



MINUTES OF THE CITY OF MIRAMAR CITY COMMISSION WORKSHOP

NOVEMBER 17, 2025

5:00 P.M.

A workshop of the Miramar City Commission to discuss CareATC was called to order by Vice Mayor Colbourne at 5:09 p.m. on Wednesday, June 26, 2025, in the City Commission Chambers, Town Center, 2300 Civic Center Place, Miramar, Florida.

ROLL CALL/ANNOUNCEMENTS

Upon call of the roll, the following members of the City Commission were present:

Mayor Wayne M. Messam (Remote)
Vice Mayor Yvette Colbourne
Commissioner Avril Cherasard
Commissioner Maxwell B. Chambers
Commissioner Carson Edwards

Members of staff present in the Commission Chambers:

City Manager Dr. Roy Virgin
City Attorney Norman Powell
City Attorney Jordan Gary
City Clerk Denise A. Gibbs

PRESENTATION

A. CareATC

CITY MANAGER VIRGIN: Vice Mayor, this workshop is to discuss the annual review of our health and wellness program, particularly our clinic, and we have here today our members from CareATC, we have Dr. Sales, our provider at clinic, who has been doing an outstanding job, if I must say so myself. And without much further ado, I'll turn this over to our HR Deputy Angelita Delrish.

HR Deputy Director Angelita Delrish stated this was the third annual Commission workshop, at which staff provided a status update on the clinic's utilization, performance, and its impact on employee health outcomes, and the City's claims cost. Recommendations and strategies would be reviewed with the goal of further strengthening the value of the health center. She introduced the members of the CareATC team present.

Vice President of Client Success, Erin McDill, CareATC, gave a PowerPoint presentation to update the Commission on the status of the City's health center, as detailed in the backup, highlighting the following:

- The presentation covered the 2024 annual review, a glimpse in 2025 to see where the clinic was from year to date, ending September 30, 2025
- Program reviews included treatments of patients with diabetes
- The feedback from many patients was that the health center provided exemplary care
- For 2024, the center had 41 percent employee engagement, with 84 percent of them being patients with chronic conditions
- There was a 7.8 percent referral rate compared to main street medicine's 22 percent referral rate; this was cost containment, but it did not mean patients were not being cared for sufficiently, or that appropriate referrals were not being provided; it meant that some care was being managed in house; Dr. Sales worked with an eHealth consultant, a team specialist she consulted with to help with the care and convenience of the patients, while facilitating cost containment
- Along with referrals being given for specialists, they were also given for preventative care, such as mammograms, colonoscopies, etc.
- The center was at 80 percent capacity with Dr. Sales in 2024; 33 percent of employee only completed their personal health assessment (PHA) that consisted of an annual blood draw, and biometric screening
- Data gathered by onsite surveys provided insight into patient experience; that is, after every visit, patients received a text or email to complete a satisfaction survey; questions focused on the overall doctor/patient experience; the cleanliness of the facility; patients' confidence that the care administered was given in their best interest, etc.; there was a 9.6 response rate, which staff continue to work on improving
- The center's operations director followed up with patients whose survey responses indicated they were dissatisfied with the care they received to gain more insight on what led to their experience, and how this could be addressed;
- In 2024 there were 45 members enrolled in the diabetic management program to monitor if, and how well patients diagnosed with diabetes were managing their condition; along with medication management, patients received counselling, exercise regimes, care coordination with Dr. Sales, etc.; this all contributed to a cost savings of a little less than \$9,000.00 per patient totaling \$355,000.00 of potential savings for those patients who participated in the diabetes management

program; overall, the medical claims were 53 percent lower for those diabetics enrolled in the program than for those who were not.

- ROI showed that for 2024, clinic costs totaled a little over \$1.1 million, with the total clinic value associated at just over \$1.2 million
- Productivity savings of just over \$243,000.00 referred to the cost savings of employee members utilizing the health center versus those who went outside, taking, potentially, two to three hours away from work: traveling to and from work, sitting in a waiting room, waiting on a provider, etc.
- For 2025 and beyond, they were evaluating the need to hire a full or part-time nurse practitioner to enhance patient care, support, and coverage; a proposal for the hiring of either was included in the presentation
- The over 80 percent capacity included patients seeing Dr. Sales for multiple visits and conditions; this showed a need for an additional nurse practitioner, as it would significantly increase the engagement, utilization, and availability of appointments at the health center; without the additional nurse practitioner, it could get to the point where employee members could not get appointments for acute visits same day/next day; the added help would be extraordinarily beneficial for the City to continue to see that ROI, and optimize the ability for members to utilize the health center, and become engaged
- There were discussions around the clinic space expansion, which did not have to be immediate; there was the capability to have a part-time provider in the current health center without immediate expansion; an expansion, too, would increase the ROI, and employee engagement
- The report for January 2025 through September 2025 included the results of a patient engagement survey; there was 37 percent employee engagement, and adding data from October 2025, this increased to 40 percent; the expectation was the center would exceed 2024's engagement when the data from the remaining months of 2025 were included
- The center was up to 91 percent utilized capacity, indicating the center was definitely at a point where an additional provider was needed
- To date, 27 percent of employees completed PHA, and including October this number rose to 33 percent
- Running the numbers from October 2024 to September 2025 to account for a full 12 months, year to date, based on a 37 percent participation rate, it was still a \$1.2 million ROI that took into account clinic visits, personal health assessments, labs and procedures, medications, RN outreach, productivity savings, enrollment in the diabetes management program, and for members who participated, the cost savings were moved to a little under \$414,000.00, or a little less than \$11,000.00 per patient
- Year over year trends since 2022 showed employee engagement growing continuously, the same applying to PHA; the Net Promoter Score (NPS) continually remained above 90, which was well above their book of business.

VICE MAYOR COLBOURNE: Thank you for your presentation. And now back to the dais. Do we have any questions? Mayor Messam, are you on? Do you have any questions? Commissioner Chambers?

MAYOR MESSAM: Can you hear me?

VICE MAYOR COLBOURNE: Go ahead, Mayor Messam.

MAYOR MESSAM: Thank you, Vice Mayor. Great presentation. I just want to thank staff, and the health care team for the services you're providing to our employees. The program, even based by the presentation has really begun to take root, and you've earned the trust of our employees, who provide their care -- excuse me, supplement the care that they're receiving. I can also say I'm personally a city employee who has -- or an elected official who has opted to use these services, and all of my experiences have been very positive, to the front office staff, going all the way up to Dr. Sales. I'm not sure if being virtual if I heard there was a specific ask, or if this was just an update, but I do -- would like to encourage the staff, administration, as well as the Commission to -- for us to continue to use the data that we're receiving. I think that the additional resources that is being requested is not only warranted, but when we look at our cost savings, as it relates to our healthcare cost to provide to our employees that the additional resources required to bring on the additional medical professionals to assist pays for itself. So I just want to thank our team, HR Department, as well as all the employees are giving this a chance, because we did implement this to reduce our healthcare cost, which was a serious concern, as it relates to the track where we were going, as it relates to our healthcare benefits we offered, as well as the outlook of what our healthcare coverage would be. So thanks for being a part of helping us manage that cost, while, in turn, providing special care to our staff. Thanks so much.

VICE MAYOR COLBOURNE: Thank you. Before I go down to the other Commission members, did staff have a presentation as well? This concludes the presentation? Okay. Very well. Commissioner Chambers.

COMMISSIONER CHAMBERS: Thank you so much, Vice Mayor. Thank you for the presentation. And is diabetes the only thing that we treat at the clinic?

MS. MC DILL: No, it's not. That's a wonderful question. So we do have a specific diabetes management program to target diabetes, being that that was one of the highest cost claims that we were seeing among your population, so that is actually a separate ancillary program that the health center is offering. So Dr. Sales treats everything, from A to Z, but we do have an additional resource that's helping, an RN care coordinator that helps with the diabetes management program, and that care coordinator of getting medications, scheduling appointments, education, coordinating with Dr. Sales. So, Dr. Sales, I don't know if you have anything to add to that with the coordination of the diabetes management program from your perspective. Yeah. Okay.

COMMISSIONER CHAMBERS: What about hypertension?

MS. MC DILL: So we don't have a specific program for hypertension yet; we do have those within CareATC, and that's something that we can always provide a proposal for. That is one of your top chronic conditions that we do see; diabetes, and hypertension typically run neck and neck, so we are looking at reducing that hypertension risk with those diabetes patients as well with exercise, nutrition, and medication management also.

COMMISSIONER CHAMBERS: Do we have any encounter with someone who were possible having a stroke, or -- you know, I see strokes as a leading problem now everywhere.

MS. MC DILL: Right.

COMMISSIONER CHAMBERS: Are we catching anything like that at the clinic?

MS. MC DILL: Yeah, so, essentially -- I'm no clinician as Dr. Sales is, but strokes or diabetes, high blood pressure, those all -- high cholesterol can lead to strokes, and managing those conditions will help to alleviate those -- the high cost that the strokes could provide. Dr. Sales is also providing the medications, and the management of those chronic conditions as well, which, ultimately, is alleviating that cost associated to any outcomes from mismanagement of conditions, which -- a stroke being one of those consequences, essentially, of mismanaged conditions.

COMMISSIONER CHAMBERS: What's the -- how many days of the week we open, and what's the time?

MS. MC DILL: We are five days a week, and hours do vary. I'm going to lean on the team to speak to the specific hours.

DR. SALES: So the hours of the clinic, it varies; it really depends on the need for the employees the City. So on Mondays and Wednesdays, we start off at 7:00 a.m., and we end at 3:30.

COMMISSIONER CHAMBERS: 3:30.

DR. SALES: Yes, sir. Tues --

COMMISSIONER CHAMBERS: Monday through Thursday, right?

DR. SALES: No, that's Monday and Wednesday.

COMMISSIONER CHAMBERS: Monday and Wednesday, okay.

DR. SALES: Tuesdays and Thursdays, we start at 9:30, and end at 6:00 p.m.

COMMISSIONER CHAMBERS: 6:00 p.m., okay.

DR. SALES: And then Fridays, we start at 6:00, --

COMMISSIONER CHAMBERS: 6:00 a.m.?

DR. SALES: Yes, sir, and we end at 2:30.

COMMISSIONER CHAMBERS: 2:30.

DR. SALES: And that was based off of the needs of the city employees, just making sure that we're available in the evening hours sometimes for the employees that have to work a little bit later, and early in the mornings for the employees that have to come in earlier than everybody else.

COMMISSIONER CHAMBERS: Okay. Which is your busiest day on average?

DR. SALES: I don't have the actual statistics, to be honest with you. Do we have that information?

MS. MC DILL: We do, we do. So that is not within this presentation, but we can send over a bar graph, and follow up that shows the days of the week, and the trends for the -- and we can do it for the calendar year of 2024, and then also year to date for 2025, as well to coincide with this data.

COMMISSIONER CHAMBERS: All right. I know we started this clinic back in 2019, or 2020, something like that.

MS. MC DILL: 2020.

COMMISSIONER CHAMBERS: We started the construction in 2019; we fully open in 2020.

MS. MC DILL: Right, right.

COMMISSIONER CHAMBERS: But the data you have doesn't reflect -- does it reflect that then?

MS. MC DILL: We did not provide -- we went back four years, so we didn't provide -- we didn't want to convolute it with too much data too many years; we're happy to provide any of the historical data as well, but I didn't -- I was sensitive to the visual of the graph.

COMMISSIONER CHAMBERS: Okay. So here's the deal. I believe in the clinic, but in my effort to promote the clinic with employees, I'm finding out that employees don't want

to use the clinic, because they can't get their appointment, which was shocking, and surprising to me that they can't get any, and they have the long wait, and so on, and so forth, so they're staying away from the clinic. So I don't know what happen, and why this is happening, and I'm trying to promote the clinic, and then, wow, you know, we can't get in, we can't get appointments, so we just don't bother with the clinic, so that's not good. So I'm not sure how do we fix that, how do we move forward, because once you start a trend that way, it's very difficult to get them to believe in the clinic again, and we're losing them right now. So in that case, I'm a little disappointed with the utilization of the clinic, and with the employees feeling like they can't get in, they can't get to use it, so we're not making progress here. So I'm having a issue with that right now. I don't know who, or when, or no one is talking to these employees to get a feedback as to why they're not using the clinic, or how can we improve -- I don't see that communication happening. So -- if we have a lot of events, we have a lot happening in the City, and there's nothing there mentioning the clinic, nothing at all, not even in our quarterly -- yeah, whatever we did quarterly. So right now I'm a bit disappointed, because this was designed for employees to take advantage of it, to be more healthy, and to use the clinic, and it's not happening, and it's right here, and it's on their time. I don't know how much family members using it, so there's a disconnect, as far as I'm concerned, and we got to fix that. If not, we're going to shut it down.

MS. MC DILL: Yeah, that's valid points. It's a catch 22, where we are currently; as you saw, currently we are at 91 percent capacity, so that is limiting the amount of appointments that are available. Members are using it. The average patient has -- is seeing the -- Dr. Sales for 6.5 average visits, so they are -- those that are engaged are utilizing the health center. The issue is that Dr. Sales is one person, and only has so many appointments during the day, so being at 91 percent capacity, she's double, triple booked, so that's alleviating those same day/next day availability for those -- for those members that may need -- those are most likely the ones that you may be hearing from that really have a true need to get in that same day to manage a sickness, and maybe going to urgent care instead. We do have blocks for acute care in Dr. Sales's schedule, but, again, there's only so much appointment availability that one person can do. So that's truly exactly what you're stating; you know, there's always room to improve engagement, and improve communication, but appointment availability has to be there for the members to be able to utilize the health center.

COMMISSIONER CHAMBERS: I mean we are here, and at this meeting, and this shouldn't even be where this subject is coming up. This should have been some kind of ongoing discussion throughout the year, as far as employees using the clinic. There got to be some engagement, you know, it shouldn't be addressing right here; we should be addressing it before, and see how it's working, and what's not working, and is it viable. We got to have a conversation with the employees, and management, and staff, not waiting until this moment for us to be addressing this. Because hadn't I gone out there, talking to employees, I wouldn't have known what was happening, you know, so.

MS. MC DILL: Yeah, we're always open to feedback. And, again, that 9.7 percent survey rate, that's something that we're looking to increase, because we want to hear: good, bad, indifferent; we need to hear, that's who we're going to learn and grow. So I encourage - Dr. Virgin and I, we had this conversation a few days ago; we encourage the survey results or the surveys to be completed, so we can perform that outreach, and hear -- you know, sometimes they are blank, and don't leave any feedback, so, of course, we want to know. And sometimes it's -- you know, there was a bump --a pothole in the parking lot; well, you know, it's something that we want to make sure that we're mitigating, and having easy access to the health center. But we want to hear and make sure that we're continuing to learn and grow within the health center. But we certainly can work with the HR team, and if we need to improve communications, and provide additional surveys, whether it's from City of Miramar, from us, whatever it may be to continue to grow the health center, we're happy to. But from an appointment standpoint, we're at 91 capacity, so if members are unable to get in, and we talked about this earlier in the week as well, where someone else brought it up, it's -- it's -- you know, it's very tough right now with the appointments that are available with Dr. Sales being at 91 percent capacity.

COMMISSIONER CHAMBERS: Thank you.

VICE MAYOR COLBOURNE: Thank you, Commissioner Chambers. Commissioner Cherasard.

COMMISSIONER CHERASARD: Thank you very much. And good evening everyone. I completely appreciate the presentation with regards to outlining utilization, and outcomes; that A1C stands out very strongly for me at 13 point something. There's somebody coming to work every day with a 13 point something A1C, we want that managed immediately, so I'm happy you're local, and you're near. If you would allow me a few questions, because I am completely new to the concept of the clinic, and so I want to ask a question. When we see the numbers here about percentage usage, is that percentage usage of people who have already signed up to use the clinic, or total staff in the City, that percentage, that number is using the clinic?

MS. MC DILL: The percent utilization is the percent of those eligible to utilize the health center that are utilizing it.

COMMISSIONER CHERASARD: Can I get some information on how that matches up to percentage of city staff who actually uses the clinic.

MS. MC DILL: So the City staff that actually -- let me make sure that that is employees only before I speak too much.

VICE MAYOR COLBOURNE: If I can just clarify for a second. The clinic is only for city staff.

COMMISSIONER CHERASARD: Right. So I want to know --

VICE MAYOR COLBOURNE: Everyone -- it's --

COMMISSIONER CHERASARD: Yeah, what percentage of staff --

MS. MC DILL: No, I didn't know if you meant dependents as well, so that's why I wanted to make sure it was just breaking employees only, versus their dependents also.

COMMISSIONER CHERASARD: Yeah, yeah.

MS. MC DILL: So there's 41 percent of employee engagement, so 41 percent of the employees are utilizing the health center for 2024, and currently we're at 40 percent for 2025 of the employees that are eligible to utilize the health center that are using it.

COMMISSIONER CHERASARD: Okay. So maybe I just need clarity on what employees are eligible means then, because if we have 500, and 300 of the staff is eligible, and 41 percent is going -- I'm just trying to picture that number in my head.

MS. DE IRISH: So, Commissioner Cherasard, the eligibility is for employees and their dependents who are enrolled in a plan; they have to be enrolled, as well as retirees, and their dependents that are enrolled in the City's health insurance.

COMMISSIONER CHERASARD: Which is a huge majority of city staff?

MS. DE IRISH: Yes.

COMMISSIONER CHERASARD: Okay. Thank you.

MS. MC DILL: I'll say there's roughly 906, give or take; 900ish employees that are eligible.

COMMISSIONER CHERASARD: Okay. Thank you. When we talked about the numbers for the diabetes management program, how does that relate to the staff who does come in? And this is not asking on HIPAA questions. How many of the staff who are in the that range who should be getting regular checkups for their diabetes are enrolled in the program, versus the 45 here -- like, should there be a few more, based on what you know?

MS. MC DILL: Yes. So this is a voluntary program; so they opt in to enroll in the program, so, yes. I mean diabetes was one of your top three conditions, so there is a larger percentage -- diabetes -- BMI was your top condition, followed by hypertension, and diabetes.

COMMISSIONER CHERASARD: BMI meaning overweight status?

MS. MC DILL: Overweight, yes.

COMMISSIONER CHERASARD: I also wanted to just ask for understanding purposes how the clinic, when it comes to the operations of it, and the cost, is that excluding the cost for the space that it's in? Is that \$1.2 million broken down into everything that the clinic -- facility, staffing, additional staff, and who's the staff for the facility?

MS. MC DILL: So I believe it's a City of Miramar building, so we -- that's not CareATC cost, so that's not any pass through cost, because there's no lease that CareATC is holding. So, no, that building facility fee is not included within that cost, because it's not something that we manage within that part. And then it's staffed with three -- like three medical assistants -- well, one manager, two medical assistants, and Dr. Sales.

COMMISSIONER CHERASARD: Okay, thank you. And I also saw that we have lower utilization for Utilities, and Social Services. Would that happen to be because of location for those main offices? I wondered -- I saw that it's below 50 percent for those offices that are located offsite. Is there a way we can find out if it's simply because of location?

MS. MC DILL: We can follow up with that, absolutely. And we could even provide targeted outreach to that population, and, you know -- as well. I'm not familiar with the location in itself, so I won't speak to that, but we'll follow up with that information.

COMMISSIONER CHERASARD: And I had one last question I wanted to ask about the hours, and the availability. Do we have -- I know we're at 91 percent, so that means there are people scheduling appointments for those 6:00, and 7:00, and 8:00 a.m. appointments. And so that hour is a useful hour, and you're one doctor, and you're there, sometimes more than -- it sounds like eight or nine hours a day.

DR. SALES: So the time was determined, I think, prior to the clinic coming about. When there was a discussion, it was decided what times would be helpful for the different departments, so that's how the timing came about. As far as me, I'm there, what, about eight hours -- eight hours a day, maybe nine with lunch. And it -- even though fluctuates, it still averages out the same amount every day.

COMMISSIONER CHERASARD: Okay. Thank you. Yeah, my question was if those 6:00 and 7:00s were being used, if the time could shift a little later to hours later, so there can be more appointments, but if it's utilization, it's utilization; they're using 100 percent of it anyway.

DR. SALES: Yeah. I'm not sure of the last time that they reassessed to see it, but I know that they did reassess it -- I want to say the last time that I was aware of was last year that we actually talked about it in front of this group.

MS. MC DILL: Yeah, I'll follow up to that. So the 2024 annual review that we did earlier in the year with the team had a much -- a lot longer presentation, and a much higher level of detail, and it did have that bar graph that I was speaking of that showed the days of the week, and the times. So that is something on a quarterly basis, minimally, that we do

evaluate to ensure if we need any adjustments to that, particularly with municipalities with varying schedules for police, fire, it is beneficial to have the earlier, and the later hours.

COMMISSIONER CHERASARD: Thank you.

MS. MC DILL: Thank you.

VICE MAYOR COLBOURNE: Thank you, Commissioner Cherasard. All right.

ACM GAYLE: Good evening, Madam Vice Mayor, Commissioners, Mayor Messam, virtually. I did want to shed a little bit of light on the Social Services piece of it. Because of their programs, they're all ratio driven, so for example, childcare staff couldn't leave to go to the clinic, because they have to be in the classroom. Adult daycare staff can't leave; have to be with the clients. Senior services staff can't leave; have to be with the clients. The social workers, they're client based, so the nature of that program would dictate that the employees are not as flexible to utilize the hours of the clinic, because the programs are ratio driven, and must be manned by the staff that's there. So that could be a component as to why the utilization in that area is low. The clinic, however, has done activities at the Multi-Service Complex, and at Sunset Lakes just so they can participate in those types of activities. But as far as going to the clinic, because of ratio-based programs, it's a little bit more inflexible for that particular aspect of the employee population.

COMMISSIONER CHERASARD: Thank you.

VICE MAYOR COLBOURNE: Thank you. Commissioner Edwards.

COMMISSIONER EDWARDS: Thank you, Madam Vice Mayor. Thank you so much for that presentation. I just have a couple of questions that I want to focus on, and for me, I want say, one, there's really no value that you could put on a human life, and healthcare is the most important thing any human should focus on. Because if you don't have your health, nothing else matters, right. But I want to just, for my own clarity, the clinic cost here of \$1.1 million versus the value, if interpret that, it means, basically, it's costing us the same as we are getting a benefit from it; the value that we receive, pretty much, works out to what it's costing us.

MS. MC DILL: So the calculations are the standardized CPT code, which is the CMS standard average cost of --

COMMISSIONER EDWARDS: CMS means?

MS. MC DILL: The CMS is the Medicare cost. Like the average cost of a visit in main street versus what you all are paying for your operating fees at the health center as well, so that's how that is calculated for them.

COMMISSIONER EDWARDS: Ok. I also notice -- and, first, I must commend the diabetes program; that is fantastic, and the results are speaking for itself, but what I want to also just ask, because I know a lot of physicians focus on treating and managing the disease. How much of preventative medicine are we practicing, as well as promoting to staff?

DR. SALES: That's the foundation of what we do. So there was a point where the majority of our referrals were to the nutritionists. When patients come in, we highlight the diabetes program, but that's just because we have help managing that; that's what makes it a special program. We manage every health condition in the same way, whereas we start off with preventative, so what can you do to help make yourself better. I focus on preventative, but also empowerment, right. My goal is to teach patients how to take good care of themselves, regardless of if they're with me, or with someone else. So we're talk about diet; we're going to talk about exercise; but most important, I'm going to talk about mental health, because usually that's the biggest barrier to keep someone from taking good care of themselves. So prevention is the foundation.

COMMISSIONER EDWARDS: How can we extend that beyond a patient coming in, but generally to staff to prevent from coming in?

DR. SALES: So I do health education presentations. Probably, it would average about one, maybe, every two months, and we talk about various topics, ranging from diabetes to high blood pressure to musculoskeletal disorders. And usually during those presentations we talk about things that you can do to take good care of yourself, or things to look out for, signs and symptoms of things; whereas, if you're experiencing something, come in and see me. So we do extend it, as well as we promote what you all are already doing in the City, so that's what makes this such a perfect match, right. Mayor Messam does an amazing job with all of the different programs that, at least, him alone parti -- he alone participates in, and that doesn't include everything else that you all have going on. So we support what you do, and you all support what we do. We're a team.

COMMISSIONER EDWARDS: Right, thanks. It's appears though that the clinic is now a victim of its own success, because, one, you are now, pretty much, at capacity, and now folks cannot get appointments on a timely manner. So the ask now is for assistance, so that you can expand, and increase the service hours.

DR. SALES: Yes, sir. At one point, we were the best kept secret of the City, right; patients loved it, because they could come in and see us. We are a unique clinic, so I know you ask the question about what's the difference between what you could get outside of here versus what you get in here. When the patients come in, we treat them like our family, but the family that we care about, right. So they come in, and we love on them, and we educate them, and we encourage them, and we motivate them. The appointments are not the ten-minute appointment, where you go in, and you see your doctor, and you get pushed around, then you get kicked out, right; get prescribed medications, and then you leave. It's actually a 30-minute appointment. So they have longer visits. I know that -- I don't think I've had the opportunity to meet you yet, but the visits are longer; the things

that we go into during the appointments are longer; it takes more time to take good care of people. And that's what you all are offering through the clinic; it's you're offering us the benefit of time. So I know that she did the calculations, one to one, but this is apples to oranges, or apples to pineapples, so to speak, okay; this is a different type of clinic. You all are getting the benefits of a direct primary care type practice for the one-on-one cost benefit, so it's completely different.

COMMISSIONER EDWARDS: Thank you.

DR. SALES: You're welcome, sir.

MS. MC DILL: I'll add --

VICE MAYOR COLBOURNE: Thank you, Commissioner Edwards.

MS. MC DILL: I apologize. I was going to add, you know, keep in mind that the average diagnosis per visit 6.5 per patient, so if they were to go to main street, that, potentially, could be six and a half visits that they're having to do with the time that main street could provide them time and attention. So, thank you Dr. Sales, that was very well said.

VICE MAYOR COLBOURNE: Thank you so much. I truly appreciate the presentation, not to mention all of the great quotes from our employees, the wonderful things that they have said about Dr. Sales. It does speak volumes; everybody doesn't speak really nice about their doctors. But, more importantly, Commissioner Chambers have heard some challenges with the appointments, but I've never heard anything bad; I've never heard any bad comments about any appointments, or otherwise, any interaction. So I will say - - I will commend you on that, and say thank you so much for that. In terms of some of the questions that my colleagues asked, it seems like the program, you know, it is near capacity at 91 percent, so in terms of advertising it, or promoting it, it probably doesn't require too much of that, but very targeted for those areas, like Social Services. If, perhaps, we can do a survey, and this is for staff; if we could do some sort of a survey to see if Social Services, and Utilities will benefit from different hours to be able to include them, and raise those numbers, allow them to be part of it if they so desire. So that would be the only thing. Mr. Manager, do you have a specific ask on this workshop, or were we just getting an update? I didn't see an ask on it.

CITY MANAGER VIRGIN: No, Madam, this is just an update, but we certainly will be coming back with an ask for the additional healthcare practitioners. That has been something that we have discussed numerous times, and the data speaks for itself at 91.2 percent capacity; there's not much more Dr. Sales, by herself, can do. I think one of the things that were discussed in the onset of the clinic was what happen when we get to 100 percent capacity; what do we need. And I think you heard two things: the additional practitioner; and additional space; that's another requirement. But I must say, for someone who has utilized -- use the clinic, I have nothing much -- nothing to say more than just great, great work to Dr. Sales, and her team. I'm there, maybe too often, but it's

a testament to the quality of care, and so when Dr. Sales talked about the time that is spent with each patient, it's indeed true. It's not a five-minute observation; it's a lot more than that, Commissioner Edwards, and so I would expect what Commissioner Chambers talked about, where there are some staff at this juncture who maybe finding it difficult to get those appointments. But as she gets additional support, I'm sure that will open up the space for more folks. But you will see an item coming for that ask.

VICE MAYOR COLBOURNE: Very well. I look forward to that. The one thing that I always ask about is how can we track this, in terms of productivity. We want our employees to be healthy, because we want to make sure that they don't call in, that they come to work, and they're always there. So, at some point, again this is for you Mr. Manager, I would definitely like to see some numbers on how the health clinic is reflected in productivity, in terms of just attendance, employees coming to work, and not calling out. And that's just something I look forward to seeing. I know it's the third year, we talk about it, but as we continue with the clinic, and expand it, when you bring back the item, I would certainly like to see something that speaks to productivity.

CITY MANAGER VIRGIN: Thank you, Madam, and if I may add to that also, is that I just appointed Dr. McSwain from the staff side to be on the team; she has a lot of knowledge, and expertise from that area. But I want to point out something, as being someone who has done some public health. If you look at the data, most of the conditions are the ones affecting all the chronic conditions, and there's a question that came up when we addressed staff, and the question: Why is that so? Naturally, we have an aging population, and as you get older, you're going to have more chronic situations, so over time, if you should extrapolate it out, ten years from now when you -- all of these older folks are gone, or most of them are -- and you have a younger set of generations, I expect to see those numbers, those chronic numbers lower. The clinic may be operating at its most efficient then when there are less, but right now when you factor for age with these things, you're going to have -- and that's why I think they're going such a great job with the programs that they have. Yes, Madam, we'll provide you with that productivity.

VICE MAYOR COLBOURNE: Thank you. Appreciate it.

COMMISSIONER CHAMBERS: I do have a follow up --

VICE MAYOR COLBOURNE: So we have a couple of follow up. Let me see if I can actually see how this works here. So you can go ahead; I don't know who was first.

COMMISSIONER CHAMBERS: It wasn't working. I hope there's an opportunity for -- I know ACM Gayle spoke of the Social Service Workers, you know, the senior camp, and the daycare, and I hope they can have an opportunity to, maybe, make appointment on a Saturday when the facility is closed. I think we should provide an opportunity, so all employees to have -- if they choose to utilize the clinic, they can make special appointment, and if there's no appointment, there's no need to come in, but if they make those appointment, then they can come in on a Saturday, and those folks can be seen. I

know we have two medical assistants that work there; I'm not sure if we need two; maybe we only need one, and maybe two physicians; that might help. And then my next comment, I'm hoping that we're not being dismissive of the feedback that I get from the employees, and I hope we can provide an open forum for employees to view their opinion, and freely speak about their health, and what it would take for them to utilize the clinic, because that's the only way we're going to get to the numbers that we need to get to. Throwing money at it is not the only solution. We need employees engagement; we need to hear what they have to say; we need to hear how they feel; what do they need, and is this something that's going to work. Because if it's not going to work, the fullness, then we're going to have to look at something else, but we got to respect our employees, and respect what they're saying. It's because I have a relationship with them, they openly speak to me. If you don't, then they're not going to tell you, because they fear retribution, so we need to have this open discussion with them. Thank you so much.

VICE MAYOR COLBOURNE: Thank you. Commissioner Cherasard.

COMMISSIONER CHERASARD: Thank you very much. So had a clarifying question. I wanted to know if it is intended that the clinic serve as a primary care office for our staff who do -- it's primary care. Beautiful. I am happy that it's staffed by an osteopath. I personally look for DOs when I look for a doctor, because of the balance between the body, and healing, so I'm happy that you're an osteopath, and that also means more time with patients usually, because you care on a different level when you do osteopathic medicine, so thank you for that. I had another question, and this may be a HR question. We talked about the aging population of our staff who frequent the facility. I'd like to know options, or opportunities, because our senior parents who are not eligible dependents could stand to benefit if we got to the point where we expand, if that's the direction we're going in. Our senior parents aren't eligible dependents, if I'm not mistaken, but it would be awesome, since it is related to -- they're depending on us; we're caretakers. And if we had an opportunity to bring them for better care, can that be opened up to us. Because, again, productivity is again lost when you have to care for an aging parent, and then you do have to leave, you do have to find other appointments, and you do have to be missing from work, so any small wiggle room for that, some caveat for caretakers. Thanks.

VICE MAYOR COLBOURNE: Thank you. Any -- you have a response?

HR DIRECTOR KANIKA STAMPP: Good afternoon everyone. We will definitely take those into consideration, while we are looking into the clinic expansion.

VICE MAYOR COLBOURNE: Thank you very much. Any other questions? Thank you.

ADJOURNMENT

VICE MAYOR COLBOURNE: Meeting adjourned.

The meeting was adjourned at 6:09 p.m.

Denise A. Gibbs, MMC
City Clerk
DG/cp