

Reflect. Reshape. Reimagine.



The Voice of Primary Care

ANNUAL REPORT

2021

Members

Agape Community Health Center, Inc.
Mia Jones, CEO

Aza Health
Laura Spencer, CEO

Banyan Community Health Care
Vincent Carrodegua, CEO

Bond Community Health Center, Inc.
Temple Robinson, MD, CEO

Borinquen Health Care Center, Inc.
Paul Velez, CEO

Brevard Health Alliance
Austin Helton, CEO

Broward Community & Family Health Care
Rosalyn Frazier, CEO

C.L. Brumback Primary Care Clinics
Belma Andric, MD, CEO

Camillus Health Concern
Francis Afram-Gyening, CEO

Care Resource Community Health Centers, Inc.
Rick Siclari, CEO

Center for Family and Child Enrichment
T. Delores Dunn, President & CEO

CenterPlace Health
James Reid, CPA, Interim CEO

Central Florida Health Care, Inc.
Ann Claussen, CEO

Citrus Health Network, Inc.
Mario Jardon, President & CEO

Community Health Centers, Inc.
Debra Andree, MD, President & CEO

Community Health of South Florida, Inc.
Blake Hall, President & CEO

Community Health Northwest Florida, Inc.
Chandra Smiley, CEO

Empower U, Inc.
Belita Wyatt, CEO

Evara Health
Elodie Dorso, President & CEO

Family Health Center of Southwest Florida, Inc.
Frank Mazzeo, DDS, President & CEO

Family Health Source
Laurie Asbury, CEO

Florida Community Health Centers, Inc.
Wilhelmina Lewis, MD, President & CEO

FoundCare, Inc.
Chris Irizzary, CEO

Genesis Community Health, Inc.
DeAnna Warren, Executive Director

Healthcare Network of Southwest Florida
Jamie Ulmer, President & CEO

Heart of Florida Health Center
Maria Torres-Martinez, Interim CEO

Jessie Trice Community Health System
Annie Neasman, RN, President & CEO

Lee Community Healthcare, Inc.
Robert Johns, CEO

MCR Health
Patrick Carnegie, President & CEO

Metro Inclusive Health
Lorraine Langlois, CEO

Miami Beach Community Health Center
Mark Rabinowitz, MD, CEO

Neighborhood Medical Center, Inc.
Jeanne' Freeman, CEO

New River Community Health Care Center
Amie Johns, Executive Director

North Florida Medical Centers, Inc.
Lane Lunn, CEO

Orange Blossom Family Health
Bakari Burns, President & CEO

Osceola Community Health Services
Belinda Johnson-Cornett, CEO

Palms Medical Group
Anita Rembert, CEO

PanCare Health
R. Michael Hill, President & CEO

Pinellas Health and Human Services
Joshua Barnett, MD, Healthcare Administrator & CEO

Premier Community HealthCare Group, Inc.
Joseph Resnick, CEO

Rural Health Network of Monroe County
Rochelle Pearson, CEO

Sulzbacher Center
Cindy Funkhouser, Director of Health Service Operations

Suncoast Community Health Centers, Inc.
Brad Herremans, CEO

Tampa Family Health Centers, Inc.
Sherry Hoback, CEO

Langley Health Services
Thomas Chase, CEO

Treasure Coast Community Health, Inc.
Vicki Soule', CEO

True Health
Janelle Dunn, CEO

Walton Community Health Center
Holly Holt, Executive Director



Reflect, Reshape, Reimagine: A Note to The Membership

The Annual Report is an opportunity for the association to reflect on our efforts and the value the association has provided to our members over the past year. While we (FACHC) have tried to steer our efforts to the needs of the health centers, the necessity for reshaping initial ideas and projects is a necessary challenge for the team. This reshaping is ongoing, touching all aspects of the association's growing responsibility towards our members. And while this report is reflective of one year, it really reflects the ability of the association to meet and tackle new challenges almost on a daily basis.

To keep up with the needs of our members, FACHC's team focuses closely on how we do the work necessary for our members' success. As the dynamics of our world shift for the health centers, the need to "Re-imagine" who we are, what we are, and what we do can never be far from our thoughts. The ability to stay ahead of the curve is tantamount to including a "Re-imagine" strategy, and we have embraced that this year and as we go forward. A "Re-imagine" strategy can only be successful if the members of the association accept it.

The information in this report only gives a snapshot of the effort the FACHC Team has put forth this past year and signals where we are going. Proudly, we present this record of our team's accomplishments.

Best,

Andy Behrman, MBA
President and CEO
FACHC

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Executive Committee

Vicki Soule'
Chair

Bradley Herremans
Vice-Chair

Dr. Temple Robinson
Treasurer

Ann Claussen
Secretary

Joey Resnick
Parliamentarian

Annie Neasman
Past Chair

Chandra Smiley
North Regional Representative

Patrick Carnegie
Central Regional Representative

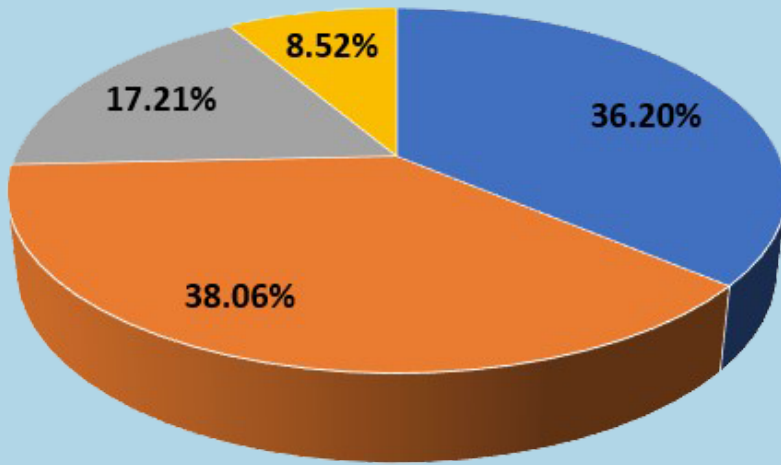
Dr. Wilhelmina Lewis
South Regional Representative

Dr. Kareena Senors
Clinician Representative

FACHC Financial Summary

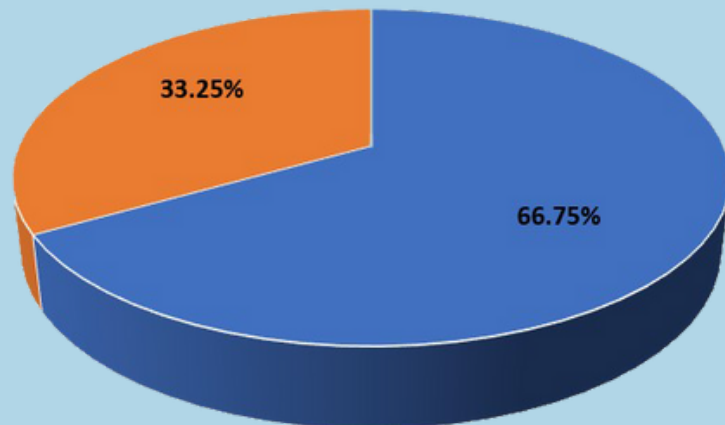
REVENUES

Revenues	Percent	Dollars
Grants	36.20%	\$941,949.10
Dues	38.06%	\$990,348.53
Conference/Meetings	17.21%	\$447,816.71
Other Income	8.52%	\$221,677.90
Total Revenue	100.00%	\$2,601,792.24



EXPENSES

Expenses	Percent	Dollars
Program Services	66.75%	\$1,539,678.20
Support Services	33.25%	\$766,955.77
Total Expenses	100.00%	\$2,306,633.97



Florida's Community Health Centers BY THE NUMBERS

13,283
Direct Jobs



9,621
Additional Jobs



\$3.0B Impact



740 Locations



53 FQHCs
(Including 6 Look-Alikes)



187% ROI

YEAR	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
PATIENTS SERVED	1,136,458	1,128,651	1,197,948	1,313,406	1,400,249	1,466,904	1,532,044	1,621,783	1,579,074	1,730,536

EXPENSES BY SERVICE LINE		
	Medical	50.9%
	Dental	11.3%
	Behavioral	10.4%
	Pharmacy & Pharmaceuticals	17.7%
	Other Professional	0.6%
	Vision	0.6%
	Enabling	8.6%
THOSE REPORTING INCOMES		
Below 100% Federal Poverty Line:		67.4%
Below 200% Federal Poverty Line:		89.5%

SPECIAL POPULATIONS	
Agricultural Worker/Dependent	43,193
Homeless	69,008
School-Based	58,171
Veterans	13,125
Public Housing	288,315

PATIENT INSURANCE	
Uninsured	28.9%
Medicaid	40.0%
Medicare	9.1%
Public Insurance	0.7%
ACA/Private Insurance	21.3%

Total Patients	1,730,536
Total Visits	7,120,234
Telehealth Visits	1,405,234
Visits per Patient	4.1
Cost per Patient	\$908.71
Cost per Encounter	\$227.51
Total Full-Time Equivalents (FTE)	12,326

Source: information from 2021 UDS report and IMPLAN, an economic impact assessment software system.

*Telehealth visits are 19.7% of total visits



Legislative Affairs

340B Fight Takes Shape

FACHC has been leading the charge for several years to effect change and protect 340B savings for the health centers. In previous Legislative Sessions, we have worked on adding language to existing Pharmacy Benefit Manager (PBM) bills to establish in law and regulation protections against predatory 340B contracting and network exclusion. Those efforts have not come to fruition, but during this past Session, we worked with partners such as the Safety Net Hospitals to secure a 340B bill filed by Senator Tom Wright. Had this bill passed, 340B would have been enshrined in Florida law, including numerous considerations that would have ensured health center program savings would have remained in the communities they serve and within the walls of the centers, providing for expanded care for the patients. Significant progress was made in deeper conversations with Leadership (including the 121st Representative), though the bill did not ultimately pass. This momentum will carry forward into the upcoming Session to advance the bill and fight for its passage. With the Governor's recent Executive Order focusing on the practices of PBMs, we see the tangible call to action expanding into the highest corners of Florida government.

At the national level, FACHC has been meeting with the Florida Congressional Delegation on the risks faced by the health centers from the actions of both the PBMs and the Drug Manufacturers. They hear us, and several are front and center, signing letters and pushing for protections – such as those in the PROTECT 340B Act. But we will not be able to get this “act of Congress” over the finish line without the help of the Centers. As part of our forward-moving call to action with the health centers, FACHC is ramping up the push to the all-or-none ending. If nothing is done, 340B savings will evaporate, centers will close, and patients will lose access. This is a fact. It is our combined mission to solve this.

Working to Build a Strong Workforce

This past year began the Legislature's focus on health care workforce challenges. Numerous programs have been written into law in past years – but often, these either go unfunded, are underfunded, or the funding is spoken for before it's introduced to the budget process. FACHC has started working with friendly Legislators to build health center workforce funding into the budget. Our initial effort to secure the funding for workforce development progressed through Committees this year and will be back again next year. However, next year we will have a stronger position and foothold to propose funding as a result of health center meetings with FACHC that provided more detailed direction and information on what needs are being experienced on the ground. With this context, we will be able to have a more spearheaded drive toward the funding goals necessary to strengthen the primary care safety net workforce in centers across Florida.

Regulatory Movements in Florida

While the centers have been able to secure the full \$75M LIP in 2021-22, we are also looking and new ways to make that a reality in our current year. Thanks to new partners and contributors, we continue to secure more and more IGT. On the back end of the LIP, we communicate and negotiate with AHCA and Myers and Stauffer to align the requirements of CMS reporting with the reality of what health centers provide as uncompensated care.

FACHC has collaborated with various branches of the Agency for Health Care Administration (AHCA) over the past year to get centers paid. We have been able to work behind the scenes to move toward the resolution of issues facing health centers that range from getting delayed wrap payments out the door to removing credentialing roadblocks (site/provider Agency credentialing). The PCA continues to act as a strong voice and liaison with the Agency, ensuring health center issues are known and remain on the list of priorities.

We are nearing the completion of our collaboration with the AHCA to publish a new FQHC Rule. When the previous FQHC Policy Manual was rescinded in 2016, many health center-specific requirements were not promulgated elsewhere – but were still held to be the rules to follow. We have been able to secure clarifications on billing under supervision that will eliminate many barriers to care in the behavioral and dental settings, as well as confirming that Legislative changes for medical supervision are also appropriately incorporated. But perhaps one of the most significant changes we will see once this Rule is finalized will be a considerable expansion of behavioral health providers eligible to provide services that can be reimbursed under PPS – LCSWs, LMHCs, Marriage and Family Therapists, and Psychologists are all currently in line to be added as FQHC BH providers.

Separately, FACHC has been sharing recommendations with the Agency as they begin the process of SMMC Reprourement. We have submitted an RFI to the Agency that highlighted four points: (1) Making FQHCs Essential Providers; (2) Reform PBMs; (3) Recognize and appropriately reimburse integrated care models in primary care settings; (4) Reimburse enabling staff for their vital role in Whole Person Care. We know the Agency is listening – and so are the SMMC Plans.

Reflect

Keeping Centers Abreast of Federal Changes

FACHC continues to keep centers abreast of rapidly developing regulatory changes, accelerating the dissemination of policies and practices to help them comply in a timely fashion, with the least disruption to operations. Focus areas this year included the CMS Vaccine Mandate, the CMS Good Faith Estimates Rule, and the CMS Information Blocking Rule.

We provided training and technical assistance on rapidly changing COVID-19 guidelines and recommendations related to masks, vaccinations, testing, and therapeutics. Ensuring equitable access to resources for the most vulnerable populations was a high priority for HRSA and health centers, which engaged in very effective information campaigns, targeted outreach, mobile healthcare, and other evidence-based strategies.

In 2021, HRSA released their second update of the Auto-HPSA scores, which significantly impacts health center competitiveness for NHSC clinicians, New Access Point and Service Area Competition funding, changes in Scope of Service, and other opportunities. FACHC worked with the Florida Primary Care Office to better understand Florida's methodology and data sources, to address potential gaps in the numbers, collaborating with a Center, in one case, to increase their score from 13 to 19. We shared our knowledge with other centers so they could submit supplemental data and raise their scores.

We kept centers abreast of HRSA's strategic reorganization and re-aligned priorities, which will impact future awards, quality incentives, performance measurement, and reporting requirements. Significant change health centers must prepare for is patient-level UDS reporting, beginning in 2024 for the 2023 UDS year. This brief timeline increases the urgency for centers to have robust data governance and management systems and engagement with interoperability standards and language that have the potential to improve quality, the experiences of patients and providers, health outcomes, and population health. We'll continue to focus on bringing centers up to speed with rapid advances in health information technology, such as the Fast Healthcare Interoperability Resources (FHIR), the United States Core Data for Interoperability (USCDI), and Application Program Interfaces (APIs).

In 2021, we partnered with HITEQ, a HRSA National Training and Technical Assistance Partner (NTTAP), CHCNYS (NY PCA), and CHCs from Florida and New York on a learning collaborative entitled, Building a Data-Driven Culture. The collaborative focused on helping centers create and improve the infrastructure and systems. FACHCs Clinical and Operations staff teamed up and took this success to the next step to form the Data Leaders Group (DLG) for quality, technology, and health information leaders, to exchange relevant information and resources. This collaborative, open to all FACHC centers, continues to work with centers in tackling interoperability and information management. The DLG meetings curate space for peer sharing and integrative opportunity across programs and includes a blend of medical providers, quality improvement, health information technology, and data management team members.

Quality Care Through Partnerships

This year, the Chief Medical Officers, Chief Dental Officers, and Behavioral Health Directors from Community Health Centers throughout Florida formed a network utilizing FACHC's Clinical Roundtables to discuss the needs of Community Health Centers and share resources. Roundtable discussions included the need for Personal Protective Equipment (PPE), specifically the quality and type of PPE needed per service and program; changes with staffing, workflow, and services; coordination and turn-around times



with various labs regarding testing results; how to coordinate pop-up testing and vaccine sites, including protocols for drive-through testing and vaccines; creating isolation rooms and reconfiguring waiting rooms to social distance; coordination with community partners to assist with food banks to address food insecurity, unemployment, and housing; how to respond to regulatory changes with the pausing of services and regulatory changes around telehealth; an increase in behavioral health services for patients and Community Health Center care teams;

revising policies and procedures regarding mask mandates and vaccines; scheduling time between patients for cleaning; making needed changes with medical and dental equipment; providing monoclonal antibody sites (mAbs); and addressing self-care for patients and Community Health Center care teams. Currently, the Clinicians are presenting lasting lessons from the pandemic response to assist with current and future health emergencies, such as discussing the unique and promising opportunities in medical-dental integration and how transitions in care caused by the pandemic galvanized opportunities to pursue health equity.

Clinical training and technical assistance included addressing social determinants of health, focusing on food insecurity, housing, employment, and health equity. Behavioral Health training focused on isolation and addressing an increase in substance use disorders through a Trauma-Informed Care webinar series. Using the expertise of HRSA's Region 4 PACE Program, Clinicians engaged in the HIV Prevention and Ending the HIV Epidemic Initiative. The American Cancer Society launched a series around getting back on track with cancer screenings focusing on HPV, breast and cervical, and colon cancer. Our NOVA Southeastern University Geriatric Workforce Enhancement Program addressed chronic disease interventions and the care for older adults. The University of South Florida recently launched a statewide Board to include FACHC and Florida's Community Health Centers to work on a Post-Partum Discharge Transition Initiative to increase maternal health visits. The American Dental Association addressed the importance of Community Health Dental Coordinators, and the Clinicians addressed the need to increase immunizations through HRSA's Catch Up and Get Ahead Campaign.



Clinicians shared training and technical assistance around how to have a successful HRSA virtual site visit, how to prepare for virtual accreditation visits with a particular focus on infection control, and how to respond to regulatory changes, including, telehealth, and coordination of Center Clinicians sharing peer review. Integration projects included screening for mental health in primary care and dental settings, providing fluoride varnish in the pediatric setting, and how to utilize mobile units to address and increase access to care to respond to the needs of Florida Community Health Center communities across the state.

Reshape

Professional Development and Partnerships

FACHC is expanding our range of training for the CHCs, moving further into professional development and external partnership growth as a means of working with you to build a stronger network for the patients. For example, we have developed two on-demand learning modules that detail America's Community Health Centers (CHCs) and Florida's Community Health Centers to help centers get leaders, staff, and board members rapidly up to speed on the FQHC mission, history, and operations that can be used during an orientation process or stand-alone.

FACHC recently began a partnership with the College of Public Health and Health Professions at the UF School of Medicine. The first in a series of three webinars focused on leadership development, performance improvement, team building, and managing change, targeting clinical, operations, financial, and other FQHC leaders. We anticipate the collaboration will grow with Florida centers having access to more of the college's expertise in the future. The PCA also completed a four-part webinar series with Language of Caring, which focused on building person-centered communication and leadership skills, accountability, and effective hiring practices.



We held a three-part webinar series with The Food Research Action Center, Institute for Hunger Research and Solutions, and The Williams Institute at the University of California, Los Angeles. The focus was on building capacity to link patients with needed food through partnerships with food banks and organizations that serve immigrants, LGBTQ, and other vulnerable populations. FACHC awarded twenty continuing education credits to participating community health workers (CHWs), increasing their professionalism and ability to help patients access needed food. Additionally, FACHC partnered.

with 211 Counts to strengthen partnerships that help patients access needed social services, as well as ensure 211 counts regional partners have accurate information about CHCs in their areas so they can make timely referrals for healthcare services.

We continue providing technical assistance around mobile healthcare strategies. Numerous Florida health centers recently purchased mobile health units and are in the process of beginning operations, with several more in the planning stages. Also of note, seven centers received donated Aardvark mobile units through the Florida Department of Emergency Management with the help of FACHC.

Changing the Face of Readiness

Today more than ever, it is clear that healthcare preparedness saves lives. Community Health Centers (CHCs) are among those necessary facilities where vulnerable communities can access the information, services, medications, and vaccinations to keep them safe and healthy amid the adverse impacts of emergencies and disasters. FACHC aims to continually support health center preparedness efforts, which translates into improved response and recovery capabilities. Lessons learned from ongoing communication and coordination, training and exercises, as well as real-life experiences, can then be applied to mitigation efforts that help reduce the risk of further impacts, thereby completing the emergency management cycle.

We have launched several initiatives to increase the PCA's response capacity- from Personal Protective Equipment (PPE) distribution to supporting centers with tents and resources to equip alternate care sites upon request. In 2022, FACHC facilitated the donation of several mobile medical units from the Florida Division of Emergency Management (FDEM), further expanding the fleet owned and operated by CHCs across Florida.



These units have since been utilized to provide COVID-19 testing, vaccination, outreach, and primary care services. Ahead of the Omicron surge, FACHC distributed over 900 boxes of PPE to Health Centers statewide. We have worked collaboratively with Florida's regional Health Care Coalitions and State Partners to address various questions and supply issues. FACHC has also been continually engaged with Health Centers on their participation in the various HRSA programs providing COVID-19 vaccines, tests, N95s, and therapeutics.



In the year ahead, FACHC plans to further develop the partnerships forged with national and state agencies, regional groups, NGOs, and each Health Center across the State through robust information sharing and advocacy demonstrating how CHCs contribute to community-wide resilience. As the frequency and intensity of tropical storms increase yearly, and new threats emerge, we will seek out the information and resources to support situational awareness, decision-making, and opportunities for expanding Health Center emergency management programs.

Reimagine

"Grow Your Own" Methodologies

Supporting the workforce development efforts of Centers throughout the state continues to be a major priority of FACHC. Your PCA is taking the initiative as part of developing a statewide CHC Workforce Action Plan by working directly with you to identify gaps and develop strategies to respond to your workforce pain points. Our staff has visited with teams at each center, traveling to every corner of the state to sit and talk through individual center concerns and challenges.

As reported last year, our efforts focused on initiating comprehensive workforce planning with individual centers and developing a conceptual blueprint for how workforce innovation can occur through a Workforce Development Infrastructure. Over the last year, we have continued to work with Centers on planning efforts. We have created original, responsive, and dynamic plans that represent the short- and long-term workforce needs of Community Health Centers in Florida. Over the next couple of years, nearly 20 different plans will have been implemented as a result of these efforts.

To further augment this work, FACHC has focused on several key strategies that will help create and sustain a world-class workforce, including:

- Expanding "Grow Your Own" Strategies – through legislative engagement and on-the-ground planning, we are working with Centers to grow their workforce at all levels of the organization. Through advocacy for provider residency programs, with the development of apprenticeship models to integrating career pathway strategies, we are focused on leveraging new partners and resources that best support the collective 13,000 employees across all Centers.
- Just-In-Time Technical Assistance and Data – in 2021, FACHC released its salary survey of 19 positions representing data directly from Centers, helping organizations compete with Pandemic-driven separations and wage competition. In 2022, the next round of positions will be included in a salary survey focused on providers and leadership. In addition, FACHC provided training and technical assistance on career pathway strategies that can be integrated within a Center to help stem the tide of workplace separations, as well as analysis on The Great Resignation and how Centers can proactively prepare for future retention challenges. In contrast, workplace metrics continue to be disproportionately impacted by COVID-19.
- Workforce Process Analysis – as part of the comprehensive workforce planning that FACHC leads, we have developed a workforce process analysis that helps illuminate and uncover strategies within a Center that are impacting key HR metrics. This process includes a SWOT analysis and a deep dive into strategy ideation and process management to help Centers create workable, measurable, and impactful strategies that positively impact pipeline development, recruitment, selection, retention, and advancement.

Building a New Medical Care Team

Despite the effects of COVID-19 on staffing and remote work, FACHC has proceeded to engage health center staff in learning about improving healthcare by using alternate Enabling Services staff and including them in the Medical Care Team for the patient. FACHC has also placed a lot of attention on building the awareness of non-clinical health center staff around the characteristics of human trafficking and intimate partner violence since these factors can seriously affect the quality of life of a patient and their family.

"On-Demand" Training

However, the most important and gratifying task this past year has been the detailed workaround implementing the first-ever FACHC Learning Management System (LMS). The LMS came about because we listened to your comments about not having enough hours in the day to take care of patients, review resources, and attend meetings or webinars. Early this year, a small FACHC team met with PCAs that had Learning Management Systems. We took their advice very seriously as we investigated the various platforms available. Following our initial exploration, we requested information from providers outlining our needs: to offer on-demand learning webinars to CHC staff and incentivize their participation. We invited them to give us a live demonstration of what their platform could do.

After participating in demonstrations, we selected the best fit based on our needs and ensured that the cost would not impact sustainability. The FACHC Learning Management System is the outcome of that platform selection process and will be the first time we involve technology in maximizing our reach to health centers and their staff. Once fully operational, the platform will allow "learners" to establish individual accounts to attend FACHC-hosted webinars or review materials at their convenience – day or night – even if they could not participate in the live training events. Learners will also be able to view slide decks and recordings of the events. In addition, FACHC will be able to automatically issue Certificates of Training and award points to the "learner" for each level of achievement. Learners can keep track of their progress online and compare their points to their colleagues. Imagine what that can mean for staff who need to accumulate Continuing Education Units or want to include their achievements as part of their annual performance appraisal.

FACHC Staff

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