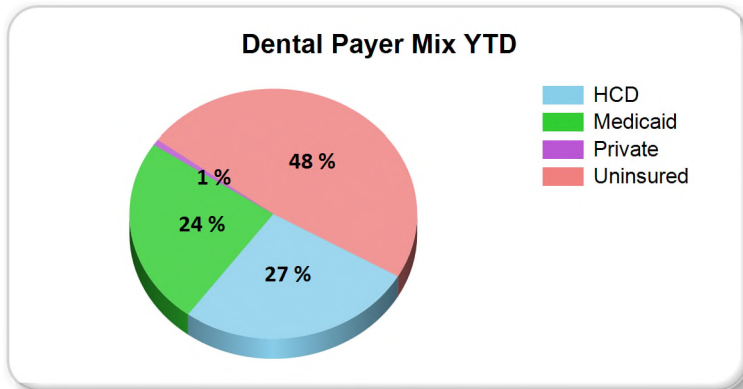
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	21.50	172	133	77%	6.2
LANTANA DENTAL HYGIENE TOTALS		21.50	172	133	77%	

LANTANA TOTALS		224.13	2929	2705	92%	
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LANTANA PROVIDER PRODUCTIVITY AUGUST 2018



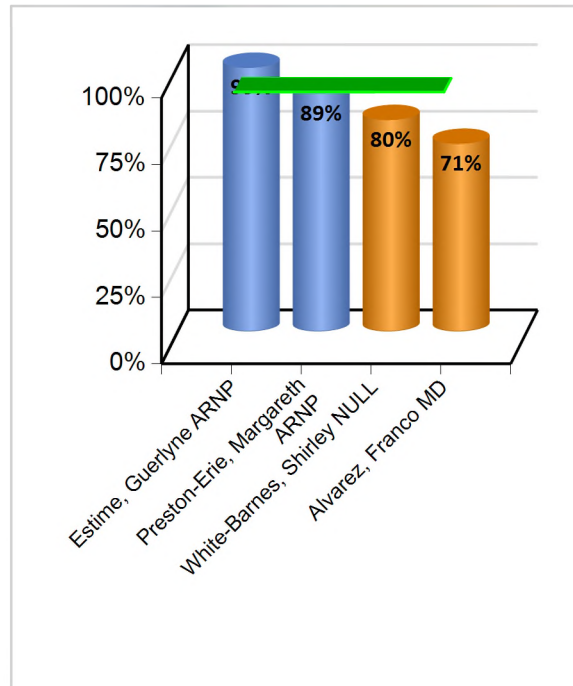
■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Substance Abuse
 ■ Dental
 ■ Dental Hyg.



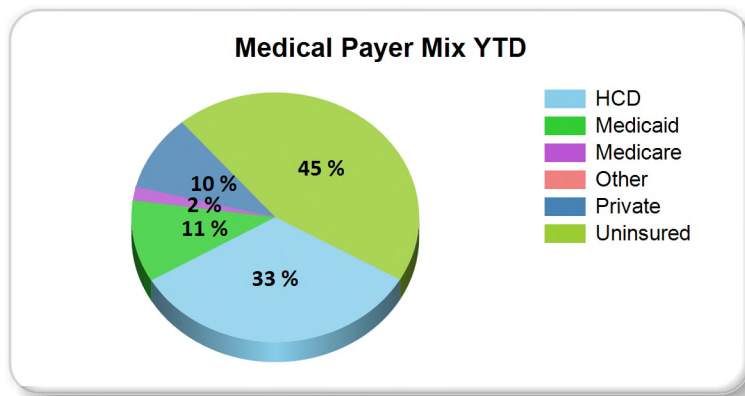
LEWIS CENTER CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	0.63	10.08	10	99%	15.9
Preston-Erie, Margareth ARNP	16	22.00	352	315	89%	14.3
LEWIS CENTER ADULT CARE TOTALS		22.63	362.08	325	90%	
MENTAL HEALTH						
White-Barnes, Shirley NULL	6	16.13	96.78	77	80%	4.8
Alvarez, Franco MD	13	17.00	221	156	71%	9.2
LEWIS CENTER MENTAL HEALTH TOTALS		33.13	317.78	233	73%	
LEWIS CENTER TOTALS		55.76	680	558	82%	

LEWIS CENTER PROVIDER PRODUCTIVITY AUGUST 2018



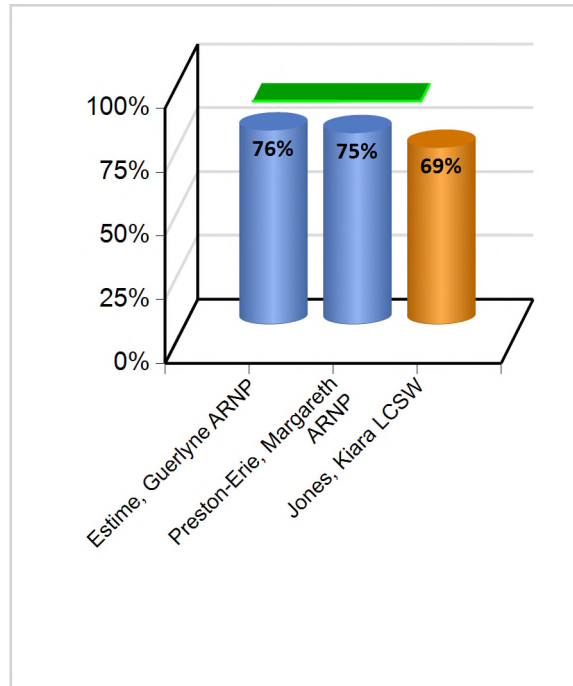
■ Adult Care ■ Mental Health



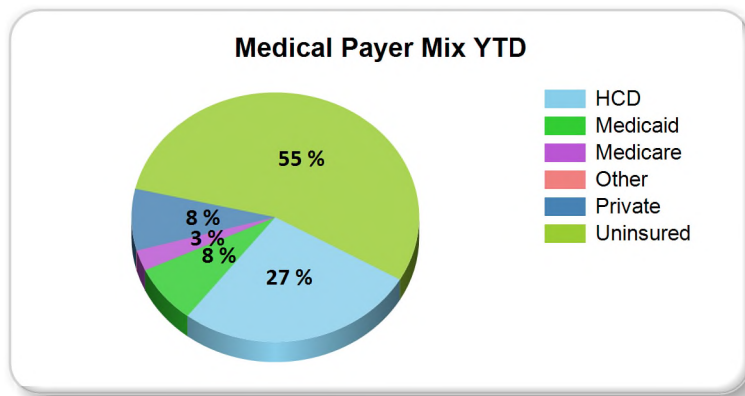
MOBILE CLINIC CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	18.00	288	219	76%	12.2
Preston-Erie, Margareth ARNP	16	0.50	8	6	75%	12.0
MOBILE CLINIC ADULT CARE TOTALS		18.50	296	225	76%	
MENTAL HEALTH						
Jones, Kiara LCSW	6	3.13	18.78	13	69%	4.2
MOBILE CLINIC MENTAL HEALTH TOTALS		3.13	18.78	13	69%	
MOBILE CLINIC TOTALS		21.63	315	238	76%	

MOBILE CLINIC PROVIDER PRODUCTIVITY AUGUST 2018



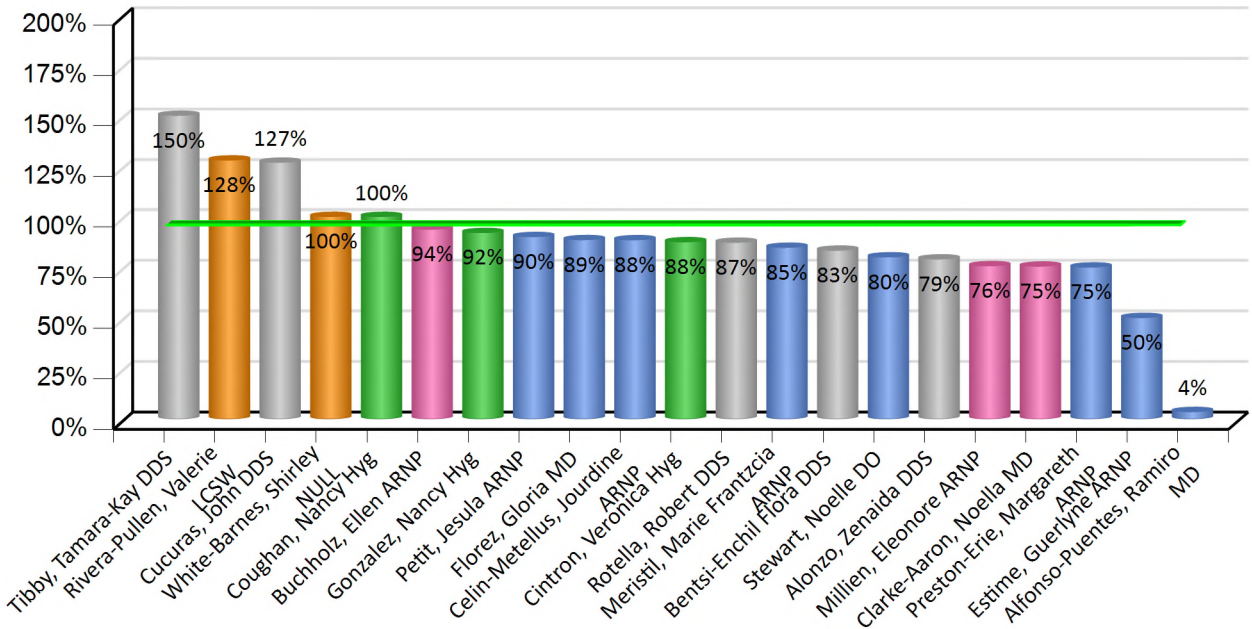
■ Adult Care ■ Mental Health



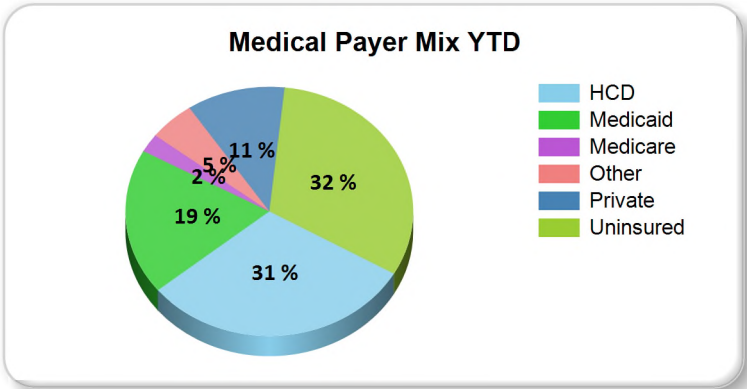
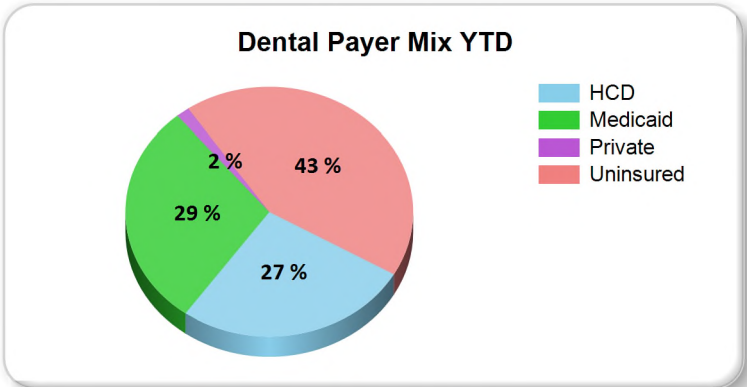
WEST PALM BEACH CLINIC TOTALS FOR AUGUST 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Petit, Jesula ARNP	16	20.75	332	299	90%	14.4
Florez, Gloria MD	18	15.25	274.5	243	89%	15.9
Celin-Metellus, Jourdine ARNP	16	22.25	356	315	88%	14.2
Meristil, Marie Frantzcia ARNP	16	19.25	308	261	85%	13.6
Stewart, Noelle DO	18	2.50	45	36	80%	14.4
Preston-Erie, Margareth ARNP	16	0.50	8	6	75%	12.0
Estime, Guerlyne ARNP	16	1.00	16	8	50%	8.0
Alfonso-Puentes, Ramiro MD	18	11.00	198	7	4%	0.6
WEST PALM BEACH ADULT CARE TOTALS		92.50	1537.5	1175	76%	
PEDIATRIC CARE						
Buchholz, Ellen ARNP	16	1.00	16	15	94%	15.0
Millien, Eleonore ARNP	16	19.50	312	236	76%	12.1
Clarke-Aaron, Noella MD	18	21.50	387	292	75%	13.6
WEST PALM BEACH PEDIATRIC CARE TOTALS		42.00	715	543	76%	
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	6	21.63	129.78	166	128%	7.7
White-Barnes, Shirley NULL	6	1.00	6	6	100%	6.0
WEST PALM BEACH MENTAL HEALTH TOTALS		22.63	135.78	172	127%	
DENTAL						
Tibby, Tamara-Kay DDS	16	0.50	8	12	150%	24.0
Cucuras, John DDS	16	1.38	22.08	28	127%	20.3
Rotella, Robert DDS	16	22.00	352	307	87%	14.0
Bentsi-Enchil Flora DDS	16	13.50	216	180	83%	13.3
Alonzo, Zenaida DDS	16	11.00	176	139	79%	12.6
WEST PALM BEACH DENTAL TOTALS		48.38	774.08	666	86%	
DENTAL HYGIENE						
Coughan, Nancy Hyg	8	0.50	4	4	100%	8.0
Gonzalez, Nancy Hyg	8	22.00	176	162	92%	7.4
Cintron, Veronica Hyg	8	4.00	32	28	88%	7.0
WEST PALM BEACH DENTAL HYGIENE TOTALS		26.50	212	194	92%	
WEST PALM BEACH TOTALS		232.01	3374	2750	81%	

WEST PALM BEACH PROVIDER PRODUCTIVITY AUGUST 2018



■ Adult Care
 ■ Pediatric care
 ■ Mental Health
 ■ Dental
 ■ Dental Hyg.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Harberger	Seneca	MD	Family Medicine	Initial Credentialing
Montenegro	Claudia	DO	Family Medicine	Recredentialing
Oliveira	Paulo	DDS	General Dentistry	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 and Dental Directors to support the credentialing and privileging process.

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"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
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 for Dr. Seneca Harberger, Family Medicine.

Staff recommends the Board approve the recredentialing and renewal of privileges for Dr. Montenegro, Family Medicine.

Staff recommends the Board approve the initial credentialing and privileging for Dr. Paulo Oliveira, General Dentistry.

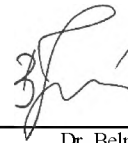
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Sarah Gonzalez

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



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

1. Description: Modification of General Dentistry clinical privileges

2. Summary:

The agenda item represents the practitioners recommended by the Dental Director for modification of their current General Dentistry privileges to include the newly added clinical privilege of Sectioning of bridge(s) to facilitate removal of teeth.

3. Substantive Analysis:

The practitioners listed below meet the qualifications to perform Sectioning of bridge(s) to facilitate removal of teeth documented by the practitioner's education, training and experience.

Last Name	First Name	Credentials	Specialty
Alonso	Zenaida	DDS	General Dentistry
Alwehaib	Arwa	DDS	General Dentistry
Bentsi-Enchill	Flora	DMD	General Dentistry
Cucuras	John	DDS	General Dentistry
Rotella	Robert	DDS	General Dentistry

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Zenaida Alonso, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Arwa Alwahaib, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Flora Bentsi-Enchill, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. John Cucuras, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Robert Rotella, General Dentistry.

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 26, 2018

1. Description: Quality Council Reports – August 2018

2. Summary:

This agenda item provides the following:

- Quality Council Minutes September 14, 2018
- UDS Report – YTD August 2018

3. Substantive Analysis:

See attached minutes and UDS report.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2018

6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



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

Quality Council Meeting Minutes

Date: September 14, 2018

Time: 1:00pm – 3:30pm

Attendees: Dr. Belma Andric – Executive Director / Chief Medical Officer, Dr. Noelle Stewart – FQHC Medical Director, Dr. Tamara-Kay Tibby - Dental Director, Terry Megiveron - Director of Practice Operations, Maria Chamberlin – Nurse Manager, David Speciale – Quality Manager, Nancy Fox-Goughan, Dental Quality Coordinator, Dr. Ana Ferwerda – FQHC Director of Women’s Health, Dr. Courtney Rowling - Director of Behavioral Health, Jane Cruz - Director of Social Services, Lisa Hogans - Corporate Quality Coordinator, Luis Rodriguez, Quality & Compliance Pharmacists, Hector Munoz, Clinical Infomaticist, Francis Navarro – FQHC Board Member, Andrea Steele – Corporate Quality Manager (via WebEx)

Minutes by: David Speciale – Quality Manager

<u>TOPIC</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
QUALITY				
48-Hour Metrics	<p>Medical:</p> <ul style="list-style-type: none"> With learning Athena’s (EMR) reporting abilities, we are modifying 48-hour metrics to report more comprehensive data that does not limit metric to 48-hour benchmark. Some reports are ready (Care-Check metrics and encounters), some in process (labs and document report) Provider Encounters Closed Rate : Pediatricians – 3 providers below expected benchmark Adult (Primary Care & Psychiatry) – 1 provider below expected benchmark. Providers will receive Care-Checks with Athena reps to obtain feedback on their system use. Staff open Documents, Patient Cases, and Encounters (ATHENA Buckets) - There is improvement in # of items reviewed in clinic buckets. Referral clerk bucket still needs improvement. <p>Dental - ER referral tracking will be included in dental’s 48-hour metrics.</p>	<p>Develop 48-Hour Metric Reports</p> <p>Provide feedback and training to providers performing under the benchmark.</p> <p>Update the Referral Institute</p> <p>Develop Dental ER Referral & tracking procedure</p>	<p>Dr. Stewart, David Speciale, Hector Muniz</p> <p>Dr. Stewart</p> <p>Marguerite Lynch</p> <p>Dr. Tibby</p>	<p>10/12/2018</p> <p>ASAP</p> <p>10/12/2018</p> <p>10/12/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
UDS & Quality Metrics	<p>UDS Report - Dashboard January thru August (YTD) 2018. Of the 14 UDS Measures: 7 Exceeded the HRSA Goal and 4 were short of HRSA Goals, 1 met the HRSA Goal, and 2 were not reported: <i>(Clinic Score/ HRSA Goal)</i></p> <ul style="list-style-type: none"> • Childhood immunization: <i>(46% / 70%)</i> • Cervical Cancer Screening: <i>(58% / 60%)</i> • Weight assessment, Children & Adolescent: <i>(73% / 60%)</i> • Adult Weight screening and follow up: <i>(91% / 60%)</i> • Tobacco use screening & cessation: <i>(93% / 90%)</i> • Asthma Pharmacologic Therapy: <i>(not reported)</i> • Coronary Artery Disease CAD: <i>(not reported)</i> • Ischemic Vascular Disease (IVD): <i>(84% / 75%)</i> • Colorectal Cancer Screening: <i>(55% / 60%)</i> • HIV linkage: <i>(100% / 100%)</i> • Depression screening: <i>(89% / 80%)</i> • Dental Sealant: <i>(89% / 70%)</i> • Hypertension: <i>(72% / 65%)</i> • Diabetes: <i>(57% / 65%)</i> 	<p>Roll out Team Based incentives for specific UDS measures</p> <p>Retrain staff on documentation who are scoring below established benchmarks.</p>	<p>Dr. Stewart</p> <p>Dr. Stewart</p>	<p>10/12/2018</p> <p>10/12/2018</p>
	<p>Patient Navigator Reports</p> <ul style="list-style-type: none"> • Target BP Program – Hypertensive Patients <ul style="list-style-type: none"> ▪ Report by Clinic / Patient Navigator presented ▪ Total # of patients in program in 2018 = 566 ▪ Total # of patients graduated in 2018 = 278 (49%) ▪ Total # of services provided in August 2018 = 135 • Diabetes Program - Patients w/A1c > 9 <ul style="list-style-type: none"> ▪ Report by Clinic / Patient Navigator Presented ▪ Total # of patients in program in 2018 = 520 ▪ Total # of patients graduated in 2018 = 67 (13%) ▪ Total # of services provided in August 2018 = 142 	<p>Provide retaining to staff at clinics that have low FIT test return rates.</p>	<p>Angela Chamberlin</p>	<p>10/12/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> • Colorectal Cancer Screening – FIT Tests <ul style="list-style-type: none"> ▪ Total tests given in August 2018 = 717 ▪ Total tests returned in August 2018 = 282 (39%) ▪ Quest VS DOH FIT test activity reported by clinic. ▪ Poop On Demand for August 2018 = 26 (73% Lantana) • Smoking Cessation – AHEC & Quitline Interventions <ul style="list-style-type: none"> ▪ Quitline Referrals – August 2018 = 72 ▪ AHEC Referrals – August 2018 = 15 referred of which: <ul style="list-style-type: none"> - 8 (53%) of patients enrolled in a cessation program - 2 (25%) of patients attended a counseling session. <p>Dental Quality Metrics – August 2018</p> <ul style="list-style-type: none"> • Clinic Walkthrough <ul style="list-style-type: none"> ▪ Overall Clinic Quality <ul style="list-style-type: none"> - Delray Beach – 86% - Belle Glade, Lantana & West Palm Beach – 80% ▪ Instadose – Staff Reporting, Guest Wearing and Gest Report are all at 100% compliance. In Belle Glade & West Palm Beach, staff retained on wearing their Instadose badges while in clinic. ▪ Additional areas of improvement include maintaining clinic logs & infection control activities (see Infection Control) • Future reporting to include complication rates and NNOHA reporting. <p>Behavioral Health Metrics – MAT Program Report</p> <ul style="list-style-type: none"> ▪ Program Census – August 2018 = 100 (at capacity) ▪ New Patient Intakes in August 2018 = 8 ▪ Treatment Phase for Current Census – August 2018 <ul style="list-style-type: none"> - Phase 1 - 67 - Phase 2 – 17 	<p>Review Pharmacy licensure and dispensing protocols for new MAT program site at next workgroup.</p>	<p>Dr. Rowling</p>	<p>10/12/2018</p>

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<p>Grant Updates</p> <p>Peer Review</p> <p>Chart Review</p>	<ul style="list-style-type: none"> - Phase 3 – 8 - Phase 4 – 4 - Naltrexone Patients – 4 ▪ Projected Program move to new facility: 12/1/2018 <p>Human Resources – August 2018 Data</p> <ul style="list-style-type: none"> • New Employee Hires – 5 • Employee Terms – 7 • Workman’s Comp Cases – 7 • Trends over Time reviewed <p>American Cancer Society (ACS) Grant – The ACS is creating a colorectal cancer screening tool kit for centers to use to improve screening rates. We will be submitting some of our innovative ideas and tools that we used to reach our goals. Our grant initiatives will include Incentivizing teams by rewarding the clinic with the highest FIT test return rate with lunch.</p> <p>Medical – Ten (10) chart reviews completed on new provider Eleonore Millien, ARNP. Findings included open encounters past the 48-hour metric benchmark and some newborn screenings not scanned into the record.</p> <p>Dental - Ten (14) chart reviews completed on new provider Dr. Paulo Oliveira, Dentist. Findings presented to the Council and provider was re-educated on documentation, radiographs, Clinical Exam Data, and Diagnosis. Corrective actions reviewed with Council.</p> <p>Morbidity & Mortality Review - two patient cases (deceased patients) reviewed. The outcomes led to a review and revision of the Electronic prescription process. Update completed and</p>	<p>Clarify estimated \$ lost and # of Hours lost with HR.</p> <p>Provide ACS Team with some of our successful tools used for Colorectal Cancer Screening.</p> <p>Provide feedback & retraining to new provider to address Peer Review findings.</p> <p>All programs to review and adopt the “New Provider Peer Review Summary”.</p>	<p>David Speciale</p> <p>Dr. Stewart, David Speciale</p> <p>Dr. Stewart</p> <p>All Clinical Directors</p>	<p>10/12/2018</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Quality Items	<p>providers trained on utilizing Athena communication tools to ensure patients are following up appropriately.</p> <p>Hospital Follow Up - Currently documenting and tracking hospital follow up / transfers to higher level of care in RiskQual, EMR and clinic excel log. August data:</p> <ul style="list-style-type: none"> • Total documented in Logs and/or RiskQual – 46 of which: <ul style="list-style-type: none"> ▪ Charts with documentation in EMR – 100% ▪ Patients with a Follow up appointment – 87% ▪ Patients with an ER Referral – 85% ▪ Charts that received Medical Records – 48% • Total Emergency Medicine Referrals reported from EMR (as of 9/13/2018) = 111 patients. Breakdown by provider presented. <p>BLS Training – conducted twice a year for all licensed staff that provide direct or indirect care. Trainings to be scheduled.</p> <p>Dental Consent Forms – For August there were 60 chart reviews on consents performed of which:</p> <ul style="list-style-type: none"> • 100% compliant in Delray Beach clinic • 100% compliant in West Palm Beach clinic • 86% compliant in Lantana • 80% compliant in Belle Glade clinic • Staff under 100% received re-training. <p>Dental Nominal Fee Survey – In accordance with the Program Requirement Chapter 9 (Sliding Fee Discount Program) of the Health Resources and Services Administration (HRSA), and clinic policy, an annual survey was conducted to determine if the establishment of the Dental nominal charge is at a level</p>	<p>Add Baker Act & utilization of Mobile Crisis Unit (hospitalizations) to the Hospital Follow Up Report</p>	<p>Dr. Rowling, Jane Cruz, Dr. Stewart</p>	<p>10/12/2018</p>
		<p>Reconcile EMR report (111) With data received from Logs & RiskQual (46)</p>	<p>David Speciale</p>	<p>10/12/2018</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Infection Control	<p>that would be nominal from the perspective of the patient. Results concluded that 82% of the patients surveyed agreed that the \$30.00 nominal fee was fair (nominal) and did not present a barrier to care.</p> <p><u>Department of Children & Families(DCF) Audit Update</u></p> <ul style="list-style-type: none"> The MAT Program, under District Clinic Holdings is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Outpatient Treatment at the Lantana clinic. MAT-Program received the DCF license. The DCF auditor will be conducting a follow-up audit on 9/27/2018 to review recommendations / findings from the initial audit. <p><u>Dental Clinic Walkthrough Report</u> – August 2018 Compliance</p> <ul style="list-style-type: none"> Equipment Barriers – 100% Biohazard Bag Maintenance – 100% Sharps Container Maintenance – 75% Personal Protective Equipment – 50% Sterilization Room Maintenance & Operations – 50% 2018 trends over time presented. 	<p>Prepare for DCF follow-up audit and ensure findings / recommendations are in place.</p> <p>Provide retraining on Infection control practices at those clinics who scored below the Infection Control measure benchmarks.</p>	<p>Lisa Hogans</p> <p>Dr. Tibby, Nancy Fox-Goughan</p>	<p>ASAP</p> <p>ASAP</p>
Policy & Procedure	<p>Currently under review & revision – Patient dismissal protocols, TB reporting, and Hospital Tracking to include Dental and Behavioral Health (Baker Acts)</p>	<p>Review P&P at next workgroups</p>	<p>Quality Council</p>	<p>10/12/2018</p>
Director Updates	<p><u>Medical</u> – Medical Director working on a Diabetes plan to be submitted to HRSA via EHB. Also developing protocols to treat Hep C in the clinic's.</p>			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
UTILIZATION				
Productivity	<p><u>Productivity August 2018</u></p> <ul style="list-style-type: none"> • All clinic productivity reported by Clinic Location & Service line. % of Monthly Targets: <ul style="list-style-type: none"> ▪ Adult Medicine – 87% ▪ Pediatrics – 74% ▪ Women’s Health – 70% ▪ Mental Health – 90% ▪ Substance Abuse – 98% ▪ Dental – 86% ▪ Dental Hygiene – 84% ▪ Additional metrics presented: <ul style="list-style-type: none"> - Payer Mix - Detail by Clinic - Detail by Provider • Future reports to include Cycle Time, No-Shows, 3rd Next Available, & Walk-In / Triage Reports 	Review all Productivity report detail to evaluate daily targets and identify all services that are included in the reporting (i.e. WHO’s)	Terry Megiveron, Clinical Directors	10/20/2018
PATIENT SATISFACTION				
Patient Relations	<p><u>Patient Relations – August 2018</u></p> <ul style="list-style-type: none"> • Complaints – Total of 2, of which: <ul style="list-style-type: none"> ▪ 1 – Poor Communication / Registration – Women’s Health (Boca Raton) ▪ 1 – Pharmacy / Communication – Primary Care (Boca Raton) 	Revise reporting to include source of complaints, grievances, and compliments	Quality Manager	10/20/2018

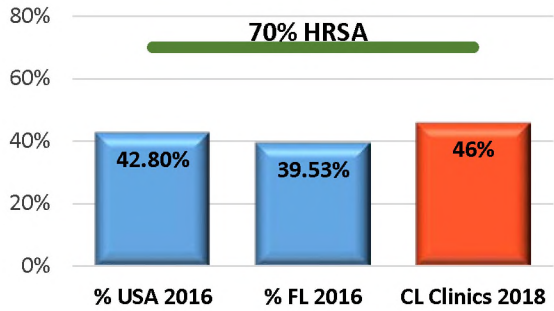
<u>TOPIC</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
	<ul style="list-style-type: none"> • Grievances – Total of 2, of which <ul style="list-style-type: none"> ▪ 1 – Care & Treatment / Rough handling - Primary Care (Lantana) ▪ 1 – Wait time - Medical (WPB) • Compliments – Total of 24 across 7 locations, of which <ul style="list-style-type: none"> ▪ 19 – Primary Care ▪ 1 – Behavioral Health ▪ 4 – Dental • Trends over time for CY 2018 presented. 			
Patient Safety & Adverse Events	<p>Occurrences – August 2018</p> <ul style="list-style-type: none"> • There were a total of 90 reported occurrences: <ul style="list-style-type: none"> ▪ Medial – 70 ▪ Dental – 20 • Report presented by occurrence category (10 total) & by Clinic location. • Trends over time for each category presented. • All occurrence details reviewed at Quality Workgroups. 			

Meeting Adjourned – 3:00pm



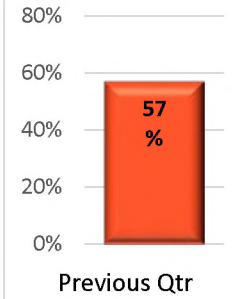
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD AUGUST 2018

CHILDHOOD IMMUNIZATION

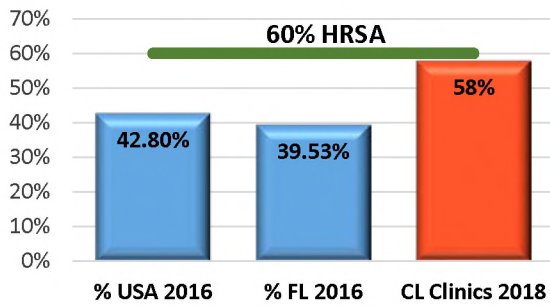


Findings: 1. Vaccine histories are still not downloading from Florida Shots. 2. 2018 Goa of 70% is more diffcult to obtain with the inclusion of flu and Hep A vaccines which are optional and not required for schools.

Interventions: 1. Florida shots system is experiencing some technical difficulties. We are in communications awaiting updates. 2. New, more realistic goal submitted in the Service Area Competiionn Application for the upcoming years to reflect clinics' baseline as well as national and state averages for immunization rates.

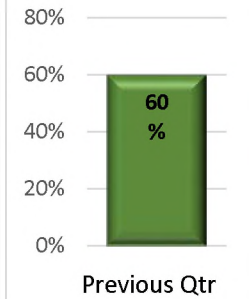


CERVICAL CANCER SCREENING

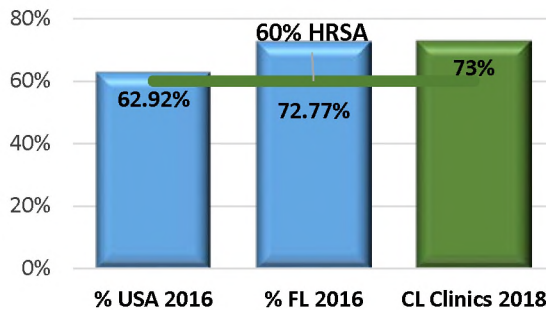


Findings: 1. Providers are delaying screening for a following visit instead of performing same day.

Interventions: 1. Retrain all staff on the importance of screening patients same day no matter the reason for visit to avoid missing our opportunity in a population that may not return to the clinic.



WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

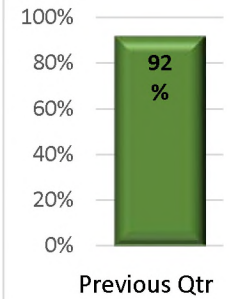
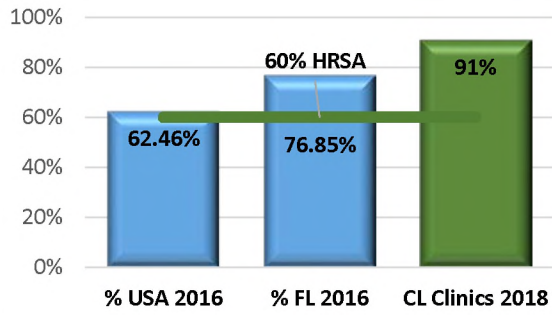


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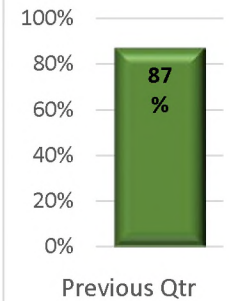
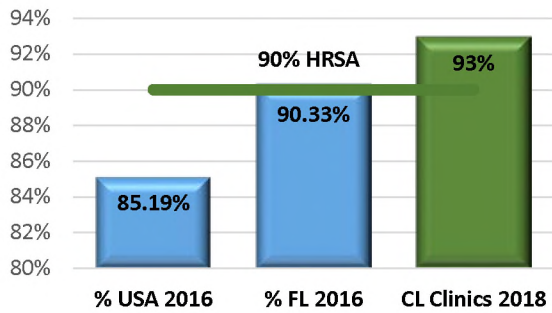


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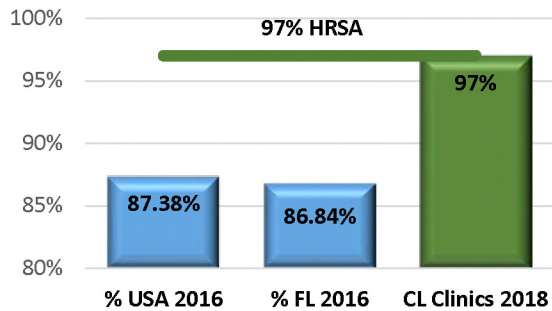
ADULT WEIGHT SCREENING AND FOLLOW UP



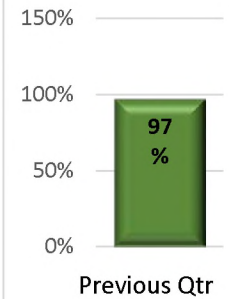
TOBACCO USE SCREENING AND CESATION INTERVENTION



ASTHMA PHARMACOLOGIC THERAPY

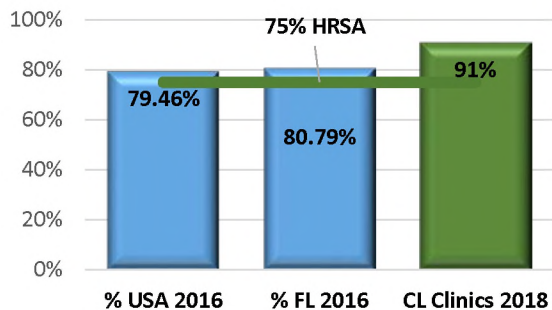


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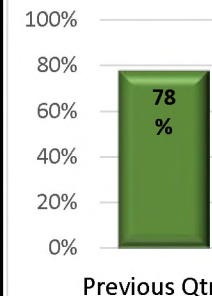


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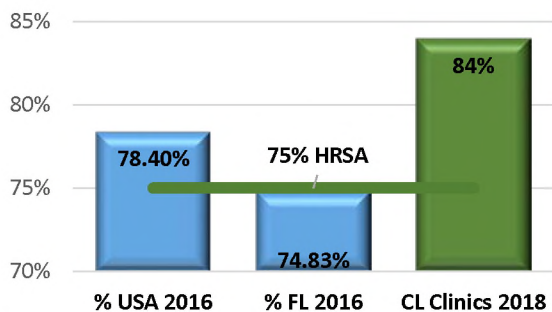
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



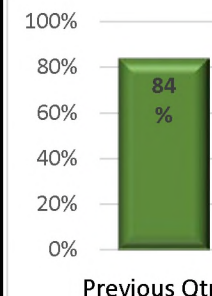
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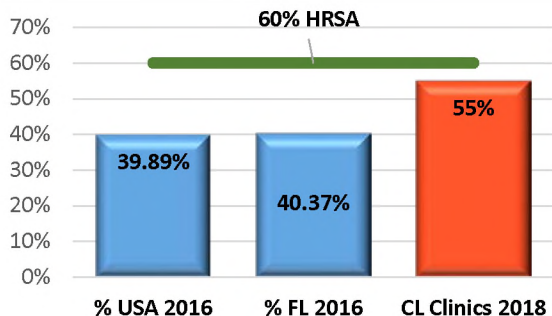
ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy



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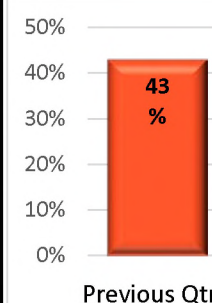


COLORECTAL CANCER SCREENING



Findings: 1. Patients are not returning FIT test.

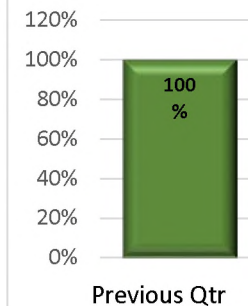
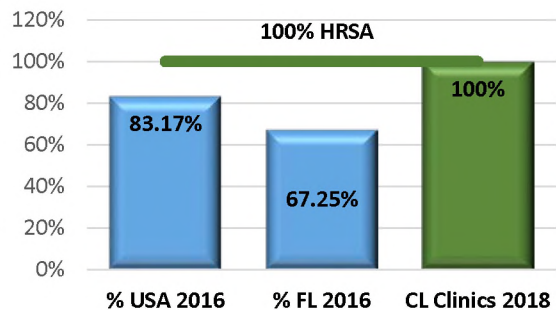
Interventions: 1. Provide a staff incentive (Pizza party) to energize clinic teams to find innovative ways to get patients to return FIT kits. 2. Identify champion team in the clinic and model their follow up method to share with others.



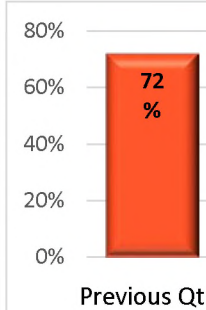
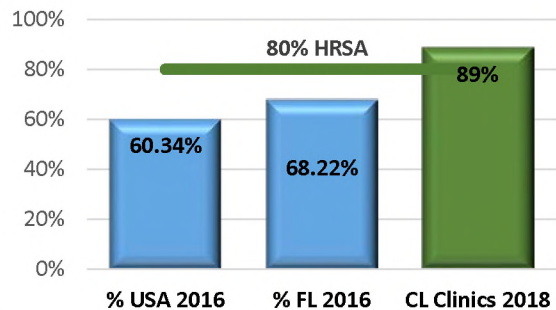
C. L. BRUMBACK PRIMARY CARE CLINICS

YTD AUGUST 2018

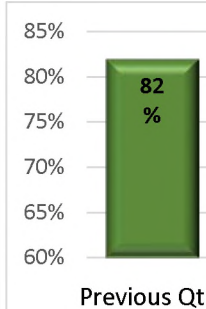
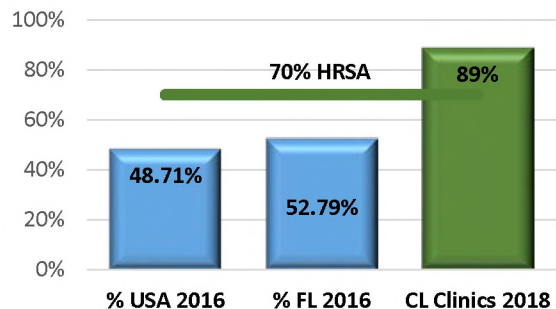
HIV LINKAGE TO CARE



PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



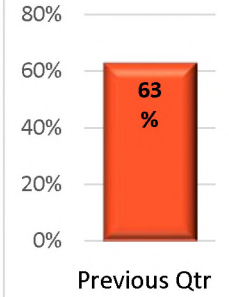
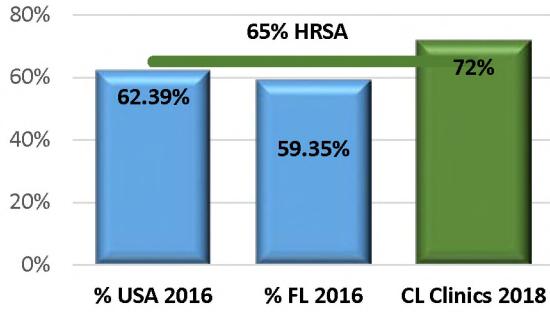
DENTAL SEALANTS



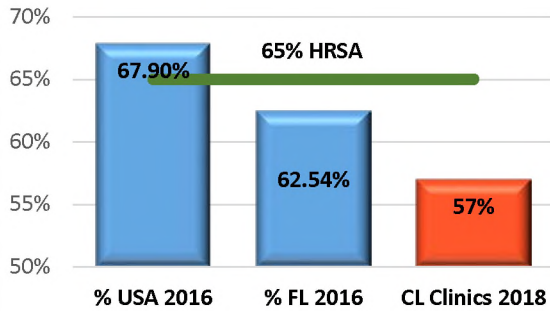


C. L. BRUMBACK PRIMARY CARE CLINICS
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HYPERTENSION

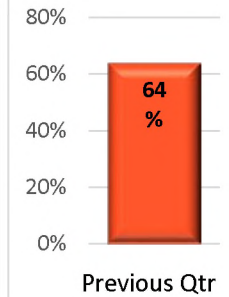


DIABETES



Findings: 1. Patient A1c result is not in the chart. 2. Evidence of clinical inertia and failure to advance medical therapy in patients with high A1c

Interventions: 1. Retrained all staff on how to document A1c that are not reported through lab interface (i.e specialist report or result in ALLSCRIPTS). 2. Develop Diabetes Plan to be in line with HRSA diabetes initiative.





C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County