



OPCA
Oregon Primary
Care Association

Oregon's Community Health Centers



November, 15, 2016

Claire Tranchese, MPA:HA,

Training & Development

Manager, Oregon Primary Care Association

The Oregon Primary Care Association

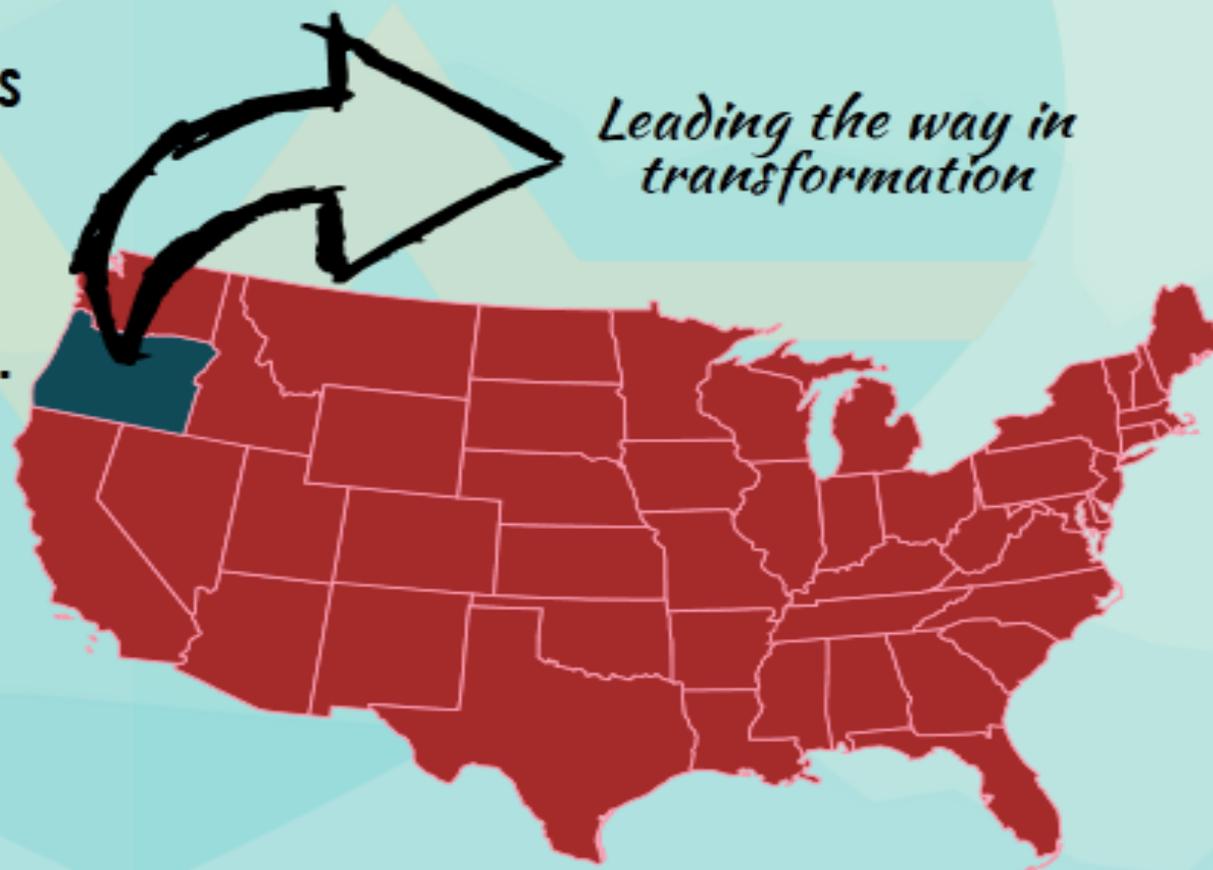
What we do

Provide technical assistance to Oregon's federally qualified health centers.

Learn from, educate and influence health policy at state and national level.

Our mission

Lead the transformation of primary care to achieve health equity for all.



Leading the way in transformation

What I will share today

- What and who are Oregon's CHCs?
- How are they funded?
- What services do they provide?
- How are they involved in Transformation?
- How do they collaborate?



What are Community Health Centers?

- The Federally Qualified Health Center (FQHC/CHC) Model began during the War on Poverty. First CHCs opened in 1965.
- Serve traditionally underserved population like the Homeless, Farmworkers, and low income individuals and families.
- Are community based and locally supported
- [33 CHCs are operating in Oregon](#) with over 200 delivery sites including almost 2/3 of the School-Based health centers as delivery sites



Who are the CHCs in Oregon?

- **CHCs housed within Counties:**

- » Benton and Linn Counties
- » Clackamas County
- » Lane County
- » Lincoln County
- » Multnomah County
- » Tillamook County

- **CHCs in Eastern Oregon**

- » Columbia River CHC (Boardman)
- » Valley Family Health Care (Ontario)
- » Winding Waters (Enterprise)

- **CHCs in Central Oregon:**

- » One Community Health (Hood River and The Dalles)
- » Asher (Condon and Fossil)
- » Mosaic Medical (Bend, Madras, Redmond and Sisters)
- » La Pine CHC
- » Klamath Open Door

CHC Gathering
in Sun River



Who are the CHCs in Oregon?

- **CHCs in Southern Oregon:**
 - » La Clinica (Medford)
 - » Rogue CHC (Medford)
 - » Coast CHC (Bandon)
 - » Siskiyou CHC (Grants Pass)
 - » South River CHC (Winston)
 - » Umpqua CHC (Roseburg)
 - » Waterfall CHC (Coos Bay)
- **CHCs in Northern Oregon:**
 - » Whitebird Clinic (Eugene)
 - » North West Human Services (Salem)
 - » Yakima Valley Farmworkers (Salem, Woodburn, Portland, Hermiston & Astoria)
 - » Virginia Garcia (Washington County)
 - » Rinehart Clinic (Wheeler)
 - » Central City Concern (Portland)
 - » Native American Rehabilitation Association, NARA (Portland)
 - » Neighborhood Health Center (Washington and Clackamas Counties)
 - » OHSU Richmond (Portland)
 - » Outside In (Portland)
 - » The Wallace Medical Concern (Gresham)

Basic Characteristics of a CHC

1) Located in high need areas (Medically Underserved Area (MUA) or Medically Underserved Population (MUP))

<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

2) Provides (directly or by contract) a **comprehensive scope of preventive and primary health services**, including enabling and support services such as translation and transportation. Medical, mental and dental care are all addressed at a CHC.

3) Open to all residents regardless of ability to pay. Has a schedule of discounts for patients who are at 100-200% of the federal poverty level (FPL). The fee is adjusted on the basis of ability to pay and a nominal fee is required for those under 100% FPL

Basic Characteristics of a CHC:

4) **Held to strict performance/accountability measures:** administrative, clinical, governance, and financial. Must report Universal Data System annually to the federal government.

5) **Must be a non-profit or public entity:** to be eligible to become an FQHC the board of directors for the organization must be in compliance with the FQHC requirements

6) **Governed by community board:** A majority of Board (51% or more) must be users of the CHC's services and represent the service area in terms of demographic factors. No more than 50% of non consumer member can get more than 10% of their income from the health care industry.

Directors autonomously exercises certain authorities:

- Approval of financial, personnel and health care policy and procedures
- Approval of the CHC's budget and grant application
- Strategic and operational planning
- Hiring, evaluating and dismissing the Executive Director

Program Requirements of CHCs

- There are **19 Program Requirements** that outline all of the required characteristics of a CHC.
 - Need
 - Services
 - Management and Finance
 - Governance
- CHCs receive Operational Site Visits at 18 months after the first notice of grant award and then every three years to assure compliance with the program requirements
- CHCs are funded through 330 federal grants. Look-a-likes are not grant funded but receive other FQHC benefits.

Benefits of Being a CHC can Include

- Federal grants to support the costs of uncompensated primary care delivered to uninsured and underinsured populations*
- Reimbursement under the Prospective Payment System(PPS) for **Medicaid** patients and cost-based reimbursement for services provided under **Medicare**
- Access to grant support for **capital improvements***
- Providers through the National Health Service Corps
- Federal Tort Claims Act (FTCA) coverage, in lieu of purchasing malpractice insurance*
- Payment from Medicaid (DMAP) for Outreach Eligibility Workers
- Favorable drug pricing (340B)

* These benefits are not available to FQHC Look-A-Likes

The Alternative Payment and Advanced Care Model (APCM) at Oregon's CHCs.



Changing the way we deliver care and creating new opportunities for collaboration.

APCM Program

- Supports the quadruple aim
- Provides flexibility in how to serve patients best by paying clinics for Medicaid members on a per member per month system.
- Supports enhanced primary care home & population health management
- Emphasizes patient-centered care
- Encourages the collection and response to social determinants of health through the PARPARE tool
- Reinforces the need to enhance and develop new community partnerships



Medical Homes: All of Oregon's CHCs are state PCPCH certified and some are NCQA certified. The Advanced Care Model builds upon the Medical Home foundation.

What does collaboration with a CHC Look like?

- There is a wide spectrum of ways in which collaboration takes place:
 - » Living Well and Tobacco Cessation
 - » Insurance enrollment assistance for all community members
 - » Vaccines
 - » Family Planning
 - » Health Education and Promotion
 - » Community Health Workers and home visiting providers

How would you like to see collaboration take place between CHCs and Public Health?

Contact Information

- Claire Tranchese, MPA:HA
Training & Development Manager, OPCA
- Oregon Primary Care Association:
 - » 310 SW 4th Ave, Suite 200,
 - » Portland, OR, 97204
 - » 503-228-8852



Please contact me if
you have any questions