

2018-2019 Annual Report



NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION

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Below, NCCHCA staff pause for a photo after a strategic team meeting



NCCHCA

MESSAGE FROM INTERIM CEO & PRESIDENT



On behalf of the entire North Carolina Community Health Center Association (NCCHCA) staff, I welcome you to the 2018-2019 Annual Report. We are pleased and grateful for the support, partnerships, and collaboration of our members and community partners.

Relationships, Partners, and Integrated Primary Care.

It has been a non-traditional and historical year for NCCHCA as we bid adieu to Ben Money, who has been at the helm since 2008. With Ben's departure, I was humbled and honored to accept the interim position as CEO & President of NCCHCA. With the strong foundation set by Ben, we are optimistic about the direction and the future of NCCHCA. This transitional year started with the hiring of new staff, gearing up for the full move to Medicaid managed care, developing and implementing an analytical platform, shifting from a messenger model to a Clinically Integrated IPA, and reviewing what's next for the Carolina Medical Home Network-Accountable Care Organization. Through it all, we have remained committed to the understanding that together as a membership organization, we can make a more significant impact in addressing the challenges of health care in North Carolina. And, as we come to the end of our 2018-2019 Fiscal Year, I am reminded that change is an excellent opportunity for growth, and these words: **Relationships, Partners, and Integrated Primary Care**, are critically important to this annual report and as the organization moves forward.

In the face of FY 2018-19 disruptions, we remained focused on the things most important to ensuring the success of NCCHCA's members and team. We did not allow the challenges, obstacles, and unexpected hurdles to question our ability to make the change happen or break our momentum. What's not to love about inspiring beginnings and happy endings? It's the middle that involves hard work. We are in the middle of a lot of priorities, and we are all doing and will continue to do great work.

"The road is long, and there are mountains in our way, but we are climbing a step every day." – Joe Cocker

In looking forward, this legacy of community partnerships, collaboration, and our tenacity serve as our foundation for continuing to build strong relationships to support our mission of providing access to quality integrated primary care to all North Carolinians. Together we will succeed in bringing about a change to community health care.

CHRIS SHANK

Interim CEO and President, NCCHCA

NCCHCA AT A GLANCE

NORTH CAROLINA'S PRIMARY CARE ASSOCIATION



NCCHCA is the HRSA-funded state Primary Care Association (PCA). It provides the following training and technical assistance to members: Clinical, Operational, Financial, Administrative, Governance. NCCHCA develops state-level partnerships and engages with state agencies, foundations, and national organizations on behalf of Community Health Centers in North Carolina.

NCCHCA VISION & MISSION

VISION

Our vision is that every North Carolina community will have access to a patient-centered, patient-governed, culturally competent health care home that integrates high quality medical, pharmacy, dental, vision, behavioral health, and enabling services without regard to a person's ability to pay.

MISSION

Our mission is to promote and support patient-governed community health care organizations and the populations they serve.

LETTER FROM 2018-2019 BOARD CHAIR, BRIAN TOOMEY

The strength, collaboration and talent of the North Carolina Community Health Center Association was in full view for 2018-2019. We have a remarkable organization comprised of very talented and dedicated staff that works with an incredible association of 42 different FQHC's serving over 590,000 people from all 100 counties. This are tumultuous and challenging times for health care as witnessed by the significant financial pressures on providers such as rural hospitals as well as citizens who are scared that they will not be able to afford to health care or health insurance.

We know these challenges all too well – as organizations and providers helping people find access to care - in our FQHCs throughout the state. We witnessed with the state budget held hostage to the stalemate between the General Assembly and the Governor's office. We know how our colleagues in FQHCs in states that expanded Medicaid have flourished and served many more people.

However, we are pragmatic, resilient and always focused on the task at hand – delivering health care where access is restricted and to those who need it most. This is who we are and this is what we do.

This year was challenging in the ways listed above but it was also challenging because our long time leader – Ben Money – announced that he was leaving NCCHCA to become the North Carolina Deputy Secretary for Health Services. North Carolina is a better state because of it.

The strength of our organization was apparent as we continue to thrive and grow even with that change as we all stepped up to keep our great organization going. I am so grateful for the opportunity to work with such a dedicated and committed group of staff and fellow CHC leaders and look forward to working together for any challenge set in front of us.

Gratefully,

Brian Toomey

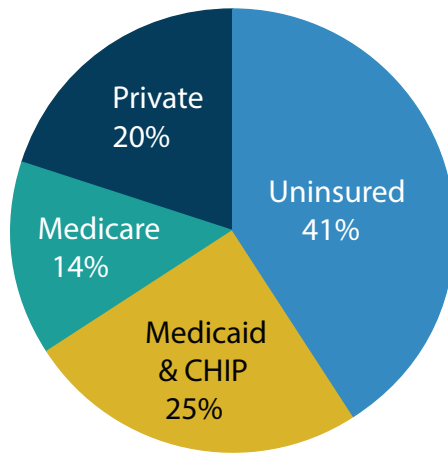
2018-19 NCCHCA Board

Alice Salthouse, High Country Community Health, Boone
Althea Johnson, MedNorth Health Center, Wilmington
Angela Martin, Caswell Family Medical Center, Yanceyville
(At Large)
Brian Toomey*, Piedmont Health, Chair
Carolyn Allison*, Charlotte CHC, Secretary
Cheryl Ballance, Ocracoke Health Center, Ocracoke
Chuck Shelton, Mountain Community Health Partnership
Darlene Ennett, Kinston Community Health Center,
Kinston
Debra Weeks, C.W. Williams Community Health Center,
Charlotte
Don Holloman, Cabarrus Rowan CHC, Concord
Doug Smith, Greene County Health Care, Inc., Snow Hill
Glenn Martin, Person Family Medical Center, Roxboro
Greg Bounds, Goshen Medical Center, Inc., Faison
Gwendolyn Reed, Anson Regional Medical Services,
Wadesboro
Jennifer Greene, Appalachian District Health Department,
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Wilson
Lee Ann Amann, Black River Health Services, Burgaw
Margaret Covington*, Stedman-Wade Health Services,
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Health Services, Washington

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Greensboro
Pamela Tripp, CommWell Health, Newton Grove
Penella Washington, Advance Community Health, Raleigh
Philip Harewood, Lincoln Community Health Center, Durham
(At Large)
Rachel Willard, Wilkes County Health Department
Reuben Blackwell, OIC Family Medical Center, Rocky Mount
Reuben Pettiford, Appalachian Mountain Community Health
Centers, Asheville
Richard Hudspeth, Blue Ridge Community Health Services,
Hendersonville
Robert Spencer, Gaston Family Health Services, Gastonia (At
Large)
Rose Turner, Gateway Community Health Centers, Inc.,
Elizabeth City
Scott Harrelson, Craven County Health Department, New
Bern
Shavonda Pugh, Bertie County Rural Health Association,
Windsor
Sheila Simmons, First Choice Community Health Centers,
Mamers
Steve Shelton, Advance Community Health, Raleigh (At Large)
Tammy Kiger, Carolina Family Health Centers, Inc., Wilson,
(At Large)
Teresa Shackelford, MERCE Family Healthcare, Asheboro
Teresa Strom, Hot Springs Health Program, Marshall
Thomas McRary, West Caldwell Health Council, Lenoir
Tim Hall, Robeson Health Care Corporation, Pembroke
William Crumpton, Caswell Family Medical Center, Yanceyville
Yvonne Long-Gee, Rural Health Group, Roanoke Rapids
*Member, Executive Board 2018-2019



NORTH CAROLINA CHC PATIENT PROFILE



NORTH CAROLINA
CHCS SAW

590,000 patients

NC CHCs saw over 590,000 patients in 2018. Need for the comprehensive primary care services provided by Community Health Centers continues to grow. The number of CHC sites is growing, but not at the same rate as demand. Federal funding remains uncertain at best, and there is not sufficient state funding to fill the gaps.

NATIONAL HEALTH
SERVICE CORPS

153

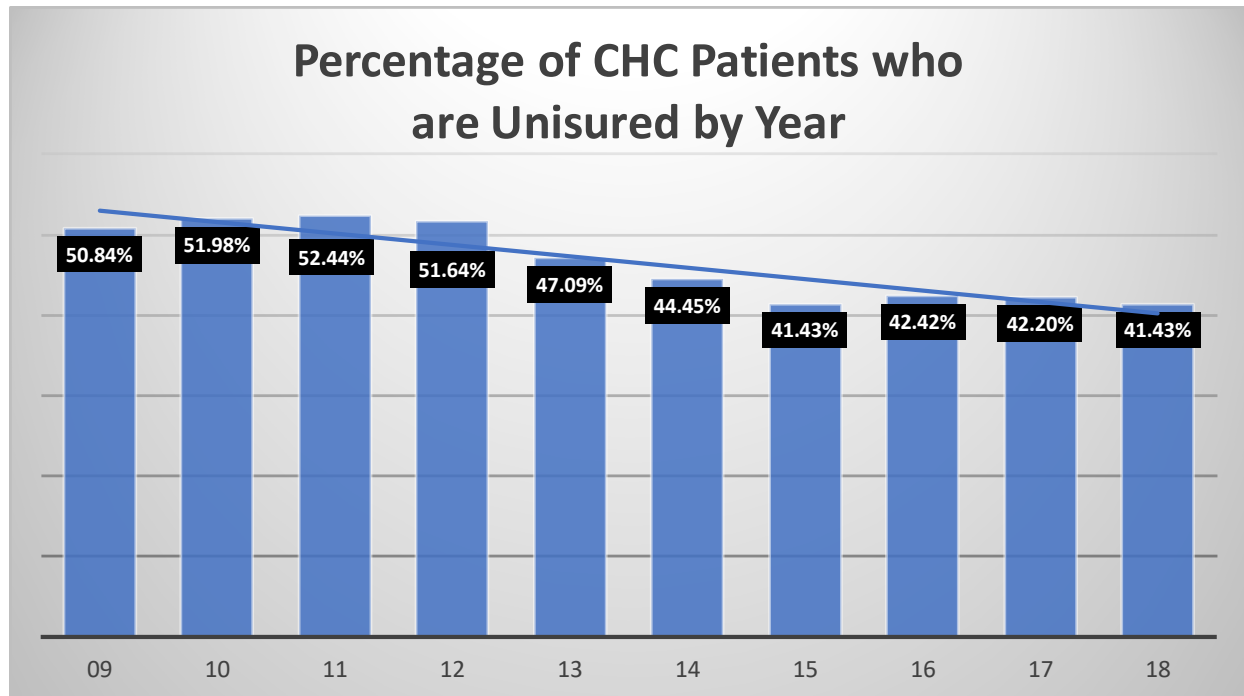
Of 249 National Health Service Corps providers in North Carolina, 153 of them work at Community Health Centers. Loan repayment commitments are one of the crucial factors in keeping rural CHCs staffed. But that funding, too, is uncertain.

ECONOMIC
IMPACT

4400 jobs

CHCs are major employers in many of the areas we serve, and employ over 4400 full time positions in the state. An economic impact analysis from the state office of rural health calculated that one physician brought into a community has an economic impact of \$650,000 in the first year. We're not just good for the health of the people--we improve the health of local economies too.

NORTH CAROLINA SHOULD EXPAND MEDICAID



While the number of uninsured North Carolinians did not decline like in states that expanded Medicaid, there is some improvement after ACA implementation due to the insurance options offered.

"More than 1 million North Carolinians — or 10.7 percent — did not have health insurance in all of 2018, and the same number as for the year before."

Currently, North Carolina community health centers serve approximately 245,000 uninsured patients statewide with primary care services. Many people who are uninsured show up to our clinics with conditions that have grown worse over time due to a lack of insurance. The vast majority of these people are the working poor that make too little to afford the cost of health insurance premiums, and make too much for Medicaid. They are caught in the "coverage gap."

People in low wage jobs and contract workers who do not have the opportunity for coverage should be able to access affordable, reliable primary and preventive care, so that NC's economy can continue to grow.

Effective treatment solutions for opioid use disorder

require a holistic approach. Having health insurance coverage for medical and behavioral health care is essential to treatment success and avoidance of relapse. Behavioral health challenges may result in barriers to employment, sustaining a healthy family, and keeping one's home. Maintaining ongoing access to behavioral health services is important for many people with significant behavioral health struggles.

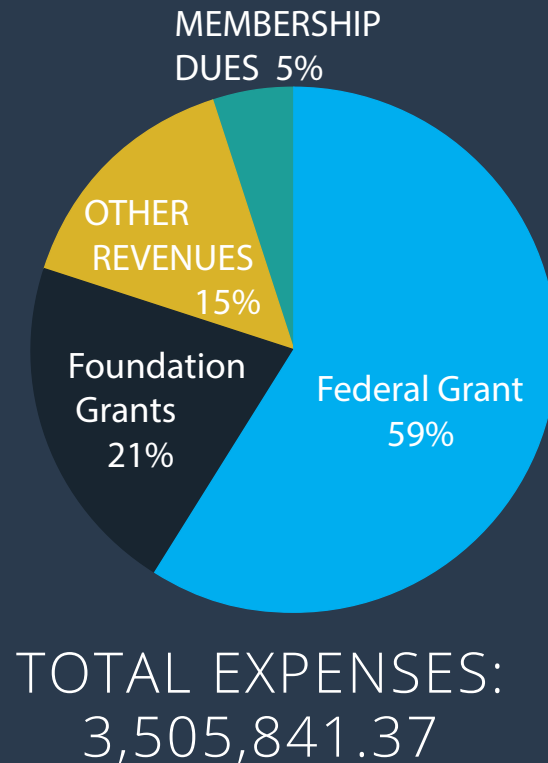
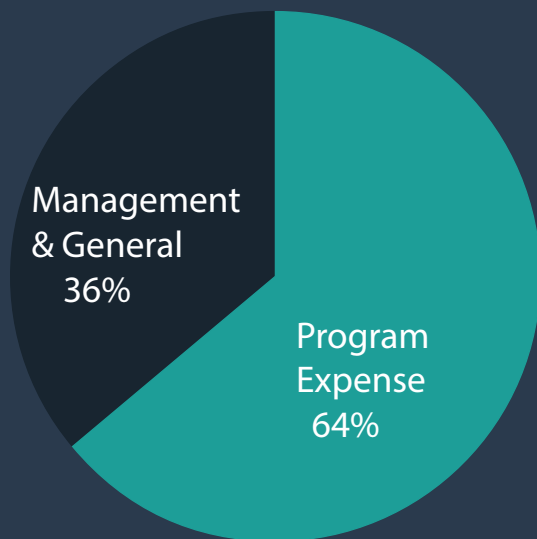
There is correlation between uninsured adults and uninsured children. "Between 2016 and 2018, the total number of uninsured children in North Carolina rose from 115,000 to 130,000."¹ The authors continue, **"Research has shown that parents without insurance are more likely to have uninsured children than those with insurance."**

¹ Engel-Smith, L. (2019, September 23). NC's uninsured gap 9th highest in the nation. North Carolina Health News. Retrieved from https://www.northcarolinahealthnews.org/2019/09/23/nc_uninsured_rate/

¹ Blythe, A. (2019 November 1) Number of uninsured children in North Carolina rises for a second year. North Carolina Health News. Retrieved from <https://www.northcarolinahealthnews.org/2019/11/01/uninsured-children-nc-rises-again/>

NCCHCA Financials

TOTAL REVENUE:
3,947,070.41



TOTAL EXPENSES:
3,505,841.37

RETURN ON INVESTMENT

GRANTS

- \$630,200 KBR Diabetes Telehealth Grant
- \$10,000 Z. Smith Reynolds Interns
- \$60,000 NC Domestic Violence Prevention Coalition - Project Catalyst
- \$10,000 NACHC Mental Health First Aid
- HRSA Behavioral Health funding
- ORH Community Health Grant

TRAINING AND TECHNICAL ASSISTANCE

- \$515,000 Desk Audit - Comprehensive revenue cycle assessment on the health center practice
- \$170,000 Lean Six Sigma

CONFERENCES

- 8 • \$170,000: 4 Signature Conferences Impact: leveraging experts and/or peers to present at NCCHCA conferences (a total of 85 sessions) while utilizing less than 5% of HRSA funding.

Clinical Programs

CLINICAL DEPARTMENT GUIDING PRINCIPLES

- Individual and collective passion for high reliability in the support our members to provide safe and quality delivery of integrated patient-centered care (Patient Centered Medical Home)
- Compassion for our patients, their families and one another
- Diversity and inclusion for both people and ideas
- Innovation in both preventing and solving problems
- Accountability for optimal use of all resources
- Commitment to professional growth and development

DIABETES

NCCHCA and several health centers are participating in the Clinical and Community Connections for Prevention and Health (CCCPH) grant project, focused on improving diabetes care. Through this project, health centers will connect more patients to diabetes self management education and diabetes prevention programs, participate in research level evaluation of chronic kidney disease staging, and inform the development of a Diabetes registry in North Carolina's Health Information exchange.

COLORECTAL CANCER SCREENING

NCCHCA also partners with health centers on several grants targeting increased colorectal cancer screenings. The intended outcomes included a CRC screening registry through the health information exchange, and workflows that improve CRC screening rates in NC's Community Health Centers.



Training and Technical Assistance

TRAINING/ TA: NCCHCA OFFERS WORKGROUPS, CONFERENCES, AND MORE TO OUR MEMBERS

NCCHCA Workgroups meet regularly and allow specialized peer-to-peer conversations around challenges and promising practices in the groups' subject areas.

- Advocacy
- Behavioral Health
- Chief Financial Officers
- Dental Directors
- Diabetes
- Emergency Preparedness
- Human Resources
- Medical Directors
- Outreach and Enrollment
- Pharmacy Directors
- Practice Managers
- Quiche
- Special populations



CONFERENCES

PRIMARY CARE CONFERENCE AND ANNUAL MEETING: **Summer**

This is our annual meeting and is generally attended by health center CEOs and leadership. The conference focuses on needs of the primary care safety net, including free and charitable clinics, local and rural health departments, school based clinics, and the state's office of rural health.

FINANCE ESSENTIALS ACADEMY: **Fall**

The Finance Essentials Academy is an annual two-day conference offering professional development to staff with varying levels of financial knowledge. The training focuses on reimbursement, billing, coding, revenue cycle management regulations, benchmarking as well as other financial topics.

UDS TRAINING: **Winter**

UDS is a yearly training that prepares health center staff to complete the annual UDS report. This training is aimed at those who are responsible for completing the report, management and clinical staff who wish to better understand UDS concepts, and those who use this data in their program management and quality improvement activities.

CLINICAL CONFERENCE ON QUALITY AND CHRONIC DISEASE: **Spring**

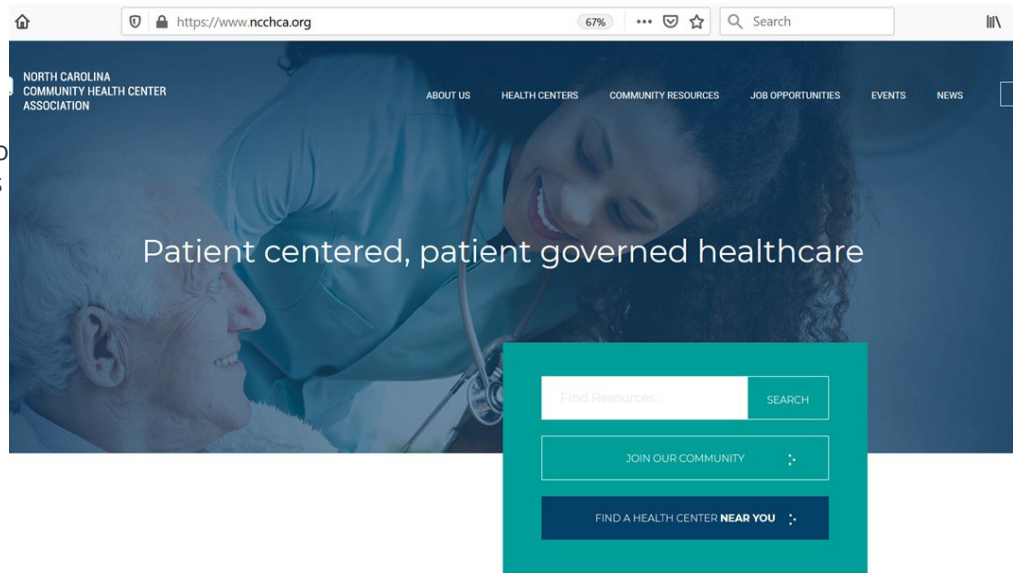
The Clinical Conference occurs annually and is designed for health care providers, administrators, and health care support staff at safety net providers in North Carolina. We typically have attendees from community health centers, rural health centers, free and charitable clinics, and health departments.

EAST COAST MIGRANT STREAM FORUM: **Fall**

UDS is a yearly training that prepares health center staff to complete the annual UDS report. This training is aimed at those who are responsible for completing the report, management and clinical staff who wish to better understand UDS concepts, and those who use this data in their program management and quality improvement activities.

Communications

NCCHCA redesigned and relaunched our website, streamlining communications and allowing each unique user to have their own sign in. Members can access webinars and other resources through our website, and use the new job postings function as well.



EMERGENCY PREPAREDNESS

2018-2019 brought North Carolina two major storms; Hurricane Florence and then Hurricane Michael. Florence's long-term flood effects were felt throughout the state for months. It was also a year of great progress for NCCHCA and member health centers in terms of collaborating with state and safety net partners in emergency preparedness and response. We worked together with HRSA to collect information about damages and closures to community health centers, and then carried that experience to create a similar statewide partnership for the 2019 hurricane season.

In late 2019, NCCHCA worked with our safety net partners to help distribute sub-grants aimed to help health facilities recover from Hurricane Florence and build resilience into the future. NCCHCA also partnered with AmeriCares in offering a CHC preparedness bootcamp at several locations throughout the state.



A patient at Roanoke-Chowan Community Health Center's Creswell Primary Care speaks to Senator Richard Burr about the great diabetes care she receives at the health center.

RELATIONSHIPS, POLICY, NETWORKING

On behalf of our members, NCCHCA engaged the lobbying firm McGuire Woods, joined health centers for visits from elected officials, and planned federal and state visit days for health center staff and patients to communicate with their members of the NCGA and Congress.

Group Purchasing Organization

NCCHCA GPO

NCCHCA
GROUP PURCHASING ORGANIZATION

The North Carolina Community Health Association Group Purchasing Organization (GPO) provides shared services and strategic sourcing solutions for North Carolina's health centers. The GPO leverages community health center purchasing power to generate maximum savings for members. Individual community health centers and lookalike organizations may enroll as GPO members and utilize the Association's group purchasing program as a free benefit.

OVER \$2.35
MILLION IN
SALES



OVER \$50
THOUSAND
FOR
INVESTMENT



\$2.4 Million
In sales

GROWING
WITH YOUR
COMMITMENT
AND
FEEDBACK!



\$56 Thousand
In fees for investment

HCCN

HEALTH CENTER CONTROLLED NETWORK: ALL HEALTH CENTERS JOIN HEALTH INFORMATION EXCHANGE

Prior to the beginning of the project period, North Carolina health centers mostly acted independently of each other. Their role in co-governing the NCCHCA Primary Care Association (PCA) provided an initial infrastructure for these diverse entities to come together and coordinate as a group. This infrastructure was further developed through the work of this and a prior CMHN HCCN. Nevertheless, the health centers have generally struggled to act cohesively as a unit with respect to critical functions in the delivery of care such as adopting standards of care, identifying priority populations, improving performance across health centers, and developing group relationships with payors. At the onset of this CMHN HCCN grant, we recognized that a central challenge and goal would be to create and promote a culture, among health centers, that reduced fragmentation and increased cohesiveness and coordination. Therefore, the CMHN HCCN focused much of its energy during the project period to develop relationships and infrastructure supporting health centers' ability to identify and unite as a single group with a shared mission. One critical component in this effort is strengthening CMHN HCCN relationships with the CMHN IPA, aligning, as much as possible, the Focus Areas of the HCCN Workplan with the work the CMHN IPA especially with respect to establishing payor relations within North Carolina. Leveraging CMHN HCCN and IPA synergies enabled us to make significant strides in a number of HCCN Workplan Focus Areas driven by payor provider network requirement. The CMHN HCCN was successful in assisting PHCs in achieving many improvements aligning with Workplan Focus Areas. CMHN HCCN activities supporting Workplan goals have led to our greatest achievement of the 2016- 2019 HCCN funding opportunity - the realization of substantially increased cohesion of its PHCs. The HCCN has promoted a culture of integration and unification among PHCs that will provide a firm foundation to build on as the CMHN HCCN enters its third HCCN grant where a major anticipated outcome is the development of a true PHC-focused CIN in North Carolina.

Accountable Care Organization

Carolina Medical Home Network – Accountable Care Organization (CMHN-ACO) is a partnership of 4 NC health centers that have entered into the Medicare Shared Savings Program (one-sided model). Currently in Program Year 5, CMHN-ACO received funding from the Center for Medicaid and Medicare Services (CMS) in 2016 for ACO Investment Model (AIM) to support care coordination efforts at ACO member health centers and network administrative services. CMHN-ACO serves as the pilot for identification of population health strategies to scale up to the larger CMHN network.

Quick Facts about CMHN ACO

- CMHN-ACO was a result of the Affordable Care Act
- 7,500 Medicare beneficiaries are currently assigned to our ACO
- Currently there are four health centers participating: Advance Community Health, Gaston Family Health Services, Hot Springs Health Program and Piedmont Health.
- CMHN-ACO has outperformed the target benchmark set by CMS the past three years. In 2018 CMHN-ACO saved Medicare \$1.1 million dollars.
- Focus is on preparation for Medicaid Managed Care through connection to the NC Health Information Exchange; enhancement of Transitions of Care workflow and increasing Chronic Care Management enrollment.
- Health centers benefit from the exchange of best practices and support of member health centers via Population Health committee meetings and monthly ACO Clinical Leadership calls
- Movement towards Clinical Integration via the Clinical Pathways and Provider Scorecards introduced through the ACO
- 25% of original CMHN-ACO members have graduated into participating in their local ACO systems

CMHN-ACO has outperformed the target benchmark set by CMS the past three years. In 2018 CMHN-ACO saved Medicare \$1.1 million dollars.

Independent Practice Association

Carolina Medical Home Network Independent Practice Association
FY 2018-2019

- Reviewed and delivered Participating Provider Agreements for all five NC Medicaid Prepaid Health Plans to all NCCHCA members
- Met regularly with all NC Medicaid Prepaid Health Plans to communicate value of community health centers and identify opportunities for collaboration with the PHP networks
- Worked collaboratively with the Health Center Controlled Network to identify a population health and network management platform that will support network level and health center data needs in value-based care arrangements
- Provided education and support to members regarding changes with State Health Plan contracts
- Managed a Blue Quality Physician Program Intermediary Services Agreement for participating members

Partnership Highlights

NCCHCA IS THANKFUL TO COLLABORATE WITH THE FOLLOWING COMMUNITY ORGANIZATIONS

Blue Cross and Blue Shield of NC Foundation
Kate B. Reynolds Charitable Trust
US Department of Health & Human Services, Health Resources & Services Administration
NC Association of Free and Charitable Clinics
NC Healthcare Association
NC DHHS
Care 4 Carolina
NC Rural Health Leadership Alliance
Care Share Health Alliance
Carolina Medical Home Network ACO
Carolina Medical Home Network IPA
NC Area Health Education Center
American Cancer Society
UNC Lineberger Cancer Center
NC Office of Rural Health
NC DHHS Comprehensive Cancer Control Program
NC School Based Health Alliance
National Center for Farmworker Health
National Association of Community Health Centers
NC Medical Society
Carolina Complete Health
Center for Medicare and Medicaid Services
National Cancer Institute
North Carolina Coalition against Domestic Violence
i2i Center for Integrative Health
Centers for Disease Control and Prevention
CCNC
NC Medical Society
NC Institute of Medicine
NC Office of Emergency Management

DATA INFORMED OUTREACH GRANT

Through funding from the BlueCross BlueShield of North Carolina Foundation, NCCHCA has lead the Data Informed Outreach project from 2017 to 2019. Over the three-year project, NCCHCA has supported nine health centers to integrate a community health worker into clinical care teams. The community health worker serves as an extension of the care team outside of the clinic for patients at risk of emergency department use or hospitalization. The CHW helps identify and meet non-medical needs, such as food insecurity and transportation.





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NCCHCA

18-19

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