

**Citizens HealthCare
Oversight Committee
Presentation**

August 19, 2016

**Central Florida
Health Care**

HEALTH CARE WITH A HEART



MISSION

To serve as the premier patient centered medical home offering quality, affordable, primary and preventive health care.



VISION

Improve Health
Enhance Quality of Life
Create Strong Solid Partnerships
Focus on Excellence



What is an FQHC?

Federally Qualified Health Centers (FQHC) are safety net providers with the main purpose of enhancing the provision of primary care services in medically-underserved urban and rural communities.

1,375

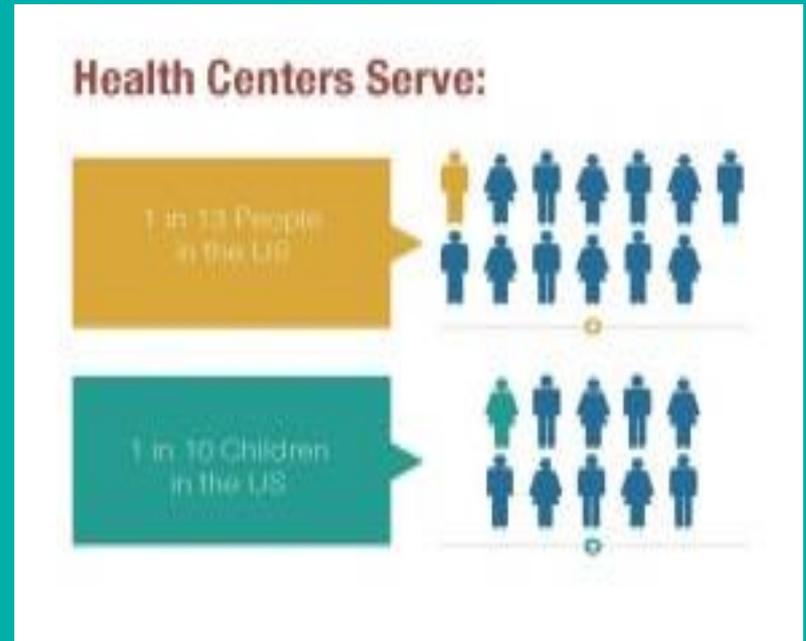
FQHC's in the US

24,295,946

Patients served in the US

- Not-for-profit organization – 501C3
- Do not turn any patient away due to ability to pay

What is an FQHC?



Bureau of Primary Health Care's goal (BPHC)

BPHC oversees the Health Center Program, a national network of community health centers that exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population.

These health centers provide comprehensive primary care services without regard for patients' ability to pay and charge for services on a sliding fee scale.

Health centers improve patient outcomes while reducing health disparities, despite serving a population that is often sicker and more at risk than the general population. They also reduce costs to health systems; the health center model of care has been shown to reduce the use of costlier providers of care, such as emergency departments and hospitals.

HRSA

VISION

Healthy Communities, Healthy People

MISSION

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

GOALS

Goal 1: Improve Access to Quality Care and Services.

Goal 2: Strengthen the Health Workforce.

Goal 3: Build Healthy Communities.

Goal 4: Improve Health Equity.

Goal 5: Strengthen HRSA Program Management and Operations.

What is a Patient Centered Medical Home?

The Patient-Centered Medical Home (PCMH) is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community.

The patient/family is the focal point of this model, and the medical home is built around this center.

- **Relationship Based** – Focus on the whole person, including their values/preferences/culture
- **Comprehensive Care** – team of providers including nutritionist, pharmacist, nurse, MA, etc...
- **Coordinated Care** – Specialty services, hospitals, home care etc...
- **Access to Care** – Patient Portal, 24 HR On-Call, Walk-In Appointments
- **Quality/Safety** – Performance measurement and improvement, quality and safety data

Accredited by the Joint Commission which includes PCMH Accreditation

EMPLOYEE GROWTH

Polk, Highlands & Hardee Counties | 13 Clinics

	2015	2016
Total # of Employees	252	324
Providers	18	20
ARNP's	14	19
Nurses	45	49
MA's	21	52
Dietitian	0	1
Dentists	8	11
Dental Hygienists	3	5
Pharmacists	9	9

Administrative Departments: HR, Accounting and Finance, Risk Management and Quality Improvement, Facilities, Enabling Services (at each site for outreach and enrollment), Marketing and Development

Additional staff include: Lab, x-ray, front desk staff, MA's, call center staff, referral staff, billing and coding, dietician.

CFHC PRODUCTIVITY BY PATIENTS AND VISITS

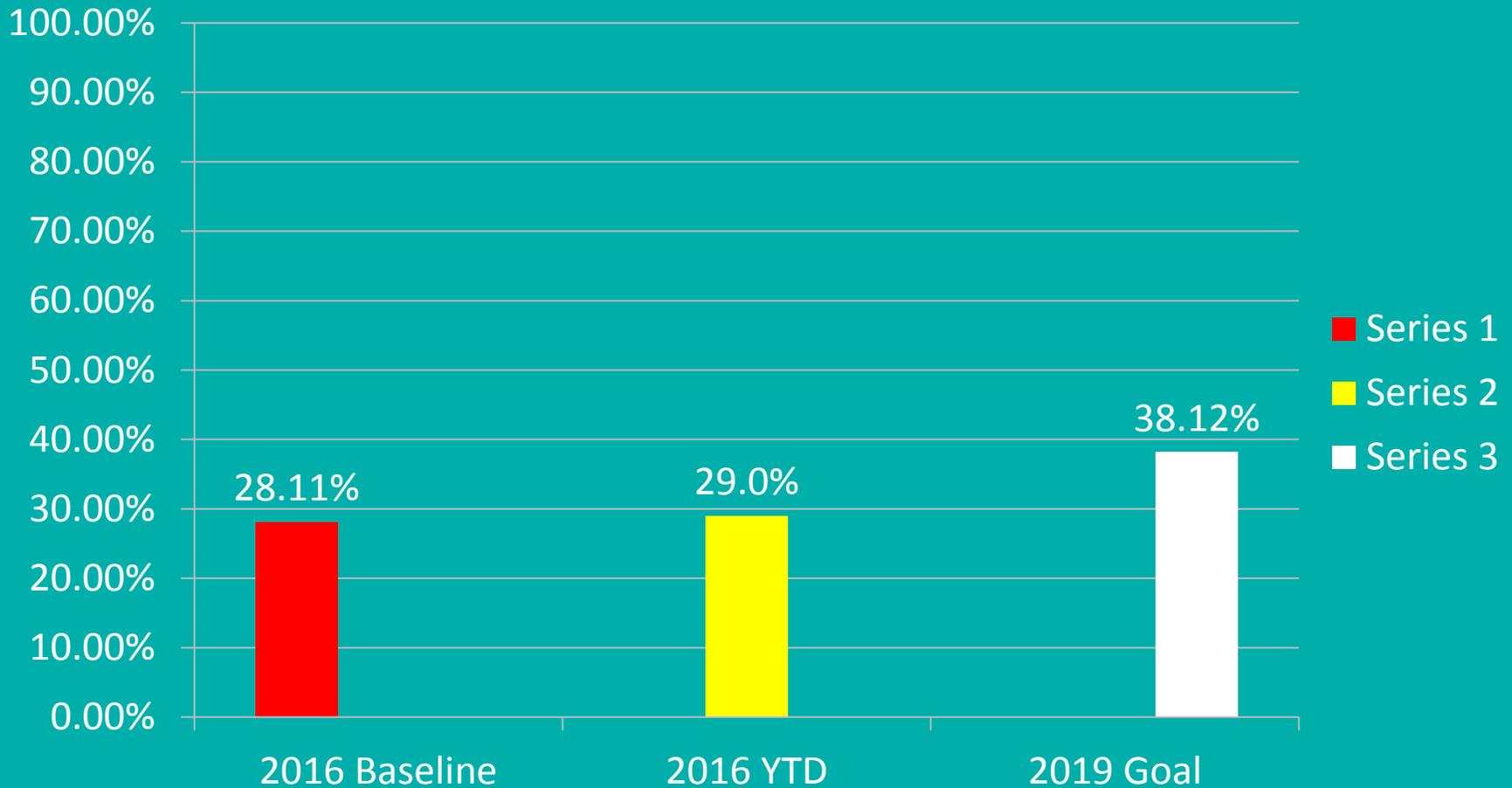
	YEAR 2014	YEAR 2015	YEAR 2016 (YTD)
VISITS	87,712	98,241	74,681
PATIENTS	30,450	32,611	33,765

Quality Performance Indicators

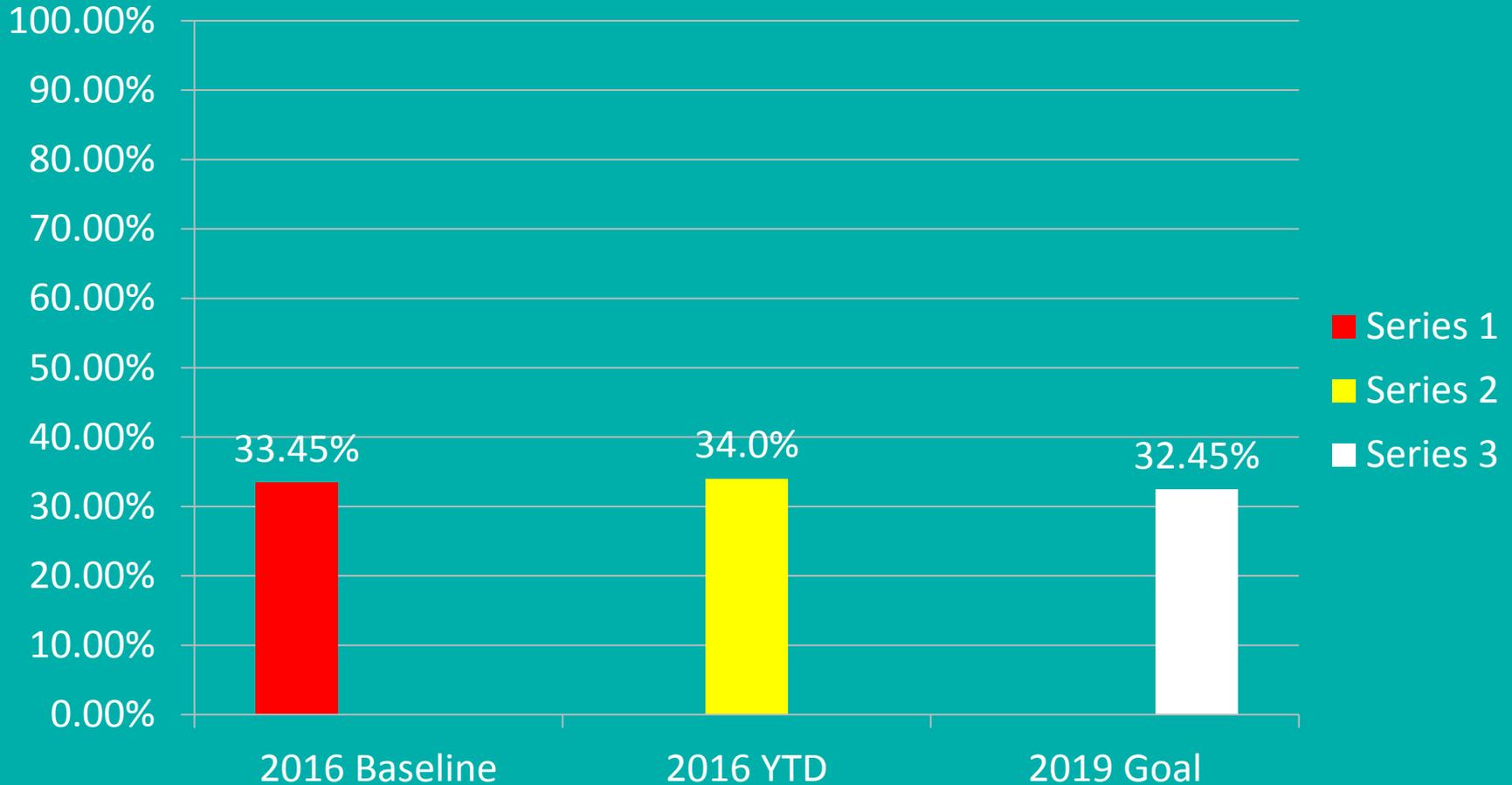
2016 YTD & 2019 Goals

Quality Measure: Colorectal Cancer Screening age 50-75yrs

Our goal is to increase 2% per year to reach our 2019 target of 38.12%

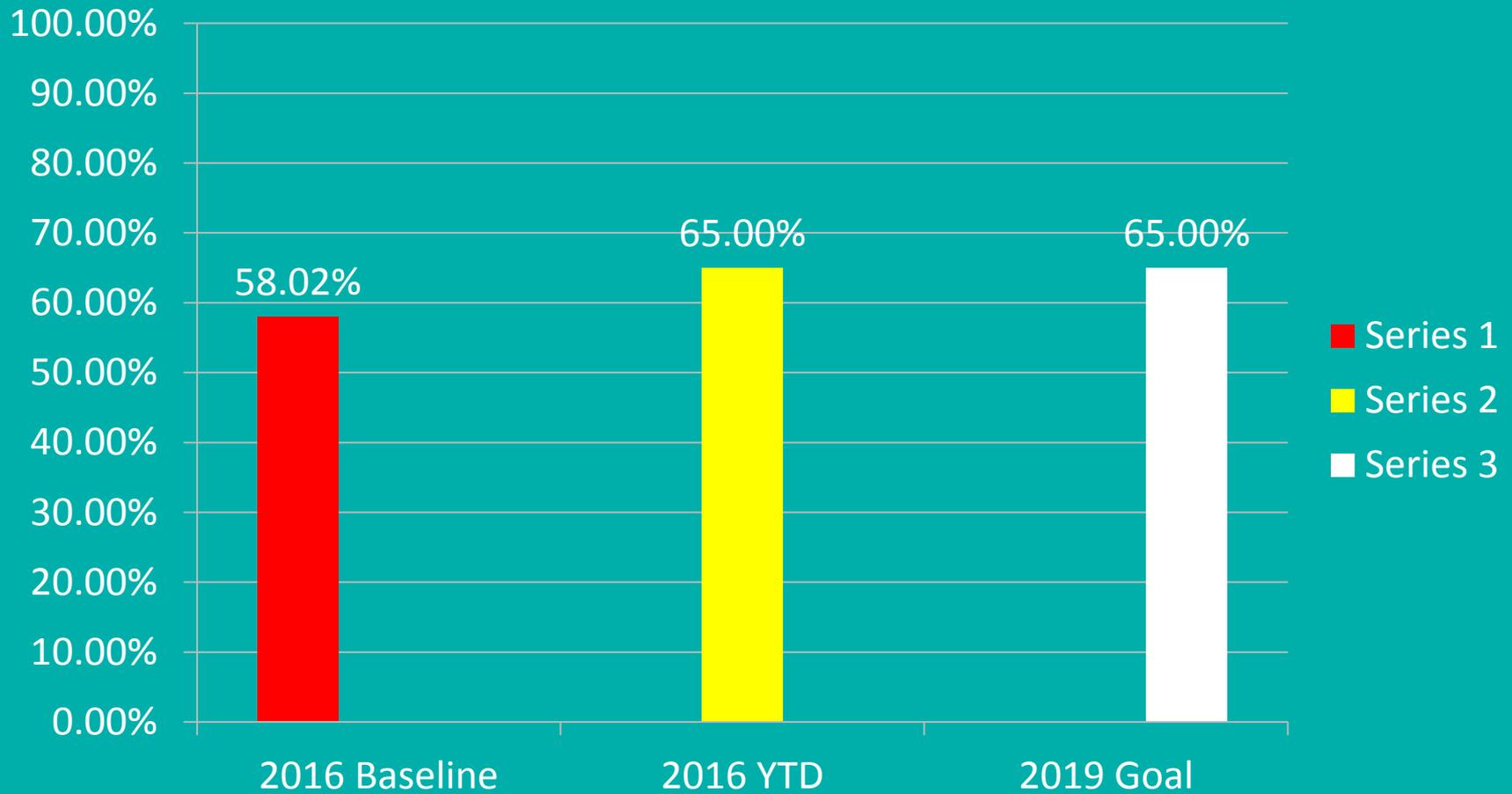


Quality Measure: Adult Type I/Type II Diabetes w/A1c greater than 9%
Our goal is to decrease 1% per year to reach our 2019 target of 32.45%

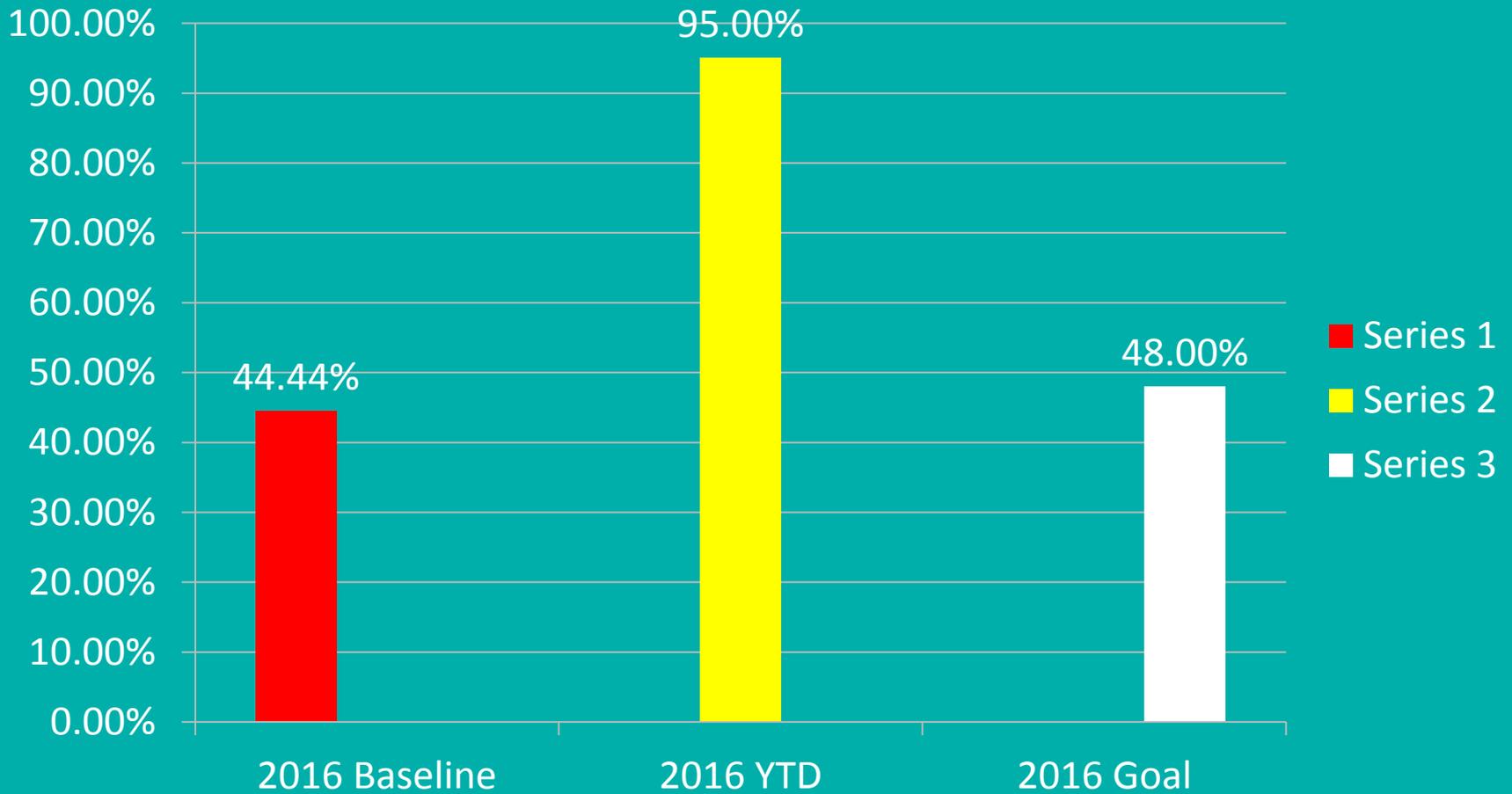


Quality Measure: Patients 2-17 yrs old with documentation of BMI, nutrition and physical activity counseling.

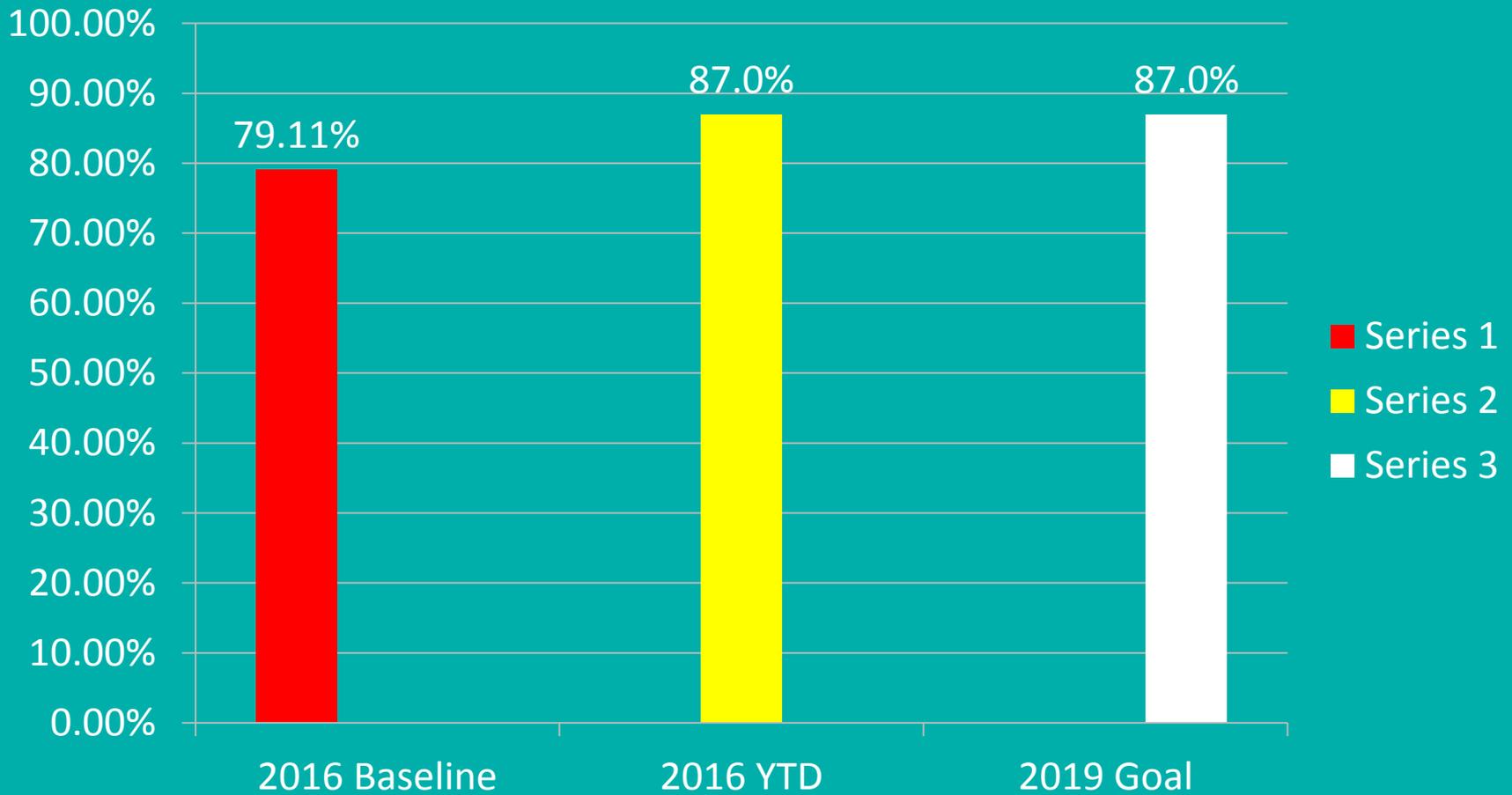
Our goal is to increase by 1.6% per year to reach our 2019 target of 65%



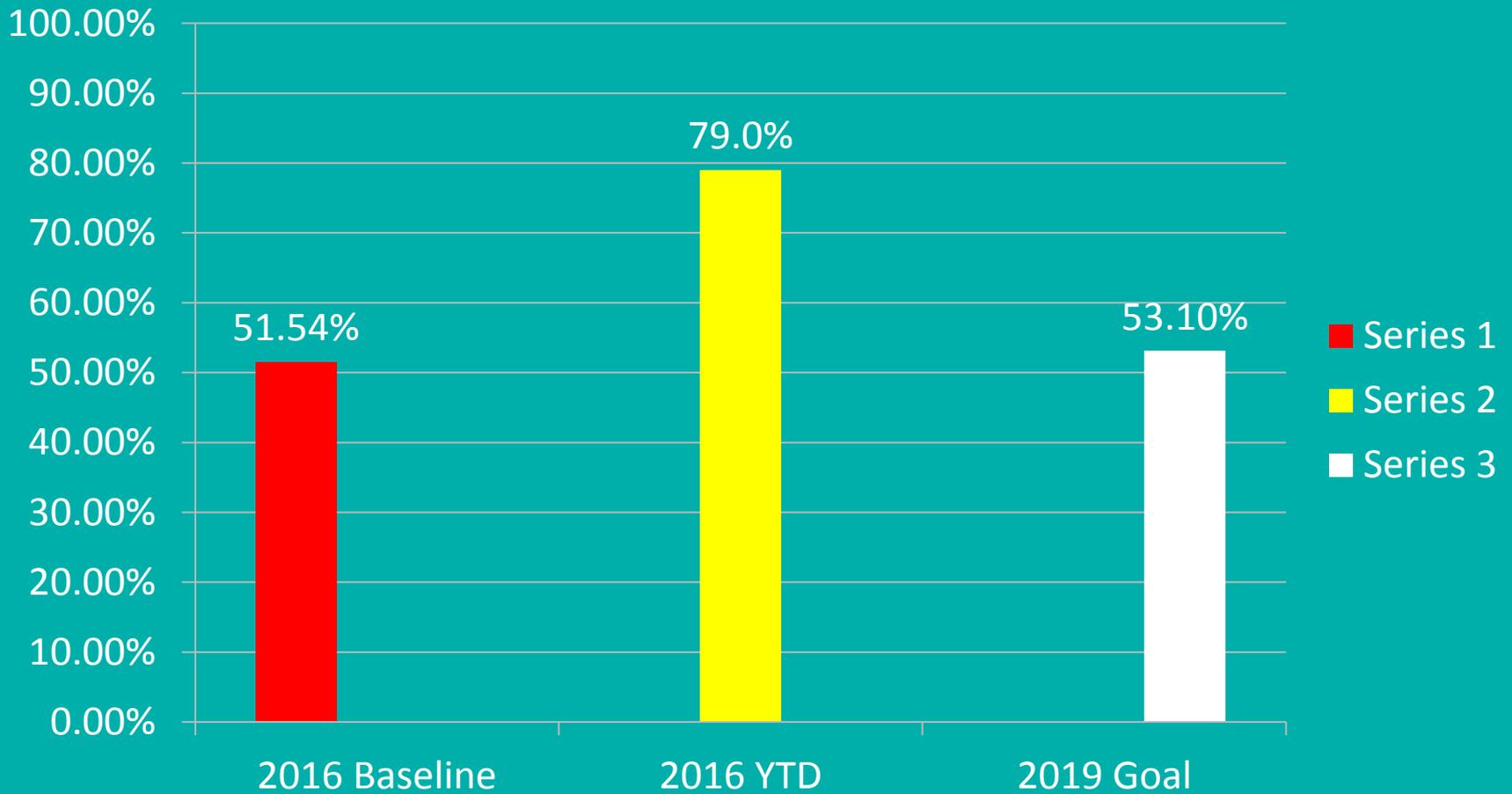
Quality Measures: Patients age's 5-40yrs old Diagnosed with mild, moderate, or severe persistent Asthma who received or were prescribed an accepted pharmacologic therapy
Our goal is to increase by 2% per year to reach our 2019 target of 48%



Quality Measure: Patients 18 yrs or older diagnosed with Coronary Artery Disease prescribed a lipid lowering therapy.
Our goal is to increase 3.2% per year to reach our 2019 target of 87%



Quality Measure: Patients ages 12 and older screened for clinical depression using an age appropriate standardized tool and follow-up plan documented.
Our plan is to increase 1% per year to reach our 2019 Goal of 53.10%



HAINES CITY

Health Resources Services Administration (HRSA)
New Access Point – \$650,000 Haines City

Grant submitted: July 15, 2016
Contract on: 705 Ingraham Avenue
Haines City, Florida

Services to include:
Medical (Adults and Pediatrics)
Dental
Lab, X-Ray
Pharmacy

Award announcements: December 2016
Operational in 120 days (May 2017)

TRANSPORTATION

Polk County:

Universal Access Service Agreement

Lakeland Area mass Transit District

Polk County Transit System

Highlands and Hardee Counties

Transdev Services

How we help our patients with transportation:

Identify if insurance covers transportation

Provide bus passes (approximately 85 month)

Assist patients with applications

Areas of transportation needs:

No transportation in Mulberry

Limited route times in Dundee and Frostproof



THANK YOU!

