

# While you're waiting for us to start, check out the results of HRSA's health center survey... (there is no audio for this slide)

54% of NC health centers responding

Testing Capacity	NC
Health Centers with COVID-19 Testing Capacity	100%
Health Centers with COVID-19 Drive-Up/Walk Up Testing Capacity	85.71%

Average Turnaround Time for COVID-19 Test Results	
Less than 1 Hour	19.05%
12 Hours or Less	0%
24 Hours	14.29%
2-3 Days	61.90%
4-5 Days	4.76%
More than 5 Days	0%

Operations	NC
Health Center Weekly Visits Compared to Pre-COVID 19 Weekly Visits	80.48%
Health Center Sites Temporarily Closed	4
Staff Tested Positive for COVID-19	8
Health Center Staff Unable to Work (due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)	1.67%
Average Percent of Health Center Visits Conducted Virtually	29.52%

Latest Data from September 25th

<https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc>



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Number of Patients Tested for COVID-19	NC
Patients Tested	3427
Patients Tested Positive	314

Race/Ethnicity	Patients Tested	Tested Positive
White, Non-Hispanic/Latino	31.19%	30.25%
White, Hispanic/Latino	8.96%	14.01%
Black, Non-Hispanic/Latino	31.07%	22.93%
Black, Hispanic/Latino	0.73%	1.59%
Asian	0.76%	1.27%
American Indian/Alaska Native	0.76%	0.0%
Unreported/Refused to Report	17.16%	14.65%

Latest Data from September 25th

<https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/nc>

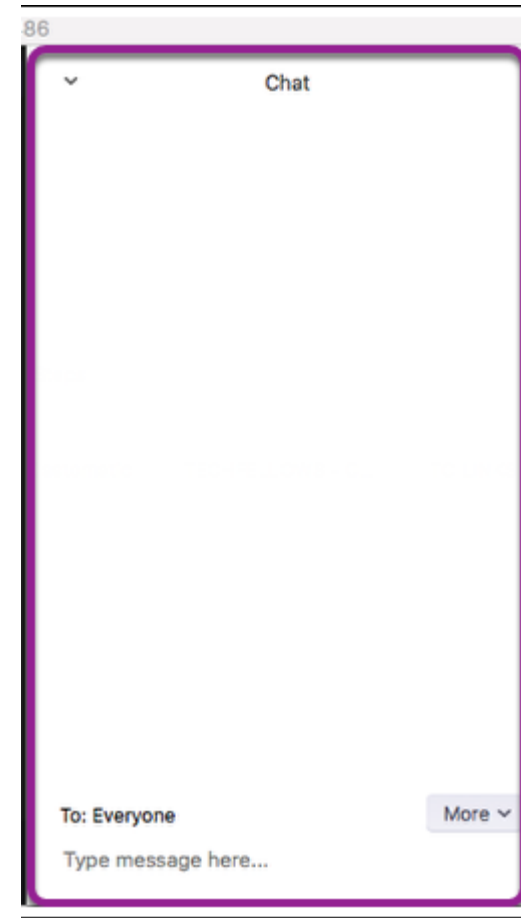


# CHC Task Force Meeting

October 9, 2020



# Zoom Help



You can also send questions through Chat. Send questions to Everyone or a specific person.

Everyone will be muted. You can unmute yourself to ask questions by clicking on the microphone or phone button.

# Agenda

- **Welcome**, Chris Shank, President & CEO, NCCHCA
- **MedServe Fellows**, Anne Steptoe, Executive Director, MedServe Fellows
- **Resiliency Q&A**, Patrick Jeffs, PhD, The Resiliency Solution
- **Voter Registration & GOTV Support**, Jania Tumey & Dr. Alister Martin, VotER
- **NCCHCA Updates**
  - Regional Team Strategy Roll Out, Sharon Brown-Singleton, Interim Chief Program Officer
  - Policy Updates, Brendan Riley, Director of Policy
- **Wrap-Up**

Slides & Other Info will be available on our website:  
[www.ncchca.org/covid-19/covid19-general-information/](http://www.ncchca.org/covid-19/covid19-general-information/)



Welcome from Chris Shank,  
President & CEO, NCCCHCA



*Introducing the Power of Primary Care:  
A Two Year Fellowship*



# Overview of the Program

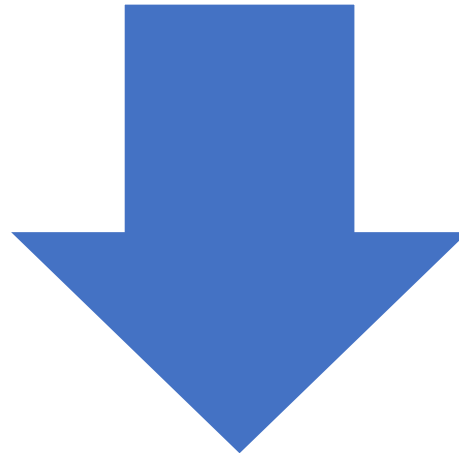


- Teach for America, for healthcare – 2 year service fellowship
- Founded Summer 2015. First cohort Summer 2016.
- Operate 58 Fellow positions at 40 clinic organizations, including 17 FQHCs, FQHC-lookalikes and rural health centers



# Mission

Give back without it  
becoming another  
community service for  
your organization



Provide  
immediate  
human capital  
to safety net  
primary care  
clinics



Inspire the  
next  
generation of  
primary care  
providers for  
your clinics



# What Can a MedServe Fellow Do?



- We aim to tailor that to you and your needs
- We simply ask that you fit those into a framework we believe helps facilitate transformational experiences:
  1. **Clinical role** – be a part of clinical care delivery
  2. **Community role** – see the big picture of how primary care can make a difference

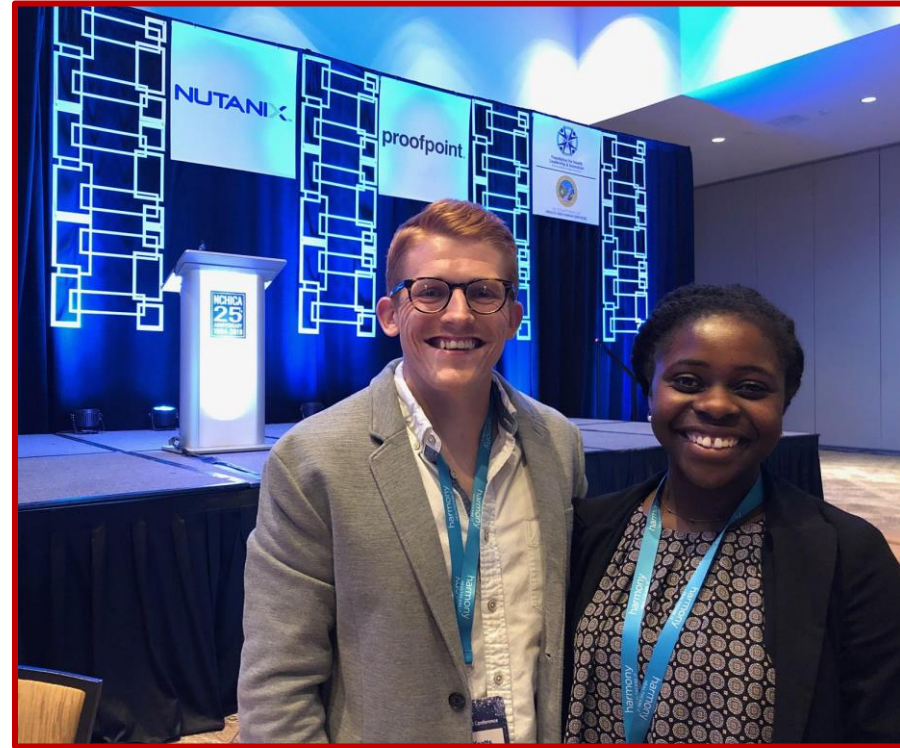
# Common Clinical Roles

- Medical Assistant
- Scribe
- Medical Interpreter



# Common Community Roles

- Health Coach
- Health Educator
- Community Health Worker
- Care Management
- Population Health / Quality Improvement Specialist





# The MedServe Investment

- Clinics provide:
  - \$10k/yr annual stipend
  - Access to health insurance
  - \$500 annual administrative fee to MedServe
- MedServe adds resources:
  - \$10k/yr annual stipend
  - Annual AmeriCorps scholarship funds for Fellows



# Interested in Hosting a Fellow?

→ <https://www.med-serve.org/interest-form>

→ Steps needed:



## CLINIC PARTNER INTEREST FORM

If you are interested in becoming a clinic partner, please fill out the form below and a MedServe staff member will reach out to you.

Name \*

First Name

Last Name

Email Address \*

Clinic Name \*

Clinic Location \*

What innovative care delivery models or community initiatives are being practiced in your clinic? \*

Resiliency Q&A

Patrick Jeffs, PhD

The Resiliency Solution

[www.theresiliencysolution.com](http://www.theresiliencysolution.com)

# NCCHCA Updates





# REGIONAL TEAM STRATEGY

NC Community Health Center Association

# OVERVIEW

- Who – NCCHCA Staff
- What – Regional site check ins
- When – Scheduled coordinated w/ CHC staff –
  - *Kick off for CHCs - Feb 1 2021*
  - *Kick off for staff – October 15, 2020*
- Why...see objectives

# OBJECTIVES

- Ensure health centers are on target to succeed in the Medicaid Managed Care & Value-based payment environment
- Identify issues and successes by region
- Build relationship between members and with NCCHCA staff to instill a trust-worthy working rapport
- Create partnerships with new & existing organizations within the region
- Provide a venue for open and transparent dialogue between CEO colleagues

# GOAL: Increase “X” Healthy North Carolina 2030 indicators -- one region at a time\*

- Individual health indicators may be selected by region

		TOTAL POPULATION		
	HEALTH INDICATOR	DESIRED RESULT	CURRENT (YEAR)	2030 TARGET
1	INDIVIDUALS BELOW 200% FPL	Decrease the number of people living in poverty	36.8% (2013-17)	27.0%
2	UNEMPLOYMENT	Increase economic security	7.2% (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
3	SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	Dismantle structural racism	1.39 (2017-18)	0.80
4	INCARCERATION RATE (PER 100,000 POPULATION)		341 (2017)	150
5	ADVERSE CHILDHOOD EXPERIENCES	Improve child well-being	23.6% (2016-17)	18.0%
6	THIRD GRADE READING PROFICIENCY	Improve third grade reading proficiency	56.8% (2018-19)	80.0%
7	ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2010/18)	92%
8	LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%
9	SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%
10	DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	Decrease drug overdose deaths	20.4 (2018)	18.0
11	TOBACCO USE	Decrease tobacco use	YOUTH 19.8% (2017) ADULT 23.8% (2018)	9.0% 15.0%
12	EXCESSIVE DRINKING	Decrease excessive drinking	16.0% (2018)	12.0%
13	SUGAR-SWEETENED BEVERAGE CONSUMPTION	Reduce overweight and obesity	YOUTH 33.6% (2017) ADULT 34.2% (2017)	17.0% 20.0%
14	HIV DIAGNOSIS (PER 100,000 POPULATION)	Improve sexual health	13.9 (2018)	6.0
15	TEEN BIRTH RATE (PER 1,000 POPULATION)		18.7 (2018)	10.0
16	UNINSURED	Decrease the uninsured population	13% (2017)	8%
17	PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1:1,500 PROVIDERS TO POPULATION)	Increase the primary care workforce	62 (2017)	25% decrease for counties above 1:1,500 providers to population
18	EARLY PRENATAL CARE	Improve birth outcomes	68.0% (2018)	80.0%
19	SUICIDE RATE (PER 100,000 POPULATION)	Improve access and treatment for mental health needs	13.8 (2018)	11.1
20	INFANT MORTALITY (PER 1,000 BIRTHS)	Decrease infant mortality	6.8 (2018) Black/white disparity ratio = 2.4	6.0 Black/white disparity ratio = 1.5
21	LIFE EXPECTANCY (YEARS)	Increase life expectancy	77.6 (2018)	82.0

# 4 Statewide Standard Plans (SP)

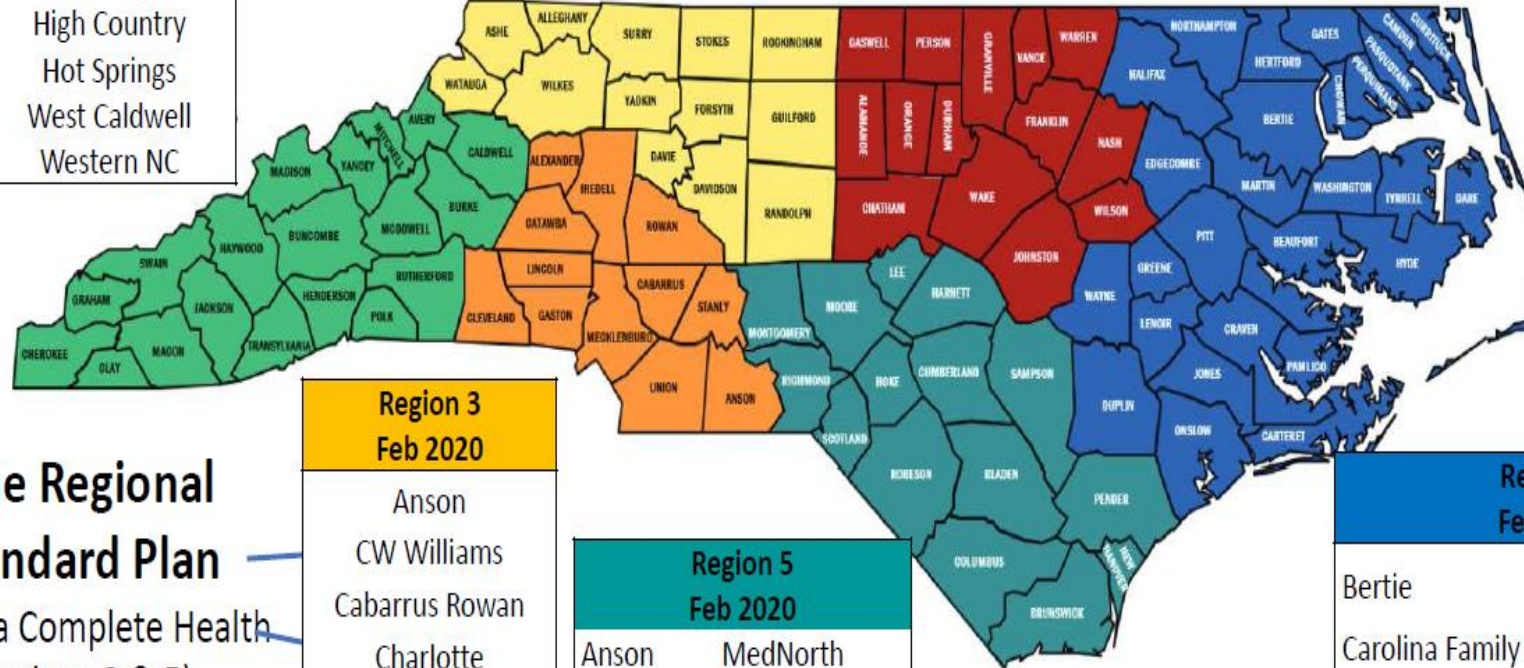
- 1. AmeriHealth Caritas
- 2. BlueCrossBlueShield

- 3. United Healthcare
- 4. WellCare

Region 1 Feb 2020
App Mountain CHC Bakersville Blue Ridge High Country Hot Springs West Caldwell Western NC

Region 2 Nov 2019	
AppHealthCare	Southside
Gaston*	Triad
High Country*	Piedmont
MERCE	Wilkes

Region 4 Nov 2019		
Advance	CommWell*	Person
Caswell	Lincoln	Piedmont
Carolina Family*	OIC*	Rural Health Group*



**One Regional Standard Plan**  
Carolina Complete Health  
(Regions 3 & 5)

Region 3 Feb 2020	
Anson	
CW Williams	
Cabarrus Rowan	
Charlotte	
Gaston	

Region 5 Feb 2020	
Anson	MedNorth
Black River	[REDACTED]
CommWell	South Central
First Choice	Stedman Wade
Goshen	

Region 6 Feb 2020	
Bertie	Kinston
Carolina Family	Metropolitan
Craven	Ocracoke
Gateway	OIC
Goshen	Roanoke Chowan
Greene	Rural Health Group

Region 1  
April Morgan  
Josie Lane  
Jenie Abbotts

Region 2  
Diane Hobgood  
Lauren Lowery  
Libby Lawson

Region 3  
Rosa Navarro  
Tamara Jones  
Rob McIlwain  
Claudette Johnson

Region 4  
Kristen Dubay  
Erica Hall  
Bryan Parrish  
Haminat Oladipo

Region 5  
Brendan Riley  
Bailey Smith  
Sanga Krupakar

Region 6A  
Leslie Wolcott  
Mel Goodwin  
Sharon Brown-Singleton

Region 6B  
Katherine Jackson  
Ronak Patel  
Gail Cooley  
Carey O'Reilly

\* Denotes health center that has some sites going live in Phase 1 and others in Phase 2.



# Health Centers per region – **red font donates CEO/CHC Champion**

## Region 1

App Mountain CHC  
Bakersville  
Blue Ridge  
Hot Springs  
**West Caldwell**  
Western NC

## Region 2

App Health CHC  
**High Country**  
Merce  
United Health Centers  
Triad Adult/Peds  
Wilkes CHC

## Region 3

Anson  
**CW Williams**  
Cabarrus Rowan  
Charlotte CHC  
Gaston

## Region 4

Advance  
Caswell  
**Carolina Family**  
Lincoln CHC  
OIC  
Person Family  
Piedmont  
Neighbor Health

## Region 5

Black River Health  
CommWell Health  
First Choice  
**MedNorth**  
Robeson  
Stedman Wade

## Region 6A

**Ocracoke**  
Craven  
Goshen Medical  
Greene County  
Kinston CHC  
Rural Health Group

## Region 6B

Bertie  
Roanoke Chowan  
Gateway  
**Agape/Metropolitan**



Policy Updates

Brendan Riley, Director of Policy



# Policy Updates – Grab Bag

1. 340B Drug Discount Program Developments
2. Changes to Provider Relief Fund – Tune in to BKD/NACHC Town Hall Today at 3 PM ET
3. Health Center Funding Cliff – Now December 11
4. Other Updates
  - a) Status of Congressional Negotiations on COVID Relief Package
  - b) Supreme Court

# Policy Updates

- 340B Drug Discount Program Updates
  - Seeking Responses to NCCHCA Survey
  - Comments due on proposed rule (implementing Executive Order re: FQHC 340B insulin and EpiPens) on October 28
  - Status of contract pharmacy restrictions by manufacturers, response
- Provider Relief Fund – Recent Changes
  - New funding distribution announced. FQHCs eligible, must apply
  - Recent change in guidance re: how providers can use funds for "lost revenues."
  - BKD & NACHC Town Hall for CHC Leaders – Today from 3:00-4:00 PM: <https://register.gotowebinar.com/register/6919162212432278540>

# Policy Updates

- Federal spending bill signed into law to prevent government shutdown through December 11
  - Includes extension of mandatory funding for Community Health Centers, National Health Service Corps, and Teaching Health Centers GME programs through Dec. 11
  - HRSA: "At this time, HRSA anticipates providing partial FY 2021 continuation funding to health centers based on the available FY 2021 funding."
- Other Updates
  - Status of COVID relief negotiations in Congress
    - House passed another bill, Senate on recess through October 19
    - President directed negotiations to cease until after election
  - SCOTUS nominee hearings scheduled for Oct. 12
    - Oral arguments in challenge to entirety of Affordable Care Act scheduled November 10; decision likely in summer 2021

# Upcoming FQHC Task Force Calls

**October 23, 10:00-11:30am**

**November 6, 10:00-11:30am**

**November 23, 10:00-11:30am**



**Stay connected!**

[www.ncchca.org/covid-19/](http://www.ncchca.org/covid-19/)

[covid19@ncchca.org](mailto:covid19@ncchca.org)

