
Patient-Centered Care for Underserved Populations: Best Practices

*A Case Study of the Health Choice Network,
Southern Florida*

prepared for

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by

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About the Author

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Case Study: The Health Choice Network, Southern Florida

Background

The Health Choice Network (HCN) is a not-for-profit organization that serves as the umbrella for a group of Community Health Centers (CHCs) in South Florida.¹ Ten HCN centers operate over 72 primary care clinics across three counties, and serve as a safety net provider to approximately 300,000 patients a year. The centers primarily serve low-income individuals who are uninsured or have Medicaid coverage. Their patient population is diverse in both its ethnic and racial makeup, and includes a high percentage of immigrants and migrant workers.

The HCN was founded in 1994 by three CHCs located in Miami-Dade County, and others joined in later years. In addition to the CHCs, which are “participating members,” HCN includes two hospital systems and one independent hospital as “supporting members,” and one hospital association and one pharmacy service as “contributing members.” Also, HCN established *Atlantic Care*, a not-for-profit subsidiary to be designated as a Medicaid risk contractor with a licensed HMO in the state, as a way to serve Medicaid patients without creating its own Medicaid HMO.

The HCN formed in order to promote a closer affiliation among regional CHCs, for both patient care and economic reasons. An umbrella organization allows the CHCs to develop economies of scale in administrative functions, purchasing, and marketing. The board of HCN includes the Chief Executive Officer of each health center. The interaction among the participating health centers, and the support that they receive from the HCN, are integral to allowing them to practice patient-centered care for the wide variety of populations they serve. Through the HCN, members have benefited from increased collaboration and improved information sharing, more efficient utilization of resources, cost savings through the development and implementation of streamlined administrative and clinical systems, and improvement in technology use and retention of high level information technology staff, which has spurred the movement throughout the health centers to use electronic medical records, a vital component of their patient-centered care delivery system.

For this report, individuals from four of the ten centers, as well as a representative from the HCN, were interviewed in order to provide a general overview of how patient-centered care is practiced among the centers and how it is led by the HCN leadership.

How HCN Practices Patient-Centered Care

All of those interviewed for this report were in agreement on the key elements of patient-centered care for the populations they serve: patient education, community outreach, creating a

¹ The HCN also includes clinics in Utah and New Mexico.

welcoming environment, and others. Because the centers are involved in treating a diverse range of populations, the element most emphasized was “ensuring a level of comfort for the patients” through language translation services, and a staff with similar backgrounds.

Welcoming, familiar environment

As one interviewee put it, “patient-centered care is paying attention to the first impression the center makes on the patient, from the opening paperwork, to doing a walk-through of the clinic, to generally viewing patients as customers.” He noted that there are four tenets that his center, the Helen B. Bently Family Health Center, Inc., utilizes in thinking and acting in a patient-centered manner:

- Make the work place a “play” place, meaning create an atmosphere that is lighthearted and fun, and will spillover into more positive provider-patient interactions;
- Be there for the patient, by paying attention and using good listening skills;
- Choose your attitude, by viewing what you do as a ministry and viewing those you are helping in a positive light; and
- Make your patients’ day – for example, creating Thanksgiving baskets for patients without means to purchase holiday foods and decorations.

All of the above contribute to a welcoming atmosphere that radiates caring, comfort, and support for the patient/client.

Respect for patients’ values and expressed needs

Since patients and community members must make up 51 percent of a CHC’s board of directors, CHCs may be in a better position than other health care providers to create an environment that respects patients’ values and needs. One person interviewed for this report is both a patient and board member of her center; she described her role as approving budgets, making decisions on governance issues, and providing the voice of the patient. She is in a position to let the board know what patients need, how care can be improved, and how the center can be more effective overall.

The HCN and its participating members seek out, listen to, and respond to patients’ needs and values from a system-wide perspective. For example:

- When the HCN decided to implement an initiative on cancer prevention, it went out into the community to find out what specific types of cancers to include. The initial plan was to focus solely on lung cancer, but after surveying the community, the team recognized that individuals were seeking information on breast and cervical cancer as well.
- The HCN conducted similar processes in the development of a Pediatric Asthma project, and a Senior Immunization project.
- As a means of reaching out to the community, HCN is also actively working with faith-based organizations through their “Healthy Body, Healthy Soul” program. Beyond the cancer, asthma and immunization initiatives, these activities include disease screenings and other community-based activities.

Patient empowerment

HCN and the participating members make significant efforts to place more power in the hands of their patients, particularly through educational activities. Patients are offered a variety of classes, generally designed to train them in how to ask questions of their providers, and how to keep logs of their diet, their blood sugar (for diabetic patients), and other care-related data. The centers follow up and survey patients to assess which aspects of the classes were well-received, and which elements need to be eliminated or re-worked.

Socio-cultural competence

With an ethnically, culturally and economically diverse client base, the HCN builds socio-cultural competence into virtually every aspect of caregiving. Through their recruitment processes, the centers make an effort to employ a staff that reflects the populations being served. This makes socio-cultural competence a given, rather than something that needs to be taught. However, recognizing the ever-growing diversity of the Southern Florida region, staff are educated in language and cultural differences that are emerging among their clients.

One of the centers covers an area with a large migrant farmworker population. To better serve these individuals, the center employs an outreach worker who was formerly a migrant farmworker himself. This worker clearly understands the concerns and values of the community -- bringing a level of comfort, familiarity, and trust. Encouraging individuals to come to the center and receive needed care requires assurances that doing so will not result in deportation or any other changes to their status. Transcending not only language, but cultural and legal status barriers is a daily part of the lives of staff working for the HCN's Community Health Centers.

Coordination and integration of care, including smooth transitions

Electronic health records (EHRs) have become the primary tool underlying care coordination efforts at the CHCs. HCN received a grant from the Health Resources and Services Administration (HRSA) in 2002 to implement EHRs at four of their centers as a pilot project. The success of this pilot led to the award of an Information Communications Technology (ICT) grant from HRSA to expand the program to all of the HCN centers by 2007. Through the EHRs, providers can input and track a wide range of their patients' medical information, and coordinate care among providers, pharmacies, hospitals, and labs. Non-electronic information can also be scanned into the EHR, making it possible to include previous records without timely re-entry of data.

Both the centers and the patients benefit from the establishment of EHRs. EHRs make service delivery more efficient, reduce medical errors, and allow providers and staff to transmit vital health information. EHRs make it easier for patients to receive comprehensive, continuous, coordinated high quality care. One of the goals of the HCN is to use EHRs to measure the impact of treatment on outcomes for patients with asthma, cancer, diabetes, hypertension, and depression, and to study health disparities in those chronic conditions.

The HCN is also using EHRs to collect information on oral health records at two centers, and ultimately at a third. Because of the high mobility of the HCN patient population, the Electronic

Oral Health Record (EOHR) will allow dental providers to keep track of care that their patients might only be receiving on a sporadic basis due to the lack of oral health safety-net providers.

In addition to EHR technology, care is coordinated at a “human” level by outreach and onsite staff who assist patients on a daily basis with referrals to specialists for mental, dental, and other health care needs. While these staff go by different titles, they are available at every center to conduct coordination functions.

Easy access to care

Between its participating, supporting, and contributing members, the HCN operates 72 primary care sites throughout Southern Florida. While it is not always easy for each individual to access needed care, this level of clinic saturation across communities does much to alleviate transportation, employment, and other socio-economic barriers that often make it difficult for people to obtain the care that they require. One center recently relocated a clinic from one part of town to another, where it would provide easier access to low-income patients.

Institutional Supports and Structures

There are a number of organizational structures and factors that contribute to the HCN/CHCs ability to practice patient-centered care, including the following:

Passionate, committed leadership

Interviewees all noted that each CHCs’ Chief Executive Officer promoted a culture and philosophy integral to the practice of patient-centered care. The boards of each CHC hold their CEOs accountable for that very practice. Since the CEOs all sit on the board of the HCN, which philosophy transcends to the administrative level. The patient/board member interviewed stated that “the CEO is dedicated and very adamant and committed to the CHC ideal. Without that leadership, implementation of patient-centered care policies wouldn’t happen.” The CEOs’ dedication in turn drives the staff to provide care in a patient-centered manner. As another interviewee noted, several of the CEOs have a long history of working in the health care delivery field in Southern Florida, and are very entrenched in the communities in which they serve. The CEO of one CHC holds quarterly staff meetings to reiterate the mission and vision of the center, and re-energize the staff. Finally, leaders in the HCN and CHCs were described as being very flexible, and having the courage and capability to make changes if something was not working well.

In addition, one interviewee remarked that “the providers, physicians, and staff are incredible, and often take on leadership roles. Patients would not come back if they were not receiving patient-centered care,” so providers do their best to deliver it. One interviewee offered an anecdote about a staff person who went out of her way to guide a Hurricane Katrina evacuee from New Orleans through the myriad supports offered in the community, and ensure that she and her family received all the help that was available to them. A manager at the center gave this staff person an award, acknowledging that she went above and beyond the call of duty to help a patient. Interviewees all remarked that this level of dedication is commonplace among the staff at the CHCs.

Structural mechanisms to support PCC

The purpose of forming the Health Choice Network was to streamline administrative functions for Community Health Centers, thereby allowing them to provide care more efficiently and ultimately create a foundation from which patient-centered care can be practiced. Efficiencies are achieved through a centralized data collection network, and centralized contract negotiations with payers, secondary, tertiary, and ancillary care providers, and suppliers. The HCN oversees and conducts program evaluations of the CHCs' disease prevention and health promotion initiatives (described above), and collects and evaluates data on outcome measures. It develops educational materials for community outreach and patient empowerment. Finally, the HCN oversees credentialing of the CHCs, marketing, strategic planning, quality improvement, and managed care member services.

Staff recruitment and development

Recruitment of new staff involves explaining the philosophy of care delivery, emphasizing the need to treat patients with dignity and respect, and to understand differing patient needs related to the diverse cultural and ethnic backgrounds of the patient population.

Staff at the CHCs are trained annually on courtesy and confidentiality measures, as well as Health Insurance Portability and Accountability (HIPAA) privacy regulations. Cultural competence training is also required of staff on a periodic basis.

Rewards and recognition

As noted above, management staff are empowered to reward and recognize their employees for commendable interactions with patients. It is a practice that is regularly used at the CHCs and the HCN, for the sense of community it fosters among employees.

Patient/family input into program design, implementation

As noted above, because patients make up 51 percent of each CHCs board of directors, they have direct input into program design and implementation. Through board participation, patients can contribute to new policies and processes, budget decisions, and ways to meet the needs of other patients.

Measurement and feedback

As Federally Qualified Health Centers (FQHCs), each of the CHCs is required to conduct a community needs assessment annually, which helps them determine where the gaps in care are, and how to meet the needs of the community more effectively. In addition, the HCN conducts evaluations of its disease management and health promotion initiatives, as well as analyses of outcomes and utilization data

Physical environment, technology, and other structural support

EHRs and EOHRs are the technological centerpiece around which much of the centers' ability to practice patient-centered care is built. Also, HCN provides centers with mobile units in the case of natural disasters so physicians can offer services to individuals out in the field. Wireless internet technology, laptop computers, and satellite and cell phones allow physicians and their staff to access or open new medical records for patients who are in desperate circumstances following a hurricane or other emergency.

Partnerships

The HCN has partnered with faith-based organizations as well as Florida International University and the University of Miami Medical Center. By establishing these partnerships, the network and its centers benefit from broader expertise, and the ability to reach more individuals.

Challenges

As would be expected, one of the biggest challenges the HCN and its centers face is inadequate financial resources. While they do manage to meet their goals of providing care to the underserved, it is a struggle. The challenge they are currently facing is how to continue to fund specific programs that originated through grant funding, such as the electronic health records program, the funding for which is due to expire in 2007.

Funding is also a challenge in hiring specialty care providers, especially oral health providers. Without sufficient resources, the CHCs and HCN cannot contract for these specialty services to be available onsite, which makes coordinating care for their patients a sometimes difficult process.

Appendix A: Health Choice Network Participating Members

Broward Community & Family Health Centers, Inc.

Broward Community & Family Health Centers, Inc. (BCFHC) provides comprehensive, high quality primary and preventive care services, including pediatric, adolescent, and geriatric primary health care, HIV/AIDS screening and counseling, women's health, laboratory, pharmacy, radiology, and diabetes treatment. BCFHC was formed in February 1998 to provide a medical home for residents of other underserved communities in Broward County. The Center currently operates two sites in Pompano Beach and Hollywood. Future plans include opening new access points in other medically underserved communities throughout Broward county, and expanding medical capacity to include mental health and dental services.

Camillus Health Concern, Inc.

Founded in 1984, Camillus Health Concern, Inc. (CHC) is sponsored by the Brothers of the Good Shepherd under the auspices of the United States Catholic Church. Services are non-sectarian and available to all persons regardless of their faith. CHC has been a Health Care for the Homeless grantee through the Department of Health and Human Services' Bureau of Primary Health Care since 1989. Services include: adult primary health, pediatric health, women's preventive health, HIV/AIDS, medical outreach, oral health, podiatry, subspecialty, mental health, case management and transportation.

Citrus Health Network

Citrus Health Network (CHN) provides comprehensive mental health services to children, adolescents and adults at various sites throughout Miami-Dade County. In addition, an adolescent residential program is located in Broward County. Services include emergency psychiatric services, psychiatric crisis stabilization (inpatient care), outpatient psychiatric evaluations and medication management, individual, family and group psychotherapy, case management, and substance abuse prevention and intervention. Specialized programs responding to the needs of unique populations include partial hospitalization, permanent housing with support services, day treatment focusing on socialization skills development, adolescent residential treatment facilities, home and school-based substance abuse prevention and intervention, school-based on-site services, licensed specialized therapeutic foster homes and residential group homes. Rehabilitation and placement of homeless individuals in housing units is one of the primary responsibilities of CHN.

Community Health Centers of Pinellas, Inc.

Community Health Centers of Pinellas, Inc. (CHCP) provides primary care services primarily aimed at children and families, and is currently expanding its services in adult medicine. It offers a full range of services in the areas of pediatrics, prenatal and OB/GYN and family practice, including prenatal care by Certified Nurse Midwives, deliveries at area hospitals, water births, Healthy Start and WIC referral, family planning, free pregnancy tests, ultrasound on-location, confidential HIV testing, well child visits, lead screenings, car seat safety classes, radiology and

pharmacy assistance and on-location social services assistance. Bilingual (English/Spanish) services are available at most sites. Presumptive Medicaid eligibility assistance is available at all locations, as are sliding fee scales.

Community Health of South Dade, Inc.

Community Health of South Dade, Inc (CHI) provides comprehensive primary and behavioral health care services including obstetrical and gynecological care, pediatrics, dental care, vision and hearing screening, radiology, laboratory and pharmacy services, the CARES (HIV/AIDS) program, substance abuse services, day treatment, crisis stabilization and some specialty care. In addition, CHI provides a number of support and social services to increase health care access and improve quality of care, including case management, health education, interpretation/translation services, transportation and outreach. CHI operates six community health centers, a behavioral health care center, numerous outreach groups and school health programs, including care for students participating in the South County services of Continuing Opportunities for Purposeful Education (COPE) for pregnant youth and school-age parents. CHI also operates a 24-hour/7-day Urgent Care Center and an 8-hour/6-day Ambulatory Walk-In Service. CHI's diverse patient includes more than 4,000 migrant and seasonal farm workers.

Economic Opportunity Family Health Center, Inc.

Economic Opportunity Family Health Center, Inc. (EOFHC) provides comprehensive primary and preventive care services to several communities in the north and northwest Miami-Dade areas, including obstetrical and gynecological care, pediatrics, dental care services, mental health and substance abuse services, vision and hearing screening, and special HIV/AIDS programs. EOFHC also provides on-site pharmacy, radiology and laboratory services, and offers an array of support and social services to increase health care access and enhance quality of care. These services include case management, environmental health risk reduction services, health education, transportation and outreach. The Center operates 14 primary care sites, including several school-based programs, a Mobile Van Unit, a Mobile Dental Unit and Jefferson Reaves House for Women.

Family Health Centers of Southwest Florida, Inc.

Family Health Centers of Southwest Florida, Inc (Family Health Centers) provides comprehensive and preventive family health care services to residents of several communities in Lee, Hendry and Charlotte Counties. Services include obstetrical and gynecological care, pediatrics, dental care services, medical social services, homeless health services, and vision and hearing screening. In addition, the Center provides a number of support and social services to increase health care access and improve quality of care including case management, health education, interpretation/translation services, transportation and outreach. Referral arrangements are provided for mammography, radiological and specialty medical services and arrangements are made for inpatient hospitalization as necessary. It was established in 1964 in response to growing public concern about the inadequate health, working and living conditions of agricultural farm workers in Southwest Florida and nationally.

Health Care Center for the Homeless, Inc.

The Health Care Center for the Homeless, Inc. (HCCH) is a 330h funded primary health care Center offering pediatric, adolescent, adult and geriatric care. HCCH provides a full spectrum of social services, including health education, comprehensive case management, mental health and substance abuse counseling, referral and placement, outreach to the chronically homeless living in the streets and the woods of Central Florida. HCCH also operates a dental clinic offering full dental services including oral health maintenance and education, extractions, temporary partial plates and dentures. In addition, with the help of volunteer optometrists and through a partnership with Lens Crafters and Lions Club International, the Center provides eye exams and eye-glasses at no charge to eligible clients. HCCH is a 501©3 non-profit organization founded by a group of volunteer doctors concerned about the growing problem of illness and injury among the homeless. The organization incorporated in 1994 and developed a clinic facility to serve the ever-growing clientele who had no insurance or other source of medical care except hospital emergency rooms.

Helen B. Bentley Family Health Center, Inc.

Helen B. Bentley Family Health Center, Inc (Helen B Bentley) provides comprehensive primary and preventive care services, including obstetrical and gynecological care, pediatrics, dental care services, vision and hearing screening and some specialty services. Helen B. Bentley offers a range of support and social services to increase health care access and improve quality of care, including case management, health education, transportation and outreach. In addition, Helen B. Bentley operates a teen pregnancy prevention program, offers mental health/substance abuse counseling, HIV/AIDS screening, counseling and treatment and provides mammography on site. Prenatal and post-partum care, well-baby care and children's health care, including immunization care is a major focus of the Center. In addition, Helen b Bentley places a special focus on services to the elderly, offering a hypertension and diabetes clinic, health education on topics important to seniors, transportation services, mini-health fairs, evaluation of social service needs plus referral and follow-up and other ancillary services. Services are available in Spanish, Creole, French and English.

Miami Beach Community Health Center, Inc.

Miami Beach Community Health Center, Inc (MBCHC) provides comprehensive primary care services including prenatal, acute and well-care services for children and adults, chronic disease management and dental, laboratory and pharmacy services. MBCHC also has established links with providers for mental health care and for specialty and tertiary care. Established in 1979 to serve the low-income elderly, the MBCHC shifted its focus to accommodate the health needs of indigent immigrants, primarily from Cuba and Haiti . The Center also operates community outreach and education programs for high-risk populations, including middle and high school students in Miami-Dade County.